

**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: Humboldt Date: December 14, 2005

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**Humboldt County  
Department of Health and Human Services  
Mental Health Branch**

**Mental Health Services Act  
Community Services and Supports  
Three-Year Program and Expenditure Plan**

**December 2005**

**TABLE OF CONTENTS**

**Introduction: Understanding the Local Context of the Mental Health**

- Services Act Implementation .....1
- AB 1881 Summary .....2
- Organizational Transformation .....3
- Humboldt County Comprehensive Service System .....7
- AB 1881 Phase II Overall Challenges and Strategies .....9
- Phase II AB 1881 Goals (2005-2009) .....10

**Part I: County/Community Public Planning Process Plan Review Process .....12**

**Section I: Planning Process .....13**

- Response #1.....13
- Response #2.....16
- Response #3.....19
- Response #4.....20

**Section II: Plan Review .....22**

- Response #1.....23
- Response #2.....23
- Response #3.....24
- Response #4.....26

**Part II: Program and Expenditure Requirements .....28**

**Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports .....29**

- Response #1.....29
- Response #2.....34
- Response #3.....35
- Response #4.....41

**Section II: Analyzing Mental Health Needs in the Community .....42**

- Response #1.....43
- Response #2.....47
- Response #3.....49
- Response #4.....51

**Section III: Identifying Initial Populations for Full Service Partnerships.....52**

- Response #1.....52
- Response #2.....53
- Response #3.....54

<b>Section IV: Identifying Program Strategies .....</b>	<b>55</b>
<b>Response #1.....</b>	<b>56</b>
<b>Section V: Assessing Capacity .....</b>	<b>57</b>
<b>Response #1.....</b>	<b>58</b>
<b>Response #2.....</b>	<b>60</b>
<b>Response #3.....</b>	<b>60</b>
<b>Section VI: Developing Work Plans With Timeframes and Budgets/Staffing.....</b>	<b>62</b>
<b>I. Summary Information on Programs to be Developed or Expanded.....</b>	<b>63</b>
<b>Response #1.....</b>	<b>63</b>
<b>Response #2.....</b>	<b>63</b>
<b>Response #3.....</b>	<b>63</b>
<b>Response #4.....</b>	<b>63</b>
<b>Response #5.....</b>	<b>64</b>
<b>II. Programs to be Developed or Expanded .....</b>	<b>65</b>
<b>Exhibit 2 County Program Work Plan .....</b>	<b>66</b>
<b>Exhibit 3 Full Service Partnership Population .....</b>	<b>69</b>
<b>Program Work Plan #1:</b>	
<b>Rural Outreach Services Enterprise (ROSE).....</b>	<b>71</b>
<b>Program Work Plan #2:</b>	
<b>Wellness Center.....</b>	<b>104</b>
<b>Program Work Plan #3:</b>	
<b>Assertive Community Treatment .....</b>	<b>133</b>
<b>Program Work Plan #4:</b>	
<b>Outpatient Medication Services Expansion.....</b>	<b>163</b>
<b>Program Work Plan #5:</b>	
<b>Transition-Age Youth Leadership Representative .....</b>	<b>196</b>
<b>Program Work Plan #6:</b>	
<b>The Alternative Response Team Cross-Branch Program Expansion (ART)...</b>	<b>226</b>
<b>Program Work Plan #7:</b>	
<b>Older &amp; Dependent Adults Program Expansion .....</b>	<b>257</b>
<b>Program Work Plan #8:</b>	
<b>Street Outreach Services (AB2034) Program Expansion.....</b>	<b>289</b>
<b>Program Work Plan #9:</b>	
<b>Integrated Program &amp; Planning Support Structures.....</b>	<b>320</b>
<b>Exhibit 5a Fiscal Year Summary Budget Worksheets .....</b>	<b>345</b>

<b>Exhibit 5c Administration Budget Worksheet .....</b>	<b>349</b>
<b>III: Required Exhibits .....</b>	<b>358</b>
<b>Exhibit 6 Quarterly Progress Reports .....</b>	<b>359</b>
<b>Exhibit 7 Cash Balance Quarterly Report.....</b>	<b>395</b>
<b>Attachments .....</b>	<b>396</b>

## **Introduction: Understanding the Local Context of the Mental Health Services Act Implementation**

As discussed in our February 18, 2005 Mental Health Services Act Community Program Planning document, Humboldt County's Community Services and Supports 3 Year Plan has been developed in the context of our Integrated Services Initiative authorized under AB 1881.

It is through AB 1881 that the Humboldt County Department of Health and Human Services intends to plan and deliver its Mental Health Services Act programming.

Humboldt County's nine Program Work Plans have been developed with cross departmental integration in mind, where feasible, that is aimed at the development and delivery of holistic and transformational programs to the target populations that will be initially served under the Mental Health Services Act.

Further, Humboldt County's Community Services and Supports submission also contains Program Work Plan funding requests for what are called Integrated Program & Planning Support Structures that the County has determined are critical in the development of the type of transformational and outcome based services described under the Mental Health Services Act.

It is also important to note that the design, development and implementation of these program support structures will be critical in linking the yet developed Mental Health Services Act components (i.e., Prevention/Innovative Programs) as well as insure the County's capacity to track and produce outcomes consistent with the Legislative intent of the Mental Health Services Act.

In order to better understand Humboldt County's Community Services and Supports submission in this context, a summary of our AB 1881 Strategic Plan submitted to the State Health and Human Service Agency in June of 2005 is contained below. \*

\* The full document is available on-line at:

<http://192.168.1.3/hhs/documents/Transformation%20Towards%20an%20Excellence%20Based%20System.pdf>

\* AB 1881, the authorizing Legislation is available on-line at:

[http://www.leginfo.ca.gov/pub/03-04/bill/asm/ab\\_1851-1900/ab\\_1881\\_bill\\_20040921\\_chaptered.html](http://www.leginfo.ca.gov/pub/03-04/bill/asm/ab_1851-1900/ab_1881_bill_20040921_chaptered.html)

## AB 1881 Summary

Humboldt County began Phase I of this Health and Human Services Agency assisted Integrated Services Initiative in February 1999 through legislation (AB 1259) introduced by Assemblywoman Virginia Strom-Martin. The purpose of AB 1259 was to allow Humboldt County, with the assistance and participation of the appropriate State departments, to implement an integrated and comprehensive County health and human services system. In 2004 AB 1881 authored by Assemblywoman Patti Berg, authorized continuation of Humboldt County's transformational work.

Since 1999, Humboldt County has strived to maximize its resources, both fiscal and staffing, towards the "integration" of State Department programs and initiatives, some of which are promising practices towards serving children, families, adults and older adults in the context of their community and culture in a holistic manner.

Towards this goal of "Integration" of programs and State initiatives (e.g. Mental Health Services Act/Child Welfare Services "Redesign"), Humboldt County has worked collaboratively to eliminate barriers that waste not only our local resources but, despite the State intent, may result in less than optimal care related to these vulnerable populations.

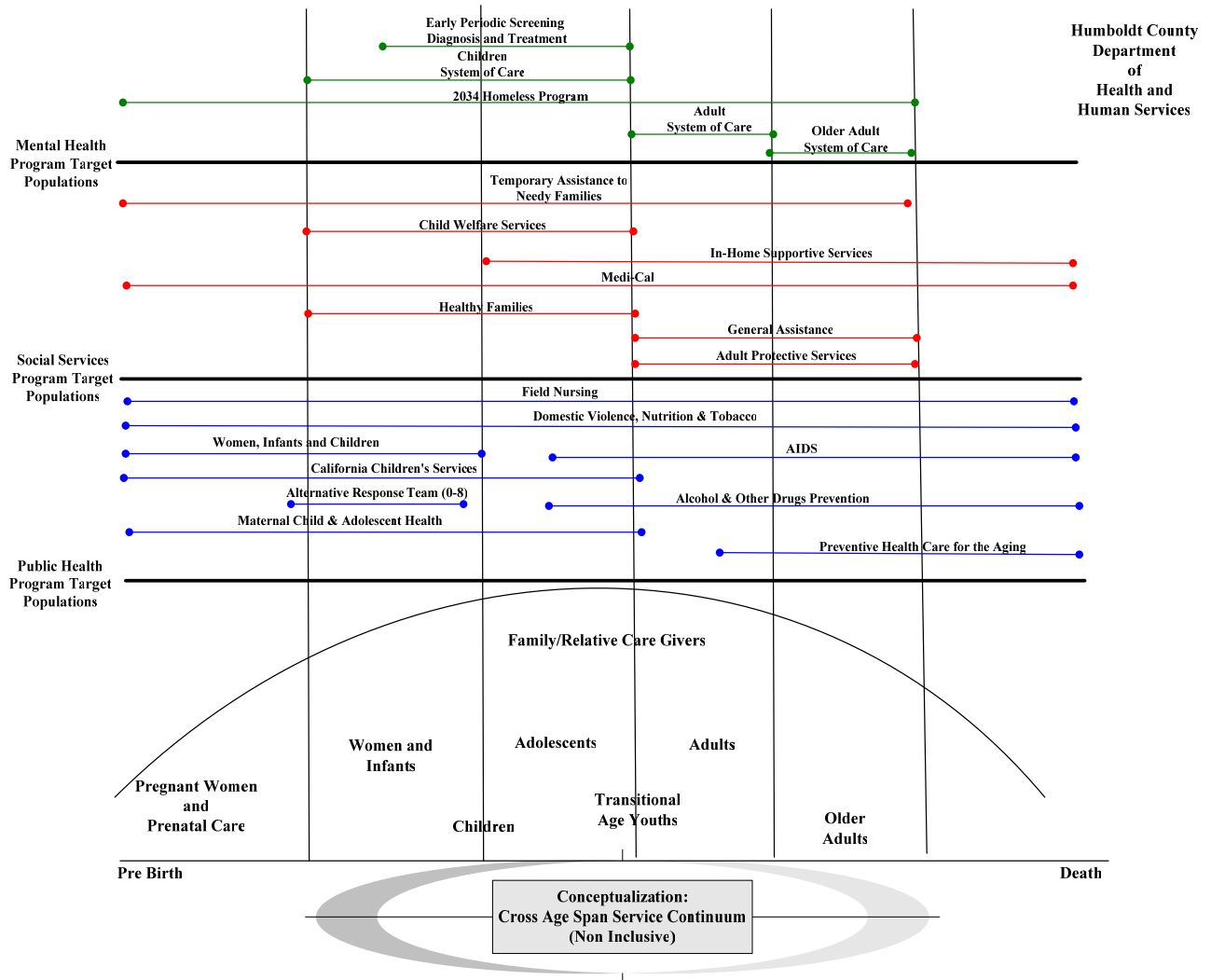
Over the past five years, Humboldt County Department of Health and Human Services has demonstrated that through its integrated Health and Human Services delivery structures and processes significantly higher quality, more efficient, effective, holistic and outcome-based practices can be planned, funded and implemented.

The following reflects the agency operating principles that underlie all DHHS initiatives, including the Mental Health Services Act:

1. Branches with interrelated programs for children, families and adults will deliver coordinated, efficient services and maximize the resources available to deliver those services.
2. Services will be decentralized in close proximity to clients to the maximum extent feasible.
3. The integrity of specialized services will be preserved.
4. Services will be tailored to match the multicultural and multilingual diversity of our community and will be developmentally appropriate.
5. The partnership between County services and community-based organizations will be strengthened.
6. Services will be provided through a system incorporating outcome evaluation to ensure accountability for resource management and adherence to regulatory and statutory compliance.
7. All newly identified monies will be reinvested into the health and human service system.

## Organizational Transformation

In recent years there has been a noted increase in State/Federal Initiatives, legislation and Reports (e.g. Mental Health Services Act/Child Welfare Services Stakeholder Final Report/AB 636/The Presidents New Freedom Initiative, Crossing the Quality Chasm, etc.) related to the need for significant and fundamental changes in Health, Mental Health and Social Services delivery systems. An underlying theme of these various Initiatives/Reports is the need for significant system reform that **transcends simply “improving”** Health and Human Services’ services across traditionally separate systems to mutually served clients. An illustrative example of these siloed services across age spans is provided below:



Further, these reform initiatives generally speak to the need to transform Health and Human Services systems in terms of:

- Increased consumer/client and Community stakeholder involvement;

- Increased culturally relevant and inclusive practices;
- Systems delivery based on Evidenced Based Practices;
- Systems delivery based on community values;
- Systems reformation focused on quality improvement and;
- Systems accountability in terms of outcomes linked to improved community health, and/or individual and family recovery and self sufficiency.

Despite these initiatives/recommendations, there does not exist a comprehensive “blueprint” that defines, operationalizes and links Health and Human Services delivery Systems Transformation Initiatives across Federal/State/County Departments and age spans.

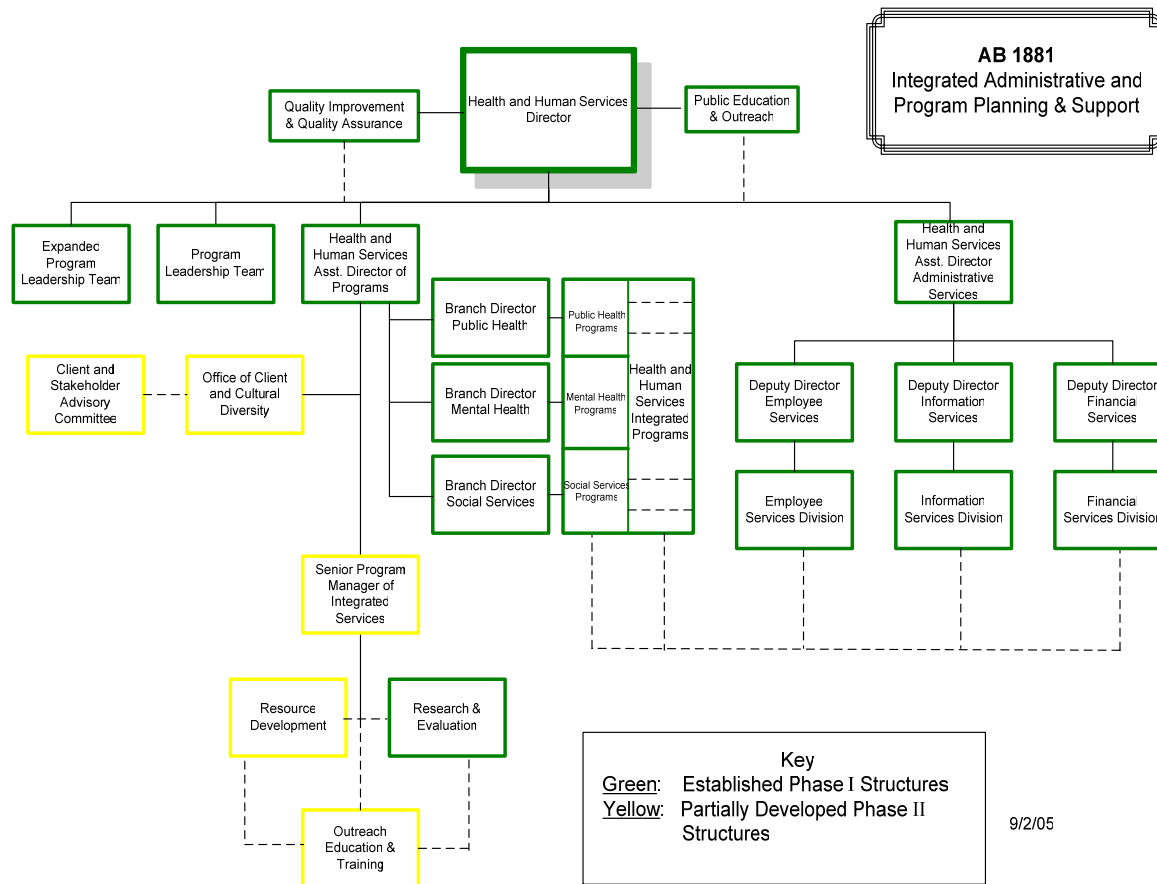
Transformation has been defined as more than just reorganizing but a quantum change that reflects a radical redesign and new strategic intent for an organization. Mazade (2005) offers a conceptual attempt to define the conditions for implementing transformation and articulated the following readiness factors:

- Is there sufficient energy to launch and accelerate the change;
- Is there a compelling vision;
- Is there a place in the organization to support the change;
- Is there a process of change management to support the effort?

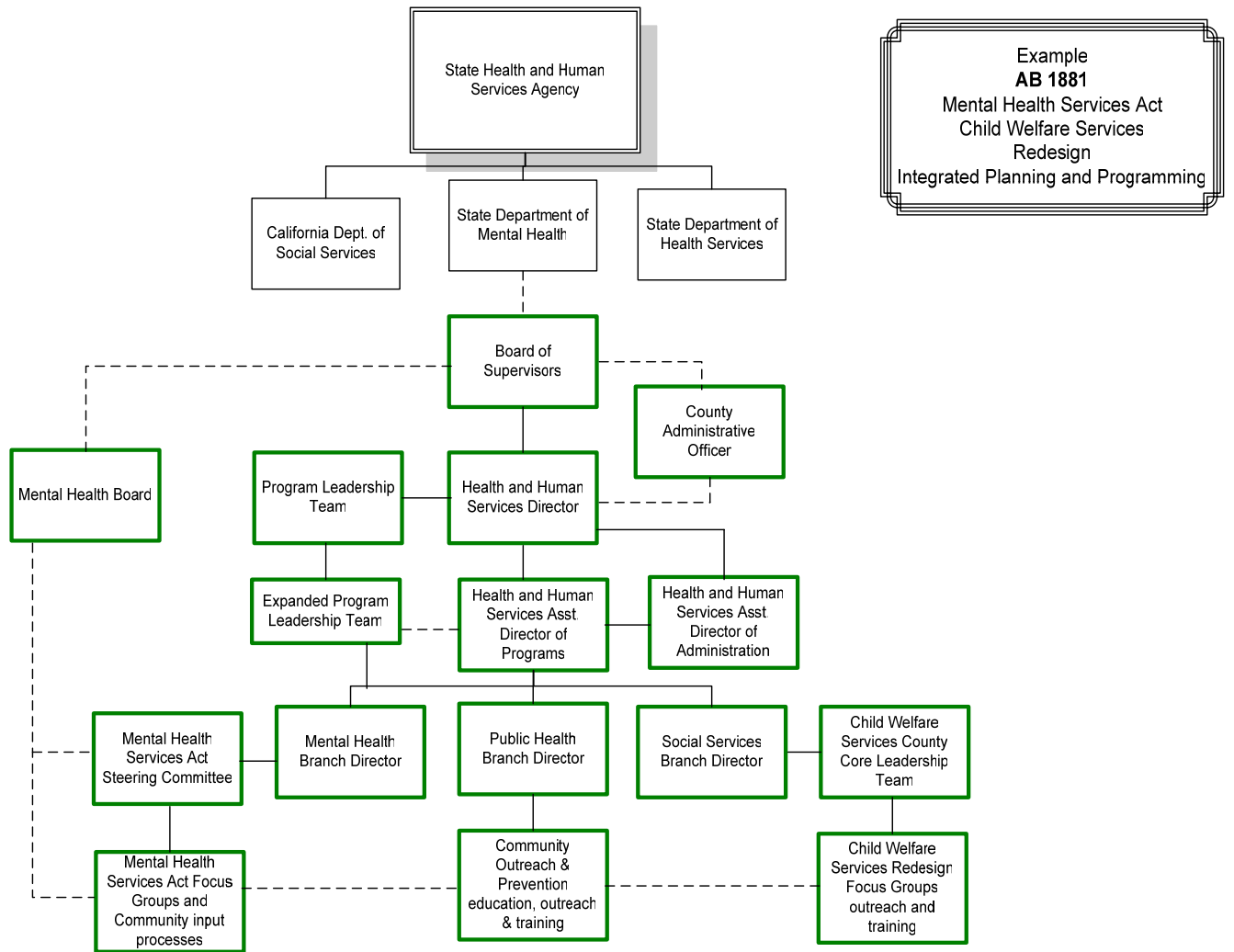
Humboldt County has all the readiness factors in place or in process and the County’s Integrated Initiative efforts over the past five years reflect Humboldt County’s developmental attempts to position to establish and operationalize a “road map to transformation” at the County services level.

At the start of AB 1259 implementation in 1999, a core strategy contained in Humboldt County's Phase I Strategic Plan was to conduct an assessment of its multi-departmental organizational structure and reorganize to promote increased efficiency in administration, enhanced integrated service delivery and increased access to funding.

In relation to this organizational restructuring strategy, Humboldt County integrated several Departments (Social Services, Mental Health, Public Health, Employment Training, Veterans Services and Public Guardian) to form the Department of Health and Human Services. This reorganization has been efficient in relation to positioning Humboldt County for AB 1881 systems transformation outcomes. A chart of this redesigned Health and Human Services Organizational Structure is contained below. Again, the structure reflected in the chart has been developed to enhance the integrated administrative and program support structures required to minimize program and State Initiative fragmentation.



A process flowchart that is descriptive of how Humboldt County Department of Health and Human Services is approaching State Initiative planning and programming from an AB 1881 Integrated Services Initiative perspective is presented below. The flowchart is an example of how planning and programming for children and families involved in multiple service systems and State Initiatives (e.g. Child Welfare Services Redesign/MHSA) will be integrated to the extent possible.



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Our Phase I Organizational Consolidation (1999-2004) also focused on integration and co-location of Humboldt County’s administrative infrastructure consisting of Information Services, Employee Services, and Financial Services.

Our Phase II (2005-2009) Organizational efforts build on Phase I Organizational restructuring efforts toward increasing the Department’s infrastructure. The development of Centralized Program Support Structures processes facilitate the systemic transformations toward integrated service delivery across the Department’s three primary Branches (Mental Health, Social Services, Public Health) and its Community Stakeholders. These Program Support Structures consist of integrated:

- Quality Assurance and Quality Improvement Support
- Training Support
- Resource Development Support
- Research & Evaluation Support

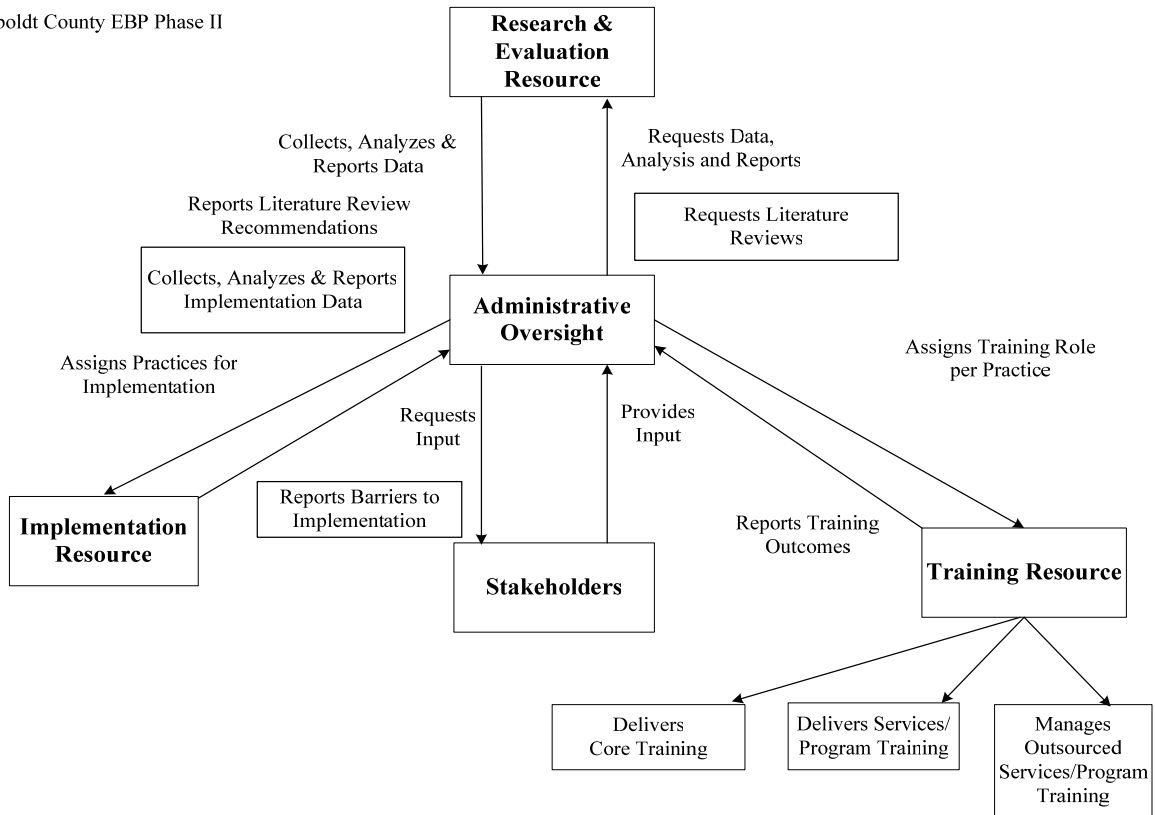
## Humboldt County Comprehensive Service System

Goal: Develop the capacity to deliver optimal service across systems.

Objective: Develop an infrastructure that assures on going system improvement processes designed to improve access, quality of care and outcomes.

<b>Humboldt County System Improvement Infrastructure</b>		
<p><b>Research &amp; Evaluation</b> Centralized Research and Evaluation Resources design, collect and analyze data regarding:</p> <ul style="list-style-type: none"> <li>• Access</li> <li>• Service Fidelity</li> <li>• Client Outcomes</li> <li>• Program Outcomes</li> <li>• Research literature for practices responsive to Research and Evaluation findings</li> </ul>	<p><b>Implementation</b> Implementation Resources:</p> <ul style="list-style-type: none"> <li>• Design New Service Implementation Projects</li> <li>• Provide Oversight/ Consultation to New Service Implementation Projects</li> <li>• Transition Service/Program Training to Centralized Training Resources upon completion of implementation</li> </ul>	<p><b>Training</b> Centralized Training Resources provide:</p> <p>A) Core training to all system staff in such topics as:</p> <ul style="list-style-type: none"> <li>• Humboldt Co System</li> <li>• EBP Intro</li> <li>• Other broad initiatives</li> </ul> <p>B) Ongoing Service/ Program Training in such topics as:</p> <ul style="list-style-type: none"> <li>• Aggression Replacement Training</li> <li>• Others</li> </ul> <p>C) Management of Outsourced Training for Services/Programs such as:</p> <ul style="list-style-type: none"> <li>• Incredible Years</li> <li>• Functional Family Therapy</li> <li>• Parent-Child Interaction Training</li> <li>• Others</li> </ul>
<b>Administrative Oversight</b>		
<ul style="list-style-type: none"> <li>• Links all centers and has decision making responsibilities</li> </ul>		
<b>Stakeholders</b>		
<ul style="list-style-type: none"> <li>• Agency managers, agency line staff, consumers, and family members contribute to administrative oversight</li> </ul>		

In addition to the above structures, interrelated and dynamic processes that link these Program Support Divisions across the Branches have been designed and piloted with California Institute for Mental Health assistance. These processes are a unique approach in terms of our organizational transformational work and represent Humboldt County's developmental efforts towards the identification of interrelated systematic government sector "Rapid Cycle" processes required to initiate Evidence Based Practice program changes needed to ultimately transform Health and Human Services delivery systems. A flow chart outlining these processes is contained below:



**Office of Client and Cultural Diversity**

An additional program support structure to be developed that is envisioned to enhance the potential for the transformation of programs and services is an Office of Client and Cultural Diversity. It is anticipated that this additional structure will facilitate the scope and depth of change required to develop a significant organizational restructuring capacity across the three Branches (Mental Health / Social Services / Public Health) in terms of client and culturally diverse stakeholders inclusion in Health and Human Services policy, planning and programs.

Transformation requires new ways of serving our Communities and Humboldt County continues to seriously engage in this process through integrative Health and Human Services program delivery in its AB 1881 Phase II Strategic Plan.

**Phase II Space Plan**

In addition to the above Program Support Structures and “Rapid Cycle” processes currently under development with assistance from the California Institute of Mental

Health, the Department has developed a long term Strategic Space Plan. This plan, developed over a three year period, maps out the intent of the Department in terms of facility planning for integrated services delivery.

The Department is pursuing a two pronged approach towards maximizing program integration and ultimately, service transformation which involves centralization of administrative and program support services as well as co-locations of major Branch Services where appropriate; and co-located decentralized services in partnership with Community Stakeholders in a developmental approach towards service delivery transformation.

The Service “decentralization” process is a Phase II Strategy that is in many ways more complex than Departmental co-location as it involves not only new and diverse community entity partnerships (e.g. Community Resource Centers/First Five Commission/Community Stakeholder Collaboratives etc.) but a potentially fundamental shift in approaching Community Health issues.

## **AB 1881 Phase II** **Overall Challenges and Strategies**

### Challenges

The Department is clear that its Phase II goals encompasses developmental and complex transformational work that in many instances will require gradual and systematic change over the next decade.

In addition, the Department understands the current County system program and planning responses required to implement various State Initiatives inclusive of (but not limited to) the Mental Health Services Act and Child Welfare Services Redesign.

The challenge before the Humboldt County Department of Health and Human Services is to develop and fund transition strategies towards services and structures that “accommodate” the Initiative or System Improvement Plans intents in the short term while concurrently continuing the Phase II organizational restructuring required for full systems transformation.

### Strategies (to address Challenges)

With Health and Human Services Agency, State Department, Philanthropic Support and Technical Assistance provided by California Institute for Mental Health, Child and Family Policy Institute of California and to be determined Consultants:

1. Design, implement and fund the core Transformational Organizational Program Support Structure(s) and Rapid Cycle Processes required to facilitate Phase II of Humboldt County’s AB 1881 Integrated Services.

2. Work to insure that Humboldt County's implementation of State Initiatives (and System Improvement Plans) utilize transformational service designs that are consistent with the intent of Humboldt County's AB 1881 Phase II efforts in terms of Organizational Integration and cross system Strategic Plan Goals.

### **Phase II AB 1881 Goals (2005-2009)**

As a result of ongoing Integrated Planning across Humboldt County Mental Health, Social Services and Public Health Branches, Humboldt County's State Health and Human Services Agency liaison/California Department of Social Services representative, State Department of Mental Health liaison and Board of Supervisors Health and Human Services Executive Committee Members, that occurred in 2004-05, the Department has established (2005-2009) AB 1881 Goals inclusive of previously adopted AB 1259 goals towards the development of

Humboldt County's Phase II Strategic Plan which:

- Targets Integrated Planning and Programming for All State Initiatives.
- Is linked to Health and Human Services Mission and Operating Principles.
- Is strength based, recovery oriented, client and stakeholder inclusive, responsive to emerging community needs and has a foundation inclusive of Evidenced Based Practices that are consistent with our diverse cultural, ethnic and community values.
- Links to County Peer to Peer Development Team approach(s) with similar transformational oriented Counties.
- Enhances the Department's transformational infrastructure through the development of integrated and centralized Cross Branch:
  1. Outcome and Evaluation Capacity
  2. Training Capacity
  3. Agency Resource Initiative and Grant Response Capacity
  4. Public Education and Outreach Capacity
  5. Quality Improvement and Quality Assurance Capacity
  6. Client and Cultural Diversity Capacity

These Phase II goals have been formatted in age span "categories" to facilitate the next steps required towards developing critical integration and transformational structures and processes of various Initiatives (e.g. Mental Health Services Act/Child Welfare Services Redesign/System Improvement Plan). These categories are listed below:

1. Strategic Plan goals that are linked to "Across Age Span" populations.
2. Strategic Plan goals that are primarily targeted at children, youth and family populations.
3. Strategic Plan goals that are primarily targeted at Adult/Older Adult populations.

To ensure integrity and full compliance with the intent of the Mental Health Services Act, the Humboldt County Department of Health and Human Services has initiated internal

and external consultation (California Institute of Mental Health/Children and Families Policy Institute) as well as Health and Human Services Agency (liaison), State Department of Mental Health, and California Department of Social Services planning meetings and will continue to issue reports with involved state agencies and the Legislature as appropriate and/or required by existing statute pertaining to AB 1881 and Mental Health Services Act planning and implementation.

This concludes the Introduction Section of our Community Services and Supports document. As stated, the purpose of this portion of our submission was to provide the Mental Health Services Act Review Committee with the context of Mental Health Services Act implementation under our AB 1881 Integrated Services Initiative which should assist the Committee in better understanding our Mental Health Services Act funding requests and intent. The balance of our submission will comply with the content and formatting required by DMH Letter #05-05.

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

**SECTION I**  
PLANNING PROCESS

## **Part I: COUNTY/COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW PROCESS**

### **Section I: Planning Process**

#### **Response:**

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

In order to ensure the meaningful participation of client consumers and family members in the Mental Health Services Act (hereafter referred to as MHSA) local public planning process, the Humboldt County Department of Health and Human Services (hereafter referred to as DHHS) closely followed its Community Program Planning document approved by DMH without conditions on April 15, 2005 and engaged client consumers and family members in the following ways:

- *Proposition 63 Steering Committee* - During October, 2004, DHHS initiated the Proposition 63 Steering Committee whose members included several client consumer and family member representatives from the local Mental Health Board, NAMI, and the community. The Committee was formed with two goals in mind. The first goal was to begin to think through how the local planning process could ideally unfold should the Proposition be approved by voters. The second goal was to participate in DHHS system-wide planning efforts under Assembly Bill 1881, Integrated Health and Human Services Initiative, that would continue transformational activities already taking place in Humboldt County under its legislative predecessor, AB1259. It was especially important that client consumers and family members participate at this level during the early planning stages of AB1881 as their inclusion in all transformational activities would occur within DHHS even if Proposition 63 failed to pass. This committee was instrumental in guiding and informing the content of the County's Community Program Planning document.
- *MHSA Steering Committee* - After Proposition 63 was passed in November 2004, the Proposition 63 Steering Committee was expanded and renamed the MHSA Steering Committee. The purpose of the Steering Committee has been to guide the MHSA Community Services & Supports planning process. Client consumers and family members received a series of local trainings and have participated fully on this committee, helping to guide and shape the community planning process described later in this document. The MHSA Steering Committee, including client consumers and family members, will have an ongoing role in monitoring and evaluating the direction of policies, programs, and activities related to both AB 1881 and the MHSA.

- *MHSA Steering Committee Ad Hoc Work Groups* – Client consumers and family members participated in several ad hoc work groups that further developed the ideas of the Steering Committee for gathering community input. Client consumers and family members were involved in the organization, development, and implementation of a variety of MHSA projects that included: Steering Committee and Advisory Group charters, advertising and outreach efforts, Regional Community and Targeted Stakeholder Meeting content and processes, Community Strengths & Needs Survey content and distribution, public comment and hearing content and processes.
- *Regional Community Meetings* – As part of the overall plan for gathering input from the residents of Humboldt County and community stakeholders, client consumers and family members helped to shape the content and process for six Regional Community Meetings held throughout Humboldt County, as well as identify and prioritize their locations. Client consumers and family members assisted at many of these meetings. They were also encouraged to attend and transported by staff when requested. Publicity for and about these meetings is included as Attachment A.
- *Targeted Stakeholder Meetings* – As part of the overall plan for gathering input from community stakeholders, client consumers and family members helped to identify the priority stakeholder groups and community issues that were the focus of 13 Targeted Stakeholder Meetings held in June, 2005. Client consumers and family members also assisted at many of these meetings. In addition, separate Targeted Stakeholder Meetings were held for client consumers and for family members. Transportation assistance to these meetings was made available to anyone needing it. Publicity for and about these meetings is included as Attachment B.
- *Age-Specific Advisory Groups* – As part of the overall plan for reviewing and organizing the data gathered from the public during the Regional Community Meetings and Targeted Stakeholder Meetings, client consumers and family members were included on each of the four Age-specific Advisory Groups (Children & Youth, Transition-age Youth, Adults, and Older Adults). After receiving a series of local trainings, these groups reviewed the data, found common themes, and developed a series of propositions and recommendations that became the basis for the Community Services and Supports Plan. Schedules and group demographics are included as Attachment C.
- *Community Strengths & Needs Survey* – Developed with client consumer and family member input, the Community Strengths & Needs Survey was distributed at Regional Community Meetings, Targeted Stakeholder Meetings, community agencies, other public locations, and at key mental health service access points throughout the County. At some of these access points, client volunteers assisted other consumers to complete the survey. Respondents self-identified as client

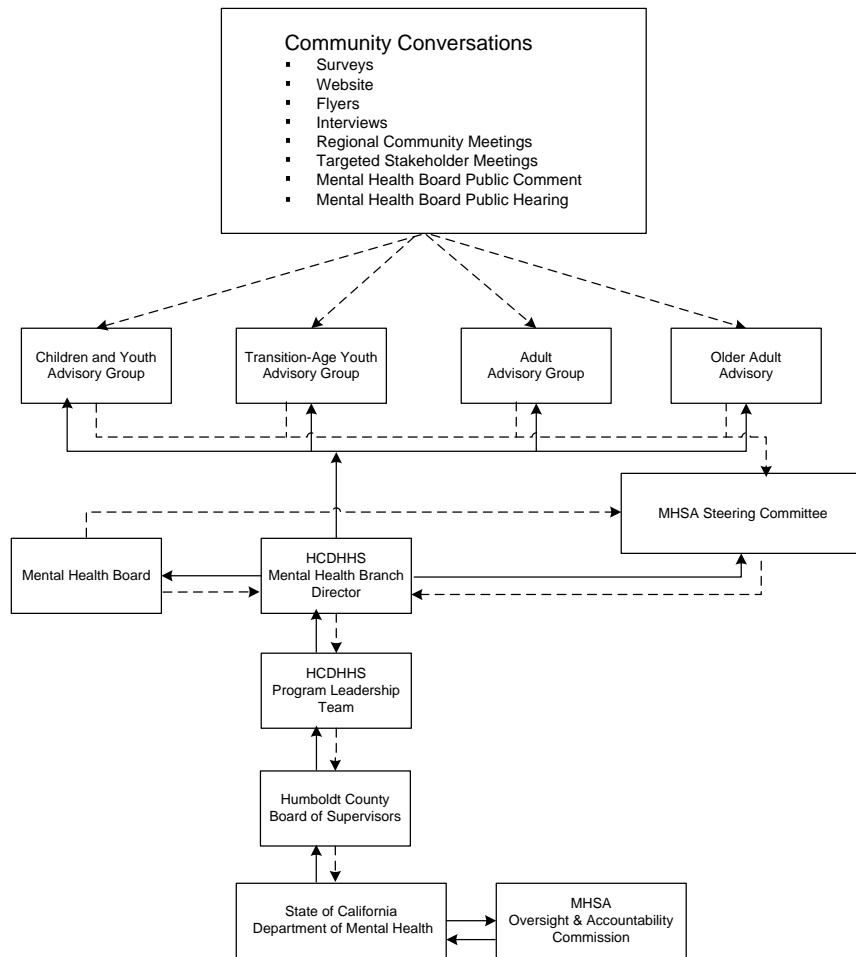
consumers and/or family members on 65% of completed surveys. A copy of the survey is included as Attachment D.

- *Client Consumer Interviews* – Anticipating that not all client consumers would be able or willing to attend and participate at public meetings, staff and client volunteers conducted targeted interviews using the Community Strengths & Needs Survey. Interviews were conducted at various locations such as: the local Mental Health Rehabilitation Center, local board & care homes, the Humboldt County Correctional Facility, and sites where the homeless are located.

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

In order to ensure that the public planning process was as comprehensive and representative as possible, DHHS closely followed the plan as described in its Community Program Planning document, and as pictured in the Community Input Process Framework chart provided below.

Humboldt County Department of Health and Human Services  
 Mental Health Services Act (MHSA) - Community Services & Supports Integration Planning  
 Framework for Community Input Process



Provides framework, guidelines, regulations, requirements  
 Identifies strengths/needs/gaps, recommends priorities

<http://co.humboldt.ca.us/hhs/mh/mhlsa.asp>

5-20-05

Because Humboldt County is a geographically large and rural county, a variety of strategies were used in gathering community input so that it was as representative of its residents as possible. These strategies included, Regional Community Meetings, Targeted Stakeholder Meetings, and Community Strengths & Needs Surveys.

- *Regional Community Meetings* – Held in six different locations throughout the County in May, 2005 (Eureka, Arcata, Willow Creek, Orick, Fortuna, and Redway), these meetings had three goals, 1.) Educate the public about DHHS’s integrated approach to the delivery of mental health services and its goals for transformation as articulated in the “AB 1881 Phase II Strategic Plan: Transformation Towards An Excellence Based System.” 2.) Educate the public about the State mental health system and the goals of the MHSA and Proposition 63, and, 3.) Gather information from the public regarding the mental health needs and strengths of each community. Meeting times and locations were advertised in local newspapers and on local television and radio. In addition, flyers were posted in public locations and key stakeholders were contacted and informed of all events. Although no formal demographic information was taken, in general the meetings were attended by a representative mix of stakeholders which included community members, advocates, service providers, family members, and client consumers.
- *Targeted Stakeholder Meetings* – Identified as vital to the community input process by the Steering Committee, thirteen separate meetings were held at various locations in the community during June, 2005: 1.) Families of Clients, 2.) Education/Schools, 3.) Law Enforcement/Courts/Probation, 4.) Client Consumers, 5.) Native American community, 6.) Hispanic/Latino Community, 7.) Asian/Pacific Islander Community, 8.) DHHS Mental Health Branch Organizational and Fee for Service Providers, 9.) Community and Primary Care Providers/Clinics, 10.) Transition-Age Youth, 11.) Gay/Lesbian/Bisexual/Transgender Community, 12.) Homeless Community, 13.) DHHS Mental Health Branch Staff. The goals of these meetings were identical to those of the Regional Community Meetings mentioned above, except that these discussions were targeted about and for unique stakeholder interests. The times and locations of the meetings were advertised in local newspapers and on local television and radio. Flyers were also posted in public locations and key stakeholders were notified of the events. Although no formal demographic information was taken at these meetings, they were attended by a representative mix of stakeholders which included client consumers, family members, service providers, advocates, and community members.
- *Community Strengths & Needs Survey* – Developed with client consumer and family member input, a Community Strengths & Needs Survey was distributed at Regional Community Meetings, Targeted Stakeholder Meetings, key mental health service access points throughout the County, and other easily accessible public locations. Postage was prepaid and the survey was available for completion on-line as well. Of the survey respondents, 85% self-identified as White/Caucasian, 10% as Native American, 2% as Hispanic/Latino, 1% as African American, and .08% as Asian/Pacific Islander. These percentages closely reflect the ethnic

composition of the County's population in general and are representative on that basis.

Some of the key stakeholders who participated in the community planning process were:

Mental Health Board	Housing Service Providers	Homeless Service Provider Collaboratives
DHHS Social Services Branch	Older Adult Stakeholder Groups and Service Provider Collaboratives	Child Welfare Services Redesign Core Leadership and Stakeholder subcommittees
DHHS MHB Organizational Providers	District Attorneys Office	Public Defenders Office
County Office of Education/SELPA/School Districts Representatives	Peer Mental Health Providers	Redwood Coast Regional Center
North Coast Clinics Network	Humboldt State University First Five Commission	Family Resource Centers Ethnic-specific service providers
MHB Alcohol and Drug Programs/Provider Network	Alcohol and Drug Advisory Board	Community Partners, Stakeholders Group
Probation Department	DHHS Public Health Branch	Transition Age Foster Care Youth
Law Enforcement (Sheriff/Law Enforcement Chiefs' Association of Humboldt - LECAH)	Native American Tribes and service provider collaboratives	Ethnic Community Leaders/Stakeholder Groups
Fee for Service Mental Health Providers	Veterans Groups	Judges (Juvenile and Adult)

The following are schedules of the Regional Community and Targeted Stakeholder Meetings.

**Regional Community Meeting Schedule**

- 1.) Willow Creek @ Family Resource Center/St. Joseph Hospital Annex, Monday, May 23, 2005, 5:30-8:30pm.
- 2.) Fortuna @ Family Resource Center/Fortuna High School, Tuesday, May 24, 2005, 5:30-8:30pm.
- 3.) Orick @ Community Resource Center/Orick Elementary School. Wednesday, May 25, 2005, 5:30-8:30pm.
- 4.) Redway @ Family Resource Center/Redway Elementary School, Thursday, May 26, 5:30-8:30pm.
- 5.) Eureka @ Wharfinger Building, Tuesday, May 31, 2005, 5:30-8:30pm.
- 6.) Arcata/McKinleyville @ Arcata Community Center, Wednesday, June 1, 2005, 5:30-8:30pm.

## Targeted Stakeholder Meeting Schedule

- 1.) Families of Clients  
Monday, 6/6/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 2.) Education/Schools  
Tuesday, 6/7/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 3.) Law Enforcement/Courts/Probation  
Wednesday, 6/8/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 4.) Clients  
Thursday, 6/9/05, 1:30-4:30pm @ Humboldt County Library, Eureka
  - 5.) Native American Community  
Thursday, 6/9/05, 6:00-9:00pm @ Potawot Village, Arcata
  - 6.) Hispanic/Latino Community  
Monday, 6/13/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 7.) Asian/Pacific Islander Community  
Tuesday, 6/14/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 8.) Mental Health Branch Organizational Providers  
Wednesday, 6/15/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 9.) Community Providers/Clinics  
Thursday, 6/16/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 10.) Transition-Age Youth  
Monday, 6/20/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 11.) Gay/Lesbian/Bisexual/Transgender  
Tuesday, 6/21/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 12.) Homeless Community  
Wednesday, 6/22/05, 6:00-9:00pm @ 720 Wood, Eureka
  - 13.) Mental Health Branch Staff  
Thursday, 6/23/05, 3:30-6:30pm @ 720 Wood, Eureka
- 3) Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.

The DHHS Mental Health Branch Director, Lance G. Morton, assumed overall responsibility for the MHSA planning process and dedicated 25% of his time to overseeing these efforts. The staff functions of the Mental Health Branch Director included, 1.) Chairmanship of the MHSA Steering Committee, 2.) Educational presentations at Regional Community Meetings and Targeted Stakeholder Meetings, 3.) Oversight and development of the Community Services and Supports Plan, and 4.) Liaison to DHHS Program Leadership Team.

In addition, Linda Knopp, DHHS-Mental Health Branch Senior Program Manager, assumed responsibility for the organizational elements of the public planning process, and dedicated 50% of her time to this project. The staff functions for the Senior Program Manager included 1.) Liaison to the MHSA Steering Committee, Age Specific Advisory Groups, and contract consultants, 2.) Coordination of and educational presentations at Regional Community Meetings and Targeted Stakeholder Meetings, 3.)

Coordination of data gathering and reporting, and 4.) Coordination of the development of the MHSA Community Services and Supports Plan.

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

In order to ensure full participation of stakeholders and staff in the local planning process, DHHS engaged in several training efforts and activities. Supporting the MHSA Steering Committee, and providing consistency across the public processes through planning and facilitation, were contractors Gelinias-James, Inc., a well-respected leadership team development and change management consultation group ([www.geliniasjames.com](http://www.geliniasjames.com)).

- *Background Informational Trainings* – Various opportunities were used to train and inform staff and stakeholders on the goals, priorities, and common visions and concepts of Proposition 63, the MHSA, the MHSA Community Services & Supports Plan, and the DHHS AB1881 Phase II Strategic Plan. Staff, including those in Administration and Management, Supervisors, and line staff, were informed and trained at the following meetings and events: bi-monthly DHHS Human Services Cabinet meetings, weekly DHHS Program Leadership Team meetings, quarterly Branch all-staff meetings, monthly department meetings, and a specially scheduled Targeted Stakeholder Meeting. Stakeholders were informed and trained at the following meetings and events: local NAMI meetings, monthly Mental Health Board meetings, quarterly Mental Health Branch Organizational Provider Meetings, Regional Community Meetings, Targeted Stakeholder Meetings, MHSA Steering Committee Meetings, Age-Specific Advisory Group Meetings, Northcoast Clinics Network meetings, and Community Health Care Alliance meetings.
- *Participation & Process Trainings* – Full participation of stakeholders required that information and training about the process and framework for participation be given as often as possible. These trainings were given at the following key meetings and events: Regional Community Meetings, Targeted Stakeholder Meetings, MHSA Steering Committee Meetings, and Age-Specific Advisory Group Meetings. The trainings were conducted by Gelinias-James, Inc.
- *Specialized Participation & Process Trainings* – Stakeholders from the MHSA Steering Committee and the Age-Specific Advisory Groups who worked at prioritizing data and developing recommendations for this Plan received a series of specialized trainings in order to accomplish this task. The trainings were conducted by Gelinias-James, Inc. In addition, the Mental Health Branch Director and the Director of DHHS provided information and instruction on the MHSA and AB1881 at these specialized trainings.

- *Evidence Based Practices Trainings* – For well over one year, DHHS staff and community agencies and stakeholders have routinely participated in a monthly series of Evidence Based Practice Trainings that have been presented in collaboration with California Institute for Mental Health. These trainings have been a key component in building the framework to support the transformational changes outlined in the AB1881 Phase II Strategic Plan and in the MHSA. The trainings and/or consultations have been focused on creating the context for integrative transformation, and, on scientific, research-based program development and implementation. Both basic and advanced trainings were provided to the following groups: DHHS Administration, Social Service Branch, Public Health Branch, and Mental Health Branch service providers, as well as the Mental Health Board, the Probation Department, the Board of Supervisors, contract providers, Humboldt County Office of Education, Native American service providers, and other interested individuals. These two day trainings and consultations have occurred over the last 20 months.
- During this time, DHHS has implemented eight evidence based practice programs or research projects. Six of those in the Children’s System of Care in collaboration with the Social Service Branch (Multidimensional Treatment Foster Care, Incredible Years, Functional Family Therapy, Aggression Replacement Therapy, Family to Family, and Parent Child Interaction Therapy), and two in the Adult System of Care (California Medical Algorithm Project-CalMAP, and Project Impacts-Major Depressive Disorders Medical Algorithm Research Project).
- *DMH and CIMH Trainings* – Client consumers and family members attended MHSA related trainings throughout the State beginning with the “Understanding the Mental Health Service Act & Learning to Facilitate Family Focus Groups” that were held on February 28, 2005, in Redding. Client and family members also attended the Mental Health Policy meeting in San Diego February 9 and 10, 2005. DHHS sent client, family member, stakeholder representatives and staff to other appropriate trainings. Some of these trainings included: Mental Health Boards/Commissions Regional Training: Superior Region held March 11-12, 2005, CMHDA Adult System of Care Partnership Conference held March 22-24, 2005, and, AB2034 Third Annual Conference held April 23, 2005.

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

**SECTION II**  
PLAN REVIEW

## Section II: Plan Review

- 1) Provide a description of the process to ensure the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.

On October 7, 2005, the draft Community Services and Supports plan was posted on the Humboldt County Department of Health and Human Services web site, under the Mental Health Branch page at <http://co.humboldt.ca.us/hhs/mh/mhsa.asp> (see Attachment E). Copies of the MHSa plan were made available to all stakeholders through the following methods:

- Announcements of the public review and comment period were published in several local newspapers and aired as radio and television news stories (Attachment F).
  - Paid advertising ran in the Times-Standard and McKinleyville Press on three accounts, and once in El Herald, a monthly Spanish-language paper (Attachment G).
  - More than 200 fliers were sent to Family / Community Resource Centers; to Humboldt / Del Norte Medical Society, and health clinics throughout the region (Attachment H).
  - Notification for the review period, including date, time and location of the Public Hearing was posted for the required 30 days at all Department of Health and Human Services program and service sites.
  - Copies of the draft plan were available at Public Library branches throughout the County.
  - Copies were mailed to all persons who requested copies in writing in accordance with the Public Information Act.
  - The Mental Health Branch Director announced to DHHS staff, community-based organizations and partner agencies in various meetings that copies were available to be downloaded from the website and hard copies were available from the MHSa coordinator.
- 2) Provide documentation of the public hearing by the mental health board or commission.

The Mental Health Board held their public hearing on Nov 9, 2005 with 40 people in attendance. See attached copy of Mental Health Board Public Hearing Agenda (Attachment I) and attendance sheets (Attachment J).

The Board and staff were very gratified by, and the community expressed appreciation for the inclusive and transparent nature that identified the priorities of the stakeholder groups. As one Board member put it, "The community really believes that change is possible," and we are excited to move forward.

Clearly this process had a learning curve for all involved, and the value of an active relationship with our stakeholders was apparent. As we implement the Plan's programs, we will build on the relationships developed in its formation, and place

greater emphasis in ongoing public education, and involving the stakeholders throughout the process. Implementation Teams have been formed for each MHSA program with broad stakeholder representation. A copy of the Implementation Teams Roster is included as Attachment K. These Teams are charged with guiding the implementation process, and ensuring the continuous voice of the stakeholders is present.

- 3) Provide the summary and analysis of any substantive recommendations for revisions.

During the 30-day public review period, feedback from stakeholders was received in a variety of ways including e-mails, phone calls, direct comment and through a public hearing. Twenty-six individuals submitted written comments and/or spoke at the Public Hearing.

Several substantive themes from the public comments, including those received during the Public Hearing were identified.

**Theme:** Native American Advocates expressed concern over the disparate proportion of Native Americans, especially children and juveniles, in the criminal justice setting.

**Response:** Meeting the mental health needs of the Native American community must be comprised of a series of complex strategies to address the unique and varied needs of this stakeholder group. DHHS believes that the establishment of an Office of Cultural and Client Affairs, as described in Work Plan #9, is needed to coordinate these strategies, and transform the mental health system into one that is culturally sensitive and aware, enhancing the effectiveness of all services. The Office is to be staffed by individuals dedicated to fostering client centered cultural awareness. One of the primary responsibilities of this office is the development of policy and programming in concert with the ongoing input and feedback of all of our minority groups, inclusive of Native Americans.

DHHS is expanding direct mental health services to the County's Native American population through existing Organizational Providers, and, independent of the MHSA process, through the negotiation of a contract with a local Native American health care provider. Additionally, working in partnership with Probation we are developing a strategy to address the disproportionate confinement of Native American Youth.

**Theme:** Numerous responses stated that more money should be dedicated to the hiring of direct line staff.

**Response:** The MHSA includes 19.40 direct services positions in year one, and 4.0 additional FTE positions in years two and three. The MHSA was intended to facilitate system transformation, and these new positions, supporting our nine programs, will accelerate progress toward that goal.

In addition to the staff to be added through the MHSA, DHHS after several years of severe budget cuts has balanced its budget and was able to add 28.8 new direct services positions to the Mental Health Branch, a significant augmentation to our existing staff.

**Theme:** Concerns were heard that more emphasis on Housing issues should be included in the plan.

**Response:** The need for housing of individuals with mental health needs is a clear priority. DHHS has committed \$200,000 in county general funds this fiscal year to the Multiple Assistance Center, \$100,000 for the winter shelter and has been instrumental in securing HUD funding for permanent supportive and transitional housing. The AB2034 program provides substantial funding for housing resources for the homeless population.

CSS funding in the amount of \$450,834 for years 1-3 is proposed for housing; master leases, subsidies, etc. for ACT enrollees. Additional housing funds are anticipated to be made available to counties in the next phase of MHSA roll-out, Capital Facilities & Technological Needs.

**Theme:** Some in the community did not favor the use of an outreach and service center recreational vehicle (RV). Even though the community expressed strong support for the County's attempt to advance outreach into remote communities they did not all agree on how to do this. Some worried that an RV would not be able to access all of the roads in the County during the rainy season.

**Response:** Due to economic issues some communities don't have facilities suitable for direct services delivery. Given the vast size and rural structure of Humboldt County, enhanced mobile service capacity is needed in concert with the community-based organizations.

Community relationship building activities of the Rural Outreach Service Enterprise (ROSE) will initially include outreach and anti-stigma education by the Department's prevention staff. Once each community's unique needs and interests are incorporated, additional direct services will be initiated. Continuing the evolution of Humboldt County's cross-branch integration processes through AB 1881 (the focus of work plan #9), services may include outreach, case management, nurse case management, telemedicine, eligibility, health care services, prevention, and be an asset in emergency disaster response.

The input pertaining to remote and 4-season access ability were considered and resulted in a change to the Plan. Two four-wheel drive vehicles will be added in addition to the RV to insure that staff is able to access all clients regardless of road conditions or how remotely they may live from a community's town center.

It should be noted that the funding for the ROSE RV is available through a one-time only funding request. These funds aren't available for staffing, rent, utilities or any other type of ongoing expenditure.

**Theme:** Some thought that the Transition Age Youth (TAY) work plan wasn't comprehensive enough.

**Response:** DHHS is committed to youth advocacy and will be collaborating with and supporting the development of local transition age youth organizations and efforts to promote youth advocacy, education and outreach in Humboldt County. Transforming our system to reflect the unique and powerful needs of this critical stakeholder group can only occur through the formation and support of TAY advocates. This will be crucial as DHHS develops a service system with the expertise and resources needed to facilitate independence and relational permanence.

The office of Culture and Client Affairs (work plan #9) develops a mechanism to include the TAY voice and leadership in the strategic development of DHHS policy and programs. Additionally, this office will work closely with existing statewide advocacy groups including Child Welfare Services, Youth Transition Action Teams, California Youth Connection, and the California Permanency for Youth Project, to link their resources and services to our own.

4) If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.

Comments received and continuing scrutiny guided us in refining the presentation of our work plans so that they are clearer and more understandable. Careful documentation was made of all comments received, substantive or not, and will be forwarded to the implementation teams for their reference during the roll-out of the plan's programs.

The specific changes made to the plan are as follows:

- Without substantively altering the plan, the grammar, punctuation and syntax has been refined throughout the document.
- Additional clarifying descriptors are made as follows:
  - Work Plan #4, Outpatient Medication Services Expansion, the following was added for clarification:  
*“Real-time telemedicine technologies, using one of DHHS’s staff Psychiatrists, will also be used at various primary care sites and the communities that would be served by the ROSE staff (Work Plan #1).”*
  - Work Plan #2, Wellness Center, the following was added for clarification:

*“The function of the Wellness Center staff is that of a liaison to clients and family members. It is not intended to replace clinical services, but rather to assist clients and families in the navigation of the system in a peer-based setting.”*

- As detailed in question 3, substantive changes were made to the following work plans:
  - Work Plan #1, Rural Outreach Services Enterprise, is changed to include two 4-wheel drive vehicles in addition to the RV.
  - Work Plan # 5, Transitional Age Youth Leadership, is changed from hiring a single youth position, to supporting instead local youth groups to present work plans to the department enhancing the youth voice in Humboldt County.
  - Work Plan #6, Alternative Response Team Cross-Branch Program Expansion, was redrafted to clarify the cross branch integration 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: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS**

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

Response:

- 1) Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (\*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

**County/Community Issues Identified in the Public Planning Process:**

<b>Children/Youth</b>	<b>Transition Age Youth</b>	<b>Adults</b>	<b>Older Adults</b>
<p>1. Awareness, Outreach &amp; Access *</p> <ul style="list-style-type: none"> <li>• Outreach to children, youth &amp; families where they naturally congregate.</li> <li>• Provide services outside of the 9-5 workday.</li> <li>• Use technology to increase county-wide services.</li> <li>• Develop low-cost &amp; free transportation options.</li> <li>• Focus on culturally-inclusive outreach.</li> </ul>	<p>1. Transition Age Youth Involvement *</p> <ul style="list-style-type: none"> <li>• Create a TAY committee focused on outreach, prevention &amp; intervention.</li> </ul>	<p>1. Access *</p> <ul style="list-style-type: none"> <li>• Improve the access &amp; availability of mental health services to residents.</li> <li>• Moderate &amp; remove operational barriers.</li> <li>• Assist clients in identifying &amp; receiving services.</li> <li>• Provide respectful engagement of the whole person.</li> <li>• Emphasize recovery &amp; wellness.</li> </ul>	<p>1. Access &amp; Availability of Services *</p> <ul style="list-style-type: none"> <li>• Create a system where mental health services are blended with other high-use services &amp; provided in natural settings frequented by older adults.</li> <li>• Ensure transportation supports are aligned with different levels of functioning &amp; ability.</li> <li>• Utilize a multi-disciplinary, collaborative, &amp; culturally competent approach to service delivery.</li> <li>• Utilize tele-support &amp; tele-medicine sites &amp; links to provide culturally competent, 24/7 services &amp; supports.</li> </ul>

Children/Youth	Transition Age Youth	Adults	Older Adults
<p>2. Include Youth Voice *</p> <ul style="list-style-type: none"> <li>• Launch a system-wide initiative to include youth voice.</li> </ul>	<p>2. Transition Support</p> <ul style="list-style-type: none"> <li>• Provide support to &amp; by TAY to transition into adulthood (ie, building relationships, developing life skills, connecting with culturally relevant supports).</li> </ul>	<p>2. Collaboration *</p> <ul style="list-style-type: none"> <li>• <b>Better serve clients through collaboration:</b></li> <li>• Create multi-disciplinary teams.</li> <li>• Match authority with accountability.</li> <li>• Make the key guiding principle be that “We are all Service Providers”.</li> <li>• Create Middle Mgmt Teams.</li> <li>• Use community storefronts.</li> <li>• Include adult clients as part of the team.</li> <li>• <b>Reorganize to support client teams:</b></li> <li>• Provide systematic support to multi-disciplinary teams.</li> <li>• Enhance creativity &amp; service.</li> <li>• Address co-occurring disorders for mental health &amp; alcohol &amp; other drugs.</li> <li>• <b>Create a Mission/Outcome-Driven performance mgmt system:</b></li> <li>• Focus on outcomes.</li> <li>• <b>Plan for a smooth transition:</b></li> <li>• Build commitment to collaboration.</li> </ul>	<p>2. Quality, Quantity &amp; Increased Capacity *</p> <ul style="list-style-type: none"> <li>• Provide priority access.</li> <li>• Deliver high-quality integrated care.</li> <li>• Increase capacity.</li> </ul>

<b>Children/Youth</b>	<b>Transition Age Youth</b>	<b>Adults</b>	<b>Older Adults</b>
<p>3. Full Spectrum of Services *</p> <ul style="list-style-type: none"> <li>• Develop local, high-end treatment options (acute-care facility) for children &amp; youth.</li> <li>• Focus on Families (holistic services that adapt to the changing needs of families as children grow).</li> <li>• Assure accurate diagnoses.</li> </ul>	<p>3. Education &amp; Training *</p> <ul style="list-style-type: none"> <li>• Develop a training program for professionals.</li> <li>• Develop an educational program for public.</li> <li>• Develop a program for consumers that include peer-support groups for TAY.</li> <li>• Develop a program for families.</li> <li>• Develop a navigation system.</li> </ul>	<p>3. Provide Supportive Services for clients *</p> <ul style="list-style-type: none"> <li>• Create an infrastructure (eg, people &amp; systems) grounded in the philosophy of harm reduction.</li> <li>• Create a system that focuses on supporting personas with mental health &amp; alcohol &amp; other drug issues.</li> <li>• Create &amp; maintain an integrated delivery system that promotes timely delivery of primary services &amp; follow-up services through an increased number of case managers.</li> <li>• Provide supportive services through a community-integration approach that is consumer-centered.</li> <li>• Enhance the availability of stable, affordable housing to permit persons with mental illness to experience security during recovery.</li> </ul>	<p>3. Education *</p> <ul style="list-style-type: none"> <li>• Create an educational program for service providers, educators, law enforcement &amp; community members that will help to reduce the stigma associated with mental illness &amp; encourage people to seek help early.</li> </ul>

<b>Children/Youth</b>	<b>Transition Age Youth</b>	<b>Adults</b>	<b>Older Adults</b>
<p>4. Parent Support *</p> <ul style="list-style-type: none"> <li>• Launch a parent-focused support program.</li> </ul>	<p>4. Outreach &amp; Access*</p> <ul style="list-style-type: none"> <li>• Create a Mobile Service, Consultation &amp; Resource Team.</li> <li>• Establish Mental Health Annexes in outlying areas.</li> <li>• Create a Mobile Crisis Team.</li> </ul>	<p>4. Prevention &amp; Education *</p> <ul style="list-style-type: none"> <li>• Create a county-wide program targeting prevention and/or early intervention focusing on mental health &amp; alcohol &amp; other drug issues.</li> </ul>	<p>4. Data Collection &amp; Access *</p> <ul style="list-style-type: none"> <li>• Create a single, centrally-managed, data collection system that is client-centered &amp; accessible to all agencies involved with clients.</li> </ul>
<p>5. Public Awareness &amp; Professional Alignment *</p> <ul style="list-style-type: none"> <li>• Develop an education &amp; awareness program aimed at de-stigmatizing mental health issues.</li> </ul>			<p>5. Culturally Appropriate Services/Access *</p> <ul style="list-style-type: none"> <li>• Hire providers that represent different cultural groups who are discreet, using appropriate age interpreters when necessary.</li> <li>• Ensure providers are aware of cultural stigma attached to mental illness &amp; possible fears of the medical community.</li> <li>• Providers would investigate clients' medical status thoroughly &amp; honor their cultural values.</li> </ul>
<p>6. Quality Data *</p> <ul style="list-style-type: none"> <li>• Create a database &amp; delivery system.</li> <li>• Create an evaluation &amp; feedback system.</li> </ul>			<p>6. Services for Dementia</p> <ul style="list-style-type: none"> <li>• Create a training program that addresses assessment &amp; treatment issues, &amp; increases caregiver, client &amp; provider collaboration.</li> </ul>

<b>Children/Youth</b>	<b>Transition Age Youth</b>	<b>Adults</b>	<b>Older Adults</b>
<p>7. Education &amp; Training *</p> <ul style="list-style-type: none"> <li>• Create a DHHS Education &amp; Training Unit &amp; develop strategies to meeting the needs of children, youth, parents, families, caregivers, community providers, staff &amp; the public.</li> </ul>			
<p>8. Collaboration *</p> <ul style="list-style-type: none"> <li>• Build collaboration between adult-focused providers &amp; systems &amp; child/youth-focused providers &amp; systems.</li> <li>• Building collaboration between agencies, programs, &amp; providers focused on child/youth consumers.</li> <li>• Building collaboration between persons delivering services to an individual child or youth &amp; their family.</li> </ul>			

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

In order to ensure that the service and support requests contained in this Plan were selected and prioritized according to community and stakeholder input and were in keeping with the goals and priorities of the MHSA and AB1881 Phase II Strategic Plan, DHHS closely followed the process as outlined in its framework for community input as shown in the chart on page 15. This process was designed so that each one of four phases would build upon the work of the previous phase and result in a set of prioritized recommendations for each age group.

First, a prioritized list of strengths and needs was developed at each Regional Community Meeting (6) and each Targeted Stakeholder Meeting (13). After receiving information and training on the MHSA, AB1881, and the framework for participation and involvement, participants were asked to identify and discuss the mental health needs and strengths of their communities by using an appreciative model of inquiry. Participants then reviewed that information and decided on the common themes and needs that were present. They then prioritized these themes and needs. The prioritized themes and needs from these meetings, along with the survey data, were then compiled into reports and provided to the four Age-Specific Advisory Groups.

Second, the four Age-Specific Advisory Groups, working with the reports of prioritized themes and needs from the Regional Community and Targeted Stakeholder meetings, followed a uniform procedure to develop and rank a set of recommendations based on the data. That uniform procedure included three main steps: 1) the development of provocative propositions that described a preferred future, 2) the development of recommendations based on that preferred future, and, 3) the suggesting of strategies for implementing the recommendations. These main steps included answering a set of four questions for each recommendation that was proposed, 1) How does the recommendation relate to the goals of the MHSA, 2) How does the recommendation relate to the goals of AB1881, 3) How is the recommendation supported by the community data, and 4) What strategies could be used to successfully implement the recommendation. The Advisory Groups developed a total of twenty-two recommendations which are summarized in the chart above. While some of the Advisory Groups' 22 recommendations focused on age-specific program requests, the majority focused on structural, organizational, and philosophical system-wide transformative changes.

Third, the twenty-two recommendations were then reviewed by the Steering Committee who developed them further as a set of eight "directional priorities" to be used with the twenty-two recommendations as a guide in developing this Plan and for future planning efforts. Those "directional priorities" are: 1.) Ensure access and availability across age groups, genders, cultures, races, communities, and geographic regions, 2.) Ensure

culturally and ethnically sensitive and competent services, 3.) Ensure mobile and decentralized access and services, 4.) Ensure adherence to the philosophy of care principles of consumer-centered, respectful engagement of the whole person, and focus on recovery, wellness, resiliency, and harm-reduction, 5.) Ensure that prevention, education, and training are integral parts of the system, 6.) Ensure integrated treatment approaches that are inclusive of co-occurring approaches, 7.) Ensure multi-disciplinary, multi-agency treatment approaches, and 8.) Ensure integrated data bases accessible to other agencies or providers.

Fourth, the prioritized list of recommendations from the Advisory Groups and the “directional priorities” from the Steering Committee were then reviewed by the DHHS Program Leadership Team (DHHS Director and Assistant Director, Mental Health Branch Director and Deputy Director, Public Health Branch Director and Deputy Director, and Social Service Branch Director and Deputy Director) who then matched it to system-wide needs and selected the services and supports strategies requested later in this document. The following factors were used in making the final selections:

- Alignment with the spirit and goals of the MHSA
- Alignment with and ability to further the integrated service goals and objectives of the AB1881 Phase II Strategic Plan
- Ability to address racial, ethnic, gender, and geographic disparities
- Prevalence need in Humboldt County
- Data on service utilization
- Service gaps identified and targeted in the AB1881 Phase II Strategic Plan
- Ability to maximize cross-branch system efficiencies and start up quickly

3) Please describe the specific racial ethnic, and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.

Like many “small” counties, Humboldt has historically struggled with a lack of sufficient infrastructure in many areas. Insufficient infrastructure in the areas of data collection and analysis, and, research and evaluation are of particular importance here. As indicated in our Introduction Section, DHHS is in the process of designing several AB1881 Program Support Structures and processes, including a Research & Evaluation Unit, that are core strategies necessary to effectively implement culturally competent and transformative programming under the MHSA. It is important that the reviewers note that Program Work Plan # 9 (Integrated Program/Planning Support Structures) is submitted with these essential infrastructure needs in mind. Absent this capacity, the following information is submitted in terms of disparities inherent in the main issues identified by the community input process:

*Access & Outreach:* This main community issue was given a high priority by all four of the age-specific Advisory Groups mentioned earlier. Although racial diversity exists

within the main service area of Eureka and Arcata, access is still a challenge, when the service is not viewed as culturally responsive. Geographic location can, and does, contribute to access barriers. There is a general lack of knowledge in the Hispanic/Latino community of what services are available and even when the services are known, there is a reluctance to seek services. There is a large stigma within the Hispanic/Latino community against seeking out mental health services. This knowledge disparity and stigma is complicated by the fear of exposure as undocumented persons are often reluctant to seek services.

*Community Education:* This main community issue was also given a high priority by all four of the age-specific Advisory Groups. Enhancing the public's law enforcement's and the court's knowledge and sensitivity to mental health issues is essential to improving access to services. Some cultural competency training has occurred, but more expertise training is crucial.

*Services:* This main community issue was identified in Children & Youth, Adult, and Older Adult age groups. Specifically, each group recognized the need for appropriate services, responsive and sensitive, not only to the age of the recipient, but also to their culture and gender.

*Collaboration:* This main community issue was identified and given a high priority by all four of the age-specific Advisory Groups. Disparity currently exists within Humboldt County's collaborative efforts. Though outreach to diverse communities has begun within DHHS, collectively the communities, and DHHS, agree that there is more work to be done in this area to insure that collaborative efforts are inclusive of all populations served within Humboldt County. The creation of the Office of Consumer and Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures) is an example of DHHS efforts to be more inclusive of stakeholder input in program development, delivery and evaluation. Currently, some ethnic and gender groups are unrepresented or under represented in collaborative efforts centered on mental health, child welfare and probation.

*Data:* This main community issue was identified by all four of the age-specific Advisory Groups as an important priority. Humboldt County has historically struggled with data collection, evaluation and outcomes especially in the collection and access of data across ethnic and gender lines. With current population information available from local data collection efforts, and from state and federal data sources (i.e. the US Census), it is possible to reliably describe the age and race/ethnicity characteristics of the population of Humboldt County. We are not, however, able to likewise identify needs, which are specific to populations in the community. The best effort is to estimate a level of need based on professional anecdotal information supported by the overall population data, or by sampling surveys of specific sub-populations in the County. Pending the development of a comprehensive and community wide data management effort (Program Work Plan #9 Integrated Program & Planning Support Structures), information about population needs and assets contains a degree of uncertainty.

Other information relevant to the issues of disparity within the main community issues mentioned above include:

*Homeless Population:* Poverty and homelessness are realities for a growing number of families and individuals in the Humboldt community. As noted in the winter shelter report for the last season, not only did the winter shelter fill quickly upon opening in December 2004, the waiting list was longer than any previous year. The Humboldt County Mental Health Branch operates an AB 2034 program – Street Outreach Services. Since its inception in 2001, they have served 1,970 unduplicated homeless adults with a diagnosed mental illness. Many of these persons are dually diagnosed with mental illness and substance abuse issues. There is a noted increase in the use of methamphetamine. There are a disproportionate number of homeless males (65%). In Humboldt County, 272 persons are presently receiving General Relief. Many of these persons are often homeless or at risk of becoming homeless. Of these persons, 188 have been diagnosed with a mental illness and/or AOD issue.

*Juvenile Justice System:* Chief Probation Officers of California report Humboldt to have had 801 referrals, and 158 juvenile wards and 1,522 adults on formal probation for year 2003-2004. There appears to be an overrepresentation of males in the juvenile justice system. The number of females in out-of-home placement for July 2003-August 2005 is 29, while for the same time-period; the number of males in out-of-home placement is 76. The Juvenile Justice System’s Regional Facility is a locked treatment facility and is a collaboration between Probation and Mental Health. The Regional Facility provides intensive mental health services to this population. In this facility, again American Indian youth show a disproportionate amount of admissions with an average of 23% of the population being American Indian (see chart). While in the RF, these youth do receive intensive and culturally appropriate wraparound, mental health, and substance abuse services from local American Indian family service providers.

Regional Facility Residents (11/19/99-02/01/05)<sup>1</sup>

<b>Ethnicity</b>	<b>Number</b>	<b>Percentage</b>
White	110	68
American Indian	37	23
Hispanic/Latino	8	5
Black	5	3
Asian	1	0.6
Pacific Islander	1	0.6
<b>Total</b>	<b>162</b>	

(Totals did not add up to 100% due to rounding)

<sup>1</sup> Information provide by Humboldt County Probation Department

Juvenile Hall reports also indicate a disproportionate amount of American Indians being booked into the Hall for the time period 07/01/01-06/30/04, with an average of 23% being American Indians.

*Criminal Justice System:* Humboldt County Correctional Facility provides reports that 28% of the jail population has a mental health diagnosis. Mental Health Jail Services, in collaboration with The California Forensic Medical Group (CFMG), provides medical and psychiatric services to the jail population. Discharge planning from the jail facility to the outpatient/medication clinic continues to be a focus area.

*Foster Care System:* A high proportion of children in the Child Welfare System (CWS) system have mental health issues. There is a need to screen children and families at risk of entering the child welfare system and link them with services as soon as possible. Child Welfare Improvement Activities includes the development of a differential response system to identify these families before entering the child welfare system. Public Health nurses presently provide this service utilizing home visiting services to children ages 0-8 throughout the county. There is a need to include Mental Health clinicians in this team to assess mental health /AOD issues. It is documented that children in foster care have greater mental health needs than children in the community and early mental health intervention may prevent entry into CWS. The Child Welfare League of America (CWLA) estimates that between 30 to 70% of children in foster care have a serious emotional disturbance. Humboldt County Mental Health does prioritize foster care youth access to mental health services. American Indian children make up a disproportionate percentage (25.8%) of the children in out-of-home care (see chart). Special emphasis must be placed on linking child welfare and probation services with culturally appropriate mental health services. There is a need to ensure competence of administrators, supervisors and workers to engage and involve families from different backgrounds, and in the development of appropriate policy and procedures.

CWS Children in Out-of-Home Care (01/01/04-12/31/04)<sup>2</sup>

<b>Ethnicity</b>	<b>Number</b>	<b>Percentage</b>
White	127	59.6
Hispanic/Latino	9	4.2
American Indian	55	25.8
Asian/Other	9	4.2
Black	5	2.4
Missing	8	3.8
<b>Total</b>	<b>213</b>	<b>100%</b>

<sup>2</sup> Information compiled from CWS/CMS Reports

There appears to be a slight overrepresentation of males in the CWS system as there are currently 121 males in out-of-home care compared to 92 females. Open CWS cases follow the same trend, with 231 males in open cases compared to 207 females.

*American Indian Rancherias or Reservations:* The County's American Indian community represents 5.7% of the total population (see chart). Many of the American Indians live outside the primary service delivery area of Eureka. There are eight land-holding tribes who live on either remote reservations or small rancherias in various locations throughout the county. A ninth federally recognized tribe is not land-owning. There are limited County services in the outlying areas. There are some rural health clinics to serve this population.

Humboldt County Demographics<sup>3</sup>

<b>Population</b>	<b>Total 126,518</b>	<b>100%</b>
White	107,179	84.7
Hispanic/Latino	8,210	6.5
American Indian	7,241	5.7
Asian/Native Hawaiian and Other Pacific Islander	2,332	1.9
Black	1,111	0.9
Other	445	0.3

*Education System:* Humboldt County Office of Education provides oversight for 32 County school districts and 20,734 students. The State of California dropout rate is 3.3%. Humboldt County's dropout rate is 2.6%. The breakdown of dropout rates by race/ethnicity is located in the chart below.

School Year 2003-2004<sup>4</sup>

<b>Race/Ethnicity</b>	<b>Dropout Rate %</b>
White	1.9
Hispanic/Latino	4.6
American Indian	5.4

The census shows that the overall Hispanic/Latino population in the county is 6.5% but enrollment in the county school system is 9.1% Hispanic/Latino. The county is experiencing an increase in the number of Hispanic/Latino children in the lower grades of local public schools. For instance, the percent of Hispanic/Latino children in

<sup>3</sup> Information compiled from US Census 2000

<sup>4</sup> Information from the California Department of Education

kindergarten is 12.95%, while the percent of 12<sup>th</sup> graders is 6.5%. The Hispanic/Latino population in some areas of the county is growing rapidly. Fortuna Union Elementary School has a 26.3% Hispanic/Latino population. Rio Dell Elementary School has a 17.2% Hispanic/Latino population. The Hispanic/Latino population has a low penetration rate to services and further assessment needs to be completed to determine if barriers to services exist (i.e. language and/or culture). Out of the 20,734 students, 2,805 children are in special education.

*Mental Health Access for Children:* The chart below shows ethnic and gender disparities in those youth served by the Children Youth and Family Services division of the Mental Health Branch. American Indian youth do appear to be accessing services at a higher rate relative to their proportion of the total population.

CYFS Clients<sup>5</sup>

<b>Ethnicity</b>	<b>Number</b>	<b>Percentage</b>
White	888	77
Hispanic/Latino	51	4
American Indian	126	11
Asian/Other	20	2
Black	44	4
Unknown	28	2
<b>Total</b>	<b>1,157</b>	<b>100%</b>
////////////////////	////////////////////	////////////////////
<b>Males</b>	<b>671</b>	<b>58%</b>
<b>Females</b>	<b>486</b>	<b>42%</b>

*Geographic Disparities:* It has been noted that Humboldt County is a large county with the bulk of the population living in the Eureka/Arcata area where our services are housed. There are a number of persons who are living in isolated remote areas of the southern, northern and eastern parts of the county. These areas often have no public transportation to access services in Eureka and limited services in their geographical area. There is a need to provide outreach to these remote communities.

Community Resource Centers provide limited services in remote geographic areas and have funding issues. County Liaisons attempt to provide information and resources to the Community Resource Centers, but this attempt to access services can be fragmented. Income, poverty and unemployment rates for Humboldt County are, on average, higher than the State of California as a whole (see chart).

<sup>5</sup> Information provided by Humboldt County Mental Health Branch/CYFS Division

Income, Poverty and Unemployment Levels<sup>6</sup>

Area	California	Humboldt
<b>Household Median Income</b>	\$41,994	\$31,226
<b>Families below federal poverty level</b>	9.2	12.9
<b>Individuals below poverty level</b>	12.4	19.5
<b>Unemployed</b>	5.1%	5.6%

4) If you selected any community issues that are not identified in the “Direction” section above, please describe why these issues are more significant for your county/community and how the issues are consistent with the purpose and intent of the MHSA.

All of the issues listed in the “Directions “ portion of this section were included in all stakeholder and community meeting agendas. All Advisory Group recommendations included references to these items as well as to the following main themes and needs: Access & Availability of Services (Decentralization), Public & Professional Education & Awareness, Culturally Appropriate Services, and Data Collection & Sharing. The community planning process in Humboldt County produced a thoughtful and forward thinking 91 page document that contains a set of twenty-two “broad brush” recommendations and priorities for DHHS that are in keeping with the spirit, intent and goals of both AB1881 and the MHSA.

The benchmarks that State DMH provided counties, DMH Letter 05-05, dated August 1, 2005, were helpful to our stakeholders and Age Specific Advisory Groups. Stakeholders ended up using them to guide their recommendations for “transformative” program development. For example, the ACT plan was recommended because stakeholders wanted the mental health system to achieve better outcomes related to the frequency of hospitalizations, incarceration, reducing isolation, etc., all integral elements in ACT. In another example, it would be difficult to reduce the number of incarcerations of mentally ill Native Americans without providing system-wide culturally appropriate services first. And, it would be difficult to provide and sustain culturally appropriate services without first building the infrastructure and foundational capacity of the system to provide them.

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<sup>6</sup> Data compiled from US Census 2000 and EDD Labor Market Information Division

**PART II**  
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

**SECTION II**  
ANALYZING MENTAL HEALTH NEEDS IN THE  
COMMUNITY

**Section II: Analyzing Mental Health Needs in the Community**

**Response:**

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

As mentioned previously, DHHS lacks sufficient infrastructure in the areas of data collection and analysis, and, research and evaluation to be able to fully assess racial and ethnic disparities by age group in the unserved populations of Humboldt County. Absent this capacity, the following information is submitted.

As Table One (1) illustrates, approximately eighty (80) percent of the population of Humboldt County is predominately White, eight (8) percent Hispanic/Latino, six (6) percent Native American (Humboldt County includes nine federally identified Native American Tribes), two (2) percent Asian/Pacific Islander, and, one (1) percent African-American.

	African-American	Asian-Pacific Islander	Hispanic/Latino	Native American	White	Other	Total
Children 0-17	284	637	3,629	2,487	19,689	1,878	28,604
Transitional Youth 18-24	201	427	1,702	958	13,785	582	21,217
Adult 18-59	770	1,587	5,887	4,368	65,162	2,340	80,114
Older Adult 60+	110	249	502	845	19,633	415	21,754
<b>Total</b>	<b>1,164</b>	<b>2,473</b>	<b>10,018</b>	<b>7,700</b>	<b>104,484</b>	<b>4,633</b>	<b>130,472</b>

<sup>a</sup> State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004.

The two tables presented below (Disparity by Age Group and Disparity by Race/Ethnicity) represent population information that has been developed from the prevalence estimates of Seriously Mentally Ill (SMI)/Seriously Emotionally Disturbed (SED) provided by DMH, and from Humboldt County DHHS-Mental Health Branch utilization data via CMHC, a community mental health data management system. The right-most columns in each table estimate service disparity for each age group as differences in absolute counts and as the rate difference (in percentages) between the estimated prevalence and the actual population that receives mental health care. As presented in both tables, these numbers appear to show a need for mental health services in a large proportion of the County’s population. It should be noted that while these numbers represent the age group populations not receiving services directly through DHHS Mental Health Branch, they also do not indicate who may be served by community or culturally based organizations.

<b>Disparity by Age Group (estimates)</b>	From Prevalence Estimates	CMHC utilization data	Difference	Percent Difference
Children 0-17	2,557	599	-1,958	-76.6%
Transitional Youth 18-24	2,457	332	-2,125	-86.5%
Adult 18-59	7,571	2,366	-5,205	-68.7%
Older Adult 60+	1,286	255	-1,031	-80.2%
Total	12,147	3,281	-10,318	-84.9%

<b>Disparity by Race/Ethnicity (estimates)</b>	from Prevalence Estimate	CMHC utilization data	Difference	Percent Difference
African-American	106	81	-25	-23.3%
Asian-Pacific Islander	263	31	-232	-88.2%
Hispanic/Latino	857	117	-740	-86.3%
Native American	506	286	-220	-43.5%
white	10,093	2,727	-7,366	-73.0%
Other	587	39	-548	-93.4%
Total	12,412	3,281	-9,131	-73.6%

*Children & Youth* – It should be noted that only those children and youth served in the Wraparound (WRAP) program are considered to be fully served. As requested, the number of females (22) and males (19) served in the WRAP program is noted in “Chart A” below, however, the information on ethnicity is not currently available.

In terms of the unserved populations of this age group, the first table of “Chart A” shows evident disparity in the percentage of Hispanic/Latino children and youth who are served in the current system versus the percentage of Hispanic/Latino children and youth in the general population. Less than five (4.5) percent of those served are Hispanic/Latino while six (6) percent are represented in the poverty population and close to thirteen (12.7) percent are represented in the general population. In contrast, White children and youth make up over seventy-six (76.3) percent of those served in the current system while they represent close to eighty (79.6) percent of the poverty population and under sixty-nine (68.8) percent of the general population. Additional disparity exists in that less than two (1.9) percent of children and youth served are Asian/Pacific Islander who make up two (2.0) percent of the poverty population and over two (2.2) percent of the general population.

In comparison, close to eleven (10.9) percent of children and youth served within the system are Native American while they make up just over five (5.2) percent of the poverty population and less than nine (8.7) percent of the general population. Likewise, African American children and youth account for just one (1.0) percent of the poverty population and one (1.0) percent of the general population but make up over three (3.3) percent of those served.

Overall, this information suggests that substantial disparities exist between services reaching White children and youth compared to the ethnic and cultural populations of the County. It follows then that a large proportion of Hispanic/Latino and Asian/Pacific Islander children and youth qualify as unserved populations, while large portions of Native American, African American, and White children and youth qualify as inappropriately served. Without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes of these disparities.

*Transition-Age Youth* – It should be noted that there are no transition-age youth in the County who are currently considered to be fully served.

In terms of the unserved populations of this age group, the second table of “Chart A” shows evident disparity in the percentage of Hispanic/Latinos served versus the percentage of Hispanic/Latinos in the poverty and general populations. Less than five (4.9) percent of those served in the current system are Hispanic/Latino while over eight (8.2) percent are represented in the poverty population and over nine (9.6) in the general population. In contrast, close to seventy-eight (77.8) percent of transition-age youth who are currently served are White while they represent under seventy-two (71.7) percent of the poverty population and slightly over seventy-eight (78.1) percent of the general population.

In comparison, close to eleven (10.9) percent of transition-age youth served are Native American while they make up slightly over six (6.1) percent of the poverty population and over five (5.4) percent of the general population. Similarly, under five (4.6) percent of those receiving services are Asian/Pacific Islanders while they make up over two (2.4) percent of both the poverty and general population numbers. Likewise, just over two (2.3) percent of those receiving services are African American while they make up just over one percent of the poverty (1.4) and general (1.1) populations.

This information suggests that some substantial disparities exists between services reaching transition-age youth who are White compared to the ethnic and cultural populations, especially Hispanic/Latinos, of the County. It follows then that a large portion of Hispanic/Latino transition-age youth qualify as an unserved population while portions of Native American, African American, and White transition-age youth qualify as inappropriately served. Again, without sufficient data related to these disparities, it is not possible to provide or suggest the reasons or causes behind them.

*Adults* – It should be noted that only those Adults served in the AB2034 Homeless Services Program are considered to be fully served.

In terms of the unserved populations of this age group, the third table of “Chart A” below, there is evident disparity in the percentage of Hispanic/Latinos served versus the percentage of Hispanic/Latinos in the poverty and general populations. Less than three (2.8) percent of those served in the current system are Hispanic/Latinos while the percentage of Hispanic/Latinos in both the poverty (7.6%) and general (7.3%)

populations is over seven percent. Additionally, just over one (1.3) percent of those served in the current system are Asian/Pacific Islanders while they make up over two (2.4) percent of the poverty population and two (2) percent of the general population. In contrast, over eighty-five (85.7) percent of adults served are White, while they represent close to seventy-two (72.4) percent of the poverty population and slightly over eighty-one (81.3) percent of the general population.

In comparison, of adults served in the current system, Native Americans comprise over six (6.5) percent, while making up just under seven (6.9) percent of the poverty population and over five (5.5) percent of the general population. African Americans on the other hand, make up two (2) percent of those served while representing just over one (1.2) percent of the poverty population and one (1) percent of the general population.

This information suggests that some substantial disparities exist between services that reach White adults versus services that reach the ethnic and cultural populations of the County. It follows then that a portion of Hispanic/Latino and Asian/Pacific Islander adults qualify as unserved populations while portions of Native American, African American, and White adults qualify as inappropriately served populations. The lack of sufficient data related to these disparities prevents providing information on the reasons and causes behind them.

*Older Adults* – It should be noted that only those Older Adults served in the AB2034 Homeless Services Program are considered to be fully served.

In terms of the unserved populations of this age group, the fourth table of “Chart A” below shows disparity in the percentage of Asian/Pacific Islander older adults who are served versus the percentage of Asian Pacific Islander older adults in the poverty and general populations. Less than one-half (.3) percent of those served in the current system are Asian/Pacific Islanders while they make up over one percent of both the poverty (1.2) and general (1.3) populations. Similarly, Native American older adults were just under four (3.7) percent of those served while they made up over seven (7.4) percent of the poverty population and just under four (3.9) percent of the general population. In contrast again, Whites in this age group made up over ninety-two (92.4) percent of those served while they represented eighty-three (83) percent of the poverty population and just over ninety (90.3) percent of the general population.

In comparison, Hispanic/Latino older adults made up over two (2.3) percent of those served while they represented less than two (1.8) percent of the poverty population and over two (2.3) percent of the general population. And, African American older adults made up less than one (.7) percent of those receiving services as well as less than one percent of the poverty (.6) and general (.5) populations.

Again, this information suggest that disparities exist between services that that reach White older adults and services that reach the ethnic and cultural older adult populations of the County. It follows then that a portion of Asian/Pacific Islander and

Native American older adults qualify as unserved populations. Again, without sufficient data related to these disparities, it is not possible to provide or suggest the reasons or causes behind them.

Other related information:

Beyond age groups, the population with greatest risk for being unserved is the homeless mentally ill population. The best estimates currently available indicate that there are over 2,000 homeless adults in Humboldt County on any given day, and 600 to 800 homeless youth.

Among the estimated 2,000 homeless adults approximately 80% of the adults suffer from mental health issues; approximately 90% suffer from substance abuse. These prevalence estimates, when combined with the SMI/SED prevalence estimates, suggest that between 1,600 and 1,800 adults require mental health services in Humboldt County. Rates generated by the 2004 sampling of 339 homeless persons for AB 2034 contacts, estimates 590 homeless adults suffer from Serious Mental Illness, 200 suffer from substance abuse, and 24 from both. In all likelihood these figures underestimate both SMI and substance abuse among the homeless population.

The January 2005 survey of the Homeless conducted by the Humboldt Housing and Homeless Coalition identified 550 homeless adults and 205 dependent children, nearly seventy-one (71) percent of whom were contacted in the Eureka area. Among these homeless persons, Whites accounted for seventy-eight (78) percent of those counted, Hispanic/Latinos at six (6) percent, rates which are proportional to the overall County population. However, nine (9) percent of the homeless were Native Americans, whom are represented in the overall population at under six (6) percent <sup>7</sup>(2000 Census data). According to this survey, close to ninety (90) percent of the homeless appear to congregate mainly in the greater Eureka, Arcata, and Fortuna area but because of the vast rural areas in the County it is impossible to assess the rates of homelessness in the outlying areas of Humboldt County.

Humboldt County's Hispanic/Latino and Native American communities generally live and work in the more rural and remote areas of the County and so experience the same gaps in services experienced by other rural residents. DHHS is currently building the infrastructural supports and staffing capacity to provide linguistically and culturally competent services and supports (see Program work Plan #9) to be able to serve these populations.

- 2) Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/ inappropriately served, by age group, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity. (Transition Age Youth may be shown in a separate category or as part of Children and Youth or Adults.)

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<sup>7</sup> Census 2000 data.

Chart A: Service Utilization by Race/Ethnicity <sup>a</sup>

CHILDREN AND YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County <sup>a</sup> Poverty Population		County Population <sup>b</sup>	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>	19	22	778	567	1,345	100.0	16069	100.0	28,604	100.0
<b>Race/Ethnicity</b>										
African/American			35	10	45	3.3	168	1.0	284	1.0
Asian Pacific Islander			19	6	25	1.9	329	2.0	637	2.2
Hispanic/Latino			34	27	61	4.5	959	6.0	3,629	12.7
Native American			96	50	146	10.9	841	5.2	2,487	8.7
White			568	458	1,026	76.3	12,784	79.6	19,689	68.8
Other			26	16	42	3.1	988	6.1	1,878	6.6

TRANSITION AGE YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County <sup>a</sup> Poverty Population		County Population <sup>b</sup>	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>			525	371	896	100.0	6,126	100.0	17,655	100.0
<b>Race/Ethnicity</b>										
African/American			15	6	21	2.3	86	1.4	201	1.1
Asian Pacific Islander			9	5	41	4.6	147	2.4	427	2.4
Hispanic/Latino			29	15	44	4.9	500	8.2	1,702	9.6
Native American			57	41	98	10.9	372	6.1	958	5.4
White			399	298	697	77.8	4,395	71.7	13,785	78.1
Other			16	6	22	2.5	626	10.2	582	3.3

ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County <sup>a</sup> Poverty Population		County Population <sup>b</sup>	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>	21	12	1,953	1,792	3,778	100.0	17,665	100.0	80,114	100.0
<b>Race/Ethnicity</b>										
African/American		1	44	29	74	2.0	218	1.2	770	1.0
Asian Pacific Islander	0	0	17	33	50	1.3	429	2.4	1,587	2.0
Hispanic/Latino	1	0	59	45	105	2.8	1,342	7.6	5,887	7.3
Native American	1	2	115	127	245	6.5	1,222	6.9	4,368	5.5
White	20	7	1,683	1,529	3,239	85.7	12,784	72.4	65,162	81.3
Other	0	1	34	30	65	1.7	1,670	9.5	2,340	2.9

OLDER ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County <sup>a</sup> Poverty Population		County Population <sup>b</sup>	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>			112	189	301	100.0	1,139	100.0	21,754	100.0
<b>Race/Ethnicity</b>										
<b>African/American</b>			1	1	2	0.7	7	0.6	110	0.5
<b>Asian Pacific Islander</b>			0	1	1	0.3	14	1.2	249	1.1
<b>Hispanic/Latino</b>			3	4	7	2.3	21	1.8	502	2.3
<b>Native American</b>			2	9	11	3.7	84	7.4	845	3.9
<b>White</b>	1	0	104	173	278	92.4	945	83.0	19,633	90.3
<b>Other</b>			1	1	2	0.7	68	6.0	415	1.9

<sup>a</sup> SOURCE: Poverty Level data from 1999 as reported in 2000 Census

<sup>b</sup> SOURCE: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004.

- 3) Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.

As stated previously, DHHS lacks the necessary infrastructure in the areas of data collection and analysis, and research and evaluation to be able to fully assess racial and ethnic disparities by age group in the fully served and inappropriately or underserved served populations of Humboldt County. Absent this capacity, the following information is submitted.

*Children & Youth* – As noted above, only those children and youth served in the WRAP program are considered to be fully served. As requested, the number of females (22) and males (19) served in the WRAP program is noted above in “Chart A”, however, the information on ethnicity is not available. In terms of the inappropriately or underserved served populations of this age group, the first table of “Chart A” shows evident disparity in the percentages of African American, Native American, and White children and youth served in the current system versus the percentage of those same groups in the poverty and general populations. Close to eleven (10.9) percent of children and youth served within the system are Native American while they are represented in just over five (5.2) percent of the poverty population and less than nine (8.7) percent of the general population. Likewise, African American children and youth account for just one (1.0) percent of the poverty population and one (1.0) percent of the general population but make up over three (3.3) percent of those served. Data and information on the reasons for this over-representation is not available. In contrast, White children and youth make up over seventy-six (76.3) percent of those served in the current system while they represent over seventy-nine (79.6) percent of the poverty population and just under sixty-nine (68.8) percent of the general population. Overall, this information suggests

that substantial disparities exist between services reaching White children and youth compared to the ethnic and cultural populations of the County. It follows then that a large portions of Native American, African American, and White children and youth qualify as inappropriately served, but without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes at this time.

*Transition-age Youth* – As noted above, there are no transition-age youth who are considered to be fully served at this time. In terms of the inappropriately or underserved populations of this age group, the second table in “Chart A” shows evident disparity in the percentages of Native American, Asian/Pacific Islander, and African American transition-age youth served in the current system versus the percentage of those same groups in the poverty and general populations. Close to eleven (10.9) percent of transition-age youth served in the current system are Native American while they represent just over six (6.1) percent of the poverty population and five (5.4) percent of the general population. Similarly, Asian/Pacific Islanders and African Americans make up over four (4.6) percent and two (2.3) respectively of transition-age youth receiving services while they represent lower percentages (2.4 and 2.4 percent for Asian /Pacific Islanders, and, 1.4 and 1.1 percent for African Americans) in the poverty and general populations. Again, data and information on the reasons for this over-representation is not available.

This information suggests that some substantial disparities exists between services reaching transition-age youth who are White compared to the ethnic and cultural populations of the County. It follows then that a large portion of Native American, African American, and White transition-age youth qualify as inappropriately served. Again, without sufficient data related to these disparities, it is not possible to provide or suggest the contributing factors or the causes behind them.

*Adults* – As noted above, only those adults enrolled in the AB2034 Homeless Services Program are considered to be fully served. In terms of the inappropriately or underserved populations of this age group, the third table in “Chart A” shows disparity in the percentages of African American and White adults served in the current system versus the percentage of those groups in the poverty and general populations. Two (2.0) percent of the adults served are African American while they represent just one (1.2) percent of the poverty population and one (1.0) percent of the general population. In comparison, close to eighty-six (85.7) percent of adults served are White while they represent just over seventy-two (72.4) percent of the poverty population and just over eighty-one (81.3) percent of the general population. This information suggests that some substantial disparities exist between services that reach White adults versus services that reach the ethnic and cultural populations of the County. It follows then that portions of Native American, African American, and White adults qualify as inappropriately served populations. Again, the lack of sufficient data related to these disparities prevents providing information on the contributing factors and causes behind them.

*Older Adults* – As noted above, only those older adults enrolled in the AB2034 Homeless Services Program are considered to be fully served. In terms of the inappropriately served populations of this age group, the fourth table in “Chart A” shows disparity in the percentages of White older adults served in the current system versus the percentages if White older adults in the poverty and general population numbers. Over ninety-two (92.4) percent of older adults served are White while they represent eighty-three (83.0) percent of the poverty population and close to ninety (90.3) percent of the general population. In comparison, Hispanic/Latino older adults make up over two (2.3) percent of those served while they represent close to two percent of the poverty (1.8) and general (2.3) populations, and, African American older adults make up under one (0.7) percent of those served while they represent under one (0.6) percent of the poverty population and under one (0.5) percent of the general population. Again, this information suggest that disparities exist between services that reach White older adults and services that reach the ethnic and cultural older adult populations of the County. It follows then that a portion of these older adults qualify as underserved populations. Again, without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes.

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

As addressed in the DHHS AB1881 Phase II Strategic Plan, and congruent with the community input and Advisory Group Recommendations, the objectives related to the issues of cultural relevancy in access and service delivery that will be addressed in this Plan are:

- Begin development of a significant organizational structure (Program Work Plan #9 Integrated Program & Planning Support Structures – Office of Consumer & Cultural Diversity) that will support and facilitate the inclusion of consumer and culturally diverse stakeholders in DHHS policy, planning, and program development.
- Provide access to mental health services in key rural and non-traditional locations (Program Work Plan #1 Rural Outreach Services Enterprise, and Program Work Plan #4 Outpatient Medication Services Expansion) that will increase the likelihood of engagement of racially and ethnically diverse populations through active outreach efforts.
- Establish a Research & Evaluation Unit (Program Work Plan #9 Integrated Program & Planning Support Structures) with data management infrastructure sufficient to identify population needs appropriate to address culture, race, and language diversity.
- Develop culturally-appropriate outreach to populations suspected of under-service (Program Work Plan #1, #4, and #9), particularly Hispanic/Latinos, Asian/Pacific Islanders, African Americans, and Native Americans.
- Engage in efforts to increase access to services and supports for Native American populations.

**PART II**  
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

**SECTION III**  
IDENTIFYING INITIAL POPULATIONS FOR FULL  
SERVICE PARTNERSHIPS

### **Section III: Identifying Initial Populations for Full Service Partnerships**

#### **Response:**

- 1) From your analysis of the community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g. youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.

DHHS relied on the community input process, stakeholder prioritizations, and the MHSAs guidelines to determine the selection of the initial Full Service Partnership population. The initial population that will be the focus of a Full Service Partnership program during this first three-year Plan will be:

- Severely mentally ill Adults, including those with co-occurring substance abuse disorders, who are at risk of institutionalization, criminal justice involvement, and/or homelessness; and,
- Severely mentally ill Adults discharged from Institutes of Mental Disease, Mental Health Rehabilitation Centers, Psychiatric Health Facilities, and correctional facilities.

This particular population has been identified by the community input process, local stakeholders, and by DMH as severely underserved or unserved. The new Full Service Partnership Program will serve a total of thirty (30) individuals by the end of year three. While initially serving a single age group (Adult) population under the DMH guidelines for "small" counties, Humboldt will also focus its efforts during this initial three year Plan on identifying needs and planning Full Service Partnerships for the Children & Youth (see Program Work Plan #6), Transition-Age Youth (see Program Work Plan #5), and Older Adult (see Program Work Plan #7) age groups. As described throughout this document, DHHS is engaged in efforts to build the necessary infrastructures and staffing capacities to be able to offer Full Service Partnership programs to all age groups in future MHSAs Plans. DHHS will address the Full Service Partnership needs of the remaining three age groups in subsequent Plans by working within its integrated service structure (see Program Work Plan #9) to plan programs with the Public Health Branch and the Social Service Branch, as well as the Probation Department related to initiatives such as California Permanency for Youth, Healthy Returns, and Child Welfare Redesign, as well as to programs such as Youth Transition Actions Teams, Adult Protective Services, and In-Home Supportive Services programs.

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

DHHS relied on the community input process, stakeholder prioritizations, and the DMH guidelines for “small” counties to determine the selection of the Full Service Partnership population for this initial three year Plan. Factors and criteria used in the selection of the Adult population for Full Service Partnership were:

- Community stakeholder input, feedback, and recommendations
- Survey data
- Expertise brought to the Adult Advisory Group by clients, family members, providers, law enforcement, and staff
- Alignment with AB1881 Phase II Strategic Plan goals for developing integrated community based services for Adults that will support and reinforce maximum independence
- MHSA and DMH guidance to start “small and smart”
- Prevalence need in Humboldt County
- Data on service utilization
- At-risk of homelessness, criminal justice involvement, institutionalization, hospitalization
- Co-occurring substance abuse and/or health condition
- Lack of programs currently serving this population
- Ability to address racial, ethnic, and gender disparities in service delivery
- Ability to start up quickly

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

Under the Full Service Partnership guidelines for “small” counties, Humboldt will initially serve a single Adult age group population with a Full Service Partnership Program. As mentioned above, the initial population that will be the focus of a Full Service Partnership program during this first three-year Plan will be:

- Severely mentally ill Adults, including those with co-occurring substance abuse disorders, who are at risk of institutionalization, criminal justice involvement, and/or homelessness; and,
- Severely mentally ill Adults discharged from Institutes of Mental Disease, Mental Health Rehabilitation Centers, Psychiatric Health Facilities, and correctional facilities.

According to the limited local data available on this population, Adult ethnic populations are suspected to be over represented in the County’s jails and in the homeless population. It is anticipated that by focusing a Full Service Partnership Program on the above population, some of the racial and ethnic disparities of this unserved and/or underserved population will be addressed.

**PART II**  
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

**SECTION IV**  
IDENTIFYING PROGRAM STRATEGIES

#### **Section IV: Identifying Program Strategies**

- 1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in **each** applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSA. No separate response is necessary in this section. Note: Section IV requires completion of Exhibit 4 (Program Work Plan Summary), which specifies the strategies that will be used in each program.

Completed Exhibit 4's will precede each of the nine separate Program Work Plans.

**PART II**  
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

**SECTION V**  
ASSESSING CAPACITY

## **Section V: Assessing Capacity**

### **Response:**

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

Like many “small” counties, Humboldt currently lacks the needed program supports and infrastructure to fully analyze the organization’s strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations, and to develop and launch transformationally inclusive and culturally relevant services. These program support and infrastructure gaps have been identified as core needs in the DHHS AB1881 Phase II Strategic Plan. It is essential that these gaps and needs be filled in order to effectively and holistically implement the spirit and intent of the MHPA related to diverse populations, as well as the programs requested later in this document. Program Work Plan # 9 will describe DHHS’s intent and outline its requests in terms of these core needs. Key infrastructure components relating to these areas of need include:

- The development of an Office of Consumer & Cultural Diversity, including an Advisory Committee, that will set standards, goals, and priorities for hiring and retaining a culturally and linguistically diverse workforce; ensure meaningful stakeholder involvement at the policy and program development and service implementation levels; and, guide efforts aimed at reducing racial, ethnic, and geographic disparities in general. Although Humboldt County is not currently restricted by threshold language requirements (per DMH Information Notice No. 02-04), it is imperative that the cultural and linguistic competence of the workforce be addressed to better reflect the changing needs of its residents.
- The development of a Training & Education Unit that will significantly increase capacity to provide cross-branch education and training opportunities, aimed at improving and increasing the system’s ability to provide culturally and linguistically appropriate services and reduce racial and ethnic disparities, to agency staff and community partners, as well as provide education and outreach activities to ethnic and cultural populations, families, client consumers, and family members.
- The development of a Research & Evaluation Unit that will significantly increase capacity to track and improve cross-branch staff turnover and retention rates along cultural and linguistic dimensions; understand and act to reduce the access disparities and meet other needs of the racially and ethnically diverse populations within the County; collect and track local data along cultural and linguistic dimensions; and, to conduct needed research and evaluation related to the implementation of the MHPA and other initiatives.
- The development of an Integrated Services Unit that will work closely with the Office of Consumer & Cultural Diversity to develop cross-branch integrated programming, especially with community partners, that will meet the complex

needs of Humboldt County's diverse populations and alleviate access and cultural barriers that exist.

Absent the cross-branch supports and infrastructures mentioned above, the following information from the most recent Medi-CAL Managed Mental Health Care Cultural Diversity Committee survey is submitted:

In March 2004, the Humboldt County Medi-Cal Managed Mental Health Care Cultural Diversity Committee conducted a survey to determine the overall composition of staff, contract providers, and interpreters by 1) ethnicity, 2) bilingual speaking capability, and 3) bilingual reading/writing proficiency. At that time, DHHS Mental Health Branch employed 225 regular staff, and contracted with 20 individual fee-for-service providers, 7 organizational providers, and 15 interpreters. Of the 199 individuals who responded to the survey in terms of ethnicity, 126 were direct service staff, 33 were support staff, 31 were administrative or management staff, 5 were interpreters, and 4 were staff consumers. The results revealed that White was the major ethnic group (76%) of those surveyed, followed by Native American at six (6) percent, and Asian-Pacific Islander at four (4) percent, Hispanic/Latino and Other each at two (2) percent. Among these strata only staffing by Native Americans is reflective of the County's population: six (6) percent of staff are Native American for the same proportion of the general population. African Americans have the lowest representation at zero (0) percent. The greatest disparity for culturally appropriate staffing is among Hispanic/Latinos 2% of the staff are Hispanic/Latino for a nearly 8% county-wide Hispanic/Latino population.

Of the 83 individuals who responded to the survey in terms of bilingual speaking capability, 55 were direct service staff, 10 were support staff, 9 were administrative or management, 8 were interpreters, and 1 was staff consumer. The results revealed that 35 (43%) of the respondents speak Spanish, 22 (27%) speak French, 5 (7%) speak German, 3 (4%) speak Chinese, and 2 (3%) each speak ASL, Italian, or Laotian. The remainder of the respondents spoke other languages such as North Vietnamese, Filipino, Japanese, Russian, Czech, Romanian, Swedish, Yiddish, Latin or Hebrew.

Of the 82 individuals who responded to the survey in terms of bilingual reading/writing proficiency, 53 were direct service staff, 13 administrative or management staff, 9 were support staff, 6 were interpreters, and 1 was a staff consumer. The results revealed that 40 (49%) of the respondents read and/or write Spanish, 23 (28%) French, 5 (7%) German, and 3 (4%) Chinese. The remainder of the respondents read/write the other languages mentioned above.

Although Humboldt County is not currently restricted by threshold language requirements of DMH Information Notice No. 02-04 and the primary language spoken is English, the data presented above suggests that the DHHS Mental Health Branch has the potential to provide services in a culturally sensitive and competent manner. However, it is clear that communicating to clients in their native language is just one element in providing competent services. Establishing the Office of Consumer and

Cultural Diversity is seen as crucial in our efforts to create and take best advantage of a bi-lingual resource base.

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

Absent the cross-branch data collection and analysis supports and infrastructures mentioned above, the following information from the most recent MediCAL Managed Mental Health Care Cultural Diversity Committee survey is submitted.

According to the March 2004 Humboldt County Medi-Cal Managed Mental Health Care Cultural Diversity Committee survey, of the direct service staff responding, 76% identified themselves as White, 6% as Native American and 2% each as Chinese, Laotian, Latin American, and Multi-Racial. In comparison, the 2000 Census data reveal County population demographics of 82% White, 5% Native American, 6% Hispanic/Latino, 2% Asian/Pacific Islander, 1% Black and 4% other. A comparison of this data indicates that a relative balance exists between County census data ethnicities (those who may need services) and direct service staff ethnicities in terms of White, Native American, and Black populations. The Hispanic/Latino population is under represented as a staff ethnicity by just 4%. The most recent data available (CMHC) regarding Medi-Cal beneficiaries using medically necessary Specialty Mental Health services, reveals that eighty-three (83) percent are White, eight (8) percent Native American, three (3) percent Hispanic/Latino, three (3) percent Black, and one (1) percent Asian/Pacific Islander. When comparing this data to the direct service staff data mentioned above, it appears that there are some disparities in ethnicities between those that use services versus those that provide services in terms of the Native American, Hispanic/Latino, and Black populations.

- 3) Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or on Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/wellness/resiliency and cultural competence principles and approaches, need to increase collaborative efforts with other agencies and organizations, etc.

In keeping with the vision and goals of the MHSA and AB1881 Phase II Strategic Plan, DHHS has chosen to select a variety of cross-branch programs and infrastructural components to be funded in this Plan. However as a large rural county located on the remote north coast, Humboldt faces a number of barriers and challenges to providing culturally and linguistically appropriate services to its residents. Some of these barriers and challenges include: difficulty in hiring staff due to human resource shortages, lack of

culturally diverse staff, lack of decentralized services, few community providers, agencies, and organizations to partner with, lack of training opportunities, and difficulties in hiring client consumers and family members.

In order to address the human resource barriers, DHHS engaged in and recently concluded a 10 year strategic planning effort with the State and local academic communities. In partnership with the State Department of Health & Human Services and Humboldt State University, a Master of Social Work program has been established that will produce a pool of MSW graduates beginning in Fiscal Year 2006/07. This new program has an emphasis in rural and Native American issues and will be crucial to producing a high quality local workforce.

In addition, the new CalSWEC stipend program will encourage MSW students to select mental health as their specialty. Another barrier faced in Humboldt County is difficulty in hiring client consumers and family members. The Branch has recently developed a new MH Aide position that will allow client experience as a hiring factor, and, we have developed a client volunteer network that provides valuable training and experience for those client consumers and family members wishing to be hired.

Training regarding cultural competence as well as person-centered treatment planning has not been adequately addressed. The establishment of an Office of Client and Cultural Diversity is crucial to the goal of developing a culturally competent and recovery oriented work force.

**PART II**  
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

**SECTION VI**  
DEVELOPING WORK PLANS WITH TIMEFRAMES AND  
BUDGETS/STAFFING

## Section VI: Developing Work Plans with Timeframes and Budgets/Staffing

### Response:

#### I. Summary Information on Programs to be Developed or Expanded

1. Please complete **Exhibits 1, 2, and 3**, providing summary information related to the detailed work plans contained in the Program and Expenditure Plan.

(See Exhibits 1, 2, and 3 in this document)

2. The majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period. (Small counties are exempt from this requirement until Year 3 of the three-year plan.) Please provide information demonstrating that this requirement has been met.

In year three, funding for Full Service Partnerships, including System Development and Outreach & Engagement Funding totals \$656,576 or 51.2% of MHSA funding requirements for fiscal year 2007-2008. This funding is demonstrated as follows:

- Program 3 - Assertive Community Treatment (ACT) - Full Service Partnership 100% of program for FSP required funding of \$385,514
  - Program 3 - Assertive Community Treatment (ACT) – System Development 100% of program for FSP required funding of \$228,750
  - Program 9 – Integrated Program & Planning Support Structures – System Development 15% of program for FSP required funding of \$42,312
3. Please provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

System Development funds are expected to serve an estimated 244 individuals in Year One, with 18 individuals in Full Service Partnership programs. In Year Two, 514 individuals are expected to receive services through System Developments funds, with 25 of those individuals in Full Service Partnership programs. By the third year, 814 are expected to receive services through System Developments funds, with 30 of those individuals in Full Service Partnership programs.

4. Please provide the estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

The unduplicated count of individuals expected to be reached through Outreach & Engagement strategies for Year One is 112. In Year Two, the number of individuals is expected to increase to 201. By the third year, 259 individuals are estimated to be reached through Outreach & Engagement.

5. For children, youth and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section 18250, or provide substantial evidence that it is not feasible in the county in which case counties should explore collaborative projects with other counties and/or appropriate alternative strategies. Wraparound programs must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.

Humboldt County DHHS has, since September of 1999, provided Wraparound services to children and families that are in full compliance and consistent with the program requirements found in the relevant W&I Codes.

**PART II**  
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

**SECTION VI**  
DEVELOPING WORK PLANS WITH TIMEFRAMES AND  
BUDGETS/STAFFING

**SUB-SECTION I**  
SUMMARY INFORMATION ON PROGRAMS TO BE  
DEVELOPED OR EXPANDED

Exhibit 1 is located at the cover of this document. Exhibits 2 and 3 follow.

**County of Humboldt**  
**MHSA - Community Services and Supports**

**Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING**

Fiscal Year : 2005-2006

County: HUMBOLDT		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Rural Outreach Services Enterprise (ROSE)	\$ -	\$ 255,796.00	\$ 6,058.00	\$ 261,854	\$ 130,927	\$ 26,185	\$ 78,556	\$ 26,185
2	Wellness Center		\$ 42,500.00	\$ 2,950.00	\$ 45,450	\$ 9,090	\$ 9,090	\$ 18,180	\$ 9,090
3	Assertive Community Treatment (ACT)	\$ 269,756.00	\$ 40,113.00		\$ 309,869	\$ -	\$ 15,493	\$ 278,882	\$ 15,493
4	Outpatient Medication Services		\$ (26,778.00)	\$ 103,488.00	\$ 76,710	\$ 15,342	\$ 15,342	\$ 30,684	\$ 15,342
5	Transition-Age Youth Leadership Representative		\$ 11,333.00	\$ 3,900.00	\$ 15,233	\$ -	\$ 15,233	\$ -	\$ -
6	Alternative Response Team Cross-Branch Program (ART)		\$ 5,265.00	\$ 889.00	\$ 6,154	\$ 6,154	\$ -	\$ -	\$ -
7	Older and Dependent Adults Program		\$ 6,625.00	\$ 1,910.00	\$ 8,535	\$ -	\$ -	\$ -	\$ 8,535
8	Street Outreach Services (SOS) Expansion	\$ -		\$ 7,015.00	\$ 7,015	\$ -	\$ 1,403	\$ 5,261	\$ 351
9	Integrated Program & Planning Support Structures		\$ 199,826.00		\$ 199,826	\$ 49,957	\$ 19,983	\$ 109,904	\$ 19,983
		\$ 269,756.00	\$ 534,680.00	\$ 126,210	\$ 930,646	\$ 211,472	\$ 102,731	\$ 521,471	\$ 94,981

**County of Humboldt**  
**MHSA - Community Services and Supports**

**Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING**

Fiscal Year : 2006-2007

County: HUMBOLDT		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Rural Outreach Services Enterprise (ROSE)		\$ 15,191.00	\$ 16,903.00	\$ 32,094	\$ 16,047	\$ 3,209	\$ 9,628	\$ 3,209
2	Wellness Center		\$ 85,000.00	\$ 9,300.00	\$ 94,300	\$ 18,860	\$ 18,860	\$ 37,720	\$ 18,860
3	Assertive Community Treatment (ACT)	\$ 282,270.00	\$ 223,583.00		\$ 505,853	\$ -	\$ 40,468	\$ 445,151	\$ 20,234
4	Outpatient Medication Services		\$ (53,211.00)	\$ 71,954.00	\$ 18,743	\$ 3,749	\$ 3,749	\$ 7,497	\$ 3,749
5	Transition-Age Youth Leadership Representative		\$ 38,500.00	\$ 15,750.00	\$ 54,250	\$ -	\$ 54,250	\$ -	\$ -
6	Alternative Response Team Cross-Branch Program (ART)		\$ 14,305.00	\$ 3,556.00	\$ 17,861	\$ 17,861	\$ -	\$ -	\$ -
7	Older and Dependent Adults Program		\$ 42,249.00	\$ 7,215.00	\$ 49,464	\$ -	\$ -	\$ -	\$ 49,464
8	Street Outreach Services (SOS) Expansion	\$ -		\$ 28,843.00	\$ 28,843	\$ -	\$ 5,769	\$ 21,632	\$ 1,442
9	Integrated Program & Planning Support Structures		\$ 363,501.00		\$ 363,501	\$ 90,875	\$ 36,350	\$ 199,926	\$ 36,350
		\$ 282,270.00	\$ 729,118.00	\$ 153,521	\$ 1,164,909	\$ 147,394	\$ 162,657	\$ 721,557	\$ 133,310

**County of Humboldt**  
**MHSA - Community Services and Supports**

**Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING**

Fiscal Year : 2007-2008

County: HUMBOLDT		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Rural Outreach Services Enterprise (ROSE)		\$ 5,150.00	\$ 16,903.00	\$ 22,053	\$ 11,027	\$ 2,205	\$ 6,616	\$ 2,205
2	Wellness Center		\$ 85,000.00	\$ 11,800.00	\$ 96,800	\$ 19,360	\$ 19,360	\$ 38,720	\$ 19,360
3	Assertive Community Treatment (ACT)	\$ 385,514.00	\$ 228,750.00		\$ 614,264	\$ -	\$ 42,998	\$ 552,838	\$ 18,428
4	Outpatient Medication Services		\$ (58,259.00)	\$ 60,441.00	\$ 2,182	\$ 436	\$ 436	\$ 873	\$ 436
5	Transition-Age Youth Leadership Representative		\$ 38,500.00	\$ 15,750.00	\$ 54,250	\$ -	\$ 54,250	\$ -	\$ -
6	Alternative Response Team Cross-Branch Program (ART)		\$ 14,225.00	\$ 3,556.00	\$ 17,781	\$ 17,781	\$ -	\$ -	\$ -
7	Older and Dependent Adults Program		\$ 40,525.00	\$ 7,175.00	\$ 47,700	\$ -	\$ -	\$ -	\$ 47,700
8	Street Outreach Services (SOS) Expansion	\$ -		\$ 27,802.00	\$ 27,802	\$ -	\$ 5,560	\$ 20,852	\$ 1,390
9	Integrated Program & Planning Support Structures		\$ 282,077.00		\$ 282,077	\$ 70,519	\$ 28,208	\$ 155,142	\$ 28,208
		\$ 385,514.00	\$ 635,968.00	\$ 143,427	\$ 1,164,909	\$ 119,125	\$ 153,020	\$ 775,043	\$ 117,729

**EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW**

<b>Number of individuals to be fully served:</b>									
FY 2005-06: Children and Youth:_____ Transition Age Youth:_____ Adult: <u>18</u> Older Adult:_____ TOTAL: <u>18</u>									
FY 2006-07: Children and Youth:_____ Transition Age Youth:_____ Adult: <u>25</u> Older Adult:_____ TOTAL: <u>25</u>									
FY 2007-08: Children and Youth:_____ Transition Age Youth:_____ Adult: <u>30</u> Older Adult:_____ TOTAL: <u>30</u>									
PERCENT OF INDIVIDUALS TO BE FULLY SERVED									
Race/Ethnicity	% Unserved				% Underserved				%TOTAL
	%Male		%Female		%Male		%Female		
	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	
2005/06									
% African American	0.23		0.15		0.91		0.62		1.95
% Asian Pacific Islander	0.09		0.18		0.36		0.70		1.34
% Latino	0.32		0.24		1.26		0.96		2.78
% Native American	0.61		0.68		2.46		2.71		6.46
% White	8.99		8.17		35.95		32.66		85.77
% Other	0.18		0.16		0.64		0.64		1.71
Total Population	10.43		9.58		3.83		38.3		100
2006/07									
% African American	0.23		0.15		0.91		0.62		1.95
% Asian Pacific Islander	0.09		0.18		0.36		0.70		1.34
% Latino	0.32		0.24		1.26		0.96		2.78
% Native American	0.61		0.68		2.46		2.71		6.46
% White	8.99		8.17		35.95		32.66		85.77
% Other	0.18		0.16		0.64		0.64		1.71
Total Population	10.43		9.58		3.83		38.3		100
2007/08									
% African American	0.23		0.15		0.91		0.62		1.95
% Asian Pacific Islander	0.09		0.18		0.36		0.70		1.34
% Latino	0.32		0.24		1.26		0.96		2.78
% Native American	0.61		0.68		2.46		2.71		6.46
% White	8.99		8.17		35.95		32.66		85.77
% Other	0.18		0.16		0.64		0.64		1.71
Total Population	10.43		9.58		3.83		38.3		100

**PART II**  
**PROGRAM AND EXPENDITURE PLAN REQUIREMENTS**

**SECTION VI**  
**DEVELOPING WORK PLANS WITH TIMEFRAMES AND**  
**BUDGETS/STAFFING**

**SUB-SECTION II**  
**PROGRAMS TO BE DEVELOPED OR EXPANDED**

Exhibits 4, 5a, and 5b for each fiscal year 05-06, 06-07 and 07-08, for each Work Plan follows.

Fiscal Year Summaries (Exhibits 5a) for all Work Plans combined; and Exhibit 5c, Administration Budget Worksheets, follow the final Work Plan (#9).

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Rural Outreach Services Enterprise
Program Work Plan #: 1	Estimated Start Date: April '06	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Rural Outreach Services Enterprise (ROSE), a new service strategy, will provide mobile access to services in rural and remote communities, and in other nontraditional settings throughout the County. ROSE will serve all age groups. Efforts will focus on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings. A broad array of services and supports will be available including: outreach and engagement, clinical services including some medication support at certain locations, case management, information and referral, peer education and support, and system navigation help. At full implementation, Social Service and Public Health Branch staff will provide eligibility and health education activities. In order to reach the unserved and underserved in the outlying communities of the County, ROSE will link with and provide support to community organizations and providers like Family Resource Centers and Tribal Organizations.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>	<p>Children &amp; Families, Transition-Age Youth, Adults, Older Adults, including cultural, racial, and ethnic groups including, but not limited to, Native American and Hispanic populations.</p>	

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
Mobile services to reach communities and populations that cannot access services in traditional ways due to a variety of factors and barriers.		X		X	X	X	X
Mental Health and community partnerships that link potential families and clients to services.		X		X	X	X	X
Peer provided outreach, engagement, education, and support.			X	X	X	X	X
Outreach strategies to reach cultural, racial, and ethnic populations to eliminate disparities in care.			X	X	X	X	X
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rural Outreach Services Enterprise*

Rural Outreach Services Enterprise (ROSE) is a new service strategy that will provide mobile access to culturally appropriate services in the rural, remote, and outlying geographic areas of Humboldt County, and, in other nontraditional settings. ROSE will serve all age groups. Services and supports will include: integrated outreach and prevention, clinical services including some medication support services, case management, information and referral, peer education and support, and system navigation help. Outreach, peer education and support, and system navigation help will be provided by client consumer and family member staff. At full implementation, Social Service and Public Health Branch staff will provide eligibility and prevention activities.

Humboldt County covers over 3,573 square miles and has pockets of population in many rural, remote, and outlying areas where there is little or no public transportation available. A unique solution to this issue is to take the services to the consumers. This mobile service strategy has been utilized by our AB2034 Homeless Services Program (Street Outreach Services) and has been highly successful in reaching that unserved population. ROSE will link with and provide support to existing community organizations like Family/Community Resource Centers and Tribal Organizations, and other community partners in order to reach the unserved and underserved populations in those areas. In addition, ROSE will provide social service, public health, mental health and co-occurring services at some designated, more centrally located sites (i.e. primary care clinics) in order to reduce access disparities by reaching out to racial, ethnic and other minority groups in nontraditional settings.

Start Up Funding (One Time Funds) and System Development Funds will be used to purchase a self-contained, customized recreational vehicle, and two small four-wheel-drive vehicles, that will travel to various rural, remote, and outlying communities of Humboldt County such as Orick, Redway, and Willow Creek in order to provide integrated outreach, education, access, intervention services, and service linkage not normally available in those locations.

Goals and outcomes of this service strategy will be:

- Decrease access disparities in rural, remote, and outlying communities.
- Decrease access disparities to racial and ethnic populations.
- Collaborate with and strengthen ties with existing community resources
- Provide an integrated and culturally competent service experience.
- Promote Recovery/Wellness/Resiliency concepts.
- Promote Prevention concepts.

3) Describe any housing or employment services to be provided.

As an access portal, ROSE will link client consumers and family members to all necessary and available DHHS cross-branch programs services, including employment and housing resources. ROSE will also provide linkage and referral to other community-based housing and employment services and supports.

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

Not applicable.

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

ROSE will utilize client consumer and family member staff who will be trained and mentored in the concepts of wellness, recovery, and resiliency. ROSE will promote strength based concepts and will work to engage communities, clients, parents, and other family members in the recovery process. As ROSE is able to accommodate the on-board inclusion of cross-branch services, mental health care will be placed on the same level as physical health care, social service programs, and prevention and education activities, thereby reducing the stigma associated with accessing mental health services.

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

Not applicable.

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

The ROSE team of service providers will include two .5 FTE Mental Health Aide workers who will be required to be client consumers and/or family members. These team members will provide outreach and engagement services, peer education and support services, and system navigation help.

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

ROSE will link with and provide support to existing community organizations and resources like the Family Resource Centers and Tribal Organizations that are located in the outlying areas of the County.

By linking with existing community resources and by providing a cross-branch integrated service experience, ROSE addresses many of the main themes and recommendations of the community input process, as well as the key MHSA goals of decentralization, easy and timely access to help, outreach to unserved and underserved populations, and expansion of services.

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

ROSE will target communities and focus resources in those parts of the county that have higher concentrations of Hispanic/Latinos and Native Americans. Efforts will focus on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings.

ROSE will link with and provide support to existing community organizations like Family Resource Centers and Tribal Organizations in order to reach the unserved and underserved populations in the rural and remote areas of the County. At full implementation, ROSE will be able to provide access to social services, public health, mental health and alcohol/drug services at designated, more centrally located sites (i.e. primary care clinics) in order to reduce access disparities by reaching out to cultural and ethnic populations in nontraditional settings. To address the need to make programs culturally competent DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures). This office will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Consumer & Cultural Diversity will assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff.

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

Expertise in gender and sexual orientation issues is crucial to the delivery of culturally inclusive services. The Training & Education Unit will assess competencies and needs in this area and develop appropriate basic and on-going trainings for staff, community partners, and other stakeholders.

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

Not applicable.

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

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, and to the extent that resources allow, ROSE will be staffed with two 1.0 FTE Mental Health Case Managers, one 1.0 FTE Mental Health Clinician, and two .5 FTE Mental Health Aides (client consumer or family member staff). In addition, one .20 FTE Psychiatrist, and one .20 Psychiatric Nurse will be assigned to this program. Services will include: clinical services including some medication support services, case management, integrated outreach, education, peer support, and system navigation help. Outreach, peer education and support, and system navigation will be provided by the client consumer/family member staff.

During year two and year three, to the extent that resources allow, additional staff may be added: one 1.0 FTE Mental Health Substance Abuse Counselor, and one 1.0 FTE Mental Health Vocational Counselor. In addition, as resources allow, space will be made available for eligibility activities by the Social Service Branch and prevention activities by the Public Health Branch.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs				\$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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$38,569			\$38,569
c. Employee Benefits	\$9,951			\$9,951
Workers Comp / Liability / Bond Insurance	\$3,936			\$3,936
d. Total Personnel Expenditures	\$52,456	\$0	\$0	\$52,456
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation - RV fuel, maint cost	\$1,875			\$1,875
d. General Office Expenditures	\$80			\$80
e. Rent, Utilities and Equipment - cell phones	\$216			\$216
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$2,171	\$0	\$0	\$2,171
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$54,627	\$0	\$0	\$54,627
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$38,708			\$38,708
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$12,285			\$12,285
d. Other Revenue				\$0
e. Total New Revenue	\$50,993	\$0	\$0	\$50,993
<b>3. Total Revenues</b>				
	\$50,993	\$0	\$0	\$50,993
<b>C. One-Time CSS Funding Expenditures - RV, communications, comput</b>				
	\$252,162			\$252,162
<b>D. Total Funding Requirements</b>				
	\$255,796	\$0	\$0	\$255,796
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Case Managers		2.00	\$7,400	\$14,800	
	Mental Health Clinician		1.00	\$10,375	\$10,375	
	Mental Health Aides	0.50	0.50	\$5,000	\$2,500	
	Physician/Psychiatrist		0.20	\$41,350	\$8,270	
	Psychiatric Nurse		0.20	\$13,120	\$2,624	
						\$0
						\$0
						\$0
		<b>Total New Additional Positions</b>	0.50	3.90		\$38,569
<b>C. Total Program Positions</b>		0.50	3.90		\$38,569	

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.

**Rural Outreach Services Enterprise (ROSE)  
Program Work Plan #1 – FY 2005-2006**

**Rural Outreach Services Enterprise – System Development, fiscal year 05-06** Program budget represents three months of service. New program expenditures for Salary and Benefits total \$52,456. Operating expenditures total \$2,171 and are based on a three month period calculated as 25 percent of the 100 percent capacity and include operation of the ROSE RV. Start up expenditures of \$252,162 includes purchase and outfitting of a Recreation Vehicle for travel to outlying communities of Humboldt County, communications system and laptop computer for staff.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
2 Case Managers, 1 Mental Health Clinician, 1 - .5 FTE Mental Health Aide (client consumer or family member staff), 1 - .20 FTE – Physician/Psychiatrist, and 1 - .2 FTE Psychiatric Nurse.  
To provide clinical services, case management, medication support, outreach, education, peer support and system navigation help. The cost of these positions are calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.
- c. Employee Benefits: Benefits (estimated at \$9,951) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance

(estimated at \$3,936) have been calculated based on annual cost of \$4,037 per full time equivalent.

3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$1,875 includes the cost of fuel, maintenance and repair. Also included is the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$80 representing cost of \$80 per full staff position per year.
- e. Rent, Utilities and Equipment: \$216 representing cellular telephone cost of \$288 per unit per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$38,708 for billable clinical and case management services for three months' service.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: Estimated EPSDT revenues at \$12,285 for billable case management services to Med-Cal eligible children for three months' service.

d. Other Revenue

- C. One-Time CSS Funding Expenditures: \$188,000 for purchase and outfitting of a Recreation Vehicle for travel to outlying communities of Humboldt County. \$37,000 for purchase of two four-wheel drive vehicles to provide assistance to clients in the access of services. \$25,000 for telecommunications equipment on the RV. \$ 2,162 for purchase of laptop computer.

Please refer to the One-Time Funding Narrative which follows for further description of these expenditures.

**MENTAL HEALTH SERVICES ACT  
ONE-TIME FUNDING  
BUDGET NARRATIVE  
Recreational Vehicle –  
Rural Outreach Services Enterprise (ROSE)  
County of Humboldt**

This request for one-time funding is in addition to requests for Extension of Community Program Planning Funding, System Improvement Funding and Other One-Time Community Services and Supports Funding that total 50% of Humboldt County's FY 2005-06 CSS planning estimate.

Strategies for transformation of the mental health service system in Humboldt County include the formation of Integrated Program and Planning Support Structures to include Consumer & Cultural Diversity, Training & Education, Research & Evaluation and Integrated Services. Programs to be developed using System Improvement and Other One-Time CSS funding are: Rural Outreach Enterprises; Wellness Center; Assertive Community Treatment Full Service Partnership, including funds for capitalizing rent subsidies; Support to Transition-Age Youth and Older & Dependent Adults Program Expansion. The improvement of electronic medical records system, purchase of computers and licensing of software for staff use and the addition of telemedicine capabilities to assist in the transformation of services to clients are also possible through the use of System Improvement and One-Time funds. All of these funding requests are necessary in order to meet the basic requirements for system transformation.

A universal theme of community focus groups for transformational services across all age groups has been the need to provide culturally appropriate services in outlying areas and in nontraditional settings. Humboldt County covers over 3,573 square miles and has pockets of individuals in many remote outlying areas with little or no public transportation access to services. Taking full services (e.g., assessment, mental health services, medication, case management, prevention, outreach, information and referral, financial assistance, alcohol and drug care and other services provided by Social Services Branch and Public Health Branch staff, etc.) directly to the consumer is a unique solution to the access issue for rural community members. These service goals of the Rural Outreach Services Enterprise program will be accomplished through the purchase of a self-contained, customized recreational vehicle utilizing CSS plan One-Time funding.

Due to the inclement winter weather and number of unpaved roads in our County many clients will require additional transportation assistance in order to reach the ROSE mobile office for services. In order to further access to clients in these remote areas, two four-wheel drive vehicles will be purchased to travel to provide

outreach and transportation to and from the ROSE RV for services. Cost of these two vehicles is estimated at \$37,000.

The one-time cost for a customized 39' mobile mental healthcare service vehicle is in the range of \$188,000 and can be available within 90 days of order. Custom features will include sound proof counseling rooms, lockable filing and storage cabinets, multi-function office machine, phone and data jacks, gasoline generator, safety equipment and security alarm system. The vehicle will also be equipped with a satellite communication system at an estimated cost of \$25,000 to facilitate telemedicine in rural areas. Our AB2034 program utilizes a similar RV for purposes of a highly successful outreach program to homeless mentally ill in our county. With the ROSE mobile outreach vehicle, we intend to build our relationships with the population in the remote areas, providing easy and timely access to services. Our service delivery continuum at DHHS will be enhanced to include all appropriate persons and not just those who can find transportation to the urban facilities.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 25 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$540			\$540
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	\$540	\$0	\$0	\$540
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$2,500			\$2,500
c. Employee Benefits	\$645			\$645
Workers Comp / Liability / Bond Insurance	\$505			\$505
d. Total Personnel Expenditures	\$3,650	\$0	\$0	\$3,650
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation - fuel, maint cost	\$1,680			\$1,680
d. General Office Expenditures	\$80			\$80
e. Rent, Utilities and Equipment - cell phones	\$108			\$108
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$1,868	\$0	\$0	\$1,868
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$6,058	\$0	\$0	\$6,058
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$0			\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
	\$0			\$0
<b>D. Total Funding Requirements</b>				
	\$6,058	\$0	\$0	\$6,058
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt

Fiscal Year: 2005-06

Program Workplan # 1

Date: 11/28/05

Program Workplan Name Rural Outreach Services Enterprise (ROSE)

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 25

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 25

Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Mental Health Aides	0.50	0.50	\$5,000	\$2,500
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.50	0.50	
<b>C. Total Program Positions</b>		0.50	0.50		\$2,500

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.

**Rural Outreach Services Enterprise (ROSE)  
Program Work plan #1 – FY 2005-2006**

**Rural Outreach Services Enterprise – Outreach and Engagement, fiscal year 05-06** Program budget represents three months of service. New program expenditures for Salary and Benefits total \$3,650. Operating expenditures total \$1,868; Client, Family Member and Caregiver Support Expenditures total \$540. These expenditures are based on a three month period calculated as 25 percent of the 100 percent capacity.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$540 to provide supplies for client care needs.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Mental Health Aide (client consumer or family member staff). To provide outreach, education, peer support and system navigation help. The cost of this position is calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.
- c. Employee Benefits: Benefits (estimated at \$645) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$505) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$1,680 includes the cost fuel, maintenance and repair. Also included is the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$80 representing cost of \$80 per full staff position per year.
- e. Rent, Utilities and Equipment: \$108 representing cellular telephone cost of \$288 per unit per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 100 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 100 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs				\$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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$154,276			\$154,276
c. Employee Benefits	\$39,803			\$39,803
Workers Comp / Liability / Bond Insurance	\$15,744			\$15,744
d. Total Personnel Expenditures	\$209,824	\$0	\$0	\$209,824
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation - RV fuel, maint cost	\$8,500			\$8,500
d. General Office Expenditures	\$120			\$120
e. Rent, Utilities and Equipment - cell phones	\$720			\$720
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$9,340	\$0	\$0	\$9,340
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$219,164	\$0	\$0	\$219,164
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$154,833			\$154,833
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT	\$49,140			\$49,140
d. Other Revenue				\$0
e. Total New Revenue	\$203,973	\$0	\$0	\$203,973
<b>3. Total Revenues</b>				
	\$203,973	\$0	\$0	\$203,973
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$15,191	\$0	\$0	\$15,191
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 100 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 100 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Case Managers		2.00	\$29,600	\$59,200
	Mental Health Clinician		1.00	\$41,500	\$41,500
	Mental Health Aides	0.50	0.50	\$20,000	\$10,000
	Physician/Psychiatrist		0.20	\$165,400	\$33,080
	Psychiatric Nurse		0.20	\$52,481	\$10,496
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.50	3.90	
<b>C. Total Program Positions</b>		0.50	3.90		\$154,276

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.

**Rural Outreach Services Enterprise (ROSE)  
Program Workplan #1 – FY 2006-2007**

**Rural Outreach Services Enterprise – System Development, fiscal year 06-07** Program budget represents twelve months of service. New program expenditures for Salary and Benefits total \$209,824. Operating expenditures total \$9,340 including operation of the ROSE Recreational Vehicle to travel to outlying communities of Humboldt County.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): 2 Case Managers, 1 Mental Health Clinician, 1 - .5 FTE Mental Health Aides (client consumer or family member staff), 1 - .2 FTE – Physician/Psychiatrist, and 1 - .2 FTE Psychiatric Nurse. To provide clinical services, case management, medication support, outreach, education, peer support and system navigation help.
- c. Employee Benefits: Benefits (estimated at \$39,803) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$15,744) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.

- c. Travel and Transportation: \$8,500 includes the cost of fuel, maintenance and repair. Also included is the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$120 representing cost of \$30 per full staff position per year.
- e. Rent, Utilities and Equipment: \$720 representing cellular telephone cost of \$288 per full staff position per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$154,833 for billable clinical services at 45 percent and case management and medication support services at 35 percent for adults and 65 percent for children.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: Estimated EPSDT revenues at \$49,140 for billable case management services to Med-Cal eligible children at 65 percent.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 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: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 40 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$2,160			\$2,160
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	\$2,160	\$0	\$0	\$2,160
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$10,000			\$10,000
c. Employee Benefits	\$2,580			\$2,580
Workers Comp / Liability / Bond Insurance	\$2,019			\$2,019
d. Total Personnel Expenditures	\$14,599	\$0	\$0	\$14,599
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation - RV fuel, maint cost				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment - cell phones	\$144			\$144
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$144	\$0	\$0	\$144
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$16,903	\$0	\$0	\$16,903
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$16,903	\$0	\$0	\$16,903
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt

Fiscal Year: 2006-07

Program Workplan # 1

Date: 11/28/05

Program Workplan Name Rural Outreach Services Enterprise (ROSE)

Page 1 of 1

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: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 40

Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Mental Health Aides	0.50	0.50	\$20,000	\$10,000
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.50	0.50		\$10,000
<b>C. Total Program Positions</b>		0.50	0.50		\$10,000

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.

**Rural Outreach Services Enterprise (ROSE)  
Program Work plan #1 – FY 2006-2007**

**Rural Outreach Services Enterprise – Outreach and Engagement, fiscal year 06-07** Program budget represents twelve months of service. New program expenditures for Salary and Benefits total \$10,000. Operating expenditures total \$144; Client, Family Member and Caregiver Support Expenditures total \$2,160.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$2,160 to provide supplies for client care needs.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Mental Health Aide (client consumer or family member staff). To provide outreach, education, peer support and system navigation help. Employee Benefits: Benefits (estimated at \$2,580) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Workers compensation, Liability and bond insurance (estimated at \$2,019) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures:**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.

- e. Rent, Utilities and Equipment: \$144 representing cellular telephone cost of \$288 per unit per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 250 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 250 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs				\$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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$154,276			\$154,276
c. Employee Benefits	\$39,803			\$39,803
Workers Comp / Liability / Bond Insurance	\$15,744			\$15,744
d. Total Personnel Expenditures	\$209,824	\$0	\$0	\$209,824
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation - RV fuel, maint cost	\$8,500			\$8,500
d. General Office Expenditures	\$120			\$120
e. Rent, Utilities and Equipment - cell phones	\$720			\$720
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$9,340	\$0	\$0	\$9,340
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$219,164	\$0	\$0	\$219,164
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$157,480			\$157,480
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT	\$56,534			\$56,534
d. Other Revenue				\$0
e. Total New Revenue	\$214,014	\$0	\$0	\$214,014
<b>3. Total Revenues</b>				
	\$214,014	\$0	\$0	\$214,014
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$5,150	\$0	\$0	\$5,150
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt

Fiscal Year: 2007-08

Program Workplan # 1

Date: 11/28/05

Program Workplan Name Rural Outreach Services Enterprise (ROSE)

Page 1 of 1

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 250

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: \_\_\_\_\_

Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 250

Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Case Managers		2.00	\$29,600	\$59,200
	Mental Health Clinician		1.00	\$41,500	\$41,500
	Mental Health Aides	0.50	0.50	\$20,000	\$10,000
	Physician/Psychiatrist		0.20	\$165,400	\$33,080
	Psychiatric Nurse		0.20	\$52,481	\$10,496
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.50	3.90		\$154,276
<b>C. Total Program Positions</b>		0.50	3.90		\$154,276

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.

**Rural Outreach Services Enterprise (ROSE)  
Program Workplan #1 – FY 2007-2008**

**Rural Outreach Services Enterprise – System Development, fiscal year 07-08** Program budget represents twelve months of service. New program expenditures for Salary and Benefits total \$209,824. Operating expenditures total \$9,340 including operation of the ROSE Recreational Vehicle to travel to outlying communities of Humboldt County.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): 2 Case Managers, 1 Mental Health Clinician, 1 - .5 FTE Mental Health Aides (client consumer or family member staff), 1 - .2 FTE – Physician/Psychiatrist, and 1 - .2 FTE Psychiatric Nurse. To provide clinical services, case management, medication support, outreach, education, peer support and system navigation help.
- c. Employee Benefits: Benefits (estimated at \$39,803) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$15,744) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.

- c. Travel and Transportation: \$8,500 includes the cost of fuel, maintenance and repair. Also included is the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$120 representing cost of \$30 per full staff position per year.
- e. Rent, Utilities and Equipment: \$720 representing cellular telephone cost of \$288 per full staff position per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$157,480 for billable clinical services at 45 percent and case management and medication support services at 45 percent for adults and 60 percent for children.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: Estimated EPSDT revenues at \$56,534 for billable case management services to Med-Cal eligible children at 60 percent.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 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: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$2,160			\$2,160
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	\$2,160	\$0	\$0	\$2,160
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$10,000			\$10,000
c. Employee Benefits	\$2,580			\$2,580
Workers Comp / Liability / Bond Insurance	\$2,019			\$2,019
d. Total Personnel Expenditures	\$14,599	\$0	\$0	\$14,599
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation - RV fuel, maint cost				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment - cell phones	\$144			\$144
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$144	\$0	\$0	\$144
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$16,903	\$0	\$0	\$16,903
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$16,903	\$0	\$0	\$16,903
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 1 Date: 11/28/05  
 Program Workplan Name Rural Outreach Services Enterprise (ROSE) Page 1 of 1  
 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: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Mental Health Aides	0.50	0.50	\$20,000	\$10,000
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.50	0.50		\$10,000
<b>C. Total Program Positions</b>		0.50	0.50		\$10,000

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.

**Rural Outreach Services Enterprise (ROSE)  
Program Work plan #1 – FY 2007-2008**

**Rural Outreach Services Enterprise – Outreach and Engagement, fiscal year 07-08** Program budget represents twelve months of service. New program expenditures for Salary and Benefits total \$10,000. Operating expenditures total \$144; Client, Family Member and Caregiver Support Expenditures total \$2,160.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$2,160 to provide supplies for client care needs.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Mental Health Aide (client consumer or family member staff). To provide outreach, education, peer support and system navigation help. Employee Benefits: Benefits (estimated at \$2,580) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Workers compensation, Liability and bond insurance (estimated at \$2,019) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures:**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.

- e. Rent, Utilities and Equipment: \$144 representing cellular telephone cost of \$288 per unit per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Wellness Center
Program Work Plan #: 2	Estimated Start Date: April '06	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>The Wellness Center, a new service strategy, will provide family and peer education and support, system navigation help, linkage, and outreach activities to unserved and underserved parents of minors, transition-age youth, adults, older adults, and their family members. A Request for Application (RFA) will be sought from local community agencies and providers to run the Center. The RFA will specify that the Center will be a client consumer and family member staffed self-help center.</p>	
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>Unserved and underserved parents of minors, transition-age youth, adults, older adults, and family members, including cultural, racial, and ethnic populations.</p>	

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
Self-help center.		X		X	X	X	X
Peer and family education, support, and outreach.		X	X	X	X	X	X
Client and family driven service.		X		X	X	X	X

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

### *Wellness Center*

The Wellness Center is a new support strategy that will reach parents of minors, transition-age youth, adults, older adults, and family members. The Wellness Center will use Start Up Funding (One Time Funds) and System Development Funds to establish a center that will be staffed by consumer clients and family members. Outreach and Engagement Funds will also be utilized to reach those individuals and families who may be reluctant to enter the system in a formal way. In order to promote community collaboration and ownership of this center, a Request for Application procedure will be initiated with local community agencies and providers. This RFA will specify that the center will be staffed by client consumer and family member staff who will receive ongoing training and mentoring in order to ensure that the values of wellness, recovery and resiliency will be promoted and reinforced. The range of services will include: peer education and support, system navigation, linkage, and outreach activities. Social service, public health and mental health staff will provide support services to Wellness Center staff and will offer adjunct services as needed. The function of the Wellness Center staff is that of a liaison to clients and family. It is not intended to replace clinical services, but rather to assist clients and families in the navigation of the system in a peer-based setting.

Goals and outcomes of this new support strategy will be:

- De-stigmatize the need for mental health services
- De-mystify the mental health system
- Promote Wellness/Recovery/Resiliency concepts
- Promote client consumer and family empowerment
- Promote prevention concepts.
- Increased number of client consumer and family run services.

- 3) Describe any housing or employment services to be provided.

The Wellness Center will provide information and referral to DHHS housing and employment programs, services, and supports, as well as to community-based resources.

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

Not applicable.

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

The Wellness Center will be staffed by client consumers and/or family members who will be trained and mentored by Mental Health Branch staff in the concepts of wellness, recovery, and resiliency. The Center will promote strength based concepts and will work to engage clients, parents, and other family members in the recovery process. The Wellness Center will also play an active role in expanding and promoting the currently operating Roadmap to Recovery peer to peer groups which are an important self-help component to the Branch's CalMAP (California Medication Algorithm Project) service.

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

Not applicable.

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

As mentioned above, the Wellness Center will be staffed by client consumers and/or family members.

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

Depending on the needs and goals of the consumer clients and family members, the Center will be an access point for cross-branch programs and activities such as MediCal eligibility, employment activities, health screening, and prevention activities. Also depending on the needs and goals of the consumer clients and family members, community-based services and supports (i.e. Redwood Community Action Agency, St. Vincent de Paul) will play a key role in the growth of the Center.

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

The Wellness Center will target populations and focus resources on those groups of client consumers and family members of all age groups that are currently disenfranchised or reluctant to seek help. Efforts will focus on reaching out to the cultural and ethnic populations (Hispanic/Latinos, Native Americans, Asian/Pacific Islander, and African American) where disparities exist. To address the need to make programs culturally competent DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures).

This office will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Consumer & Cultural Diversity will assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff.

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

Expertise in gender and sexual orientation issues is crucial to the delivery of culturally inclusive services and supports. The Office of Consumer & Cultural Diversity and the Training & Education Unit will assess needs and competencies in these areas and develop appropriate basic and on-going trainings for staff, community partners, and other stakeholders.

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

The Wellness Center will be a resource for information, referral, and support activities for those returning to the County from mental health institutions and out-of-county placements, and their families.

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

Not applicable.

- 13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, and to the extent that resources are available, Requests for Applications will be sought from local community agencies or providers, and the Center will be staffed by two 1.0 FTE Mental Health Aides (client consumer and/or family member) who will help to organize and develop this client and family driven service, and who will be mentored by Mental Health Branch clinical and case management staff.

During year two and year three, to the extent that resources will allow, additional client consumers and family members will be hired to support the growth and development of this center.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 25 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$21,250			\$21,250
<b>6. Total Proposed Program Budget</b>	<b>\$21,250</b>	<b>\$0</b>	<b>\$0</b>	<b>\$21,250</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. One-Time CSS Funding Expenditures - Center Start-up funding</b>	<b>\$21,250</b>			<b>\$21,250</b>
<b>D. Total Funding Requirements</b>	<b>\$42,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$42,500</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>0.0%</b>

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 25 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Mental Health Aide	2.00	2.00		\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	2.00	2.00		\$0
<b>C. Total Program Positions</b>		2.00	2.00		\$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.

**Wellness Center  
Program Work plan #2 – FY 2005-2006**

**Wellness Center – System Development, fiscal year 05-06** Program budget represents three months of service. New program funding requests for provision of staffing and leased space for a Wellness Center total \$21,250 and are based on a three month period calculated as 25 percent of the 100 percent capacity. Other One-Time CSS funding expenditures total \$21,250.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: A Request for Application procedure will be initiated with local community agencies and providers. Estimated annual costs are \$85,000 for 2 Mental Health Aides (client consumer and/or family member) and leased space for the Wellness Center. The costs represented are calculated at 25% of estimated annual cost.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

- C. One-Time CSS Funding Expenditures: \$21,250 funding for start-up costs for Wellness Center. Expenditures may include, but are not limited to lease of office space, staffing recruitment costs, office furniture, and equipment.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 6 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 6 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$255			\$255
b. Travel and Transportation - client / family member transportation needs	\$195			\$195
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$2,500			\$2,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$2,950	\$0	\$0	\$2,950
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$2,950	\$0	\$0	\$2,950
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$2,950	\$0	\$0	\$2,950
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): <u>Humboldt</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>2</u>	Date: <u>11/28/05</u>
Program Workplan Name <u>Wellness Center</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>3. Outreach and Engagement</u>	Months of Operation <u>3</u>
Proposed Total Client Capacity of Program/Service: <u>6</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Melissa Chilton</u>
Client Capacity of Program/Service Expanded through MHSA: <u>6</u>	Telephone Number: <u>(707) 441-5446</u>

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

**Wellness Center  
Program Work plan #2 – FY 2005-2006**

**Wellness Center – Outreach and Engagement, fiscal year 05-06** Program budget represents three months of service. New program funding requests for training, education and provision of client care needs at the Wellness Center total \$2,950 and are based on a three month period calculated as 25 percent of the 100 percent capacity.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$255 to provide supplies for client care needs.
- b. Travel and Transportation: \$195 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: \$2,500 to provide for peer and family education and training.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

**B. REVENUES**

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 2. System Development 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: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$85,000			\$85,000
<b>6. Total Proposed Program Budget</b>	<b>\$85,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,000</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$85,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 2. System Development 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: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Mental Health Aide	2.00	2.00		\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	2.00	2.00		\$0
<b>C. Total Program Positions</b>		2.00	2.00		\$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.

**Wellness Center  
Program Workplan #2 – FY 2006-2007**

**Wellness Center – System Development, fiscal year 06-07** Program budget represents twelve months of service. New program funding requests for provision of staffing and leased space for a Wellness Center total \$85,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

**5. Estimated Total Expenditures when service provider is not known: A Request for Application procedure will be initiated with local community**

agencies and providers. Estimated costs are \$85,000 for 2 Mental Health Aides (client consumer and/or family member) and leased space for the Wellness Center.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 13 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 13 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$1,020			\$1,020
b. Travel and Transportation - client / family member transportation needs	\$780			\$780
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$7,500			\$7,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$9,300	\$0	\$0	\$9,300
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$9,300	\$0	\$0	\$9,300
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$9,300	\$0	\$0	\$9,300
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 13 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 13 Telephone Number: (707) 441-5446

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

**Wellness Center  
Program Workplan #2 – FY 2006-2007**

**Wellness Center – Outreach and Engagement, fiscal year 06-07** Program budget represents twelve months of service. New program funding requests for training, education and provision of client care needs at the Wellness Center total \$9,300.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$1,020 to provide supplies for client care needs.
- b. Travel and Transportation: \$780 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: \$7,500 to provide for peer and family education and training.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.

b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 75 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 75 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$85,000			\$85,000
<b>6. Total Proposed Program Budget</b>	<b>\$85,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,000</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$85,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,000</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>0.0%</b>

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 75 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 75 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Mental Health Aide	2.00	2.00		\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	2.00	2.00		\$0
<b>C. Total Program Positions</b>		2.00	2.00		\$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.

**Wellness Center  
Program Workplan #2 – FY 2007-2008**

**Wellness Center – System Development, fiscal year 07-08** Program budget represents twelve months of service. New program funding requests for provision of staffing and leased space for a Wellness Center total \$85,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

**5. Estimated Total Expenditures when service provider is not known:** A Request for Application procedure will be initiated with local community

agencies and providers. Estimated costs are \$85,000 for 2 Mental Health Aides (client consumer and/or family member) and leased space for the Wellness Center.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 19 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 19 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$1,020			\$1,020
b. Travel and Transportation - client / family member transportation needs	\$780			\$780
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$10,000			\$10,000
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$11,800	\$0	\$0	\$11,800
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$11,800	\$0	\$0	\$11,800
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$11,800	\$0	\$0	\$11,800
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 19 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 19 Telephone Number: (707) 441-5446

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

**Wellness Center  
Program Workplan #2 – FY 2007-2008**

**Wellness Center – Outreach and Engagement, fiscal year 07-08** Program budget represents twelve months of service. New program funding requests for training, education and provision of client care needs at the Wellness Center total \$11,800.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$1,020 to provide supplies for client care needs.
- b. Travel and Transportation: \$780 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: \$10,000 to provide for peer and family education and training.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.

b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Assertive Community Treatment
Program Work Plan #: 3	Estimated Start Date: April '06	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Assertive Community Treatment, a new Full Service Partnership program, will serve a total of 30 (by year 3) adult enrollees with severe mental illness, including those with co-occurring substance abuse disorders. A Request for Application (RFA) will be sought from local community agencies to run this program which will provide intensive community-based services and supports, utilizing a team approach, which will include consumers and family members as service providers. The teams will be led by Personal Services Coordinators who will ensure an integrated and holistic service experience. A <i>housing &amp; employment first</i> approach will be utilized and all necessary, desired, and appropriate services and supports will be provided to the enrollees where and when they are needed. The program will provide the following services on a 24 hour/day 7 day/week basis: housing and employment assistance, intensive community support, medication support, intensive case management and clinical services when needed, and, linkage to or provision of all needed services, supports, or benefits as defined by the enrollee</p>	
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>Adults at risk of hospitalization, incarceration, or institutionalization, and/or, those being discharged from institutions, acute psychiatric health facilities, or jails.</p>	

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
Intensive community services and supports teams, lead by personal services coordinators, capable of providing services to clients where they live, 24/7 including consumers or family as team members	X	X				X	
Supportive housing	X	X				X	
Vocational services	X	X				X	

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

#### *Assertive Community Treatment*

The Assertive Community Treatment Program is a new Full Service Partnership Program that will serve a total of 30 (by the end of year 3) Adult enrollees with severe mental illness, including those with co-occurring substance abuse disorders, who are at-risk of institutionalization, criminal justice involvement, and/or homelessness; or, who have recently been discharged from institutions or jails. A Request for Application procedure will be initiated with local community agencies. This program will provide intensive community-based services and supports that will utilize a team approach and will include consumers and family members as service providers on the teams. The program will have 24 hour a day 7 day a week service availability. The program will also utilize a *housing and employment first* approach, and will be client and recovery focused. Each enrollee will have a Personal Services Coordinator who will help in the development of their individualized service plan/recovery action plan and will ensure an integrated service experience. As part of a larger Adult system of care that exists within DHHS, the Assertive Community Treatment program will have all cross-branch resources available to it. Current collaborative relationships with community providers and other resources (i.e. St. Vincent de Paul, Mobile Medical Clinic, Law Enforcement) will also be strengthened and expanded where possible. Integrated services will include: housing and employment assistance, 24/7 community support, medication support, intensive services when needed, and, linkage to or provision of all needed services or benefits as defined by the client.

This new Full Service Partnership program will utilize Start Up Funding (One Time Funds), System Development, Full Service Partnership, and Other One-Time funds to establish a program that will initially serve 18 individuals the first year, 25 individuals the second year, and 30 individuals by the third year.

Goals and outcomes of the program will be:

- A reduction in involuntary services
- A reduction in incarcerations
- An increase in safe and adequate housing
- An increase in employment and meaningful use of time and capabilities
- Receive timely access to help when needed
- Build a network of supportive relationships
- Promote Recovery and Wellness concepts

3) Describe any housing or employment services to be provided.

Employment and housing will be key components of this program. A Housing Coordinator/Specialist will be dedicated to developing transitional, supported, and independent housing resources. Housing set-aside funds will be used to develop new

housing resources and/or expand current resources. Current cross-branch employment programs (i.e. Mental Health Branch/Department of Rehabilitation Cooperative Program - SUCCESS Employment Services, Social Service Branch Employment & Training Department) and other community providers and resources (i.e. Crestwood Behavioral Health Mental Health Rehabilitation Facility – Dream Catchers Employment Program) will be utilized whenever necessary to advance the *housing and employment first* approach.

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

It is anticipated that the average annual cost for each enrollee will be \$19,000.

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

Full Service Partnership programs are considered 'best practice' strategies because they are effective at enhancing and promoting an individual's chance of recovery. The concepts of recovery are embedded and operationalized within this service delivery model. Some of those concepts include client empowerment, hope, and self-direction, and, the ability to live, work, learn and participate fully in their communities. In order to ensure that the goals and concepts of recovery inherent in the program are practiced and reinforced, staff will receive immersion training, ongoing training, and mentoring from a variety of sources. Recovery and wellness oversight of the program will be provided by the Mental Health Branch. The new Wellness Center (see Program Work Plan #2) will play an active role in promoting the concepts of wellness and recovery with this population.

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

Not applicable.

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

The natural support systems of enrollees will be utilized whenever possible and will be important elements of this program. Client consumers and/or family members will fully participate as team members and will help to guide the development and implementation of the program. Client consumer and family member staff will also provide direct support services to clients at critical times of need.

- 8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including

those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

In order to promote community collaboration and ownership, a Request for Application procedure will be initiated with community-based agencies and providers. In order to best meet the needs of enrollees, this new program will collaborate closely with community-based agencies and organizations such as local board & care homes, mental health rehabilitation centers, Law Enforcement, and housing and employment resources.

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

The Assertive Community Treatment program will use a highly individualized and comprehensive approach to service and supports delivery. This approach will include a culturally competent staff able to understand the unique strengths, needs, and preferences of each individual enrollee, including issues of culture, ethnicity, spirituality, and trauma. The program will focus resources on eliminating disparities for those populations in the age groups served who are unserved or inappropriately served (Hispanic/Latinos, Native Americans, Asian/Pacific Islanders, and African Americans). To address the need to make programs culturally competent DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures). This office will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Consumer & Cultural Diversity will assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff.

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

Expertise in gender, age, and sexual orientation issues is critical to the delivery of culturally inclusive services. This new program will employ both male and female staff who will be trained in gender sensitivity and gender specific issues such as trauma and violence. The Office of Consumer & Cultural Diversity and the Training & Education Unit (Program work Plan #9 Integrated Program Planning & Support Structures) will ensure that a gender sensitive and competent workforce will be available.

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

Individuals returning to Humboldt County from out-of-county institutions will be the highest priority population to be served by this program.

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

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, to the extent that resources are available, the program will be staffed by one 1.0 FTE Clinician, three 1.0 FTE Personal Services Coordinators, and two .5 FTE Mental Health Aides (client consumer and/or family member). In addition, one .25 FTE Psychiatrist, one .25 FTE Psychiatric registered nurse, and one .5 FTE Housing Specialist/Coordinator will be dedicated to this program.

During year two, to the extent resources are available, three 1.0 FTE Personal Services Coordinators will be added as the program approaches full capacity.

During year three, to the extent that resources are available, the program will reach its service capacity and continue at that level while Full Service Partnerships strategies are being developed for other age groups.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 18 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 18 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
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 - Cell phone				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures		\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$112,500			\$112,500
<b>6. Total Proposed Program Budget</b>	<b>\$112,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$112,500</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$27,744			\$27,744
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$27,744	\$0	\$0	\$27,744
<b>3. Total Revenues</b>	<b>\$27,744</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,744</b>
<b>C. One-Time CSS Funding Expenditures - Housing set-aside, ACT Start-</b>	<b>\$125,000</b>		<b>\$60,000</b>	<b>\$185,000</b>
<b>D. Total Funding Requirements</b>	<b>\$209,756</b>	<b>\$0</b>	<b>\$60,000</b>	<b>\$269,756</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>100.0%</b>

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

County(ies): <u>Humboldt</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>3</u>	Date: <u>11/28/05</u>
Program Workplan Name <u>Assertive Community Treatment (ACT)</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>3</u>
Proposed Total Client Capacity of Program/Service: <u>18</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Melissa Chilton</u>
Client Capacity of Program/Service Expanded through MHSA: <u>18</u>	Telephone Number: <u>(707) 441-5446</u>

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Personal Service Coordinator		3.00		\$0
	Mental Health Clinician		1.00		\$0
	Mental Health Aides	1.00	1.00		\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	1.00	5.00	
<b>C. Total Program Positions</b>		1.00	5.00		\$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.

**Assertive Community Treatment (ACT)  
Program Work plan #3 – FY 2005-2006**

**Assertive Community Treatment (ACT) – Full Service Partnership, fiscal year 05-06** Program budget represents three months of service. New program expenditures to establish a program that will initially serve 18 individuals. Estimated contract provider expenditures total \$112,500 and are based on a three month period calculated as 25 percent of the 100 percent capacity. One-Time CSS funding expenditures total \$185,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: A Request for Application procedure will be initiated with community based agencies. Estimated costs are \$112,500 for 3 Personal Service Coordinators, 1 Mental Health Clinician and two .50 FTE Mental Health Aides (client consumer and/or family member) to provide 24/7 community support, intensive services when needed and linkage to or provision of all needed services or benefits as defined by the client and/or family. The costs represented are calculated at 25% of estimated annual cost.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- a. Medicare/Patient Insurance
- b. Realignment
- c. State General Funds
- d. County Funds
- e. Grants
- f. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$27,744 for an estimated 35 percent billable clinical and case management services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

- C. One-Time CSS Funding Expenditures: \$125,000 in housing set-aside funds that can be used to expand programs for available housing. \$60,000 funding for start-up costs for ACT program to include lease of office space, office furniture and equipment.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 18 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 18 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases	\$8,750			\$8,750
ii. Subsidies	\$2,500			\$2,500
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$11,250			\$11,250
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$22,500	\$0	\$0	\$22,500
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$18,287			\$18,287
c. Employee Benefits	\$4,718			\$4,718
Workers Comp / Liability / Bond Insurance	\$1,009			\$1,009
d. Total Personnel Expenditures	\$24,014	\$0	\$0	\$24,014
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$130			\$130
d. General Office Expenditures	\$40			\$40
e. Rent, Utilities and Equipment - Cell phone	\$144			\$144
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$314	\$0	\$0	\$314
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$46,828	\$0	\$0	\$46,828
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$6,716			\$6,716
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$6,716	\$0	\$0	\$6,716
<b>3. Total Revenues</b>				
	\$6,716	\$0	\$0	\$6,716
<b>C. One-Time CSS Funding Expenditures</b>				
	\$0			\$0
<b>D. Total Funding Requirements</b>				
	\$40,113	\$0	\$0	\$40,113
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 18 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 18 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
		<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Housing Coordinator		0.50	\$9,338	\$4,669	
	Physician/Psychiatrist	Provides research for available housing		0.25	\$41,350	\$10,338
	Psychiatric Nurse	Medication Support Services		0.25	\$13,120	\$3,280
					\$0	\$0
					\$0	\$0
					\$0	\$0
					\$0	\$0
					\$0	\$0
					\$0	\$0
					\$0	\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$18,287	
<b>C. Total Program Positions</b>		0.00	1.00		\$18,287	

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.

**Assertive Community Treatment (ACT)  
Program Work plan #3 – FY 2005-2006**

**Assertive Community Treatment (ACT) – System Development, fiscal year 05-06** Program budget represents three months of service. New program expenditures to establish a program that will initially serve 18 individuals total \$46,828, which includes \$11,250 for Housing and \$11,250 for Employment and Education Supports; new program expenditures for Salary and Benefits total \$24,014; Operating expenditures total \$314; and are based on a three month period calculated as 25 percent of the 100 percent capacity.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: \$8,750 funding for master leases through a local housing collaborative, the Humboldt Housing & Homeless Coalition, which will be a valuable resource for housing and housing advocacy for enrollees of the ACT program.
  - ii. Subsidies: \$2,500 funding for immediate housing subsidies for enrollees.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: \$11,250 funding to provide vocational counseling and employment assistance and education stipends.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Housing Coordinator to coordinate and research available housing, 1 - .25 FTE – Physician/Psychiatrist, and 1 - .25 FTE Psychiatric Nurse to provide medication support services. The cost of these positions are calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.
- c. Employee Benefits: Benefits (estimated at \$4,718) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee

benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$1,009) have been calculated based on annual cost of \$4,037 per full time equivalent.

### 3. Operating Expenditures

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$130 includes the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$40 representing cost of \$160 per full staff position per year.
- e. Rent, Utilities and Equipment: \$144 representing cellular telephone cost of \$288 per unit per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- a. Medicare/Patient Insurance
- b. Realignment
- c. State General Funds
- d. County Funds
- e. Grants
- f. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$6,716 for estimated 35 percent billable medication support services.
- b. Medicare/Patient Fees/Patient Insurance: None.
- c. State General Funds: None.
- d. Other Revenue: None.

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 Type of Funding 1. Full Service Partnership 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: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$450,000			\$450,000
<b>6. Total Proposed Program Budget</b>	<b>\$450,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$450,000</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$167,730			\$167,730
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$167,730	\$0	\$0	\$167,730
<b>3. Total Revenues</b>	<b>\$167,730</b>	<b>\$0</b>	<b>\$0</b>	<b>\$167,730</b>
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>	<b>\$282,270</b>	<b>\$0</b>	<b>\$0</b>	<b>\$282,270</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>100.0%</b>

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

County(ies): <u>Humboldt</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>3</u>	Date: <u>11/28/05</u>
Program Workplan Name <u>Assertive Community Treatment (ACT)</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>25</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: _____	Prepared by: <u>Melissa Chilton</u>
Client Capacity of Program/Service Expanded through MHSA: <u>25</u>	Telephone Number: <u>(707) 441-5446</u>

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	Personal Service Coordinator		6.00		\$0	
	Mental Health Clinician		1.00		\$0	
	Mental Health Aides	1.00	1.00		\$0	
						\$0
						\$0
						\$0
						\$0
<b>Total New Additional Positions</b>		1.00	8.00		\$0	
<b>C. Total Program Positions</b>		1.00	8.00		\$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.

**Assertive Community Treatment (ACT)  
Program Workplan #3 – FY 2006-2007**

**Assertive Community Treatment (ACT) – Full Service Partnership, fiscal year 06-07** Program budget represents twelve months of service. New program expenditures to establish a program that will serve 25 individuals. Estimated contract provider expenditures total \$450,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

**5. Estimated Total Expenditures when service provider is not known: A Request for Application procedure will be initiated with community based**

agencies. Estimated costs are \$450,000 for 6 Personal Service Coordinators, 1 Mental Health Clinician and two .50 FTE Mental Health Aides (client consumer and/or family member) to provide 24/7 community support, intensive services when needed and linkage to or provision of all needed services or benefits as defined by the client and/or family.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$167,730 for billable clinical and case management services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 Type of Funding 2. System Development 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: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$7,200			\$7,200
b. Travel and Transportation - client / family member transportation needs	\$5,270			\$5,270
c. Housing				
i. Master Leases	\$35,000			\$35,000
ii. Subsidies	\$10,000			\$10,000
iii. Vouchers				\$0
iv. Other Housing	\$34,424			\$34,424
d. Employment and Education Supports	\$62,500			\$62,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$154,394	\$0	\$0	\$154,394
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$73,145			\$73,145
c. Employee Benefits	\$18,871			\$18,871
Workers Comp / Liability / Bond Insurance	\$4,037			\$4,037
d. Total Personnel Expenditures	\$96,053	\$0	\$0	\$96,053
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$250,447	\$0	\$0	\$250,447
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$26,864			\$26,864
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$26,864	\$0	\$0	\$26,864
<b>3. Total Revenues</b>				
	\$26,864	\$0	\$0	\$26,864
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$223,583	\$0	\$0	\$223,583
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%

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

County(ies): <u>Humboldt</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>3</u>	Date: <u>11/28/05</u>
Program Workplan Name <u>Assertive Community Treatment (ACT)</u>	Page <u>1</u> of <u>1</u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>25</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Melissa Chilton</u>
Client Capacity of Program/Service Expanded through MHSA: <u>25</u>	Telephone Number: <u>(707) 441-5446</u>

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Administrative Analyst		0.50	\$37,350	\$18,675	
	Physician/Psychiatrist		0.25	\$165,400	\$41,350	
	Psychiatric Nurse		0.25	\$52,481	\$13,120	
						\$0
						\$0
						\$0
						\$0
		<b>Total New Additional Positions</b>	0.00	1.00		\$73,145
<b>C. Total Program Positions</b>		0.00	1.00		\$73,145	

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.

**Assertive Community Treatment (ACT)  
Program Workplan #3 – FY 2006-2007**

**Assertive Community Treatment (ACT) – System Development, fiscal year 06-07** Program budget represents twelve months of service. New program expenditures to establish a program that will serve 25 individuals in year 2 total \$250,447, which includes \$79,424 for Housing and \$62,500 for Employment and Education Supports; new expenditures for Salary and Benefits total \$96,053; and \$12,470 for provision of client care needs in the ACT Full Service Partnership.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$7,200 to provide supplies for client care needs.
- b. Travel and Transportation: \$5,270 to provide client / family member transportation assistance.
- c. Housing
  - i. Master Leases: \$35,000 funding for master leases through a local housing collaborative, the Humboldt Housing & Homeless Coalition, which will be a valuable resource for housing and housing advocacy for enrollees of the ACT program.
  - ii. Subsidies: \$10,000 funding for immediate housing subsidies for enrollees.
  - iii. Vouchers: None.
  - iv. Other Housing: \$34,424 in housing set-aside funds that can be used to expand programs for available housing.
- a. Employment and Education Supports: \$62,500 funding to provide vocational counseling and employment assistance.
- d. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Housing Coordinator to coordinate and research available housing, 1 - .25 FTE – Physician/Psychiatrist, and 1 - .25 FTE Psychiatric Nurse to provide medication support services.
- a. Employee Benefits: Benefits (estimated at \$18,871) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee

benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$4,037) have been calculated based on annual cost of \$4,037 per full time equivalent.

### 3. Operating Expenditures

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$26,864 for estimated 35 percent billable medication support services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 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: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 30 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$570,000			\$570,000
<b>6. Total Proposed Program Budget</b>	<b>\$570,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$570,000</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$184,486			\$184,486
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$184,486	\$0	\$0	\$184,486
<b>3. Total Revenues</b>	<b>\$184,486</b>	<b>\$0</b>	<b>\$0</b>	<b>\$184,486</b>
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>	<b>\$385,514</b>	<b>\$0</b>	<b>\$0</b>	<b>\$385,514</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>100.0%</b>

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 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: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 30 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Personal Service Coordinator	Provides 24/7 case management services	6.00	6.00	\$0
	Mental Health Clinician	Provides clinical services		1.00	\$0
	Mental Health Aides	Provides/coordinates services to clients	1.00	1.00	\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	7.00	8.00		\$0
<b>C. Total Program Positions</b>		7.00	8.00		\$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.

**Assertive Community Treatment (ACT)  
Program Workplan #3 – FY 2007-2008**

**Assertive Community Treatment (ACT) – Full Service Partnership, fiscal year 07-08** Program budget represents twelve months of service. New program expenditures to establish a program that will serve 30 individuals in year three. Estimated contract provider expenditures total \$570,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

**5. Estimated Total Expenditures when service provider is not known: A Request for Application procedure will be initiated with community based**

agencies. Estimated costs are \$570,000 for 6 Personal Service Coordinators, 1 Mental Health Clinician and two .50 FTE Mental Health Aides (client consumer and/or family member) to provide 24/7 community support, intensive services when needed and linkage to or provision of all needed services or benefits as defined by the client and/or family.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$184,486 for billable clinical and case management services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 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: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 30 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$7,200			\$7,200
b. Travel and Transportation - client / family member transportation needs	\$5,270			\$5,270
c. Housing				
i. Master Leases	\$35,000			\$35,000
ii. Subsidies	\$10,000			\$10,000
iii. Vouchers				\$0
iv. Other Housing	\$34,424			\$34,424
d. Employment and Education Supports	\$67,667			\$67,667
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$159,561	\$0	\$0	\$159,561
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$73,145			\$73,145
c. Employee Benefits	\$18,871			\$18,871
Workers Comp / Liability / Bond Insurance	\$4,037			\$4,037
d. Total Personnel Expenditures	\$96,053	\$0	\$0	\$96,053
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$255,614	\$0	\$0	\$255,614
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$26,864			\$26,864
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$26,864	\$0	\$0	\$26,864
<b>3. Total Revenues</b>				
	\$26,864	\$0	\$0	\$26,864
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$228,750	\$0	\$0	\$228,750
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 3 Date: 11/28/05  
 Program Workplan Name Assertive Community Treatment (ACT) Page 1 of 1  
 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: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 30 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Administrative Analyst		0.50	\$37,350	\$18,675
	Physician/Psychiatrist		0.25	\$165,400	\$41,350
	Psychiatric Nurse		0.25	\$52,481	\$13,120
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
				\$0	
	<b>Total New Additional Positions</b>	0.00	1.00		\$73,145
<b>C. Total Program Positions</b>		0.00	1.00		\$73,145

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.

**Assertive Community Treatment (ACT)  
Program Workplan #3 – FY 2007-2008**

**Assertive Community Treatment (ACT) – System Development, fiscal year 07-08** Program budget represents twelve months of service. New program expenditures to establish a program that will serve 30 individuals in year 3 total \$255,614, which includes \$79,424 for Housing and \$67,667 for Employment and Education Supports; new expenditures for Salary and Benefits total \$96,053; and \$12,470 for provision of client care needs in the ACT Full Service Partnership.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$7,200 to provide supplies for client care needs.
- b. Travel and Transportation: \$5,270 to provide client / family member transportation assistance.
- c. Housing
  - i. Master Leases: \$35,000 funding for master leases through a local housing collaborative, the Humboldt Housing & Homeless Coalition, which will be a valuable resource for housing and housing advocacy for enrollees of the ACT program.
  - ii. Subsidies: \$10,000 funding for immediate housing subsidies for enrollees.
  - iii. Vouchers: None.
  - iv. Other Housing: \$34,424 in housing set-aside funds that can be used to expand programs for available housing.
- a. Employment and Education Supports: \$67,667 funding to provide vocational counseling and employment assistance.
- d. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Housing Coordinator to coordinate and research available housing, 1 - .25 FTE – Physician/Psychiatrist, and 1 - .25 FTE Psychiatric Nurse to provide medication support services.
- a. Employee Benefits: Benefits (estimated at \$18,871) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee

benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$4,037) have been calculated based on annual cost of \$4,037 per full time equivalent.

### 3. Operating Expenditures

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$26,864 for estimated 35 percent billable medication support services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Outpatient Medication Services Expansion
Program Work Plan #: 4	Estimated Start Date: April '06	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Outpatient Medication Services Expansion, an expansion of an existing service, will establish a formal partnership between the Mental Health Branch psychiatric team and Humboldt County's primary care physician's network. To enhance existing collaborative efforts, additional psychiatrist and nursing staff will be added to the current service. In order to reach unserved and underserved populations and reduce cultural and ethnic barriers to access, a portion of staff time will be co-located at the County's largest Rural Health Care Clinic and at the site of the health care provider for seven of the County's eight federally designated tribes, and will provide on-site mental health consultation and direct services. Telemedicine capability will also be acquired and linkages to community providers will be established.</p>	
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>Cultural, racial, and ethnic populations, individuals with co-occurring, chronic, or life-threatening medical conditions, frequent users of hospital emergency rooms or inpatient care, and others who may be more responsive to services in health care settings.</p>	

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
Infrastructure development to promote interagency collaboration, shared responsibility, and accountability for effective outcomes		X		X	X	X	X
Education and training for primary care providers to increase coordination and integration of mental health and primary care		X		X	X	X	X
Integrated physical and mental health services including co-location and collaboration with primary care clinics		X		X	X	X	X
On-site services in primary care clinics reaching those who may be more responsive to services in health care settings			X	X	X	X	X
Telemedicine		X		X	X	X	X

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

#### *Outpatient Medication Services Expansion*

Outpatient Medication Services Expansion is an expansion of an existing service and will establish a formal partnership between the Mental Health Branch psychiatric team and the Humboldt County primary care physician's network. In order to accomplish this, Start Up Funding (Pre-Implementation Funds) and System Development funds will be used to increase the number of psychiatric and nursing staff. These new psychiatric staff members will provide on-site mental health consultation and direct services to the patients of an existing community clinic and at a local tribal health care facility. Clinics are challenged in their ability to serve clients who are diagnosed with serious mental illness or serious emotional disturbance. Real-time telemedicine technologies, using one of DHHS's staff Psychiatrists, will also be used at various primary care sites and the communities that would be served by the ROSE staff (Work Plan #1).

This formal partnership will build upon the on-going collaborative efforts that have been taking place between DHHS and the primary care physician's network over the last several years. These collaborative efforts have already led to a number of mutual initiatives to improve services to our shared clients. The resources allocated to this effort will continue to close the gap between public integrated services and the primary care community, a divide that is reflected in all statewide health care systems. Additionally, cultural and ethnic disparities will be addressed by focusing resources on the rural and remote areas and communities of the County where higher concentrations of Hispanic/Latino and Native American populations live and work.

Currently, six staff psychiatrists and three locum tenens physicians carry an average caseload of 450 each while also providing urgent and emergent psychiatric services at other sites such as the jail and the Psychiatric Emergency Services unit. These large caseloads and various other duties make it practically impossible for psychiatrists and nurses to provide consultation and support services to primary care clinics who are seeing increasing numbers of patients needing specialty mental health services.

Another system enhancement will be to add a telemedicine component to the County's inpatient unit so psychiatric consultation is available immediately to clients twenty-four hours a day seven days a week. These same telemedicine links may also enhance our ability to assist with Social Service Branch eligibility activities in the rural areas of the County for the underserved and unserved populations, thereby improving client consumer and family access to care.

Goals and outcomes of this service expansion will be:

- Timely access to needed help
- Reduction in involuntary services
- Improved community collaboration

- Enhanced integrated service experience
- Outreach to unserved and underserved populations
- Primary care/mental health partnership

3) Describe any housing or employment services to be provided.

Not applicable.

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

Not applicable.

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

Outpatient Medication Services Expansion staff will be trained and mentored in the concepts of recovery, wellness, and resiliency, and, will work to promote strength-based approaches to service delivery as they engage communities, families, clients, and others. The current medical staff already has a firm commitment to promoting recovery concepts as evidenced by their enthusiastic involvement in and support of projects such as CalMAP, Roadmap to Recovery peer to peer groups, and Project Impacts, all described earlier in this document.

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

Currently, the staff of Outpatient Medication Services must operate mainly out of the Mental Health Branch main campus in Eureka due in part to high caseload numbers, low staffing levels, other duties, and the lack of adequate off-site facilities. Under these circumstances, it is difficult to maintain a consistent level of collaborative activities with the community clinics. The proposed change includes increasing the number of medical staff for the purpose of co-locating at a community clinic so that consultative services and direct services at these clinics can be increased and improved.

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

Not applicable.

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

The new medical staff will be principally connected to the County's largest Rural Health Clinic (Open Door Community Health Center) and to the health care provider for seven of the County's eight federally designated tribes (United Indian Health Services). Partnering with primary care clinics in this way will significantly improve the quality of care provided to clients served in both systems.

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

The Outpatient Medication Services Expansion will target communities and focus resources in those parts of the County where known disparities exist and where higher concentrations of the Hispanic/Latino and Native American populations live and work. Efforts will focus on reducing the cultural and ethnic barriers to access that tend to exist in the more traditional mental health settings. To address the need to make programs culturally competent DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures). This office will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Consumer & Cultural Diversity will assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff.

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

Expertise in gender, age, and sexual orientation issues is crucial to the delivery of culturally inclusive services. The Office of Consumer & Cultural Diversity and the Training & Education Unit (Program Work Plan #9 Integrated Program & Planning Support Structures) will assess needs and competencies in this area and develop appropriate basic and ongoing trainings for staff, community partners, and other stakeholders.

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

Not applicable.

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

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, and to the extent that resources are available, assets will be acquired and linkages made to both local and remote telemedicine sites and providers. One 1.5 FTE Psychiatrists and one 1.0 FTE Registered Psychiatric Nurse will be hired. A portion of this time will be co-located at a primary care community clinic as well as at a local hospital.

During year two and year three, to the extent that resources are available, other cross-branch services, such as Social Service Branch eligibility activities and Public Health Branch prevention activities, may be added through the telemedicine link.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 2,472 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 2,400 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 72 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$437,110			\$437,110
b. New Additional Personnel Expenditures (from Staffing Detail)	\$54,370			\$54,370
c. Employee Benefits	\$126,802			\$126,802
Workers Comp / Liability / Bond Insurance	\$22,304			\$22,304
d. Total Personnel Expenditures	\$640,586	\$0	\$0	\$640,586
<b>3. Operating Expenditures - MH Meds Support budget</b>				
a. Professional Services	\$32,000			\$32,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,250			\$2,250
d. General Office Expenditures	\$825			\$825
e. Rent, Utilities and Equipment	\$3,375			\$3,375
f. Medication and Medical Supports	\$23,400			\$23,400
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$61,850	\$0	\$0	\$61,850
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	<b>\$702,436</b>	<b>\$0</b>	<b>\$0</b>	<b>\$702,436</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$319,049			\$319,049
b. Medicare/Patient Fees/Patient Insurance	\$31,078			\$31,078
c. Realignment	\$151,843			\$151,843
d. State General Funds	\$167,206			\$167,206
e. County Funds				\$0
f. Grants	\$28,915			\$28,915
g. Other Revenue				\$0
h. Total Existing Revenues	\$698,091	\$0	\$0	\$698,091
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$34,539			\$34,539
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$34,539	\$0	\$0	\$34,539
<b>3. Total Revenues</b>				
	\$732,630	\$0	\$0	\$732,630
<b>C. One-Time CSS Funding Expenditures - Computers, software</b>				
	\$3,416			\$3,416
<b>D. Total Funding Requirements</b>				
	-\$26,778	\$0	\$0	-\$26,778
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%



**Outpatient Medication Services  
Program Work plan #4 – FY 2005-2006**

**Outpatient Medication Services – System Development, fiscal year 05-06**

Program budget represents three months of service. Program expansion expenditures for Salary and Benefits total \$70,416. Operating expenditures total \$61,850. This includes existing Outpatient Medication Support program operating expense costs for three months. One-Time CSS Funding expenditures total \$3,416.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 8.6 Psychiatric Nurses, 2 Supervising Psychiatric Nurses, 6 Physician/Psychiatrists, 1 Mental Health Worker, 1 Nurse Case Manager, .5 Medical Director, 1 Case Manager (client consumer or family member staff). To provide medication support services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Physician/Psychiatrist, 1 Psychiatric Nurse to provide outpatient consultation and support services to primary care clinics where caseloads of severely mentally ill individuals and families continue to increase. The cost of this position is calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.
- c. Employee Benefits: Benefits (estimated at \$126,802 for both current and new positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at

\$22,304) have been calculated based on annual cost of \$4,037 per full time equivalent.

3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.
  - a. Professional Services: \$32,000 funding for additional professional medical staff as needed in the existing Outpatient Medication Support program.
  - b. Translation and Interpreter Services: None.
  - c. Travel and Transportation: \$2,250 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
  - d. General Office Expenditures: \$825 funding for general office expenses as budgeted in the existing Outpatient Medication Support program.
  - e. Rent, Utilities and Equipment: \$3,375 representing costs as budgeted in the existing Outpatient Medication Support program for communications, utilities and leased equipment.
  - f. Medication and Medical Supports: \$23,400 representing costs as budgeted in the existing Outpatient Medication Support program for client medications.
  - g. Other Operating Expenses: None.
4. Program Management
  - a. Existing Program Management. None.
  - b. New Program Management. None
5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): Estimated at \$319,049 per budgeted revenues for three months of existing Outpatient Medication Support program.
- b. Medicare/Patient Insurance: Estimated at \$31,078 per budgeted revenues for three months of existing Outpatient Medication Support program.
- c. Realignment: Estimated at \$151,843 per budgeted revenues for the existing Outpatient Medication Support program for three months.

- d. State General Funds: EPSDT estimated at \$167,206 per budgeted revenues for three months of the existing Outpatient Medication Support program.
- e. County Funds
- f. Grants: SAMHSA grant funding estimated at \$28,915 per budgeted revenues for the existing Outpatient Medication Support program.
- g. Other Revenue

## 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$34,539 for 45 percent billable medication support services.
  - b. Medicare/Patient Fees/Patient Insurance
  - c. State General Funds
  - d. Other Revenue
- C. One-Time CSS Funding Expenditures: \$3,416 funding request for purchase of two personal computers and software.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 36 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 36 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$20,625			\$20,625
c. Employee Benefits	\$5,321			\$5,321
Workers Comp / Liability / Bond Insurance	\$505			\$505
d. Total Personnel Expenditures	\$26,451	\$0	\$0	\$26,451
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$75			\$75
d. General Office Expenditures	\$25			\$25
e. Rent, Utilities and Equipment - Cell phone	\$72			\$72
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$172	\$0	\$0	\$172
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$26,623	\$0	\$0	\$26,623
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$8,635			\$8,635
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$8,635	\$0	\$0	\$8,635
<b>3. Total Revenues</b>				
	\$8,635	\$0	\$0	\$8,635
<b>C. One-Time CSS Funding Expenditures - Telemedicine Equipment</b>				
	\$85,500			\$85,500
<b>D. Total Funding Requirements</b>				
	\$103,488	\$0	\$0	\$103,488
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 36 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 36 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Physician/Psychiatrist		0.50	\$41,250	\$20,625
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.50	
<b>C. Total Program Positions</b>		0.00	0.50		\$20,625

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.

**Outpatient Medication Services  
Program Work plan #4 – FY 2005-2006**

**Outpatient Medication Services – Outreach and Engagement, fiscal year 05-06** Program budget represents three months of service. Program expansion funding requests for program Outreach and Engagement total \$26,623. One-Time CSS Funding expenditures total \$85,500.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Physician/Psychiatrist to provide psychiatric services in primary care clinics and consultation to the clinic physicians. The cost of this position is calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.
- c. Employee Benefits: Benefits (estimated at \$5,321) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$505) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$75.

- d. General Office Expenditures: \$25.
- e. Rent, Utilities and Equipment: \$72.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: None.
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$8,635 for 45 percent billable medication support services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: Addition of telemedicine capabilities both locally and remotely \$85,500. To improve and link Mental Health Branch technologies with existing Telemedicine resources both locally, with primary care providers and with out of county providers. These links will provide for improved service delivery and consultations with other physicians and psychiatrists.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 2,500 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 2,400 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 100 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$1,748,439			\$1,748,439
b. New Additional Personnel Expenditures (from Staffing Detail)	\$217,481			\$217,481
c. Employee Benefits	\$507,207			\$507,207
Workers Comp / Liability / Bond Insurance	\$89,218			\$89,218
d. Total Personnel Expenditures	\$2,562,345	\$0	\$0	\$2,562,345
<b>3. Operating Expenditures - MH Meds Support budget</b>				
a. Professional Services	\$128,000			\$128,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$9,000			\$9,000
d. General Office Expenditures	\$3,468			\$3,468
e. Rent, Utilities and Equipment	\$13,500			\$13,500
f. Medication and Medical Supports	\$93,600			\$93,600
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$247,568	\$0	\$0	\$247,568
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$2,809,913	\$0	\$0	\$2,809,913
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$1,276,195			\$1,276,195
b. Medicare/Patient Fees/Patient Insurance	\$124,311			\$124,311
c. Realignment	\$607,370			\$607,370
d. State General Funds - EPSDT	\$631,572			\$631,572
e. County Funds				\$0
f. Grants - SAMHSA	\$115,661			\$115,661
g. Other Revenue				\$0
h. Total Existing Revenues	\$2,755,109	\$0	\$0	\$2,755,109
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$108,015			\$108,015
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$108,015	\$0	\$0	\$108,015
<b>3. Total Revenues</b>				
	\$2,863,124	\$0	\$0	\$2,863,124
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	-\$53,211	\$0	\$0	-\$53,211
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%



## **Outpatient Medication Services Program Workplan #4 – FY 2006-2007**

### **Outpatient Medication Services – System Development, fiscal year 06-07**

Program budget represents twelve months of service. Program expansion expenditures for Salary and Benefits total \$281,665. Operating expenditures total \$247,568. This includes existing Outpatient Medication Support program operating expense costs for the fiscal year.

#### **A. EXPENDITURES**

##### **1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

##### **2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 8.6 Psychiatric Nurses, 2 Supervising Psychiatric Nurses, 6 Physician/Psychiatrists, 1 Mental Health Worker, 1 Nurse Case Manager, .5 Medical Director, 1 Case Manager (client consumer or family member staff). To provide medication support services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Physician/Psychiatrist, 1 Psychiatric Nurse to provide outpatient consultation and support services to primary care clinics where caseloads of severely mentally ill individuals and families continue to increase.
- c. Employee Benefits: Benefits (estimated at \$507,207 for both current and new positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$89,218) have been calculated based on annual cost of \$4,037 per full time equivalent.

##### **3. Operating Expenditures**

- a. Professional Services: \$128,000 funding for additional professional medical staff as needed in the existing Outpatient Medication Support program.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$9,000 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
- d. General Office Expenditures: \$3,468 funding for general office expenses as budgeted in the existing Outpatient Medication Support program.
- e. Rent, Utilities and Equipment: \$13,500 representing costs as budgeted in the existing Outpatient Medication Support program for communications, utilities and leased equipment.
- f. Medication and Medical Supports: \$93,600 representing costs as budgeted in the existing Outpatient Medication Support program for client medications.
- g. Other Operating Expenses: None.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): Estimated at \$1,276,195 per budgeted revenues for the existing Outpatient Medication Support program.
- b. Medicare/Patient Insurance: Estimated at \$124,311 per budgeted revenues for the existing Outpatient Medication Support program.
- c. Realignment: Estimated at \$607,370 per budgeted revenues for the existing Outpatient Medication Support program.
- d. State General Funds: EPSDT estimated at \$631,572 per budgeted revenues for the existing Outpatient Medication Support program.
- e. County Funds
- f. Grants: SAMHSA grant funding estimated at \$115,661 per budgeted revenues for the existing Outpatient Medication Support program.
- g. Other Revenue

## 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$108,015 for 45 percent billable medication support services.
  - b. Medicare/Patient Fees/Patient Insurance
  - c. State General Funds
  - d. Other Revenue
- C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$82,500			\$82,500
c. Employee Benefits	\$21,285			\$21,285
Workers Comp / Liability / Bond Insurance	\$2,019			\$2,019
d. Total Personnel Expenditures	\$105,804	\$0	\$0	\$105,804
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$300			\$300
d. General Office Expenditures	\$100			\$100
e. Rent, Utilities and Equipment - Cell phone	\$288			\$288
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$688	\$0	\$0	\$688
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$106,492	\$0	\$0	\$106,492
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$34,538			\$34,538
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$34,538	\$0	\$0	\$34,538
<b>3. Total Revenues</b>				
	\$34,538	\$0	\$0	\$34,538
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$71,954	\$0	\$0	\$71,954
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Physician/Psychiatrist		0.50	\$165,000	\$82,500
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.50		\$82,500
<b>C. Total Program Positions</b>		0.00	0.50		\$82,500

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.

**Outpatient Medication Services  
Program Workplan #4 – FY 2006-2007**

**Outpatient Medication Services – Outreach and Engagement, fiscal year 06-07** Program budget represents twelve months of service. Program expansion expenditures for program Outreach and Engagement total \$106,492.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Physician/Psychiatrist to provide psychiatric services in primary care clinics and consultation to the clinic physicians.
- c. Employee Benefits: Benefits (estimated at \$21,285) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$2,019) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$300.
- d. General Office Expenditures: \$100.
- e. Rent, Utilities and Equipment: \$288 cellular telephone usage.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$34,538 for 45 percent billable medication support services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 2,520 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 2,380 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 140 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$1,748,439			\$1,748,439
b. New Additional Personnel Expenditures (from Staffing Detail)	\$217,481			\$217,481
c. Employee Benefits	\$550,458			\$550,458
Workers Comp / Liability / Bond Insurance	\$89,218			\$89,218
d. Total Personnel Expenditures	\$2,605,595	\$0	\$0	\$2,605,595
<b>3. Operating Expenditures - MH Meds Support budget</b>				
a. Professional Services	\$128,000			\$128,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$9,000			\$9,000
d. General Office Expenditures	\$3,648			\$3,648
e. Rent, Utilities and Equipment	\$13,500			\$13,500
f. Medication and Medical Supports	\$93,600			\$93,600
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$247,748	\$0	\$0	\$247,748
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	<b>\$2,853,343</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,853,343</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$1,259,063			\$1,259,063
b. Medicare/Patient Fees/Patient Insurance	\$124,311			\$124,311
c. Realignment	\$607,370			\$607,370
d. State General Funds	\$651,693			\$651,693
e. County Funds				\$0
f. Grants	\$115,661			\$115,661
g. Other Revenue				\$0
h. Total Existing Revenues	\$2,758,098	\$0	\$0	\$2,758,098
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$153,504			\$153,504
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$153,504	\$0	\$0	\$153,504
<b>3. Total Revenues</b>				
	\$2,911,602	\$0	\$0	\$2,911,602
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	<b>-\$58,259</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$58,259</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				<b>0.0%</b>

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 2,520 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 2,380 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 140 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					
Psychiatric Nurse	Medication Support Services at Co. Jail		1.00	\$56,620	\$56,620
Psychiatric Nurse	Outpatient Medication Support Services		7.60	\$56,620	\$430,312
Supervising Psychiatric Nurse	Supervises Medication Support Staff		2.00	\$59,520	\$119,040
Physician/Psychiatrist	Outpatient Medication Support Services		6.00	\$165,400	\$992,400
Mental Health Worker	Provides/coordinates services to clients		1.00	\$29,750	\$29,750
Nurse Case Manager	Outpatient Medication Support Services		1.00	\$43,050	\$43,050
Medical Director	Directs Medication Support Staff		0.50	\$86,835	\$43,417
Mental Health Case Manager	Provides case management services	1.00	1.00	\$33,850	\$33,850
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
<b>Total Current Existing Positions</b>		1.00	20.10		\$1,748,439
<b>B. New Additional Positions</b>					
Physician/Psychiatrist	Outpatient Medication Support Services		1.00	\$165,000	\$165,000
Psychiatric Nurse	Outpatient Medication Support Services		1.00	\$52,481	\$52,481
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
<b>Total New Additional Positions</b>		0.00	2.00		\$217,481
<b>C. Total Program Positions</b>		1.00	22.10		\$1,965,920

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.

**Outpatient Medication Services  
Program Workplan #4 – FY 2007-2008**

**Outpatient Medication Services – System Development, fiscal year 07-08**

Program budget represents twelve months of service. Program expansion expenditures for Salary and Benefits total \$281,665. Operating expenditures total \$247,748. This includes existing Outpatient Medication Support program operating expense costs for the fiscal year.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 8.6 Psychiatric Nurses, 2 Supervising Psychiatric Nurses, 6 Physician/Psychiatrists, 1 Mental Health Worker, 1 Nurse Case Manager, .5 Medical Director, 1 Case Manager (client consumer or family member staff). To provide medication support services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Physician/Psychiatrist, 1 Psychiatric Nurse to provide outpatient consultation and support services to primary care clinics where caseloads of severely mentally ill individuals and families continue to increase.
- c. Employee Benefits: Benefits (estimated at \$550,458 for both current and new positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$89,218) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: \$128,000 funding for additional professional medical staff as needed in the existing Outpatient Medication Support program.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$9,000 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
- d. General Office Expenditures: \$3,648 funding for general office expenses as budgeted in the existing Outpatient Medication Support program.
- e. Rent, Utilities and Equipment: \$13,500 representing costs as budgeted in the existing Outpatient Medication Support program for communications, utilities and leased equipment.
- f. Medication and Medical Supports: \$93,600 representing costs as budgeted in the existing Outpatient Medication Support program for client medications.
- g. Other Operating Expenses: None.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): Estimated at \$1,259,063 per budgeted revenues for the existing Outpatient Medication Support program.
- b. Medicare/Patient Insurance: Estimated at \$124,311 per budgeted revenues for the existing Outpatient Medication Support program.
- c. Realignment: Estimated at \$607,370 per budgeted revenues for the existing Outpatient Medication Support program.
- d. State General Funds: EPSDT estimated at \$651,693 per budgeted revenues for the existing Outpatient Medication Support program.
- e. County Funds
- f. Grants: SAMHSA grant funding estimated at \$115,661 per budgeted revenues for the existing Outpatient Medication Support program.
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$153,504 for 50 percent billable medication support services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 60 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 60 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$82,500			\$82,500
c. Employee Benefits	\$21,285			\$21,285
Workers Comp / Liability / Bond Insurance	\$2,019			\$2,019
d. Total Personnel Expenditures	\$105,804	\$0	\$0	\$105,804
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$300			\$300
d. General Office Expenditures	\$100			\$100
e. Rent, Utilities and Equipment - Cell phone	\$288			\$288
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$688	\$0	\$0	\$688
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$106,492	\$0	\$0	\$106,492
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$46,051			\$46,051
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$46,051	\$0	\$0	\$46,051
<b>3. Total Revenues</b>				
	\$46,051	\$0	\$0	\$46,051
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$60,441	\$0	\$0	\$60,441
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 4 Date: 11/28/05  
 Program Workplan Name Outpatient Medication Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 60 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 60 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Physician/Psychiatrist		0.50	\$165,000	\$82,500
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.50		\$82,500
<b>C. Total Program Positions</b>		0.00	0.50		\$82,500

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.

**Outpatient Medication Services  
Program Workplan #4 – FY 2007-2008**

**Outpatient Medication Services – Outreach and Engagement, fiscal year 07-08** Program budget represents twelve months of service. Program expansion expenditures for program Outreach and Engagement total \$106,492.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .5 FTE Physician/Psychiatrist to provide psychiatric services in primary care clinics and consultation to the clinic physicians.
- c. Employee Benefits: Benefits (estimated at \$21,285) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$2,019) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$300.
- d. General Office Expenditures: \$100.
- e. Rent, Utilities and Equipment: \$288 cellular telephone usage.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$46,051 for 50 percent billable medication support services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Support to Transition-Age Youth Organizations
Program Work Plan #: 5	Estimated Start Date: April '06	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Support to Transition-Age Youth (TAY) Organizations is a new support strategy that will allow DHHS to integrate all cross-branch programs and initiatives related to this population while supporting the development and expansion of State-wide agendas and initiatives. Support will be provided to a local TAY organization(s), who submits a work plan proposal(s) supporting system integration and transformation to the department. Depending on the work plan proposal(s) received, funds will be used to pay for staff positions, office space, equipment, training, education, or transportation needs. The TAY organizations receiving funding will: assist DHHS with policy and program development related to the provision of TAY services and supports; help link MHSA programming with child Welfare Services Improvement Activities; help establish, organize, and lead a cross-branch and community-wide TAY Leadership council that will further inform and guide the development of integrated and holistic services and supports; collaborate with and help to strengthen linkages between the other Branches of DHS and community-based TAY organizations; and, help to conduct outreach activities that will be crucial to understanding the needs of this unique population and in creating the services and supports necessary to meet those needs.</p>	
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>Transition-age youth, including those with experience in the mental health, child welfare, or probation systems.</p>	

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
Youth involvement in planning and service development		X			X		
Youth-run services, outreach to unserved youth.		X	X		X		
Infrastructure to promote interagency collaboration, shared responsibility, and accountability for effective outcomes		X			X		

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

*Support to Transition-Age Youth Organizations*

Providing support to transition-age youth (TAY) organizations, a new support strategy seen as an initial step toward including a client voice in MHSA system integration and transformation efforts and activities, will allow DHHS to unify and integrate all cross-branch projects and programs related to this population while fully supporting the development and expansion of overarching state-wide initiatives and agendas. In addition to the MHSA, some of these projects, programs, initiatives, and agendas involve or include California Permanency for Youth, Youth Transition Action Teams, and the California Youth Connection, a state-wide organization of current and former foster youth that promotes participation in policy development and legislative change efforts to improve the foster care system, social work practice, and child welfare policy, and whose agenda is supported by the State.

A major focus of MHSA system transformation in Humboldt County involves these three TAY related endeavors which contain key elements and core strategies that will be used when approaching policy and program development and advocacy efforts for this age group. Another related aspect of system transformation will be bridging with and using the assistance of these structures and organizations to consolidate and build on existing work efforts. DHHS is committed to youth advocacy and is interested in supporting the development and growth of organizations like the California Youth Connection whose local chapter has participated strongly and effectively in the MHSA community planning process and related activities.

Toward that end, MHSA support will be provided to a local TAY organization(s) that submits a work plan proposal(s) to the department. Depending on the needs of the organization(s) and the proposed work plan(s) received, funds will be used to pay for items such as staff positions, office space, equipment, training, education, or transportation needs. The TAY organization(s) receiving funding will assist DHHS with policy and program development related to the provision of TAY services and supports; help to link MHSA programming with Child Welfare Services Improvement Activities; help to establish, organize and lead a cross-branch and community-wide TAY Leadership Council that will further inform and guide the development of integrated and holistic TAY related services and supports; collaborate with and help to strengthen linkages between the other Branches of DHHS and community-based organizations; and, help to conduct outreach activities that will be crucial to understanding the needs of this unique population and in creating the services and supports necessary to meet those needs.

Under the auspices of the Office of Consumer & Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures), System Development Funds will be used to provide support to a local TAY organization(s) as described above, and,

Outreach and Engagement Funds will be utilized to conduct outreach activities to this unserved population. Goals and outcomes of this new support strategy include:

- Increased level of client participation in policy and program development.
- Improved level of cultural competence related to transition-age youth.
- Outreach to and engagement of an unserved population.
- Reduction of cultural and access disparities.
- Increased level of cross-branch and community collaboration.

3) Describe any housing or employment services to be provided.

Not applicable.

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

Not applicable.

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

Local TAY organizations receiving DHHS support will help to shape policy and program development related to TAY services by providing expertise and insight into the strengths and needs of this population so that appropriate wellness, recovery, and resiliency oriented services and supports can be planned and implemented. TAY organizations will also be trained and mentored in the concepts of recovery, wellness, and resiliency, and, will work to promote strength-based approaches to service delivery as clients, communities, families, and other stakeholders become engaged in this element of the system transformation process.

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

Not applicable.

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

Local TAY organizations, such as the California Youth Connection, are staffed and run by transition-age youth who have had experience receiving services in the mental health, probation, and/or child welfare service systems. Work plan proposals submitted to DHHS will be required to show that transition-age youth will be performing the functions specified in the proposals.

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

DHHS is committed to youth advocacy and is interested in collaborating with and supporting the development and growth of organizations like the California Youth Connection whose local chapter has participated strongly and effectively in the MHSA community planning process and related activities, and, whose Fall Policy Conference Report (2003/2004) agenda has strong State support. Toward this end, DHHS intends to collaborate with and assist local transition-age youth organizations in putting together work plan proposals that will be primarily aimed at including a youth voice in current and future system transformation efforts and activities.

By collaborating with and providing support to transition-age youth organizations in this way, bridges and linkages to existing structures, programs, and projects can be enhanced or created. This will allow for greater consolidation of existing work efforts, resulting in a clear set of community-wide goals and a roadmap toward those goals. Two goals along the way will be to consolidate the separate work activities of the existing transition-age youth committees within the DHHS branches (i.e. Child Welfare Services Improvement Activities, Youth Transition Action Teams, California Permanency for Youth) and to strengthen the connections between the branches and community organizations around this mental health client population.

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

An important aspect of supporting the growth and development of local TAY organizations will be to focus a portion of the available resources on outreach efforts to those TAY who are currently disenfranchised or reluctant to enter/re-enter the system or to seek help in general. Efforts will also focus on reaching out to the cultural and ethnic populations (Hispanic/Latinos, Native Americans, Asian/Pacific Islander, and African American) where disparities exist for this age group. To address the need for culturally competent services and supports, DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9). This office will assure that culturally diverse communities and individuals are included in the development and implementation of policies and programs. The Office of Consumer & Cultural Diversity will also assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff. Local TAY organizations will be supported under the umbrella of this office.

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

Expertise in gender, age, and sexual orientation issues is crucial to the delivery of culturally inclusive services. It is anticipated that the local TAY organizations will provide valuable input to DHHS on these issues as they relate to transition-age youth. With the help of local TAY organizations, the Office of Consumer & Cultural Diversity and the Training & Education Unit (Program Work Plan #9) will assess needs and competencies in this area and develop appropriate basic and ongoing trainings for staff, community partners, and other stakeholders.

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

Not applicable.

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

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, to the extent that resources are available, work plan proposals will be accepted from local TAY organizations that are staffed and run by transition-age youth (18-24 years old), and/or supportive mentors, with experience receiving services in the mental health, child welfare, or probation service systems for the purpose of providing DHHS with expertise and insight into the strengths and needs of this population and assisting with policy and program development, especially in the development of a Full Service Partnership Program for TAY.

During year two, and to the extent that resources are available, the local TAY organization(s) will help organize and lead a cross-branch and community-wide TAY Leadership Council whose goals will be to increase the level of participation and involvement of TAY in policy and program development, to reduce the stigma associated with being a TAY consumer client, and, to reach out to the cultural and ethnic populations who are unserved or inappropriately served in this age group.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 5 Date: 11/28/05  
 Program Workplan Name Support to Transition-Age Youth Organizations Page 1 of 1  
 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: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services	\$4,625			\$4,625
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$625			\$625
d. General Office Expenditures	\$625			\$625
e. Rent, Utilities and Equipment	\$3,750			\$3,750
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$9,625	\$0	\$0	\$9,625
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$9,625	\$0	\$0	\$9,625
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures - Computer, software</b>				
	\$1,708			\$1,708
<b>D. Total Funding Requirements</b>				
	\$11,333	\$0	\$0	\$11,333
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt  
 Program Workplan # 5  
 Program Workplan Name Transition Age Youth Leadership Representative  
 Type of Funding 2. System Development  
 Proposed Total Client Capacity of Program/Service: 10  
 Existing Client Capacity of Program/Service: 0  
 Client Capacity of Program/Service Expanded through MHSA: 10

Fiscal Year: 2005-06  
 Date: 11/28/05  
 Page 1 of 1  
 Months of Operation 3  
 New Program/Service or Expansion New  
 Prepared by: Melissa Chilton  
 Telephone Number: (707) 441-5446

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

**Support to Transition Age Youth Organizations  
Program Work plan #5 – FY 2005-2006**

**Support to Transition Age Youth Organizations – System Development, fiscal year 05-06** Program budget represents three months of service. New program funding requests total \$9,625 and are based on a three month period calculated as 25 percent of the 100 percent capacity. One-Time CSS funding Expenditures total \$1,708.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits None.

**3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.**

- a. Professional Services: \$4,625 for consultation and mentorship for expertise and insight into the strengths and needs of this population and to assist with policy and program development, peer support and system navigation help. The cost of these services is calculated based on three months of service and is calculated as 25 percent of 100 percent capacity for year one.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$625 includes the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$625 representing estimated cost of supplies.

- e. Rent, Utilities and Equipment: \$3,750 representing estimated rent and utility expenditures for three-month period.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: \$1,708 funding request for purchase of personal computer and software.

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

County(ies): Humboldt  
 Program Workplan # 5

Fiscal Year: 2005-06  
 Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 5 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 5 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$125			\$125
b. Travel and Transportation - client / family member transportation needs	\$900			\$900
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$2,875			\$2,875
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$3,900	\$0	\$0	\$3,900
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$3,900	\$0	\$0	\$3,900
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$3,900	\$0	\$0	\$3,900
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 5 Date: 11/28/05  
 Program Workplan Name Transition Age Youth Leadership Representative Page 1 of 1  
 Type of Funding 3. Outreach and Engagement 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: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 5 Telephone Number: (707) 441-5446

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

**Support to Transition Age Youth Organizations  
Program Work plan #5 – FY 2005-2006**

**Support to Transition Age Youth Organizations – Outreach and Engagement, fiscal year 05-06** Program budget represents three months of service. New program funding requests total \$3,900 for training, education and provision of client care needs to reach out to transition age youth (TAY) who may be reluctant to seek services.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$125 to provide supplies for client care needs.
- b. Travel and Transportation: \$900 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: \$2,875 to provide for training and education.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt  
 Program Workplan # 5

Fiscal Year: 2006-07  
 Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

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: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 20 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services	\$18,500			\$18,500
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,500			\$2,500
d. General Office Expenditures	\$2,500			\$2,500
e. Rent, Utilities and Equipment - cell phone	\$15,000			\$15,000
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$38,500	\$0	\$0	\$38,500
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$38,500	\$0	\$0	\$38,500
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$38,500	\$0	\$0	\$38,500
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt  
 Program Workplan # 5

Fiscal Year: 2006-07  
 Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

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: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 20

Telephone Number: (707) 441-5446

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

**Support to Transition-Age Youth Organizations  
Program Workplan #5 – FY 2006-2007**

**Support to Transition-Age Youth Organizations – System Development, fiscal year 06-07** Program budget represents twelve months of service. New program funding request totals \$38,500.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: \$18,500 for consultation and mentorship for expertise and insight into the strengths and needs of transitional age youth and to assist with policy, programming and mental health service delivery methods to TAY clients.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$2,500 includes the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$2,500 representing estimated cost of supply needs.
- e. Rent, Utilities and Equipment: \$15,000 estimated rent and utility expenditures for year two.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt  
 Program Workplan # 5

Fiscal Year: 2006-07  
 Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

Type of Funding 3. Outreach and Engagement

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: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$500			\$500
b. Travel and Transportation - client / family member transportation needs	\$3,750			\$3,750
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$11,500			\$11,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$15,750	\$0	\$0	\$15,750
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$15,750	\$0	\$0	\$15,750
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$15,750	\$0	\$0	\$15,750
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt  
 Program Workplan # 5

Fiscal Year: 2006-07  
 Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

Type of Funding 3. Outreach and Engagement

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: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 10

Telephone Number: (707) 441-5446

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

**Support to Transition-Age Youth Organizations  
Program Workplan #5 – FY 2006-2007**

**Support to Transition-Age Youth Organizations – Outreach and Engagement, fiscal year 06-07** Program budget represents twelve months of service. New program expenditures total \$15,750 for training, education and provision of client care needs to reach out to transitional age youth (TAY) who may be reluctant to enter the system.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$500 to provide supplies for client care needs.
- b. Travel and Transportation: \$3,750 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: \$11,500 to provide for training and education.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

**B. REVENUES**

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt  
 Program Workplan # 5

Fiscal Year: 2007-08  
 Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

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: \_\_\_\_\_ Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 30 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services	\$18,500			\$18,500
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,500			\$2,500
d. General Office Expenditures	\$2,500			\$2,500
e. Rent, Utilities and Equipment	\$15,000			\$15,000
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$38,500	\$0	\$0	\$38,500
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$38,500	\$0	\$0	\$38,500
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$38,500	\$0	\$0	\$38,500
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt

Fiscal Year: 2007-08

Program Workplan # 5

Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 30

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: \_\_\_\_\_

Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 30

Telephone Number: (707) 441-5446

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

**Support to Transition-Age Youth Organizations  
Program Workplan #5 – FY 2007-2008**

**Support to Transition-Age Youth Organizations – System Development, fiscal year 07-08** Program budget represents twelve months of service. New program funding request totals \$38,500.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: \$18,500 for consultation and mentorship for expertise and insight into the strengths and needs of transitional age youth and to assist with policy, programming and mental health service delivery methods to TAY clients.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$2,500 includes the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$2,500 representing estimated cost of supply needs.
- e. Rent, Utilities and Equipment: \$15,000 estimated rent and utility expenditures for year three.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt  
 Program Workplan # 5

Fiscal Year: 2007-08  
 Date: 11/28/05

Program Workplan Name Support to Transition-Age Youth Organizations

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 15 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 15 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene - Client care needs	\$500			\$500
b. Travel and Transportation - client / family member transportation needs	\$3,750			\$3,750
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports	\$11,500			\$11,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$15,750	\$0	\$0	\$15,750
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
Workers Comp / Liability / Bond Insurance				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$15,750	\$0	\$0	\$15,750
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$15,750	\$0	\$0	\$15,750
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 2 Date: 11/28/05  
 Program Workplan Name Wellness Center Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 19 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 19 Telephone Number: (707) 441-5446

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

**Support to Transition-Age Youth Organizations  
Program Workplan #5 – FY 2007-2008**

**Support to Transition-Age Youth Organizations – Outreach and Engagement, fiscal year 07-08** Program budget represents twelve months of service. New program expenditures total \$15,750 for training, education and provision of client care needs to reach out to transitional age youth (TAY) who may be reluctant to enter the system.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$500 to provide supplies for client care needs.
- b. Travel and Transportation: \$3,750 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: \$11,500 to provide for training and education.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: None.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: None.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

**4. Program Management**

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

**B. REVENUES**

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Alternative Response Team (ART) Expansion
Program Work Plan #: 6		Estimated Start Date: April '06
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	Alternative Response Team Expansion is a further integration and expansion of an existing collaborative field program. The program serves the families of 0-8 year olds from a strength-based perspective to reduce the risk of out of home placement, child maltreatment, child abuse, and their impact on the mental health of the children involved. Services are focused on improving a family's health and social support, increasing parental capacity, increasing resiliency and emotional well-being, and improving access to mental health and other services and supports through the process of engagement. As an initial step toward expansion, reorganization and full integration, mental health staff will be added so that a cross-branch team approach to field service delivery can be implemented, resulting in a more integrated and holistic service experience to families. Multi-disciplinary and cross-branch staff will provided in-home response services, while removing barriers to access and providing linkage to the full array or programs and services within DHHS and the community. Mental Health staff will provide screening and assessment services, consultation, parent education, and wellness/recovery/resiliency focused clinical services, as well as help to shape and coordinate the integration efforts.	
Priority Population: <i>Describe the situational characteristics of the priority population</i>	At-risk children and families of 0-8 year olds.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated services and supports for children and their families within the context of the family and a single child/family service/support plan		X		X			
Parental mental health education			X	X			
Infrastructure to promote cross-branch and interagency collaboration, shared responsibility, and accountability for effective outcomes		X		X			

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

*Alternative Response Team Cross-Branch Program Expansion*

The Alternative Response Team (ART) Cross-Branch Program Expansion is a further integration and expansion of an existing collaborative field program. The program serves the families of 0-8 year olds from a strength-based perspective to reduce the risk of out of home placement, child maltreatment, child abuse, and their impact on the mental health of the children involved. The current ART program provides services and supports which include, case management, health education and management, and assistance with housing and employment. These services are focused toward improving a family's health and social support, increasing parental capacity, increasing resiliency and emotional well-being, and improving access to mental health and other services and supports through a process of engagement.

As an initial step toward expansion, reorganization, and full integration, mental health staff will be added to the ART program so that a cross-branch team approach to field service delivery can be implemented resulting in a more integrated and holistic service experience for families. Multi-disciplinary and cross-branch staff will provide in-home response services, while removing barriers to access and providing linkage to the full array of programs and services within DHHS and the community. Mental Health staff will provide mental health screening and assessment services, consultation, parent education, and wellness/recovery/resiliency focused clinical services, as well as help to shape and coordinate the integration efforts.

When the expanded program is fully implemented, Humboldt will be the only county in the State to offer this complete service and support package, blending the assets and expertise of Mental Health, Public Health, and Social Services, to children and the families of 0-8 year olds.

System Development Funds and Outreach & Engagement Funds will be used to reorganize and fully integrate this program in order to better serve this unserved and underserved population. The addition of mental health staff and the implementation of a cross-branch team approach to service delivery will provide a more integrated service experience to families

Goals and outcomes of this expanded program include:

- Enhanced integrated service experience.
- Timely access to needed help.
- Reduction in out-of-home placements.

3) Describe any housing or employment services to be provided.

The expanded ART program will link families to all necessary and available DHHS cross-branch programs and service, including employment and housing resources. ART will also provide linkage and referral to other community-based housing and employment services and supports. In addition to providing assistance in finding employment, ART staff work to improve employment readiness by guiding clients through GED completion; providing help returning to school, attending college, and learning to read. Assistance is also provided in obtaining drivers permits/licenses and training opportunities. ART staff will also provide assistance and support to secure stable housing

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

Not applicable.

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

ART is a strength-based program that works to engage families in identifying assets and developing their goals to reduce their risk of child maltreatment and abuse. The program identifies family strengths, and builds on them. ART actively promotes parents entering recovery, and works with parents to promote the healthy development of children. ART supports families connecting and utilizing departmental and community resources and expertise to achieve and maintain recovery.

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

In collaboration with DHHS Social Service Branch Child Welfare Services division, the current ART program teams Public Health Nurses with Community Health Outreach Workers who work with families from a strength-based perspective to reduce the risk of out of home placement, child maltreatment, child abuse, and its impact on the mental health of the children involved. In order to help these at-risk families become stronger and healthier and to avoid further involvement in the mental health, probation, and child welfare systems, the current ART program provides services and supports which include, case management, health education and management, and assistance with housing and employment. These services are focused toward improving health and social support, increasing parental capacity, increasing resiliency and emotional well-being, and improving access to mental health and other services and supports through a process of engagement.

As an initial step toward expansion, reorganization, and full integration, mental health staff will be added to the ART field based program so that a cross-branch team approach to service delivery can be implemented resulting in a more integrated and holistic service experience for families. Multi-disciplinary and cross-branch staff will provide in-home response services, while removing barriers to access and providing

linkage to the full array of programs and services within DHHS and the community. Mental Health staff will provide field and community-based mental health screening and assessment services, consultation, parent education, and wellness/recovery/resiliency focused clinical services as well as help to shape and coordinate the integration efforts.

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

DHHS is currently building the capacity to hire and train consumers and family members to work in cross-branch programs throughout the department. Ideally, family members could provide outreach and engagement, peer education and support, and system navigation help, all aimed at improving a child's resiliency and wellness. The Office of Consumer & Cultural Diversity and the Training & Education Unit (Program Work Plan #9 Integrated Program & Planning Support Structures) will lead the efforts in this area of transformational activities. Currently, families working with ART participate on a voluntarily bases and are key in the development of the family case plan. Families select their goals for their work with ART and are a key part of the service program.

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

Community involvement is the key to the success of ART. ART is a collaborative process that works with over 150 community agencies to provide linkages and support to families. These agencies consist of Federal, State, County and local non-profit agencies. Key community stakeholders include Head Start, Humboldt Child Care Council, Indian Child Welfare Services, and the medical community. Mental Health staff, Public Health Nurses and Community Health Outreach Workers work one on one with agencies and individuals to meet the family's recovery needs.

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

ART has a positive working relationship with tribal organizations. The program has been able to employ staff who live in the geographically isolated and culturally unique communities where they deliver services. However, like other programs, ART lacks Hispanic/Latino and Asian/Pacific Islander (Hmong) bilingual/bicultural staff. To address the need to make programs culturally competent DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9). This office will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Consumer & Cultural Diversity will also assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff.

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

Expertise in gender, age, and sexual orientation issues is critical to the delivery of culturally inclusive services. The Office of Consumer & Cultural Diversity and the Training & Education Unit will assess competencies and needs in this area and develop appropriate basic and on-going training opportunities for staff, community partners, and other stakeholders.

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

Not applicable.

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

Not applicable.

- 13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, one 1.0 FTE Mental Health Clinician will be hired and co-located with the ART program.

During year two and year three, the program will continue at its first year level while developing the capacity to include additional mental health staff and clients and/or family members as service providers while Full Service Partnership Program strategies are being considered.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 525 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 500 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$146,705		\$146,705
b. New Additional Personnel Expenditures (from Staffing Detail)	\$8,300			\$8,300
c. Employee Benefits	\$2,141	\$35,209		\$37,351
Workers Comp / Liability / Bond Insurance	\$807	\$9,880		\$10,687
d. Total Personnel Expenditures	\$11,249	\$191,794	\$0	\$203,043
<b>3. Operating Expenditures - PHB budget</b>				
a. Professional Services		\$500		\$500
b. Translation and Interpreter Services				\$0
c. Travel and Transportation		\$6,035		\$6,035
d. General Office Expenditures		\$1,375		\$1,375
e. Rent, Utilities and Equipment - cell phone	\$58	\$9,971		\$10,029
f. Medication and Medical Supports		\$602		\$602
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$58	\$18,483	\$0	\$18,541
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	<b>\$11,307</b>	<b>\$210,278</b>	<b>\$0</b>	<b>\$221,585</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment		\$54,360		\$54,360
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue		\$155,918		\$155,918
h. Total Existing Revenues	\$0	\$210,278	\$0	\$210,278
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$3,875			\$3,875
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$3,875			\$3,875
d. Other Revenue				\$0
e. Total New Revenue	\$7,750	\$0	\$0	\$7,750
<b>3. Total Revenues</b>	<b>\$7,750</b>	<b>\$210,278</b>	<b>\$0</b>	<b>\$218,028</b>
<b>C. One-Time CSS Funding Expenditures - Computer, software</b>				
	<b>\$1,708</b>			<b>\$1,708</b>
<b>D. Total Funding Requirements</b>				
	<b>\$5,265</b>	<b>\$0</b>	<b>\$0</b>	<b>\$5,265</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				<b>0.0%</b>



**Alternative Response Team Cross-Branch Program (ART)  
Program Work plan #6 – FY 2005-2006**

**Alternative Response Team (ART) – System Development, fiscal year 05-06** Program budget represents three months of service. Program expansion expenditures for Salary and Benefits total \$11,249. Operating expenditures total \$18,483. This includes existing ART program operating expense costs for three months of the fiscal year. One-Time CSS Funding expenditures total \$1,708.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 12.6 Public Health Branch ART program staff. To provide health outreach services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 - .80 FTE Mental Health Clinician to provide clinical and support services to help families avoid further involvement in the child welfare system and to reduce future needs for out of home placement. The cost of this position is calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year 1.
- c. Employee Benefits: Benefits (estimated at \$37,351 for both current and new positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$10,687) have been calculated based on annual cost of \$4,037 per full time equivalent.

3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.
  - a. Professional Services: \$500 funding for additional professional staff as needed in the existing ART program.
  - b. Translation and Interpreter Services: None.
  - c. Travel and Transportation: \$6,035 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
  - d. General Office Expenditures: \$1,375 funding for general office expenses as budgeted in the existing ART program.
  - e. Rent, Utilities and Equipment: \$9,971 representing costs as budgeted in the existing ART program for communications, utilities and leased space and equipment. Also included is \$72 for cellular telephone usage cost for new program staff.
  - f. Medication and Medical Supports: \$602 for client medication needs.
  - g. Other Operating Expenses: None.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: Estimated at \$54,360 per budgeted revenues for the existing ART program for three-month period April – June 2006.
- d. State General Funds: ART SPMP estimated \$40,750 program for three month period April – June 2006.
- e. County Funds
- f. Grants: None.
- g. Other Revenue: Federal ART SPMP funding estimated \$76,750 program for three-month period April – June 2006. Federal TCM reimbursement estimated \$38,418 program for three-month period April – June 2006.

### 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$3,875 for billable clinical services.
  - b. Medicare/Patient Fees/Patient Insurance
  - c. State General Funds: EPSDT revenues estimated at \$3,875 for billable clinical services to Medi-Cal eligible children.
  - d. Other Revenue
- C. One-Time CSS Funding Expenditures: \$1,708 funding request for purchase of personal computer and software.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 10 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$2,075			\$2,075
c. Employee Benefits	\$535			\$535
Workers Comp / Liability / Bond Insurance	<u>\$202</u>			<u>\$202</u>
d. Total Personnel Expenditures	\$2,812	\$0	\$0	\$2,812
<b>3. Operating Expenditures</b>				
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 - cell phone	\$14			\$14
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$14	\$0	\$0	\$14
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$2,826	\$0	\$0	\$2,826
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$969			\$969
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$969			\$969
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$1,938	\$0	\$0	\$1,938
<b>3. Total Revenues</b>	\$1,938	\$0	\$0	\$1,938
<b>C. One-Time CSS Funding Expenditures</b>				
	\$0			\$0
<b>D. Total Funding Requirements</b>				
	\$889	\$0	\$0	\$889
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 10 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	MH Clinician		0.20	\$10,375	\$2,075
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.20	
<b>C. Total Program Positions</b>		0.00	0.20		\$2,075

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.

**Alternative Response Team Cross-Branch Program (ART)  
Program Work plan #6 – FY 2005-2006**

**Alternative Response Team (ART) – Outreach and Engagement, fiscal year 05-06** Program budget represents three months of service. Program expansion expenditures for Salary and Benefits total \$2,812. Operating expenditures total \$14.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .20 FTE Mental Health Clinician to provide clinical and support services to unserved families; to avoid involvement in the child welfare system and need for out of home placement. The cost of this position is calculated based on three months of service and is calculated as 25 percent of 100 percent capacity for year 1.
- c. Employee Benefits: Benefits (estimated at \$535) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$202) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.

- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: \$14.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: None.
- g. Other Revenue: None.

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$969 for billable clinical services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: EPSDT revenues estimated at \$969 for billable clinical services to Medi-Cal eligible children.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 584 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 500 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 84 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$586,820		\$586,820
b. New Additional Personnel Expenditures (from Staffing Detail)	\$33,200			\$33,200
c. Employee Benefits	\$8,566	\$140,837		\$149,402
Workers Comp / Liability / Bond Insurance	<u>\$3,230</u>	<u>\$39,520</u>		<u>\$42,750</u>
d. Total Personnel Expenditures	\$44,995	\$767,177	\$0	\$812,172
<b>3. Operating Expenditures - PHB budget</b>				
a. Professional Services		\$2,000		\$2,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation		\$24,141		\$24,141
d. General Office Expenditures	\$80	\$5,500		\$5,580
e. Rent, Utilities and Equipment - cell phone	\$230	\$39,884		\$40,114
f. Medication and Medical Supports		\$2,408		\$2,408
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$310	\$73,933	\$0	\$74,243
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	<b>\$45,306</b>	<b>\$841,110</b>	<b>\$0</b>	<b>\$886,415</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment		\$217,439		\$217,439
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue		<u>\$623,671</u>		<u>\$623,671</u>
h. Total Existing Revenues	\$0	\$841,110	\$0	\$841,110
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$15,500			\$15,500
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT	\$15,500			\$15,500
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$31,000	\$0	\$0	\$31,000
<b>3. Total Revenues</b>	<b>\$31,000</b>	<b>\$841,110</b>	<b>\$0</b>	<b>\$872,110</b>
<b>C. One-Time CSS Funding Expenditures</b>				
				<b>\$0</b>
<b>D. Total Funding Requirements</b>				
	<b>\$14,306</b>	<b>\$0</b>	<b>\$0</b>	<b>\$14,305</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				<b>0.0%</b>



**Alternative Response Team Cross-Branch Program (ART)  
Program Workplan #6 – FY 2006-2007**

**Alternative Response Team (ART) – System Development, fiscal year 06-07** Program budget represents twelve months of service. Program expansion expenditures for Salary and Benefits total \$44,995. Operating expenditures total \$310.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 12.8 Public Health Branch ART program staff. To provide health outreach services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 - .80 FTE Mental Health Clinician to provide clinical and support services to help families avoid further involvement in the child welfare system and to reduce future needs for out of home placement.
- c. Employee Benefits: Benefits (estimated at \$149,402 for both current and new positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$42,750) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: \$2,000 funding for additional professional staff as needed in the existing ART program.
- b. Translation and Interpreter Services: None.

- c. Travel and Transportation: \$24,141 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
- d. General Office Expenditures: \$5,500 funding for general office expenses as budgeted in the existing ART program. Also included is \$80 for office supplies for new program staff.
- e. Rent, Utilities and Equipment: \$39,884 representing costs as budgeted in the existing ART program for communications, utilities and leased space and equipment. Also included is \$230 for cellular telephone usage cost for new program staff.
- f. Medication and Medical Supports: \$2,408 for client medication needs.
- g. Other Operating Expenses: None.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: Estimated at \$217,439 per budgeted revenues for the existing ART program.
- d. State General Funds: ART SPMP estimated \$163,000.
- e. County Funds
- f. Grants: None.
- g. Other Revenue: Federal ART SPMP funding estimated \$307,000. Federal TCM reimbursement estimated \$153,671.

### 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$15,500 for 45 percent billable clinical services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: EPSDT revenues estimated at \$15,500 for 45 percent billable clinical services to Medi-Cal eligible children.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 16 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 16 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$8,300			\$8,300
c. Employee Benefits	\$2,141			\$2,141
Workers Comp / Liability / Bond Insurance	<u>\$807</u>			<u>\$807</u>
d. Total Personnel Expenditures	\$11,249	\$0	\$0	\$11,249
<b>3. Operating Expenditures</b>				
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 - cell phone	\$58			\$58
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$58	\$0	\$0	\$58
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	<b>\$11,306</b>	<b>\$0</b>	<b>\$0</b>	<b>\$11,306</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$3,875			\$3,875
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT	\$3,875			\$3,875
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$7,750	\$0	\$0	\$7,750
<b>3. Total Revenues</b>	<b>\$7,750</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,750</b>
<b>C. One-Time CSS Funding Expenditures</b>				
				<b>\$0</b>
<b>D. Total Funding Requirements</b>				
	<b>\$3,556</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,556</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				<b>0.0%</b>

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Corss-Branch Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 16 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 16 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
MH Clinician	Mental Health assessment, treatment		0.20	\$41,500	\$8,300 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	<b>Total New Additional Positions</b>	0.00	0.20		\$8,300
<b>C. Total Program Positions</b>		0.00	0.20		\$8,300

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.

**Alternative Response Team Cross-Branch Program (ART)  
Program Work plan #6 – FY 2006-2007**

**Alternative Response Team (ART) – Outreach and Engagement, fiscal year 06-07** Program budget represents three months of service. Program expansion expenditures for Salary and Benefits total \$11,249. Operating expenditures total \$58.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .20 FTE Mental Health Clinician to provide clinical and support services to unserved families; to avoid involvement in the child welfare system and need for out of home placement.
- c. Employee Benefits: Benefits (estimated at \$2,141) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$807) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures:**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: \$58.
- f. Medication and Medical Supports: None.

g. Other Operating Expenses: None.

4. Program Management

a. Existing Program Management. None.

b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

a. Medi-Cal (FFP only): None.

b. Medicare/Patient Insurance: None.

c. Realignment: None.

d. State General Funds: None.

e. County Funds

f. Grants: None.

g. Other Revenue: None.

2. New Revenues

a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$3,875 for billable clinical services.

b. Medicare/Patient Fees/Patient Insurance

c. State General Funds: EPSDT revenues estimated at \$3,875 for billable clinical services to Medi-Cal eligible children.

d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 600 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 500 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 100 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$586,820		\$586,820
b. New Additional Personnel Expenditures (from Staffing Detail)	\$33,200			\$33,200
c. Employee Benefits	\$8,566	\$140,837		\$149,402
Workers Comp / Liability / Bond Insurance	\$3,230	\$39,520		\$42,750
d. Total Personnel Expenditures	\$44,995	\$767,177	\$0	\$812,172
<b>3. Operating Expenditures - PHB budget</b>				
a. Professional Services		\$2,000		\$2,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation		\$24,141		\$24,141
d. General Office Expenditures		\$5,500		\$5,500
e. Rent, Utilities and Equipment - cell phone	\$230	\$39,884		\$40,114
f. Medication and Medical Supports		\$2,408		\$2,408
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$230	\$73,933	\$0	\$74,163
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$45,226	\$841,110	\$0	\$886,335
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment		\$217,439		\$217,439
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue		\$623,671		\$623,671
h. Total Existing Revenues	\$0	\$841,110	\$0	\$841,110
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$15,500			\$15,500
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT	\$15,500			\$15,500
d. Other Revenue				\$0
e. Total New Revenue	\$31,000	\$0	\$0	\$31,000
<b>3. Total Revenues</b>				
	\$31,000	\$841,110	\$0	\$872,110
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$14,226	\$0	\$0	\$14,225
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt  
Program Workplan #: 6  
Program Workplan Name: Alternative Response Team Cross-Branch Program  
Type of Funding: 2. System Development  
Proposed Total Client Capacity of Program/Service: 600  
Existing Client Capacity of Program/Service: 500  
Client Capacity of Program/Service Expanded through MHSA: 100

Fiscal Year: 2007-08  
Date: 11/28/05  
Page: 1 of 1  
Months of Operation: 12  
New Program/Service or Expansion: Expansion  
Prepared by: Melissa Chilton  
Telephone Number: (707) 441-5446

Table with 6 columns: Classification, Function, Client, FM & CG FTEs, Total Number of FTEs, Salary, Wages and Overtime per FTE, Total Salaries, Wages and Overtime. Rows include A. Current Existing Positions, B. New Additional Positions, and C. Total Program Positions.

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.

**Alternative Response Team Cross-Branch Program (ART)  
Program Workplan #6 – FY 2007-2008**

**Alternative Response Team (ART) – System Development, fiscal year 07-08** Program budget represents twelve months of service. Program expansion expenditures for Salary and Benefits total \$44,995. Operating expenditures total \$230.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 12.8 Public Health Branch ART program staff. To provide health outreach services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 - .80 FTE Mental Health Clinician to provide clinical and support services to help families avoid further involvement in the child welfare system and to reduce future needs for out of home placement.
- c. Employee Benefits: Benefits (estimated at \$149,402 for both current and new positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$42,750) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: \$2,000 funding for additional professional staff as needed in the existing ART program.
- b. Translation and Interpreter Services: None.

- c. Travel and Transportation: \$24,141 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
- d. General Office Expenditures: \$5,500 funding for general office expenses as budgeted in the existing ART program.
- e. Rent, Utilities and Equipment: \$39,884 representing costs as budgeted in the existing ART program for communications, utilities and leased space and equipment. Also included is \$230 for cellular telephone usage cost for new program staff.
- f. Medication and Medical Supports: \$2,408 for client medication needs.
- g. Other Operating Expenses: None.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: Estimated at \$217,439 per budgeted revenues for the existing ART program.
- d. State General Funds: ART SPMP estimated \$163,000.
- e. County Funds
- f. Grants: None.
- g. Other Revenue: Federal ART SPMP funding estimated \$307,000. Federal TCM reimbursement estimated \$153,671.

### 2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$15,500 for 45 percent billable clinical services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: EPSDT revenues estimated at \$15,500 for 45 percent billable clinical services to Medi-Cal eligible children.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 20 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 20 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$8,300			\$8,300
c. Employee Benefits	\$2,141			\$2,141
Workers Comp / Liability / Bond Insurance	\$807			\$807
d. Total Personnel Expenditures	\$11,249	\$0	\$0	\$11,249
<b>3. Operating Expenditures - PHB budget</b>				
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 - cell phone	\$58			\$58
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$58	\$0	\$0	\$58
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$11,306	\$0	\$0	\$11,306
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$3,875			\$3,875
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds - EPSDT	\$3,875			\$3,875
d. Other Revenue				\$0
e. Total New Revenue	\$7,750	\$0	\$0	\$7,750
<b>3. Total Revenues</b>				
	\$7,750	\$0	\$0	\$7,750
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$3,556	\$0	\$0	\$3,556
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 6 Date: 11/28/05  
 Program Workplan Name Alternative Response Team Cross-Branch Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 20 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 20 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b> MH Clinician	Mental Health assessment, treatment		0.20	\$41,500	\$8,300
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.20	
<b>C. Total Program Positions</b>		0.00	0.20		\$8,300

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.

**Alternative Response Team Cross-Branch Program (ART)  
Program Work plan #6 – FY 2007-2008**

**Alternative Response Team (ART) – Outreach and Engagement, fiscal year 07-08** Program budget represents three months of service. Program expansion expenditures for Salary and Benefits total \$11,249. Operating expenditures total \$58.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .20 FTE Mental Health Clinician to provide clinical and support services to unserved families; to avoid involvement in the child welfare system and need for out of home placement.
- c. Employee Benefits: Benefits (estimated at \$2,141) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$807) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures:**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: \$58.
- f. Medication and Medical Supports: None.

g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: None.
- g. Other Revenue: None.

2. New Revenues

- a. Medi-Cal (FFP only): Estimated Medi-Cal revenue at \$3,875 for billable clinical services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: EPSDT revenues estimated at \$3,875 for billable clinical services to Medi-Cal eligible children.
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Older & Dependent Adults Program Expansion
Program Work Plan #: 7		Estimated Start Date: April '06
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Older &amp; Dependent Adults Programs Expansion is a further integration and expansion of an existing set of DHHS co-located programs that serve disabled, mentally ill, and at-risk adults and older adults. The current programs, Adult Protective Services (APS) and In-Home Support Services (IHSS) are co-located and integrate Social Service Branch staff with Public Health nurses. These programs will be reorganized and fully integrated to include the Mental Health Branch Older Adults Program and other mental health staff. With the addition of mental health programming and staff, and with the implementation of a cross-branch team approach to service delivery, a more integrated and holistic service experience will be provided to clients and family members. Multi-disciplinary and cross-branch staff will provide in-home response services, while removing barriers to access and providing linkage to the full array of programs and services within DHHS and the community. Mental Health staff will provide screening and assessment services, consultation, education, and wellness/recovery focused clinical services. Mental Health staff will also help to shape and coordinate the reorganization efforts and ensure that the concepts of wellness and recovery are promoted and reinforced.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>	<p>At-risk Adults and Older Adults with various disabilities and mental illness.</p>	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated multi-disciplinary assessment/planning/service teams with social service agencies and other community providers to meet complex needs		X				X	X
Mobile services to reach older adults and adults with physical and/or mental disabilities or other barriers who cannot access clinics and other services		X	X			X	X
Home care assistance, including training of caregivers and providers to enhance the therapeutic environment of the home		X				X	X
Outreach to older adults and adults in their homes			X			X	X
Infrastructure to promote intra-agency collaboration, shared responsibility, and accountability for effective outcomes		X				X	X
Integrated service agencies that provide and/or broker all services that are needed		X				X	X

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

*Older & Dependent Adults Program Expansion*

The Older & Dependent Adults Program Expansion is an expansion and further integration of an existing set of co-located programs that serve disabled, mentally ill, and at-risk adults and older adults in Humboldt County. The current programs, Adult Protective Services (APS) and In-Home Support Services (IHSS) are co-located and team Social Service Branch staff with Public Health Branch nurses. Currently, program staff conduct multidisciplinary team meetings and provide consultation on complex cases in addition to providing in-home response, assessing needs, and arranging for services and supports. System Development Funds and Outreach & Engagement Funds will be used to reorganize and fully integrate these cross-branch programs. The addition of mental health staff and the implementation of a cross-branch team approach to service delivery will provide a more integrated service experience to clients and family members. The interdisciplinary teams will include Social Service Branch social workers, Public Health Branch nurses, and Mental Health Branch clinicians. The teams will conduct multi-disciplinary team meetings, provide case management planning, perform investigation into suspected abuse and neglect, and provide linkage to the full range of services needed in order to holistically serve this vulnerable and underserved population. Specifically, mental health staff will remove barriers to access and provide mental health screening and assessment services, consultation, education, and wellness/recovery focused clinical services and supports to this population.

Goals and outcomes of this service expansion will be:

- Increased collaboration.
- Enhanced integrated service experience.
- Reduction in involuntary care.

3) Describe any housing or employment services to be provided.

This expanded and integrated program will link client consumers and family members to all necessary and available DHHS cross-branch programs services, including employment and housing resources. Linkages and referrals to other community-based housing and employment services and supports will also be provided.

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

Not applicable.

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

The Older and Dependent Adult Services Program Expansion will be a strength based program that works to engage individuals and their families in identifying assets and developing goals that will reduce their risk of abuse, neglect, and system dependency. The program identifies individual and family strengths and builds on them, while encouraging the use of other cross-branch and community resources and expertise to achieve and maintain recovery.

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

APS and IHSS provide assistance to dependent and older adults who are at risk of abuse or neglect. These programs are presently staffed with Social Workers and Public Health Nurses. Many of the clients they serve have severe mental health issues and are frequent users of hospital emergency rooms, inpatient care and jail facilities. As an initial step toward expansion, reorganization, and full integration, mental health staff will be added so that a cross-branch team approach to service delivery can be implemented resulting in a more integrated and holistic service experience for clients and family members.

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

DHHS is currently building the capacity to hire and train client consumers and family members to work in cross-branch programs throughout the department. Hiring older adult and dependent adult client consumers and family members to work in this integrated program will be especially important to advancing the concepts and goals of wellness and recovery. The Office of Consumer & Cultural Diversity and the Training & Education Unit (Program Work Plan # 9 Integrated Program & Planning Support Structures) will lead the efforts in this area of transformational activities.

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

Community involvement is key to improving outcomes for the populations served by this program. Working collaboratively with community resources and agencies often results in better linkages and supports to individuals and their families. These resources and agencies consist of Federal, State, County and local non-profit agencies. Some of these key community stakeholders include United Indian Health Services, Area Agency on Aging, Senior Resource Center, Redwood Coast Regional Center, and the medical community.

- 9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program

and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

To address the need to make programs culturally competent DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures). This office will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Consumer & Cultural Diversity will assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff.

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

Expertise in gender, age, and sexual orientation issues is crucial to the delivery of culturally inclusive services. The Office of Consumer & Cultural Diversity and the Training & Education Unit (Program Work Plan #9 Integrated Program & Planning Support Structures) will take the lead role in assessing competencies and needs in this area and in developing appropriate basic and ongoing trainings for staff, community partners, and other stakeholders.

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

Not applicable.

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

Not applicable.

- 13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, to the extent that resources are available, one 1.0 FTE Supervising Mental Health Clinician, and one 1.0 FTE Mental Health Clinician will be hired and co-located with existing program staff to assist in shaping and coordinating the reorganization and integration efforts, to provide direct services on an outreach basis, and to ensure that the concepts of wellness and recovery are promoted and reinforced.

During year two and year three, to the extent that resources are available, one 1.0 FTE Mental Health Clinician will be added to the program while primary care partnerships and Full Service Partnership Program options are explored and developed, and, capacity built to include client consumers and/or family members as staff.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 160 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 145 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 15 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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)		\$8,550		\$8,550
f. Total Support Expenditures	\$0	\$8,550	\$0	\$8,550
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$87,203		\$87,203
b. New Additional Personnel Expenditures (from Staffing Detail)	\$19,395			\$19,395
c. Employee Benefits	\$5,004	\$22,498		\$27,502
Workers Comp / Liability / Bond Insurance	\$1,514	\$8,074		\$9,588
d. Total Personnel Expenditures	\$25,913	\$117,775	\$0	\$143,688
<b>3. Operating Expenditures</b>				
a. Professional Services		\$20,188		\$20,188
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$63	\$1,213		\$1,275
d. General Office Expenditures	\$30	\$6,592		\$6,622
e. Rent, Utilities and Equipment	\$54	\$34,076		\$34,130
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)		\$13,637		\$13,637
h. Total Operating Expenditures	\$147	\$75,704	\$0	\$75,851
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$26,059	\$202,029	\$0	\$228,089
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds		\$40,406		\$40,406
e. County Funds		\$20,203		\$20,203
f. Grants				\$0
g. Other Revenue		\$141,421		\$141,421
h. Total Existing Revenues	\$0	\$202,029	\$0	\$202,029
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$19,435			\$19,435
e. Total New Revenue	\$19,435	\$0	\$0	\$19,435
<b>3. Total Revenues</b>				
	\$19,435	\$202,029	\$0	\$221,464
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$6,625	\$0	\$0	\$6,625
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%



**Older and Dependent Adults Program  
Program Work plan #7 – FY 2005-2006**

**Older and Dependent Adults Program – System Development, fiscal year 05-06** Program budget represents three months of service. Program expansion expenditures for Salary and Benefits total \$25,913. Operating expenditures total \$147.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$8,550 emergency assistance funds available for existing program expenditure.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 8.0 Social Services Branch Older Adults program staff. To provide social services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Supervising Mental Health Clinician and 1 - .5 FTE Mental Health Clinician to assist in shaping and coordinating the reorganization efforts, with Social Service Branch IHSS, APS Social Workers and Public Health Nurses, and to provide mental health services to disabled, mentally ill and at-risk adults and older adults. The cost of these positions are calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.
- c. Employee Benefits: Benefits (estimated at \$5,004) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$1,514) have been calculated based on annual cost of \$4,037 per full time equivalent.

3. Operating Expenditures. The costs represented are calculated at 25% of estimated annual cost.
  - a. Professional Services: \$20,188 additional professional staff as needed in the existing Older Adults program.
  - b. Translation and Interpreter Services: None.
  - c. Travel and Transportation: \$1,275 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
  - d. General Office Expenditures: \$6,622 general office expenditures for expansion and as budgeted in the existing Older Adults program.
  - e. Rent, Utilities and Equipment: \$34,130 representing costs as budgeted in the existing Older Adults program for communications, utilities and leased space and equipment. Also included is \$54 for cellular telephone usage cost for new program staff.
  - f. Medication and Medical Supports: None.
  - g. Other Operating Expenses: \$13,637 as budgeted in the existing Older Adults program for household and maintenance cost and In-Home Health Services (IHHS) Advisory Committee expenditure.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds: \$40,406 funding estimated for the three-month period April – June 2006.
- e. County Funds: \$20,203 funding estimated for the three-month period April – June 2006.
- f. Grants
- g. Other Revenue: \$141,421 federal funding estimated for the three-month period April – June 2006.

## 2. New Revenues

- a. Medi-Cal (FFP only): None.
  - b. Medicare/Patient Fees/Patient Insurance
  - c. State General Funds: None.
  - d. Other Revenue: \$19,435 estimated Skilled Professional Medical Personnel (SPMP) reimbursement.
- C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 12 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 12 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$5,322			\$5,322
c. Employee Benefits	\$1,373			\$1,373
Workers Comp / Liability / Bond Insurance	\$505			\$505
d. Total Personnel Expenditures	\$7,200	\$0	\$0	\$7,200
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$63			\$63
d. General Office Expenditures	\$30			\$30
e. Rent, Utilities and Equipment	\$18			\$18
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$111	\$0	\$0	\$111
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	<b>\$7,310</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,310</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$5,400			\$5,400
e. Total New Revenue	\$5,400	\$0	\$0	\$5,400
<b>3. Total Revenues</b>				
	\$5,400	\$0	\$0	\$5,400
<b>C. One-Time CSS Funding Expenditures</b>				
				<b>\$0</b>
<b>D. Total Funding Requirements</b>				
	<b>\$1,910</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,910</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				<b>0.0%</b>

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 12 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 12 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
		<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0	
	Mental Health Clinician	Provides clinical services		0.50	\$10,645	\$5,322
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		<b>Total New Additional Positions</b>	0.00	0.50		\$5,322
<b>C. Total Program Positions</b>		0.00	0.50		\$5,322	

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.

**Older and Dependent Adults Program  
Program Work plan #7 – FY 2005-2006**

**Older and Dependent Adults Program – Outreach and Engagement, fiscal year 05-06** Program budget represents three months of service. New program expenditures for Salary and Benefits total \$7,200. Operating expenditures total \$111.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .50 FTE Mental Health Clinician to provide mental health services to unserved disabled, mentally ill and at-risk adults and older adults. The cost of this position is calculated based on three months of service and is calculated as 25 percent of 100 percent capacity for year one.
- c. Employee Benefits: Benefits (estimated at \$1,373) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$505) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures.** The costs represented are calculated at 25% of estimated annual cost.

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.

- c. Travel and Transportation: \$63.
- d. General Office Expenditures: \$30.
- e. Rent, Utilities and Equipment: \$18 communications for MH staff.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue: \$5,400 estimated Skilled Professional Medical Personnel (SPMP) reimbursement.

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 207 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 180 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 27 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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)		\$34,200		\$34,200
f. Total Support Expenditures	\$0	\$34,200	\$0	\$34,200
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$348,817		\$348,817
b. New Additional Personnel Expenditures (from Staffing Detail)	\$118,542			\$118,542
c. Employee Benefits	\$30,584	\$93,580		\$124,164
Workers Comp / Liability / Bond Insurance	\$10,093	\$32,296		\$42,389
d. Total Personnel Expenditures	\$159,218	\$474,693	\$0	\$633,911
<b>3. Operating Expenditures</b>				
a. Professional Services		\$80,750		\$80,750
b. Translation and Interpreter Services				\$0
c. Travel and Transportation		\$4,850		\$4,850
d. General Office Expenditures	\$160	\$26,366		\$26,526
e. Rent, Utilities and Equipment - computer, software, communications	\$2,284	\$136,302		\$138,586
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)		\$54,548		\$54,548
h. Total Operating Expenditures	\$2,444	\$302,816	\$0	\$305,260
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$161,662	\$811,709	\$0	\$973,371
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds		\$162,342		\$162,342
e. County Funds		\$81,171		\$81,171
f. Grants				\$0
g. Other Revenue		\$568,196		\$568,196
h. Total Existing Revenues	\$0	\$811,709	\$0	\$811,709
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue - Federal SPMP	\$119,414			\$119,414
e. Total New Revenue	\$119,414	\$0	\$0	\$119,414
<b>3. Total Revenues</b>				
	\$119,414	\$811,709	\$0	\$931,123
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$42,249	\$0	\$0	\$42,249
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%



**Older and Dependent Adults Program  
Program Workplan #7 – FY 2006-2007**

**Older and Dependent Adults Program – System Development, fiscal year 06-07** Program budget represents twelve months of service. New program expenditures for Salary and Benefits total \$159,218. Operating expenditures total \$2,444.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$34,200 emergency assistance funds available for existing program expenditure.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 8 Social Services Branch Older Adults program staff. To provide client services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Supervising Mental Health Clinician and 1.5 FTE Mental Health Clinicians to assist in shaping and coordinating the reorganization efforts, with Social Service Branch IHSS, APS Social Workers and Public Health Nurses, and to provide mental health services to disabled, mentally ill and at-risk adults and older adults.
- c. Employee Benefits: Benefits (estimated at \$30,584) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$10,093) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: \$80,750 additional professional staff as needed in the existing Older Adults program.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$4,850 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
- d. General Office Expenditures: \$26,526 general office expenditures for expansion and as budgeted in the existing Older Adults program.
- e. Rent, Utilities and Equipment: \$138,586 representing costs as budgeted in the existing Older Adults program for communications, utilities and leased space and equipment. Also included is \$2,284 for communications and equipment cost for new program staff.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: \$54,548 as budgeted in the existing Older Adults program for household and maintenance cost and In-Home Health Services (IHHS) Advisory Committee expenditure.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

#### 5. Estimated Total Expenditures when service provider is not known:

### B. REVENUES

#### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds: \$162,342 budgeted revenues for the existing Older Adults program.
- e. County Funds: \$81,171 budgeted revenues for the existing Older Adults program.
- f. Grants
- g. Other Revenue: \$568,196 budgeted revenues for the existing Older Adults program.

#### 2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance: None.

- c. State General Funds: None.
  - d. Other Revenue: Federal SPMP revenue estimated at \$119,414.
- C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 22 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 22 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$20,750			\$20,750
c. Employee Benefits	\$5,354			\$5,354
Workers Comp / Liability / Bond Insurance	\$2,019			\$2,019
d. Total Personnel Expenditures	\$28,122	\$0	\$0	\$28,122
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$40			\$40
e. Rent, Utilities and Equipment - computer, software, communications	\$144			\$144
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$184	\$0	\$0	\$184
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$28,306	\$0	\$0	\$28,306
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue - Federal SPMP	\$21,092			\$21,092
e. Total New Revenue	\$21,092	\$0	\$0	\$21,092
<b>3. Total Revenues</b>				
	\$21,092	\$0	\$0	\$21,092
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$7,215	\$0	\$0	\$7,215
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 22 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 22 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
		<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0	
	Mental Health Clinician	Provides clinical services to clients		0.50	\$41,500	\$20,750
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		<b>Total New Additional Positions</b>	0.00	0.50		\$20,750
<b>C. Total Program Positions</b>		0.00	0.50		\$20,750	

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.

**Older and Dependent Adults Program  
Program Work plan #7 – FY 2006-2007**

**Older and Dependent Adults Program – Outreach and Engagement, fiscal year 06-07** Program budget represents twelve months of service at client capacity for year two. New program expenditures for Salary and Benefits total \$28,122. Operating expenditures total \$184.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .50 FTE Mental Health Clinician to provide mental health services to unserved disabled, mentally ill and at-risk adults and older adults.
- c. Employee Benefits: Benefits (estimated at \$5,354) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$2,019) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures.**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: \$40.
- e. Rent, Utilities and Equipment: \$144 communications for MH staff.

- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue: \$21,092 estimated Skilled Professional Medical Personnel (SPMP) reimbursement.

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 234 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 180 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 54 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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)		\$34,200		\$34,200
f. Total Support Expenditures	\$0	\$34,200	\$0	\$34,200
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$348,817		\$348,817
b. New Additional Personnel Expenditures (from Staffing Detail)	\$118,542			\$118,542
c. Employee Benefits	\$30,584	\$93,580		\$124,164
Workers Comp / Liability / Bond Insurance	\$10,093	\$32,296		\$42,389
d. Total Personnel Expenditures	\$159,218	\$474,693	\$0	\$633,911
<b>3. Operating Expenditures - SSB Older Adults Budget</b>				
a. Professional Services		\$80,750		\$80,750
b. Translation and Interpreter Services				\$0
c. Travel and Transportation		\$4,850		\$4,850
d. General Office Expenditures		\$26,366		\$26,366
e. Rent, Utilities and Equipment	\$720	\$136,302		\$137,022
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)		\$54,548		\$54,548
h. Total Operating Expenditures	\$720	\$302,816	\$0	\$303,536
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$159,938	\$811,709	\$0	\$971,647
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds		\$162,342		\$162,342
e. County Funds		\$81,171		\$81,171
f. Grants				\$0
g. Other Revenue		\$568,196		\$568,196
h. Total Existing Revenues	\$0	\$811,709	\$0	\$811,709
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue - Federal SPMP	\$119,414			\$119,414
e. Total New Revenue	\$119,414	\$0	\$0	\$119,414
<b>3. Total Revenues</b>				
	\$119,414	\$811,709	\$0	\$931,123
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$40,525	\$0	\$0	\$40,525
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%



**Older and Dependent Adults Program  
Program Workplan #7 – FY 2007-2008**

**Older and Dependent Adults Program – System Development, fiscal year 07-08** Program budget represents twelve months of service. New program expenditures for Salary and Benefits total \$159,218. Operating expenditures total \$720.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$34,200 emergency assistance funds available for existing program expenditure.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 8 Social Services Branch Older Adults program staff. To provide client services in existing program.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Supervising Mental Health Clinician and 1.5 FTE Mental Health Clinicians to assist in shaping and coordinating the reorganization efforts, with Social Service Branch IHSS, APS Social Workers and Public Health Nurses, and to provide mental health services to disabled, mentally ill and at-risk adults and older adults.
- c. Employee Benefits: Benefits (estimated at \$30,584) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$10,093) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: \$80,750 additional professional staff as needed in the existing Older Adults program.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$4,850 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of required staff training.
- d. General Office Expenditures: \$26,526 general office expenditures for expansion and as budgeted in the existing Older Adults program.
- e. Rent, Utilities and Equipment: \$137,022 representing costs as budgeted in the existing Older Adults program for communications, utilities and leased space and equipment. Also included is \$720 for communications and equipment cost for new program staff.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: \$54,548 as budgeted in the existing Older Adults program for household and maintenance cost and In-Home Health Services (IHHS) Advisory Committee expenditure.

#### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

#### 5. Estimated Total Expenditures when service provider is not known:

### B. REVENUES

#### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds: \$162,342 budgeted revenues for the existing Older Adults program.
- e. County Funds: \$81,171 budgeted revenues for the existing Older Adults program.
- f. Grants
- g. Other Revenue: \$568,196 budgeted revenues for the existing Older Adults program.

#### 2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance: None.

- c. State General Funds: None.
  - d. Other Revenue: Federal SPMP revenue estimated at \$119,414.
- C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older and Dependent Adults Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 20 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 20 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$20,750			\$20,750
c. Employee Benefits	\$5,354			\$5,354
Workers Comp / Liability / Bond Insurance	\$2,019			\$2,019
d. Total Personnel Expenditures	\$28,122	\$0	\$0	\$28,122
<b>3. Operating Expenditures</b>				
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 - computer, software, communications	\$144			\$144
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$144	\$0	\$0	\$144
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$28,266	\$0	\$0	\$28,266
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue - Federal SPMP	\$21,092			\$21,092
e. Total New Revenue	\$21,092	\$0	\$0	\$21,092
<b>3. Total Revenues</b>				
	\$21,092	\$0	\$0	\$21,092
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$7,175	\$0	\$0	\$7,175
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 7 Date: 11/28/05  
 Program Workplan Name Older & Dependent Adults Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 20 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 20 Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Mental Health Clinician		0.50	\$41,500	\$20,750
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.50	
<b>C. Total Program Positions</b>		0.00	0.50		\$20,750

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.

**Older and Dependent Adults Program  
Program Work plan #7 – FY 2007-2008**

**Older and Dependent Adults Program – Outreach and Engagement, fiscal year 07-08** Program budget represents twelve months of service at client capacity for year three. New program expenditures for Salary and Benefits total \$28,122. Operating expenditures total \$144.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 - .50 FTE Mental Health Clinician to provide mental health services to unserved disabled, mentally ill and at-risk adults and older adults.
- c. Employee Benefits: Benefits (estimated at \$5,354) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$2,019) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures.**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: None.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: \$144 communications for MH staff.

- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known:

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds
- e. County Funds
- f. Grants
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: None.
- d. Other Revenue: \$21,092 estimated Skilled Professional Medical Personnel (SPMP) reimbursement.

C. One-Time CSS Funding Expenditures: None.

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Street Outreach Services (SOS)/AB2034 Program Expansion
Program Work Plan #: 8	Estimated Start Date: April '06	
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Street Outreach Services Program Expansion, an expanded service strategy, will establish a formal collaborative partnership with Law Enforcement by engaging in cross-training and using a team approach when intervening with the homeless mentally ill on the streets. SOS is a Full Service Partnership Program that serves 30 enrollees as well as provides outreach, engagement, linkage, and referral services to non enrollees. Additional mental health staff will be added to the current program for the purpose of accompanying Law Enforcement to communities and neighborhoods where the homeless congregate and are targeted in order to provide timely interventions to this population. The purpose of this service expansion is to reduce the occurrence of incarcerations and hospitalizations of homeless mentally ill transition-age youth, adults, and older adults, as well as to promote and reinforce wellness and recovery concepts in the community.</p>	
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>Homeless mentally ill Transition-Age Youth, Adults, and Older Adults, including those with co-occurring disorders.</p>	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated services with Law Enforcement		X			X	X	X
Outreach and engagement to homeless and those at risk of homelessness			X		X	X	X
Mobile services including crisis intervention team partnerships with Law Enforcement			X		X	X	X
Cross-agency and cross-discipline training		X			X	X	X

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

*Street Outreach Services (AB2034) Program Expansion* – This is an expansion of an existing Full Service Partnership program that serves thirty mentally ill homeless individuals on an enrollee basis and provides outreach, engagement, linkage and referral to mentally ill homeless non-enrollees. The current program is staffed with four Personal Services Coordinators, one Program/Housing Coordinator, and one half-time clinician who travel in a specially equipped recreational vehicle to outlying communities and other service sites in order to provide easy access to services and supports. Housing and employment assistance is provided within this program. System Development Funds and Outreach & Engagement Funds will be utilized to add an additional staff person who will establish a formal SOS partnership with Law Enforcement in order to reduce incarcerations and hospitalizations of mentally ill homeless individuals. This mental health staff person will ride along with Law Enforcement personnel to identified communities and neighborhoods where homeless individuals are targeted in order to provide timely interventions to this unserved or inappropriately served population.

In addition, this expanded service will enhance collaborative efforts already underway between the Mental Health Branch Homeless Program staff and the Social Services General Relief program, as well as other community-based organizations (i.e. Humboldt Housing & Homeless Coalition, Redwood Community Action Agency) to improve services to these often overlapping populations.

Goals and outcomes of this service expansion will include:

- Timely access to help when needed.
- Reduction in incarcerations and hospitalizations.
- Promote Recovery and Wellness concepts.
- Improve community collaborations.
- Establish a formal partnership with Law Enforcement.

- 3) Describe any housing or employment services to be provided.

Employment and housing services are a part of the current AB2034 program and will continue to be available to the homeless mentally ill. Housing and employment resources will be expanded and integrated with those of the new Assertive Community Treatment program (Program Work Plan #3).

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

It is anticipated that the average annual cost for each enrollee will be approximately \$17,500.

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

Full Service Partnership programs are considered 'best practice' strategies because they are effective at enhancing and promoting an individual's chance of recovery. The concepts of recovery are fully embedded and operationalized within this service delivery model. Some of those concepts include client empowerment, hope, and self-direction, and, the ability to live, work, learn and participate fully in their communities. In order to ensure that the goals and concepts of recovery inherent in the program are practiced and reinforced, staff will receive immersion training, ongoing training, and mentoring from a variety of sources. Recovery and wellness oversight of the program will be provided by the Mental Health Branch. In addition, partnering with Law Enforcement in this way will provide DHHS with a unique opportunity to advance the concepts and goals of wellness and recovery with the different disciplines of other agencies.

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

The current program is staffed with four Personal Services Coordinators, one Program/Housing Coordinator, and one half-time clinician who travel in a specially equipped recreational vehicle to outlying communities and other service sites in order to engage the homeless mentally ill and provide easy access to services and supports. Housing and employment assistance are major components of this program. The requested change involves adding a full time case manager/substance abuse counselor who will partner with law enforcement in providing early intervention services on the streets that will reduce the number of incarcerations and hospitalizations of the homeless mentally ill.

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

Client consumer staff and volunteers are key to the success of the current program and will continue to be as the program expands. Currently, client consumers staff and volunteers provide outreach and engagement services and peer support services. Every effort will be made to fill this new position with a client consumer or a family member.

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

The current program has always worked closely with Law Enforcement to respond quickly to the needs of the homeless mentally ill. This service expansion will enable staff to respond even earlier in order to intervene and prevent hospitalizations and

incarcerations. In addition, by partnering with Law Enforcement in this way, program staff can demonstrate, promote, and reinforce the concepts of wellness and recovery to Law Enforcement. Other efforts will focus on enhancing the existing collaborations between the Mental Health Branch Homeless Program and the Social Services Branch General Relief program, as well as other community-based organizations like the Humboldt Housing & Homeless Coalition and Redwood Community Action Agency, in order to improve service delivery to this vulnerable population.

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

To address the need to make programs culturally competent DHHS is developing an Office of Consumer & Cultural Diversity (Program Work Plan #9 Integrated Program & Planning Support Structures). This office will assure that culturally diverse communities and individuals are included in the development and delivery of Health and Humans Services policy, planning and programs. The Office of Consumer & Cultural Diversity will assist DHHS in the recruitment and hiring of culturally and linguistically diverse staff.

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

Expertise in gender, age, and sexual orientation issues is critical to the delivery of culturally inclusive services. This Full Service Partnership program employs both male and female staff who will be trained in gender sensitivity and gender specific issues such as trauma and violence. The Office of Consumer & Cultural Diversity and the Training & Education Unit (Program work Plan #9 Integrated Program Planning & Support Structures) will ensure that a gender sensitive and competent workforce will be available.

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

Not applicable.

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

Not applicable.

- 13) Please provide a timeline for this work plan, including all critical implementation dates.

During year one, to the extent that resources are made available, one 1.0 FTE Case Manager/Substance Abuse Counselor, preferably a client consumer or family member, will be added to the Street Outreach Services (AB2034) program specifically to partner with and aid Law Enforcement in their contacts with the mentally ill homeless on the streets.

During year two and year three, to the extent that resources are available, the program will continue at its first year level while helping to provide cross-branch training on the concepts of Full Service Partnership programs.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 8 Date: 11/28/05  
 Program Workplan Name Street Outreach Services Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 30 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 30 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$1,178			\$1,178
b. Travel and Transportation	\$875			\$875
c. Housing				
i. Master Leases	\$17,304			\$17,304
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)	\$563			\$563
f. Total Support Expenditures	\$19,919	\$0	\$0	\$19,919
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$63,465		\$8,800	\$72,265
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits	\$16,374		\$2,024	\$18,398
Workers Comp / Liability / Bond Insurance	\$8,074			\$8,074
d. Total Personnel Expenditures	\$87,913	\$0	\$10,824	\$98,737
<b>3. Operating Expenditures - from AB2034 budget</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,988			\$4,988
d. General Office Expenditures	\$658			\$658
e. Rent, Utilities and Equipment	\$6,113			\$6,113
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$11,758	\$0	\$0	\$11,758
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$119,589	\$0	\$10,824	\$130,413
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$8,493			\$8,493
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants	\$111,096		\$10,824	\$121,920
g. Other Revenue				\$0
h. Total Existing Revenues	\$119,589	\$0	\$10,824	\$130,413
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$119,589	\$0	\$10,824	\$130,413
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$0	\$0	\$0	\$0
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%



**Street Outreach Services (SOS)  
Program Work plan #8 – FY 2005-2006**

**Street Outreach Services (SOS) – Full Service Partnership, fiscal year 05-06** Program budget represents three months of service. Program costs total \$130,413. This includes existing SOS program costs for the period April – June 2006.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$1,178 to provide supplies for client care needs in the SOS program.
- b. Travel and Transportation: \$875 funding for enrollee transportation assistance.
- c. Housing
  - i. Master Leases: \$17,304 funding for master leases through a local housing collaborative as budgeted in the existing SOS program.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$563 for operating expense cost at the Four Paths Gallery, as reflected in the existing SOS program budget.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 1 Senior Case Manager, 3 Case Managers, .5 Mental Health Clinician, 1 Community Contract Provider Substance Abuse Counselor (client consumer or family member), 3 Mental Health Workers (client consumer or family member staff), .5 Administrative Analyst. To provide outreach, engagement, linkage and referral services to mentally ill homeless enrollees of existing SOS program.
- b. New Additional Personnel Expenditures (from Staffing Detail): None.
- c. Employee Benefits: Benefits (estimated at \$18,398 for current positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at

\$8,074) have been calculated based on annual cost of \$4,037 per full time equivalent.

3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.
  - a. Professional Services: None.
  - b. Translation and Interpreter Services: None.
  - c. Travel and Transportation: \$4,988 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of staff training.
  - d. General Office Expenditures: \$658 funding for general office expenses as budgeted in the existing SOS program.
  - e. Rent, Utilities and Equipment: \$6,113 representing costs as budgeted in the existing SOS program for communications, utilities and leased space and equipment.
  - f. Medication and Medical Supports: None.
  - g. Other Operating Expenses: None.
4. Program Management
  - a. Existing Program Management. None.
  - b. New Program Management. None
5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): Estimated at \$8,493 per budgeted revenues for the existing SOS program for the three-month period April – June 2006.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: AB2034 funding allocation of \$111,096 per budgeted revenues for the existing SOS program for the three-month period April – June 2006.
- g. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds

d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # 8 Date: 11/28/05  
 Program Workplan Name Street Outreach Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 35 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 17 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 18 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$8,813			\$8,813
c. Employee Benefits	\$2,027			\$2,027
Workers Comp / Liability / Bond Insurance	\$1,009			\$1,009
d. Total Personnel Expenditures	\$11,849	\$0	\$0	\$11,849
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$81			\$81
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment - cell phone	\$108			\$108
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$189	\$0	\$0	\$189
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$12,038	\$0	\$0	\$12,038
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$5,023			\$5,023
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$5,023	\$0	\$0	\$5,023
<b>3. Total Revenues</b>				
	\$5,023	\$0	\$0	\$5,023
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$7,015	\$0	\$0	\$7,015
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt

Fiscal Year: 2005-06

Program Workplan # 8

Date: 11/28/05

Program Workplan Name Street Outreach Services

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 35

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 17

Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 18

Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0	
<b>B. New Additional Positions</b>	Case Manager					
		Mental Health dept liaison to law enforcement	0.00	1.00	\$8,813	\$8,813
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
	<b>Total New Additional Positions</b>	0.00	1.00		\$8,813	
<b>C. Total Program Positions</b>		0.00	1.00		\$8,813	

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.

**Street Outreach Services (SOS)**  
**Program Work plan #8 – FY 2005-2006**

**Street Outreach Services – Outreach and Engagement, fiscal year 05-06**  
Program budget represents three months of service. Program expansion expenditures for Salary and Benefits total \$11,849. Operating expenditures total \$189 and are based on a three month period calculated as 25 percent of the 100 percent capacity.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.  
New Additional Personnel Expenditures (from Staffing Detail): 1 Case Manager to partner with and aid Law Enforcement in their contacts with the mentally ill homeless on the streets. The cost of this position is calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.
- b. Employee Benefits: Benefits (estimated at \$2,027) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$1,009) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.

- c. Travel and Transportation: \$81 includes the cost of mileage reimbursement as appropriate.
- d. General Office Expenditures: None.
- e. Rent, Utilities and Equipment: \$108 representing cost for staff cellular phone usage.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: None.
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 8 Date: 11/28/05  
 Program Workplan Name Street Outreach Services Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 30 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 30 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$4,710			\$4,710
b. Travel and Transportation	\$3,500			\$3,500
c. Housing				
i. Master Leases	\$69,216			\$69,216
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)	\$2,250			\$2,250
f. Total Support Expenditures	\$79,676	\$0	\$0	\$79,676
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$253,860		\$26,400	\$280,260
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits	\$65,496			\$65,496
Workers Comp / Liability / Bond Insurance	\$32,296			\$32,296
d. Total Personnel Expenditures	\$351,652	\$0	\$26,400	\$378,052
<b>3. Operating Expenditures - from AB2034 budget</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$19,950			\$19,950
d. General Office Expenditures	\$2,630			\$2,630
e. Rent, Utilities and Equipment	\$24,450			\$24,450
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$47,030	\$0	\$0	\$47,030
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$478,358	\$0	\$26,400	\$504,758
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$17,078			\$17,078
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants	\$461,280		\$26,400	\$487,680
g. Other Revenue				\$0
h. Total Existing Revenues	\$478,358	\$0	\$26,400	\$504,758
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$478,358	\$0	\$26,400	\$504,758
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$0	\$0	\$0	\$0
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%



**Street Outreach Services (SOS)  
Program Workplan #8 – FY 2006-2007**

**Street Outreach Services (SOS) – Full Service Partnership, fiscal year 06-07** Program budget represents twelve months of service. Program expenditures total \$504,758. These include existing SOS program costs for the fiscal year.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$4,710 to provide supplies for client care needs in the SOS program.
- b. Travel and Transportation: \$3,500 funding for enrollee transportation assistance.
- c. Housing
  - i. Master Leases: \$69,216 funding for master leases through a local housing collaborative as budgeted in the existing SOS program.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$2,250 for operating expense cost at the Four Paths Gallery, as reflected in the existing SOS program budget.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 1 Senior Case Manager, 3 Case Managers, .5 Mental Health Clinician, 1 Community Contract Provider Substance Abuse Counselor (client consumer or family member), 3 Mental Health Workers (client consumer or family member staff), .5 Administrative Analyst. To provide outreach, engagement, linkage and referral services to mentally ill homeless enrollees of existing SOS program.
- b. New Additional Personnel Expenditures (from Staffing Detail):
- c. Employee Benefits: Benefits (estimated at \$65,496 for current positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at

\$32,296) have been calculated based on annual cost of \$4,037 per full time equivalent.

### 3. Operating Expenditures

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$19,950 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of staff training.
- d. General Office Expenditures: \$2,630 funding for general office expenses as budgeted in the existing SOS program.
- e. Rent, Utilities and Equipment: \$24,450 representing costs as budgeted in the existing SOS program for communications, utilities and leased space and equipment.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): Estimated at \$17,078 per budgeted revenues for the existing SOS program.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: AB2034 funding allocation of \$461,280 per budgeted revenues for the existing SOS program.
- g. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2006-07  
 Program Workplan # 8 Date: 11/28/05  
 Program Workplan Name Street Outreach Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 100 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 50 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$35,250			\$35,250
c. Employee Benefits	\$9,095			\$9,095
Workers Comp / Liability / Bond Insurance	\$4,037			\$4,037
d. Total Personnel Expenditures	\$48,382	\$0	\$0	\$48,382
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$216			\$216
d. General Office Expenditures	\$50			\$50
e. Rent, Utilities and Equipment - cell phone	\$288			\$288
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$554	\$0	\$0	\$554
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$48,936	\$0	\$0	\$48,936
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$20,093			\$20,093
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$20,093	\$0	\$0	\$20,093
<b>3. Total Revenues</b>	\$20,093	\$0	\$0	\$20,093
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$28,843	\$0	\$0	\$28,843
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt

Fiscal Year: 2006-07

Program Workplan # 8

Date: 11/28/05

Program Workplan Name Street Outreach Services

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 100

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 50

Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 50

Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Case Manager		1.00	\$35,250	\$35,250
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$35,250
<b>C. Total Program Positions</b>		0.00	1.00		\$35,250

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.

**Street Outreach Services (SOS) Expansion  
Program Workplan #8 – FY 2006-2007**

**Street Outreach Services Expansion - Outreach and Engagement, fiscal year 06-07** Program budget represents twelve months of service. Program expansion expenditures utilizing Outreach and Engagement funds total \$48,936.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Case Manager. To partner with and aid Law Enforcement in their contacts with the mentally ill homeless on the streets.
- c. Employee Benefits: Benefits (estimated at \$9,095) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$4,037) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$216 includes the cost of mileage reimbursement as appropriate.
- d. General Office Expenditures: \$50.
- e. Rent, Utilities and Equipment: \$288 representing cost for staff cellular phone usage.

- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: None.
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 8 Date: 11/28/05  
 Program Workplan Name Street Outreach Services Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 30 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 30 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$4,710			\$4,710
b. Travel and Transportation	\$3,500			\$3,500
c. Housing				
i. Master Leases	\$69,216			\$69,216
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)	\$2,250			\$2,250
f. Total Support Expenditures	\$79,676	\$0	\$0	\$79,676
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$253,860		\$26,400	\$280,260
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits	\$65,496			\$65,496
Workers Comp / Liability / Bond Insurance	\$32,296			\$32,296
d. Total Personnel Expenditures	\$351,652	\$0	\$26,400	\$378,052
<b>3. Operating Expenditures - from AB2034 budget</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$19,950			\$19,950
d. General Office Expenditures	\$2,630			\$2,630
e. Rent, Utilities and Equipment	\$24,450			\$24,450
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$47,030	\$0	\$0	\$47,030
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$478,358	\$0	\$26,400	\$504,758
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$17,078			\$17,078
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants	\$461,280		\$26,400	\$487,680
g. Other Revenue				\$0
h. Total Existing Revenues	\$478,358	\$0	\$26,400	\$504,758
<b>2. New Revenues</b>				
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
<b>3. Total Revenues</b>				
	\$478,358	\$0	\$26,400	\$504,758
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$0	\$0	\$0	\$0
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%



**Street Outreach Services (SOS)  
Program Workplan #8 – FY 2007-2008**

**Street Outreach Services (SOS) – Full Service Partnership, fiscal year 07-08** Program budget represents twelve months of service. Program expenditures total \$504,758. These include existing SOS program costs for the fiscal year.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: \$4,710 to provide supplies for client care needs in the SOS program.
- b. Travel and Transportation: \$3,500 funding for enrollee transportation assistance.
- c. Housing
  - i. Master Leases: \$69,216 funding for master leases through a local housing collaborative as budgeted in the existing SOS program.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$2,250 for operating expense cost at the Four Paths Gallery, as reflected in the existing SOS program budget.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): 1 Senior Case Manager, 3 Case Managers, .5 Mental Health Clinician, 1 Community Contract Provider Substance Abuse Counselor (client consumer or family member), 3 Mental Health Workers (client consumer or family member staff), .5 Administrative Analyst. To provide outreach, engagement, linkage and referral services to mentally ill homeless enrollees of existing SOS program.
- b. New Additional Personnel Expenditures (from Staffing Detail):
- c. Employee Benefits: Benefits (estimated at \$65,496 for current positions) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at

\$32,296) have been calculated based on annual cost of \$4,037 per full time equivalent.

### 3. Operating Expenditures

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$19,950 includes the cost of mileage, meals and lodging reimbursement as appropriate. Also includes costs of staff training.
- d. General Office Expenditures: \$2,630 funding for general office expenses as budgeted in the existing SOS program.
- e. Rent, Utilities and Equipment: \$24,450 representing costs as budgeted in the existing SOS program for communications, utilities and leased space and equipment.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only): Estimated at \$17,078 per budgeted revenues for the existing SOS program.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: AB2034 funding allocation of \$461,280 per budgeted revenues for the existing SOS program.
- g. Other Revenue

### 2. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt Fiscal Year: 2007-08  
 Program Workplan # 8 Date: 11/28/05  
 Program Workplan Name Street Outreach Services Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 150 New Program/Service or Expansion Expansion  
 Existing Client Capacity of Program/Service: 75 Prepared by: Melissa Chilton  
 Client Capacity of Program/Service Expanded through MHSA: 75 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$35,250			\$35,250
c. Employee Benefits	\$9,095			\$9,095
Workers Comp / Liability / Bond Insurance	\$4,037			\$4,037
d. Total Personnel Expenditures	\$48,382	\$0	\$0	\$48,382
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$216			\$216
d. General Office Expenditures	\$50			\$50
e. Rent, Utilities and Equipment - cell phone	\$288			\$288
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$554	\$0	\$0	\$554
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$48,936	\$0	\$0	\$48,936
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$21,134			\$21,134
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$21,134	\$0	\$0	\$21,134
<b>3. Total Revenues</b>				
	\$21,134	\$0	\$0	\$21,134
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$27,802	\$0	\$0	\$27,802
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				0.0%

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

County(ies): Humboldt

Fiscal Year: 2007-08

Program Workplan # 8

Date: 11/28/05

Program Workplan Name Street Outreach Services

Page 1 of 1

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 150

New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 75

Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHSA: 75

Telephone Number: (707) 441-5446

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Case Manager		1.00	\$35,250	\$35,250
		Mental Health dept liaison to law enforcement			\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$35,250
<b>C. Total Program Positions</b>		0.00	1.00		\$35,250

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.

**Street Outreach Services (SOS) Expansion  
Program Workplan #8 – FY 2007-2008**

**Street Outreach Services Expansion - Outreach and Engagement, fiscal year 07-08** Program budget represents twelve months of service. Program expansion expenditures utilizing Outreach and Engagement funds total \$48,936.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: None.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: None.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail): None.
- b. New Additional Personnel Expenditures (from Staffing Detail): 1 Case Manager. To partner with and aid Law Enforcement in their contacts with the mentally ill homeless on the streets.
- c. Employee Benefits: Benefits (estimated at \$9,095) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$4,037) have been calculated based on annual cost of \$4,037 per full time equivalent.

**3. Operating Expenditures**

- a. Professional Services: None.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$216 includes the cost of mileage reimbursement as appropriate.
- d. General Office Expenditures: \$50.
- e. Rent, Utilities and Equipment: \$288 representing cost for staff cellular phone usage.

- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only): None.
- b. Medicare/Patient Insurance: None.
- c. Realignment: None.
- d. State General Funds: None.
- e. County Funds
- f. Grants: None.
- g. Other Revenue

2. New Revenues

- a. Medi-Cal (FFP only): \$21,134 estimated Medi-Cal revenues for provision of case management services.
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds
- d. Other Revenue

C. One-Time CSS Funding Expenditures: None.

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: Humboldt	Fiscal Year: 05/06	Program Work Plan Name: Integrated Program & Planning Support Structures
Program Work Plan #: 9		Estimated Start Date: April '06
<p>Description of Program:  <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Integrated Program &amp; Planning Support Structures are organizational restructuring strategies, under AB1881 Phase II Strategic Plan, that are necessary in order to optimize integrated service delivery across systems while minimizing program, resource, and State initiative and agenda fragmentation. This centralized program support structure is functionally removed from program administration and program delivery structures. There are four main components to these integrated support structures: <u>Office of Consumer &amp; Cultural Diversity</u>, <u>Research &amp; Evaluation Unit</u>, <u>Training &amp; Education Unit</u>, and <u>Integrated Services Unit</u>.</p> <p>The <u>Office of Consumer &amp; Cultural Diversity</u> will provide cross-branch leadership to DHHS in the areas of policy and program development related to consumer and family driven and culturally competent services, and, the reduction of racial, ethnic, and geographic disparities. This office will focus on increasing and improving the system's capacity to serve diverse populations and reduce disparities, as well as on the hiring of client consumers, family members, and, ethnic and cultural populations. The <u>Research &amp; Evaluation Unit</u> will collect and track local data and outcomes across all systems in order to improve and increase capacity and ability to provide culturally competent, values driven, and evidence based services and supports, and to conduct needed research and evaluation of outcomes related to the implementation of the MHSA and other initiatives. The <u>Training &amp; Education Unit</u> will develop, coordinate, and integrate all available resources in order to provide cross-branch education and training opportunities to staff, client consumers, parents, families, and community partners, providers, and other stakeholders. This unit will focus resources in three main areas: Core Training, Continuing Training, and Community Education &amp; Training. Core Training will provide orientation and training in basic organizational values and concepts such as evidence based practices, wellness/recovery/resiliency concepts, and integrated service delivery</p>	

	<p>models. Continuing Training will provide ongoing comprehensive and coordinated trainings related to improving and enhancing the integrity and fidelity of specific evidence based practice programs, and, consolidating specific training curriculums across branches. Community Education &amp; Training will provide technical training and program information, including a training resource library, speakers bureau, and pre- and post-graduate training and placement opportunities, that will promote and enhance the community's ability to effectively collaborate and interface with DHHS. The <u>Integrated Services Unit</u> will develop and coordinate all new and existing cross-branch and community partnership integrated programs and services including those related to the MHSA and other initiatives in order to provide client consumers and family members with a seamless and integrated service experience across all systems and branches of DHHS.</p>
<p>Priority Population:  <i>Describe the situational characteristics of the priority population</i></p>	<p>Ethnic, racial, cultural, client consumer, family member, and community partner populations of all age groups.</p>

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
Infrastructure to promote cultural awareness and sensitivity, develop culturally competent services in appropriate locations, and, link with and learn from local ethnic communities.		X		X	X	X	X
Develop population-specific outreach strategies to reach racial, ethnic, consumer, and family populations to eliminate disparities in care.		X		X	X	X	X
Infrastructure to develop the capacity to provide values-driven, evidence based, and culturally competent integrated services.		X		X	X	X	X
Infrastructure to promote inter and intra agency collaboration, and shared responsibility and accountability for effective outcomes		X		X	X	X	X
Infrastructure to develop capacity to deliver cross-branch integrated programs and services.		X		X	X	X	X
Infrastructure to increase and improve the system's capacity to provide quality care and serve diverse populations		X		X	X	X	X
Infrastructure to develop capacity to provide wellness/recovery/resiliency focused education to families, client consumers, family members, and community partners/providers		X		X	X	X	X

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

#### *Integrated Program & Planning Support Structures*

*Integrated Program/Planning Support Structures* are crucial organizational restructuring strategies, under AB1881 Phase II Strategic Plan, that are necessary in order to optimize integrated service delivery across all systems while minimizing program, resource, and State initiative fragmentation. This centralized program support structure is functionally removed from program administration and program delivery structures. There are four main components to these integrated support structures: *Office of Consumer & Cultural Diversity, Research & Evaluation Unit, Training & Education Unit, and, Integrated Services Unit.*

The *Office of Client & Cultural Diversity* will provide cross-branch leadership to DHHS in the areas of policy and program development related to consumer/family driven and culturally competent services, and, the reduction of racial, ethnic, and geographic disparities. This office will focus on increasing and improving the system's capacity to serve diverse populations and reduce ethnic disparities, and, on the hiring of client consumers, family members and ethnic and cultural populations. The community and stakeholder input and prioritization process emphasized the need for culturally competent and diverse services as important for the County.

Start Up Funding (Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component that is key to achieving the overall AB1881 Phase II Strategic Plan and MHSA goals of increasing and improving the system's capacity to serve diverse populations and reduce disparities.

The *Research & Evaluation Unit* will enable DHHS to develop the capacity to collect and track local data and outcomes across all systems in order to improve and increase the system's ability to provide culturally competent, values driven, and evidence based services and supports, and, to conduct needed research and evaluation of outcomes related to the implementation of the MHSA and other initiatives.

The community and stakeholder input and prioritization process emphasized the need for data collection and access to data as important needs in the County.

Start Up Funding (Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component. The Research & Evaluation Unit is key to achieving the AB1881 Phase II Strategic Plan and MHSA goals of increasing and improving the system's capacity to provide quality care. These integrated and centralized activities will effectively serve diverse populations by providing system-wide information to support transformational change, program improvement, and improved client outcomes.

The *Training & Education Unit* will enable DHHS to build the capacity to develop, coordinate, and integrate all available resources in order to provide cross-branch education and training opportunities to staff, client consumers, parents, families, and community partners and stakeholders.

The need for training and education were identified and highly prioritized during the community and stakeholder input and prioritization process. All four of the age-specific Advisory Groups made strong recommendations regarding the ongoing training and education of both staff and stakeholders as essential in building an integrated and client/family focused system of care. This Unit will focus resources in several main areas:

- Core Training – Will involve ongoing training and orientation of staff, community providers, client consumers, family members, care providers, and other stakeholders in basic organizational values and concepts such as evidence based practices, wellness/recovery/resiliency concepts, integrated service delivery models, and other identified topics.
- Continuing Training – Will involve ongoing comprehensive and coordinated training related to improving and enhancing the integrity and fidelity of specific evidence based programs (i.e. CSOC's Aggression Replacement Therapy, ASOC's California Medical Algorithm Project), and, consolidating specific training curriculums across branches (i.e. Title IV-E Training Plan). Outsourced training resources will be managed and monitored in order to ensure consistency with organizational values.
- Community Education & Training – Will provide technical training and program information in order to promote and enhance the community's ability to effectively collaborate and interface with DHHS. As part of this effort, a Training Resource Library and Speakers Bureau will be developed, as well as Pre- and Post-Graduate Training, Supervision, and Placement opportunities.

Start Up Funding (One Time Funds and Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component that is key to the AB1881 Phase II Strategic Plan and MHSA goals of increasing and improving the system's capacity to provide effective services that are evidence based and values-driven, and, to provide public education and awareness information aimed at reducing stigma and access disparities among racial and ethnic populations.

This unit will also continue the current cross-branch and stakeholder inclusive Evidence Based Practice training series, as well as provide Change Management training and education to staff, clients and families, and other stakeholders as programs and systems transform. In addition, Humboldt is one of seven counties selected by the California Institute for Mental Health to participate in the Learning Collaborative which will explore training and educational methods of transforming health and mental health service delivery systems.

The *Integrated Services Unit* will enable DHHS to increase its capacity to develop, coordinate, and deliver integrated programs and services related to the MHSA and other initiatives in order to provide client consumers and family members with a seamless and integrated service experience across all systems and branches.

The community and stakeholder input and prioritization process emphasized the need for integrated and collaborative services and supports.

This unit will have program development and oversight responsibilities over all cross-branch and community partnership integrated programs, including the integrated programs requested in this document.

Start Up Funding (Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component that is key to the AB1881 Phase II Strategic Plan and MHSA goals of providing integrated services, and alleviating cultural and ethnic barriers to access.

Goals and outcomes of these four support structures will include:

- Increased level of cultural competence.
- Increased level of community collaboration.
- Increased level of client consumer and family member participation in policy and program development.
- Increased number of client consumer and family member staff.
- Increased and improved level of integrated services.
- Increased focus on wellness, recovery, and resiliency concepts and goals.
- Decrease in cultural and ethnic disparities.
- Improved data collection and management.
- Improved client consumer and family outcomes

3) Describe any housing or employment services to be provided.

Not applicable.

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

Not applicable.

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

All offices and units of the Integrated Program & Planning Support Structures will advance the concepts and goals of wellness, recovery, and resiliency for all populations of Humboldt County.

The Office of Consumer & Cultural Diversity will focus on increasing and improving the system's capacity to serve diverse populations and reduce ethnic disparities, and, on the hiring of client consumers, family members, and ethnic populations.

The Research & Evaluation Unit will provide data and information to all Branches of the department that will improve and increase the system's capacity to provide culturally appropriate, values driven, evidence based, and recovery oriented services.

The Training & Education Unit will play a critical role in advancing, promoting, and reinforcing the goals of recovery, wellness, and resiliency in Humboldt County. As mentioned above, this Unit will focus on providing training and education to staff, client consumers, parents, families, and community partners that will promote and reinforce these concepts.

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

Not applicable.

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

The Office of Consumer & Cultural Diversity, which will include a client consumer and family member advisory committee, will set standards, goals, and priorities for hiring and retaining a culturally and linguistically diverse workforce; ensure meaningful stakeholder involvement at the policy and program development and service implementation levels; and, guide efforts aimed at reducing racial, ethnic, and geographic disparities in general. This office will play a critical role in advancing the hiring of client consumers and family members throughout the department, as well as assume responsibility for long range planning efforts related to the recruitment and hiring of client consumers and family members.

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

The Office of Consumer & Cultural Diversity will play a critical role in providing cross-branch leadership in the areas of policy and program development related to culturally and linguistically competent services, and the reduction of racial, ethnic, and geographic disparities. Research & Evaluation Unit, by working closely with HHS service providers and through ongoing requests for feedback from stakeholders, will develop processes and instruments that reflect the diversities and cultures of the County's populations.

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

Expertise in gender, age, and sexual orientation issues is crucial to the delivery of culturally inclusive services. The Office of Consumer & Cultural Diversity and the Training & Education Unit will take the lead role in assessing competencies and needs in this area and in developing appropriate basic and ongoing trainings for staff, community partners, and other stakeholders. More specifically, by including stakeholders in the program planning process and in on-going program improvement, language used for measurement instruments and intake documents will be gender-neutral and reflect terms that are commonly-accepted and in current use in the population. Data collection will reflect diligent respect for the client by allowing the client to identify, or not identify, their orientation or gender needs. Measure related to issues developmentally specific to a client's age-group or gender will be identified with sensitivity and respect.

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

Not applicable.

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

Not applicable.

- 12) Please provide a timeline for this work plan, including all critical implementation dates.

#### *Office of Consumer & Cultural Diversity*

During the first year, to the extent that resources are made available, one 1.0 FTE Cultural diversity Officer (cultural/ethnic or consumer/family member) will begin to design, develop, and coordinate the activities, duties, and scope of this office. And, one 1.0 FTE Consumer/Family Advocate (consumer client or family member) will provide advocacy services to consumer clients and families at the Mental Health Branch.

During year two and year three, to the extent that resources are available, additional staff will be added as the scope and needs of this unit broaden and evolve.

#### *Research & Evaluation Unit*

During the first year, to the extent that resources are made available, one 1.0 FTE Administrative Analyst II will begin to organize and prioritize research and evaluation needs, and to further develop the scope and duties of this cross-branch office.

During year two and year three, to the extent that resources are available, additional staff will be added to the unit as the needs of the department and the community evolve.

*Training & Education Unit*

During the first year, to the extent that resources are made available, one 1.0 FTE Training & Education Coordinator will begin to organize and prioritize training and educational needs, and to further develop the scope and duties of this cross-branch office. Participation in the Learning Collaborative and Change Management activities will also begin. In addition, an anti-stigma campaign will be undertaken.

During year two and year three, to the extent that resources are available, additional staff will be added to the unit as the needs of the department, consumers, family members, and communities evolve.

*Integrated Service Unit*

During the first year, to the extent that resources are made available, one 1.0 FTE Senior Program Manager will begin to design and develop the directions and priorities of this unit and provide program development input and oversight responsibilities over all cross-branch and community partnerships and integrated programs. Oversight of the Training & Education and Research & Evaluation units will also be provided. During year two and year three, to the extent resources are available, additional staff will be added as the scope and needs of this unit broaden and evolve.

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

County(ies): Humboldt

Fiscal Year: 2005-06

Program Workplan # 9

Date: 11/28/05

Program Workplan Name Integrated Program & Planning Support Structures

Page 1 of 1

Type of Funding 2. System Development

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 29 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHP: 29 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$750			\$750
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)	\$5,000			\$5,000
f. Total Support Expenditures	\$5,750	\$0	\$0	\$5,750
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$28,265		\$28,265
b. New Additional Personnel Expenditures (from Staffing Detail)	\$55,364	\$18,674		\$74,038
c. Employee Benefits	\$14,282	\$12,110		\$26,392
Workers Comp / Liability / Bond Insurance	\$5,046	\$4,037		\$9,083
d. Total Personnel Expenditures	\$74,692	\$63,086	\$0	\$137,778
<b>3. Operating Expenditures</b>				
a. Professional Services	\$30,000			\$30,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$387	\$400		\$787
d. General Office Expenditures	\$106	\$105		\$211
e. Rent, Utilities and Equipment	\$216	\$288		\$504
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$30,709	\$793	\$0	\$31,502
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$111,151	\$63,879	\$0	\$175,030
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds		\$15,030		\$15,030
e. County Funds		\$3,758		\$3,758
f. Grants				\$0
g. Other Revenue		\$18,788		\$18,788
h. Total Existing Revenues	\$0	\$37,575	\$0	\$37,575
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$10,522		\$10,522
d. Other Revenue		\$15,782		\$15,782
e. Total New Revenue	\$0	\$26,304	\$0	\$26,304
<b>3. Total Revenues</b>				
	\$0	\$63,879	\$0	\$63,879
<b>C. One-Time CSS Funding Expenditures - Learning Collaborative, Medical Records</b>				
	\$30,000			\$30,000
<b>D. Total Funding Requirements</b>				
	\$141,151	\$0	\$0	\$141,151
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				15.0%



**Integrated Program & Planning Support Structures Program  
Program Work plan #9 – FY 2005-2006**

**Integrated Program & Planning Support Structures – System Development, fiscal year 05-06** Program budget represents three months of service. New CSS expenditures for Salary and Benefits total \$74,692. Operating Expenditures total \$30,709. Client, Family Member and Caregiver Support Expenditures total \$5,750. One-Time CSS Funding expenditures total \$30,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: \$750 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$5,000 funding for local outreach, anti-stigma campaign.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail):  
1 Compliance Officer monitors DHHS program compliance and 1 Senior Staff Services Analyst provides support to resource development unit.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 Cultural Diversity Officer (racial/ethnic or consumer/family member preference) will begin to design, develop and coordinate the activities, duties and scope of the office of Client and Cultural Diversity and 1 Consumer Family Advocate (consumer client or family member) will provide advocacy services to consumer clients and families at the Mental Health Branch. 2 Administrative Analyst II will begin to organize and prioritize research and evaluation needs and to further develop the scope and duties of the Research & Evaluation unit. 1 Training and Education Coordinator will organize and prioritize needs and to further develop the scope and duties of the cross-branch Training and Education unit and 1 Administrative Analyst to support the unit. 1 Senior Program Manager will begin to

design and develop the directions and priorities of this program oversight and development unit. The cost of these positions is calculated based on three months of service and are calculated as 25 percent of 100 percent capacity for year one.

- c. Employee Benefits: Benefits (estimated at \$26,392) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$9,083) have been calculated based on annual cost of \$4,037 per full time equivalent.

3. Operating Expenditures: The costs represented are calculated at 25% of estimated annual cost.

- a. Professional Services: \$30,000 funding for facilitation of Change Management training and education to staff, clients and families and other stakeholders as programs and systems transform.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$787 includes the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$211 representing cost of office supplies per full staff position per year.
- e. Rent, Utilities and Equipment: \$504 representing cellular telephone cost.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

B. REVENUES

1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds: \$15,030 estimated for positions to be funded by DHHS - Social Services and Public Health Branch.
- e. County Funds: \$3,758 estimated for positions to be funded by DHHS - Social Services and Public Health Branch.

- f. Grants
- g. Other Revenue: \$18,788 estimated for positions to be funded by DHHS - Social Services and Public Health Branch.

## 2. New Revenues

- a. Medi-Cal (FFP only)
  - b. Medicare/Patient Fees/Patient Insurance
  - c. State General Funds: \$10,522 estimated for positions to be funded by DHHS - Social Services and Public Health Branch.
  - d. Other Revenue: \$15,782 estimated for positions to be funded by DHHS - Social Services and Public Health Branch.
- C. One-Time CSS Funding Expenditures: \$30,000 funding for participation in the California Institute for Mental Health Learning Collaborative, which will explore training and educational methods of transforming health and mental health service delivery systems.

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

County(ies): Humboldt

Fiscal Year: 2006-07

Program Workplan # 9

Date: 11/28/05

Program Workplan Name Integrated Program & Planning Support Structures

Page 1 of 1

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 108 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHPA: 108 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$3,000			\$3,000
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)	\$5,000			\$5,000
f. Total Support Expenditures	\$8,000	\$0	\$0	\$8,000
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$113,060		\$113,060
b. New Additional Personnel Expenditures (from Staffing Detail)	\$221,450	\$147,050		\$368,500
c. Employee Benefits	\$57,134	\$37,939		\$95,073
Workers Comp / Liability / Bond Insurance	\$20,185	\$16,148		\$36,333
d. Total Personnel Expenditures	\$298,769	\$314,197	\$0	\$612,966
<b>3. Operating Expenditures</b>				
a. Professional Services - Change Managemnet, Network of Care	\$54,000			\$54,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,420	\$2,800		\$4,220
d. General Office Expenditures	\$450	\$735		\$1,185
e. Rent, Utilities and Equipment	\$864	\$2,016		\$2,880
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$56,734	\$5,551	\$0	\$62,285
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$363,503	\$319,748	\$0	\$683,251
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds		\$60,121		\$60,121
e. County Funds		\$15,030		\$15,030
f. Grants				\$0
g. Other Revenue		\$75,152		\$75,152
h. Total Existing Revenues	\$0	\$150,303	\$0	\$150,303
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$67,778		\$67,778
d. Other Revenue		\$101,667		\$101,667
e. Total New Revenue	\$0	\$169,445	\$0	\$169,445
<b>3. Total Revenues</b>				
	\$0	\$319,748	\$0	\$319,748
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$363,503	\$0	\$0	\$363,503
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				15.0%



**Integrated Program & Planning Support Structures  
Program  
Program Workplan #9 – FY 2006-2007**

**Integrated Program & Planning Support Structures Program – System Development, fiscal year 06-07** Program budget represents twelve months of service. New program funding requests for Salary and Benefits total \$298,769. Operating Expenditures total \$56,734. Client, Family Member and Caregiver Support Expenditures total \$8,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: \$3,000 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$5,000 funding for local outreach, anti-stigma campaign.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail):  
1 Compliance Officer monitors DHHS program compliance and 1 Senior Staff Services Analyst provides support to resource development unit.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 Cultural Diversity Officer (racial/ethnic or consumer/family member preference) will provide cross-branch leadership in the areas of policy and program development related to consumer/family driven and culturally competent services and 2 Consumer Family Advocate (consumer client or family member) will provide advocacy services to consumer clients and families at the Mental Health Branch. 2 Administrative Analyst II will develop the capacity of the Research & Evaluation unit to collect and track local outcomes data. 1 Training and Education Coordinator will organize and prioritize needs and to further develop the scope and duties of the cross-branch Training and Education unit and 2 Administrative Analysts to support the unit. 1 Senior Program Manager will increase DHHS capacity to

develop, coordinate and deliver integrated programs and services related to the MHSA.

- c. Employee Benefits: Benefits (estimated at \$95,073) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$36,333) have been calculated based on annual cost of \$4,037 per full time equivalent.

### 3. Operating Expenditures

- a. Professional Services: \$30,000 funding for facilitation of Change Management training and education to staff, clients and families and other stakeholders as programs and systems transform. \$24,000 funding for participation in Network of Care information technology.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$4,220 includes the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$1,185 representing cost of office supplies per full staff position per year.
- e. Rent, Utilities and Equipment: \$2,880 representing cellular telephone cost per full staff position per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds: \$60,121 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.
- e. County Funds: \$15,030 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.

- f. Grants
- g. Other Revenue: \$75,152 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.

2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: \$67,778 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.
- d. Other Revenue: \$101,667 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.

C. One-Time CSS Funding Expenditures: None.

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

County(ies): Humboldt

Fiscal Year: 2007-08

Program Workplan # 9

Date: 11/28/05

Program Workplan Name Integrated Program & Planning Support Structures

Page 1 of 1

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 135 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Melissa Chilton

Client Capacity of Program/Service Expanded through MHP: 135 Telephone Number: (707) 441-5446

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$3,000			\$3,000
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)	\$5,000			\$5,000
f. Total Support Expenditures	\$8,000	\$0	\$0	\$8,000
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$113,060		\$113,060
b. New Additional Personnel Expenditures (from Staffing Detail)	\$221,450	\$184,400		\$405,850
c. Employee Benefits	\$57,134	\$76,745		\$133,879
Workers Comp / Liability / Bond Insurance	\$20,185	\$28,259		\$48,444
d. Total Personnel Expenditures	\$298,769	\$402,464	\$0	\$701,233
<b>3. Operating Expenditures</b>				
a. Professional Services - Change Management, Network of Care	\$39,000			\$39,000
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$900	\$2,800		\$3,700
d. General Office Expenditures	\$210	\$735		\$945
e. Rent, Utilities and Equipment	\$288	\$2,016		\$2,304
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$40,398	\$5,551	\$0	\$45,949
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$347,167	\$408,015	\$0	\$755,182
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds		\$60,121		\$60,121
e. County Funds		\$15,030		\$15,030
f. Grants				\$0
g. Other Revenue		\$75,152		\$75,152
h. Total Existing Revenues	\$0	\$150,303	\$0	\$150,303
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds		\$103,085		\$103,085
d. Other Revenue	\$65,088	\$154,627		\$219,715
e. Total New Revenue	\$65,088	\$257,712	\$0	\$322,800
<b>3. Total Revenues</b>				
	\$65,088	\$408,015	\$0	\$473,103
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$282,079	\$0	\$0	\$282,079
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				15.0%



**Integrated Program & Planning Support Structures  
Program  
Program Workplan #9 – FY 2007-2008**

**Integrated Program & Planning Support Structures Program – System Development, fiscal year 07-08** Program budget represents twelve months of service. New program expenditures for Salary and Benefits total \$298,769. Operating Expenditures total \$40,398. Client, Family Member and Caregiver Support Expenditures total \$8,000.

**A. EXPENDITURES**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene: None.
- b. Travel and Transportation: \$3,000 to provide for client / family member transportation assistance.
- c. Housing
  - i. Master Leases: None.
  - ii. Subsidies: None.
  - iii. Vouchers: None.
  - iv. Other Housing: None.
- d. Employment and Education Supports: None.
- e. Other Support Expenditures: \$5,000 funding for local outreach, anti-stigma campaign.

**2. Personnel Expenditures**

- a. Current Existing Personnel Expenditures (from Staffing Detail):  
1 Compliance Officer monitors DHHS program compliance and 1 Senior Staff Services Analyst provides support to resource development unit.
- b. New Additional Personnel Expenditures (from Staffing Detail):  
1 Cultural Diversity Officer (racial/ethnic or consumer/family member preference) will provide cross-branch leadership in the areas of policy and program development related to consumer/family driven and culturally competent services and 2 Consumer Family Advocate (consumer client or family member) will provide advocacy services to consumer clients and families at the Mental Health Branch. 2 Administrative Analyst II will develop the capacity of the Research & Evaluation unit to collect and track local outcomes data. 1 Training and Education Coordinator will organize and prioritize needs and to further develop the scope and duties of the cross-branch Training and Education unit and 3 Administrative Analysts to support the unit. 1 Senior Program Manager will increase DHHS capacity to

develop, coordinate and deliver integrated programs and services related to the MHSA.

- c. Employee Benefits: Benefits (estimated at \$133,879) include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance (estimated at \$48,444) have been calculated based on annual cost of \$4,037 per full time equivalent.

### 3. Operating Expenditures

- a. Professional Services: \$15,000 funding for facilitation of Change Management training and education to staff, clients and families and other stakeholders as programs and systems transform. \$24,000 funding for participation in Network of Care information technology.
- b. Translation and Interpreter Services: None.
- c. Travel and Transportation: \$3,700 includes the cost of mileage, meals and lodging reimbursement as appropriate.
- d. General Office Expenditures: \$945 representing cost of office supplies per full staff position per year.
- e. Rent, Utilities and Equipment: \$2,304 representing cellular telephone and equipment cost per full staff position per year.
- f. Medication and Medical Supports: None.
- g. Other Operating Expenses: None.

### 4. Program Management

- a. Existing Program Management. None.
- b. New Program Management. None

5. Estimated Total Expenditures when service provider is not known: None.

## B. REVENUES

### 1. Existing Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Insurance
- c. Realignment
- d. State General Funds: \$60,121 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.
- e. County Funds: \$15,030 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.

- f. Grants
- g. Other Revenue: \$75,152 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.

2. New Revenues

- a. Medi-Cal (FFP only)
- b. Medicare/Patient Fees/Patient Insurance
- c. State General Funds: \$103,085 estimated for positions to be funded by DHHS – Social Services and Public Health Branch.
- d. Other Revenue: \$154,627 estimated for positions to be funded by DHHS – Social Services and Public Health Branch. \$65,088 estimated reimbursement from other DHHS branches for portion of Integrated Programs Senior Program Manager salary and benefit cost.

C. One-Time CSS Funding Expenditures: None.

Fiscal Year Summary Budget Worksheets  
Exhibits 5a

and

Administration Budget Worksheets  
Exhibit 5c

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

County(ies): Humboldt Fiscal Year: 2005-06  
 Program Workplan # Summary Date: 11/28/05

Months of Operation 3

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$2,098	\$0	\$0	\$2,098
b. Travel and Transportation	\$2,720	\$0	\$0	\$2,720
c. Housing	\$0	\$0	\$0	\$0
i. Master Leases	\$26,054	\$0	\$0	\$26,054
ii. Subsidies	\$2,500	\$0	\$0	\$2,500
iii. Vouchers	\$0	\$0	\$0	\$0
iv. Other Housing	\$0	\$0	\$0	\$0
d. Employment and Education Supports	\$16,625	\$0	\$0	\$16,625
e. Other Support Expenditures (provide description in budget narrative)	<u>\$5,563</u>	<u>\$8,550</u>	<u>\$0</u>	<u>\$14,113</u>
f. Total Support Expenditures	\$55,559	\$8,550	\$0	\$64,109
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$500,575	\$262,173	\$8,800	\$771,548
b. New Additional Personnel Expenditures (from Staffing Detail)	\$233,620	\$18,674	\$0	\$252,294
c. Employee Benefits	\$189,173	\$69,818	\$2,024	\$261,015
Workers Comp / Liability / Bond Insurance	<u>\$45,416</u>	<u>\$21,991</u>	<u>\$0</u>	<u>\$67,407</u>
d. Total Personnel Expenditures	\$968,784	\$372,656	\$10,824	\$1,352,265
<b>3. Operating Expenditures</b>				
a. Professional Services	\$66,625	\$20,688	\$0	\$87,313
b. Translation and Interpreter Services	\$0	\$0	\$0	\$0
c. Travel and Transportation	\$12,216	\$7,648	\$0	\$19,863
d. General Office Expenditures	\$2,499	\$8,072	\$0	\$10,570
e. Rent, Utilities and Equipment	\$14,246	\$44,335	\$0	\$58,580
f. Medication and Medical Supports	\$23,400	\$602	\$0	\$24,002
g. Other Operating Expenses (provide description in budget narrative)	<u>\$0</u>	<u>\$13,637</u>	<u>\$0</u>	<u>\$13,637</u>
h. Total Operating Expenditures	\$118,985	\$94,980	\$0	\$213,965
<b>4. Program Management</b>				
a. Existing Program Management		\$0	\$0	\$0
b. New Program Management		\$0	\$0	\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$133,750			\$133,750
<b>6. Total Proposed Program Budget</b>	<b>\$1,277,078</b>	<b>\$476,186</b>	<b>\$10,824</b>	<b>\$1,764,088</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$327,542	\$0	\$0	\$327,542
b. Medicare/Patient Fees/Patient Insurance	\$31,078	\$0	\$0	\$31,078
c. Realignment	\$151,843	\$54,360	\$0	\$206,203
d. State General Funds	\$167,206	\$55,436	\$0	\$222,642
e. County Funds	\$0	\$23,960	\$0	\$23,960
f. Grants	\$140,011	\$0	\$10,824	\$150,835
g. Other Revenue	<u>\$0</u>	<u>\$316,126</u>	<u>\$0</u>	<u>\$316,126</u>
h. Total Existing Revenues	\$817,680	\$449,882	\$10,824	\$1,278,386
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$126,208	\$0	\$0	\$126,208
b. Medicare/Patient Fees/Patient Insurance	\$0	\$0	\$0	\$0
c. State General Funds	\$17,129	\$10,522	\$0	\$27,650
d. Other Revenue	<u>\$24,834</u>	<u>\$15,782</u>	<u>\$0</u>	<u>\$40,617</u>
e. Total New Revenue	\$168,171	\$26,304	\$0	\$194,475
<b>3. Total Revenues</b>	\$985,851	\$476,186	\$10,824	\$1,472,861
<b>C. One-Time CSS Funding Expenditures</b>	\$520,744	\$0	\$60,000	\$580,744
<b>D. Total Funding Requirements</b>	<b>\$811,971</b>	<b>\$0</b>	<b>\$60,000</b>	<b>\$871,971</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>33.4%</b>

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

County(ies):	Humboldt	Fiscal Year:	2006-07
Program Workplan #	Summary	Date:	11/28/05
		Months of Operation	12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$15,590	\$0	\$0	\$15,590
b. Travel and Transportation	\$16,300	\$0	\$0	\$16,300
c. Housing	\$0	\$0	\$0	\$0
i. Master Leases	\$104,216	\$0	\$0	\$104,216
ii. Subsidies	\$10,000	\$0	\$0	\$10,000
iii. Vouchers	\$0	\$0	\$0	\$0
iv. Other Housing	\$34,424	\$0	\$0	\$34,424
d. Employment and Education Supports	\$81,500	\$0	\$0	\$81,500
e. Other Support Expenditures (provide description in budget narrative)	<u>\$7,250</u>	<u>\$34,200</u>	<u>\$0</u>	<u>\$41,450</u>
f. Total Support Expenditures	\$269,280	\$34,200	\$0	\$303,480
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$2,002,299	\$1,048,697	\$26,400	\$3,077,396
b. New Additional Personnel Expenditures (from Staffing Detail)	\$974,894	\$147,050	\$0	\$1,121,944
c. Employee Benefits	\$768,116	\$272,356	\$0	\$1,040,471
Workers Comp / Liability / Bond Insurance	<u>\$185,702</u>	<u>\$87,964</u>	<u>\$0</u>	<u>\$273,666</u>
d. Total Personnel Expenditures	\$3,931,011	\$1,556,067	\$26,400	\$5,513,477
<b>3. Operating Expenditures</b>				
a. Professional Services	\$200,500	\$82,750	\$0	\$283,250
b. Translation and Interpreter Services	\$0	\$0	\$0	\$0
c. Travel and Transportation	\$41,886	\$31,791	\$0	\$73,677
d. General Office Expenditures	\$9,598	\$32,601	\$0	\$42,199
e. Rent, Utilities and Equipment	\$57,970	\$178,202	\$0	\$236,172
f. Medication and Medical Supports	\$93,600	\$2,408	\$0	\$96,008
g. Other Operating Expenses (provide description in budget narrative)	<u>\$0</u>	<u>\$54,548</u>	<u>\$0</u>	<u>\$54,548</u>
h. Total Operating Expenditures	\$403,554	\$382,300	\$0	\$785,854
<b>4. Program Management</b>				
a. Existing Program Management		\$0	\$0	\$0
b. New Program Management		\$0	\$0	\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	<u>\$535,000</u>			<u>\$535,000</u>
<b>6. Total Proposed Program Budget</b>	<b>\$5,138,845</b>	<b>\$1,972,567</b>	<b>\$26,400</b>	<b>\$7,137,811</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$1,293,273	\$0	\$0	\$1,293,273
b. Medicare/Patient Fees/Patient Insurance	\$124,311	\$0	\$0	\$124,311
c. Realignment	\$607,370	\$217,439	\$0	\$824,809
d. State General Funds	\$631,572	\$222,463	\$0	\$854,035
e. County Funds	\$0	\$96,201	\$0	\$96,201
f. Grants	\$576,941	\$0	\$26,400	\$603,341
g. Other Revenue	<u>\$0</u>	<u>\$1,267,019</u>	<u>\$0</u>	<u>\$1,267,019</u>
h. Total Existing Revenues	\$3,233,467	\$1,803,122	\$26,400	\$5,062,989
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$531,448	\$0	\$0	\$531,448
b. Medicare/Patient Fees/Patient Insurance	\$0	\$0	\$0	\$0
c. State General Funds	\$68,515	\$67,778	\$0	\$136,293
d. Other Revenue	<u>\$140,505</u>	<u>\$101,667</u>	<u>\$0</u>	<u>\$242,172</u>
e. Total New Revenue	\$740,468	\$169,445	\$0	\$909,913
<b>3. Total Revenues</b>	\$3,973,935	\$1,972,567	\$26,400	\$5,972,902
<b>C. One-Time CSS Funding Expenditures</b>	\$0	\$0	\$0	\$0
<b>D. Total Funding Requirements</b>	<b>\$1,164,910</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,164,909</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>43.7%</b>

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

County(ies):	Humboldt	Fiscal Year:	2007-08
Program Workplan #	Summary	Date:	11/28/05
		Months of Operation	12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$15,590	\$0	\$0	\$15,590
b. Travel and Transportation	\$16,300	\$0	\$0	\$16,300
c. Housing	\$0	\$0	\$0	
i. Master Leases	\$104,216	\$0	\$0	\$104,216
ii. Subsidies	\$10,000	\$0	\$0	\$10,000
iii. Vouchers	\$0	\$0	\$0	\$0
iv. Other Housing	\$34,424	\$0	\$0	\$34,424
d. Employment and Education Supports	\$89,167	\$0	\$0	\$89,167
e. Other Support Expenditures (provide description in budget narrative)	<u>\$7,250</u>	<u>\$34,200</u>	<u>\$0</u>	<u>\$41,450</u>
f. Total Support Expenditures	\$276,947	\$34,200	\$0	\$311,147
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$2,002,299	\$1,048,697	\$26,400	\$3,077,396
b. New Additional Personnel Expenditures (from Staffing Detail)	\$974,894	\$184,400	\$0	\$1,159,294
c. Employee Benefits	\$811,366	\$311,161	\$0	\$1,122,528
Workers Comp / Liability / Bond Insurance	<u>\$185,702</u>	<u>\$100,075</u>	<u>\$0</u>	<u>\$285,777</u>
d. Total Personnel Expenditures	\$3,974,261	\$1,644,333	\$26,400	\$5,644,994
<b>3. Operating Expenditures</b>				
a. Professional Services	\$185,500	\$82,750	\$0	\$268,250
b. Translation and Interpreter Services	\$0	\$0	\$0	\$0
c. Travel and Transportation	\$41,366	\$31,791	\$0	\$73,157
d. General Office Expenditures	\$9,258	\$32,601	\$0	\$41,859
e. Rent, Utilities and Equipment	\$55,830	\$178,202	\$0	\$234,032
f. Medication and Medical Supports	\$93,600	\$2,408	\$0	\$96,008
g. Other Operating Expenses (provide description in budget narrative)	<u>\$0</u>	<u>\$54,548</u>	<u>\$0</u>	<u>\$54,548</u>
h. Total Operating Expenditures	\$385,554	\$382,300	\$0	\$767,854
<b>4. Program Management</b>				
a. Existing Program Management		\$0	\$0	\$0
b. New Program Management		\$0	\$0	\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	<u>\$655,000</u>			<u>\$655,000</u>
<b>6. Total Proposed Program Budget</b>	<b>\$5,291,762</b>	<b>\$2,060,833</b>	<b>\$26,400</b>	<b>\$7,378,995</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)	\$1,276,141	\$0	\$0	\$1,276,141
b. Medicare/Patient Fees/Patient Insurance	\$124,311	\$0	\$0	\$124,311
c. Realignment	\$607,370	\$217,439	\$0	\$824,809
d. State General Funds	\$651,693	\$222,463	\$0	\$874,156
e. County Funds	\$0	\$96,201	\$0	\$96,201
f. Grants	\$576,941	\$0	\$26,400	\$603,341
g. Other Revenue	<u>\$0</u>	<u>\$1,267,019</u>	<u>\$0</u>	<u>\$1,267,019</u>
h. Total Existing Revenues	\$3,236,456	\$1,803,122	\$26,400	\$5,065,978
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$608,894	\$0	\$0	\$608,894
b. Medicare/Patient Fees/Patient Insurance	\$0	\$0	\$0	\$0
c. State General Funds	\$75,909	\$103,085	\$0	\$178,994
d. Other Revenue	<u>\$205,593</u>	<u>\$154,627</u>	<u>\$0</u>	<u>\$360,220</u>
e. Total New Revenue	\$890,396	\$257,712	\$0	\$1,148,108
<b>3. Total Revenues</b>	\$4,126,852	\$2,060,834	\$26,400	\$6,214,086
<b>C. One-Time CSS Funding Expenditures</b>	\$0	\$0	\$0	\$0
<b>D. Total Funding Requirements</b>	<b>\$1,164,910</b>	<b>-\$1</b>	<b>\$0</b>	<b>\$1,164,909</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>51.2%</b>

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

County(ies): **HUMBOLDT**

Fiscal Year: **2005-06**

Date: **11/28/05**

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures - Period April - June, 2006</b>			
<b>1. Personnel Expenditures</b>			
a. MHSA Coordinator(s) - Deputy Mental Health Branch Director			
b. MHSA Support Staff - Administrative Analyst		0.50	\$4,667
c. Other Personnel (list below)			
i. Medical Records Staff		0.50	\$2,764
ii. Fiscal Supports Staff		1.00	\$8,178
iii. Quality Assurance Staff		0.25	\$3,539
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	2.25	\$19,148
e. Employee Benefits			\$7,211
f. Total Personnel Expenditures			\$26,359
<b>2. Operating Expenditures</b>			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			\$175
d. Rent, Utilities and Equipment			\$2,589
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$2,764
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
<b>4. Total Proposed County Administration Budget</b>			<b>\$29,123</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Other Revenue			
<b>2. Total Revenues</b>			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			<b>\$58,675</b>
<b>D. Total County Administration Funding Requirements</b>			<b>\$87,798</b>

**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: November 28, 2005

Signature \_\_\_\_\_

Local Mental Health Director

Executed at \_\_\_\_\_ Eureka \_\_\_\_\_, California

**MENTAL HEALTH SERVICES ACT**  
**Community Services and Supports**  
**Administration Budget Narrative**  
**County of Humboldt County Dept. of Health and Human Services**  
**FY 2005-2006**

A. Expenditures – Period April – June, 2006

Administrative expenditure budget for fiscal year 2005-2006 is based on current rates for salary, benefits and operating expenses. This budget is calculated as 25 percent of the full fiscal year.

1. Personnel Expenditures:

- a. MHA Coordinator(s): Deputy Mental Health Branch Director will coordinate and direct CSS work plan implementation teams.
- b. MHA Support Staff: .50 FTE Administrative Analyst. Administrative Analyst will serve as administrative support to MHA staff and management as well as provide technical assistance in MHA related matters.
- c. Other Personnel
  - i. Medical Records Staff: .50 FTE Medical Office Assistant
  - ii. Fiscal Supports Staff: 1.0 FTE Fiscal Assistant to provide clerical support for Medi-Cal claiming and fiscal reporting.
  - iii. Quality Assurance Staff: .25 FTE Administrative Analyst to provide support for quality assurance and compliance.
- d. Total FTEs/Salaries: 2.25 total FTE
- e. Employee Benefits: include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance have been calculated based on annual cost of \$4,037 per full time equivalent.
- f. Total Personnel Expenditures: \$26,359 estimated salary and benefit cost for the three-month period April – June, 2006.

2. Operating Expenditures

- a. Professional Services: None.
- b. Travel and Transportation: None.
- c. General Office Expenditures: \$175 estimated cost for items such as office supplies and postage.
- d. Rent, Utilities and Equipment: \$2,589 estimated cost for communications, equipment lease and facilities rent for the period April – June, 2006.

- e. Other Operating Expenses: None.
- f. Total Operating Expenditures: \$2,764

3. County Allocated Administration

- a. Countywide Administration (A-87). None.
- b. Other Administration. None.
- c. Total County Allocated Administration: None.

B. Revenues

1. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Other Revenue: None.

- C. Start-up and One-Time Implementation Expenditures: \$58,675 funding for improvement of the functionality of Electronic Medical Records information system. The improvement of electronic medical records system will assist in the thorough transformation of services to clients through improved access and functionality of charts. These improvements will also serve to capture additional data elements that will be used for MHSa reporting requirements.

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

County(ies): **HUMBOLDT**

Fiscal Year: **2006-07**

Date: **11/28/05**

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSA Coordinator(s) - Deputy Mental Health Branch Director		0.50	\$18,670
b. MHSA Support Staff - Administrative Analyst			
c. Other Personnel (list below)			
i. Medical Records Staff		0.50	\$11,055
ii. Fiscal Supports Staff		1.00	\$32,712
iii. Quality Assurance Staff		0.25	\$14,155
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	2.25	\$76,591
e. Employee Benefits			\$28,844
f. Total Personnel Expenditures			\$105,435
<b>2. Operating Expenditures</b>			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			\$700
d. Rent, Utilities and Equipment			\$10,356
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$11,056
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
<b>4. Total Proposed County Administration Budget</b>			<b>\$116,491</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Other Revenue			
<b>2. Total Revenues</b>			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			<b>\$116,491</b>

**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: November 28, 2005

Signature \_\_\_\_\_

Local Mental Health Director

Executed at Eureka, California

**MENTAL HEALTH SERVICES ACT**  
**Community Services and Supports**  
**Administration Budget Narrative**  
**County of Humboldt County Dept. of Health and Human Services**  
**FY 2006-2007**

A. Expenditures

Administrative expenditure budget for fiscal year 2006-2007 is based on current rates for salary, benefits and operating expenses.

1. Personnel Expenditures:

- a. MHSA Coordinator(s): Deputy Mental Health Branch Director will coordinate and direct CSS work plan implementation teams.
- b. MHSA Support Staff: .50 FTE Administrative Analyst. Administrative Analyst will serve as administrative support to MHSA staff and management as well as provide technical assistance in MHSA related matters.
- c. Other Personnel
  - i. Medical Records Staff: .50 FTE Medical Office Assistant
  - ii. Fiscal Support Staff: 1.0 FTE Fiscal Assistant to provide clerical support for Medi-Cal claiming and fiscal reporting.
  - iii. Quality Assurance Staff: .25 FTE Administrative Analyst to provide support for quality assurance and compliance.
- d. Total FTEs/Salaries: 2.25 total FTE
- e. Employee Benefits: include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance have been calculated based on annual cost of \$4,037 per full time equivalent.
- f. Total Personnel Expenditures: \$105,435 estimated salary and benefit.

2. Operating Expenditures

- a. Professional Services: None.
- b. Travel and Transportation: None.
- c. General Office Expenditures: \$700 estimated cost for items such as office supplies and postage.
- d. Rent, Utilities and Equipment: \$10,356 estimated cost for communications, equipment lease and facilities rent for year two.
- e. Other Operating Expenses: None.

f. Total Operating Expenditures: \$11,056

3. County Allocated Administration

- a. Countywide Administration (A-87). None.
- b. Other Administration. None.
- c. Total County Allocated Administration: None.

B. Revenues

1. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Other Revenue: None.

C. Start-up and One-Time Implementation Expenditures: None.

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

County(ies): **HUMBOLDT**

Fiscal Year: **2007-08**

Date: **11/28/05**

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSA Coordinator(s) - Deputy Mental Health Branch Director			
b. MHSA Support Staff - Administrative Analyst		0.50	\$18,670
c. Other Personnel (list below)			
i. Medical Records Staff		0.50	\$11,055
ii. Fiscal Supports Staff		1.00	\$32,712
iii. Quality Assurance Staff		0.25	\$14,155
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	2.25	\$76,591
e. Employee Benefits			\$28,844
f. Total Personnel Expenditures			\$105,435
<b>2. Operating Expenditures</b>			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			\$700
d. Rent, Utilities and Equipment			\$10,356
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$11,056
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
<b>4. Total Proposed County Administration Budget</b>			<b>\$116,491</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Other Revenue			
<b>2. Total Revenues</b>			
			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			<b>\$116,491</b>

**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: November 28, 2005

Signature \_\_\_\_\_

Local Mental Health Director

Executed at Eureka, California

**MENTAL HEALTH SERVICES ACT**  
**Community Services and Supports**  
**Administration Budget Narrative**  
**County of Humboldt County Dept. of Health and Human Services**  
**FY 2007-2008**

A. Expenditures

Administrative expenditure budget for fiscal year 2007-2008 is based on current rates for salary, benefits and operating expenses.

1. Personnel Expenditures:

- a. MHSA Coordinator(s): Deputy Mental Health Branch Director will coordinate and direct CSS work plan implementation teams.
- b. MHSA Support Staff: .50 FTE Administrative Analyst. Administrative Analyst will serve as administrative support to MHSA staff and management as well as provide technical assistance in MHSA related matters.
- c. Other Personnel
  - i. Medical Records Staff: .50 FTE Medical Office Assistant
  - ii. Fiscal Support Staff: 1.0 FTE Fiscal Assistant to provide clerical support for Medi-Cal claiming and fiscal reporting.
  - iii. Quality Assurance Staff: .25 FTE Administrative Analyst to provide support for quality assurance and compliance.
- d. Total FTEs/Salaries: 2.25 total FTE
- e. Employee Benefits: include unemployment insurance, OASDI contribution, health and dental insurance, retirement contribution and other employee benefits. Benefits are calculated at 25.8 percent of base salaries. Workers compensation, Liability and bond insurance have been calculated based on annual cost of \$4,037 per full time equivalent.
- f. Total Personnel Expenditures: \$105,435 estimated salary and benefit.

2. Operating Expenditures

- a. Professional Services: None.
- b. Travel and Transportation: None.
- c. General Office Expenditures: \$700 estimated cost for items such as office supplies and postage.
- d. Rent, Utilities and Equipment: \$10,356 estimated cost for communications, equipment lease and facilities rent for year three.
- e. Other Operating Expenses: None.

f. Total Operating Expenditures: \$11,056

3. County Allocated Administration

- a. Countywide Administration (A-87). None.
- b. Other Administration. None.
- c. Total County Allocated Administration: None.

B. Revenues

1. New Revenues

- a. Medi-Cal (FFP only): None.
- b. Other Revenue: None.

C. Start-up and One-Time Implementation Expenditures: None.

**PART II**  
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

**SECTION VI**  
DEVELOPING WORK PLANS WITH TIMEFRAMES AND  
BUDGETS/STAFFING

**SUB-SECTION III**  
REQUIRED EXHIBITS

Exhibit 1 is the cover and face sheet of this document.  
Exhibits 2 and 3 are located in Part II, Section VI, Subsection 1.  
Exhibits 4, 5a and 5b are located in Part II, Section VI, Subsection II.  
Exhibits 6 and 7 follow.

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 1
Program Work Plan Name: Rural Outreach Service Enterprise (ROSE)
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
50	Mobile access to services in rural and remote communities							50		50	
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
25	Peer provided outreach, engagement							25		25	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 2
Program Work Plan Name: Wellness Center
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
25	Self help center, client and family driven service							25		25	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
6	Peer provided outreach, engagement							6		6	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 3
Program Work Plan Name: Assertive Community Treatment (ACT)
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	TAY with severe mental illness, including those with co-occurring substance abuse disorders.							1		1	
Adults	Adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.							16		16	
Older Adults	Older Adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.							1		1	

<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
18	Supportive housing, employment and education supports, medication support services							18		18	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 4
Program Work Plan Name: Outpatient Medication Services Expansion
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
72	Program expansion to enhance collaborative efforts between MHB and primary care physicians' network							72		72	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
36	On-site services and consultation to							36		36	

	primary care clinics									
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**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 5
Program Work Plan Name: Transition-Age Youth Leadership Representative
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
10	TAY involvement in planning and service development							10		10	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
5	Outreach to unserved youth							5		5	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 6
Program Work Plan Name: Alternative Response Team Cross-Branch Program
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
25	Integrated services and supports for children and their families							25		25	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
10	Clinician to provide parental education							10		10	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 7
Program Work Plan Name: Older and Dependent Adults Program Expansion
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
15	Integrated multi-disciplinary assessment/planning/services							15		15	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
12	Mobile services to reach older and dependent adults							12		12	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 8
Program Work Plan Name: Street Outreach Services (SOS) Expansion
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
18	Outreach and engagement to homeless and those at risk of homelessness. Integrated services w/ Law Enforcement							18		18	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 9
Program Work Plan Name: Integrated Program and Planning Support Structures
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
29	Infrastructure to develop capacity to provide for clients' wellness/recovery, provide evidence-based and culturally competent services, provide education and training opportunities							29		29	

<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 1
Program Work Plan Name: Rural Outreach Service Enterprise (ROSE)
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
100	Mobile access to services in rural and remote communities	50		65		80		100		100	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
40	Peer provided outreach, engagement	25		30		35		40		40	

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

**Estimated/Actual Population Served**

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

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
50	Self help center, client and family driven service	25		33		45		50		50	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
13	Peer provided outreach, engagement	6		9		11		13		13	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 3
Program Work Plan Name: Assertive Community Treatment (ACT)
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	TAY with severe mental illness, including those with co-occurring substance abuse disorders.	1		1		1		2		2	
Adults	Adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.	16		18		20		22		22	
Older Adults	Older Adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.	1		1		1		1		1	

<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
25	Supportive housing, employment and education supports, medication support services	18		20		22		25		25	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 4
Program Work Plan Name: Outpatient Medication Services Expansion
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
100	Program expansion to enhance collaborative efforts between MHB and primary care physicians' network	72		80		92		100		100	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
50	On-site services and consultation to	36		42		46		50		50	

	primary care clinics									
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**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 5
Program Work Plan Name: Transition-Age Youth Leadership Representative
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
20	TAY involvement in planning and service development	10		14		16		20		20	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
10	Outreach to unserved youth	5		7		9		10		10	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 6
Program Work Plan Name: Alternative Response Team Cross-Branch Program
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
84	Integrated services and supports for children and their families	25		47		67		84		84	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
16	Clinician to provide parental education	10		12		14		16		16	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 7
Program Work Plan Name: Older and Dependent Adults Program Expansion
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
27	Integrated multi-disciplinary assessment/planning/services	15		20		24		27		27	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
22	Mobile services to reach older and dependent adults	12		16		19		22		22	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 8
Program Work Plan Name: Street Outreach Services (SOS) Expansion
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
50	Outreach and engagement to homeless and those at risk of homelessness. Integrated services w/ Law Enforcement	18		30		42		50		50	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 9
Program Work Plan Name: Integrated Program and Planning Support Structures
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
108	Infrastructure to develop capacity to provide for clients' wellness/recovery, provide evidence-based and culturally competent services, provide education and training opportunities	29		60		90		108		108	

<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 1
Program Work Plan Name: Rural Outreach Service Enterprise (ROSE)
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
250	Mobile access to services in rural and remote communities	100		150		200		250		250	
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	Peer provided outreach, engagement	40		44		46		50		50	

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

**Estimated/Actual Population Served**

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

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
75	Self help center, client and family driven service	50		65		70		75		75	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
19	Peer provided outreach, engagement	13		15		17		19		19	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 3
Program Work Plan Name: Assertive Community Treatment (ACT)
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	TAY with severe mental illness, including those with co-occurring substance abuse disorders.	2		2		2		2		2	
Adults	Adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.	22		24		26		27		27	
Older Adults	Older Adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.	1		1		1		1		1	

<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
30	Supportive housing, employment and education supports, medication support services	25		27		29		30		30	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 4
Program Work Plan Name: Outpatient Medication Services Expansion
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
140	Program expansion to enhance collaborative efforts between MHB and primary care physicians' network	100		115		130		140		140	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
60	On-site services and consultation to	50		53		56		60		60	

	primary care clinics										
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**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 5
Program Work Plan Name: Transition-Age Youth Leadership Representative
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
30	TAY involvement in planning and service development	20		24		26		30		30	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
15	Outreach to unserved youth	10		12		14		15		15	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 6
Program Work Plan Name: Alternative Response Team Cross-Branch Program
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
100	Integrated services and supports for children and their families	84		90		96		100		100	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
20	Clinician to provide parental education	16		17		19		20		20	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 7
Program Work Plan Name: Older and Dependent Adults Program Expansion
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
54	Integrated multi-disciplinary assessment/planning/services	27		35		43		54		54	
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
20	Mobile services to reach older and dependent adults	20		20		20		20		20	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 8
Program Work Plan Name: Street Outreach Services (SOS) Expansion
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
75	Outreach and engagement to homeless and those at risk of homelessness. Integrated services w/ Law Enforcement	50		58		66		75		75	

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

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 9
Program Work Plan Name: Integrated Program and Planning Support Structures
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
135	Infrastructure to develop capacity to provide for clients' wellness/recovery, provide evidence-based and culturally competent services, provide education and training opportunities	108		116		124		135		135	

<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>

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

County	<u>HUMBOLDT</u>	Date	<u>11/28/05</u>
MHSA Component	<u>Comm. Services and Supports</u>	Fiscal Year	<u>2005-06</u>
		Quarter	<u>1st (July - Sept)</u>

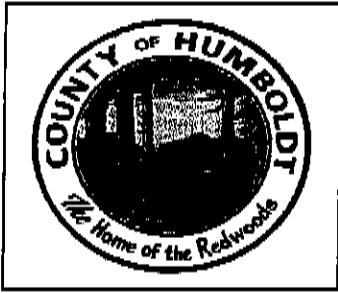
<b>A. Cash Flow Activity</b>	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	
2. Quarterly advance from State DMH (insert as positive number)	
3. Total cash available (sum of lines 1 and 2)	\$0
4. Actual expenditures (insert as a negative number)	
5. Adjustments of prior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

### COUNTY CERTIFICATION

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

Signature	
Name and Title	<u>Melissa Chilton, Budget Specialist</u>
E-Mail Address	<u><a href="mailto:mchilton@co.humboldt.ca.us">mchilton@co.humboldt.ca.us</a></u>
Telephone Number	<u>(707) 441-5446</u>

**ATTACHMENT A**  
**SAMPLES OF PUBLICITY FOR AND ABOUT THE**  
**REGIONAL COMMUNITY MEETINGS**



**COUNTY OF HUMBOLDT**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PHILLIP R. CRANDALL, DIRECTOR

507 F St.

Eureka, CA 95501

(707) 441-5400

(707) 441-5412 fax

## *News Release*

**Date: May11, 2005**

**For Immediate Release**

**Released by: Lance Morton, Mental Health Branch Director**

**Contact: Lance Morton, 268-2990**

**Leslie Lollich, Public Education and Outreach 441-5409**

### **HUMBOLDT COUNTY MENTAL HEALTH RECEIVES FUNDING FOR MENTAL HEALTH PLANNING**

A three-year process is now underway that is designed to facilitate community transformation for the care and support of the mentally ill.

Just six months after voters approved Proposition 63, the Humboldt County Dept. of Health and Human Services Mental Health Branch has received approval for the first wave of funding from the Mental Health Services Act (MHSA). These initial funds are earmarked for the planning process. Humboldt was one of a handful of counties to receive approval without conditions.

"We're very pleased with the progress we've made since November. We've already started the planning process and community response has been encouraging," said Lance Morton, Mental Health Branch director.

In the next few weeks, the county will receive almost \$116,000 from the California Dept. of Mental Health. County health officials invite the public to contribute ideas and concepts about how to "transform" the community and county health and social service delivery system.

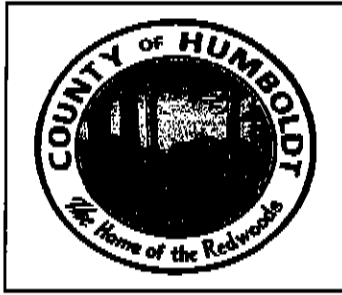
The first Community Meeting will be in Willow Creek May 23rd. Additional Community Meetings will be in Fortuna May 24<sup>th</sup>, Orick May 25th, Redway May

26<sup>th</sup>, Eureka May 31<sup>st</sup>, and Arcata June 1<sup>st</sup>. A survey is being developed to gather input and there will be other opportunities for public comment. Discussions will focus on positive results. With community input, county officials will look at what works best when families are in trouble and need to reach out for help.

Once the Community Program Planning process is complete, the Dept. of Health and Human Services, which includes the Social Service, Public Health and Mental Health Branches, will submit detailed program and spending proposals to the state Dept. of Mental Health.

Funding for the MHSA was outlined by Proposition 63. It was passed by 53 percent of voters in California last November. In Humboldt Co., the measure passed by more than 60 percent – one of the highest rates in the state.

###



**COUNTY OF HUMBOLDT**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PHILLIP R. CRANDALL, DIRECTOR

507 F St.

Eureka, CA 95501

(707) 441-5400

(707) 441-5412 fax

## *Memo*

**Date: May 23, 2005**

**Contact: Leslie Lollich, Public Education and Outreach 441-5409**

To Whom It May Concern:

Community members are strongly encouraged to participate in several Community Meetings sponsored by the Mental Health Branch of the Humboldt County Department of Health and Human Services.

We're hoping you can help by posting the enclosed fliers. Also, feel free to copy and distribute to anyone you think could benefit by participating. Our department and the community will benefit by gathering as much public input as possible.

The Mental Health Services Act was passed in November by more than 60 percent of Humboldt County's voters – it was one of the highest rates in the state.

Thank you for your help and if you have any questions, feel free to call or e-mail at [llollich@co.humboldt.ca.us](mailto:llollich@co.humboldt.ca.us).

Program. RSVP (877) 968-HIKE.

### WELLNESS

**True Suffering Discussion.** 7 p.m. Redwood Yogurt, 1593 G St., Arcata. Discuss ways to transform suffering into consciousness. 502-1322.

### ETC.

**Bones Pet Rescue.** Noon-4 p.m. Petco, Bayshore Mall, Eureka. Adoptable dogs available. 822-0140.

**Grange Breakfast.** 7 a.m.-noon. Humboldt Grange #501, 5845 Humboldt Hill Road, \$4 adults/\$2 children under 12, 268-3806.

**Yard Sale.** Southern Humboldt Action Center, Redwood Drive between Denise's Café and the Brass Rail, Redway, 923-1116. (See May 27 listing.)

## 29 Sunday

### EVENTS

**Farmer's Market.** 11 a.m.-2 p.m. Corner of Hwy. 299 and Hwy. 96, Willow Creek. Certified producers, artisans, musicians invited. (530) 629-3488.

**Kinetic Sculpture Race.** 9 a.m. water entry, Eureka Waterfront. 845-1717. (See May 28 and 30 listings.)

**Lost Coast Puppet Feast.** A.W. Way Campground, Petrolia. Skeleton Woman, Puppet Pantomime, The Naked Puppeteers and more. Shows \$10/. workshops \$15/weekend pass \$65. 445-5853. (See May 27 and 28 listings.)

### THEATER

**Sunshine Boys.** 2 p.m. Ferndale Rep. \$12/\$10 students and seniors. (See May 26 listing.)

### MUSIC

**Roots Rock Reggae Music Festival.** 4-9 p.m. Arcata High School Auditorium, 1720 M St., Arcata. Reggae by Creation with antiviolenence message, Ta-Mu International African Rhythm Band opens. \$20 donation. 812-0211.

### DANCE

**Spring Fever Children's Concert.** 2 p.m. North Coast Dance, 426 F St., Eureka. (See May 28 listing.)

### LECTURE

**Understanding Islam.** 1-2 p.m. Arcata Library, 500 7th St., Arcata. HSU Professor Emeritus Abdul Aziz talks about The Quran, its contents and relationship to the previous scriptures. 822-8217.

### OUTDOOR

**Elk Head, Trinidad Wildflower Walk.** 10 a.m. Meet at College Cove parking lot on Stagecoach Road. Plant list provided. 822-7190.

### ETC.

mask-making, mosaics, expressive activities. Drop-ins welcome. 726-9048.

### ETC.

**Mental Health Services Act Public Meeting.** 5:30-8:30 p.m. Wharfinger Building, 1 Marina Way, Eureka. Public input requested on the voter-approved initiative Prop. 63. 268-2990.

**Fire Planning and Education Funding Deadline.** Those who wish to apply for Title III fire safety funding must do so by midnight. (530) 527-0666.

**Redwood Coast Writers' Center.** 7:30 p.m. The Ink People, 411 12th St., Eureka. Writers group open to all ages and skill levels. \$1. 441-9994.

## 1 Wednesday

### THEATER

**Earth Rhythms Performance Company Auditions.** 7 p.m. Call for appointment and location. 822-3648. (See May 31 listing.)

### FILM

**Orwell Rolls in His Grave.** 7:15 p.m. Democratic United Headquarters, 139 5th St., Eureka. Director Robert Pappas explores the Orwellian world of doublespeak and media hypocrisy. 733-5184.

### ETC.

**Mental Health Services Act Public Meeting.** 5:30-8:30 p.m. Arcata Community Center. (See May 31 listing.)

## 2 Thursday

### THEATER

**Sunshine Boys.** 8 p.m. Ferndale Rep. \$12/\$10 students, seniors. (See May 26 listing.)

**Dancers.** 8 p.m. North Coast Rep. \$12/\$10 students, seniors. (See May 26 listing.)

### LECTURE

**Controlling Workers Comp Costs.** 9-11 a.m. Prosperity Center, 520 E St., Eureka. College of the Redwoods class for employers safety training and what to do when an employee is injured. 441-9317.

### ETC.

**Henderson Center Farmers' Market Season Open.** 10 a.m.-1 p.m., every Thursday through October. Located on F Street between Henderson and Russ streets. Fresh fruits,

Nc Journal 5/26/05 p 4

CONTINUED FROM PAGE 3

# Mailbox

Your Voice Matters!

## Community Meeting

**EUREKA**  
**Tuesday, May 31st**  
**Wharfinger Building**  
**5:30 - 8:30 p.m.**

— OR —

**ARCATA**  
**Wednesday, June 1st**  
**Arcata Community Center**  
**5:30 - 8:30 p.m.**

To find out more about the  
**MENTAL HEALTH SERVICES ACT**  
and how you can participate, log onto  
<http://www.humboldtcausyhhs/mhisa.asp>  
or call (707) 463-5911

### Don't move museum

**Editor:**  
In a recent *Journal* article, HSU administration discussed moving the Natural History Museum from Arcata to Eureka.  
It is the only museum in Arcata. Eureka already boasts fine museums including the Discovery, Clarke and Morris Graves. The north bay contains only the NHM and Telonicher (also proposed for removal from its stunning and scientifically sound location at Trinidad).

Freely accessible indoor resources in Arcata are already limited; without the museum, only the small Arcata Library and the Marsh Center would offer exploration for children and adults during the long rainy season.  
Arcata, Bayside and McKinleyville communities are heavily invested in the Natural History Museum. Seventy six percent of the NHM membership and 77 percent of children enrolling for summer classes live in the north bay. And, over a hundred HSU students volunteer and intern at the museum each year. Most students do not own a car, and often have only a few hours to work between classes.

To my family, the NHM is a piece of the heart of Arcata, a place of constant wonder, learning and play. We would be heartbroken if this huge part of our lives were to leave our town. Arcata would be an emptier place without it.

*Maia Cheli-Colando, NHM Advisory Board member*

### Arkley response

**Editor:**  
I read with interest and surprise the letter from Rocky Drill of last week ("Mailbox").  
Rocky was our daughter's math tutor. He came to our

home for several months to tutor her in Algebra II. He was an excellent tutor, was always courteous, and our daughter excelled in math, probably because of him.

Then, last week, I read this sarcastic, hateful letter written by Rocky regarding my husband. I am struck by the rage and, of course, by the hypocrisy. He came to our home. No one forced him to accept this job. We always paid him on the spot, offering him a snack and a cold soda. If he hated us so much, why did he work for us for months? It was sad for us, but most especially for our daughter, who trusted him as a teacher, and now feels completely betrayed.

*Cherie Arkley, Eureka*

### And from Rocky ...

**Editor:**

Last week a letter to the editor that I wrote was published in the *North Coast Journal*. It was about replacing the McKinley statue in Arcata with a Rob Arkley Jr. statue. I felt as though the *Journal's* editing of my letter really changed its tone.

The original letter was intended as a humorous satire in which I made fun of the liberal majority in Arcata (which includes me), the homeless people who populate the Arcata Plaza and Rob Arkley. The edited letter that was published under my name was mostly anger, very little humor. Anger is like banging your head against the wall, nothing really gets accomplished. Satire can allow us to see things from a different perspective. Humor can hopefully help us find creative solutions. The *Arcata Eye* told me that it would publish my entire letter in the next week or two.

*Rocky Drill, Arcata*

May 19, 2005

# One arrested after high-speed chase

Chris Durant  
THE TIMES-STANDARD



SEGIN WADSWORTH/THE TIMES-STANDARD

EUREKA — A wanted parolee led police and parole agents on a high-speed chase Wednesday that ended when the Eureka man lost control of his car on Freshwater Road and went into the thick brush.

The Eureka Police Department said parole agents recognized Roland James Kramer, 46, around 10:35 a.m. on Henderson Street and when they tried to pull him over, Kramer allegedly sped away. Eureka Police officers then joined the pursuit.

The chase continued on Harris Street and reached speeds up to 65 mph.

Kramer turned onto Myrtle Avenue and officers followed him onto Freshwater Road, where police say he was going 70 mph at times.

Near the curve in the road in front of Freshwater Park, Kramer lost control of his car and went into the brush.

Police say Kramer, a wheelchair-user, got out of the car and tried to crawl into the forest. Officers were able to detain and arrest him.

**California Highway Patrol officers are starting the investigation into an accident that was the end result of a high-speed chase from Eureka to Freshwater.**

He was booked into the Humboldt County Jail. The Humboldt County Sheriff's Department also assisted and the California Highway Patrol was called in to investigate the accident.

# County mental health forums start Monday

The Times-Standard

The Humboldt County Mental Health Branch is seeking community input at a series of meetings on how to change the system. The county is in the early stages of a three-year process designed to change the way the community cares for and supports the mentally ill. The county is receiving funds through the Mental Health Services Act, approved by voters in November as Proposition 63. The act adds money into county mental health programs from an additional income tax on millionaires.

Humboldt County will receive almost \$116,000 from the California Department of Mental Health for the planning process in the next few weeks. County health officials are inviting the public to contribute ideas and concepts about how to transform the community and county health and social service delivery system. A survey is being developed to gather input and there will be other opportunities for public comment. Each community meeting is scheduled from 5:30 to 8:30 p.m., at:

- Fortuna High School, Tuesday.
  - Orick School, Wednesday.
  - Redway School, Thursday.
  - Whatringer Building, Eureka, May 31.
  - Arcata Community Center, June 1.
- Once the community program planning process is complete, the county will submit detailed program and spending proposals to the state Department of Mental Health.

## BRIEFS

### Ferndale school celebrates 80th anniversary

FERNDALE — Students from the East, present and maybe even the future will be on hand tonight to celebrate the 80th anniversary of the construction of the main building at Ferndale Elementary School.

The event, which begins at 7 p.m., will include spring concert performances from the intermediate and advanced bands, middle school choir and middle grades select choir.

Longtime resident Charley Lakin, who was a student, teacher and principal at the school, will be among those making presentations.

The event is open to parents, students, family members and others within the community. For information, call 786-5300.

### Sausalito adopts moratorium on medical pot clubs

SAUSALITO — Sausalito officials adopted a 45-day moratorium on the approval of medical pot clubs while the city considers whether regulations should be established to govern them.

The City Council on Tuesday night unanimously approved the measure after receiving several inquiries regarding medical marijuana outlets.

"I think we have a responsibility to take a hard look at this," Councilman Michael

Police drive San J Santa

The As SANTA pursuit of in San Raf Rosa when his tires on CHP report The dr swerved to strip, throw 101 in an ea him on the officers sair But three ing up the when they spikes.

The chase Tuesday nig police tried Chevrolet I the south S exit ramp a Several pr cers were ir reached 80- The seco: thrown ont Robert J about a milk chase ender The susp custody by and returne

police to the bodies pleaded guilty to murder Thursday in a deal with prosecutors that will send her to prison for 63 years. Charlene Dorcy, 39, killed the girls, 2 and 4, with a rifle last June in the Gifford Pinchot National Forest.

Diagnosed a paranoid schizophrenic, she had stopped taking her medication in favor of herbal remedies about four years before the slayings because of concern about the side effects, her husband said. In October, a judge ordered her committed to a hospital and treated with medication for six months, after which doctors pronounced her competent.

During Thursday's court session, Dorcy delivered a rambling statement that did not mention her children. "Unless you are a vegetarian, every time you eat meat you're a murderer," she said.

Prosecutor Peter Banks said Dorcy knew that killing her daughters was wrong. "One thing we've never heard from her is that she's sorry," he said. Banks said the earliest Dorcy could be released is at age 95.

"She did shed tears — the cause of those emotions only she can know," said Dorcy's lawyer, Chris Lanz.

# Your Voice Matters!

**Humboldt County Department of Health and Human Services invites you to participate in our Community Meetings**

**Arcata Community Meeting**  
 Arcata Community Center  
**SENIOR ROOM**  
 Wednesday, June 1st  
 5:30 - 8:30PM

**Eureka Community Meeting**  
 Wharfinger Building  
 1 Marina Way  
**EUREKA**  
 Tuesday, May 31st  
 5:30 - 8:30PM

**To find out more about the Mental Health Services Act (Prop 63) and how you can participate, log onto <http://co.humboldt.ca.us/hhs/mh/mhsa.asp>**

**Questions? Call Joe or Linda at 707-268-2990**

T-S 5/27/05

# Your Voice Matters!

**Humboldt County  
Department of  
Health and Human Services**  
invites you to participate in a

## **Community Meeting**

**Tuesday, May 24th**

*Maggie and Jane*

Maggie had found a home

- by Louise Hope

**Fortuna High School  
Gray Modular at the 14th Street Parking Lot  
Fortuna 5:30—8:30 p.m.**

*distributed in  
all communities  
individually*

**your thoughts  
about  
Humboldt County's  
mental health strengths  
and needs.**

**To find out more about the Mental Health Services Act and how  
you can participate, log onto <http://co.humboldt.ca.us/hhs/mh/mhsa.asp>  
Questions? Call Joe or Linda at (707) 268-2990**

# Your Voice Matters!

*Humboldt County Department of  
Health and Human Services*

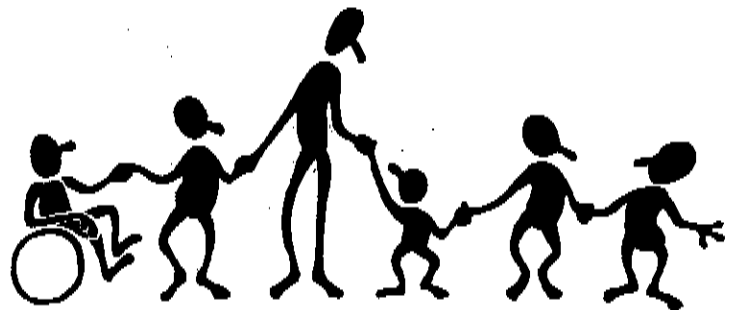
invites you to participate in a

## Community Meeting

**Monday, May 23rd**

**St. Joseph's Community Resource Center  
38883 Highway 299**

**Willow Creek 5:30—8:30 p.m.**



**your thoughts  
about**

**Humboldt County's  
mental health strengths  
and needs.**

**To find out more about the Mental Health Services Act and how  
you can participate, log onto <http://co.humboldt.ca.us/hhs/mh/mhsa/asp>  
Questions? Call Joe or Linda at (707) 268-2990**

June 7, 2005

McKinleyville Press

# County goes into communities for advice on Mental Health Plan

By Daniel Mintz  
PRESS STAFF WRITER

The state ballot measure that will produce long-elusive funding for mental health services has triggered a county planning process to identify the best ways of using the money here. The mental health branch of the county's Department of Health and Human Services has just finished a series of community meetings on the use of Proposition 63 funds, which are drawn from a one percent tax on personal yearly incomes over \$1 million. Approved by voters last November despite Governor Arnold Schwarzenegger's opposition to it, Prop. 63 (the Mental Health Services Act) recognizes that funding for mental health services has not matched the need for them and the measure will yield a local annual share of \$1.2 million.

That will allow the mental health branch to regain ground that's been lost from years of cuts and diversion of vehicle license fee and sales tax revenues. Preparing for that, county mental health specialists are going into Humboldt communities as they assemble a services plan due to the state by Nov. 1.

### 'Inclusive'

Mental Health Branch Director Lance Morton and his staff will continue to assess the county's needs as they embark on the next phase of public planning — meeting with specific "stakeholder groups" that range from Native American Tribes, services clients, "transition age" youths from six- to 21-years-old, law enforcement agencies and gay/lesbian residents.

"It's really crucial that we be as inclusive as we can and listen to as many ideas and thoughts as possible,"

said Morton, whose staff will also use surveys to draw commentary from those who don't attend meetings. Prop. 63 helps reverse the intensifying crisis of mental health funding losses that have siphoned money from local government's ability to provide treatment resources. But since the dearth of funding has been ongoing, it won't be a windfall at first.

"Mental health systems have historically taken shots from the state," Morton said, adding that almost all of his department's funding comes from federal and state sources. "Because mentally ill people aren't thought to vote in large numbers, these services aren't prioritized in Sacramento or Washington, D.C."

When Morton took his county post four years ago, he and his staff faced a \$3 million budget deficit — and that meant cutting up about 13 percent of his budget. Leaving positions vacant and "maximizing and cutting everything we can, sometimes painfully" has been mandatory over the last few years, but Morton reported that the upcoming year's budget will be the first in four years that will be balanced.

The Prop. 63 money will "slowly allow us to build up the system and understand what the community's priorities are for how it gets done," Morton said.

### Preventing hospitalization

The county received \$115,000 for development of a "Plan to Plan" strategy, the first phase of the communitywide planning effort. A more specific approach is being developed with the community meetings, and by next winter or spring, the first shot of Prop. 63 money is expected.

Morton said some service shortfalls are more obvious than others. The "weakest part" of his system

— and others, due to expense and lack of funding — acute care for adults. The county has 40 residents who are involuntary patients at psychiatric facilities, including the Sepperviens and Crestwood facilities in Eureka.

The Mental Health Services Act doesn't cover inpatient services — but Morton believes that having 40 voluntarily hospitalized patients is "unacceptable" — the number can be lowered if preemptive and after-treatment resources are more available.

"The Mental Health Services Act funds can allow us to operate more effectively when clients are in crisis and enhance our staffing so caseloads are lower — it is what the community is asking us to do and it's what we want to do as well," Morton said.

But lack of support for services goes back farther than the recent-state budget crisis, stretching back to the mid-1960s, Morton said, when inpatient hospital care began to close. The situation became more acute in the 1980s, and instead of hospital beds, the mentally ill got the streets.

"We see it every day," Morton said of mentally ill residents who are homeless, and sometimes drug-addicted. Methamphetamine in particular is a "scourge and a plague and horror," Morton reported, and Prop. 63 doesn't cover drug treatment.

Morton does get some money from the state for drug abuse treatment programs, and it was only cut by 10 percent this year (last year, the cut was ten percent). Meanwhile, the state has increased its prison budget.

Given such circumstances, Morton advises if Prop. 63 won't be a magic cure. "It will take us awhile to climb out of this," he said.



state building courtyards, restrict conflicts of interest by elections officials and further restrict young drivers, cleared a key hurdle Thursday as lawmakers beat today's deadline for most bills to pass their first house.

Among the measures that passed Thursday:

**MINIMUM WAGE**

A bill approved by the Assembly would boost California's minimum wage, now \$6.75 an hour, to \$7.25 next July 1 and to \$7.75 on July 1, 2008. It would also require the wage to increase annually, starting in 2008, to keep pace with inflation.

The measure's author, Assemblywoman Sally Lieber, D-Santa Clara, said the increases would give the

would force employers to cut jobs, but Assemblyman Paul Koretz, D-West Hollywood, said that didn't happen when the wage was raised in the past.

A 42-26 vote sent the bill to the Senate.

**GRADUATION EXAM**

The Assembly approved a bill that would allow high schools, with approval of the state school superintendent, to use assessments other than the state exit exam to determine if students qualify for graduation.

The bill's author, Assemblywoman Karen Bass, D-Los Angeles, said 19 other states provide alternatives to their graduation exams. "Students should be allowed other ways to

"We don't need alternative assessments," he said. "What we need is schools that will actually teach the kids standards we set."

A 42-33 vote sent the bill to the Senate.

**SCHWARZENEGGER-SMOKING**

A bill barring smoking in enclosed courtyards at the Capitol and most other state buildings was approved by the Assembly despite Republican complaints that it was "a childish prank" aimed at Gov. Arnold Schwarzenegger.

Democrats responded that it was a serious attempt to protect people from the health risks created by breathing secondhand smoke.

The bill, with some exceptions would bar smoking in outdoor areas that are enclosed by a state building or buildings. It would cover the Capitol courtyard where Schwarzenegger likes to smoke cigars.

Assemblyman Ray Haynes, R-Murrieta, said the bill was "little more than a childish prank" aimed at the Republican governor.

"We didn't do things this dumb in kindergarten," added Assemblyman Jay La Suer, R-La Mesa. "Our roads are shot. Gas prices are too high. The budget is out of balance but by God the governor better not have a cigar out there."

Vargas said he wasn't targeting the governor.

"He's a very nice person. I have

# Second set of mental health meetings to start

The Times-Standard

A second set of community meetings will start Monday and run through June 22 to discuss the Mental Health Services Act (Proposition 63).

Groups of targeted stakeholders will be meeting the following dates, times and locations:

- Families of Clients, Monday, 6 to 9 p.m., 720 Wood, Eureka.
- Education/Schools, Tuesday, 6 to 9 p.m., 720 Wood.
- Law Enforcement/Courts/Probation, Wednesday, 6 to 9 p.m., 720 Wood.
- Clients, Thursday, 1:30 to 4:30 p.m., Humboldt County Library, Eureka.
- Native American Community, Thursday, 6 to 9 p.m., Potawot Village, Arcata.

lage, Arcata.

- Hispanic Community, June 13, 6 p.m., 720 Wood.
- Asian/Pacific Islander Community, June 14, 6 to 9 p.m., 720 Wood.
- Community Providers/Clinics, June 16, 6 to 9 p.m., 720 Wood.
- Transition-Age Youth, June 20,

6 to 9 p.m., 720 Wood.

- Gay/Lesbian/Bisexual/Transgender, June 21, 6 to 9 p.m., 720 Wood.
  - Homeless Community, June 22, 6 to 9 p.m., 720 Wood.
- For further information, contact the Mental Health Branch at 268-2990.

T-S p. 75 6/13/05



Since 1972

## Majesty Interiors

# Spring Sale

## EVENT

- Kirsch • Levolor
- Graber
- Hunter Douglas Blinds

Mon-Thu 9:00 - 5:00  
Friday 9:00 - 2:00

102 W. Fourth St. 443-0815  
At Fourth & Commercial Sts. • Eureka

JUNE 1<sup>ST</sup> - 11<sup>TH</sup>

# GRAND OPENING



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# County Seeks Public's Input on Mental-Health Services

FROM A1

differentiate it from drug addiction and other conditions, and if they know what resources are available, they would know who they can call for advice and help."

Morton said that kind of forethought is "intelligent stuff," and he's impressed that the Southern Humboldt community showed a "desire not just to get handouts, but to gain knowledge that would help the community function better."

## 'Inclusive'

Other issues discussed during the Redway forum included the area's transportation shortcomings and how they affect access to services. Morton and his staff will continue to assess the county's needs as they embark on the next phase of public planning — meeting with specific "stakeholder groups" that range from Native American Tribes, services clients, "transition age" youths from six- to 21-years-old, law enforcement agencies and gay/lesbian residents.

"It's really crucial that we be as inclusive as we can and listen to as many ideas and thoughts as possible," said Morton, whose staff will also use surveys to draw commentary from those who don't attend meetings.

Prop. 63 helps reverse the intensifying series of mental-health funding losses that have subtracted from local government's ability to provide treatment resources. But since the dearth of funding has been ongoing, it won't be a windfall at first.

"Mental-health systems have historically taken shots from the state," Morton said, adding that almost all of his department's funding comes from federal and state sources. "Because mentally ill people aren't thought to vote in large numbers, these services are not prioritized in Sacramento or Washington, D.C."

When Morton took his county post four years ago, he and his staff faced a \$3 million budget deficit — and that meant cutting up about 13 percent of his budget. Leaving positions

vacant and "maximizing and cutting everything we can, sometimes painfully" has been mandatory over the last few years, but Morton reported that the upcoming year's budget will be the first in four years that will be balanced.

The Prop. 63 money will "slowly allow us to build up the system and understand what the community's priorities are for how it gets done," Morton said.

## Preventing Hospitalization

The county received \$115,000 for development of a "Plan to Plan" strategy, the first phase of the communitywide planning effort. A more specific approach is being developed with the community meetings, and by next winter or spring, the first shot of Prop. 63 money is expected.

Morton said some service shortfalls are more obvious than others. The "weakest part" of his system — and others, due to expense and lack of funding — is acute care for adults. The county has 40 residents who are involuntary patients at psychiatric facilities, including the Sempervirens and Crestwood facilities in Eureka.

The Mental Health Services Act doesn't cover inpatient services — but Morton believes that having 40 involuntarily hospitalized patients is "unacceptable" and the number can be lowered if preemptive and after-care treatment resources are more available.

"The Mental Health Services Act funds can allow us to operate more effectively when clients are in crisis and enhance our staffing so case-loads are lower — that is what the community is asking us to do and it's what we want to do as well," Morton said.

But lack of support for services goes back farther than the recent state budget crisis, stretching back to the mid-1960s, Morton said, when inpatient hospitals began to close. The situation became more acute in the 1980s, and instead of hospital

beds, the mentally ill got the streets. "We see it every day," Morton said of mentally ill residents who are homeless, and sometimes drug-addicted. Methamphetamine in particular is a "scourge and a plague and horror," Morton reported, and Prop. 63 doesn't cover drug treatment.

Morton does get some money from the state for drug abuse treatment programs, and it was only cut by two percent this year (last year, the cut was ten percent). Meanwhile, the state has increased its prison budget.

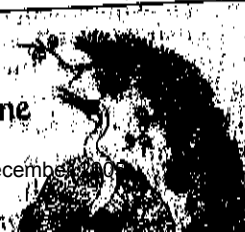
Given such circumstances, Morton advises that Prop. 63 won't be a magic cure. "It will take us awhile to climb out of this," he said.

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Humboldt County MSHA CSS Program and Expenditure Plan - December 2000

Gentle and effective care for acute and chronic conditions, allergies, women's



## **ATTACHMENT B**

### **PUBLICITY FOR AND ABOUT THE TARGETED STAKEHOLDER MEETINGS**

Humboldt Beacon 6/9/05

# County sets more meetings about mental health services

The county Department of Health and Human Services has started a second set of community meetings to discuss the Mental Health Services Act (Prop. 63). Groups of targeted stakeholders will meet as follows:

- June 9: Native American Community, 6-9 p.m. at Potawot Village, Arcata
- June 13: Hispanic Community, 6-9 p.m. at 720 Wood, Eureka
- June 14: Asian/Pacific Islander Community, 6-9 p.m. at 720 Wood, Eureka
- June 16: Community Providers/Clinics, 6-9 p.m. at 720 Wood, Eureka
- June 20: Transition-Age Youth, 6-9 p.m. at 720 Wood, Eureka
- June 21: Gay/ Lesbian/ Bisexual/ Transgender, 6-9 p.m. at 720 Wood,

Eureka  
 June 22: Homeless Community, 6-9 p.m. at 720 Wood, Eureka  
 Families of Clients, Education/Schools, and Law Enforcement/Courts/Probation meetings were held on June 6, 7 and 8, also in Eureka. A meeting with clients was planned for 1:30-4 p.m. today at the Humboldt County Library. Notification of those meet-

ings was sent after the June 2 Humboldt Beacon was printed.  
 The Department of Health and Human Services Mental Health Branch has sponsored events throughout the county to gather public input on the voter-approved initiative.  
 For further information, contact the Mental Health Branch at 268-2990.

**Jamie Christensen - Manicurist**  
 Formerly at Studio Looks



Nail Tips • Sculptures • Pedicure Spa •  
 Fills & Gels • Acrylics • Nail Art  
**Effective June 1st, I will be at**  
 Get Nailed & More  
 331 N. Fortuna Blvd.  
 725-1143

**Hurry!**  
 There's only a few of these genuine Lane leather sofas available at this price!

**Lane Father's Day**

**SALE**

This year... give him the comfort and quality of a Lane leather sofa.

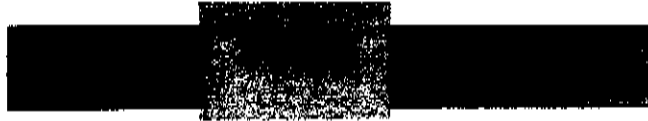
Reg. Price **\$999**, now **\$499!**

The Tate

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# **Mental Health Services Act (Prop. 63)**



**Department of Health and Human Services  
Mental Health Branch  
Targeted Stakeholder Meeting—Mental Health Branch Organizational Providers**

**DEAR MENTAL HEALTH BRANCH ORGANIZATIONAL PROVIDERS,**

**YOU ARE INVITED** to participate in a conversational meeting with other Mental Health Branch Organizational Providers to share your thoughts and ideas about Humboldt County's mental health strengths and needs, and to learn more about the Mental Health Services Act and Humboldt County's integrated service efforts.

**PLEASE JOIN US.** Your comments will help to inform our Mental Health Services Act planning process.

**DATE: Wednesday, June 15, 2005**

**TIME: 6:00-9:00pm**

**LOCATION: Rainbow Room, 720 Wood Street, Eureka**

**RSVP TO: Joe or Linda**

**PHONE: 268-2990**



*For more information on the Mental Health Services Act planning process, please visit our website at <http://co.humboldt.ca.us/hhs/mh/mhsa.asp>*

## **ATTACHMENT C**

### **SCHEDULES AND GROUP DEMOGRAPHICS FOR THE AGE-SPECIFIC ADVISORY GROUPS**

## Advisory Group Work Schedule\*

Date	Time	Group
June 21	1:30-3:30	All Advisory Groups
July 5	8:30-12:15	Children and Youth
	8:30-12:15	Adult
	1:15-5:00	Transition Age Youth
	1:15-5:00	Older Adult
July 7	8:30-12:15	Children and Youth
	8:30-12:15	Adult
	1:15-5:00	Transition Age Youth
	1:15-5:00	Older Adult
July 12	8:30-12:15	Children and Youth
	8:30-12:15	Adult
	1:15-5:00	Transition Age Youth
	1:15-5:00	Older Adult
July 14	8:30-12:15	Children and Youth
	8:30-12:15	Adult
	1:15-5:00	Transition Age Youth
	1:15-5:00	Older Adult
July 19	8:30-12:15	Children and Youth
	8:30-12:15	Adult
	1:15-5:00	Transition Age Youth
	1:15-5:00	Older Adult
July 20	8:30-12:15	Children and Youth
	8:30-12:15	Adult
	1:15-5:00	Transition Age Youth
	1:15-5:00	Older Adult

\* All meetings are at the Professional Building at 507 F St., Eureka.

## MHSA Age-specific\* Advisory Group Membership Composition (\*Child & Youth, \*Transition-Age Youth, \*Adult, \*Older Adult)

Mandated Members: client, family, provider, education, law enforcement, social services

- 1.) Mental Health Board Co-chair
- 2.) Mental Health Branch Co-chair
- 3.) SSB Rep
- 4.) PHB Rep
- 5.) MHB Rep
- 6.) Education Rep
- 7.) Law Enforcement Rep
- 8.) Org Provider Rep
- 9.) Client
- 10.) Client
- 11.) Family
- 12.) At-large member

## **ATTACHMENT D**

### **COPY OF THE COMMUNITY STRENGTHS AND NEEDS SURVEY**

In your community, what group of people do you see as being the most at risk?

In your community, what group of people do you see as being the most underserved?

In your community, what group of people do you see as being un-served?

In your community, what group of people do you see as being inappropriately served?

Thank you!

If you would like to make more comments on issues not addressed in this survey, please write them on them on any of these pages.



**Dear Consumer, Family Member and Community Member:**

In November 2004, California voters passed a law to provide funding to expand mental health services in the community.

We want to know what you see as the most important mental health concerns or needs for children and youth, transition-age youth, adults and older adults in Humboldt County, and what you think would make things better. We invite you to share your ideas by writing them on this sheet.

DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
**MENTAL HEALTH BRANCH**

**RETURN TO:**  
Department of  
Health and Human  
Services  
Mental Health Branch  
720 Wood Street  
Eureka, CA 95501

Department of  
Health and Human Services  
Mental Health Branch  
720 Wood Street  
Eureka, CA 95501



Please tell us a little about yourself.

I am a:  mental health consumer  
 family member of a consumer  
 mental health provider  
 other (specify) \_\_\_\_\_

City/Town: \_\_\_\_\_

Location:  Central Humboldt County  
 Northern Humboldt County  
 Eastern Humboldt County  
 Southern Humboldt County

Age: \_\_\_\_\_  
Gender: Male  Female   
Ethnicity: \_\_\_\_\_  
Preferred language: \_\_\_\_\_

Which community issues that result from untreated mental illness in CHILDREN & YOUTH (0-18yo), which concern you the most?

Please circle, rate lowest = 1 to highest = 5.

- A. Isolation & loneliness 1 2 3 4 5
- B. Not going or failing in school 1 2 3 4 5
- C. Disobeying parents & teachers 1 2 3 4 5
- D. In trouble with the law or police 1 2 3 4 5
- E. Psychiatric hospitalization 1 2 3 4 5
- F. Abuse by parents or others 1 2 3 4 5
- G. Removal from home 1 2 3 4 5
- H. Homeless or runaway 1 2 3 4 5
- I. Drug or alcohol abuse 1 2 3 4 5
- J. Other (specify below) 1 2 3 4 5

What kind of help do you think CHILDREN & YOUTH need most for these problems?

What qualities in yourself, your culture, or your community help CHILDREN & YOUTH cope with these problems?

Which community issues that result from untreated mental illness in TRANSITION-AGE YOUTH (18-24), which concern you the most?

Please circle, rate lowest = 1 to highest = 5.

- A. Isolation & loneliness 1 2 3 4 5
- B. not able to continue with education 1 2 3 4 5
- C. Not able to work 1 2 3 4 5
- D. In trouble with the law or police 1 2 3 4 5
- E. Psychiatric hospitalization 1 2 3 4 5
- F. Abuse by others 1 2 3 4 5
- G. Unsafe housing 1 2 3 4 5
- H. Homeless 1 2 3 4 5
- I. Drug or alcohol abuse 1 2 3 4 5
- J. Other (specify below) 1 2 3 4 5

What kind of help do you think TRANSITION-AGE YOUTH need most for these problems?

What qualities in yourself, your culture, or your community help TRANSITION-AGE YOUTH cope with these problems?

Which community issues that result from untreated mental illness in ADULTS, which concern you the most?

Please circle, rate lowest = 1 to highest = 5.

- A. Isolation & loneliness 1 2 3 4 5
- B. not able to work 1 2 3 4 5
- C. In trouble with the law or police 1 2 3 4 5
- D. Institutionalization 1 2 3 4 5
- E. Psychiatric hospitalization 1 2 3 4 5
- F. Abuse by others 1 2 3 4 5
- G. Unsafe housing 1 2 3 4 5
- H. Homeless 1 2 3 4 5
- I. Drug or alcohol abuse 1 2 3 4 5
- J. Other (specify below) 1 2 3 4 5

What kind of help do you think ADULTS need most for these problems?

What qualities in yourself, your culture, or your community help ADULTS cope with these problems?

Which community issues that result from untreated mental illness in OLDER ADULTS, which concern you the most?

Please circle, rate lowest = 1 to highest = 5.

- A. Isolation & loneliness 1 2 3 4 5
- B. Grief & loss 1 2 3 4 5
- C. In trouble with the law or police 1 2 3 4 5
- D. Institutionalization 1 2 3 4 5
- E. Psychiatric hospitalization 1 2 3 4 5
- F. Abuse by others 1 2 3 4 5
- G. Unsafe housing 1 2 3 4 5
- H. Homeless 1 2 3 4 5
- I. Drug or alcohol abuse 1 2 3 4 5
- J. Other (specify below) 1 2 3 4 5

What kind of help do you think OLDER ADULTS need most for these problems?

What qualities in yourself, your culture, or your community help OLDER ADULTS cope with these problems?

**ATTACHMENT E**  
**COUNTY'S MHSA WEBSITE**

# Mental Health Branch

Humboldt County Department of  
Health & Human Services



**HHS Home | Public Health | Mental Health | Social Services | Alcohol & Other Drug Programs**

## WELCOME TO THE HUMBOLDT COUNTY MENTAL HEALTH SERVICES ACT (PROP 63) WEBSITE

### ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA)

The Mental Health Services Act (MHSA) will provide funding to counties to expand and develop innovative and integrated mental health services for children, youth, adults, and older adults. California voters passed Prop 63 in November 2004 as the result of a grassroots coalition intending to transform public mental health care. The intent of this website is to inform and invite you to participate in the implementation of the MHSA.

### SITE LINKS

- » [Appreciative Inquiry](#)
- » [Community Meetings/Important Dates](#)
- » [Framework for Community Input](#)
- » [MHSA Advisory Group Recommendations](#)

### WEB LINKS

- » [California Dept. of Mental Health \(MHSA\)](#)
- » [National Alliance for the Mentally Ill \(NAMI\)](#)

### CSS PLAN ANNOUNCEMENT!

The Mental Health Services Act (MHSA) Community Services and Support Plan (CSS Plan) is nearly complete. We are truly grateful to all of you who contributed your time and vision to its creation. Beginning on Friday, October 7th the DRAFT CSS Plan will be available for public review and comment through Wednesday, November 9th.

- » [CLICK HERE TO VIEW THE SUMMARY](#) «
- » [CLICK HERE TO VIEW THE PLAN](#) «
- » [CLICK HERE TO VIEW EXHIBIT 1](#) «
- » [CLICK HERE TO VIEW EXHIBIT 2](#) «
- » [CLICK HERE TO VIEW EXHIBIT 3](#) «
- » [CLICK HERE TO VIEW EXHIBIT 4](#) «
- » [CLICK HERE TO VIEW EXHIBIT 5](#) «
- » [CLICK HERE TO VIEW EXHIBIT 6](#) «



"Maggie and Jane"  
Maggie had found a home  
~ Louise Hope ~

You can offer your comments on the CSS Plan in several ways:

1. You can write a letter and mail it to:  
Mental Health Services Act Plan Comment  
720 Wood Street  
Eureka, CA 95501

2. You can send an email by clicking » [here](#) «
3. You can call (866) 328-8577 and leave a message
4. You can attend the PUBLIC HEARING on November 9th at the Wharfinger Building, 1 Marina Way, in Eureka at 4:00 p.m.

## **ATTACHMENT F**

### **ANNOUNCEMENTS AND STORIES ABOUT THE PUBLIC COMMENT PERIOD**

Originally went out Oct. 1

In addition to newspapers, stories ran on Ch. 3 TV news and KINS radio



**COUNTY OF HUMBOLDT**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

PHILLIP R. CRANDALL, DIRECTOR

507 F St.

Eureka, CA 95501

(707) 441-5400

(707) 441-5412 fax

**For Immediate Release**

**Date: Nov. 8, 2005**

**Released by: Lance Morton, Mental Health Branch Director**

**Contact: Phillip Crandall, Director 441-5400**

**Lance Morton 268-2990**

**Leslie Lollich, Public Education and Outreach Officer 441-5409**

**Public Invited to Comment on Mental Health Services Act  
Reminder ...**

New dates have been set for the public comment period for the document that will guide improvements in mental health services. Starting Oct. 7, the public will have the chance to review and comment on the plan. It will be presented to the Board of Supervisors and then submitted to the State Department of Mental Health in early December.

The public comment period will end Wednesday, November 9 after a public hearing.

After months of discussions with diverse groups, a document has been prepared that will help lead to improvements in mental health services. The Mental Health Services Act (MHSA) was passed by the voters last year.

The Dept. of Health and Human Services Mental Health Branch has compiled the report under the guidance of a steering committee. Community members, clients, family members and care providers are among those who've participated in the process so far. Community meetings were arranged in outlying areas and more than a dozen committees were formed to guide the development of the document.

"It has been an intense and meaningful process. There have been interviews, surveys and work groups to ensure the mental health needs of the community are addressed," said Lance Morton, Mental Health Branch Director.

The Humboldt County Mental Health Board will conduct a public hearing Wed. Nov. 9, 2005, 4-7 p.m. at the Wharfinger Building, #1 Marina Way in Eureka.

The planning document is available on the Mental Health Branch website (<http://co.humboldt.ca.us/hhs/mh/mhsa.asp>). It is also available in hard copy at all branches of the Humboldt Co. Library and the Mental Health Branch. Oral and written

comments will be also be accepted via e-mail ([mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)) or toll-free voice mail 1-866-328-8577 or mail to 920 Wood St. Eureka, CA 95501 by Nov.9, 2005. For more information call (707) 268-2990 or visit the website @<http://co.humboldt.ca.us/hhs/mh/mhsa.asp>.

####

# Seeking Public Comment for Mental Health Services Plan

The Humboldt County Mental Health Board  
will conduct a public hearing  
**Wed. Nov. 9, 2005**  
**4-7 p.m.**  
**at the Wharfinger Bldg.**  
**#1 Marina Way Eureka**

to accept comments on the Mental Health Services Act planning document. The hearing marks the end of an extensive public process to improve mental health services in Humboldt County.

The planning document is available at all branches of the Humboldt Co. Library and the Mental Health Branch. Oral and written comments will be also be accepted via e-mail ([mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)) or toll-free voice mail **1-866-328-8577** or mail to 720 Wood St. Eureka, CA 95501 by Nov. 9, 2005. For more information call **(707) 268-2990** or visit the website @ <http://co.humboldt.ca.us/hhs/mh/mhsa.asp>

*ad & flier*

# TO YOUR HEALTH

TUESDAY, OCT. 11, 2005

## Mental health plan online for comments

Sara Watson Arthur  
THE TIMES-STANDARD

The Humboldt County Mental Health Branch's plan for new money coming in under a state proposition is now awaiting your comments.

The county has posted its draft Mental Health Services Act plan on its website. A public hearing is scheduled for November, but in the meantime county officials and mental health advocates are urging the public to read the plan and submit comments.

California voters passed the Mental Health Services Act Proposition 63 in November 2004. It created an income tax on millionaires, with the money being directed to

county mental health departments.

Assisting committee including clients, family members, care providers and community members has compiled a 132-page document outlining Humboldt County's plan for using the funds. A series of community meetings and surveys have been used to gather input. The plan's highlights include:

- Creation of a wellness center emphasizing peer support. The center would be staffed by mental health clients and offer support for clients and family members.
- An approach called "Assertive community treatment" which provides intensive help to some of the county's more needy clients. The goal is to reduce homelessness and incarceration by helping those at risk

get case management to help with all areas of their life, from medical to housing.

- Rural Outreach Service Enterprise — an approach toward mobile mental health care in the county's remote areas.
- Creation of a stronger partnership between county psychiatrists and other physicians working with the same patients, possibly including opportunities for patients to see psychiatrists through telemedicine.

The plan also looks at how to ensure that different populations, such as youths and the Latino community, get the care they need. One section of the plan focuses on children at risk of mental health problems. The plan is online at <http://co.humboldt.ca.us/hhs/mh/mhsa.asp>.

It's also available at all branches of the Humboldt County Library and at the Mental Health Branch.

Oral and written comments will be accepted via e-mail at [mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us), toll-free voice mail at 1-866-828-8577 or by mail to 920 Wood St. Eureka, CA 95501. All comments must be received by Nov. 9.

The Humboldt County Mental Health Board will conduct a public hearing Nov. 9 from 4 to 7 p.m. at the Wharfinger Building, #1 Marina Way in Eureka.

The plan will be presented to the Board of Supervisors and then submitted to the State Department of Mental Health in early December.

**Study links children's weight to price of**

**How do you want your cold medicine?**



Member: **Mind Blower Newspaper Guild**  
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**Member: Mind Blower Newspaper Guild**  
 Printed on recycled paper with soy-based inks generically altered soy ink

# They care.



One look at our leaders in government and industry and you know, right away that they care about you, and have your best interests at heart. But still, isn't it nice to know that there are newspapers like the Eye out there snooping around, asking obnoxious questions and keeping the big shots on their toes?

The Eye says it all.

10-24-05

- 9:30 a.m. Blood pressure, Craft Room
- Wednesday, Oct. 5**
- 9 a.m. Chi Gong, Craft Room
- 9:30 a.m. Osteo X Class, Gym
- 10:15 a.m. Low Vision Group, Teen Room
- 12:30 p.m. Merry Melody Makers Choir rehearsal, Craft Room
- Thursday, Oct. 6**
- 9 a.m. Katie's Krafters, Craft Room
- 10 a.m. Tai Chi, Teen Room, \$3
- Friday, Oct. 7**
- 12:30 p.m. Merry Melody Makers, Dining Room
- 7 p.m. Bridge, Dining Room
- 9:30 a.m. Osteo X Class, Gym
- 10 a.m. Site Council, Craft Room
- 10 a.m. Silver Quills writing group, Teen Room
- 12:30 p.m. Bingo, Dining Room

## Public meetings

**WALK FREE ZONE** The Nevada Hospital Fire Zone Commission meets at 6:30 p.m. on Thursday, Oct. 6 in Council Chambers, 101 E. Second St. The commission will discuss the fire zone and the fire zone ordinance. The commission will also discuss the fire zone ordinance. The commission will also discuss the fire zone ordinance.

**DESIGN REVIEW** The Design Review Commission meets at 7:30 p.m. on Wednesday, Oct. 5 in Council Chambers, 101 E. Second St. The commission will review the design of the proposed development. The commission will also discuss the design of the proposed development.

and run for eight weeks. Register at the Arcata Recreation Division office, 736 F St. Details are at (707) 822-7091 or [arcataparksandrec.com](http://arcataparksandrec.com).

**RIDE THE REDWOODS**  
 The Discovery Ride at Prairie Creek Redwoods State Park takes place on Saturday, Oct. 8. Information and entry applications are at (707) 464-6101, ext. 5300 or 5113. Crescent City's Bikes and Trikes will have bike rentals available as well; reserve one at (707) 954-5078.

**BAY PADDLING** The third annual Humboldt Bay Paddlefest takes place Saturday, Oct. 8 from 8:30 a.m. to 5 p.m. and Sunday, Oct. 9 from 9:30 a.m. to 3 p.m. on the bay at the Adorni Center in Eureka. Enjoy demonstrations, children's clinics, activities and more. For details and a full schedule, visit [humboldtbaypaddlefest.com](http://humboldtbaypaddlefest.com) or call (707) 826-3132.

**ED SUMMIT** Proposals and activities for the 2006 Education Summit place at HSU Feb. 2 through 4. The theme is "Education and Social Democracy and Social Justice." Registration opens Dec. 1. Details are at [humboldtbaypaddlefest.com](http://humboldtbaypaddlefest.com) or call (707) 826-3132.

**Jewelry Repair**  
 Special Orders

**Phoenix Ceramic**

What's going on in McKinleyville, Fieldbrook, Washaven, Trinidad and Orick?  
 Find out in the McKinleyville Press

**SOUTHERN ARTS**

# uestra que las an Más Información iliar a Largo Plazo

la encuesta  
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nen la misma posibilidad de quedar embarazadas que las mujeres que no están usando anticonceptivos. En los últimos 14 años, más de 7 millones de mujeres alrededor del mundo la han usado exitosamente. Aunque el desligar las trompas es posible en algunos casos, la comunidad médica considera que la esterilización es un método permanente para prevenir el embarazo. Desligar las trompas requiere una cirugía complicada y no se pueden garantizar embarazos en el futuro. Además, la cirugía para desligar es costosa y no siempre es cubierta por los planes de seguro.

"La familia es el alma de la comunidad latina," dice la Dra. Ramos. "Por eso es importante para las mujeres que entiendan todas sus opciones de planificación familiar, para poder escoger la mejor opción para ellas." Mirena no protege contra el VIH (SIDA) u otras enfermedades que son transmitidas sexualmente. Para obtener mayores detalles y toda la información sobre cómo es recetado, por favor visita [www.prevenconlargo plazo.com](http://www.prevenconlargo plazo.com).

## Sueño Suspendido

La apnea obstructiva del sueño o suspensión patológica de la respiración mientras se duerme, afecta a entre el 5 y el 10% de los adultos. El trastorno no sólo suele interferir con el descanso, sino también puede favorecer ataques cardíacos y embolias, por lo que los especialistas urgen a quienes creen padecerla a recibir atención médica. Los síntomas más frecuentes son los ronquidos excesivos—generalmente acompañados de pausas respira-  
Humboldt County MESA CESU Program and Exper... 2005

# El Público está Invitado a Comentar Sobre el Mental Health Services Act

Leslie Lollich, Public Education and Outreach Officer

Después de un año de nuevas reuniones del comité designado para el mejoramiento del público, el Departamento de Salud Mental y Servicios Sociales de Humboldt County ofrece una oportunidad para que el público comente sobre el Acta de Salud Mental (MESA) el 9 de octubre. Este será un momento oportuno para pensar y comentar sobre los planes de mejoramiento. Este será presentado a la Junta de Supervisores y enviado al State Department of Mental Health a principios de diciembre.

El período para los comentarios del público terminará el miércoles 9 de noviembre.

Después de varios meses de discusión con diversos grupos, se preparó un documento que ayudará a obtener mejoramientos en los servicios de salud mental. El Acta de Servicios de Salud Mental (MESA, por sus siglas en inglés) fue aprobado por los votantes el año pasado.

El Departamento de Salud y Servicios Sociales y Salud Mental ha compilado el reporte bajo las recomendaciones de una comisión directiva. Miembros de la comunidad, clientes, miembros de familia y proveedores de cuidado de salud son algunos de los que han participado en el proceso hasta la fecha. Se llevaron a cabo varias reuniones comunitarias en el

condado y más de una docena de comités fueron formados para la preparación de dicho documento.

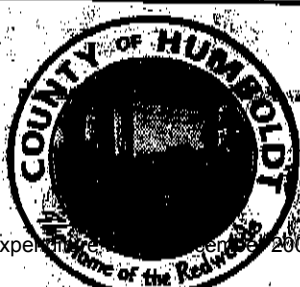
"Ha sido un proceso intenso y significativo, con entrevistas, encuestas y grupos de trabajo para cerciorarse de que las necesidades de la comunidad para salud mental sean discutidas", comentó Lance Morton, Director del Departamento de Salud Mental.

La Mesa Directiva de Salud Mental del Condado Humboldt tendrá un foro abierto el miércoles, 9 de noviembre, 2005, de 4:00 a 7:00 pm, en el Edificio Wharfinger, #1 Marina Way, en Eureka.

Después del 7 de octubre, el documento estará disponible para el público en el sitio de Internet: <http://co.humboldt.ca.us/mhsa/mh/mhsa.asp>. Además se podrá recoger una copia escrita en cualquiera de las oficinas del Departamento de Servicios Sociales y en las Bibliotecas Públicas. Se aceptarán comentarios del público vía correo electrónico al: [mhsacomment@co.humboldt.ca.us](mailto:mhsacomment@co.humboldt.ca.us)

), o llamando por teléfono al: 1-866-328-8377. También se pueden enviar por escrito al 920 Wood Street, Eureka, CA 95501, antes del 9 de noviembre, 2005. Para más información, llame al (707) 268.2990, o visite nuestro sitio de Internet.

Auspiciado por el Departamento de Salud y Servicios Humanos



DEPARTAMENTO DE SALUD y SERVICIOS HUMANOS

El 09 del... CONDADO DE HUMBOLDT

# NORTH COAST & STATE



SHAUN WALKER/THE TIMES-STANDARD

of McKinleyville, examines items at the Ford's Lapidary table at the 51st Mineral Show at Redwood Acres on Saturday. The event continues today.

## show rocks at Redwood Acres

Mutant  
STANDARD

re line to get into



## Last chance to weigh in at mental health hearing

Sara Watson Arthur  
THE TIMES-STANDARD

How should the county use its mental health funds? Now's your chance—almost your last chance—to weigh in.

A public hearing on the Mental Health Services Act is scheduled for Wednesday.

California voters passed the act as Proposition 63 in November 2004. It creates an extra income tax on millionaires, with the money going to county mental health agencies.

A steering committee including clients, family members, care providers and community members compiled a 132-page document outlining Humboldt County's plan for using the funds. They held a series of community meetings and distributed surveys to gather input.

Now, they're wrapping up the process.

The plan looks at how to ensure that different populations, such as youths and the Latino community, aren't left out and get the care they need. One section of the plan focuses on children at risk of mental health problems, for example.

The creation of a wellness center emphasizing peer support is

called "assertive community treatment," which would provide intensive help to some of the county's more needy clients. The goal is to reduce homelessness and incarceration by helping those at risk get case management to help with all areas of their life, from medical to housing.

The plan also calls for a stronger partnership between county psychiatrists and other physicians working with the same patients, possibly including opportunities for patients to see psychiatrists through telemedicine.

In addition, it calls for rural outreach, including mobile mental health care in the county's remote areas.

The plan will be presented to the Board of Supervisors and then submitted to the State Department of Mental Health in early December.

The full plan is online at <http://ca.humboldt.ca.us/hhs/mh/mhsa.asp>.

It's also available at all branches of the Humboldt County Library and at the Mental Health Branch.

Oral and written comments will be accepted via e-mail at [mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us), toll-free voice mail at 1-866-328-8577 or by mail to 720 Wood St. Eureka, CA 95501. All comments must be

11/11/05

# e was ney says

"She was kind of disappointed and confused I think," said Bicknell of Chasity's reaction to the ruling.

"And a couple of weeks later you understood that Nathan had been murdered?" Gallegos asked.

"Yes," Bicknell said.

On Thursday, David Rybaczuk, an investigator for the District Attorney's Office, was called to the stand and introduced photos of the location in Trinity Village where shots were allegedly fired at Nathan in October of 2001.

Trinity County resident Carla Robb and former Trinity County Deputy Jeremy Ammon, who responded the day Nathan was allegedly shot at, also testified Thursday.

The trial, which is expected to continue through early December, is scheduled to resume on Nov. 28 in the Humboldt County Courthouse in Eureka.

(Editor's note: Kathleen DeVita, who is now Kathleen Franco Simmons, testified in Douglas' trial and is expected to testify in Marcella's trial. She is the wife of The Eureka Reporter's Managing Editor Glenn Franco Simmons.)



## Mental Health Board receives final comments for plan

**L**ea Nagy, a member of the Humboldt County Department of Health and Human Services' Mental Health Board, covers the ground rules for providing public comments during a Mental Health Services Act plan forum Wednesday at the Wharfinger Building. ♦ The deadline for the 30-day public comments on the 600-page draft plan document ended Wednesday and substantive recommendations for changes from the local Mental Health Board's review may be incorporated into the plan, according to a news release. ♦ The finalized plan will be presented to the Humboldt County Board of Supervisors Dec. 6 before it is submitted to the California Department of Mental Health. ♦ Among the initiatives the plan aims to develop are rural outreach services to better serve rural, Hispanic and Native American populations, a wellness center and expanded outpatient medication services. ♦ The product of months of discussions and meetings, the mental health plan was initiated through Proposition 63, or the Mental Health Services Act, which was passed by California voters in November 2004, according to a county news release. ♦ The act provides funds for counties to expand and transform mental health services, which must prepare a three-year community services and support plan specifying how the funds will be spent. ♦ *Nathan Rushton/The Eureka Reporter*

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## **ATTACHMENT G**

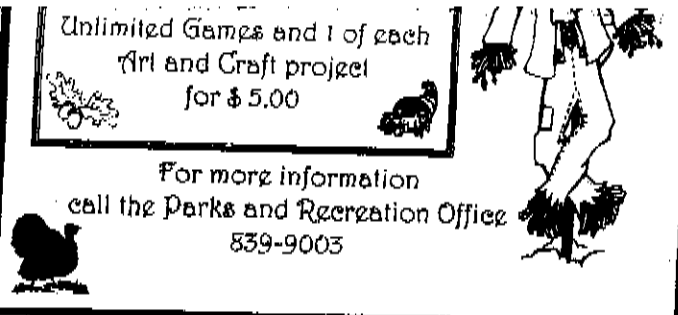
### **EXAMPLE OF PAID ADVERTISING FOR THE PUBLIC COMMENT PERIOD AND HEARING**

event is free.  
Shows coming up at the Six Rivers Brewery, 1300 Central Avenue, in McKinleyville: Tuesday, Nov. 8, will be Big Island Shindig (jamrock from Portland) at 8 p.m.; Wednesday, Nov. 9, will be Japan Girls Nite (punk). The West Coast Tour 2005 includes TsuShiMaMiRe, Red Bacteria Vacuum and AMPPEZ; Thursday, Nov. 10,

Cash at 8 p.m.; Tuesday, Nov. 15, will be Bronkar And Cindi at 8 p.m.; Thursday, Nov. 17, will be Surprise Me Mt. Davis at 9 p.m.; every Monday night is Karaoke from 8 p.m. to 11 p.m.; and Moses Lincoln Johnson play acoustic blue grass every Wednesday night from 8 p.m. to 11 p.m. All shows are 21 and over after 10 p.m. Call 839-7580 or visit sixriversbrewery.com.

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# Seeking Public Comment for Mental Health Services Plan

The Humboldt County Mental Health Board will conduct a public hearing **Wed. Nov. 9, 2005 4-7 p.m.** at the **Wharfinger Bldg. #1 Marina Way Eureka** to accept comments on the Mental Health Services Act planning document. The hearing marks the end of an extensive public process to improve mental health services in Humboldt County.

The planning document is available at all branches of the Humboldt Co. Library and the Mental Health Branch. Oral and written comments will be also be accepted via e-mail ([mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)) or toll-free voice mail 1-866-328-8577 or mail to 720 Wood St. Eureka, CA 95501 by Nov. 9, 2005. For more information call (707) 268-2990 or visit the website @<http://co.humboldt.ca.us/hhs/mhv/mhsa.asp>

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MCKINLEYVILLE

Humboldt County MHSa CSS Program and Expenditure Plan - December 2005

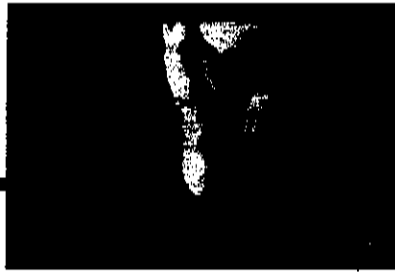
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## **ATTACHMENT H**

**EXAMPLE OF FLIERS DISTRIBUTED FOR THE PUBLIC  
COMMENT PERIOD AND HEARING**



# Seeking Public Comment for Mental Health Services Plan

The Humboldt County Mental Health Board  
will conduct a public hearing  
**Wed. Nov. 9, 2005**

**4-7 p.m.**

**at the Wharfinger Bldg.**  
**#1 Marina Way Eureka**

to accept comments on the Mental Health Services Act planning document. The hearing marks the end of an extensive public process to improve mental health services in Humboldt County.

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*Distributed approx. 200 copies to Community/  
Family Resource Centers, Medical Society and  
clinics.  
Ran as an ad in Times-Standard three times.*

## **ATTACHMENT I**

### **PUBLIC HEARING AGENDAS (BOARD / FACILITATOR AND PUBLIC VERSIONS)**

# MHSA Plan Public Hearing

November 9, 2005 • 4:00 – 7:00pm • Wharfinger Bldg, Eureka

## Purpose

Receive feedback and comments from the members of the public related to the draft Mental Health Services Act Plan.

## Desired Outcomes

- All attendees intending to comment were able to do so; and
- An accurate recording of all comments made is complete.

## Roles

- **Board Members:** Receive public comment, ask questions if you need clarification from speakers, make sure what is being recorded is accurate.
- **Facilitator (Lea):** Keep the meeting flowing, make sure speakers stick to the rules.
- **Recorder (Kristin):** Capture the speakers' thoughts onto paper.
- **Timekeeper (Georgianna):** Assist speakers with keeping to 5 minute comment periods.

## Detailed Agenda

What	Details	Who	When
Welcome, introductions	<p>Call to order</p> <p>Welcome everyone in attendance</p> <p>Read the Authority for the Public Hearing. (Read from MHSA W&amp;I Code)</p> <p>Hand off to Lea</p>	Marilyn	4:00
	<p>Introduce other board members</p> <p>State the following:</p> <ul style="list-style-type: none"> <li>• <i>The role of the board is to receive the input, ask clarifying questions and assure that all people have an opportunity to be heard.</i></li> </ul> <p>Introduce Jet, other key staff.</p> <p>Introduce Kristin- recorder</p>	Lea	
Review Purpose and Desired Outcomes (will be written onto a chart)	<p>Read purpose and outcomes. (Refer to bullet points on chart)</p> <p>State the following:</p> <ul style="list-style-type: none"> <li>• <i>This meeting is for public comment. It is not a question and answer session. It is not meant to be a discussion. Please keep this in mind.</i></li> </ul>	Lea	
Overview of the Public Comment Process (will be written onto a chart)	<p>Explain how this meeting fits into the larger process of public comment that was designed based upon state-regulated process.</p> <p>Walk this using bullet points on the</p>	Lea	4:05

	<p>chart:</p> <ul style="list-style-type: none"> <li>• Public release of draft plan</li> <li>• 30 day public comment period</li> <li>• Public hearing (tonight)</li> <li>• Public comment period closed</li> <li>• County DHM responds to all "substantive comments" (that would change the plan) -ask Jet to elaborate on this. Jet can address it from wherever she is sitting in the room.</li> <li>• DMH submits 2<sup>nd</sup> draft ("adopted") plan to MHB</li> <li>• MHB makes final comments</li> <li>• County staff respond to/incorporate MHB comments</li> <li>• Final plan submitted to BOS</li> </ul> <p>Ask if there are any questions about the public comment process.</p>		
<p>Overview of Logistics/Ground Rules for Comments (will be written onto a chart)</p>	<p>Walk through using bullet points on the chart:</p> <ul style="list-style-type: none"> <li>• Individuals wishing to speak sign up at the table in the back of the room. The order of sign ups will be the order individuals speak.</li> <li>• 5 minute limit</li> <li>• Speakers will be given a 30 second warning, and a "times up" announcement.</li> <li>• Can speak no more than 2 times. Only once, if there are others waiting to speak.</li> <li>• Board members may ask clarifying questions.</li> <li>• Comments should be comments, not questions.</li> <li>• All comments will be recorded Speaker should check on the accuracy and let the facilitator know if there are any inaccuracies in what is recorded.</li> <li>• Please remember to be polite/respectful.</li> </ul> <p>Ask if there are any questions about the logistics/ground rules.</p>	Lea	4:10
<p>Overview of the Draft Plan</p>	<p>Description of the process for gathering input</p> <p>Description of the 9 initiatives (use charts)</p> <p>Description of the budget (use chart)</p>	Jet	4:15

<p><b>Public Comment Period</b></p>	<p>Invite people to sign up to speak at the back of the room.</p> <p>Call individuals up to speak.</p> <p><u>For each speaker, facilitator asks:</u></p> <ul style="list-style-type: none"> <li>• Board members, do you have any questions for this speaker?</li> <li>• Speaker, are the recorded comments an accurate reflection of your statements here today?</li> </ul> <p>Re-presence ground rules as needed.</p> <p>Handle issues as they arise.</p>	<p>Facilitator, Recorder, Timekeeper</p>	<p>4:30 (2.5 hr)</p>
<p><b>Closing</b></p>	<p>Thank everyone for attending and giving comment.</p> <p>Remind people of next steps.</p> <p>Adjourn</p>		<p>6:50 (10)</p>

# MHSA Plan Public Hearing

November 9, 2005 • 4:00 – 7:00pm • Wharfinger Bldg, Eureka

## **Purpose**

Receive feedback and comments from the members of the public related to the draft Mental Health Services Act Plan.

## **Desired Outcomes**

- All attendees intending to comment were able to do so; and
- An accurate recording of all comments made is complete.

## **Agenda**

<b>What</b>	<b>Details</b>	<b>Who</b>	<b>When</b>
Welcome and Introductions  Purpose and Desired Outcomes	Welcome and introductions  Review Purpose and Outcomes	Members of the Board	4:00
Public Comment Process	Description of Public Comment Process	Facilitator, Lea Nagy	4:05
Overview of Logistics/Ground Rules for Comments	Description of Logistics/Ground Rules for Comments.	Facilitator, Lea Nagy	4:10
Overview of the Draft Plan	Description of the process for gathering input  Description of the 9 initiatives  Description of the budget	Jet Kruse	4:15
Public Comment Period	Individuals may speak for up to 5 minutes. Please sign up at the back of the room.	All	4:30
Closing	Adjourn		6:55

## **Logistics/Ground Rules for Public Comment Period**

- Individuals wishing to speak should sign up at the table in the back of the room. The order of sign ups will be the order individuals speak.
- Please limit your comments to 5 minutes.
- Each speaker will be given a 30 second warning, and a "times up" announcement.
- Each attendee can speak no more than 2 times. Everyone will be given a chance to speak one time before a second round begins.
- The speaker should make sure that comments are phrased as comments, not questions.
- All comments will be recorded. Speakers should check on the accuracy of what is recorded and let the facilitator know if there are any inaccuracies.
- Please remember to be polite/respectful.
- Board members may ask clarifying questions of the speaker.

**ATTACHMENT J**  
**PUBLIC HEARING ATTENDANCE SHEETS**

# MHSA Public Hearing

## Attendance Sheet

November 9, 2005

3 pages

	NAME (please print clearly)
1	Diana Lubitz
2	Eric Thompson
3	Linda Dreyfuss
4	Tim Ash
5	Jeanne Kozlak
6	Katelyn Sullivan
7	Francie Peña
8	Rod Thornton
9	Dianne Richard
10	Tedda Borges
11	Connie Sundberg - Hce
12	Sharon Crockett
13	Marianne Pennekamp
14	Kam Nelson-Kristen
15	Susan Murray
16	Atthy Benestiere
17	Elizabeth Ograd
18	Tanya Schulz
19	Ann Anderson
20	Kiz Anagnost

	NAME (please print clearly)
21	Diana Crawford
22	Katherine Schoenfeld
23	LINDA HARTMAN
24	Heather Bongler - Bishop
25	<del>Jim Knorr</del>
26	Jamie E Rollins - Deans
27	Cheryl Ash -
28	Nathan Rushton - Evada Reporter
29	T. Woodward
30	Melissa Chilton
31	Vincent Feliz
32	Edith Fritzsche
33	Jaclyn Cullerton
34	Chad (Eileen) Miles
35	John Woolley
36	Kenneth Oh
37	Steve Foley
38	Sheri Whitt
39	Ben Jewell
40	WENDY RING

MHSA PUBLIC HEARING  
ATTENDANCE NAMES

NOV. 9, 2005

27	<del>John</del>
28	John Pelaez
29	Susan Hoffman
30	J. Santos
31	Mark Young
32	Debby Bender
33	Reed Butolph
34	Linda Evans
35	Theresa Adams
36	
37	
38	
39	
40	

**MHSA Public Hearing  
Speaker / Comment Sign-Up**  
November 9, 2005

(2 pages)

	<b>NAME</b> (please print clearly)
1	LINDA ROEBLINGER (Gida)
2	Joanne Kozlak
3	<del>Patricia</del>
4	<del>Jim Ash</del>
5	<del>JAD</del>
6	Shirley Whitt
7	Sharon M. Turner
8	April Jones
9	Tim Ash
10	Karen Fx Olson
11	Vincent Feliz
12	WENDY RING
13	Jesse Senestrud
14	Joanne Kozlak
15	Edith Fritzsche
16	Cheryl Ash
17	Jede Butolph
18	FOX
19	WENDY
20	Sheri Whitt

addit. speakers

- ✓ (16) Cheryl Ash
- ✓ (17) Jodi Butolph
- ✓ (18) Fox Olson
- ✓ (19) Dr Ring
- (20) Sheri Whitt

(6)

# More Speakers

Wendy Ring

- Speakers:
- ① Linda Doerflinger ✓
  - ② Teanne Kozlak ✓
  - ③ TAD (street person) ✓
  - ④ John Dission ✓
  - ⑤ Sara Turner ✓
  - ⑥ April Jones ✓
  - ✓ ⑦ Tim Ash
  - ✓ ⑧ Karen FOX Olson
  - ✓ ⑨ Vincent Feliz
  - ✓ ⑩ Wendy Ring
  - ✓ ⑪ Jesse Slenestro
  - ✓ ⑫ Teanne Kozlak
  - ⑬ Edith Fritzsche

Aug 10, 06  
next

**ATTACHMENT K**  
**IMPLEMENTATION TEAMS' ROSTER**

MHSA Implementation Team Roster - FINAL

	Rural Outreach Services Enterprise (ROSE)	Wellness Center	Assertive Community Treatment (ACT)	Outpatient Medication Services Expansion	Transition-Age Youth (TAY) Leadership Reps	Alternative Response Team (ART) X-Branch Program Expansion	Older Adult / In-Home Support Services / Adult Protective Services Co-located Program Expansion-Integrated Adults	Street Outreach Services (2034) Program Expansion	Integrated Program & Planning Support Structures
<b>Proposed Lead</b>	Linda Knopp	Susan Hoffman	Eric Vedborg	Kate Bell	Barbara LaHaie	Peggy Falk	Marti Hufft	Eric Vedborg	Phil Crandall
	Pamlyn	Lea Nagy	Val Saunders	Amy Larum	Terri Butts	Karen Ross	Randy Mayers	Pamlyn Milsap	Lance Morton
	Kathy Perry	CYFS Supervising	(Sharon Crockett)	Julie Ohnemus	Karen Lofts-Jarboe	Donna Wheeler	Linda Walker	Sid Baker	Linda Hartman
	Jovonne Price	Steve Moore	Terri Butts	Eric Vedborg	Cassie Burgess	Karen Lofts-Jarboe	Sharon Crockett	EPD / Sherriff	Rob Chittendon
	Debbie Swarts	Donna Wheeler	Bill Duncan	Ed Kremer	Helen Culver	Jovonne Price	Terri Butts	Kathryn O'Malley	Felice Pace
	Scott Mitchell	Sharon Crockett	Amy Larum	Sharen Sandell	Joe Davey	Ed Kremer	Ninon McCullough	Lara Weiss	Lea Nagy
	Craig Hill	Eric Vedborg	Kelli Schwartz	Laurel Johnson		Susan Buckley	Val Saunders	Kathleen Pelly	Santiago Cruz
	Athleen Baker	Marcia Bowman	Karen Ross	Ann Lindsay		Connie Hudelson	Kay Shulz	Athleen Baker	
	Kathleen Pelley					Helene Barney	Ramon Herrera		
						Howie Acosta			
						Sherry Gallagher			
<b>Realms of Experience / Expertise</b>	<b>Will need specialized consult for:</b>		<b>Will need assigned Administrative Contacts for:</b>						
Program Philosophy Policies and Procedures Staffing X-Branch / 1881 Integration Budget / Fiscal Operations Cultural Competency Client / Family Member	Real Property Durable Goods Contractors Council Development (TAY) Integration Issues Cultural Competency Client / Family Member		I.S. Billing Employee Svcs.						