



Sonoma County
Mental Health Services Act
COMMUNITY SERVICES
& SUPPORTS
THREE-YEAR PROGRAM AND
EXPENDITURE PLAN

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Sonoma County MHSA Community Services and Supports Three-Year Program and Expenditure Plan Requirements

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

Section I: Planning Process

1.1 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.

The County of Sonoma began laying the foundation for a comprehensive and representative planning process in the fall of 2004. As soon as the MHSA was passed, the Mental Health Board (MHB) and the Sonoma County Department of Health Services/Mental Health Division (MHD) began involving consumers and family members to ensure meaningful community participation. The collaborative planning structure began to take shape through those early meetings with the local chapter of the National Alliance for the Mentally Ill (NAMI) and the county consumer-operated self-help program, Interlink. Together these organizations worked with MHD to help organize a structure for the planning process that would guarantee the transformation of Sonoma County mental health services into an effective, culturally competent mental health system that promotes wellness and recovery.

Two representative planning groups were convened to assist the planning consultants, MHD and the MHB in putting in place a collaborative planning structure: *The Planning Support Team and the Consumer Advisory Committee*. Both the Planning Support Team and Collaborative Advisory Committee contributed greatly to the consumer oriented process in that both groups worked hand-in-hand with MHD, MHB and the planning consultants to develop the planning structure and organize the entire planning process.

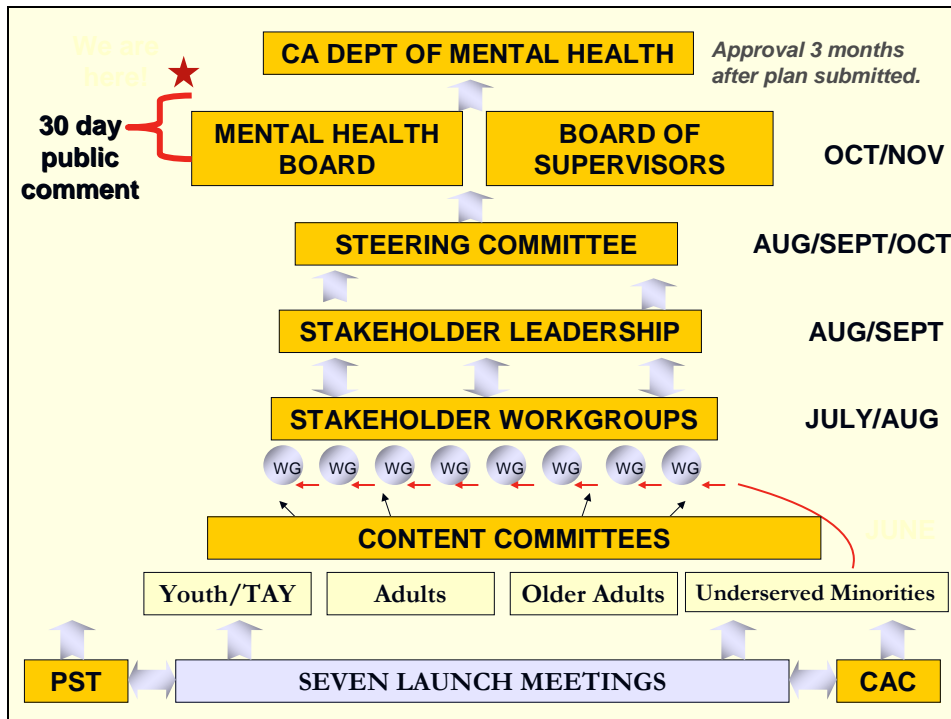
The commitment to an open and inclusive process can be summarized in the following guiding principles:

Guiding Principles for the Planning Process

- Inclusive and representative
- Transparent and easy for all participants to understand
- Collaborative and in partnership with consumers, families and the community
- Broad participation from diverse groups throughout Sonoma County

■ Culturally Competent

As can be seen in the visual below, each phase of the planning process structure served as a building block for the next phase. Community and stakeholder input drove the process. Decisions made by stakeholders at each phase allowed the process to move to the next level. The process was envisioned and executed as an open participatory process where all participants could enter and exit as their schedules permitted. Presenting a clear picture of the progression of the process facilitated participation by consumers and family members since it helped participants plan on how they could most effectively contribute to the plan. Stakeholders understood from the onset that their work would be submitted as recommendations to the Steering Committee, and ultimately to the Mental Health Board and Board of Supervisors. The process held up to the challenge of being transparent and well organized. The structure was executed exactly as it was envisioned.



PST = Planning Support Team

CAC = Consumer Advisory Committee

Planning Support Team

Purpose and Participation

The Planning Support Team (PST) was created to ensure the fair, inclusive, and meaningful participation from a diverse group of interested stakeholders. The PST was a critical piece of the collaborative planning structure charged with both helping to launch and conceptualize the community planning process. Specifically, the PST supported the community planning process and made sure the process was inclusive of all stakeholders; provided training on mental health services, helped facilitate workgroups, and oversaw the work of the planning consultants.

Organization

A total of 16 members participated in PST related activities and meetings, which were held a total of eight times from April 8 to July 8, 2005. The PST included a cross section of individuals, which included family members from the NAMI Sonoma County, consumers (Interlink Self Help Center), Mental Health Board, mental health staff, and planning consultants to support and oversee the planning process.

Consumer Advisory Committee

Purpose and Participation

A second core component of the collaborative planning structure was the creation of the Consumer Advisory Committee (CAC). Like the PST, the CAC played a vital role in launching the community planning process by focusing their efforts on the following activities:

- Develop an outreach plan for places such as traditional service sites (e.g., shelters, housing programs) and community based organizations, as well as other sites such as faith-based organizations and libraries.
- Conduct outreach to hard-to-reach population at various locations in the County, including the underserved areas of North (Windsor-Cloverdale), South (Rohnert Park-Petaluma), East (Glen Ellen-Sonoma), and West (Sebastopol-Bodega Bay), including helping to distribute over 2500 flyers and postcards
- Help coordinate MHSA orientation and provided training on consumer operated services for the Content Committees
- Design and administer a consumer survey throughout Sonoma County and were successful in gathering 110 surveys.
- Review and comment on the work of MHD and the planning consultants

Organization

The Consumer Advisory Committee consisted exclusively of eight consumers from Interlink Self Help Center, Protection and Advocacy, and a former mental health consumer. Meetings have been held weekly since the beginning of March 2005.

Launch Meetings

Purpose and Participation

A total of eight launch meetings (Phase 1) were held at accessible and central locations in five cities throughout Sonoma County to orient stakeholders to the Mental Health Services Act and to the Sonoma County Community Services and Supports Community Planning Process. 209 individuals attended. These cities were: Cloverdale, Guerneville, Petaluma, Sonoma, and Santa Rosa. MHD and the planning consultants served as co-presenters. The Planning Support Team, Consumer Advisory Committee, and Mental Health Board assigned members to attend each launch meeting to answer questions and obtain input from participants on ideas for additional outreach.

At a Glance

- ▶ 58 community meetings all Phases
- ▶ 274 committee participants
- ▶ 100 community organizations

A power point presentation was developed to explain in detail each step of the planning process and to clearly define how individuals could be involved including providing dates and locations for the upcoming Content Committee meetings. Participants were encouraged to sign up for the Content Committees at the launch meetings and to provide contact information to allow MHD staff to make reminder phone calls and send emails to those who had computer access. A handout of the planning process structure provided above was distributed to participants.

After the launch meetings, the planning process moved quickly to the next step of the process to begin the substantive planning that would ultimately result in identifying and prioritizing service strategies. The vision of the planning process was straightforward. Similar to the pre-planning phase, the structure and outcome of the content committees and workgroups were clearly laid out before they began. Clear written workplans with timelines, goals, and tasks to operationalize the guiding principles served as an organizing tool.

Content Committees

Purpose and Participation

Four Content Committees organized around five priority populations served as the core planning process for Phase 2. The Content Committees had open membership. At anytime, new members could join the process. MHD, CAC, MHB, NAMI and Interlink continued to conduct outreach throughout the county to those that might have missed the launch meetings and to encourage consumers and family members to participate in order to ensure that all voices were heard. Thirteen meetings were held.

The Committees were: **1) Adults; 2) Children and Transition Age Youth; 3) Older Adults, and; 4) Ethnic Minorities.**

Over 200 participants and 100 organizations participated in the 16 meetings conducted during Phase 2. Each Content Committee was charged with recommending service strategies to be further refined and developed at the Stakeholder Workgroups which would be convened based on Content Committee recommendations.

The tasks of this phase were:

- Identify the community issues that result from untreated mental illness and a lack of services and supports
- Identify the most pressing mental health needs of people living with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)
- Review what services are already being provided and what populations are being served
- Conduct training on best practices
- Review population and prevalence data
- Select the priority populations based on the issues and needs identified
- Develop a draft list of service strategies and activities that could be implemented
- Rank service strategies based on the defined criteria
- Using consensus decision-making select and recommend 3 to 5 service strategies to be addressed by stakeholder workgroups
- Hand off to Phase 3 workgroups for further refinement of service options

Organization

The consultants in conjunction with the MHD were charged with navigating and facilitating the process chosen by the committee and collecting information necessary to formulate service strategies. At each meeting committee participants identified objectives which were reviewed briefly at the beginning of all meetings. The facilitator led the discussions in a way so that all participants could include their ideas, ask questions, and make recommendations. Tools used included written agendas, minutes summarizing each meeting, a written workplan, and sign-in sheets.

Meeting evaluation and feedback was obtained using two methods – verbal feedback in response to a “what worked and what would you change” (delta/change model) and written feedback provided anonymously at the end of each meeting.

The committee goal was to develop and recommend 3 to 5 service areas per Committee. The decision-making process strove to reach consensus. Processes that were used included:

- Large and small group brainstorming
- Large group open discussion of data and best practices
- Small group summarizing and prioritizing
- Large group synthesis of and categorizing of ideas
- Prioritization of services and populations

Stakeholder Workgroups

Purpose and Participation

Building on the priorities established by the Content Committees, 10 Stakeholder Workgroups were recommended and convened. Each workgroup was charged with further refinement of the service strategy areas and the final recommendation of specific service strategies to the Stakeholder and Steering Committees. Workgroup participation continued to be open membership. Content Committee participants were encouraged to continue to participate in further developing and refining service options with one or more workgroups. Providers and community leaders with knowledge relevant to the workgroups priority area were also invited to participate.

Organization

The planning consultants in conjunction with MHD staff were responsible for facilitating the process. The Adult Content Committee chose to select their workgroups by service areas and recommended convening six separate workgroups each focused on a specific service strategy. All other content committees (Children/Transition Age, Older Adults, Underserved Ethnic Minorities) chose their workgroups according to priority population. The Children/Transition Age Youth Content Committee divided into two priority populations' workgroups (Children and Transition Age Youth 16-25).

Ten distinct stakeholder workgroups were convened and met a total of 21 times.

Adults

1. Housing Services
2. Homeless Services
3. Crisis Services (Mobile response)
4. Consumer Operated Services (Peer based)
5. Services for Mentally Ill Offenders (Forensics)
6. Co-occurring Disorders Services
(Substance abuse and serious mental illness)

Children, Youth and Transitional Age Youth

7. Children and Youth (with a focus on children ages 0-18)
8. Transition Age Youth ages 16 to 25

Older Adults

9. Older adult workgroup focusing on affordable housing, peer support services, access, and wraparound services

Underserved Ethnic Minorities

10. One workgroup focusing on access, outreach activities, and culturally competent services to Latino's, Native Americans, and Asian/Pacific Islanders living with serious mental illness.

During Phase 3, workgroup participants refined service options as necessary and provided more detail for the description of the service priority including target populations, numbers to be served and estimated cost. While a ranking process of High (1) Medium (2) and Low (3) had been defined, using it was unnecessary. Workgroups were able to reach consensus on the priority service recommendations for consideration during Phase 4 - Stakeholder Leadership Group and Steering Committee review. A final step included reviewing service strategies against MHSA and local criteria. The workgroups requested that SCHMHD provide preliminary cost analysis and budgets for review prior to final approval of the recommendations and the hand off to Stakeholder and Steering Committees. All Stakeholder Workgroups successfully reached consensus on a package of 10 service strategies for recommendation to Stakeholder Leadership and Steering Committee.

Stakeholder Leadership Group

Purpose and Participation

This group was comprised of 23 members including one representative selected by each of the ten workgroups and representatives from other public agencies as required by MHSA guidelines. Public agencies involved include: Human Services Department/Adult & Aging Division, Human Services Department/Family, Youth & Children's Services Division, Department of Health Services/Alcohol & Other Drugs, Sonoma County Office of Education, Sonoma County SELPA, Sonoma County Sheriff's Department, and the Probation Department. In Sonoma more than 25% of members are consumers and family members. Stakeholder Leadership was charged with reviewing the package of recommendations from the ten workgroups and making recommendations to the Steering Committee for the draft Community Services and Supports Plan (CSS).

Organization

Stakeholder Leadership reviewed the package of priority services in order to request further clarification for workgroups and MHD, reviewed adherence to the three funding service types, and made suggestions for consolidation of services and coordination across the recommendations. Refinements and recommendations were forwarded to Steering Committee for approval through a continuous feedback loop.

Steering Committee

Purpose and Participation

The responsibility of the ten member Steering Committee was to approve the priority services forwarded by the Stakeholder Leadership Group. Two consumers and one family member were selected to serve on this group along with the Department of Health Services Director, Mental Health Services Director, a Mental Health Board member, and a representative from the County Administrator's Office (CAO). MHD staff, the MH Section Manager and the planning consultant supported the work of the committee. A final review of revisions based on the public review process will be forwarded to the Mental Health Board and Board of Supervisors prior to submission to the State Department of Mental Health (DMH). The primary tasks were:

- Review the community planning process, including the work of the content committees, stakeholder workgroups, and the stakeholder leadership group
- Discuss the initial service strategies identified by stakeholder workgroups.
- Request further clarification on either the community planning process or the identified services.
- Approve final recommendations of priority services for funding by the Mental Health Services Act Community Services and Support Plan
- Review the draft plan before the public comment period begins

Organization

The planning consultant assisted with facilitation. The Steering Committee relied on consensus decision-making in order to recommend a final list of services to the Mental Health Board and the Board of Supervisors. The consensus process will strive for endorsement of each of the priority service recommendations. In a consensus process group members can abstain or stand aside if a participant has less than whole hearted support for a recommendation without vetoing the idea.

Listed below are the guiding principles the Steering Committee used in recommending a final list of service strategies:

1. Increase services that will address the needs of unserved and underserved mentally ill individuals with the highest clinical risk and highest financial risk to the community here in Sonoma County.
2. Match funds to Federal Medi-Cal and other funding sources where it is appropriate.
3. Don't ignore "value-based" programs that may not be Medi-Cal eligible: e.g., Consumer-run services, Family Advocate services.
4. Increase the level of participation and involvement of clients and families in all aspects of the public mental health system.
5. Adopt "evidence-based" mental health practices with a wellness focus.
6. Collaborate with consumers, family members, the community, community-based organizations, health clinics, and other County agencies wherever possible.
7. Increase community services which will allow consumers to avoid hospitalization, incarceration, unnecessary institutionalization and out-of-home placement.
8. Enhance outreach activities and timely access to needed mental health services.
9. Decentralize mental health services to other areas of the County.
10. Emphasize one or two themes in order to avoid spreading the funds too broadly – e.g., "an inch thick and a mile wide."

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

An extensive public awareness campaign was conducted in Sonoma County to ensure that community members would be recruited to the launch meetings. A wide variety of outreach methods and activities were employed in the effort to recruit, consumers, family members, ethnic and cultural communities, as well as geographically dispersed and isolated communities where there were underserved populations. In addition, a wide variety of providers and organizations participated in the planning process, including independent providers, community-based organizations, law enforcement representatives, housing advocates, health care providers, human service providers, and other community stakeholders. The following list of specific outreach activities were conducted by members of MHD, Planning Support Team, Consumer Advisory Committee, MHB, NAMI and the Interlink Self Help Center:

- Distribution of over 2,500 postcards
- Launch Meeting Flyers in English and Spanish
- MHSA website (www.sonoma-county.org/health/mh/mhsa.htm) with updated information in English and Spanish
- Newspaper articles
- Transportation services to meeting sites for consumers
- On-site childcare

Community Survey

At the end of each launch meeting first time participants were asked to fill out a short survey, available in English or Spanish, to begin to prioritize community mental health needs and to monitor the success of outreach efforts.

A total of 115 surveys were collected at the eight launch meetings. Listed below are some key findings of what role launch meeting participants would play and how they had heard about the kick-off meetings:

When asked what role participants would play in the community planning process, 40% indicated they would represent a community agency, and approximately 25%, respectively, were interested community members, providers, and consumers.

Community agency	40%
Interested community member	27%
Provider	26%
Consumer	25%
Family member – adult	19%
Other	16%
Sonoma County staff	8%
Family member – child	4%

When asked how participants had heard about the kick-off meetings, nearly 51% indicated it had been through a postcard, 31% through word-of-mouth, and 19% through an informational flyer (in English or Spanish).

Postcard	51%
Word-of-mouth	31%
Other	29%
Flyer	19%
Website	7%

Focus Groups

The Consumer Advisory Committee conducted six focus groups with adult consumers of mental health services. 110 individuals participated in the focus groups. Focus groups were organized throughout the county in order to reach consumers in areas outside of City of Santa Rosa and in regional service hub locations. In addition, a specialized focus group was held with consumers living in board and care homes. Listed below are some of the major findings:

- Petaluma and Santa Rosa consumers requested increased peer support services, including the creation of a Wellness Center in order to provide greater access to services, and support for adequate dual diagnosis services
- Guerneville consumers requested increased homeless services, including those meeting basic needs
- Cloverdale consumers requested peer support services, such as peer advocacy and support groups, as well as employment support services
- Sonoma consumers also requested peer advocacy and support services

In an effort to build upon existing expertise, the planning consultant was charged with facilitating two focus groups with MHD staff to obtain input on needed services for adults living with serious mental illness and children living with serious emotional disorders. Results of those focus groups were incorporated into the final list of recommendations to the Steering Committee. In addition, focus groups participants were provided with an overview of the community planning process and preliminary service strategies, and were presented with community planning participant survey results.

Consumer Survey

The Consumer Survey served as another key component in an effort to provide meaningful and accessible opportunities to participate in the planning process. Along with its vital role in launching the community planning process, the Consumer Advisory Committee was subcontracted by MHD and the planning consultant to develop and conduct the Consumer Survey. Consumer advocates traveled to seven cities in Sonoma County and collected survey responses from a total of 110 mental health service

consumers. In conjunction with the planning consultant, the Consumer Advisory Committee developed a final report detailing demographic information, service utilization data, and priority mental health services by population and region. Listed below are some of the major findings:

- An overwhelming majority (90%) had received mental health services.
- A majority of respondents (83%) had utilized mental health services for over a year
- Most respondents had received psychiatric services and a few had also received psychotherapy and peer support
- Respondents identified the top five priority services: (1) peer advocacy, (2) housing and support services, (3) psychiatric services, (4) individual therapy or counseling, and (5) peer counseling and support.

1.2 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.

Mental Health Division Staff

Existing staff were redirected to provide consistency, leadership and support to the MHSA planning process. The Department of Health Services Director and Mental Health Services Director appointed Michael Kennedy, M.F.T, Health Services Section Manager, to take the lead in collaboration with the community to dedicate 60% of his time to the MHSA project, including oversight of staff, consultants, and contractors. Mr. Kennedy has extensive experience working collaboratively with consumers, families and community agencies to develop integrated, culturally competent, recovery based service systems. As early as November 2004, he began to work with consumer and family groups to lay the foundation for the community planning process. Mr. Kennedy has been a Forensics and Special Program County employee since 2001. He is also the Former Director of Larkin Street Youth Center in San Francisco.

The Mental Health Services Director provided staff leadership through his role on the Steering Committee, connection to the Mental Health Board, and state level processes including County Mental Health Directors Association (20% time). He oversaw the development of financial and budget projections and assumptions about funding streams and revenue maximization (5-10% time)

Carol Brown, Supervising Clinic Clerk, was appointed to provide overall project support as Logistics Specialist, dedicating 50% of her time to the planning process. Ms. Brown has been a County employee since 1990 and has worked for Alcohol and Other Drug Services, Youth and Family Services, Adult Services, and Outpatient Teams.

Additional MHD staff provided ongoing support around the provision of service data, presentations on existing services and analysis of the financial cost of those services strategies being considered by the Content Committees and Stakeholder Workgroups.

Planning Consultant

Harder+Company Community Research contracted with MHD as planning consultant. Harder+Company has extensive experience in San Francisco and the larger Bay Area in management consulting services such as strategic and community planning, and policy analysis. Methodologies used to provide such technical assistance include both qualitative (e.g., focus groups, key leader interviews) and quantitative (e.g., survey development) approaches.

- *Community Planning* – In recent years, state and federal government agencies have mandated participatory planning efforts in such areas as HIV/AIDS, homelessness, early childhood services, juvenile justice and youth development. Harder+Company has developed a practice in the design and facilitation of community planning projects that prioritizes broad community involvement.
- *Strategic Planning* – Harder+Company’s approach to strategic planning integrates creative planning processes with the careful use of data. We have developed strategic plans for funding organizations, government agencies and community groups. Our planning work always includes mechanisms for helping our clients translate their plans into action.
- *Policy Analysis* – Harder+Company has helped its clients with the development of new policies and with the analysis of the impact of policy changes. This has involved the development of economic models as well as formal legislative analyses.

Consumer Advisory Committee

The CAC was responsible with the development and implementation of the Outreach Plan. The following participants provided outreach and co-facilitated focus groups and conducted other data collection activities:

- Helen Lara, Director, Interlink Self Help Center
- Dorothy Friberg, Interlink Self Help Center
- Helen Nueman, Interlink Self Help Center
- Sylvia Alvarez , Interlink Self Help Center
- Linda Picton, Interlink Self Help Center
- Amy Breckenridge, Protection & Advocacy
- Sharon Schmidt, Protection & Advocacy
- Sylvia Plowright, MH Consumer & former DMH staff

Planning Support Team (PST)

The PST supported the community planning process and ensured that the process was inclusive of all stakeholders. The following members provided training on mental health services, helped facilitate workgroups, and oversaw the work of the planning consultants:

- Hank Hallowell, Patient's Rights Advocate
- Elizabeth Harris, RN, Patient Care Analyst
- Helen Lara, Director, Interlink Self Help Center
- Dorothy Friberg, Member, Consumer Advisory Committee
- Gabe Kearney, Member, Mental Health Board
- Jo Ann Robinson, Member, Mental Health Board
- Rosemary Milbrath, Representative, NAMI
- John Maxwell, Representative, NAMI
- Michael Kennedy MFT, MHD
- Lyle Keller, LCSW, MHD
- Carol Brown, MHD

Stakeholder Leadership Group

The Stakeholder Leadership Group was charged with reviewing the package of recommendations from the ten workgroups and to make recommendations to the Steering Committee for the draft Community Services and Supports Plan (CSS). The following members participated in this process:

- | | |
|----------------------|---|
| • Bob Butler | West County Health |
| • Carol Bauer | HSD/Family Youth & Children Services Division |
| • Courtney Singleton | Community Support Network (CSN) |
| • Diana Klein | Jewish Family and Children's Services/Seniors At Home |
| • Dorothy Friberg | Consumer |
| • Gala Goodwin | Victor Treatment Center – Willow Creek |
| • Gary Moe | Sonoma County Office of Education (SCOE) |
| • Gino Giannavola | DHS/Alcohol & Other Drug Services Division |
| • Helen Lara | Interlink |
| • John Namkung | Sonoma County SELPA |
| • John Younggren | Interlink/Consumer |
| • Katerina Anderson | Consumer |
| • Linda Swan | The Living Room |

- Michael Spielman Drug Abuse Alternatives Center (DAAC)
- Michael Tonjum Life Works
- Nancy Rada Interlink/Consumer
- Naomi Fuchs Southwest Community Health Center
- Paula Shatten Jewish Family and Children's Services/Seniors At Home
- Robert Ochs Adult Probation
- Robin Schaef HSD/Adult & Aging Services Division
- Ron Young Interlink
- Rosemary Milbraeth NAMI
- Sean McDermott Sonoma County Sheriff's Department
- Sharon Schmidt Protection & Advocacy/Consumer

Steering Committee

The responsibility of the Steering Committee was to approve the priority services forwarded by the Stakeholder Leadership Group. The following are the members who participated in this process:

- Grady Pounds Bi-polar Support Group
- Ron Piorek County Administrator's Office
- Claire Newman Interlink/Consumer
- Rita Scardaci Director, Department of Health Services
- Art Ewart DHS/Mental Health Services Director
- Gabe Kearney Mental Health Board
- Mike Kennedy DHS/Mental Health Division
- Michelle Magee Harder+Company
- John Maxwell NAMI
- Jennifer Murray County Administrator's Office

DHS/Mental Health Staff:

- Carol Brown Recorder

It should be noted that more people than can be named in this document devoted their time and energy to the Sonoma County MHSA planning process. The Sonoma MHD acknowledges everyone who contributed their time and energy to enhancing the system of services available for people with SMI/SED.

- Consumers
- Community-based organizations
- Faith-based organizations
- Families
- MHD staff

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

The following section outlines the various trainings that were conducted as a part of the community planning process.

Understanding the Mental Health Services Act

A total of twelve trainings were held at various locations in Sonoma County to orient stakeholders to the Mental Health Services Act and to recruit community participation in identifying specific service strategies. Eight of the trainings occurred at the kick-off or launch phase while four of the trainings were included as part of the initial Content Committee meetings for each priority population. MHD and the planning consultants served as co-presenters. The Planning Support Team, Consumer Advisory Committee, and Mental Health Board members were in attendance at all meetings and were made available to answer questions.

Sonoma County MHSA Community Planning Process

A total of eight trainings were conducted as part of the launch process. A power point presentation was developed to explain in detail every step of the planning process and to clearly define how individuals could be involved including providing dates and locations for the upcoming Content Committee meetings. Participants were encouraged to sign up for the Content Committees at the launch meetings and to provide contact information to allow MHD staff to make reminder phone calls and send emails to those who had computer access. A handout of the planning process structure provided above was distributed to participants.

Training on Community Planning Process for MHD Staff

The planning consultants held two trainings with MHD staff. A PowerPoint presentation was developed to explain in detail each step of the planning process, examine the results of surveys administered to launch meeting participants (specifically service barriers and priority services), and provide an update on the preliminary service priorities identified by members of the four Content Committees and the 10 Workgroups. Following the trainings, focus groups were conducted with MHD staff to obtain their input on priority needs and services.

Best Practices Service Models

Six best practice programs were presented for discussion. Best practice models were selected for presentation based on the prioritized populations identified by the workgroups. At the beginning of each training MHD and/or community agency staff presented the core service components of the program models, as well as the outcomes achieved for program participants. The format for the second half of the training was highly interactive. Workgroup members discussed operational and staffing issues, as

well as the feasibility of implementation in Sonoma County. In addition, consumers in the workgroup discussed their experiences with existing services targeted specifically for either a specific age group (older adults, transition age youth) or a particular target population (mentally ill offenders, persons living with mental illness who are homeless). Trainings included:

- A power point presentation of the principles and key components of Recovery Vision generated a lengthy discussion of systems transformation and how to effect systems change in mental health.
- A power point presentation of the Sonoma County AB2034 Intensive Services for homeless adults and older adults included both program components and the program outcomes that demonstrated success in making positive changes in consumers' lives.
- MHD presented a best practices program for mentally ill offenders. This resulted in the workgroup generating a list of issues that worked and could be improved in forensic services programs including: entering the law enforcement system, leaving the system, eligibility for forensic services and continuity of care among agencies (mental health, probation, health, sheriff).
- A nationally recognized, San Francisco based, integrated service model for transition age youth was presented – the Larkin Street Youth Center. This was followed by a discussion with two Sonoma County transition age youth on what is currently working in existing services, and where current gaps in services for this age group exist in the county.
- MHD presented on best practice program components for older adults living with mental illness. Activities and services that address social isolation were discussed by workgroup members who included older adult consumers of existing services.
- The continuum of services and the multi-agency approach to successful integrated, wrap around services for children was presented by MHD and current community partners.

Section II: Plan Review

The following outline highlights key points in the plan review process.

Plan Development

- September 1, 2005, meeting of the Mental Health Board Executive Committee to set the dates and determine protocol for Public Hearings
- September 6, 2005, meeting of the Stakeholder Leadership Group to review rough draft of Plan and draft budgets
- September 7, 2005, meeting of the Steering Committee to review draft Plan and draft budget and to review MHSA State guidelines and goals and local principles to see that draft Plan meets State and local expectations
- Weeks between September 6 and 19, 2005, continued writing of the Plan based on feedback by Stakeholder Leadership Group and Steering Committee
- September 26-30, 2005, Plan is refined by Consultant Team
- October 3, 2005, Stakeholder Leadership meets to review Plan draft and forward comments to Steering Committee. Steering Committee reviews and approves draft Plan to move to 30-Day Public Comment Period; Mental Health Board members receive Plan
- October 12 – November 12, 2005, 30-Day Public Review Period begins
- October 25, 2005, Mental Health Board has regular meeting and discusses Plan, but takes no public comment and no action on the Plan
- November 15, 2005, Public Hearing conducted by Mental Health Board in the evening in Guerneville
- November 16, 2005, second Public Hearing conducted by Mental Health Board in the evening in Petaluma
- November 17, 2005, third and final Public Hearing conducted by Mental Health Board in the evening in Santa Rosa

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

As with the planning process overall, we have pursued a plan review process that is transparent, inclusive of all stakeholders and responsive to feedback. The draft plan was submitted to the Steering Committee and Stakeholder Leadership Group for review during the week of October 3, 2005. Both groups included representation from a wide range of constituencies. The Stakeholder Leadership Group had 23 members, of which one-quarter were consumers and family members. Likewise, each of the workgroups and various public departments were represented in the group. The Steering Committee membership was mandated to include public and constituent representatives. Following review, both groups shared revisions in separate meetings with the planning consultant. The plan was approved and released for public comment on October 12th.

To ensure community engagement in the 30 day public comment period, the full plan was placed on the web site and announcements were emailed to the over 250 individuals and more than 100 organizations that participated in the planning process. Community members were invited to make comment via email, via Public Comment Form on the website, with a phone call, and/or participation in public hearings. Announcement of the public hearings were included in the emails announcing the public comment period. In addition, participants were alerted throughout the planning process about the 30-day public comment period. This included explanations at launch meetings and within committees/workgroups. During the public comment period approximately 35 emails, public comment forms, or phone calls were received by the MHD. **MHD staff responded to each comment individually.**

Three public hearings (November 15-16-17) were held in Guerneville, Petaluma, and Santa Rosa to ensure accessibility by community members throughout the County. During the hearings, the planning consultant reviewed the planning process, MHD staff presented the new programs proposed in the plan, and the public were invited to pose questions and comments. Written materials and the full plan were made available to participants. In all, 69 individuals attended the public hearings.

Why You, Why Me?
By Gail Friedman
(poem read by a public hearing participant)

*We are the lost, the lonely, the broken hearted.
Feel like giving up before we ever started.
Youthful plans and hopes and dreams
Turn into bare survival schemes.
Why you? Why me? Why indeed?*

*Society turns away from us
And often our families feel disgust.*

*We know that deep down inside
We're good but scared and so we hide.
Why you? Why me? Why indeed?
And so the days turn into weeks
Then the months turn into years
And our mournful cries for help
Fall onto too many deaf ears.
Society's outcasts, our family's scorn
Sometimes we wish we were never born.
But here we are
And here we be
Why you? Why me?*

Why, why, why indeed?

2.2 Provide the summary and analysis of any substantive recommendations for revisions.

During plan review, the Stakeholder Leadership Group and Steering Committee both recommended consolidating some strategies into an encompassing community intervention model. Specific revisions are more fully explained in 2.3.

Overall, community members submitting comments expressed broad support for the plan. However, those providing comments emphasized the following themes:

- Interest in additional services for individuals experiencing anxiety or minor depression. MHD staff responded to each concern individually and explained that MHSA funds explicitly target adults suffering from Serious Mental Illness (SMI) or children with Serious Emotional Disturbance (SED).

- Ensuring that the community remains informed during the implementation planning process
- Ensuring that the community is informed of the Request for Proposals (RFP) processes

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

As a result of feedback from the Stakeholder Leadership Group and Steering Committee, several community-located service strategies, including peer-based services, family advocates, and on-site services for homeless, co-occurring, and ethnic minority populations, among others, were consolidated into the broader Community Intervention Team model. Each of the services included in the model are united by the goal of providing community-based, site-specific services to diverse and often hard-to-reach populations.

In response to continued interest in the implementation phase, the planning team will take steps to ensure that implementation planning continues, 1) to include a cross-section of the community in implementation groups, including consumers, family members and providers, and; 2) to maintain a transparent process through the posting of processes and minutes on the web site, announcements to those who participated in the planning process, distribution of RFP information to the full community, and an open-bid process.

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

2.1 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 planning 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.)

In addition to the committees organized by age group, MHD organized the planning process from the beginning to include an additional workgroup -- Ethnic Minority Populations in acknowledgement of the lack of mental health community services and supports. The two tables below present the issues identified by the community stakeholders and the service strategies selected to address the unmet needs. Table 1 presents this information on county/community issues by age group as requested by DMH. Table 2 provides detail on the work of the additional Sonoma County workgroup on priority ethnic minority populations. During the pre-planning phase of the community process, MHD and the Planning Support Team identified ethnic minority populations as vulnerable populations who were both underserved and/or unserved by existing mental health services. While Sonoma County has only one population that meets the language threshold – Latinos - other ethnic populations (Native Americans, Pacific Islanders, Asians and African Americans) were identified as requiring a focused response.

Table 1: Community Issues by Age Group

Children/Youth	Transition Age Youth	Adults	Older Adults
<p><u>Community Issue</u> Limited services for 8-12 year olds living with SED</p> <p><u>Service Strategy</u> Intensive Enrollee-Based Program</p>	<p><u>Community Issue</u> Need services for runaways, those at imminent risk of homelessness and homeless TAY</p> <p><u>Service Strategy</u> TAY Intensive Team - Mental health services at transition and permanent supportive housing sites</p>	<p><u>Community Issue</u> Lack of services for homeless adults</p> <p><u>Service Strategy</u> Community Intervention Team - Enhanced intensive enrollee based services</p>	<p><u>Community Issue</u> Social isolation is a common barrier to access and recovery</p> <p><u>Service Strategy</u> Older Adult Services - 1) Enhanced peer support services including training, transportation, friendly visitor program 2) Wellness Center</p>
<p><u>Community Issue</u> Need more services supporting foster care youth</p> <p><u>Service Strategy</u> Intensive Enrollee-Based Program</p>	<p><u>Community Issue</u> Need for services supporting TAY transition to adult services with a special focus on young people transitioning out of foster care</p> <p><u>Service Strategy</u> TAY Intensive Team - 1) Bridge program and countywide case management team 2) Intensive wrap around service team program</p>	<p><u>Community Issue</u> Those living outside of Santa Rosa lack access to services</p> <p><u>Service Strategy</u> Community Intervention Team – 1) On-site services at health centers and homeless shelters 2) New peer support services in Guerneville and Petaluma Service Hubs</p>	<p><u>Community Issue</u> Those living outside of Santa Rosa lack access to services</p> <p><u>Service Strategy</u> Community Intervention Team – 1) On-site services at health centers and homeless shelters 2) New peer support services in Guerneville and Petaluma Service Hubs</p>

Children/Youth	Transition Age Youth	Adults	Older Adults
<p><u>Community Issue</u> Need services for youth who have attempted suicide</p> <p><u>Service Strategy</u> Intensive Enrollee-Based Program</p>	<p><u>Community Issue</u> Lack of services for TAY with co-occurring disorders</p> <p><u>Service Strategy</u> TAY Intensive Team - Mental health services at transition and permanent supportive housing sites</p>	<p><u>Community Issue</u> Lack of services for adults with co-occurring disorders</p> <p><u>Service Strategy</u> Community Intervention Team – On-site services at health centers, homeless shelters, and substance abuse programs</p>	<p><u>Community Issue</u> Lack of services for older adults with co-occurring disorders</p> <p><u>Service Strategy</u> Community Intervention Team – On-site services at health centers, homeless shelters, and substance abuse programs</p>
<p><u>Community Issue</u> Need services for youth with school problems</p> <p><u>Service Strategy</u> Intensive Enrollee-Based Program</p>	<p><u>Community Issue</u> Lack of services for TAY in the juvenile justice system</p> <p><u>Service Strategy</u> Forensic Assertive Community Team (FACT) Program</p>	<p><u>Community Issue</u> Lack of community-based crisis response services</p> <p><u>Service Strategy</u> Community Intervention Team – 1) On-site services at health centers, homeless shelters, and substance abuse programs 2) On-call crisis response at above service sites</p>	<p><u>Community Issue</u> Lack of community-based crisis response services</p> <p><u>Service Strategy</u> Community Intervention Team – 1) On-site services at health centers, homeless shelters, and substance abuse programs 2) On-call crisis response at above service sites</p>
	<p><u>Community Issue</u> Lack of peer support for TAY</p> <p><u>Service Strategy</u> TAY Intensive Team – Intensive wrap around service team program</p>	<p><u>Community Issue</u> Lack of peer support for adults</p> <p><u>Service Strategy</u> Adult Consumer Services – 1) Wellness Center 2) Warm line 3) Enhanced consumer operated, self-help services</p>	<p><u>Community Issue</u> Lack of peer support services</p> <p><u>Service Strategy</u> Adult Consumer Services – 1) Wellness Center 2) Warm line 3) Enhanced consumer operated, self-help services</p>

Children/Youth	Transition Age Youth	Adults	Older Adults
	<u>Community Issue</u> Need more housing for TAY <u>Service Strategy</u> Supportive Housing Services	<u>Community Issue</u> Need more housing for adults <u>Service Strategy</u> Supportive Housing Services	<u>Community Issue</u> Need more housing for older adults <u>Service Strategy</u> Supportive Housing Services
	<u>Community Issue</u> Lack of services for mentally ill offenders <u>Service Strategy</u> Forensic Assertive Community Team (FACT) Program	<u>Community Issue</u> Lack of services for mentally ill offenders <u>Service Strategy</u> Forensic Assertive Community Team (FACT) Program	<u>Community Issue</u> Lack of services for mentally ill offenders <u>Service Strategy</u> Forensic Assertive Community Team (FACT) Program
	<u>Community Issue</u> Need for services responding to first psychotic break <u>Service Strategy</u> TAY Intensive Team – Intensive wrap around service team program	<u>Community Issue</u> Need for services responding to first psychotic break <u>Service Strategy</u> Community Intervention Team – On-site services at health centers, homeless shelters, and substance abuse programs	

Children/Youth	Transition Age Youth	Adults	Older Adults
	<p><u>Community Issue</u> Lack of services addressing needs of gay, lesbian, transgender and questioning youth</p> <p><u>Service Strategy</u> Adult Consumer Services – 1) Wellness Center 2) Warm line 3) Enhanced consumer operated, self-help services</p>	<p><u>Community Issue</u> Lack of services addressing needs of gay, lesbian, transgender and questioning adults</p> <p><u>Service Strategy</u> Adult Consumer Services – 1) Wellness Center 2) Warm line 3) Enhanced consumer operated, self-help services</p>	<p><u>Community Issue</u> Lack of services addressing needs of gay, lesbian, transgender and questioning older adults</p> <p><u>Service Strategy</u> Adult Consumer Services – 1) Wellness Center 2) Warm line 3) Enhanced consumer operated, self-help services</p>
<p><u>Community Need</u> Need for family services</p> <p><u>Service Strategy</u> Community Intervention Team –</p>	<p><u>Community Need</u> Need for family services</p> <p><u>Service Strategy</u> Community Intervention Team – Family advocates, community-based crisis response</p>	<p><u>Community Need</u> Need for family services</p> <p><u>Service Strategy</u> Community Intervention Team – Family advocates, community-based crisis response</p>	<p><u>Community Need</u> Need for family services</p> <p><u>Service Strategy</u> Community Intervention Team – Family advocates, community-based crisis response</p>

Table 2. Community Issues and Service Strategies by Ethnic Populations

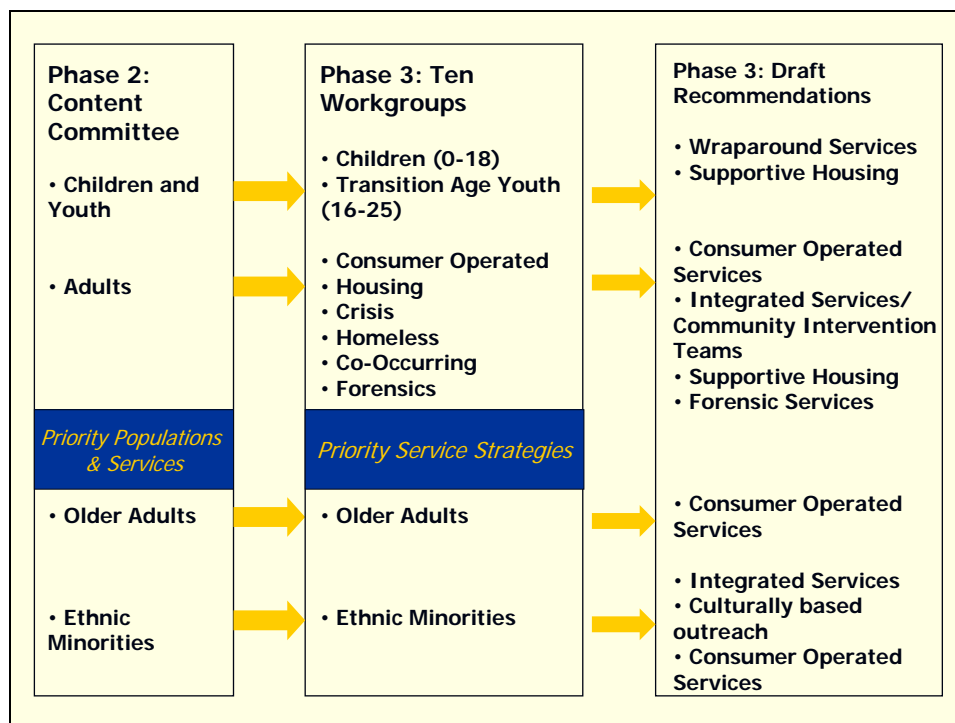
Ethnic Minorities Workgroup Results		
Populations	Community Issues	Service Strategies
<i>Latinos</i>	<ul style="list-style-type: none"> - Large immigrant population - Many monolingual Spanish speakers - Isolated communities - Transient housing - Low literacy and high poverty - Lack of transportation - Men: alcohol/drug issues - Women: domestic violence issues, depression 	<u>Community Intervention Team</u> On-site mental health services at health centers serving Latino community – psychiatry, therapy, crisis intervention, peer based outreach, bicultural/bilingual staff
<i>Native Americans</i>	<ul style="list-style-type: none"> - High poverty levels - Isolated communities - Homelessness - Co-occurring disorders 	<u>Community Intervention Team</u> Peer based outreach based at health clinic serving Native Americans, peer training to improve access
<i>Asian/Pacific Islanders</i>	<ul style="list-style-type: none"> - New immigrant populations - Many non-English speakers - Lack of service providers - High poverty levels - Stigma regarding mental health services, adverse to government 	<u>Community Intervention Team</u> Peer-based outreach through existing organizations serving Asian communities, peer training to improve access, language capacity and culturally appropriate services
<i>African Americans</i>	<ul style="list-style-type: none"> - High poverty levels - Dispersed community - Co-occurring disorders 	<u>Community Intervention Team</u> Peer-based outreach for access to services

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

The Sonoma County MHSA community planning structure was designed to have four distinct phases. The planning structure facilitated a stakeholder driven prioritization process. Each phase served as a building block for the next planning phase. Community input served as the center piece of decision-making leading to final priority service recommendations for consideration by the Phase 4 Stakeholder Leadership and Steering Committees. Community stakeholders determined which populations, issues and service strategies would be selected as priorities. Appropriate methods were selected for each phase which supported the development of an effective, culturally competent mental health system that promotes wellness and recovery through a comprehensive and representative planning. A core tool for each phase of the planning process was the

development of written workplans which clearly identified goals, tasks, and process guidelines including activities, timelines. Training and outreach activities continued through Phases 2 and 3. As discussed in Part 1, participation was open rolling enrollment for Content Committees and Workgroups, which allowed flexibility with schedules and succeeded in encouraging consumer and family member participation in every phase of the process.

As described previously in Part 1: Planning Process, ***Phase 1 consisted of launch and training*** activities designed to bring and retain diverse stakeholders into the planning process. Each phase of the process was explained during the ambitious outreach efforts to make sure the process was transparent and easy for all community members and participants to understand. ***Phase 2 Content Committees and Phase 3 Stakeholder Workgroups*** relied on community stakeholders to define community issues, identify service needs, and prioritize service strategies to be considered by the ***Phase 4 Stakeholder Leadership Group and for final approval by the Steering Committee***. Phase 2 and 3 were the final phases prior to Plan Review which included a review by the Mental Health Board and the 30-day public comment period. The flow chart below provides a visual aide to demonstrate the progressive phases of the community stakeholder decision-making process and selection of recommendations to be the focus of MHSA services over the next three years.



Criteria used by stakeholders for prioritizing services strategies included the four criteria defined by the MHSA combined with local criteria – cost effectiveness and geographic accessibility. Methods used to facilitate consensus decision-making included large group brainstorming, synthesis, small group ranking and prioritizing, large group synthesis and prioritizing, and organizing workgroups based on priority service recommendations made

by the Content Committees. In the last meeting for each Content Committee participants reviewed priority services and priority populations they had identified and considered the criteria and three MHSA funding types to select the stakeholder workgroups. The Committees reached consensus on the priorities and a final round of ranking and voting proved unnecessary. During Phase 3, workgroup participants refined service options as necessary and provided more detail for the description of the service priority including target populations, numbers to be served and estimated cost. While a ranking process of High (1) Medium (2) and Low (3) had been defined using it was unnecessary. Workgroups were able to reach consensus on the priority service recommendations for consideration during Phase 4 (Stakeholder Leadership Group and Steering Committee review). A final step included reviewing service strategies against MHSA and local criteria. The workgroups requested MHD staff translate the service strategies into more specific program models and to provide preliminary cost analysis for review prior to final approval of the recommendations and the hand off to Stakeholder and Steering Committees.

The ***Stakeholder Leadership Group*** accepted the full package for recommendations from the workgroups. Stakeholder Leadership reviewed the package of priority services in order to request further clarification for workgroups and MHD, review adherence to the three funding service types, and make suggestions for consolidation of services and coordination across the recommendations.

MHD is pleased that the package of service strategy recommendations addresses the full range of priorities recommended by the stakeholder workgroups. Since all of the ten priorities established by the workgroups are included in this plan, community issues and services are not rank ordered.

MHD responded quickly by exploring the feasibility of organizing services to address multiple community issues. A continuous review and feedback process was put in place among SCHMD, Stakeholder Leadership and Steering Committee. This has resulted in approval from the Steering Committee to move forward toward the public review process.

As Table 1 demonstrates, similar service strategy recommendations were prioritized to address multiple community issues (homelessness, co-occurring disorders, mobile crisis services and services located and connected to ethnic communities) across four priority populations (transition age youth, adults, older adults and ethnic populations). Providing services outside of the Santa Rosa hub through community based agencies and having the ability for a mobile/on-site SCHMD response was a consistent service recommendation. SCHMD determined economies of scale could be achieved, as well as the delivery of culturally appropriate services by organizing a county-wide multi-disciplinary team to provide services in areas outside of Santa Rosa, and simultaneously funding community based agencies to hire site specific licensed mental health personnel and peer health workers who reflect the specific population being served, and to have the appropriate language capacity. This approach resulted in defining a new Community Intervention Team Model (an outreach and systems capacity funding type) that addresses multiple

community issues – homelessness, co-occurring disorders, mobile crisis services and services located and connected to ethnic communities.

A continuum of transitional and permanent supportive housing projects currently in development will be supported with on-site mental health services in order to meet the housing needs of transitional age youth, adults, and older adults. These full service partnership projects are located across the county service hubs which are consistent with addressing access, location of services and transportation needs prioritized by stakeholders.

Mobile crisis response was a concern for all age groups and of particular concern to family members. Through discussion with the stakeholder groups crisis response will be provided through a county-wide multi-disciplinary team that is able to provide services at the service hubs.

Stakeholders representing the four ethnic populations in the workgroup identified providing more mental health services through existing community based agencies located in and connected to ethnic communities, and increased outreach activities utilizing peers as priority service strategies. Ensuring these services are provided by bicultural and bilingual staff was a core component of these service priorities. The Community Intervention Model proposes outreach and engagement strategies across four ethnic minority populations - Latino, Native American, Pacific Islander and Asian.

Outreach and access to services was raised as an issue generally, and specifically for the ethnic groups above and of equal importance for gay, lesbian, transgender and questioning transition age youth and adults. A consistent aspect of access raised by all groups was the geographic location of services, particularly in the three service hubs – Southeast (Petaluma/Sonoma), Central (Santa Rosa/Rohnert Park/Windsor) and North and West (Guerneville/ Cloverdale). As a result, most of the proposed service strategies for all three funding types – Full Service Partnership, Outreach and Engagement, and Systems Capacity – have service delivery components outside of the City of Santa Rosa. The Full Service Partnership Housing Services Continuum will have wrap-around mental health services in Rohnert Park and Petaluma creating set-aside transition and permanent housing units for adults, and older adults. Consumer-operated services will be expanded to Guerneville and Petaluma at existing community based service sites. The Full Service Partnership Forensic Services program will have a service site in Guerneville. Guerneville has the highest low income rate of the three service hubs which underscores the great need for local and affordable services, as well as integrated services.

2.3 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 reservations, school achievement drop-out rates, and other significant issues

Vulnerable populations are often underserved across age, ethnicity and gender. The community planning process was deliberate in addressing disparities across these demographic categories. In addition, consumers involved in the planning process were particularly vigilant in ensuring service strategies addressed barriers to services and therefore prioritized services that addressed discrepancies in penetration rates for women, children, ethnic minorities, gay and lesbian consumers, as well as for individuals who live at or below 200% of poverty and those individuals living outside the Santa Rosa service hub. The following section utilizes feedback from community stakeholders and community-level data to describe the key sub-populations that have the greatest need for increased access to mental health services.

- Adults 26-59 made up the greatest percentage of the County population (48.6%) in 2003, followed by children 0-18 (24.8%), transition age youth 16-25 (13.8%), and older adults 60+ (17.1%).
- Nearly three-quarters of the population in 2003 was White (73.3%); 18.5% Hispanic/Latino; 3.4% Asian (0.2% Pacific Islander); 1.4% African American; 0.9% Native American, and; 2.3% other or 2 or more races.
- In 2003, 21% of residents said they speak a language other than English at home. Nearly three-quarters of individuals identifying as Latino or Asian speak a language other than English at home.

Overall County Demographic Characteristics

Sonoma County has a population of just over 450,000. According to standard measures of the prevalence of serious mental illness (SMI) and serious emotional disturbance (SED), it is estimated that approximately 6.2% (29,267) of residents suffered from SMI or SED in 2004. The following sections will highlight prevalence levels and notable disparities among sub-populations within the County.

- As of 2003, only 8.9% of residents were under 100% of the poverty level, though this is disproportionate by ethnicity: White (8.6%), Hispanic/Latino (14.5%), Asian (1.9%), African American (30.6%), Native American (unknown).
- As of 2003, approximately 9.5% of County residents lacked health insurance. The rate of Latino uninsured is significantly higher. About 23.9% of Latinos did not have health insurance.
- As of 2005, it is estimated that there are 5,243 homeless individuals in Sonoma County, of which 3,741 were individuals and 1,502 were members of families.

Children

Overall children ages 0-18 represented about one-quarter (24.8%) of the household population in 2003.¹ The Latino population in Sonoma County is notably young, representing a greater percentage of the 0 to 18 population than the County population overall. Children had a higher prevalence rate (7.0%) than the overall Sonoma County population with a prevalence rate of 6.2%. Participants in the Children/TAY Content Committee and Stakeholder Workgroup noted the limited availability of existing mental health services for children 0-18 and focused on the need for comprehensive and culturally appropriate wrap around services. While overall there is a large unmet need for individuals 0-18 years-old, children 8-12 were identified as disproportionately unserved since existing wrap around services were not developed to focus specifically on this population. Stakeholders also noted the need for services for gay and lesbian youth, as well as Latino youth across the entire age range. The TAY service strategy will have a significant focus on Latino and gay, lesbian, and transgender youth.

Transition Age Youth

During the community planning process, stakeholders consistently articulated a concern for the circumstances and situations of transition age youth (TAY) aged 16-25 in Sonoma County. Eighty-one percent of respondents to a community survey distributed as part of the broad community input process ranked expanded mental health services for TAY as the most important service priority for MHSA funding. Community-level data supports the perspective of stakeholders. Overall, TAY represented 13.8% (65,252) of the Sonoma County population in 2003. However, TAY have the highest prevalence rate of SMI or SED of all Sonoma County age groups; 8.8% compared to 6.2% of the population overall.

Participants in the Children/TAY Content Committee and Stakeholder Workgroup further identified specific populations that are not receiving needed mental health services. This included the following:

- Those at imminent risk of homelessness or currently homeless;
- Those aging out of foster care group homes;
- Those transitioning out of juvenile hall, and therefore involved with other agencies (child welfare, juvenile/criminal justice). TAY are disproportionately represented in the incarcerated population. Approximately 32% of the incarcerated population is aged 18-25.
- TAY who are gay, lesbian, transgender or questioning.
- Those with co-occurring substance abuse

Stakeholders agreed that many young people experience their 1st psychotic break during this age yet are not able to receive any mental health services from the existing adult and children's service systems. Likewise, TAY in these situations require services that

¹ American Community Survey 2003, CA. Department of Finance, Consumer and Services Information (CSI) data.

address multiple needs in a holistic model. No mental health services currently exist for TAY experiencing the life circumstances described above. In addition to wrap around, intensive services, a second overarching concern was the need for bridge services as this age group transitions from youth to adult services.

Adults

Stakeholders in the community planning process identified five populations that crossed over the six service strategies: mentally ill offenders, individuals who are homeless and living with mental illness, people living with co-occurring disorders, adults with SMI living in areas outside of the City of Santa Rosa, and underserved groups including Latinos, and gay, lesbian, transgender and questioning individuals living with SMI. Six service strategies were determined by stakeholders to have equal importance in addressing these community issues: Housing Continuum, Homeless Services, Consumer-Operated Services, Forensic Services, Co-occurring Disorders Services and Crisis Response Services in Community Based Settings. Imbedded in each of these services was the need for geographic distribution of services in the regional service hubs.

As of 2004, approximately 15% of the total population in the County jails was mentally ill. As this shows, the prevalence of SMI and SED in jails is more than double the prevalence rate in the population overall (6.2%). The need for services supporting this population is growing rapidly; it is estimated that the number of mentally ill offenders in County jails increased by 58% from 2000 to 2004². Transition age youth are also over-represented among the prison population. About one-third (32%) of those in County prisons were between 18 and 25 years-old.

As of 2003, approximately 8.9% (40,641) of the Sonoma County population earned less than 100% of the poverty level and 23.7% (107,783) earned less than 200% of the poverty level. Some ethnic minority populations are particularly likely to live in poverty. Close to one-third (30.6%) of African-Americans earned less than 100% of the poverty level compared to 14.5% of Latinos and 8.9% of Whites (data for Native Americans is not available). Importantly, the prevalence of SMI or SED is higher among those living in poverty compared to the greater population; about 11.1% (4,001) of those under 100% of the poverty level compared to 6.2% for the population overall.

There are about 5,243 homeless individuals in Sonoma County. A 2005 study estimated that close to one-third (30.7%) of homeless individuals had been or were being treated for mental illness. Homelessness is generally accompanied by other disabling circumstances, such as histories of familial dysfunction, substance abuse or physical disabilities. The same 2005 study estimated that 15.3% of the homeless population suffered from mental illness and physical/medical disabilities. Further, about 17.7% had been or were being treated for drug/alcohol abuse and mental illness. Though the availability of data on the prevalence of co-occurring disorders is limited, community planning stakeholders consistently ranked the need for services addressing co-occurring disorders, particularly among homeless and low-income individuals.

² Grand Jury

During conversations about service disparity and existing barriers, stakeholders commonly noted the lack of mental health services outside of Santa Rosa, particularly in remote rural areas. Currently, MHD Adult Services provides services in three regional hubs (North and West, Central, Southeast) through regional teams which are centrally located at Santa Rosa mental health services. The location of these services in Santa Rosa has been the result of budget reductions over the last few years. Given the consistent need for geographically dispersed services, MHD will relocate these teams to the regions in order to deliver the priority services selected by the community process. For example the city of Guerneville in the North and West Region will receive new and enhanced services that cut across populations including: new Consumer Operated Self-Help services, Community Intervention Team providing a continuum of outreach, assessment and treatment services on site at existing health clinics. Priority populations that will be served include mentally ill individuals who are homeless, individuals living with co-occurring disorders, and people living with SMI in need of local, accessible crisis response services. Guerneville's low income rate is the highest of any city in the 3 service hubs – 33.5% of its residents report incomes below 200% of poverty.

Older Adults

Adults 60+ represent about 17.1% (80,828) of the County population. Approximately 4.7% (4,646) of adults 55 and older are living with SMI or SED³. Most commonly, community planning stakeholders described the significant degree of social isolation experienced by older adults with mental illness that limits their access to services and meaningful interaction with their peers and communities. Consequently, the need for peer support and coordinated care for people involved with MHD and other providers was the prioritized strategy. In addition, affordable housing for older adults was a significant concern. The Full Service Partnership for adults will identify set aside units for older adults. As with adults and transition age youth, consumers with co-occurring disorders were identified as a prioritized population.

Ethnic Populations

Stakeholders identified barriers that commonly prevent ethnic minorities from accessing services. Most often, participants voiced concerns around accessing existing services and the current lack of culturally and linguistically competent services. In regards to access, participants noted that immigrant and monolingual communities are often socially and geographically isolated. Therefore, services that are located in Santa Rosa and offered only in English prevent reasonable access. Likewise, stakeholders raised concerns about the capacity of existing services to provide culturally appropriate outreach and services. Existing community-level data also highlights the interaction of other socioeconomic factors, such as poverty, with ethnicity. Minority communities in Sonoma County are over-represented among the poor, uninsured, and imprisoned populations.

³ Though 'older adults' is defined as over 59, prevalence rates were only available for the category 55 and older

The Latino community, which represents about 18.5% (87,628) of the population, is the second largest racial/ethnic group in Sonoma County. Approximately 7.0% (5,528) of the Latino population is living with SMI or SED. Social, geographic and linguistic isolation limits Latino access to needed mental health services. Participants in the community planning process raised the lack of bilingual services as a significant barrier to access. According to the 2000 Census, approximately three-quarters (74.8%) of the Latino community in Sonoma County speaks a language other than English at home. Conversely, about 4.4% of MHD clients identify Spanish as their primary language. Latinos are also more likely than the general population to live in poverty (14.5% vs. 8.9%) or to be uninsured (23.9% vs. 9.5%). Geographically, Latinos live throughout the County but often live in rural communities where farm work is available.

Encompassing a number of unique ethnic and linguistic communities, Asians represent about 3.4% (16,145) of the County population. It is estimated that 6.5% (900) of Asians are living with SMI or SED. Of paramount concern to stakeholders was the level of social and linguistic isolation of Asian communities. Nearly three-quarters (71.5%) reported speaking a language other than English in the 2000 Census. The Asian community is unique in the degree of its diversity. Immigrant communities represent a number of Southeast Asian and Central Asian countries.

Native Americans make up a small but vital part of the Sonoma County community. Approximately 0.9% (4,334) of the population is Native American. The prevalence rate for Native Americans is approximately 5.5% (192). During the community planning process stakeholders communicated several barriers to accessing services, including high poverty levels, homelessness and high rates of substance abuse, among others. Paramount was the social isolation of Native Americans and the notable lack of culturally appropriate outreach strategies and service approaches.

Though a small percentage of the population, African-Americans likewise face barriers to service such as social isolation and disproportionate levels of poverty. African-Americans represent about 1.4% (6,804) of the County population and have a prevalence rate for SMI or SED of 6.3% (387). Close to one-third (30.6%) of African-Americans live below 100% of the poverty level.

The stakeholder groups identified four site specific services to be provided through the Community Intervention Model to address the commonalities across unserved and underserved ethnic groups (Latinos, Asians, Pacific Islanders, Native Americans) and the unique language, access and culturally specific service needs of each ethnic minority community.

2.4 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.

Not applicable.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section II: Analyzing Mental Health Needs in the Community

2.2.1 Using the information from population data for the County and any available estimate 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.

The year 2000 prevalence estimates for youth and adults living with serious emotional disturbance (SED) and serious mental illness (SMI) in Sonoma County were obtained from the California Department of Mental Health (DMH). These numbers were updated to reflect a 3.1% growth in Sonoma County's population from 2000-2004; prevalence rates remained constant. Therefore, the methods used to calculate prevalence rates mirror the standard approach used by other California counties.

This section also presents data on the number of "unserved" individuals needing mental health services in Sonoma County. The number of unserved consumers was calculated by subtracting the number of consumers served by the MHD during FY 03-04 (5,893) from the estimated number of people living with SED or SMI in 2004 (29,367)⁴. This calculation does not take into account services provided by other organizations and therefore may overstate the number of unserved individuals. Approximately 23,474 (82.4%) individuals with SED or SMI were unserved in 2004. This rate of unserved, though appearing high, is similar to other California counties.

The number of unserved was also calculated by gender, age, and race/ethnicity (see **Table 3**) to identify any notable differences in the percentage of individuals that did not receive MHD services. Prevalence age categories were limited to what was electronically available and in some instances the data categories used to calculate prevalence and services provided do not match perfectly. For example, prevalence data is provided for youth 0-18, whereas data on who was served is available for the age group 0-15. Therefore, prevalence and utilization age categories do not seamlessly overlap but instead provide useful estimates of unserved populations by service age group. Age categories are as follows:

AGE CATEGORIES	
Prevalence	Served Consumers
0-17	0-15
18-24	16-24
25-54	25-59
55+	60+

⁴ Prevalence of SMI/SED (29,367) – Number Served by MHD (5,893) = Number of "Unserved" (23,474)

Adults

Adults ages 25-59 comprise 49.8% of the Sonoma County population. The prevalence rate for adults is 6.0%. About one-quarter (24.5%) or 3,155 adults who needed services were served by MHD. Approximately 9,684 or 77.8% of individuals living with SMI needing mental health services did not receive services.

Approximately 7.2% of females of all age groups in Sonoma County were living with SED or SMI in 2004, compared to 5.2% of males of all age groups. Although MHD served a higher proportion of females during FY03-04, the percent of unserved females remains higher than that of unserved males (84.8% compared to 79.1%). Among those served by the county, a higher proportion were males age 0-24. Consumers aged 25 and over were more likely to be female, with 69.9% of older adults served being female.

Older Adults

By age, older adults were the most unserved (93.6%). In other words, 442 or 9.2% of the approximately 4,790 older adults living with SMI received MHD services in 2004. 17.1% of Sonoma's 2003 population was older adults; only 7.5% of county served consumers were ages 60 and over. The majority (86.0%) of older adults who received services were White.

Children and Transition Age Youth

The second highest unserved age group is children and youth (88.5%). Only 14.1% or 1,144 children living with SED received mental health services. About 17.8% of those children and youth who did receive MHD services were Latino.

Ethnic Minorities

Latinos are the second largest racial/ethnic group in Sonoma County. According to the 2003 "Latino Access Study" conducted by the MHD, Latinos were the only ethnic group that was being significantly unserved / underserved. Latinos represent 18.5% of the county population, but only 11.8% of the population served by MHD. About 90.5% of Latinos living with SED or SMI were unserved. Compared to other racial/ethnic groups, Latinos living with SED or SMI were least likely to access MHD services. Among Latinos who received MHD services, only 2.2% were older adults. The remaining were equally children, transition age youth, and adults. The MHD 2003 Cultural Competence Plan provides additional data on penetration rates for Latino populations. At the time the plan was developed, Latinos made up 29.2% of Medi-Cal beneficiaries, yet overall were being served by MHD in far less proportion to the total Medi-Cal population served.

African Americans had the lowest unserved rate (39.5%) at the end of FY03-04, followed by Native Americans (54.1%). These groups make up 1.4% and 0.9% of the county's population respectively, but represent 4.2% and 1.6% of the county-served population.

Approximately 78.5% of Sonoma County's population aged 5 and over spoke English at home, whereas 16.8% spoke Spanish. English was the primary language for 88.5% of MHD consumers; only 4.4% primarily spoke Spanish. Nearly three of four Latino residents in Sonoma County speak a language other than English at home. Of these, 36.8% speak English "not well" or "not at all". This suggests few Latinos accessed county services and/or a high proportion received services in English, which may have not been their primary language. Although Chinese and Filipinos are the largest Asian ethnic groups in Sonoma County, a higher percent of Cambodian and Laotian speakers received services in FY03-04.

One factor that may contribute to difficulties in getting mental health care is health coverage. According to 2003 California Health Interview (CHIS) data, 23.9% of Latino respondents living in Sonoma County were uninsured (see **Table 4**). Only 7.2% of White respondents were uninsured in 2003, whereas 70.3% of Whites had employment-based insurance compared to only 29.8% of Latinos. This disparity may help explain the discrepancy between unserved Latinos and Whites living with SED or SMI.

Table 3. Sonoma County Department of Mental Health Division Unserved Consumers - Fiscal Year 2003-04

	Prevalence of Persons Living with SED or SMI (2000)	Percent Living with SED or SMI (2000)	Prevalence Estimates (2004)	MHD Consumers Served FY 03-04	Unserved Population ^A	Percent Unserved ^B
Total Population	28,484	6.2%	29,367	5,893	23,474	82.4%
Gender^C						
Male	11,691	5.2%	12,053	2,806	9,247	79.1%
Female	16,793	7.2%	17,314	3,069	14,245	84.8%
Age Group						
Children & Youth	7,827	7.0%	8,070	1,144	6,926	88.5%
Transition Age Youth	3,556	8.8%	3,666	1,152	2,514	70.7%
Adults	12,453	6.0%	12,839	3,155	9,684	77.8%
Older Adults	4,646	4.7%	4,790	442	4,348	93.6%
Race/Ethnicity						
White	20,456	6.0%	21,090	4,440	16,650	81.4%
Black/African American	387	6.3%	399	246	153	39.5%
Asian	900	6.5%	928	182	746	82.9%
Pacific Islander	63	7.6%	65	4	61	96.8%
Native American	192	5.5%	198	94	104	54.1%
Other & Two or more races	958	7.3%	988	233	755	78.8%
Latino or Hispanic	5,528	7.0%	5,699	694	5,005	90.5%

Note: Youth (ages 0-17) numbers are based on Serious Emotional Disturbance.

A - Unserved population = (2004 Prevalence Estimates) – (Consumers Served)

B - Percent unserved = ((2004 Prevalence Estimates) – (Consumers Served)) / (2004 Prevalence Estimates)

C - Individuals of unknown gender served by MHD (n=18) were not included in the gender analysis.

Source: California Department of Mental Health/ Statistics and Data Analysis (SDA), http://www.dmh.ca.gov/SADA/SDA-Prevalence_Rates.asp

Table 4. Type of Health Coverage by Race - Sonoma County 2003

	Uninsured	Medicaid	CHIP	Employment-based	Privately purchased	Other public
Total	9.5%	12.6%	0.2%	64.0%	11.9%	1.8%
Latino	23.9%	37.8%	*1.2%	29.8%	*7.3%	-
Other single/2 or more races	*16.7%	*17.8%	-	65.5%	-	-
White	7.2%	6.3%	-	70.3%	13.7%	*2.4%
American Indian/Alaska Native	-	*39.4%	-	*41.0%	*19.7%	-
Asian	-	*4.4%	-	88.7%	*4.6%	-
African American	-	66.4%	-	*33.6%	-	-

* Statistically unstable – The sample size of Sonoma County residents in the survey was too small to create statistically significant numbers. However, these numbers provide a general picture of health coverage by race in the county.

Source: California Health Interview Survey 2003

Other Population Characteristics

Stakeholders participating in the Community Planning Process also identified other sub-populations that have a high need for more MHD services. In many instances, there is limited data on the actual rate of unserved individuals because much of that information is not currently tracked. However, it is important to note that large percentages of these populations are currently unserved.

Homelessness

Information obtained from the Sonoma County Task Force on the Homeless estimates 5,243 individuals are homeless this year, of which 20.8% are children under the age of 18. Approximately 30.7% (1,610) of individuals who are homeless had been or are being treated for mental illness, 33.3% for physical and medical disabilities, and 41.0% for chronic drug and/or alcohol use. In addition, 15.3% of homeless individuals reported being treated for both mental illness and physical disabilities, and 17.7% experienced co-occurring mental and drug and/or alcohol illnesses.

Incarcerated Population

According to the Sonoma County Grand Jury, 32% of the County's incarcerated population is transition age youth (18-25 years old). Of those, 62% are White, and 26% are Latino. Approximately 15% of the incarcerated population was diagnosed with mental illness in FY03-04. This population of mentally ill offenders has increased by 58% since 2000. Sonoma County served 3,491 mentally ill offenders while incarcerated in FY03-04. The estimated average daily population of incarcerated people in Sonoma County was 1,037.

Medi-Cal Rates

Table 5 (see below) summarizes utilization rates of Medi-Cal eligibles who received MHD services in FY02-03 by age group and race. Over half (58.4%) of foster care children eligible for Medi-Cal services received mental health services. Although a relatively equal number of Latinos and Whites were eligible for Medi-Cal services, only 1.5% of Latinos received mental health services, compared to 8.7% of Whites.

Table 5. Percent of Medi-Cal Eligibles who Received Mental Health Services - Sonoma County Fiscal Year 2002-03

	Average # of Medi-Cal Eligibles	# of Unduplicated Clients Served	% of Eligibles who Received Mental Health Services
Sonoma County	45,093	3,474	7.7%
AID Group			
Foster Care	445	260	58.4%
All Other Children	18,348	942	5.1%
Disabled	10,594	1,990	18.8%
Family Adult	7,055	294	4.2%
Other Adult	8,650	132	1.5%
Race/Ethnicity (non-Social Security Administration eligibles)			
Total	34,934	1,733	5.0%
White	15,599	1,354	8.7%
Hispanic	15,943	235	1.5%
African-American	1,066	71	6.7%
Asian/Pacific Islander	1,383	45	3.3%
Native American	675	23	3.4%
Other/ Unknown	269	5	1.9%
Race/Ethnicity (Social Security Administration eligibles)			
Total	10,159	1,741	17.1
White	6,473	1,400	21.6
African-American	364	54	14.8
Other/ Unknown	3,322	287	8.6

Source: California Department of Mental Health/ Statistics and Data Analysis (SDA)/ Medi-Cal Specialty Mental Health Services, <http://www.dmh.ca.gov/mcss/>

Geography – Regional Service HUBS

MHD acknowledges the influence of geography in service need and delivery patterns throughout the County. Currently centrally located teams provide Adult Services regionally. These service hubs are made up of selected cities. The community planning process identified geographically distributed services outside of Santa Rosa as a priority community issue and service delivery strategy. Stakeholders identified barriers related to the availability of services and the ability of individuals to access services. Specifically, they noted that services tend to be centrally located (Santa Rosa) and thus not locally available to individuals in outlying areas. Additionally, stakeholders in the community planning process noted that access to services was limited by barriers such as lack of transportation. Over the last few years budget reductions have eroded MHD ability to locate services in the regions. MHD is committed to relocating these services back in the regions in order to implement MHSA funded services. Service hubs include the following cities:

Service Hub	Cities
North and West	Cloverdale, Guerneville, and Sebastopol
Central	Rohnert Park, Santa Rosa, and Windsor
Southeast	Cotati, Petaluma, and Sonoma

These service hub cities vary widely in terms of age distribution, poverty/low income rates, and language spoken. Although adults, followed by children, constitute the majority populations of most cities, older adults were the second largest age group in the city of Sonoma. Approximately 30.2% of Sonoma's population were ages 60 and over in 2000, compared to only 15.7% of the County's population (See figure 1). This suggests a potential higher need for older adult services throughout the Southeast hub, particularly in the city of Sonoma.

On the other hand, Central service hub cities, as well as Cloverdale, exhibit higher rates of residents who speak languages other than English at home (see figure 2). Nearly one of four Cloverdale residents spoke a non-English language, suggesting a need for non-English language services in these regions.

Although a higher proportion of North and West service hub residents primarily spoke English, residents in this service hub were more likely to have low incomes below the 200% poverty level (25.6%). Please refer to figure 3. Guerneville had the highest low income rate, with 33.5% of its residents reporting incomes below 200% of the poverty level. In turn, residents in this city and service hub may have greater need for accessible (local and affordable) services as well as integrated services.

During fiscal year 2003-04, Sonoma County Mental Health Regional Teams served the following number of unduplicated consumers by service hub city:

Service Hub City	Number of Consumers Served
Guerneville	113
Petaluma	100
Sonoma	43
Cloverdale	42

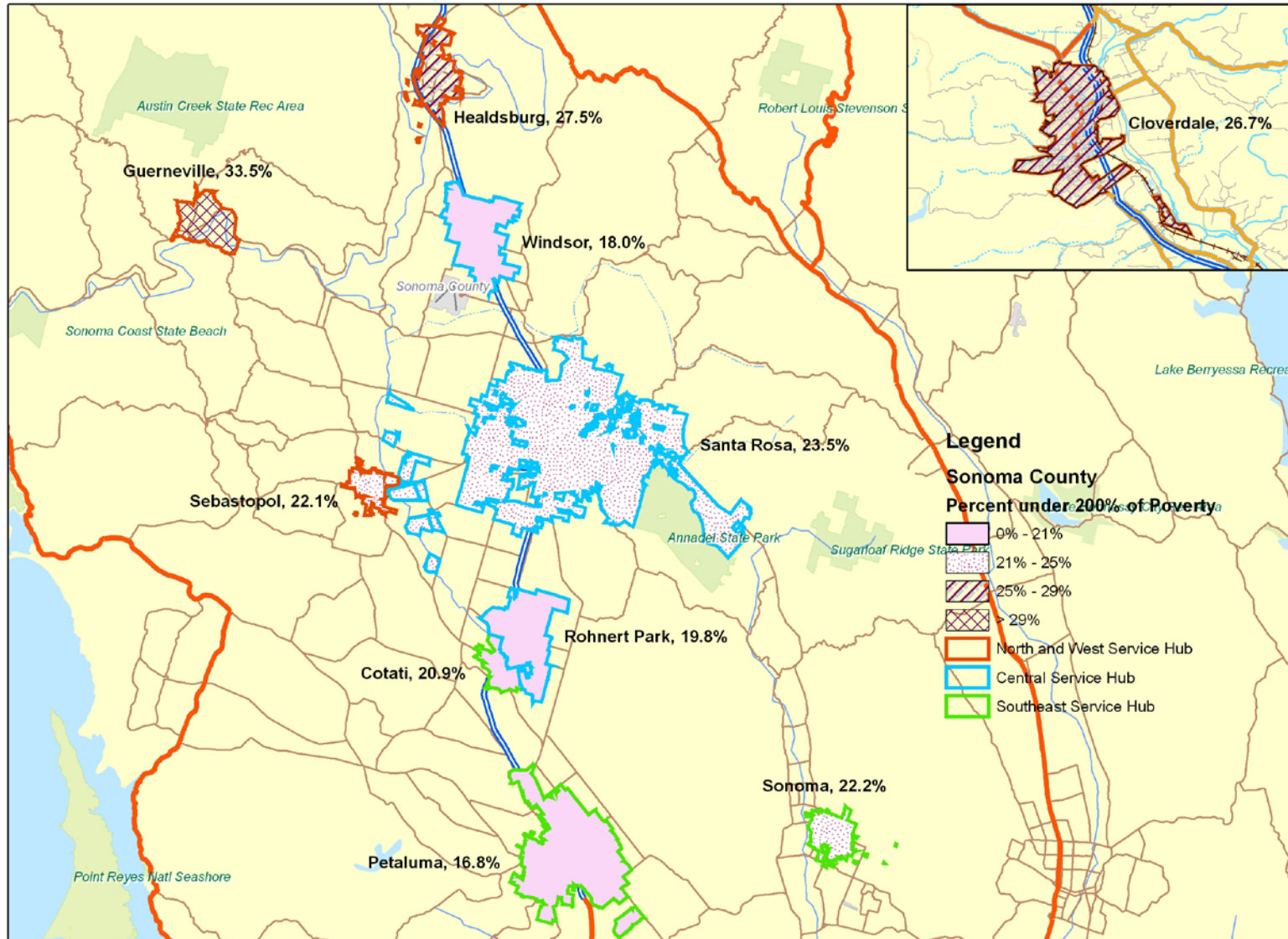
Co-Occurring Disorders

Though little data exists on the number of individuals with co-occurring disorders who are unserved, stakeholders consistently raised concerns about the lack of mental health services for this population, particularly among the homeless, incarcerated and Native American populations. Traditional substance abuse programs are reluctant to serve individuals with severe mental health problems. Currently, Sonoma County has no substance abuse treatment services targeted for adult offenders with co-occurring disorders.

Gay, Lesbian, Bisexual and Transgender

Similarly, there is limited data on the number of gay, lesbian, bisexual and transgender (GLBT) individuals with SMI or SED that are currently unserved. As described by stakeholders, existing mental health services do not adequately address the needs of the GLBT community. There is a particular need for services for transition age youth who are wrestling with sexual identity issues. There is some evidence that a high percentage of transition age youth who are homeless identify as GLBT and left home because of lack of family support. Stakeholders also highlighted the need for more specialized counseling and peer support services.

**Figure 1. Percent of Residents with Incomes under 200% of Poverty Level
by Service Hub City - Sonoma County 2000**



Source: Census 2000

2.2.2 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 groups, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity.

Children and Youth (0-18)	Fully Served			Underserved/ Inappropriately Served			Total Served		County Poverty Population, 2000 (<200%)*		County Population, 2003†	
	Male	Female	Total	Male	Female	Total	Number	%	Number	%	Number	%
Total	545	407	952	382	285	667	1,619		28,262	26.0%	117,328	
African American	22	28	50	18	22	40	91		726	39.9%	1,843	1.6%
Asian Pacific Islander	8	5	13	7	5	12	25		1,153	32.4%	4,005	3.4%
Latino	78	74	152	77	74	151	303		13,111	47.1%	32,849	28.0%
Native American	12	7	19	16	10	26	45		596	39.8%	1,127	1.0%
White	409	280	689	251	172	423	1,112		16,335	20.2%	72,518	61.8%
Other	16	13	29	8	6	14	43		6,818	52.8%	4,986	4.2%

* Percent column shows percent of population under 200% of poverty level within each racial/ethnic population.

Source: Census 2000

† "Other" includes multiracial population. Source: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004.

Transition Age Youth & Adults (19-59)	Fully Served			Underserved/ Inappropriately Served			Total Served		County Poverty Population, 2000 (<200%)*		County Population, 2003†	
	Male	Female	Total	Male	Female	Total	Number	%	Number	%	Number	%
Total	138	164	302	1613	1917	3,530	3,832		53,378	21.7%	275,118	
African American	11	8	19	75	54	129	148		1,248	33.2%	4,161	1.5%
Asian Pacific Islander	10	5	15	92	46	138	153		1,953	21.9%	10,513	3.8%
Latino	15	28	43	116	217	333	376		18,671	41.5%	50,371	18.3%
Native American	3	2	5	24	16	40	45		1,028	34.8%	2,723	1.0%
White	95	117	212	1226	1510	2,736	2,948		35,936	18.1%	202,406	73.6%
Other	4	4	8	77	77	154	162		10,587	44.8%	4,944	1.8%

* Percent column shows percent of population under 200% of poverty level within each racial/ethnic population.

Source: Census 2000

† "Other" includes multiracial population. Source: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004.

Older Adults (60+)	Fully Served			Underserved/ Inappropriately Served			Total Served		County Poverty Population, 2000 (<200%)*		County Population, 2003†	
	Male	Female	Total	Male	Female	Total	Number	%	Number	%	Number	%
Total	49	167	216	51	175	226	442		18,476	19.2%	80,828	
African American	2	2	4	2	2	3	7		217	32.7%	800	1.0%
Asian Pacific Islander	3	2	5	4	2	6	11		481	22.4%	2,578	3.2%
Latino	1	4	5	2	8	10	15		1,599	30.6%	4,408	5.5%
Native American	1	1	2	1	1	2	4		187	31.0%	484	0.6%
White	40	152	192	39	149	188	380		16,366	18.4%	71,776	88.8%
Other	2	6	8	4	13	17	25		611	32.6%		

* Percent column shows percent of population under 200% of poverty level within each racial/ethnic population.

Source: Census 2000

† "Other" includes multiracial population. Source: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004.

2.2.3 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.

Fully served consumers are identified as those who accessed integrated, wraparound services. Underserved are all other Sonoma County Mental Health consumers who did not receive fully integrated, wraparound services. Unserved are individuals living with SMI or SED who did not receive mental health services. Existing fully served clients include:

- **Children and Youth:** These include children and transition age youth in Intensive Enrollee Based, Resource Team, Residential Treatment Programs and contractors (SAY, Lifeworks, CARE, Petaluma People Services).
- **Adults:** AB2034 (Project Hope) programs, Long-term care, Conditional Release, and those who received services through the Adult Resource Team.
- **Older Adults:** Services from the Older Adult Team

Children (Ages 0-18)

Children constituted a quarter of Sonoma County's population in 2003. Approximately one in five lived under 200% of the poverty level, and the majority of children were White. Although Latinos represent 18.8% of the County's population, 28.0% of children ages 0-18 and 29.4% of children ages 0-15 were Latino. Compared to those served by MHD, only 17.8% of children served were Latino. African American children were overrepresented in the service group; they constituted 1.6% of the children population, and 5.2% of children served.

968 of 1,647 of children (58.8%) were in fully served programs FY03-04. Although children with SED had a higher unserved rate compared to adults, those who received MHD services more often received fully integrated services.

Transition Age Youth and Adults (Ages 19-59)

The transition age youth and adult population is the largest population in Sonoma County (58.1%). Racial/ethnic patterns for this population reflect that of the general population. Approximately 21.7% of transition age youth and adults reported incomes under 200% of the poverty level. The 200% poverty rate for Latinos doubled that of Whites, with approximately 41.7% living with low incomes. Overall, a higher proportion of non-white youth and adults reported low incomes compared to Whites.

MHD served 1,152 transition age youth ages 16-24 in FY03-04. Two-thirds (66.7%) of these youth were White, and 19.7% were Latino, which relatively reflect the general demographics of this population. Latino adults ages 25-59, on the other hand, were significantly underrepresented among adults served (7.9% of those served compared to 19.7% of the population). Similar to African American children, African American youth and adults were overrepresented among the served population.

One-quarter (26.1%) of transition age youth and adults served by MHD received fully integrated services. Compared to children and older adults living with SED or SMI, transition age youth and adults living with SMI were more likely to receive services but less likely to be fully served.

Older Adults (Ages 60 and Over)

Older adults represented 17.1% of Sonoma County's population, the majority of whom (88.8%) were White. Only 5.5% of this population was Latino. Although older adults had a slightly lower income rate compared to other age groups, approximately one third of African American, Latino, and Native American older adults had low incomes.

Overall, older adults had the highest unserved rate (93.6%). Among the 442 served by MHD, over half (55.2%) received full services through the Older Adult Team.

Ethnic Populations

Latino's are the second largest ethnic group in Sonoma County. While the percentage of consumers receiving MHD services keeps rising, (*Latino Access Study 2002, MHD 2003 Update Cultural Competence Plan*), the needs analysis demonstrates that Latinos are significantly underserved and unserved. About 90.5% of Latinos living with SED and SMI are unserved. The Latino population is expected to more than double in Sonoma County by the year 2020, and could therefore come to represent one in five county residents. Compared to their representation in the total county population, Latino adults and children are disproportionately living in poverty. Latino adults ages 19-59 represent 18.3% of the county population and 41.5% Latino children represent 28% of the county population, yet 47.1% live under 200% of the federal poverty level.

There is a significant need for bi-lingual Spanish service capacity. Nearly three of four Latino residents speak a language other than English at home. However, English was the primary language for 88.5% of MHD consumers; only 4.4% primarily spoke Spanish. This data could explain the high percentage of Latinos living with SMI in Sonoma County who are unserved. Another factor that may contribute to receiving mental health care is health coverage. According to 2003 CHIS data, 23.9% of Latino respondents living in Sonoma County were uninsured (see table 5). This is compared to only 9.5% of all respondents to the CHIS survey who were

uninsured and only 7.3% of White respondents who were uninsured. This disparity further demonstrates the discrepancy between unserved Latinos living with SED or SMI.

Medi-cal data provides further insight into service access disparities. Latinos represent the largest group of Medi-Cal eligibles (45.6%), and yet Latinos represent the smallest group of eligibles who received mental health services (1.5%).

Pacific Islanders make up only 0.2% of Sonoma County's population in 2003; four received services in FY03-04. African Americans (39.5%) had the lowest unserved rate by the end of FY03-04, followed by Native Americans (54.1%). These groups make up 1.4% and 1.1% of the county's population respectively, but represent 4.2% and 1.6% of the county-served population.

2.2.4. Identify objectives related to the need for, and the 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.

In order to appropriately address ethnic/linguistic disparities in service participation and ensure that proposed services are culturally and linguistically appropriate, the Sonoma County planning process defined an explicit space for raising these issues through the Underserved Ethnic Minorities Content Committee and Stakeholder Workgroup. Through discussion of community issues, service gaps, and priorities for MHSA services, these groups articulated several important objectives for MHD services:

- Provide more mental health services through existing community-based agencies already located in and connected to ethnic communities;
- Increase outreach services within ethnic communities that utilize peer-based outreach; outreach by community-based organizations connected to ethnic communities, and; outreach by community and family members
- Increase the number of bicultural Spanish and bilingual Spanish mental health service providers available in the community,
- Increase overall access for Latinos through contracting with existing health centers serving Latino communities
- Increase penetration for Pacific Islander and other Asian communities utilizing new outreach and engagement services through collaboration with existing ethnic organizations
- Increase overall access for Native Americans through collaboration with the existing Native American Health Center utilizing peer based outreach strategies
- Improve access to existing services by providing transportation or mobile services to individuals receiving services.
- Increase the number of outreach activities to programs and services that primarily serve Latino and other minority populations to promote the appropriate use of mental health services
- Increase the availability of written materials available in Spanish for these outreach and treatment activities through developing contracts for interpreter and translation through the Department of Health Services

- Increase the penetration rate of Latinos accessing services by 0.5% based on the Latino Access Study, 2002 (revised March 2003)

Section III: Identifying Initial Populations for Full Service Partnerships:

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

All age groups are included in the Full Service Partnerships. The community stakeholder process resulted in determining the initial populations that will be fully served in the first three years. The decision-making process utilized local data, information on existing services and best practices, analysis of the lack of community services and supports, and MHSA guidelines to assess program recommendations and to determine which types of programs, as well as the target populations and numbers of consumers to be served by each program. In addition, the final stages of the process looked for economies of scale across age groups and the ability to achieve rapid start-up through expansion full service partnership programs.

Children/Youth

FSP1 – Enrollee Based Services Full Service Partnership for Children and Youth Ages 8-12

This program will build on the full service partnership program for youth 12-18. This program will service children ages 8-12 who have serious emotional disturbance identified through collaboration with Human Services, Probation and the schools as needing intensive, integrated wraparound services. Currently no program exists targeting this specific age group. Services will be characterized by the major themes identified by the stakeholder workgroup:

- multidisciplinary approach to develop treatment plan
- comprehensive centralized information and referral services
- evidence-based practices using modalities that are tailored to individuals
- culturally and linguistically competent services,
- better linking with educational system to kids at risk of entering juvenile justice system
- family centered services that include partnerships with family members, peer consultants, and providers

Transition Age Youth

FSP2 – Integrated Human Services/Mental Health Service Team for Transition Age Youth

This program will serve transition age youth 16-25 with serious mental illness who are at risk of homelessness and/or have co-occurring issues with substance abuse. Collaboration with human services will address the specialized needs of youth ages 16-18 with a serious mental illness who are exiting the foster care system.

Adults

FSP 3 – Integrated Forensic Services

This program will serve mentally ill offenders coming directly from jail through a mental health court. The program will utilize the Forensic Assertive Community Treatment Team (FACT Program) to serve adult and older adult clients.

FSP 4 – Continuum of Housing Services

Mental health supportive services will be connected to transitional and permanent supportive housing projects currently under development in Sonoma County. One project of 14 units will be devoted exclusively to adult and older adult women who are living with serious mental illness. The second housing project of 15 units will be set aside for adult and older adult individuals and couples.

Older Adults

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2.3.2 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.)

The following list of criteria was used for selecting initial populations for all age groups and ethnic populations:

- Identified as priority community issue through community stakeholder input
- Identified as priority need for each age group and ethnic population through Community stakeholder input
- Address prevalence need in Sonoma County
- Increase capacity to address stigma in seeking mental health services
- Existing programs utilized by target populations with demonstrated success
- Demonstrate ability to achieve economies of scale across populations by building on existing infrastructures
- Increase capacity to engage and target ethnic disparities in service delivery
- Demonstrate ability to provide services in service hub locations

Additional criteria for children, youth, transition age youth and adults:

- Increase capacity to reach gay, lesbian, bisexual, and questioning individuals in service delivery

Additional criteria for ethnic minority populations:

- Increase capacity to provide bi-lingual services particularly in Spanish
- Demonstrate ability to provide local services within ethnic communities

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

Vulnerable populations are often underserved across age, ethnicity and gender. The community planning process was deliberate in addressing disparities across these demographic categories. In addition, consumers involved in the planning process were particularly vigilant in ensuring service strategies addressed barriers to services and therefore prioritized services that addressed discrepancies in penetration rates for women, children, Latinos and Pacific Islanders, gay and lesbian consumers, individuals who live at or below 200% of poverty, and those individuals living outside the Santa Rosa service hub.

Sonoma County has a population of just over 450,000. Prevalence studies show a prevalence rate of approximately 6.2% for serious mental illness (SMI) and serious emotional disturbance (SED). In 2004 this percent translates to an estimated 29,267 individuals living with SMI or SED. Sonoma has a significant number of unserved and underserved populations. Approximately 82.4% of individuals needing mental health services for SMI were unserved in 2004. In 2003-2004, MHD served 5,893 individuals or 20% of those individuals in need of mental health services for SMI and/or SED.

Children

Children ages 0-18 represented 24.8% of the household population in 2003⁵. Children had a higher prevalence rate (7.0%) than the overall Sonoma County population with a prevalence rate of 6.2%. In fact 88.5% of children and youth needing mental health services for SED were unserved in 2004. In 2003-2004, MHD served approximately 1,144 children and youth or 14% of those needing mental health services for SED and/or SMI. While overall there is a large unmet need for this age group, children 8-12 were identified as disproportionately unserved. Existing wrap around services were not developed to focus specifically on this population. Therefore, the prioritization process chose to focus comprehensive, culturally appropriate wrap around services for 8-12 year olds.

Transition Age Youth

Transition age youth have the highest prevalence rate 8.8% of all Sonoma County age groups. While the percent unserved is lower 70.7% than the other age groups, no mental health services currently exist for youth in this age group experiencing the life circumstances described above. The stakeholder process determined that unserved and underserved individuals with SMI in this age group are a common situation in Sonoma County. The full service partnership program described in the Sections 3 and 4 of Part II was developed in response to the prioritization process.

Adults

Mentally ill offenders, individuals who are homeless and living with mental illness, as well as people living with co-occurring mental illness and substance abuse issues, were populations identified for full service partnerships. Adults have a prevalence rate of 6.0% or approximately 12,839 individuals living with SMI. Approximately, 77.8% of adults or 9,684 individuals living with SMI were unserved. Also, 21.7% of adults ages 19-59 live under 200% of the federal poverty level.

Most (72.2%) county residents are White, 19.8% are Latinos, 3.5% are Asian, 1.5% are African-American and 1.1% are Native American/Alaska Native. Prevalence rates for persons living with SMI or SED was higher for females (7.2%) than for males (5.2%). Adults constitute the majority of most cities' populations in the three service hubs North and West, Central and Southeast.

The expansions and new full service partnerships will make some progress in addressing the significant unserved and underserved population of adults living with SMI. MHD will capitalize on new transitional and permanent supportive housing developments coming on line in the first three years to provide stable housing and intensive, integrated services. One housing project in the Full Service Partnerships Housing Service Continuum is set aside exclusively for adult women living with SMI.

In addition, the FSP integrated forensics services model is based on a successful, outcome driven model that will allow for an accelerated timeline for implementation.

Older Adults

By age group older adults were most unserved (93.6%). Four-hundred forty-two or 9% of the older adults living with SMI received services in 2004. In addition while 17.6% of Sonoma's 2004 population were older adults, only 7.5% of MHD mental health services consumers were ages 60 and over.

Social isolation was the issue of most concern to the stakeholders. Consequently, the need for peer support and coordinated care for people involved with other existing MHD and other providers were the prioritized strategy. In addition, affordable housing for older adults was a significant concern. The Full Service Partnership for adults will identify set aside units for older adults. As with adults and transition age youth, consumers with co-occurring disorders were identified as a prioritized population.

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 MHSA. No separate response is necessary in this section.**

The following matrix provides an overview of the seven prioritized program strategies recommended for MHSA funding. These program strategies represent the three funding types described in the CSS requirements. The narratives in Section VI specify the details of the strategies that will be utilized within each program.

Work Group	Full Service Partnerships
Intensive Enrollee-Based Services for Children	This program will serve 40 high risk SED children ages 8-12 each year who have not responded to traditional levels of service and who have been identified by Human Services, Juvenile Probation, schools and the community Intensive. Service strategies include: wraparound services, enhanced therapeutic behavioral services, integrated services and supports for children and their families.
Transitional Age Youth Intensive Team	This intensive integrated service team program for 30 Transition Age Youth (18-25) living with SMI/SED will provide providing mental health services, intensive case management, housing, employment services and Independent Living Skills. A case management specialist for Transition Aged Youth will provide bridge services including linkage and follow-up referrals for TAY aging out of children's mental health services and transitioning to adult services.
Forensic Assertive Community Team (FACT) Project	The Forensic Assertive Community Treatment Team will serve 50 Mentally Ill Offenders each year coming directly from the Jail through a Mental Health Court. Service components include multiple case management sessions each week, monthly psychiatric consultation, medication management, group counseling, referral to substance abuse treatment, peer mentoring, random urinalysis testing and money management.
Supportive Housing Services	Mental health services will be provided at two supportive housing projects currently under construction. The mental health supportive services will enable developers to target these new housing sites for consumers living with SED/SMI. Developers are providing the capital dollars, and the supportive service money will be provided by MHSA

	Outreach and Engagement ~ Systems Capacity
Community Intervention Program	<p>The Community Intervention Program will deliver integrated, community based, multi-lingual mental health services throughout Sonoma County using an interdisciplinary staffing model that includes a county-wide mental health team and community-based staff located at participating agencies across the County. Service components include:</p> <ul style="list-style-type: none"> • Enhanced mental health services at homeless shelters in Santa Rosa, Petaluma and Guerneville. Enhanced Outreach capacity. • Enhanced capacity to provide on-site mental health services at key ethnic-specific health centers serving Latinos, Asians, Native Americans and African Americans. • Enhanced capacity within the community to provide crisis response. Services will be provided through partnership between community-based providers and Law Enforcement in Santa Rosa, Guerneville, Petaluma and Sonoma. Combine staffing with other teams including Regional team. • Enhanced family support and services through a family Advocate position responsible assisting family members in accessing mental health and other community services, providing family support educating family members of children and youth living with SED, and adult consumers living with SMI. • Enhanced capacity to provide mental health services in a collaborative service approach at AODS and substance abuse provider facilities.
Older Adults Services	<p>Enhanced peer support and counseling services delivered through key community providers. Enhanced capacity to provide linkage and collaboration with providers across the older adult system of care. Targeted peer counseling and support services will be provided through community collaboration and contract services.</p>
Consumer Services	<p>A comprehensive program developed and operated by consumers includes a continuum of services located in all three regional service hubs - Santa Rosa, Guerneville and Petaluma. Service components include:</p> <ul style="list-style-type: none"> • A Wellness and Recovery Center based on the principles of recovery vision will include: warm line, employment programs, recreational and socialization opportunities, peer advocacy and counseling, assistance with medication services, and transportation services. • Enhanced consumer services, particularly for substance use/abuse, at Interlink Self Help Center. • New consumer operated services in Guerneville and Petaluma.

Section V: Assessing Capacity

1) 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.

Increasing the linguistic and cultural diversity of staff has been and will continue to be a priority for the Mental Health Division (MHD). According to most recent data, 16.4% of MHD staff is non-White. In addition, there are several staff who are foreign-born from Eastern Europe, Western Europe, Southeast Asia, Central America, and South America. Whereas 18.5% of the County is Latino, approximately 7.7% of MHD staff identify as Hispanic/Latino. While there is a disparity between the ethnic backgrounds of staff compared to the County population, we have significantly increased the number of Latino, Native American, and African American staff members in the past 5 years. Additionally, we have articulated a goal of increasing ethnically and linguistically representative staff in our most recent Cultural Competency plan and propose adding bicultural/bilingual staff with the Community Intervention Program included in the proposal for new MHSA services.

**Overall Composition of County Mental Health Staff
and Contract Providers by Ethnicity**

Ethnicity	Administrative Staff	Direct Services Staff	Support Staff	Interpreter	Total Staff	% of Staff
Asian / Pacific Islander	1	7	0	0	8	4.1
African-American	0	1	0	0	1	0.5
Hispanic/Latino	0	10	5	0	15	7.7
Native American	0	2	2	0	4	2.1
White	15	112	36	0	163	83.6
Other	0	4	0	0	4	2
Totals	16	136	43	0	195	100

The Community Intervention Program proposed in new MHSA services would significantly strengthen our capacity to serve diverse populations. The program enhances capacity by providing on-site mental health services through partnership with key ethnic-specific community based organizations. These organizations, which are further described in question 3, are located in and serve unique Latino, Asian and Native American communities.

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.

Approximately 17.6% of MHD direct services staff are persons of color. Specific rates for each ethnic category are as follows:

- 7.4% of direct services staff identify as Latino, Latin American or Spanish compared to 18.5% of the County population;
- 1.5% of direct services staff identify as Native American compared to 1.1% of the County population;
- 1.5% of direct services staff identify as African-American compared to 1.4% of the County population;
- 4.4% of direct services staff identify as Asian or Pacific Islander compared to 3.5% of the County population.

Currently, 11.7% of direct services staff are bilingual. Of these, the majority (13 of 17 staff) speak Spanish. Specifically, 9.0% of direct services staff speak Spanish. Other languages represented include French, Japanese, Laotian and German. In Sonoma County, Spanish is the only threshold language. About 21.5% of Sonoma County residents speak a language other than English, of which approximately 16.8% speak Spanish at home. In contrast, only 4.4% of MHD consumers identified Spanish as their primary language. MHD has made and will continue to make efforts to increase the number of bilingual direct services staff. The Community Intervention Program proposed as part of new MHSA services seeks to enhance on-site mental health services at key ethnic-specific community based organizations. This includes the addition of bilingual and culturally competent mental health staff to support work at these sites.

Overall Composition of County Bilingual Staff by Language

Language	Administrative Staff	Direct Services Staff	Support Staff	Total Staff
English-only	16	128	40	186
Japanese		1		1
Laotian		1		1
Spanish		13	3	14
Other		2	1	
Totals	16	145	44	205

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 the 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 resources shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/resiliency and cultural competence principles and approaches, need to increase collaboration efforts with other agencies and organizations, etc.

In order to develop new services that directly address barriers to services for ethnic minority communities, our community planning process included an Underserved Ethnic Minorities Content Committee and Workgroup. During the planning process, community participants identified existing needs and barriers to services. Principally, participants voiced concerns around access to services and the availability of linguistically and culturally competent services. The priority needs identified by participants include the following:

Access to Services

- No **transportation** to services
- Lack of **local services** within communities
- Lack of **affordable** services
- Lack of **outreach** to ethnic communities
- **Stigma** about mental health for some

Cultural and Linguistic Competence

- Services are not offered in **other languages** – Latinos, Asian/Pacific Islander
- Services are not **culturally sensitive**
 - Lack of understanding of cultural beliefs
 - Lack of bilingual and bicultural service providers
 - Racism and prejudice

Characteristics of underserved minority communities

- Immigrant
- Non-English speakers
- High poverty
- Isolated communities

The Planning Group addressed some of these identified needs and barriers by priority service strategies:

- Providing more mental health services through existing community-based agencies already located in and connected to ethnic communities
- Increasing outreach services within ethnic communities that utilize peer-based outreach; outreach by community-based organizations connected to ethnic communities; and outreach by community and family members

- Increasing the number of bicultural and bilingual mental health service providers available in the community
- Improving access to existing services by providing transportation or mobile services to individuals receiving services

The Community Intervention Program included in our MHSA proposal will directly address barriers to accessible and cultural/linguistic competent services by partnering with key community based agencies. Specifically, several health centers with significant experience serving ethnic communities have agreed to collaborate in providing services through the Community Intervention Program. Health centers will house new mental health services and extend existing outreach activities to facilitate increased access to mental health services among ethnic/linguistic minority populations. Some of the partners will include the following:

Community Intervention Program Partners

Agency	Service Populations	Existing Mental Health Services
Southwest Community Health Center	<p>Area Served Santa Rosa</p> <p>Overall Patient Population</p> <ul style="list-style-type: none"> - 40,000 patient visits per year - 75% Latino - 95% below poverty line - 52% uninsured 	<p>Specialty Clinic:</p> <ul style="list-style-type: none"> - 1.5 FTE bilingual/bicultural psychologist: 1 on 1 and family counseling - currently recruiting for an additional provider
Sonoma Valley Community Health Center	<p>Area Served Sonoma Valley</p> <p>Overall Patient Population</p> <ul style="list-style-type: none"> - 33% are migrant workers - 51% Latino - 70% of Latino patients speak Spanish only - 25% of patients are uninsured, 75% Medi-Cal 	<ul style="list-style-type: none"> - 1 psychologist 12 hours/week provides psychotherapy (Spanish) - 1 consultant ½ day once per week - 1 psychiatrist ½ day 3 time per month
Indian Health Project	<p>Area Served</p> <p>Located in Santa Rosa but serves entire Native American Population</p>	<p>Mental health, clinic social work, and substance abuse treatment and referral activities.</p> <ul style="list-style-type: none"> - 1 clinical psychologist - 2 Licensed Clinical Social Workers (LCSW) - Alcoholism/Substance Abuse Counselor

Agency	Service Populations	Existing Mental Health Services
Alliance Medical Center	<p>Area Served Healdsburg – Northern county, primarily 3 census tracts designated medically underserved populations</p> <p>Overall Patient Population</p> <ul style="list-style-type: none"> - 90% at or below FPL - 85% Latino, mostly monolingual 	<ul style="list-style-type: none"> - 1 clinical psychologist - 2 Licensed Clinical Social Workers
Petaluma Health Center	<p>Area Served Petaluma</p> <p>Overall Patient Population</p> <ul style="list-style-type: none"> - 44,000 patient visits per year - 32% Medi-Cal, 12% Uninsured, 12% MediCare, 20% Private Insurance - 60% Latino of which 1/3 are monolingual Spanish speakers 	<ul style="list-style-type: none"> - 3 Licensed Clinical Social Workers (LCSW) (PT) - 1 Psychiatrist (3 hrs/week) - 1 Psychiatrist D (PT) - No bilingual providers - Chronically mentally ill generally referred to the Mental Health Resource Team (MHD)
Russian River Health Center	<p>Area Served West County area</p> <p>Overall Patient Population</p> <ul style="list-style-type: none"> - 33,000 patient visits per year - 28% Uninsured, 35% Medi-Cal, 11% MediCare, 26% Private Insurance - Approximately 10% Latino 	<ul style="list-style-type: none"> - 3.5 FTE comprised of LCSWs and Clinical Psychologists - Ongoing Therapy, and Crisis Intervention and Assessment Services - No bilingual providers

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

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

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.

Sonoma County's three-year CSS funding is detailed in Exhibit 2. Sonoma County is proposing seven program initiatives with 4 Full Service Partnerships, 2 General System Development programs, and 1 Outreach and Engagement program. The major themes include

- Full Service Partnerships for Children, Transitional Age Youth, Mentally Ill Offenders, and Supportive Housing Services for TAY, Adults and Older Adults
- Expanded and/or decentralized sites for community mental health services located in areas that are more accessible to consumers
- Capacity building, support, and collaboration with community-based primary care clinics serving ethnic minorities; homeless centers and shelters serving SMI homeless; consumer-operated services serving SMI consumers; and substance abuse treatment centers serving clients with co-occurring disorders

Details in table below of Sonoma County's proposed funding request for the CSS allocation

Type of Funding	Annual FY 05-06	Requested			Totals	%
		FY 05/06	FY 06/07	FY 07/08		
Full Service Partnerships	\$1,761,795	\$146,816	\$1,779,413	\$1,884,398	\$3,810,628	51%
General System Development	829,080	69,090	837,371	886,776	1,793,236	24%
Outreach & Engagement	863,625	71,969	872,261	923,725	1,867,955	25%
<i>Subtotal</i>	<i>3,454,500</i>	<i>287,875</i>	<i>3,489,045</i>	<i>3,694,899</i>	<i>7,471,819</i>	
Total Budget	\$3,454,500	287,875	\$3,489,045	\$3,694,899	\$7,471,819	

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.**

The number of individuals expected to receive services through System Development Funds for each fiscal year:

FY 2005-06 - 295	# expected to have FSP - 45
FY 2006-07 - 1390	# expected to have FSP - 169
FY 2007-08 - 1460	# expected to have FSP - 169

4. **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.**

It is expected that 10% of individuals reached through Outreach and Engagement strategies in

FY 2005-06 - 190	# expected to have FSP - 19
FY 2006-07 - 725	# expected to have FSP - 72
FY 2007-08 - 725	# expected to have FSP - 72

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 projects must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services already 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.**

Sonoma County Mental Health is committed to implementing wraparound services and applying for the official SB 163 designation. Sonoma County has contacted Tracy Ahlenstorf from CDSS, who has agreed to bring a team to Sonoma County to provide us with Technical Assistance.

In Sonoma County, wraparound services have been available for the culturally diverse population of children and youth with serious emotional disturbances since 1995 through the Children's System of Care (CSOC). Flexible funding is available for CSOC clients through multiple funding sources, including Sonoma County child welfare agencies. In 2002, when CSOC funding was reduced and modified, Sonoma County Mental Health directed its allocation to a full service partnership for 12-17 year-olds in collaboration with Child Welfare, Probation, and the schools.

The Director of Child Welfare Services in Sonoma County is willing to work with us to implement SB 163 in relation to Sonoma County's two new proposed MHSA full service partnerships for children 8-12 years, and Transition Age Youth services.

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: **Sonoma** Date: **May 23, 2006**

County Mental Health Director:

Arthur W. Ewart
Printed Name

Signature _____

Date: _____

Mailing Address: **3322 Chanate Road**
Santa Rosa CA 95404

Phone Number: **707-565-4850** Fax: **707-565-4892**

E-mail: aewart@sonoma-county.org

Contact Person: Mike Kennedy, MFT

Phone: 707-565-4850

Fax: 707-565-4892

E-mail: mkennedy@sonoma-county.org

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: **SONOMA**
 Fiscal Year: **2005-2006**
 (please complete one per fiscal year)

County:		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.	Intensive Enrollee-Based Services for Children (8-12)	\$ 29,363	\$ -	\$ -	\$ 29,363	\$ 29,363	\$ -		\$ -
2.	Transitional Age Youth Intensive Services	33,034			\$ 33,034		\$ 33,034		
3.	Forensic Assertive Community Team	49,918			\$ 49,918		\$ 4,992	\$ 39,934	\$ 4,992
4.	Supportive Housing Services	34,502			\$ 34,502		\$ 3,450	\$ 27,601	\$ 3,450
5.	Community Intervention			71,969	\$ 71,969	\$ 7,197	\$ 7,197	\$ 50,378	\$ 7,197
6.	Older Adult Services		20,727		\$ 20,727				\$ 20,727
7.	Consumer Driven/Operated Services		48,363		\$ 48,363		\$ 4,836	\$ 33,854	\$ 9,673
					\$ -				
					\$ -				
					\$ -				
					\$ -				
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					\$ -				
					\$ -				
		\$ 146,816	\$ 69,090	\$ 71,969	\$ 287,875	\$ 36,560	\$ 53,509	\$ 151,768	\$ 46,038

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County:	SONOMA
Fiscal Year:	2006-2007
(please complete one per fiscal year)	

County:		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.	Intensive Enrollee-Based Services for Children (8-12)	\$ 355,749	\$ -	\$ -	\$ 355,749	\$ 355,749	\$ -		\$ -
2.	Transitional Age Youth Intensive Services	400,218			\$ 400,218		\$ 400,218		
3.	Forensic Assertive Community Team	604,773			\$ 604,773		\$ 60,477	\$ 483,819	\$ 60,477
4.	Supportive Housing Services	418,005			\$ 418,005		\$ 41,801	\$ 334,404	\$ 41,801
5.	Community Intervention			871,934	\$ 871,934	\$ 87,193	\$ 87,193	\$ 610,354	\$ 87,193
6.	Older Adult Services		251,117		\$ 251,117				\$ 251,117
7.	Consumer Driven/Operated Services		585,940		\$ 585,940		\$ 58,594	\$ 410,158	\$ 117,188
					\$ -				
					\$ -				
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					\$ -				
		\$ 1,778,745	\$ 837,057	\$ 871,934	\$ 3,487,736	\$ 442,942	\$ 648,283	\$ 1,838,734	\$ 557,776

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

County: **SONOMA**
 Fiscal Year: **2007-2008**
 (please complete one per fiscal year)

County:		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.	Intensive Enrollee-Based Services for Children (8-12)	\$ 376,880	\$ -	\$ -	\$ 376,880	\$ 376,880	\$ -		\$ -
2.	Transitional Age Youth Intensive Services	423,990			\$ 423,990		\$ 423,990		
3.	Forensic Assertive Community Team	640,695			\$ 640,695		\$ 64,070	\$ 512,556	\$ 64,070
4.	Supportive Housing Services	442,834			\$ 442,834		\$ 44,283	\$ 354,267	\$ 44,283
5.	Community Intervention			923,725	\$ 923,725	\$ 92,372	\$ 92,372	\$ 646,607	\$ 92,372
6.	Older Adult Services		266,033		\$ 266,033				\$ 266,033
7.	Consumer Driven/Operated Services		620,743		\$ 620,743		\$ 62,074	\$ 434,520	\$ 124,149
					\$ -				
					\$ -				
					\$ -				
					\$ -				
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					\$ -				
					\$ -				
					\$ -				
		\$ 1,884,398	\$ 886,776	\$ 923,725	\$ 3,694,899	\$ 469,252	\$ 686,789	\$ 1,947,951	\$ 590,907

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:

FY 2005-06: Children and Youth: 10 Transition Age Youth: 10 Adult: 15 Older Adult: 15 TOTAL: 50
FY 2006-07: Children and Youth: 40 Transition Age Youth: 30 Adult: 50 Older Adult: 29 TOTAL: 149
FY 2007-08: Children and Youth: 40 Transition Age Youth: 30 Adult: 50 Older Adult: 29 TOTAL: 149

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				%TOTAL
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	
2005/06									
% African American	2%	0%	2%	0%	2%	0%	2%	0%	2%
% Asian Pacific Islander	1%	0%	1%	0%	1%	0%	1%	0%	2%
% Latino	5%	6.6%	5%	6.6%	5%	10%	5%	10%	15%
% Native American	1.5%	0%	1.5%	0%	1.5%	0%	1.5%	0%	2%
% White	11.4%	0%	11.4%	0%	11.4%	0%	11.4%	0%	50%
% Other	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total Population	15	1	15	1	10	1	10	1%	50
2006/07									
% African American	2%	0%	2%	0%	2%	0%	2%	0%	2%
% Asian Pacific Islander	1%	0%	1%	0%	1%	0%	1%	0%	2%
% Latino	5%	6.6%	5%	6.6%	5%	10%	5%	10%	15%
% Native American	1.5%	0%	1.5%	0%	1.5%	0%	1.5%	0%	2%
% White	11.4%	0%	11.4%	0%	11.4%	0%	11.4%	0%	50%
% Other	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total Population	40	2	40	1	40	1	29	1.5	149
2007/08									
% African American	2%	0%	2%	0%	2%	0%	2%	0%	2%
% Asian Pacific Islander	1%	0%	1%	0%	1%	0%	1%	0%	2%
% Latino	5%	6.6%	5%	6.6%	5%	10%	5%	10%	15%
% Native American	1.5%	0%	1.5%	0%	1.5%	0%	1.5%	0%	2%
% White	11.4%	0%	11.4%	0%	11.4%	0%	11.4%	0%	50%
% Other	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total Population	40	2	40	2	40	2	29	1.5	149

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County SONOMA COUNTY Fiscal Year 2005-2006		Program Work Plan Name Intensive Enrollee-Based Services for Children (IEB)	
Program Work Plan #1		Estimated Start Date – June 1, 2006	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		<p>IEB Program for 40 children (ages 8-12) identified by Human Services, Juvenile Probation, Schools and the Community as needing intensive, integrated wraparound services.</p> <p>The IEB Program will provide eligible children with a family-centered, strength-based, needs driven treatment process for individual services.</p> <ul style="list-style-type: none"> • Enhanced Capacity to provide TBS (Therapeutic Behavioral Services) • Rehabilitative groups • Case Management Services, including intensive collaboration with Human Services, Probation, and Special Education • Medication support services • Human Services Dependents including but not limited to Residents at Valley of the Moon Children's Home (Dependency Unit) at risk of placement in residential facilities • Clients at risk of psychiatric hospitalization, or hospitalized within the past 6 months 	
Priority Population: <i>Describe the situational characteristics of the priority population</i>		<p>This program will serve high risk SED children who have not responded to traditional levels of service and who have been identified by Human Services Probation, the schools, and the community. The IEB program will meet or exceed all requirements of a SB 163 Wraparound program.</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
<ul style="list-style-type: none"> • Wraparound services • Strength-based, family-driven services • Cultural and gender-sensitive services • Services and supports provided at school • Interagency collaboration • Integrated services and supports for children and their families • Spanish-language capability • On-site services in Juvenile Hall and child welfare agencies • Therapeutic Behavioral Services 	Y			Y			
	Y			Y			
	Y			Y			
	Y			Y			
	Y			Y			
	Y			Y			
	Y			Y			
	Y			Y			
	Y			Y			

Intensive Enrollee-Based Services for Children

Program Summary

Sonoma County proposes to utilize Full Service Partnership funds to develop an Intensive Enrollee-Based Program focused on SED children 8-12 years who are at risk of out-of-home placement. The program will provide eligible children with a family-centered, strength-based, intensive case management service-driven program.

Sonoma County Mental Health will provide services which will create the foundation to transform our system, with a wraparound program that is family-centered, strength based, and needs driven, with a planning process for creating individualized services and supports for children, youth, and their families. These new services will facilitate access to inclusive community options, activities, and opportunities.

1. Population to be Served

Goals

- To serve SED children and youth who are 8-12 years of age and at imminent risk of out-of-home placement
- To prevent placement in a higher level of residential care (RCL 12-14)
- To serve youth returning to the community from a residential placement

Identification of Potential Clients

- Human Services dependents – residents at Valley of the Moon Children's Home (Dependency Unit) at risk of placement in a residential facility
- Probation Wards of the Court – clients confined at Juvenile Hall and at risk of further incarceration or RCL 12-14 placement
- Special Education students who are at risk for out-of-home placement
- Clients at risk of psychiatric hospitalization, or hospitalized within the past 6 months

Number of Children (8-12) Served

- First Year (2005-2006) - 10 children (based on 1 quarter)
- Second Year (2006-2007) – 40 children, 12 graduate/leave
- Third Year (2007-2008) – 40 children, 12 graduate/leave

Three Year Cumulative Total: 64 children served

2. Program Strategies

IEB Service Goals

Services include focused treatment planning with Special Education, Human Services and Probation to ensure

- Continuity of care (home and school)
- Stabilization in the community
- Ongoing support for the child, youth, and family

Typical IEB Services

- Individual and Family therapy
- Rehabilitative Groups
- Case Management Services, including intensive collaboration with Human Services, Probation, and Special Education
- Medication Support services
- Linkage to Alcohol and Other Drug treatment services
- Therapeutic Behavioral Services

All of the recruitments will be conducted in accordance with County and contractor's policy, and will

stress the desire to hire staff that is linguistically and ethnically diverse.

Positions	FTE
Sr. Office Assistant	0.50
Family Advocate	0.50
LCSW/MFT	2.00
Case Management Specialist	2.00
Staff Psychiatrist	0.20
Total direct staff:	5.20

Senior Office Assistant to provide administrative support to program including data entry, scheduling and filing photocopying and collating materials; manages electronic databases.

LCSW/MFT will provide clinical mental health assessment, diagnosis and therapy to TAY, be involved in service planning and case management and coordination of services; provide information and linkages to other community resources; provide authorization of appropriate treatment services.

Staff Psychiatrist will network with other health care professionals serving focal populations and provide support and consultation services.

Contract Positions:

Family Advocate will provide support services to family members involved with the program

Case Management Specialist will provide support to clinical services; conduct interviews with clients and families, assist in the initial screening and intake evaluation; under supervision, provide case management, crisis intervention and care management; provide psycho-education services to families; provide community education and information and serve as community liaisons.

3. Housing and Employment

Family issues are always identified as part of the system that affects a child's living situation. These issues often include a lack of adequate housing or shelter, and employment issues, which conflict with the child's need for supervision and care. The Enrollee-Based Program will work with families to help resolve these issues.

4. Cost/Funding Types

- Annualized cost per participant is \$12,240
- Other sources of funding will be leveraged to include EPDST/FFP

5. Advancing Recovery and Resiliency

Wraparound services are based on principles of recovery and integrated service models. This full service partnership program will offer client-driven and family-centered care to 40 (8-12-year-old) children, encouraging resiliency and recovery.

Plans will be developed in partnership with the child/family and will build on their strengths. All Mental Health staff and community partners will be trained in the application of recovery and resilience principles. Human Services, Probation, and Education are involved in planning implementation and service delivery and support the core value of family-focused and strength-based care.

6. Expansion of Existing Strategy

Currently, Sonoma County Youth and Family Services has a successful Intensive Enrollee-Based Program which serves 30 12-17-year-old SED adolescents. Through a full service partnership program, this new IEB program will provide services for an additional 40 children.

The Intensive Enrollee Base Program will provide 24 hours a day, 7 days a week availability through the

new team, which will require staff to be on-call on a rotational basis. The caseloads will be small enough to provide intensive services and a quick response to clients and collaborative partners.

7. Client/Family Involvement

Family members will be deeply involved in services and will work closely with staff to develop individualized plans for their child and their family.

Through MHSA funding, a part-time Family Advocate will be dedicated to working alongside staff and families enrolled in this program. Family Advocates provide an array of supports and services that enhance family members' knowledge about services, parents' rights, and the Mental Health system in general. Family Advocates can act as a bridge between parents, children, and program staff.

8. Community Collaboration

The IEB Team will practice a program philosophy of intensive collaboration with

- Human Services
- Probation
- Education
- Courts
- Law enforcement
- Psychiatric Emergency Services

9. Cultural/Linguistic Competency

Services will be embedded in the overall Cultural Competence guidelines and expectations for all MHSA and County services, and specific outreach and engagement will occur with the unserved/underserved groups of consumers who are Latino, Asian, Native American, and African American. As encouraged by MHSA, this program will work in collaboration with CBOs and the schools, and will assure that the program has the capacity to deliver services in the language of the participants. Staff will also be trained in cultural competency.

We will assure that our services will be delivered in the primary language of each family. Personal Service Coordinators will be culturally appropriate and will understand the resources of the families' racial/ethnic community.

10. Sexual Orientation/Gender Sensitivity

All services will be culturally competent and accessible to individuals of all genders, sexual orientations, races and ethnicities. The proposed program will work with existing CBOs with expertise in serving the diverse population in Sonoma County.

11. Out of County Clients

Children placed out of county would qualify for these wraparound services. These services will be provided to any child who meets the eligibility criteria.

12. Other Strategies

N/A

13. Timeline

Pre-Implementation: June 2006 – July 2006

Recruit: June 2006

- 2.0 FTE LCSW/MFT – County (est. 35% EPSDT/FFP offset)
- 2.0 FTE Family Support Counselor – Contract with private provider (est. 25% EPSDT/FFP offset)
- 0.5 FTE Family Advocate
- 0.5 FTE Clerical staff - County

- 0.2 FTE Child Psychiatrist - County

Phase 2: July 15, 2006 – August 15, 2006

- Hire the above staff
- Set up a contract for flexible TBS services
- Provide outreach and education to Mental Health staff, community partners and schools regarding this program component
- Begin to implement the program services to the children that are referred

Phase 3: August 2006 – September 2006

- Continue to review and revise work processes and evaluate outcomes
- Continue to provide outreach and education to staff and the community
- Provide Training and Orientation

Phase 4: July 2006 – January 2007

- June 1 - Enroll clients and provide services
- Review and evaluate outcomes and services

Phase 5: July 2006 – July 2007

- Continue implementation activities
- Review and evaluate outcomes
- Continue providing training for staff members

Phase 6: July 2007 – January 2008

- Review and Evaluate Outcomes
- Continue Providing training for staff members
- Modify and adjust program plans

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County SONOMA COUNTY Fiscal Year 2005-2006		Program Work Plan Name TAY Intensive Services	
Program Work Plan #2		Estimated Start Date – June 1, 2006	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		<ul style="list-style-type: none"> • Intensive integrated service team program for Transition Age Youth (18-25) providing mental health services, intensive case management, housing, employment services and Independent Living Skills. Program for 30 high-risk Transition Age Youth. • Case Management Specialist for Transition Age Youth needing referrals to Linkage follow-up • Permanent supportive housing services that include: <ul style="list-style-type: none"> - Independent living apartments (including Master lease and collaboration with new 14 unit building) - Case management (including assistance w/medication management, medication adherence, and crisis response) - Permanent supportive housing services will be provided by a contract agency • Transition Age Youth County-Wide Team to provide <ul style="list-style-type: none"> - Outreach - Case Management - Employment opportunities - Socialization activities • Peer Support and mentoring • Linkage and referral to substance abuse treatment for TAY living with co-occurring disorders 	
Priority Population: <i>Describe the situational characteristics of the priority population</i>		Transition Age Youth 18-25 with SED/SMI, aging out of children's Mental Health services, who require services and are at risk of homelessness, hospitalization, or incarceration, or who are leaving placement.	

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
<ul style="list-style-type: none"> • Integrated services/enhancement of AB3632 program • Supportive housing – specialized TAY housing • Supportive employment – job options for young TAY • Integrated county/community-level service planning • TAY involvement in planning and service development • Independent living classes 	Y				Y		
	Y				Y		
	Y				Y		
	Y				Y		
	Y				Y		

• Support groups for GLBQT Youth	Y				Y		
• Supportive education services	Y				Y		
• Peer outreach and mentoring	Y				Y		
• Linkage and referral to substance abuse treatment for TAY living with co-occurring disorders	Y				Y		

Transition Age Youth Work Plan

Program Summary

Full Service Partnership for 40 TAY/Young Adults ages 18-25. Intensive Integrated Service Team Program providing mental health services, intensive case management, housing, employment services, and independent living skills. This new program will be housed in downtown Santa Rosa and then attached to Sonoma County's AB2034 program, Project Hope.

1. Population to be Served

Underserved TAY Young Adults, ages 18-25, with Serious Mental Illness.

Number of TAY Served

- First Year (2005-2006) - 10 Transition Age Youth (based on 1 quarter)
- Second Year (2006-2007 – 30 TAY, 12 graduate/leave
- Third Year (2007-2008) – 30 TAY

Three Year Cumulative Total: 64 TAY served

2. Program Strategies

- Youth development approach to services
- Build resiliency skills
- TAY-driven and goal-directed services
- Culturally competent
- Family participation
- Coordinated services, specialized psychiatry
- Employment services and supportive housing
- Peer support services and mentoring

Staffing

All recruitments will be conducted in accordance with County and contractor's policy, and will stress the desire to hire staff that is linguistically and ethnically diverse.

Positions

Sr. Office Assistant	0.50
Sr. Client Support Specialist	1.00
Peer Outreach Worker	0.50
Peer Mentor	0.50
Eligibility Worker	0.25
LCSW/MFT	1.00
Staff Psychiatrist	0.20
Total direct staff:	3.95

Senior Office Assistant to provide administrative support to program including data entry, scheduling and filing, photocopying and collating materials; manages electronic databases.

Case Management Specialist will provide support to clinical services; conduct interviews with clients, assist in the initial screening and intake evaluation; under supervision, provide case management, crisis intervention, and care management.

Eligibility Worker to assist clients with Medi-Cal or other benefits to which they may be entitled.

LCSW/MFT will provide clinical mental health assessment, diagnosis and therapy to TAY, be involved in service planning and case management and coordination of services; provide information and linkages to other community resources; provide authorization of appropriate treatment services.

Staff Psychiatrist will network with other health care professionals serving focal populations, and provide support and consultation services.

Contract Positions:

Peer Mentor – Consumer who cultivates a personal relationship with another consumer, inclusive of easy access, for goalsetting, empowerment, improvement of self-esteem and developing positive options of thinking and behavior. TAY - will help youth develop awareness of positive options

Peer Outreach Worker will provide street outreach to Transition Age Youth

3. Housing or Employment

Housing and employment will be key components of the TAY Intensive Team Program. MHSA funds will be contracted out to Community Providers who currently have services focused on Transition Aged Youth. Provide different levels of housing: emergency shelter, transition, and permanent.

MHSA funds will be utilized to ensure that youths' needs are met in a model that fosters empowerment and assists them with both housing and employment. The TAY Team will work with two non-profit organizations that specialize in TAY housing and employment programs.

4. Cost/Funding Types

Annual cost per client is \$15,350.

5. Advancing Recovery and Resiliency

The program will utilize a strength-based TAY-driven approach, which encourages resiliency and recovery in young adults. Intensive case management will drive the new program.

Plans will be developed in partnership with youth, and will build on their strengths. Services will be consistent with the principles of self-determination and empowerment of youth and families. All Mental Health staff and community partners will be trained in the application of recovery and resiliency principles.

6. Expansion of Existing Strategy

TAY Intensive Services will be based in downtown Santa Rosa and will become part of Sonoma County's AB2034 program, Project Hope, which currently provides services for 72 members. The additional 40 slots will be for TAY Young Adults.

This expansion of our AB2034 program will allow us to tailor services specifically for Transition Age Youth. They will access specialized case management, as well as psychiatric, housing, employment, and outreach services. Specialized training will be provided for the staff (TAY Team) working with this group of young people.

7. Client / Family Involvement

TAY participation will be required in the proposed program. Peer outreach workers will be recruited and hired to work in this program.

Youth and their families will drive the TAY Intensive Services strategy by partnering in the development of their service goals and objectives. Youth Peer and family members can be involved by participating in the TAY Team meetings and activities, and by consulting on strategic services and plans. The proposed program will support and encourage youth-run/youth-developed services and activities. Family participation will be strongly encouraged, with the goal being the promotion of resiliency and recovery.

8. Community Collaboration

Linking this team to Sonoma County's AB2034 program connects the TAY program with all the homeless service providers in Sonoma County. Services will be contracted out to agencies with experience in working with Transition Age Youth, such as Positive Images and Face to Face.

TAY staff members will participate in targeted training to ensure that all staff receive ongoing education and training related to issues affecting TAY and culturally appropriate service delivery. Sonoma County Mental Health will coordinate a series of trainings which will include the following:

- Background on Sonoma County's public mental health system, current systems of care, and the Mental Health Services Act
- Concepts of recovery and resiliency
- Consumer-operated services, and history of self-help and consumer operated services
- TAY Assertive Community Treatment approaches
- The Larkin Street Youth Center model of services for TAY
- Cultural competency: Improving access for ethnic TAY populations
- Transition Age Youth services – The Village model
- Providing integrated services for clients with Co-Occurring Disorder
- Increasing capacity for permanent supportive TAY housing programs

9. Cultural/Linguistic Competency

Services will be embedded in the overall Cultural Competence guidelines, and expectations for all MHSA and County services, and specific outreach and engagement, will occur with the unserved/underserved groups of consumers who are Latino, Asian, Native American, and African American.

Services will be identified that are culturally competent and culturally relevant for youth. Youth with their TAY Intensive Team will identify culturally competent resources that might include youth and their families, community, other community partners, faith community, and private providers. The TAY Intensive Team will have the capacity to provide bilingual/bicultural services. Our Latino Access Committee will monitor these activities.

10. Sexual Orientation/Gender Sensitivity

All services will be culturally competent and accessible to individuals of all genders, sexual orientations, races and ethnicities. Specialized groups and activities will be provided for Gay, Lesbian, Bisexual, Questioning, and Transgender TAY.

Youth, along with the other TAY Intensive Team members, will identify competent and comfortable resources within the Santa Rosa community to support resiliency and recovery in a GLBQT-sensitive manner.

11. Out of County Clients

The proposed program will be available to any TAY individual who meets criteria, including youth who have been placed out-of-county.

12. Other Strategies

N/A

13. Timeline

Pre-Implementation: June 2006 – July 2006

- Convene TAY stakeholders meeting for orientation of Sonoma County Transitional Age Planning Group
- Develop job description and job scope for 1.0 FTE TAY Social Worker
- Develop job description for 1.0 FTE Peer Outreach Worker
- Begin discussion with community providers in order to contract for staff, housing and employment services
- RFP as necessary to select providers
- Recruit public and private TAY Team members

Phase 2: July 15, 2006 – August 15, 2006

- Continue community resources and program development
- Hire and train public and private TAY Team members
- Contract or MOU with community private provider(s)
- Develop and train on implementing customer satisfaction surveys for youth

Phase 3: August 2006 – September 2006

- Continue community resources and program development
- Review and evaluation on program outcomes and services
- Continued training for TAY team members, as well as other stakeholders, community, County staff, etc.

Phase 4: July 2006 – January 2007

- Enroll clients and begin providing services
- Review and evaluation on program outcomes and services
- Review and evaluation of TAY services (to include program objectives and Youth satisfaction surveys)

Phase 5: July 2006 – July 2007

- Continue implementation activities
- Provide ongoing training for staff
- Evaluate outcomes and services

Phase 6: July 2007 – January 2008

- Review and Evaluate Outcomes
- Continue providing training for staff members
- Modify and Adjust program plans

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County SONOMA COUNTY Fiscal Year 2005-2006		Program Work Plan Name Forensic Assertive Community Team (FACT) Project
Program Work Plan #3		Estimated Start Date – June 1, 2006
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	<ul style="list-style-type: none">• FACT and Mental Health Court – Forensic Assertive Community Treatment Team to serve 50 Mentally Ill Offenders coming directly from the Jail through a Mental Health Court. If clients meet program criteria, they will then be given the choice to voluntarily agree to the terms and conditions of the FACT program. This is a voluntary program. <p>Program Description:</p> <ul style="list-style-type: none">• FACT program components include multiple case management sessions each week, monthly psychiatric consultation, medication management, group counseling, referral to substance abuse treatment, scheduled and random urinalysis testing, and money management. The FACT team will be on call 24/7 to support non-hospital crisis intervention, and FACT clients will be required to be in attendance at the program's offices several days each week. The program will operate with an emphasis on concurrent dual recovery from substance abuse and mental illness.• Sonoma County's Mental Health Court (MHC) will act as both a diagnostic and disposition tool for the Sonoma County Criminal Justice System. The MHC will be a collaboration between the Sheriff's department, Probation, the District Attorney, Public Defender, Superior Court, and the Santa Rosa Police Department. The MHC will address the complex needs of mentally ill offenders through community-based sentencing, closely supervised probation, and special training in mental health issues for Court personnel. All FACT clients will be on probation and will be monitored by the MHC and the on-site probation officer, who will participate in all FACT treatment planning meetings.• Peer mentoring / Peer support inclusive of forming a gradual close relationship based on mutual trust. Goal is empowerment and awareness of positive options.	
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Non-violent mentally ill offenders booked into Sonoma County Jail; priority to those with two or more previous incarcerations and/or failures to appear; inmates with no previous incarceration eligible if Mental Health determines them to be at risk for recidivism; severe mental health diagnosis; repeated contact with the mental health system; Sonoma County residents; willing to participate; exclusions for history of arrests for serious violent offenses.	

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
<ul style="list-style-type: none"> Integrated services with law enforcement, probation, the courts and the Sheriff's Department Intensive community services and supports Supportive housing Substance abuse services 	Y				Y	Y	Y
	Y				Y	Y	Y
	Y				Y	Y	Y
	Y				Y	Y	Y

Forensic Assertive Community Team (FACT) Project

Program Summary

Forensic Assertive Community Treatment (FACT) program components will include multiple case management sessions each week, monthly psychiatric consultation, medication management, group counseling, referral to substance abuse treatment, scheduled and random urinalysis testing, and money management. The FACT team will be on-call 24/7 to support non-hospital crisis intervention, and FACT clients' attendance will be required at the program's offices several days each week. The program will operate with an emphasis on concurrent dual recovery from substance abuse and mental illness. FACT will contract for community-based supportive housing for some participants. There will be no predetermined curriculum or length of participation in the FACT program; each client will work collaboratively with a case manager to develop an individualized treatment plan. Sonoma County's MHC will act as both a diagnostic and disposition tool for the Sonoma County Criminal Justice System. The MHC will be a collaboration between the Sheriff's department, Probation, the District Attorney, Public Defender, Superior Court, and the Santa Rosa Police Department. The court will address the complex needs of mentally ill offenders through community-based sentencing, closely supervised probation, and special training in mental health issues for court personnel. All FACT clients will be on probation and will be monitored by the MHC and the on-site probation officer, who will participate in all FACT treatment planning meetings. FACT team members will participate in MHC decision processes, providing testimony regularly on clients' participation in FACT program activities.

1. Population to be Served

The target population will include the same Mentally Ill Offenders diverted by the Sonoma County Jail into the FACT program. FACT program requirements include at least one recent incarceration, evidence of severe and persistent mental illness, repeated contact with the mental health system, and willingness to participate in the program. Priority will be given to those with two or more previous incarcerations and/or Failures to Appear. Clients whose mental illness does not interfere with the primary activities of daily living or result in an inability to maintain independent functioning without treatment will not be considered. The program will be offered only to Sonoma County residents. Diagnostic information will be obtained from jail mental health or FACT program staff that will conduct assessment interviews with clients while incarcerated, from clients' histories of hospitalization, or records of treatment in the Sonoma County Mental Health system.

Number of Mentally Ill Offenders Served

- First Year (2005-2006) - 15 clients (based on 1 quarter)
- Second Year (2006-2007 – 50 clients, 12 graduate/leave
- Third Year (2007-2008) – 50 clients, 12 graduate/leave

Three Year Cumulative Total: 82 clients served

2. Program Strategies

The goals of the FACT Program are to reduce hospitalization, jail time, convictions and Failures To Appear (FTA) while providing cost effective services to mentally ill offenders. These goals will be addressed by an intensive team approach involving Mental Health staff with staff from the Sheriff's Department, Probation Department, the District Attorney, Public Defender, Superior Court, and Santa Rosa Police Department. A probation officer will be part of the FACT team and will be housed on-site at the program. Sonoma County will create a Mental Health Court (MHC) to serve as the main contact point for FACT clients with the court system. Eligible offenders who are willing to participate will be offered the FACT Program as a sentencing option through the MHC. Participants can elect to withdraw from the FACT Program at any time. FACT clients' attendance will be required at the program's office several days each week, to meet weekly (or even daily) with their assigned case manager, and to meet at least monthly with the program's psychiatrist.

Staffing:

All of the recruitments will be conducted in accordance with County and contractor's policy, and will stress the desire to hire staff that is linguistically and ethnically diverse.

Positions	FTE
H. S. Program Manager	0.25
Sr. Office Assistant	1.00
Eligibility Worker	0.25
Supervising Nurse	1.00
Sr. Client Support Specialist	1.00
LCSW/MFT	1.00
MH Probation Officer	1.00
Staff Psychiatrist	0.25
Total direct staff:	5.75

Health Services Program Manager is responsible for overall program management and supervision; provides supervision to staff and will lead program implementation.

Senior Office Assistant to provide administrative support to program including data entry, scheduling and filing, photocopying and collating materials; manages electronic databases.

Senior Client Support Specialist will provide support to clinical services; conduct interviews with clients, assist in the initial screening and intake evaluation; under supervision, provide case management, crisis intervention and care management

Supervising Nurse will provide nursing and case management services to FACT clients.

Eligibility Worker to assist clients with Medi-Cal or other benefits to which they may be entitled.

LCSW/MFT will provide clinical mental health assessment, diagnosis and therapy to TAY, be involved in service planning and case management and coordination of services; provide information and linkages to other community resources; provide authorization of appropriate treatment services.

Mental Health Probation Officer (1.0 FTE) will be embedded with the Team and will focus exclusively on the FACT clients, providing both mental health services and probation supervision. This staff person will provide billable mental health services.

Staff Psychiatrist will network with other health care professionals serving focal populations, and provide support and consultation services.

Contract Positions:

Peer Counselor (.25 FTE) – Consumer who uses active listening to reflect with peers on individual problems, helping him/her to make their own decisions

Peer Advocate (.25 FTE) – Consumer who trains another consumer to be his/her own advocate through education which includes empowerment, benefits training, legal assistance and technical assistance

Peer Mentor (.25 FTE) – Consumer who cultivates a personal relationship with another consumer, inclusive of easy access, for goal-setting, empowerment, improvement of self esteem and developing positive options of thinking and behavior

3. Housing or Employment

Access to specialized housing will be offered to FACT clients. Supported housing will be provided which will include services and staffing 24/7 for crisis intervention and support. Emergency housing will be available for those clients who require immediate shelter. Specialized employment services will be provided to all clients. Clients will be assisted by our Job Development Specialist and will have access to the new employment programs funded by MHSA, and housed at the Wellness Center, TAY Intensive Team, and the AB2034 program. The new FACT Peer Advocates will assist clients in their employment activities.

4. Cost/Funding Types

60 Clients at \$16,333 per full service member

5. Advancing Recovery and Resiliency

This program is a Full Service Partnership and will employ recovery principles and evidence based practice in providing Forensic Assertive Community Treatment for these clients.

Jail diversion is currently a predominant approach to preventing unnecessary arrest and incarceration of persons with mental illness. Research has consistently shown these programs to be effective at reducing arrest and incarceration rates. Also, these programs have proven to increase quality of life for individuals who utilize these services. FACT Team members will respect that the client is a full partner with the Team.

6. Expansion of Existing Strategy

Sonoma County had a successful forensic program that was funded through the Mentally Ill Offender Crime Reduction Grant that was administered through the Board of Corrections. It was a demonstration project that ended in June of 2004.

The proposed MHSA-FACT Program will benefit from the lessons learned during the original project. The Team will provide a more comprehensive focus on co-occurring disorder issues, since the majority of enrollees will have severe substance abuse issues as well as mental health issues. We have added Peer Counselors and an Employment Specialist to the Team, to provide direct assistance to FACT clients.

7. Client/Family Involvement

Peer Advocate and Peer Mentor positions will be used to provide support and mentoring to FACT clients. The Personal Service Coordinators and Team members will respect the clients as full partners with the Team and will ensure that service plans are developed with the client and their support/family. Families and supports will be included in activities as requested by clients and as deemed appropriate. Peer Counselors will work with clients on specific issues related to housing, employment, and independent living skills.

8. Community Collaboration

Sonoma County Mental Health will collaborate with the Courts, the Sheriff's Department, Probation, District Attorney, and Public Defender, and the Santa Rosa Police Department to

implement FACT. Through collaborations, the program will also fill gaps in services by developing and implementing treatment services where none currently exist, or where existing services need to be strengthened to respond to the needs of adults who are diverted from the jail and are mentally ill. A key element of the program is community planning and partnerships with the following substance abuse treatment, peer-operated services, and health care service providers:

- Drug Abuse Alternatives Center (the largest substance abuse treatment provider in Sonoma County) to provide a truly integrated outpatient detoxification and substance abuse treatment model for adult offenders with co-occurring disorders.
- Southwest Health Care Clinic to provide health care for clients and increased access to our program for Latinos. The goal is to reduce health risks and decrease morbidity by providing easy access to comprehensive health services for adult offenders with co-occurring disorders.
- Interlink Self Help Center, which is a consumer/peer run self help center for people who suffer from mental illness. Through peer counseling we will offer support and treatment for those clients accessing this program.

9. Cultural/Linguistic Competency

Services will be embedded in the overall Cultural Competence guidelines and expectations for all MHSA and County services, and specific outreach and engagement will occur with the unserved/underserved groups of consumers who are Latino, Asian, Native American, and African American. Staff positions and peer advocates will include bilingual and bicultural individuals.

Activities will be monitored by the Latino Access Committee. The FACT Program will work with community agencies that are representative of the cultural and linguistic communities in Sonoma County. In addition, contractors will be required to hire culturally and linguistically appropriate staff to provide services in their agencies.

10. Sexual Orientation/Gender Sensitivity

All services will be culturally competent and accessible to individuals of all genders, sexual orientations, races and ethnicities. Staff will receive training related to gender differences as well as LGBTQ issues. Existing staff are diverse with regard to sexual orientation.

11. Out of County Clients

Services will be provided to all clients who meet the enrollment criteria.

12. Other Strategies

N/A

13. Timeline

Pre-implementation: June 2006 – Sept 2006

- Convene FACT Oversight Group to discuss implementation activities
- Develop job description and job scope for 2.0 FTE FACT Social Worker
- Develop job description for Peer Advocate, Mentor, Counselor
- Begin discussion with community providers in order to contract for housing and substance abuse services
- RFP as necessary to select providers
- Recruit public and private FACT team members

Phase 2: July 15, 2006 – August 15, 2006

- Continue community resources and program development

- Hire and train public and private FACT team members
- Contract or MOU with community private provider(s)

Phase 3: August 2006 – Sept 2006

- Continue community resources and program development
- Review and evaluation on program outcomes and services
- Continued training for FACT team members, as well as other stakeholders, community, County staff, etc.

Phase 4: June 2006 – July 2007

- June 1 - Enroll clients and provide services
- Review and evaluate outcomes and services

Phase 5: July 2006 – January 2007

- Continue implementation activities
- Review and evaluate outcomes
- Continue providing training for staff members

Phase 6: July 2007 – January 2008

- Review and Evaluate Outcomes
- Modify and Adjust program plans

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY			
County SONOMA COUNTY Fiscal Year 2005-2006		Program Work Plan Name Supportive Housing Services	
Program Work Plan #4		Estimated Start Date - Several	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		<p>Sonoma County proposes to utilize MHSA funds for supportive housing projects with combined supports for independent living. Projects will provide both transitional and permanent affordable housing, which also provides clients with access to an array of services intended to support housing stability, resiliency, and recovery.</p> <p>These full service housing projects will be available to TAY, Adults, and Older Adults. The timing of these projects will be staggered and MHSA funding will also be utilized to purchase set-aside units for SMI consumers.</p> <p>MHSA funding will pay for services in order to leverage money to build new housing for SMI consumers.</p>	
Priority Population: <i>Describe the situational characteristics of the priority population</i>		<p>TAY Young Adults, Adults, and Older Adults living with serious mental illness. Clients will be referred by Sonoma County Mental Health and will receive comprehensive and integrated services.</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
<ul style="list-style-type: none"> Permanent, affordable housing Combined supports for independent living Tenants have access to an array of support services intended to support housing stability, resiliency, and recovery Intensive community services and support teams capable of providing services to clients where they live, 24/7, including consumers or family members as team members Culturally appropriate services to reach persons of other ethnicities 	Y				Y	Y	Y
	Y				Y	Y	Y
	Y				Y	Y	Y
	Y				Y	Y	Y
	Y				Y	Y	Y

Supportive Housing Services

Program Summary

Sonoma County proposes to utilize Full Partnership Service funds to develop services for several new housing projects by providing the supportive housing services that will enable developers to build new housing for Mental Health clients. The community has identified two projects, with several other projects in the pipeline.

Below is general information on this project, currently under construction, with a projected occupancy date of April 2006:

#1 Boulevard Apartments – Permanent Housing for Mental Health Clients

Boulevard Apartments (945 Petaluma Blvd. North) will house 14 people with mental illness and one on-site manager. Funding comes through a U.S. Department of Housing and Urban Development (HUD) grant, Petaluma Community Development Commission grants, Community Development Block Grant funds, and from Buckelew Programs. HUD has also committed rental subsidies to keep the housing affordable on a long-term basis. A professional property management company will manage the property.

#2 Community Action Partnership of Sonoma County (CAPSC) – Transitional Housing for Mental Health Clients

CAPSC is currently operating a 15-bed emergency shelter off Chanate Road in Santa Rosa for homeless adult women, of whom approximately 40% display some level of mental disability. The construction site where the emergency shelter is located has sufficient space for construction of an identical new building (Phase II). The entire expensive infrastructure for the second structure is already in place. Funds will be utilized for building a new 14-unit transitional facility for women with serious mental illness. Residents will have 12-18 months in supportive housing to develop skills necessary for success.

1. Population to be Served

TAY Young Adults, Adults, and Older Adults living with serious mental illness.

Number of Clients Served

- First Year (2005-2006) - 10 clients (based on 1 quarter)
- Second Year (2006-2007 – 29 clients, 8 graduate/leave
- Third Year (2007-2008) – 29 clients

Three Year Cumulative Total: 37 clients housed

2. Program Strategies

The goal is permanent and transitional, affordable housing with combined supports for independent living. Tenants and clients will have access to an array of support services that are intended to encourage housing stability, recovery and resiliency.

Intensive community services will include wraparound services, consisting of case management by a Personal Service Coordinator; 24/7 crisis response, and supported housing services. Services also include comprehensive and integrated mental health and substance abuse services.

Staffing

All recruitments will be conducted in accordance with County and contractor's policy, and will stress the desire to hire staff that is linguistically and ethnically diverse.

Sonoma County will contract with community-based supportive housing programs for services and staff.

Contract Positions:

Peer Advocate – Consumer who trains another consumer to be his/her own advocate through education that includes empowerment, benefits training, legal assistance, and technical assistance.

Peer Counselor – Consumer who uses active listening to reflect with peers on individual problems, helping him/her to make their own decisions.

Family Advocate – Assists family members through the provision of information and support. Assists family members in navigating the Mental Health system.

Housing Counselors – Provide daily supervision and supports to clients residing in housing projects.

3. Housing or Employment

Full services, including Mental Health Services, employment services, and supportive housing services, will be provided for all clients.

Housing supports will be provided. Approximately 28 units will be developed for clients in these two projects. An array of housing options will be provided to include permanent supportive housing and a step-down Transitional Living program.

4. Cost/Funding Types

Boulevard Apartments in Petaluma (14 units): \$12,000/client/year

CAPS Housing for Women (14 units): \$12,000/client/year

5. Advancing Recovery and Resiliency

Resiliency and recovery interventions will be client-directed and embedded with an intensive service array to include the following: individualized wellness and recovery plans, skills development, peer supports, social and recreational supports, supported employment, supported education, and supported housing. Recovery will be advanced through client, family, and community supports participating in service plan development, and through appropriate social and recreational activities.

6. Expansion of Existing Strategy

Supportive housing has been an extremely successful model in Sonoma County. Sonoma County Mental Health will work closely with those successful housing providers and non-profit developers in the area.

Sonoma County Mental Health has a long history of developing housing for Mental Health clients with community partners such as Buckelew Programs and Burbank Housing Development Corporation. The proposed MHSA full service housing projects will add needed supportive housing slots, and will also create badly needed Transitional housing slots to provide a longer period of stability and services. This will enable clients coming out of acute care, to successfully transition to, and maintain, permanent housing. Sonoma County also plans to utilize one-time funding to create a housing alternative to Inpatient Services.

7. Client/Family Involvement

Client and consumers will be involved in every aspect of these supported housing projects, from design of the units to community rules and activities. A Family Advocate will assist family members to be active in the support system for the residents of these new housing projects.

The client/family will benefit from the seamless, integrated service. Along with the appropriately trained staff, the client member of the Team will ensure that the greatest consideration is given to client culture, and the client will have access to Peer Counselors and Mentors. Families and community supports will be included as requested by the client.

8. Community Collaboration

Sonoma County Mental Health has collaborated on several successful housing projects with Burbank Development Housing Corporation, Buckelew Programs, Community Support Network, and Community Action Partnership of Sonoma County (CAPSC).

Recently our housing group attended a CIMH Training facilitated by the Corporation for Supportive Housing. Sonoma County will host a Housing Summit in June 2006.

9. Cultural/Linguistic Competency

Services will be embedded in the overall Cultural Competence guidelines and expectations for all MHSA and County services, and specific outreach and engagement will occur with the unserved/underserved groups of consumers who are Latino, Asian, Native American, and African American. Staff positions and peer housing advocates will include bi-lingual and bi-cultural individuals.

10. Sexual Orientation/Gender Sensitivity

All services will be culturally competent and accessible to individuals of all genders, sexual orientations, races and ethnicities. Staff will receive training related to gender differences as well as LGBTQT issues. Existing staff are diverse with regard to sexual orientation.

11. Out of County Clients

Clients who are currently residing in long-term care placements outside Sonoma County will have access to these new housing projects.

12. Other Strategies

N/A

13. Timeline

Pre-Implementation: June 2006 – July 2006

- Convene meeting with non-profit housing providers to plan timeline
- Develop contract and job scope for permanent supportive housing project
- Develop contract and job scope for housing services for transitional housing project
- Begin discussion with community providers in order to contract for staff support and employment services
- RFP as necessary to select providers

Phase 2: July 2006 – Sept 2006

- Occupy the first housing project (Boulevard Apartments)
- Continue community resources and program development
- Hire and train public and private housing services team members
- Contract or MOU with community private provider(s)
- Develop and train on supportive housing services

Phase 3: August 2006 – Sept 2006

- Continue community resources and program development
- Review and evaluation on program outcomes and services
- Continued training for team members, as well as other stakeholders, community, county staff, etc

Phase 4: July 2006 – July 2007

- Review and evaluation on program outcomes and services

- Review and evaluation of housing services
- In September 2006, break ground on second project

Phase 5:

- Continue implementation activities
- Provide ongoing training for staff
- Evaluate outcomes and services

Phase 6:

- Review and evaluate outcomes
- Continue providing training for staff members
- Modify and adjust program plans

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County SONOMA COUNTY Fiscal Year 2005-2006	Program Work Plan Name Community Intervention Program (CIP)
Program Work Plan #5	Estimated Start Date – June 1, 2006
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	<p>On-site community services provided by Mental Health Team and on-site staff shared across participating agencies providing the following:</p> <ul style="list-style-type: none"> - Homeless Services - Crisis response - Co-Occurring Disorder Services - Ethnic Minority Services <p>Integrated services provided by Mental Health Team shared across participating agencies for homeless clients at shelters, and also individuals with co-occurring disorders receiving treatment at substance abuse programs.</p> <p>Mental Health Community Response Team, a new service* in the service delivery system to provide:</p> <ul style="list-style-type: none"> - Quick psychiatric assessments/evaluations - Consultations <p><i>*Service will be combined across other community teams to provide on-call crisis response and services at existing community sites</i></p> <p>Mental Health Team to provide culturally based services to Latino, Asian, Native American, and African American populations. Services would include:</p> <ul style="list-style-type: none"> - Psychiatry - Crisis intervention - Peer support - Outreach <p>Peer based outreach to Asian populations. Trainer/Coordinator to recruit individuals connected to existing organizations to be trained as peer outreach workers. Peer outreach workers could conduct outreach and/or train others in the community to conduct outreach.</p> <p>Peer based support and outreach for children and families, and after-school activities for youth living with SED. Trainer/Coordinator would recruit young Native Americans connected to Native American-specific organizations, to be trained community outreach workers and manage after-school activities.</p> <p>Family Advocate will assist family members through the provision of information and support. Assist family members in their interactions with service providers and the mental health system to improve and facilitate relationships.</p>
Priority Population: <i>Describe the situational characteristics of the priority population</i>	<p>The priority population will be individuals with serious mental illness who are homeless and/or have co-occurring alcohol and other drug problems, and those underserved ethnic minority community members (Latinos, Asians, Native Americans, and African Americans) who are accessing services at the health centers but are not receiving Mental Health services.</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
• Outreach and engagement			Y		Y	Y	Y
• Enhanced services provided at the health centers			Y		Y	Y	Y
• Enhanced services provided at the shelters			Y		Y	Y	Y
• Enhanced services provided at the substance abuse treatment programs			Y		Y	Y	Y
• Crisis response in Santa Rosa, Guerneville, and Petaluma			Y		Y	Y	Y

Community Intervention Team

Program Summary

Services will be provided in the community at community-based service sites and health centers where underserved populations already receive other services. Examples of community sites include homeless service centers and shelters, Federally Qualified Health Centers, alcohol and drug programs, and crisis response with law enforcement in the field.

Community Intervention Program to provide:

- Enhanced mental health services at homeless shelters in Santa Rosa, Petaluma and Guerneville. Enhanced outreach capacity.
- Enhanced capacity to provide on-site mental health services at key ethnic-specific health centers serving Latinos, Asians, Native Americans, and African Americans. Improve cultural competency training capacity.
- Enhanced capacity within the community to provide crisis response. Mental Health will partner with law enforcement in Santa Rosa, Guerneville and Petaluma; includes Peer Outreach positions
- Enhanced capacity to provide mental health services within a collaborative service approach at AODS and substance abuse provider facilities. Family Advocate to work within the Mental Health system

1. Population to be Served

The primary focus of this Community Intervention Program will be acute and sub-acute situations for Adults, Older Adults, and TAY young adults with Serious Mental Illness (SMI), and children and youth with Serious Emotional Disturbance (SED). Emphasis will be on individuals who are homeless, or have co-occurring disorders (substance abuse and SMI), or need a crisis response. Services will also be directed toward reaching underserved ethnic populations such as Latino, Asian/Pacific Islander, and Native Americans.

Number of Clients Served

- First Year (2005-2006) – Total Clients Served: 250
 - Homeless – 60 clients
 - Co-Occurring – 80 clients
 - Crisis Response – 50 clients
 - Ethnic minority – 60 clients
- Second Year (2006-2007 – Total Clients Served: 900

- Homeless – 200 clients
- Co-Occurring – 250 clients
- Crisis Response – 200 clients
- Ethnic minority – 250 clients
- Third Year (2007-2008) – Total Clients Served: 900
 - Homeless – 200 clients
 - Co-Occurring – 250 clients
 - Crisis Response – 200 clients
 - Ethnic minority – 250 clients

Three Year Cumulative Total: 2,050 clients served

2. Program Strategies

- Outreach and engagement
- Crisis response
- Integrated treatment approach to substance abuse and mental health services
- On-site collaborative services
- Mobile service teams
- Community cultural practices
- Peer support services
- Culturally appropriate services to reach underserved persons of racial ethnic cultures

All recruitments will be conducted in accordance with County and contractor's policy, and will stress the desire to hire staff that is linguistically and ethnically diverse.

Staffing:

Positions	FTE
H.S. Program Manager	1.00
Supervising Clinic Clerk	1.00
Receptionist	1.00
Eligibility Worker	1.00
LCSW/MFT	2.00
Psychiatric Nurse	1.00
Staff Psychiatrist	2.00
Total direct staff:	9.00

Health Services Program Manager is responsible for overall program management and supervision; provides supervision to staff and will lead program implementation.

Supervising Clinic Clerk to provide administrative support to program, including data entry, scheduling and filing, photocopying and collating materials; managing electronic databases.

Receptionist greets clients and members of the public; assists with day-to-day operation of program.

Eligibility Worker assists clients with Medi-Cal or other benefits to which they might be entitled.

LCSW/MFT will provide clinical mental health assessment, diagnosis and therapy to TAY; be involved in service planning, case management and coordination of services; provide information and linkages to other community resources; provide authorization of appropriate treatment services.

Psychiatric Nurse provides case management and medication support.

Staff Psychiatrist will network with other health care professionals serving focal populations, and

will provide support and consultation services.

Contract Positions:

Social Worker will provide clinical services at community health centers, shelters, and substance abuse programs.

Training Coordinator will implement peer and staff training program in the community.

Family Advocate assists family members through the provision of information and support; assists family members in navigating the Mental Health system.

3. Housing or Employment

Enhanced services at all sites will include case management services and referral/linkage to needed support services. Referrals for housing and employment will be included in service plan development.

4. Cost/Funding Types

Annual cost per client: \$2,714

5. Advancing Recovery and Resiliency

Collaboration and support with ethnic-specific community-based organizations, and on-site services in primary care clinics or other health care sites, advance the spirit of MHSA and the concepts of recovery. Bringing services to homeless centers and shelters and collaborating closely with substance abuse providers will begin the process of transforming the mental health system in Sonoma County.

Aside from counseling and psychiatric medications, the proposed Community Intervention Program will be required to demonstrate ability and success in engaging underserved populations and in linking their clients to an array of wellness-recovery-oriented resources. Examples of such resources include health care, employment, supportive education, housing, and socialization and recreational activities. Staff of the program will be required to participate in trainings on the Wellness-Recovery perspective.

6. Expansion of Existing Strategy

Sonoma County's AB2034 program, Project Hope, has a street outreach program as part of its core services. Working with community providers is a strategy emphasized by MHSA.

Sonoma County currently operates treatment teams working in the communities of Guerneville, Cloverdale, Petaluma, and the city of Sonoma. This new program will expand and enhance the capacity of the system to serve certain underserved and hard-to-reach individuals in the communities where they live and work. This includes individuals who cycle through homelessness, jails, emergency and crisis care, acute hospitalizations, and institutionalization, whether or not they are insured (Medi-Cal) or have legal immigration status.

7. Client/Family Involvement

Family Advocate position will work with the Sonoma County chapter of the National Alliance for the Mentally Ill (NAMI) to help educate family members on Serious Mental Illness and how the system works and improve access to care. The Family Advocate will work closely with

- County staff psychiatrists and case managers
- Mental Health staff at the County Jail

The Family Advocate will have a good working knowledge of Medi-Cal regulations, family support groups, and information on innovative programs, board and care homes, Section 8 certificates, housing resources, and the local mental health and public health systems.

8. Community Collaboration

Community collaboration is the foundation of this proposed program. See graphic on page 129.

Partners will include homeless service centers and shelters, law enforcement, alcohol and drug programs, and several Federally Qualified Health Centers.

Staff and volunteers will be recruited and hired in collaboration with the community-based agencies involved in delivering services, and based in the targeted neighborhoods.

Staff members will participate in targeted training to ensure that all staff receive ongoing education and training related to issues affecting access and culturally appropriate service delivery for ethnic populations. Sonoma County Mental Health will coordinate a series of trainings which will include the following:

- Background on Sonoma County's public mental health system, current systems of care, and the Mental Health Services Act
- Concepts of recovery and resiliency
- Consumer-operated services, and history of self-help and consumer operated services
- Assertive Community Treatment approaches
- Crisis Intervention techniques
- Cultural competency: Improving access for ethnic populations
- Providing community outreach to ethnic populations
- Providing integrated services for clients with Co-Occurring Disorder
- Increasing capacity for permanent supportive housing programs

9. Cultural/Linguistic Competency

Services will be embedded in the overall Cultural Competence guidelines and expectations for all MHSA and County services, and specific outreach and engagement will occur with the unserved/underserved groups of consumers who are Latino, Asian, Native American, and African American. Emphasis will be placed on providing culturally competent and language-specific services at the health care centers, homeless shelters, and drug treatment facilities.

This proposed MHSA program will work in concert (funding positions) with community agencies that are representative of the cultural and linguistic communities in Sonoma County. In addition, contractors will be required to hire culturally and linguistically appropriate staff to provide services. The County will be held to the same standards. The Mental Health Latino Access Committee will monitor progress.

10. Sexual Orientation/Gender Sensitivity

All services will be culturally competent and accessible to individuals of all genders, sexual orientations, races, and ethnicities.

Staff will receive training related to gender differences as well as LBGQT issues.

11. Out of County Clients

All clients who meet enrollment criteria will be eligible for services.

12. Other Strategies

N/A

13. Timeline

Pre-Implementation: June 2006 – August 2006

- Convene Community Intervention Program (CIP) to continue planning for new services and coordination
- Develop job description and job scope for 3.0 FTE CIP Social Worker

- Develop job descriptions for several positions at community based agencies
- Begin discussion with community providers in order to contract for staff and services
- RFP as necessary to select providers
- Recruit public and private CIP team members

Phase 2: July 15, 2006 –August 15, 2006

- Develop process for developing integrated and coordinated care of severely mentally ill older adults among providers
- Continue community resources and program development
- Hire and train public and private CIP team members
- Contract or MOU with community private provider(s)
- Develop and train on implementing Community Intervention Programs

Phase 3: July 2006 – Sept 2006

- Continue community resources and program development
- Review and evaluation on program outcomes and services
- Continued training for CIP team members, as well as other stakeholders, community, county staff, etc

Phase 4: July 2006 – January 2007

- Review and evaluation on program outcomes and services
- Review and evaluation of CIP services (to include program objectives and satisfaction surveys)
- Continue ongoing training of staff

Phase 5: July 2006 – July 2007

- Continue implementation activities
- Review and evaluate outcomes
- Continue providing training for staff members

Phase 6: July 2007 – January 2008

- Review and evaluate outcomes
- Continue providing training for staff members
- Modify and adjust program plans

Community Intervention Team Model

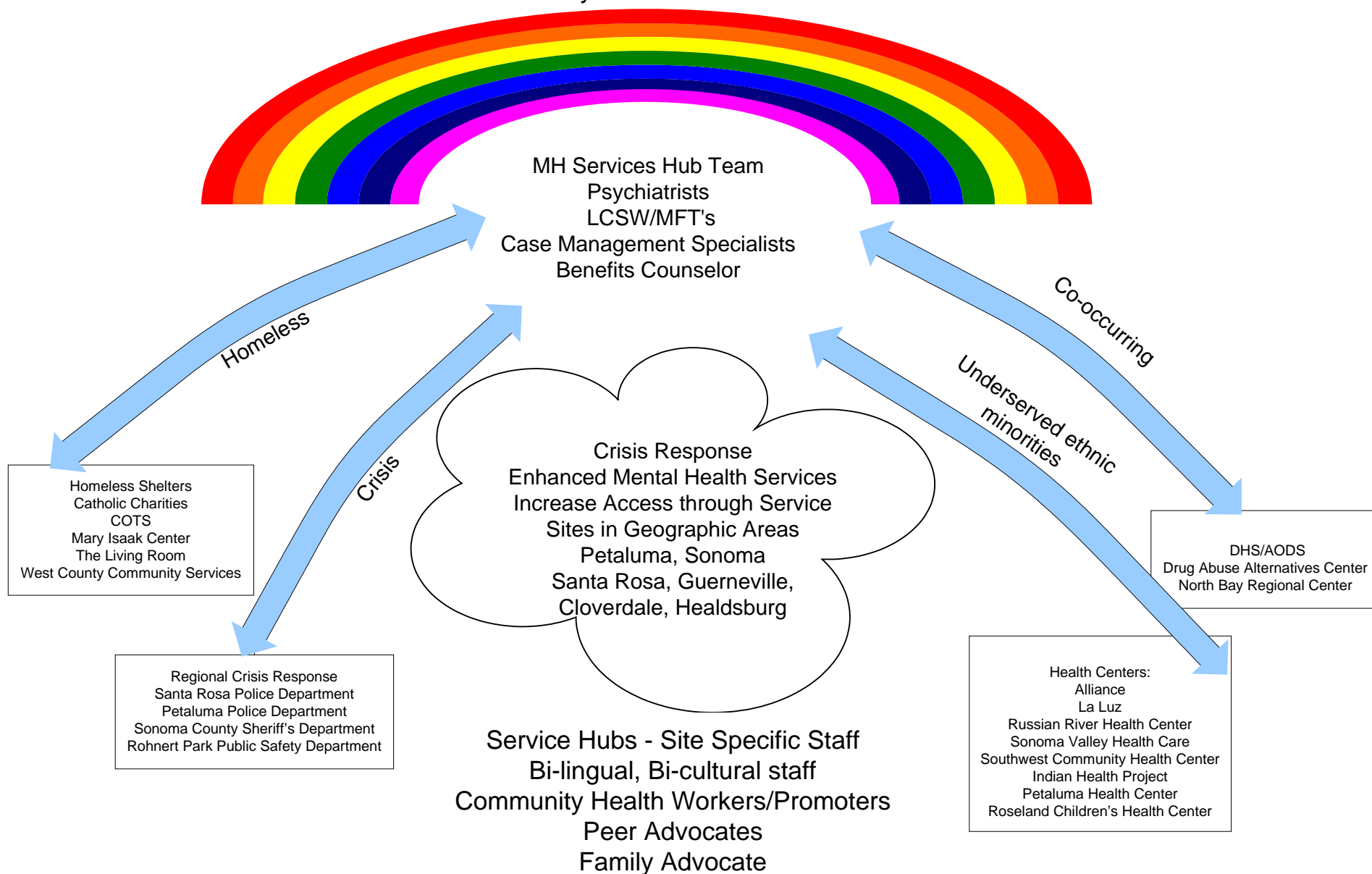


EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County SONOMA COUNTY Fiscal Year 2005-2006		Program Work Plan Name Older Adults Services Peer Support Program	
Program Work Plan #6		Estimated Start Date – June 1, 2006	
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		Sonoma County plans to improve access to Older Adult Services while providing community outreach to SMI Older Adults by adding a 1.0 FTE LCSW Older Adult Liaison position to work closely with social services and other senior service providers. This position, along with the Program Manager of Mental Health's Older Adult Services, will work to improve coordination and collaboration across providers in the Older Adult System of Care. Sonoma County plans to utilize MHSA funding to enhance the community's capacity to provide targeted peer counseling and support services to SMI older adults. Through community collaboration and contract services, an Older Adult Peer Counseling Training program involving consumers and the community will be implemented. Access will be improved with contracts for psychiatry consultation and social worker hours at community agencies. Peer training programs will also train and recruit providers to work with Spanish-speaking SMI older adults.	
Priority Population: <i>Describe the situational characteristics of the priority population</i>		Older Adults with Serious Mental Illness, aged 60 and older, with functional impairments. This includes older adults with co-occurring substance abuse disorders, and/or other physical health conditions.	

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
<ul style="list-style-type: none"> Older Adult Service LCSW Liaison will provide assessment and case management services Enhanced individual senior peer counseling Enhanced consumer involvement Target training: Mental Health issues for SMI older adults Enhanced assessment capability for community providers Outreach to SMI seniors Improved coordination and linkage to senior services for SMI older adults 		Y					Y
		Y					Y
		Y					Y
		Y					Y
		Y					Y
		Y					Y
		Y					Y

Older Adults Services Peer Support Program

Program Summary

Enhanced peer counseling and support services delivered through key community providers for SMI Older Adults. Enhanced peer counseling training, assessment and case management capacity through contracts with community providers. Addition of a new LCSW Older Adult Service Liaison position to collaborate with community and Sonoma County Human Services' Older Adult and Aging Services.

This program will offer individualized care planning, mental health services, peer support staffing, and self-help services. The program will work closely with family members and caregivers.

1. Population to be Served

This program is designed to meet the needs of SMI older adults (60 and up) who are isolated, who live alone, and who are hard to reach.

Number of Older Adults Served

- First year (2005-2006) 30 OA clients
- Second Year (2006-2007) 80 OA clients
- Third Year (2007-2008) 90 OA clients

Three Year Cumulative Total: 200 clients served

2. Program Strategies

System Development funds will be utilized to increase the community's capacity to provide peer counseling and support to SMI older adults, with inclusion of ethnic providers to provide support and increase client/member knowledge and ability to use needed mental health services. LSCW Liaison position to help integrate service teams and planning with social service agencies and other community providers to meet the complex needs of SMI older adults.

All recruitments will be conducted in accordance with County and contractor's policy, and will stress the desire to hire staff that is linguistically and ethnically diverse.

Staffing:

Positions

FTE

LCSW/MFT

0.50 (will combine with an existing 0.50 FTE funded separately)

LCSW/MFT will provide clinical mental health assessment, diagnosis and therapy to older adult clients; conduct service planning with clients and provide case management and coordination of services; provide information and linkages to other community resources; provide authorization of appropriate treatment services.

Several positions will be contracted with CBOs:

Contract Positions:

Social Worker will provide clinical mental health assessment, diagnosis, and therapy to older adult clients; conduct service planning with clients, and provide case management and coordination of services; provide information and linkages to other community resources; and provide authorization of appropriate treatment services.

Peer Counseling Training Coordinator will coordinate the peer counseling training program and provide support and supervision for peer counselors.

Psychiatrists will be utilized to provide support and consultation.

Stipend consumer and peer counselors specialized to work with SMI older adults.

Program Manager will be responsible for overall program management and supervision; provides clinical supervision to other clinical staff, and participates in program planning, implementing and evaluating program activities; coordinates through active involvement with other professionals, administration, community agencies and consumers; implements legal provisions of care, methods, policies and procedures.

3. Housing or Employment

Integrated service coordination will occur with housing providers and the new housing projects funded by MHSA.

The new MHSA-funded housing projects will set aside supportive housing slots for 15-20 older adults. Many clients need supported housing in order to achieve and maintain independence. Access to volunteer and peer employment opportunities will be offered to clients. The team will assist clients and investigate appropriate employment opportunities. The Team will also help clients find meaningful recreational and social activities.

4. Cost/Funding Types

Estimated annual cost per client: \$3,300

\$250,000 will be contracted with community agencies

5. Advancing Recovery and Resiliency

Community agencies providing senior peer counseling, case management, and Friendly Visitor programs will receive funding to enhance their training programs and to recruit and hire consumer and Spanish-speaking individuals. Programs will incorporate peer support, self-help, recovery principles, and will create a supportive community among consumers.

Services will be based on the principle of wellness and recovery, including choice, hope, empowerment, and partnership in the creation of individualized service plans. This will ensure that clients are involved in meaningful activities of their choice.

6. Expansion of Existing Strategy

This is an expansion of Senior Peer Counseling and Friendly Visitor programs in Sonoma County. An LCSW Older Adult Liaison will coordinate with social services and community providers.

While Sonoma County Mental Health has a very active ACT-focused team model, this new program will allow for the expansion and capacity building of a peer-driven, older adult, supportive services model that should help decrease the isolation felt by many of our older adult clients.

7. Client/Family Involvement

Peer support and counseling staff will be recruited for the enhanced programs. The focus will include family member, consumers, and ethnic minority individuals.

The program will be wellness/recovery/resiliency focused and ensure that clients and family members receive information to allow informed consent related to service plans. Clients and family members will participate in outreach and educational activities. Staff will work with the client and family in developing a community support network that meets the needs of the client.

8. Community Collaboration

Implementation and planning will include the following:

Older Adult Services - Mental Health, Department of Health Services

Human Services – Adult and Aging

Human Services – Area Agency on Aging

Family Services Agency – Senior Peer Counseling Program

Seniors At Home – a program of JFCS

Council on Aging

Adult Day Centers

9. Cultural/Linguistic Competency

Services will be embedded in the overall Cultural Competence guidelines and expectations for all MHSA and County services, and specific outreach and engagement will occur with the unserved/underserved groups of consumers who are Latino, Asian, Native American, and African American. MHSA funding will be used to enhance Spanish-language capability and cultural competency training for Senior Peer Counseling services.

The project will utilize our community partners to determine how best to outreach to certain cultural groups. The program will utilize the Latino Access Committee to assist with identifying and addressing any potential disparities, and to coordinate cultural competency training for staff.

10. Sexual Orientation/Gender Sensitivity

All services will be culturally competent and accessible to individuals of all genders, sexual orientations, races and ethnicities. Groups will be provided for GLBQT seniors. Proposed services will be delivered at existing community-based agencies with expertise in serving the diverse population in Sonoma County, including language, culture, sexual orientation and gender specificity.

11. Out of County Clients

All older adults who meet criteria will be eligible for enrollment within this program.

12. Other Strategies

N/A

13. Timeline

Pre-implementation: June 2006 – July 2006

- Convene Older Adult Services Implementation Group to continue planning for new services and coordination
- Develop job description and job scope for 1.0 FTE OAS Social Worker
- Develop job description for 1.0 FTE OAS Peer Trainer
- Begin discussion with community providers in order to contract for staff and services
- RFP as necessary to select providers
- Recruit public and private OAS team members

Phase 2: July 15, 2006 – August 15, 2006

- Develop process for developing integrated and coordinated care of severely mentally ill older adults among providers
- Continue community resources and program development
- Hire and train public and private OAS team members
- Contract or MOU with community private provider(s)
- Develop and train on implementing customer satisfaction surveys for older adults

Phase 3: August 2006 – Sept 2006

- Continue community resources and program development
- Review and evaluation on program outcomes and services
- Continued training for OAS team members, as well as other stakeholders, community, county staff, etc

Phase 4: July 2006 – July 2007

- Review and evaluation on program outcomes and services

- Review and evaluation of OAS services (to include program objectives and Older Adult satisfaction surveys)

Phase 5: July 2006 – July 2007

- Continue implementation activities
- Review and evaluate outcomes
- Continue providing training for staff members

Phase 6: July 2007 – January 2008

- Review and evaluate outcomes
- Continue providing training for staff members
- Modify and adjust program plans

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County SONOMA COUNTY Fiscal Year 2005-2006		Program Work Plan Name Consumer Driven/Operated Services
Program Work Plan #7		Estimated Start Date – June 1, 2006
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	<ol style="list-style-type: none"> 1. Sonoma County proposes to utilize MHSA funds to develop and support a wellness recovery and support center for consumers facing the challenges of serious mental illness. The Center will be managed and staffed by consumers, and medication services will be available 2 afternoons per week on site. This will be a centralized meeting place for consumers. Recovery principles will be integrated throughout the Center's programming, which will include <ul style="list-style-type: none"> • Holistic alternative treatment • Employment programs • Recreational and socialization opportunities • Consumer-operated business • Art studio and store • Horticulture and community garden • Peer/Self Advocacy Program 2. MHSA funding will also be utilized to develop 2 new part-time consumer drop-in centers in Guerneville and Petaluma, providing access for consumers in south and west Sonoma County and utilizing local community agencies. 3. MHSA funding will fund development of enhanced substance abuse services for consumers utilizing Interlink, a self-help consumer-operated program in Santa Rosa, continuing current practice of consumer driven/operated program. 4. Warm-line – Support phone line with location to be determined. 	
Priority Population: <i>Describe the situational characteristics of the priority population</i>	The priority population will be transition age young adults, adults, older adults with serious mental illness. Persons of all genders, sexual orientation, races and ethnicities will be served.	

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
<ul style="list-style-type: none"> • Self-help and client-run Wellness and Recovery Center • Peer support services, client-run services • Recreation and social activities for TAY young adults, adults, and older adults • Peer self-advocacy training • Supportive employment and education • Culturally appropriate services, including groups for GLBQT consumers • Warm-line services 		Y			Y	Y	Y
		Y			Y	Y	Y
		Y					
					Y	Y	Y
		Y					
		Y			Y	Y	Y
		Y			Y	Y	Y
					Y	Y	Y
		Y			Y	Y	Y

<ul style="list-style-type: none"> Consumer drop-in services in Guerneville and Petaluma 		Y			Y	Y	Y

Consumer Driven/Operated Services

Program Summary

Consumers will develop a recovery and support center. This center will be fully operated by consumers. While this center will include a drop-in program, its services and programs are envisioned to go far beyond the drop-in function. Self-help and client-run programs will include job training classes, client advocacy training, peer-led self-help/support groups, supportive employment opportunities, cooking and life skills classes, a community garden, and daytime socialization and recreational activities. The center will integrate a warm-line for consumers needing to talk with their peer regarding life challenges. Consumer drop-in center will be expanded to Guerneville and Petaluma. Planning will involve consumers who live in Guerneville and Petaluma and members of community-based agencies from both geographic areas. Substance abuse services provided by consumers will be developed for the Interlink Self-Help Center.

1. Population to be Served

The priority population will include Transition Age young adults, adult, older adults with serious mental illness, and consumer and family organizations. Persons of all genders, sexual orientations, races and ethnicities will receive services.

Wellness Center/Substance Abuse Services (Interlink)/ Drop-In Services (Guerneville & Petaluma)

Number of Consumers Served

- First year (2005-2006) Based on 1 quarter
 - Wellness Center: 50 consumers
 - Substance Abuse Services: 20 consumers
 - Drop-In Services: Guerneville – 10 consumers; Petaluma, 10 consumers
- Second Year (2006-2007)
 - Wellness Center: 200 consumers
 - Substance Abuse Services: 50 consumers
 - Drop-In Services: Guerneville – 25 consumers; Petaluma, 25 consumers
- Third Year (2007-2008)
 - Wellness Center: 200 consumers
 - Substance Abuse Services: 50 consumers
 - Drop-In Services: Guerneville – 30 consumers; Petaluma, 30 consumers

Three Year Cumulative Total: 300 consumers served

2. Program Strategies

- Warm-line
- Employment programs
- Art studio and Store
- Medication services
- Peer/Self Advocacy program
- Horticulture and community garden
- Develop centers in Guerneville and Petaluma
- Enhance services at Interlink

All recruitments will be conducted in accordance with County and contractor's policy, and will

stress the desire to hire staff that is linguistically and ethnically diverse.

Staffing:

Positions	FTE
Psych Nurse	0.50
Staff Psychiatrist	0.20
Total direct staff:	0.70

Psych Nurse works with psychiatrists and other health care professionals to coordinate/direct client care Psych Nurses are licensed, fully trained and require only minimal clinical supervision.

Staff Psychiatrist will network with other health care professionals serving focal populations, and will provide support and consultation services.

Consumer Positions:

Program Manager will be responsible for overall program management and supervision; provides supervision and input for staff related to clinical and treatment issues for consumers and participates in program planning, implementing and evaluating program activities; coordinates through active involvement with other professionals, administration, community agencies and consumers; implements legal provisions of care, methods, policies and procedures.

Assistant Program Manager will coordinate activities and maintain facility operations.

Clerical support to provide administrative support to program including data entry, scheduling and filing, photocopying and collating materials; receives consumers and members of the public.

Peer Counselor is a consumer who is trained to use active listening techniques and specialized communication skills to work with peers to develop the tools necessary to deal in positive and empowering ways with problems and situations that arise in their lives, which leads to improved self-esteem and well being. They use one-on-one counseling, working with groups, acting as role models, and providing resources for self-help among their peers and the community.

Peer & Consumer stipend position – trainee opportunity.

Peer Advocate is a consumer who trains another consumer to be his/her own advocate, through education that includes empowerment, benefits training, legal assistance, and technical assistance.

Peer Mentor is a consumer who cultivates a personal relationship with another consumer, inclusive of easy access to goal-setting, empowerment, improvement of self esteem, and developing positive options of thinking and behavior.

Artist in Residence will teach art and develop artists.

Employment Consultant will conduct job skill training classes and also employment support groups for working consumers.

Warm Line Coordinator will coordinate the operation of the warm line and organize training.

Warm Line Counselor will staff client warm line and provide warm line support

Client Coordinator will assist in coordination of day-to-day activities

Substance Abuse Peer Counselor will provide substance abuse services at Interlink

3. Housing or Employment

Through the implementation planning process, ideas for employment opportunities can be explored with consumers. The County building identified for the Wellness Center has a commercial kitchen and a large property. There are excellent opportunities to create some employment

possibilities.

Possibilities include both supportive and competitive employment options for adults, older adults, and Transition Age Youth, such as social enterprises, agency-supported positions, and competitive employment options with equal pay and benefits. Plans for an art studio, thrift store, and a graffiti-removal business are currently underway. These supportive employment activities will offer opportunities for productive engagement and personal growth.

4. Cost/Funding Types

System Development/Outreach and Engagement funds

Annual cost is \$2,243 per consumer

5. Advancing Recovery and Resiliency

Goals of the program are to provide a center where consumers can develop a diverse cultural environment where consumers of all ages, ethnic backgrounds, sexual orientations, and genders can seek peer support to reduce isolation, increase independence, and increase access to services related to treatment, housing, and employment opportunities.

Peer- and consumer-driven self-help initiatives are the most powerful expression of recovery and resiliency as they build the capacity for consumers to generate their own sources of strength. We have an active consumer planning group who will lead the implementation of the Wellness Center, along with the other consumer-driven initiatives. The planning group and consumer staff will engage other consumers and invite them to participate in a range of meaningful opportunities to support themselves and each other.

6. Expansion of Existing Strategy

Although Sonoma County Mental Health already provides funding for the Interlink Self-Help drop-in center through SAMHSA funds, the Wellness Center will be a new program with different functions than Interlink.

The existing consumer-run center will not change as a result of this additional self-help center. The new Wellness Center will extend the network of consumers and expand the self-help services available in Sonoma County.

7. Client/Family Involvement

The operation of the Center will be contracted, through a competitive bid process, to an organization with a proven ability to develop and employ consumer staff as well as working with community members. During the implementation phase, a consumer-manager will be hired to help with the planning process.

The Center will be operated by consumers. As described above, a variety of services and supports will be provided, and consumers will operate all services.

8. Community Collaboration

Sonoma County Mental Health will work with the MHSA Consumer Advisory Committee and the Mental Health Board to get input, and design an implementation plan to manage the new Wellness Center. Sonoma County MH will contract with community providers for operating outreach locations.

Contract agencies will act as fiscal agents; however, operations at the Center will be consumer-run.

9. Cultural/Linguistic Competency

Services will be embedded in the overall Cultural Competence guidelines and expectations for all MHSA and County services, and specific outreach and engagement will occur with the unserved/underserved groups of consumers who are Latino, Asian, Native American, and African American. Emphasis will be placed on recruiting bi-cultural and bilingual Spanish-speaking staff. Cultural and linguistic competency will be addressed through staffing, training, and diverse

consumer input into the design.

The County Latino Access Committee will help to develop and monitor a recruitment plan for consumer-driven services.

10. Sexual Orientation/Gender Sensitivity

All services will be culturally competent and accessible to individuals of all genders, sexual orientations, races, and ethnicities.

11. Out of County Clients

Access will be provided to any consumer who meets the enrollment criteria.

12. Other Strategies

There will be a minimum of 50% consumers for any meeting and decision-making that directly affects and Consumer Driven/Operated Services of this Plan.

13. Timeline

Pre-implementation: June 2006 – July 2006

- Convene Consumer Implementation Group to plan services delivery models for the Wellness Center, Drop-In Centers (Guerneville and Petaluma), and substance abuse services for the Interlink program
- Develop job descriptions for new consumer positions
- Develop scope of services for consumer-run programs (warm line, art studio, and peer-self advocacy training)
- RFP as necessary to select providers
- Recruit public and private consumer service members

Phase 2: August 15, 2006 – Sept 15, 2006

- Continue community resources and program development
- Hire and train public and private consumer service team members
- Contract or MOU with community private provider(s)
- Develop and train on implementing customer satisfaction surveys for consumers

Phase 3: August 2006 – Sept 2006

- Continue community resources and program development
- Continued training for consumer service team members, as well as other stakeholders, community, County staff, etc

Phase 4: July 2006 – July 2007

- Review and evaluation on program outcomes and services
- Review and evaluation of consumer service programs (to include program objectives and consumer satisfaction surveys)

Phase 5: July 2006 – Jan 2007

- Provide ongoing training for staff
- Evaluate outcomes and services

Phase 6: July 2007 – Jan 2008

- Review and evaluate outcomes
- Modify and adjust program plans

Exhibit 5: Budget and Staff Detail Worksheets

County of Sonoma Department of Health Services Mental Health Division

Community Services and Supports Three-Year Program and Expenditure Plan Cover Sheet

The three-year budget for the County of Sonoma's Mental Health Community Services and Supports expenditure plan reflects the seven priority programs identified in the community planning process. The Full Service Partnerships include: an intensive enrollee-based program designed to serve 40 children ages 8 to 12 years (IEB); a transitional age youth program to serve 30 youth; a Forensic Assertive Community Treatment (FACT) program that will serve 50 clients; and, an expanded set of supportive housing services for an additional 30 individuals. The Sonoma County planning process also identified three "Outreach and Engagement/Systems Development" programs including: a Community Intervention Program designed to expand access especially to underserved populations by taking services to an additional 900 clients in the community; a consumer operated Wellness Center expected to serve 300 clients; and Peer Support services for 90 older adults.

The following assumptions formed the basis for the three-year community services and supports budget plan.

- For FY 05-06, the programs/services will begin operation by June 1, 2006 (one month).
- FY 05-06 and FY 06-07 costs and revenues are based on FY 06-07 estimates. Costs and revenues for FY 07-08 represent a 5% across the board increase.
- The plan budgets reflect both county and contractor operated programs. While specific contracts have not been selected, the mix between the two is likely to be implemented. The plan assumes that an "RFP" process will be used to select contract agencies. The start-up funding request reflects anticipated costs for this purpose. Because the contract agencies have not been selected, detailed budgets were not prepared. The plan identifies an estimate of the total costs for contracted and County services. **Specifically, the total annual estimate of operating costs for contract programs is \$2,588,162 (46%) while the estimated operating costs for County programs is \$3,061,758 (54%) for a total of \$5,649,460. MHSA revenue plus Medi Cal revenues will support these operating costs.**
- The proposed staffing plan also includes county and contract employees. In the case of county employees, the salary and benefit costs are based on FY 06-07 budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.
- Budgeted costs for general office expenses and other operating expenses are estimates per FTE (\$350 and \$15,000 respectively). Other operating expenses for the County include communications costs, computer maintenance, travel, facility and ground maintenance, and some staff training.

- Costs for the acquisition of computer hardware, new software, phone equipment, facility improvements and/or acquisition are identified separately in the request for start-up funding.
- With the exception of the expanded Supportive Housing Services, each of the proposed programs will bring in revenue in addition to the MHSA funding. Actual revenues are likely to differ from projected requiring adjustments to the plan budgets.
- The plan submitted is clearly a “blue print” our guide for implementation of these programs and services. In addition to revenue considerations, other factors may require adjustments to the plan during the implementation process.

The budget pages begin with budget overview or summary pages, one for each year, and are followed by Exhibits 5a & b's, one for each program for each year.

Exhibits 5a Budget Narrative

Each line item in each Program Work Plan Exhibit 5a for each fiscal year represents the same components and were forecast using the same assumptions. So, rather than repeat a budget narrative for each of the 21 Exhibits 5a, we've provided this single description of each line item.

A. Expenditures

1. Client, Family Member and Caregiver Support
 - e. Other Support Expenditures: this represents the cost for clients and/or family members to attend training or planning meetings, emergency supplies

2. Personnel Expenditures
 - b. New Additional Personnel Expenditures: staffing detail shows the FTE associated with each type of position. These positions are further described in each Exhibit 4 - Program Plan. This includes the costs for County and Contractor staffing.
 - c. Consumer/Family Member Personnel Expenditures: this represents the salary and benefits costs associated with positions held solely by consumers or family members.

3. Operating Expenditures
 - d. General Office Supplies: this represents the cost for office supplies such as paper, folders, pens, pencils, staples etc.
 - e. Rent, utilities and Equipment: this represents the costs associated with the equipment rental and utilities costs
 - f. Medication and Medical Supports: this represents the cost for purchasing medication for clients
 - g. Other Operating Expenditures: this represents an estimate for other operating costs such as computer maintenance, facility and grounds daily upkeep, travel and transportation expenses, etc. The operating costs for contractors is also estimated here. Because detailed budgets from contractors are not yet available, a single estimate was used to approximate these costs.

B. Revenues

2. New Revenues

- a. Medi Cal (FFP): the estimates of FFP included here are based on historical experience with similar programs.
- c. State General Fund: the revenue projected here represents EPSDT funding. As with the FFP projections, the budgeted amounts are based on experience with similar programs.
- d. Other Revenues: are Medi Cal Administrative Activities revenues, again the forecast is based on previous experience.

Administrative Budgets:

Requested administrative budgets can be found on pages 153, 154, and 155. For FY 05-06, a request for MHSA funds to cover identified implementation costs was submitted and approved. The FY 05-06 worksheet shows these costs being funded by these MHSA funds. For FY 06-07 and FY 07-08, we've identified realignment funds to cover these administrative costs.

County of Sonoma - Mental Health Division
MHSA Community Services & Supports Plan

	Full Service Partnerships				Outreach & Engagement - Systems Capacity			
	Intensive Enrollee-based Services for Children 8 to 12	Transition Age Youth Intensive Services	Forensic Assertive Community Treat Program - Adults	Housing Services	Community Intervention Program	Consumer Driven/Operated Services	Older Adults Services	Totals
Fiscal Year	FY 05-06	FY 05-06	FY 05-06	FY 05-06	FY 05-06	FY 05-06	FY 05-06	
Expanded Client Capacity	10	10	15	10	250	90	15	400
New County FTE's	2.70	2.95	6.00		9.00	0.70	0.50	21.85
Contract/CBO FTE - Consumers/Family Members	2.50	1.00	0.75	4.50	4.00	8.25	1.00	22.00
Contract/CBO FTE - Other	-			-	4.00		1.10	5.10
Total Program Positions	5.20	3.95	6.75	4.50	17.00	8.95	2.60	48.95
Expenditures								
Personnel								
New County Positions	\$ 23,143	\$ 24,131	\$ 49,379	\$ -	\$ 93,306	\$ 9,295	\$ 4,211	\$ 203,465
Bilingual Premium Pay	212	-	424	-	-	-	-	636
Contract/CBO Positions - Consumers/Family Members	12,528	5,056	3,792	22,755	25,000	22,708	2,500	94,339
Contract/CBO Positions - Other	-	-	-		12,810	-	8,073	20,883
Total Salaries & Benefits	35,883	29,187	53,595	22,755	131,116	32,003	14,784	319,323
Client, Family & Care Giver Support	667	667	667	-	667	667	5,833	9,167
Operating Expenditures								
Professional Services								-
Translation & Interpreter Services								-
Travel & Transportation								-
General Office Expenses	79	86	175		263	20	15	637
Rent, Utilities & Equipment	1,304	1,173	2,760		4,237	174	217	9,866
Medication & Medical Supports	292	292	292		292	292	244	1,702
Contract/CBO Operating Expenses	5,179	15,524	17,041	11,734	11,362	27,291	10,261	98,390
Other Operating Expenses	3,375	3,688	7,500	-	11,250	875	625	27,313
Total Operating Expenditures	10,228	20,762	27,767	11,734	27,403	28,652	11,361	137,908
Total Proposed Program Budget	46,778	50,616	82,029	34,489	159,186	61,322	31,979	466,398
Revenues								
Medi Cal FFP	9,049	9,734	29,611	-	87,244	12,977	11,260	159,875
Medi Cal EPSDT	8,366	6,598	-	-	-	-	-	14,964
MAA		1,250	2,500	-				3,750
FY 05-06 MHSA Request (1 month)	29,363	33,034	49,918	34,502	71,969	48,363	20,727	287,875
Total Revenue	46,778	50,616	82,029	34,502	159,213	61,340	31,987	466,464
Net Cost (Savings)	(0)	\$ (0)	\$ 0	\$ (13)	\$ (28)	\$ (18)	\$ (8)	\$ (67)
								-
FSP MHSA Funding	29,363	33,034	49,918	34,502				146,817
FSP MHSA Funding % of Total	20.0%	22.5%	34.0%	23.5%				51.0%

County of Sonoma - Mental Health Division
MHSA Community Services & Supports Plan

	Full Service Partnerships				Outreach & Engagement - Systems Capacity			
	Intensive Enrollee-based Services for Children 8 to 12	Transition Age Youth Intensive Services	Forensic Assertive Community Treat Program - Adults	Housing Services	Community Intervention Program	Consumer Driven/Operated Services	Older Adults Services	Totals
Fiscal Year	FY 06-07	FY 06-07	FY 06-07	FY 06-07	FY 06-07	FY 06-07	FY 06-07	
Expanded Client Capacity	40	30	50	29	900	300	90	1,439
New County FTE's	2.70	2.95	6.00		9.00	0.70	0.50	21.85
Contract/CBO FTE - Consumers/Family Members	2.50	1.00	0.75	4.50	4.00	8.25	1.00	22.00
Contract/CBO FTE - Other	-			-	4.00		1.10	5.10
Total Program Positions	5.20	3.95	6.75	4.50	17.00	8.95	2.60	48.95
Expenditures								
Personnel								
New County Positions	\$ 291,607	\$ 304,052	\$ 592,543		\$ 1,119,635	\$ 111,540	\$ 50,528	\$ 2,469,905
Bilingual Premium Pay	2,545		5,090					7,635
Contract/CBO Positions - Consumers/Family Members	157,857	63,714	45,510	286,714	153,714	272,510	30,000	1,010,019
Contract/CBO Positions - Other					300,000		96,872	396,872
Total Salaries & Benefits	452,009	367,766	643,143	286,714	1,573,349	384,050	177,400	3,884,431
Client, Family & Care Giver Support	8,000	8,000	8,000		8,000	8,000	70,000	110,000
Operating Expenditures								
Professional Services								-
Translation & Interpreter Services								-
Travel & Transportation								-
General Office Expenses	945	1,033	2,100	-	3,150	245	175	7,648
Rent, Utilities & Equipment	15,648	14,078	33,118		50,848	2,087	2,609	118,388
Medication & Medical Supports	3,500	3,500	3,500		3,500	3,500	2,924	20,424
Contract/CBO Operating Expenses	62,143	186,286	204,490	131,291	146,286	327,490	123,128	1,181,114
Other Operating Expenses	40,500	44,250	90,000	-	135,000	10,500	7,500	327,750
Total Operating Expenditures	122,736	249,147	333,208	131,291	338,784	343,822	136,336	1,655,324
Total Proposed Program Budget	582,745	624,913	984,351	418,005	1,920,133	735,872	383,736	5,649,755
Revenues								
Medi Cal FFP	118,660	128,560	349,578		848,199	129,932	132,619	1,707,548
Medi Cal EPSDT	108,336	81,134						189,470
MAA		15,000	30,000		200,000	20,000		265,000
FY 06-07 MHSA Request	355,749	400,218	604,773	418,005	871,934	585,940	251,117	3,487,736
Total Revenue	582,745	624,912	984,351	418,005	1,920,133	735,872	383,736	5,649,755
Net Cost (Savings)	-	0	(0)	-	-	-	-	(0)
FSP MHSA Funding	355,749	400,218	604,773	418,005				1,778,745
FSP MHSA Funding % of Total	20.0%	22.5%	34.0%	23.5%				51.0%

County of Sonoma - Mental Health Division
MHSA Community Services & Supports Plan

	Full Service Partnerships				Outreach & Engagement - Systems Capacity			
	Intensive Enrollee-based Services for Children 8 to 12	Transition Age Youth Intensive Services	Forensic Assertive Community Treat Program - Adults	Housing Services	Community Intervention Program	Consumer Driven/Operated Services	Older Adults Services	Totals
Fiscal Year	FY 07-08	FY 07-08	FY 07-08	FY 07-08	FY 07-08	FY 07-08	FY 07-08	
Expanded Client Capacity	40	30	50	29	900	300	90	1,439
New County FTE's	2.70	2.95	6.00		9.00	0.70	0.50	21.85
Contract/CBO FTE - Consumers/Family Members	2.50	1.00	0.75	4.50	4.00	8.25	1.00	22.00
Contract/CBO FTE - Other	-			-	4.00		1.10	5.10
Total Program Positions	5.20	3.95	6.75	4.50	17.00	8.95	2.60	48.95
Expenditures								
Personnel								
New County Positions	\$ 321,496	\$ 319,256	\$ 622,170		\$ 1,175,617	\$ 117,117	\$ 53,054	\$ 2,608,710
Bilingual Premium Pay	2,672		5,345					8,017
Contract/CBO Positions - Consumers/Family Members	174,038	66,900	47,787	301,050	161,400	286,137	31,500	1,068,812
Contract/CBO Positions - Other					315,000		101,715	416,715
Total Salaries & Benefits	498,206	386,156	675,302	301,050	1,652,017	403,254	186,269	4,102,254
Client, Family & Care Giver Support	8,000	8,000	8,000		8,000	8,000	73,500	113,500
Operating Expenditures								
Professional Services								-
Translation & Interpreter Services								-
Travel & Transportation								-
General Office Expenses	992	1,084	2,205	-	3,308	257	184	8,030
Rent, Utilities & Equipment	16,430	14,782	34,774		53,390	2,191	2,739	124,307
Medication & Medical Supports	35,001	3,675	3,675		3,675	3,675	3,070	52,771
Contract/CBO Operating Expenses	65,250	185,301	214,715	141,784	454,500	316,990	152,250	1,530,790
Other Operating Expenses	40,500	46,463	94,500	-	141,750	11,025	7,875	342,113
Total Operating Expenditures	158,174	251,305	349,868	141,784	656,623	334,139	166,118	2,058,011
Total Proposed Program Budget	664,380	645,461	1,033,170	442,834	2,316,640	745,393	425,887	6,273,765
Revenues								
Medi Cal FFP	152,000	122,348	382,475		1,182,661	109,650	159,854	2,108,988
Medi Cal EPSDT	135,500	84,123						219,623
MAA		15,000	10,000		210,254	15,000		250,254
FY 05-06 MHSA Request	376,880	423,990	640,695	442,834	923,725	620,743	266,033	3,694,900
Total Revenue	664,380	645,461	1,033,170	442,834	2,316,640	745,393	425,887	6,273,765
Net Cost (Savings)	0	(0)	(0)	0	(0)	(0)	0	(0)
FSP MHSA Funding	376,880	423,990	640,695	442,834				1,884,399
FSP MHSA Funding % of Total	20.0%	22.5%	34.0%	23.5%				51.0%

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

County(ies): Sonoma Fiscal Year: 2005-06

Program Workplan #: 1 Date: 5/22/06

Program Workplan Name: #1: Intensive Enrollee-Based Services for Children (IEB) Page of

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

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

Existing Client Capacity of Program/Service: 0 Prepared by: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: 707-565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$667	\$667
f. Total Support Expenditures	\$0	\$0	\$667	\$667
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$23,355			\$23,355
c. Consumer/Family Member Personnel Expenditures			\$12,528	\$12,528
d. Total Personnel Expenditures	\$23,355	\$0	\$12,528	\$35,883
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$79			\$79
e. Rent, Utilities and Equipment	\$1,304			
f. Medication and Medical Supports	\$292			\$292
g. Other Operating Expenses (provide description in budget narrative)	\$3,375		\$5,179	\$8,554
h. Total Operating Expenditures	\$5,050	\$0	\$5,179	\$10,229
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$28,405	\$0	\$18,374	\$46,779
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$9,049			\$9,049
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$8,366			\$8,366
d. Other Revenue				\$0
e. Total New Revenue	\$17,415	\$0	\$0	\$17,415
3. Total Revenues	\$17,415	\$0	\$0	\$17,415
C. One-Time CSS Funding Expenditures	\$0			\$0
D. Total Funding Requirements	\$10,990	\$0	\$18,374	\$29,364
E. Percent of Total Funding Requirements for Full Service Partnerships				20.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan # <u>1</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#1: Intensive Enrollee-Based Services for Children (IEB)</u>		Page <u> </u> of <u> </u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>10</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>10</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	CBO Family Support Counselor	2.00		\$5,000	\$10,000
	Family Advocate	0.50		\$5,057	\$2,528
	LCSW/MFT		2.00	\$8,421	\$16,842
	Sr. Office Assistant		0.50	\$5,311	\$2,656
	Child Psychiatrist		0.20	\$18,226	\$3,645
	Bilingual Premium			\$212	\$212
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		2.50	2.70		\$35,883
C. Total Program Positions		2.50	2.70		\$35,883

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>1</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#1: Intensive Enrollee-Based Services for Children (IEB)</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>707-565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$294,152			\$294,152
c. Consumer/Family Member Personnel Expenditures			\$157,857	\$157,857
d. Total Personnel Expenditures	\$294,152	\$0	\$157,857	\$452,009
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$945			\$945
e. Rent, Utilities and Equipment	\$15,648			
f. Medication and Medical Supports	\$3,500			\$3,500
g. Other Operating Expenses (provide description in budget narrative)	\$40,500		\$62,143	\$102,643
h. Total Operating Expenditures	\$60,593	\$0	\$62,143	\$122,736
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$354,745	\$0	\$228,000	\$582,745
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$59,330		\$59,330	\$118,660
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$54,101		\$54,101	\$108,202
e. Total New Revenue	\$113,431	\$0	\$113,431	\$226,862
3. Total Revenues	\$113,431	\$0	\$113,431	\$226,862
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$241,314	\$0	\$114,569	\$355,883
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan # <u>1</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#1: Intensive Enrollee-Based Services for Children (IEB)</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	CBO Family Support Counselor	2.00		\$63,000	\$126,000
	CBO Family Advocate	0.50		\$63,714	\$31,857
	LCSW/MFT		2.00	\$106,107	\$212,215
	Sr. Office Assistant		0.50	\$66,923	\$33,462
	Child Psychiatrist		0.20	\$229,651	\$45,930
					\$0
	Bilingual Premium				\$2,545
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	2.50	2.70		\$452,009
C. Total Program Positions		2.50	2.70		\$452,009

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

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

County(ies): Sonoma Fiscal Year: 2007-08

Program Workplan #: 1 Date: 5/22/06

Program Workplan Name: #1: Intensive Enrollee-Based Services for Children (IEB) Page of

Type of Funding 1. Full Service Partnership 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: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 40 Telephone Number: 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)	\$8,000			\$8,000
f. Total Support Expenditures	\$8,000	\$0	\$0	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$324,168			\$324,168
c. Consumer/Family Member Personnel Expenditures			\$174,038	\$174,038
d. Total Personnel Expenditures	\$324,168	\$0	\$174,038	\$498,206
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$992			\$992
e. Rent, Utilities and Equipment	\$16,430			
f. Medication and Medical Supports	\$35,001			\$35,001
g. Other Operating Expenses (provide description in budget narrative)	\$40,500		\$65,250	\$105,750
h. Total Operating Expenditures	\$92,923	\$0	\$65,250	\$158,173
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$425,091	\$0	\$239,288	\$664,379
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$152,000			\$152,000
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$135,500			\$135,500
d. Other Revenue				\$0
e. Total New Revenue	\$287,500	\$0	\$0	\$287,500
3. Total Revenues	\$287,500	\$0	\$0	\$287,500
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$137,591	\$0	\$239,288	\$376,879
E. Percent of Total Funding Requirements for Full Service Partnerships				20.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>1</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#1: Intensive Enrollee-Based Services for Children (IEB)</u>		Page <u> </u> of <u> </u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	CBO Family Support Counselor	2.00		\$69,458	\$138,915
	Family Advocate	0.50		\$70,245	\$35,123
	LCSW/MFT		2.00	\$116,983	\$233,967
	Sr. Office Assistant		0.50	\$73,783	\$36,891
	Child Psychiatrist		0.20	\$253,190	\$50,638
	Bilingual Premium				\$2,672
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		2.50	2.70		\$498,206
C. Total Program Positions		2.50	2.70		\$498,206

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>2</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#2: TAY Intensive Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>10</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>10</u>	Telephone Number: <u>707-565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)	\$667			\$667
f. Total Support Expenditures	\$667	\$0	\$0	\$667
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$24,131			\$24,131
c. Consumer/Family Member Personnel Expenditures			\$5,056	\$5,056
d. Total Personnel Expenditures	\$24,131	\$0	\$5,056	\$29,187
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$86			\$86
e. Rent, Utilities and Equipment	\$1,173			
f. Medication and Medical Supports	\$292			\$292
g. Other Operating Expenses (provide description in budget narrative)	\$3,688		\$15,524	\$19,212
h. Total Operating Expenditures	\$5,239	\$0	\$15,524	\$20,763
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$30,037	\$0	\$20,580	\$50,617
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$9,734			\$9,734
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$6,598			\$6,598
d. Other Revenue	\$1,250			\$1,250
e. Total New Revenue	\$17,582	\$0	\$0	\$17,582
3. Total Revenues	\$17,582	\$0	\$0	\$17,582
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$12,455	\$0	\$20,580	\$33,035
E. Percent of Total Funding Requirements for Full Service Partnerships				22.5%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan # <u>2</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#2: TAY Intensive Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>10</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>10</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Outreach Worker	0.50	0.50	\$5,057	\$2,528
	Peer Mentor	0.50	0.50	\$5,057	\$2,528
	Sr. Office Assistant		0.50	\$5,311	\$2,656
	Sr. Client Support Specialist		1.00	\$7,847	\$7,847
	Eligibility Worker		0.25	\$6,247	\$1,562
	LCSW/MFT		1.00	\$8,421	\$8,421
	Staff Psychiatrist		0.20	\$18,226	\$3,645
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	1.00	3.95		\$29,187
C. Total Program Positions		1.00	3.95		\$29,187

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>2</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u># 2: TAY Intensive Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>707-565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$304,052			\$304,052
c. Consumer/Family Member Personnel Expenditures			\$63,714	\$63,714
d. Total Personnel Expenditures	\$304,052	\$0	\$63,714	\$367,766
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$1,033			\$1,033
e. Rent, Utilities and Equipment	\$14,078			
f. Medication and Medical Supports	\$3,500			\$3,500
g. Other Operating Expenses (provide description in budget narrative)	\$44,250		\$186,286	\$230,536
h. Total Operating Expenditures	\$62,861	\$0	\$186,286	\$249,147
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$366,913	\$0	\$258,000	\$624,913
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$96,420		\$32,140	\$128,560
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$71,988		\$23,996	\$95,984
e. Total New Revenue	\$168,408	\$0	\$56,136	\$224,544
3. Total Revenues	\$168,408	\$0	\$56,136	\$224,544
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$198,505	\$0	\$201,864	\$400,369
E. Percent of Total Funding Requirements for Full Service Partnerships				22.5%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan # <u>2</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u># 2: TAY Intensive Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	Peer Outreach Worker	0.50	0.50	\$63,714	\$31,857
	Peer Mentor	0.50	0.50	\$63,714	\$31,857
	Sr. Office Assistant		0.50	\$66,923	\$33,462
	Sr. Client Support Specialist		1.00	\$98,876	\$98,876
	Eligibility Worker		0.25	\$78,707	\$19,677
	LCSW/MFT		1.00	\$106,107	\$106,107
	Staff Psychiatrist		0.20	\$229,651	\$45,930
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		1.00	3.95		\$367,766
C. Total Program Positions		1.00	3.95		\$367,766

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>2</u>	Date: <u>3/31/06</u>	
Program Workplan Name: <u>TAY Intensive Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>707-565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$319,256			\$319,256
c. Consumer/Family Member Personnel Expenditures			\$66,900	\$66,900
d. Total Personnel Expenditures	\$319,256	\$0	\$66,900	\$386,156
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$1,084			\$1,084
e. Rent, Utilities and Equipment	\$14,782			
f. Medication and Medical Supports	\$3,675			\$3,675
g. Other Operating Expenses (provide description in budget narrative)	\$46,463		\$185,301	\$231,764
h. Total Operating Expenditures	\$66,004	\$0	\$185,301	\$251,305
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$385,260	\$0	\$260,201	\$645,461
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$122,384			\$122,384
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$84,123			\$84,123
d. Other Revenue	\$15,000			\$15,000
e. Total New Revenue	\$221,507	\$0	\$0	\$221,507
3. Total Revenues	\$221,507	\$0	\$0	\$221,507
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$163,753	\$0	\$260,201	\$423,954
E. Percent of Total Funding Requirements for Full Service Partnerships				22.5%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>2</u>	Date: <u>3/31/06</u>	
Program Workplan Name: <u>TAY Intensive Services</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Outreach Worker	0.50	0.50	\$66,900	\$33,450
	Peer Mentor	0.50	0.50	\$66,900	\$33,450
	Sr. Office Assistant		0.50	\$70,269	\$35,135
	Sr. Client Support Specialist		1.00	\$103,820	\$103,820
	Eligibility Worker		0.25	\$82,643	\$20,661
	LCSW/MFT		1.00	\$111,413	\$111,413
	Staff Psychiatrist		0.20	\$241,134	\$48,227
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	1.00	3.95		\$386,156
C. Total Program Positions		1.00	3.95		\$386,156

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>3</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#3: FACT</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>15</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u> </u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>15</u>	Telephone Number: <u>(707) 565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$667	\$667
f. Total Support Expenditures	\$0	\$0	\$667	\$667
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$41,229	\$8,574		\$49,803
c. Consumer/Family Member Personnel Expenditures			\$3,792	\$3,792
d. Total Personnel Expenditures	\$41,229	\$8,574	\$3,792	\$53,595
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$175			\$175
e. Rent, Utilities and Equipment	\$2,760			
f. Medication and Medical Supports	\$292			\$292
g. Other Operating Expenses (provide description in budget narrative)	\$7,500		\$17,041	\$24,541
h. Total Operating Expenditures	\$10,727	\$0	\$17,041	\$27,768
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$51,956	\$8,574	\$21,500	\$82,030
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$29,611			\$29,611
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$2,500			\$2,500
e. Total New Revenue	\$32,111	\$0	\$0	\$32,111
3. Total Revenues	\$32,111	\$0	\$0	\$32,111
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$19,845	\$8,574	\$21,500	\$49,919
E. Percent of Total Funding Requirements for Full Service Partnerships				34.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>3</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#3: FACT</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>15</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>15</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	Peer Counselor	0.25	0.25	\$5,057	\$1,264
	Peer Advocate	0.25	0.25	\$5,057	\$1,264
	Peer Mentor	0.25	0.25	\$5,057	\$1,264
	MH Probation Officer		1.00	\$8,574	\$8,574
	Program Manager		0.50	\$11,941	\$5,970
	Sr. Office Assistant		1.00	\$5,311	\$5,311
	Eligibility Worker		0.25	\$6,247	\$1,562
	Supervising Nurse		1.00	\$8,252	\$8,252
	Sr. Client Support Specialist		1.00	\$6,732	\$6,732
	LCSW/MFT		1.00	\$8,421	\$8,421
	Staff Psychiatrist		0.25	\$18,226	\$4,557
	Bilingual Premium			\$424	\$424
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		0.75	6.75		\$53,595
C. Total Program Positions		0.75	6.75		\$53,595

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>3</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#3: FACT</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>50</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u> </u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>50</u>	Telephone Number: <u>(707) 565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$494,745	\$102,888		\$597,633
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$45,510	\$45,510
d. Total Personnel Expenditures	\$494,745	\$102,888	\$45,510	\$643,143
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$2,100			\$2,100
e. Rent, Utilities and Equipment	\$33,118			
f. Medication and Medical Supports	\$3,500			\$3,500
g. Other Operating Expenses (provide description in budget narrative)	\$90,000		\$204,490	\$294,490
h. Total Operating Expenditures	\$128,718	\$0	\$204,490	\$333,208
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$623,463	\$102,888	\$258,000	\$984,351
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$349,351			\$349,351
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$30,000			\$30,000
e. Total New Revenue	\$379,351	\$0	\$0	\$379,351
3. Total Revenues	\$379,351	\$0	\$0	\$379,351
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$244,112	\$102,888	\$258,000	\$605,000
E. Percent of Total Funding Requirements for Full Service Partnerships				34.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan # <u>3</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#3: FACT</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>50</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>50</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Counselor	0.25	0.25	\$60,680	\$15,170
	Peer Advocate	0.25	0.25	\$60,680	\$15,170
	Peer Mentor	0.25	0.25	\$60,680	\$15,170
	MH Probation Officer		1.00	\$102,888	\$102,888
	Program Manager		0.50	\$143,290	\$71,645
	Sr. Office Assistant		1.00	\$63,736	\$63,736
	Eligibility Worker		0.25	\$74,959	\$18,740
	Supervising Nurse		1.00	\$99,020	\$99,020
	Sr. Client Support Specialist		1.00	\$80,780	\$80,780
	LCSW/MFT		1.00	\$101,055	\$101,055
	Staff Psychiatrist		0.25	\$218,715	\$54,679
	Bilingual Premium				\$5,090
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.75	6.75		\$643,143
C. Total Program Positions		0.75	6.75		\$643,143

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

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

County(ies): Sonoma Fiscal Year: 2007-08

Program Workplan #: 3 Date: 5/22/06

Program Workplan Name: #3: FACT Page of

Type of Funding 1. Full Service Partnership 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: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$519,483	\$108,032		\$627,515
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$47,787	\$47,787
d. Total Personnel Expenditures	\$519,483	\$108,032	\$47,787	\$675,302
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$2,205			\$2,205
e. Rent, Utilities and Equipment	\$34,774			
f. Medication and Medical Supports	\$3,675			\$3,675
g. Other Operating Expenses (provide description in budget narrative)	\$94,500		\$214,715	\$309,215
h. Total Operating Expenditures	\$135,154	\$0	\$214,715	\$349,869
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$654,637	\$108,032	\$270,502	\$1,033,171
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$362,475			\$362,475
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$30,000			\$30,000
e. Total New Revenue	\$392,475	\$0	\$0	\$392,475
3. Total Revenues	\$392,475	\$0	\$0	\$392,475
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$262,162	\$108,032	\$270,502	\$640,696
E. Percent of Total Funding Requirements for Full Service Partnerships				34.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan # <u>3</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#3: FACT</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>50</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>50</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Counselor	0.25	0.25	\$63,714	\$15,929
	Peer Advocate	0.25	0.25	\$63,714	\$15,929
	Peer Mentor	0.25	0.25	\$63,714	\$15,929
	MH Probation Officer		1.00	\$108,032	\$108,032
	Program Manager		0.50	\$150,455	\$75,227
	Sr. Office Assistant		1.00	\$66,923	\$66,923
	Eligibility Worker		0.25	\$78,707	\$19,677
	Supervising Nurse		1.00	\$103,971	\$103,971
	Sr. Client Support Specialist		1.00	\$84,819	\$84,819
	LCSW/MFT		1.00	\$106,108	\$106,108
	Staff Psychiatrist		0.25	\$229,651	\$57,413
	Bilingual Premium			\$5,345	\$0
					\$0
					\$0
	Total New Additional Positions	0.75	6.75		\$669,957
C. Total Program Positions		0.75	6.75		\$669,957

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

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

County(ies): Sonoma Fiscal Year: 2005-06

Program Workplan #: 4 Date: 5/22/06

Program Workplan Name: #4: Supportive Housing Services Page of

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

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

Existing Client Capacity of Program/Service: 0 Prepared by: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: 707-565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Consumer/Family Member Personnel Expenditures			\$22,755	\$22,755
d. Total Personnel Expenditures	\$0	\$0	\$22,755	\$22,755
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)			\$11,747	\$11,747
h. Total Operating Expenditures	\$0	\$0	\$11,747	\$11,747
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$34,502	\$34,502
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$34,502	\$34,502
E. Percent of Total Funding Requirements for Full Service Partnerships				23.5%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>4</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#4: Supportive Housing Services</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>10</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>10</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Advocate	0.25	0.25	\$5,057	\$1,264
	Peer Counselor	0.25	0.25	\$5,057	\$1,264
	Family Advocate	1.00	1.00	\$5,057	\$5,057
	Housing Counselors	3.00	3.00	\$5,057	\$15,170
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	4.50	4.50		\$22,755
C. Total Program Positions		4.50	4.50		\$22,755

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>4</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#4: Supportive Housing Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>30</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>30</u>	Telephone Number: <u>707-565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Consumer/Family Member Personnel Expenditures			\$286,714	\$286,714
d. Total Personnel Expenditures	\$0	\$0	\$286,714	\$286,714
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)			\$131,448	\$131,448
h. Total Operating Expenditures	\$0	\$0	\$131,448	\$131,448
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$418,162	\$418,162
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$418,162	\$418,162
E. Percent of Total Funding Requirements for Full Service Partnerships				23.5%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>4</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#4: Supportive Housing Services</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>30</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>30</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Advocate	0.25	0.25	\$63,714	\$15,929
	Peer Counselor	0.25	0.25	\$63,714	\$15,929
	Family Advocate	1.00	1.00	\$63,714	\$63,714
	Housing Counselors	3.00	3.00	\$63,714	\$191,142
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	4.50	4.50		\$286,714
C. Total Program Positions		4.50	4.50		\$286,714

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

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>4</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#4: Supportive Housing Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>30</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>30</u>	Telephone Number: <u>707-565-4878</u>	

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Consumer/Family Member Personnel Expenditures			\$301,050	\$301,050
d. Total Personnel Expenditures	\$0	\$0	\$301,050	\$301,050
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)			\$141,784	\$141,784
h. Total Operating Expenditures	\$0	\$0	\$141,784	\$141,784
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$0	\$0	\$442,834	\$442,834
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$442,834	\$442,834
E. Percent of Total Funding Requirements for Full Service Partnerships				23.5%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>4</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#4: Supportive Housing Services</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>30</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>30</u>	Telephone Number: <u>707-565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Advocate	0.25	0.25	\$66,900	\$16,725
	Peer Counselor	0.25	0.25	\$66,900	\$16,725
	Family Advocate	1.00	1.00	\$66,900	\$66,900
	Housing Counselors	3.00	3.00	\$66,900	\$200,700
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	4.50	4.50		\$301,050
C. Total Program Positions		4.50	4.50		\$301,050

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

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

County(ies): Sonoma Fiscal Year: 2005-06
 Program Workplan #: 5 Date: 5/22/06
 Program Workplan Name: #5: Community Intervention Team (CIP) Page of
 Type of Funding 3. Outreach and Engagement Months of Operation 1
 Proposed Total Client Capacity of Program/Service: 250 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: Prepared by: Michael Lucid
 Client Capacity of Program/Service Expanded through MHSA: 250 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$667	\$667
f. Total Support Expenditures	\$0	\$0	\$667	\$667
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$93,306		\$25,000	\$118,306
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$12,810	\$12,810
d. Total Personnel Expenditures	\$93,306	\$0	\$37,810	\$131,116
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$263			\$263
e. Rent, Utilities and Equipment	\$4,237			
f. Medication and Medical Supports	\$292			\$292
g. Other Operating Expenses (provide description in budget narrative)	\$11,250		\$11,362	\$22,612
h. Total Operating Expenditures	\$16,042	\$0	\$11,362	\$27,404
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$109,348	\$0	\$49,839	\$159,187
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$87,217			\$87,217
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$87,217	\$0	\$0	\$87,217
3. Total Revenues	\$87,217	\$0	\$0	\$87,217
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$22,131	\$0	\$49,839	\$71,970
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan #: <u>5</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#5: Community Intervention Team (CIP)</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>3. Outreach and Engagement</u>	Months of Operation: <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>250</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>250</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	CBO MFT/LCSW		4.00	\$6,250	\$25,000
	CBO Training Coordinator	2.00	2.00	\$2,500	\$5,000
	Family Advocate	1.00	1.00	\$2,500	\$2,500
	Peer Outreach Worker	1.00	1.00	\$5,310	\$5,310
	Program Manager		1.00	\$10,221	\$10,221
	Supervising Clinic Clerk		1.00	\$6,646	\$6,646
	Receptionist		1.00	\$5,596	\$5,596
	Eligibility Worker		1.00	\$6,247	\$6,247
	LCSW/MFT		2.00	\$8,421	\$16,843
	Psychiatric Nurse		1.00	\$11,300	\$11,300
	Staff Psychiatrist		2.00	\$18,226	\$36,453
	Total New Additional Positions	4.00	17.00		\$131,116
C. Total Program Positions		4.00	17.00		\$131,116

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

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

County(ies): Sonoma Fiscal Year: 2006-07

Program Workplan #: 5 Date: 5/22/06

Program Workplan Name: #5: Community Intervention Team (CIP) Page of

Type of Funding 3. Outreach and Engagement Months of Operation 12

Proposed Total Client Capacity of Program/Service: 900 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 900 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$1,119,635		\$300,000	\$1,419,635
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$153,714	\$153,714
d. Total Personnel Expenditures	\$1,119,635	\$0	\$453,714	\$1,573,349
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$3,150			\$3,150
e. Rent, Utilities and Equipment	\$50,848			
f. Medication and Medical Supports	\$3,500			\$3,500
g. Other Operating Expenses (provide description in budget narrative)	\$135,000		\$146,286	\$281,286
h. Total Operating Expenditures	\$192,498	\$0	\$146,286	\$338,784
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$1,312,133	\$0	\$608,000	\$1,920,133
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$423,936		\$423,936	\$847,872
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$100,000		\$100,000	\$200,000
e. Total New Revenue	\$523,936	\$0	\$523,936	\$1,047,872
3. Total Revenues	\$523,936	\$0	\$523,936	\$1,047,872
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$788,197	\$0	\$84,064	\$872,261
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>5</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#5: Community Intervention Team (CIP)</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>3. Outreach and Engagement</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>900</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>900</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions					
CBO MFT/LCSW			4.00	\$75,000	\$300,000
CBO Training Coordinator		2.00	2.00	\$30,000	\$60,000
Family Advocate		1.00	1.00	\$30,000	\$30,000
Peer Outreach Worker		<u>1.00</u>	1.00	\$63,714	\$63,714
					\$0
Program Manager			1.00	\$122,646	\$122,646
Supervising Clinic Clerk			1.00	\$79,748	\$79,748
Receptionist			1.00	\$67,148	\$67,148
Eligibility Worker			1.00	\$74,959	\$74,959
LCSW/MFT			2.00	\$101,055	\$202,110
Psychiatric Nurse			1.00	\$135,594	\$135,594
Staff Psychiatrist			<u>2.00</u>	\$218,715	\$437,430
Total New Additional Positions		4.00	17.00		\$1,573,349
C. Total Program Positions		4.00	17.00		\$1,573,349

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

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

County(ies): Sonoma Fiscal Year: 2007-08
 Program Workplan #: 5 Date: 5/22/06
 Program Workplan Name: # 5: Community Intervention Team (CIP) Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 900 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: Prepared by: Michael Lucid
 Client Capacity of Program/Service Expanded through MHSA: 900 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$1,175,617		\$315,000	\$1,490,617
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$161,400	\$161,400
d. Total Personnel Expenditures	\$1,175,617	\$0	\$476,400	\$1,652,017
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$3,308			\$3,308
e. Rent, Utilities and Equipment	\$53,390			
f. Medication and Medical Supports	\$3,675			\$3,675
g. Other Operating Expenses (provide description in budget narrative)	\$141,750		\$454,500	\$596,250
h. Total Operating Expenditures	\$202,123	\$0	\$454,500	\$656,623
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$1,377,740	\$0	\$938,900	\$2,316,640
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$1,182,661			\$1,182,661
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$210,254			\$210,254
e. Total New Revenue	\$1,392,915	\$0	\$0	\$1,392,915
3. Total Revenues	\$1,392,915	\$0	\$0	\$1,392,915
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	-\$15,175	\$0	\$938,900	\$923,725
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>5</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u># 5: Community Intervention Team (CIP)</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>900</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>900</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	CBO MFT/LCSW		4.00	\$78,750	\$315,000
	CBO Training Coordinator	2.00	2.00	\$31,500	\$63,000
	Family Advocate	1.00	1.00	\$31,500	\$31,500
	Peer Outreach Worker	1.00	1.00	\$66,900	\$66,900
	Program Manager		1.00	\$128,778	\$128,778
	Supervising Clinic Clerk		1.00	\$83,735	\$83,735
	Receptionist		1.00	\$70,505	\$70,505
	Eligibility Worker		1.00	\$78,707	\$78,707
	LCSW/MFT		2.00	\$106,108	\$212,216
	Psychiatric Nurse		1.00	\$142,374	\$142,374
	Staff Psychiatrist		2.00	\$229,651	\$459,302
Total New Additional Positions		4.00	17.00		\$1,652,017
C. Total Program Positions		4.00	17.00		\$1,652,017

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

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

County(ies): Sonoma Fiscal Year: 2005-06

Program Workplan # 6 Date: _____

Program Workplan Name # 6: Older Adult Services Peer Support Program Page of

Type of Funding 2. System Development Months of Operation 1

Proposed Total Client Capacity of Program/Service: 30 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: _____ Prepared by: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 30 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$5,833	\$5,833
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$5,833	\$5,833
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$4,211		\$8,073	\$12,284
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$2,500	\$2,500
d. Total Personnel Expenditures	\$4,211	\$0	\$10,573	\$14,784
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$15			\$15
e. Rent, Utilities and Equipment	\$217			
f. Medication and Medical Supports	\$244			\$244
g. Other Operating Expenses (provide description in budget narrative)	\$625		\$10,261	\$10,886
h. Total Operating Expenditures	\$1,101	\$0	\$10,261	\$11,362
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$5,312	\$0	\$26,667	\$31,979
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$5,312		\$5,940	\$11,252
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$5,312	\$0	\$5,940	\$11,252
3. Total Revenues	\$5,312	\$0	\$5,940	\$11,252
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$20,727	\$20,727
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>6</u>	Date: <u>5/22/06</u>
Program Workplan Name <u># 6: Older Adult Services Peer Support Program</u>	Page <u> </u> of <u> </u>
Type of Funding <u>2. System Development</u>	Months of Operation <u>1.5</u>
Proposed Total Client Capacity of Program/Service: <u>30</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>
Client Capacity of Program/Service Expanded through MHSA: <u>30</u>	Telephone Number: <u>(707) 565-4878</u>

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	CBO LCSW/MFT		1.00	\$6,250	\$6,250
	Training Coordinator - Peer	1.00	1.00	\$2,500	\$2,500
	Consumer/Peer Counselors			NA	\$5,833
	CBO Psychiatrist		0.10	\$18,226	\$1,823
					\$0
	LCSW/MFT		0.50	\$8,421	\$4,211
	Total New Additional Positions	1.00	2.60		\$20,617
C. Total Program Positions		1.00	2.60		\$20,617

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.

1.00

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

County(ies): Sonoma Fiscal Year: 2006-07
 Program Workplan # 6 Date: 5/22/06
 Program Workplan Name # 6: Older Adult Services Peer Support Program Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 80 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: Prepared by: Michael Lucid
 Client Capacity of Program/Service Expanded through MHSA: 80 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$70,000	\$70,000
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$70,000	\$70,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$50,528		\$96,872	\$147,400
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$30,000	\$30,000
d. Total Personnel Expenditures	\$50,528	\$0	\$126,872	\$177,400
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$175			\$175
e. Rent, Utilities and Equipment	\$2,609			
f. Medication and Medical Supports	\$2,924			\$2,924
g. Other Operating Expenses (provide description in budget narrative)	\$7,500		\$123,128	\$130,628
h. Total Operating Expenditures	\$13,208	\$0	\$123,128	\$136,336
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$63,736	\$0	\$320,000	\$383,736
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$63,736		\$68,789	\$132,525
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$63,736	\$0	\$68,789	\$132,525
3. Total Revenues	\$63,736	\$0	\$68,789	\$132,525
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$251,211	\$251,211
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan #: <u>6</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u># 6: Older Adult Services Peer Support Program</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>2. System Development</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>80</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>80</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	CBO LCSW/MFT		1.00	\$75,000	\$75,000
	Training Coordinator - Peer	1.00	1.00	\$30,000	\$30,000
	Consumer/Peer Counselors		NA	\$70,000	\$70,000
	CBO Psychiatrist		0.10	\$218,715	\$21,872
					\$0
					\$0
	LCSW/MFT		0.50	\$101,055	\$50,528
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	1.00	2.60		\$247,400
C. Total Program Positions		1.00	2.60		\$247,400

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

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

County(ies): Sonoma Fiscal Year: 2007-08
 Program Workplan #: 6 Date: 5/22/06
 Program Workplan Name: #6: Older Adult Services Peer Support Program Page of
 Type of Funding: 1. Full Service Partnership Months of Operation: 12
 Proposed Total Client Capacity of Program/Service: 90 New Program/Service or Expansion: New
 Existing Client Capacity of Program/Service: Prepared by: Michael Lucid
 Client Capacity of Program/Service Expanded through MHSA: 90 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$73,500	\$73,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$73,500	\$73,500
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$53,054		\$101,715	\$154,769
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$31,500	\$31,500
d. Total Personnel Expenditures	\$53,054	\$0	\$133,215	\$186,269
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$184			\$184
e. Rent, Utilities and Equipment	\$2,739			
f. Medication and Medical Supports	\$3,070			\$3,070
g. Other Operating Expenses (provide description in budget narrative)	\$7,875		\$152,250	\$160,125
h. Total Operating Expenditures	\$13,868	\$0	\$152,250	\$166,118
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$66,922	\$0	\$358,965	\$425,887
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$66,922		\$92,932	\$159,854
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$66,922	\$0	\$92,932	\$159,854
3. Total Revenues	\$66,922	\$0	\$92,932	\$159,854
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$266,033	\$266,033
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan #: <u>6</u>	Date: <u>5/22/06</u>	
Program Workplan Name: <u>#6: Older Adult Services Peer Support Program</u>	Page <u> </u> of <u> </u>	
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>90</u>	New Program/Service or Expansion: <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>90</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	CBO LCSW/MFT		1.00	\$78,750	\$78,750
	Training Coordinator - Peer Consumer/Peer Counselors	1.00	1.00	\$31,500	\$31,500
	CBO Psychiatrist		NA	\$73,500	\$73,500
			0.10	\$229,650	\$22,965
	LCSW/MFT		0.50	\$106,108	\$53,054
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	1.00	2.60		\$259,769
C. Total Program Positions		1.00	2.60		\$259,769

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

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

County(ies): Sonoma Fiscal Year: 2005-06
 Program Workplan # 7 Date: 5/22/06
 Program Workplan Name #7: Consumer Driven/Operated Services Page of
 Type of Funding 2. System Development Months of Operation 1
 Proposed Total Client Capacity of Program/Service: 90 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: Prepared by: Michael Lucid
 Client Capacity of Program/Service Expanded through MHSA: 90 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$667	\$667
f. Total Support Expenditures	\$0	\$0	\$667	\$667
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$9,295			\$9,295
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$22,708	\$22,708
d. Total Personnel Expenditures	\$9,295	\$0	\$22,708	\$32,003
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$20			\$20
e. Rent, Utilities and Equipment	\$174			
f. Medication and Medical Supports	\$292			\$292
g. Other Operating Expenses (provide description in budget narrative)	\$875		\$27,291	\$28,166
h. Total Operating Expenditures	\$1,361	\$0	\$27,291	\$28,652
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$10,656	\$0	\$50,666	\$61,322
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$10,656		\$2,302	\$12,958
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$10,656	\$0	\$2,302	\$12,958
3. Total Revenues	\$10,656	\$0	\$2,302	\$12,958
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$48,364	\$48,364
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2005-06</u>	
Program Workplan # <u>7</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#7: Consumer Driven/Operated Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>1</u>	
Proposed Total Client Capacity of Program/Service: <u>90</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>90</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
	Peer Counselor	0.25	0.25	\$5,057	\$1,264
	Peer Advocate	0.25	0.25	\$5,057	\$1,264
	Peer Mentor	0.25	0.25	\$5,057	\$1,264
	Program Manager	1.00	1.00	\$4,167	\$4,167
	Assistant Program Manager	1.00	1.00	\$2,917	\$2,917
	Clerical Support	0.50	0.50	\$2,500	\$1,250
	Artist in Residence	0.50	0.50	\$2,500	\$1,250
	Employment Consultant	0.50	0.50	\$2,500	\$1,250
	Warm Line Coordinator	1.00	1.00	\$2,333	\$2,333
	Warm Line Counselor	1.00	1.00	\$1,833	\$1,833
	Client Coordinator	1.00	1.00	\$2,083	\$2,083
	Substance Abuse Counselor	1.00	1.00	\$1,833	\$1,833
	Psychiatric Nurse		0.50	\$11,300	\$5,650
	Staff Psychiatrist		0.20	\$18,226	\$3,645
	Total New Additional Positions	8.25	8.95		\$32,003
C. Total Program Positions		8.25	8.95		\$32,003

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

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

County(ies): Sonoma Fiscal Year: 2006-07

Program Workplan #: 7 Date: 5/22/06

Program Workplan Name: #7. Consumer Driven/Operated Services Page of

Type of Funding 2. System Development Months of Operation 12

Proposed Total Client Capacity of Program/Service: 300 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 300 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$111,540			\$111,540
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$272,510	\$272,510
d. Total Personnel Expenditures	\$111,540	\$0	\$272,510	\$384,050
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$245			\$245
e. Rent, Utilities and Equipment	\$2,087			
f. Medication and Medical Supports	\$3,500			\$3,500
g. Other Operating Expenses (provide description in budget narrative)	\$10,500		\$327,490	\$337,990
h. Total Operating Expenditures	\$16,332	\$0	\$327,490	\$343,822
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$127,872	\$0	\$608,000	\$735,872
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$107,872		\$21,840	\$129,712
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$20,000			\$20,000
e. Total New Revenue	\$127,872	\$0	\$21,840	\$149,712
3. Total Revenues	\$127,872	\$0	\$21,840	\$149,712
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$0	\$0	\$586,160	\$586,160
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2006-07</u>	
Program Workplan # <u>7</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#7. Consumer Driven/Operated Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>300</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>300</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	Peer Counselor	0.25	0.25	\$60,680	\$15,170
	Peer Advocate	0.25	0.25	\$60,680	\$15,170
	Peer Mentor	0.25	0.25	\$60,680	\$15,170
	Program Manager	1.00	1.00	\$50,000	\$50,000
	Assistant Program Manager	1.00	1.00	\$35,000	\$35,000
	Clerical Support	0.50	0.50	\$30,000	\$15,000
	Artist in Residence	0.50	0.50	\$30,000	\$15,000
	Employment Consultant	0.50	0.50	\$30,000	\$15,000
	Warm Line Coordinator	1.00	1.00	\$28,000	\$28,000
	Warm Line Counselor	1.00	1.00	\$22,000	\$22,000
	Client Coordinator	1.00	1.00	\$25,000	\$25,000
	Substance Abuse Counselor	1.00	1.00	\$22,000	\$22,000
	Psychiatric Nurse		0.50	\$135,594	\$67,797
	Staff Psychiatrist		0.20	\$218,715	\$43,743
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		8.25	8.95		\$384,050
C. Total Program Positions		8.25	8.95		\$384,050

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

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

County(ies): Sonoma Fiscal Year: 2007-08

Program Workplan #: 7 Date: 5/22/06

Program Workplan Name: #7. Consumer Driven/Operated Services Page of

Type of Funding 2. System Development Months of Operation 12

Proposed Total Client Capacity of Program/Service: 310 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: Prepared by: Michael Lucid

Client Capacity of Program/Service Expanded through MHSA: 310 Telephone Number: (707) 565-4878

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$8,000	\$8,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$117,117			\$117,117
c. Consumer/Family Member Personnel Expenditures (from Staffing Detail)			\$286,137	\$286,137
d. Total Personnel Expenditures	\$117,117	\$0	\$286,137	\$403,254
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures	\$257			\$257
e. Rent, Utilities and Equipment	\$2,191			
f. Medication and Medical Supports	\$3,675			\$3,675
g. Other Operating Expenses (provide description in budget narrative)	\$11,025		\$316,990	\$328,015
h. Total Operating Expenditures	\$17,148	\$0	\$316,990	\$334,138
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$134,265	\$0	\$611,127	\$745,392
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$109,650			\$109,650
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	\$15,000			\$15,000
e. Total New Revenue	\$124,650	\$0	\$0	\$124,650
3. Total Revenues	\$124,650	\$0	\$0	\$124,650
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$9,615	\$0	\$611,127	\$620,742
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): <u>Sonoma</u>	Fiscal Year: <u>2007-08</u>	
Program Workplan # <u>7</u>	Date: <u>5/22/06</u>	
Program Workplan Name <u>#7. Consumer Driven/Operated Services</u>	Page <u> </u> of <u> </u>	
Type of Funding <u>2. System Development</u>	Months of Operation <u>12</u>	
Proposed Total Client Capacity of Program/Service: <u>310</u>	New Program/Service or Expansion <u>New</u>	
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michael Lucid</u>	
Client Capacity of Program/Service Expanded through MHSA: <u>310</u>	Telephone Number: <u>(707) 565-4878</u>	

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Peer Counselor	0.25	0.25	\$63,714	\$15,929
	Peer Advocate	0.25	0.25	\$63,714	\$15,929
	Peer Mentor	0.25	0.25	\$63,714	\$15,929
	Program Manager	1.00	1.00	\$52,500	\$52,500
	Assistant Program Manager	1.00	1.00	\$36,750	\$36,750
	Clerical Support	0.50	0.50	\$31,500	\$15,750
	Artist in Residence	0.50	0.50	\$31,500	\$15,750
	Employment Consultant	0.50	0.50	\$31,500	\$15,750
	Warm Line Coordinator	1.00	1.00	\$29,400	\$29,400
	Warm Line Counselor	1.00	1.00	\$23,100	\$23,100
	Client Coordinator	1.00	1.00	\$26,250	\$26,250
	Substance Abuse Counselor	1.00	1.00	\$23,100	\$23,100
	Psychiatric Nurse		0.50	\$142,374	\$71,187
	Staff Psychiatrist		0.20	\$229,651	\$45,930
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	8.25	8.95		\$403,254
C. Total Program Positions		8.25	8.95		\$403,254

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.

Mental Health Services Act Community Services and Supports Administration Budget Worksheet Proposed System Improvement, Planning, and Implementation Funding Request

County(ies): Sonoma

Fiscal Year: 2005-06

Date: 4/26/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		0.50	\$7,102
b. MHSA Support Staff		0.25	\$1,273
c. Other Personnel (list below)			
Mental Health Director		0.25	\$4,211
Fiscal/Contracting Manager		0.25	\$3,463
MH Department Analyst		0.50	\$5,107
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	1.75	\$21,155
e. Employee Benefits			
f. Total Personnel Expenditures			\$21,155
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
4. Total Proposed County Administration Budget			\$21,155
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue - MHSA Implementation Funding			
2. Total Revenues			\$21,155
C. Start-up and One-Time Implementation Expenditures			\$21,155
D. Total County Administration Funding Requirements			\$21,155

COUNTY CERTIFICATION

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

Date: _____

Signature _____

Local Mental Health Director

Executed at _____, California

**Mental Health Services Act Community Services and Supports Administration Budget Worksheet Proposed
System Improvement, Planning, and Implementation Funding Request**

County(ies): Sonoma

Fiscal Year: 2006-07

Date: 4/26/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		0.50	\$85,219
b. MHSA Support Staff		0.25	\$15,272
c. Other Personnel (list below)			
Mental Health Director		0.25	\$50,528
Fiscal/Contracting Manager		0.25	\$41,561
MH Department Analyst		0.50	\$61,278
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	1.75	\$253,858
e. Employee Benefits			
f. Total Personnel Expenditures			\$253,858
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
4. Total Proposed County Administration Budget			\$253,858
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			\$253,858
2. Total Revenues			\$253,858
C. Start-up and One-Time Implementation Expenditures			\$253,858
D. Total County Administration Funding Requirements			\$253,858

COUNTY CERTIFICATION

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

Date: _____

Signature _____

Local Mental Health Director

Executed at _____, California

**Mental Health Services Act Community Services and Supports Administration Budget Worksheet Proposed
System Improvement, Planning, and Implementation Funding Request**

County(ies): Sonoma

Fiscal Year: 2007-08

Date: 4/26/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		0.50	\$89,480
b. MHSA Support Staff		0.25	\$16,036
c. Other Personnel (list below)			
Mental Health Director		0.25	\$53,054
Fiscal/Contracting Manager		0.25	\$43,639
MH Department Analyst		0.50	\$64,342
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	1.75	\$266,551
e. Employee Benefits			
f. Total Personnel Expenditures			\$266,551
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
4. Total Proposed County Administration Budget			\$266,551
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue - Realignment			\$266,551
2. Total Revenues			\$266,551
C. Start-up and One-Time Implementation Expenditures			\$266,551
D. Total County Administration Funding Requirements			\$266,551

COUNTY CERTIFICATION

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

Date: _____

Signature _____

Local Mental Health Director

Executed at _____, California

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

Estimated/Actual Population Served

County: Sonoma
Program Work Plan #: 1-7
Program Work Plan Name: MHSA CSS Programs
Fiscal Year: 2005-2006 (please complete one per fiscal year)

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth								10		10	
Transition Age Youth								10		10	
Forensic								15		15	
Supportive Housing								10		10	
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
								105		105	
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
250								250		250	

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

Estimated/Actual Population Served

County: Sonoma
Program Work Plan #: 1-7
Program Work Plan Name: MHSA CSS Programs
Fiscal Year: 2006-2007 (please complete one per fiscal year)

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		10		10		10		10		40	
Transition Age Youth		10		10		10		10		40	
Forensic		15		15		15		15		60	
Supportive Housing		7		7		8		7		29	
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
565		141		141		142		141		565	
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
900		225		225		225		225		900	

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

Estimated/Actual Population Served

County: Sonoma
Program Work Plan #: 1-7
Program Work Plan Name: MHSA CSS Programs
Fiscal Year: 2007-2008 (please complete one per fiscal year)

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth		10		10		10		10		40	
Transition Age Youth		10		10		10		10		40	
Forensic		10		10		10		10		40	
Supportive Housing		7		7		8		7		29	
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
635		159		159		159		158		635	
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
900		225		225		225		225		900	

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

County Sonoma County
MHSA Component Comm. Services and Supports

Date 05/23/06
Fiscal Year 2005-06
Quarter 1st (July - Sept)

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

COUNTY CERTIFICATION

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

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

Acronym Guide to the Mental Health Services Act Plan

Part I:

Departments or Groups

- ♦ MHSA – Mental Health Services Act
- ♦ MHB – Mental Health Board
- ♦ MHD – Sonoma County Department of Health Services, Mental Health Division
- ♦ DMH – State Department of Mental Health
- ♦ NAMI – National Alliance for the Mentally Ill
- ♦ CAO – County Administrator’s Office
- ♦ PST – Planning Support Team
- ♦ CAC – Consumer Advisory Committee

Other

- ♦ SED – Serious Emotional Disturbance
- ♦ SMI – Serious Mental Illness
- ♦ CSS – Community Services and Supports Plan
- ♦ IEB – Intensive Enrollee Based
- ♦ FACT – Forensic Assertive Community Team
- ♦ AODS – Alcohol and other drug services

Part II & Part III:

Age Groups

- ♦ CY – Children and youth (ages 0-18)
- ♦ TAY – Transition aged youth (ages 16-25)
- ♦ A – Adults
- ♦ OA – Older adults

MHSA Funding Types

- ♦ FSP – Full Service Partnerships
- ♦ OE – Outreach and Engagement
- ♦ Sys Dev – Systems Development

Legislation

- ♦ AB2034 (Project HOPE) – Assembly bill that allocated funds for the creation of programs designed to provide integrated community outreach support to individuals who were homeless, at risk of homelessness or incarceration, and had a serious mental illness
- ♦ AB3632 – Assembly bill that requires local education agencies arrange with other agencies to provide related services for special education students

Other

- ♦ CHIS – California Health Interview Survey
- ♦ TBS – Therapeutic behavioral services
- ♦ RCL – Residential care level
- ♦ CIP – Community intervention program
- ♦ OAS – Older adults services
- ♦ EPDST – Early Periodic Diagnosis, Screening and Treatment
- ♦ MHC – Sonoma County’s Mental Health Court
- ♦ FTA – Failures to appear
- ♦ NA – Narcotics Anonymous
- ♦ AA – Alcoholics Anonymous
- ♦ FM – Family member
- ♦ CG – Caregiver
- ♦ LCSW – Licensed clinical social worker
- ♦ MFT – Marriage and family therapist
- ♦ GLBTQ – Gay, lesbian, bisexual, transgender and questioning

Other acronyms used in the plan:

- ♦ FY – Fiscal year
- ♦ FTE – Full time equivalent
- ♦ FPL – Federal poverty level
- ♦ PT – Part-time
- ♦ CBOs – Community based organizations
- ♦ MOU – Memorandum of understanding
- ♦ RFP – Request for proposal

Mental Health Services Act (MHSA) Start-Up Funding County of Sonoma

One-Time Community Services and Supports Funding

Sonoma County is requesting one-time funding for capital purchases and site development, including funding to rehabilitate and lease several building sites to accommodate services proposed in the CSS program plan; the purchase of new facilities for housing; the purchase of vehicles and technology, including cellular phones, computer hardware and software; and for 6-9 months of funding for leasing service site space until we can access the Capital and Technology funding through MHSA.

The one-time CSS funding will provide for the one-time service start up costs for seven new service areas that include:

- Intensive Enrollee-Based Services for Children (8-12 years old)
- Integrated services for Transition Age Youth
- Expanded Treatment for Mentally Ill Offenders
- Supportive Housing Services
- An integrated, community-based, Community Intervention Program
- Peer support and counseling for Older Adults
- Consumer Operated/Driven services

Sonoma County's three-year CSS Plan is proposing seven program initiatives with 4 Full Service Partnerships, 2 General System Development programs, and 1 Outreach and Engagement program. The major themes include the following:

- Full Service Partnerships for Children, Transitional Age Youth, Mentally Ill Offenders, and Supportive Housing Services for TAY, Adults and Older Adults
- Expanded and/or decentralized sites for community mental health services located in areas that are more accessible to consumers
- Capacity building, support, and collaboration with community-based primary care clinics serving ethnic minorities; homeless centers and shelters serving SMI homeless; consumer-operated services serving SMI consumers, and substance abuse treatment centers serving clients with co-occurring disorders

The MHSA one-time CSS funding will allow Sonoma County Mental Health to enhance and increase the space and sites needed to provide better access for underserved and hard-to-reach populations while also decreasing barriers to services. While creating new services and programs, Sonoma County will also utilize this funding to expand and increase service sites in outlying areas of the county, through its Regional Team serving Cloverdale, Guerneville, Petaluma and the city of Sonoma. Many of the MHSA service programs will be based at these sites.

Sonoma County is requesting funding for the following:

- Capital Purchases, Capital Leases, and Rehabilitation
- General Equipment and Supplies
- Vehicles
- Computer Hardware and Software
- Staffing for Start-up Activities

CAPITAL LEASES AND REHABILITATION

Wellness Center (Consumer Operated Program)

3400 Chanate Road

Rehabilitation \$50,000

Lease \$2,750/month 6 Month Total: \$16,500

Forensic Assertive Community Treatment (FACT) Program

Rehabilitation \$10,000 3,000 square feet

Lease \$4,000/month 6 Month Total: \$24,000

Community Intervention Program Site

Rehabilitation \$25,000 2,500 square feet

Lease \$4,300/month 6 Month Total: \$25,800

Guerneville Mental Health Team

Rehabilitation \$25,000 1,500 square feet

Lease \$2,500/month 6 Month Total: \$15,000

Petaluma Mental Health Team

Rehabilitation \$25,000 1,500 square feet

Lease \$2,500/month 6 Month Total: \$15,000

Mental Health Office Space, Mary Isaak Center

Rehabilitation \$25,000 800 square feet

Lease \$1,500/month 6 Month Total: \$9,000

CAPITAL PURCHASES

Community Action Partnership of Sonoma County Cost \$500,000

Burbank Housing Development Corporation will build Cost \$450,000

Sonoma County proposes to utilize MHSA funds to purchase two new facilities in order to provide combined supports for emergency shelter, crisis residential, and supported housing. Projects will offer a variety of housing options, providing clients with access to an array of services intended to support housing stability, resiliency, and recovery.

These full service housing projects will be available to TAY, Adults, and Older Adults. The timing of these projects will be staggered.

Service Delivery Site Moves

This funding will allow Sonoma County Mental Health to move staff and equipment to new, more accessible service delivery sites.

<u>Service Site</u>	<u>Moving Costs</u>
Wellness Center	\$100,000
Forensic Assertive Community Treatment Program	\$175,000
Community intervention Program	\$150,000
Regional Team (Guerneville & Petaluma)	\$150,000
TOTAL COSTS	\$575,000

Consumer Operated Wellness Center

Sonoma County proposes to utilize MHSA funds to develop and support a wellness recovery and support center for consumers facing the challenges of serious mental illness. The Center will be managed and staffed by consumers, and medication services will be available 2 afternoons per week on site. This will be a centralized meeting place for consumers. Recovery principles will be integrated throughout the Center's programming, which will include:

- Holistic alternative treatment
- Employment programs
- Recreational and socialization opportunities
- Consumer-operated business
- Art studio and store
- Horticulture and community garden
- Peer/Self Advocacy Program

Warm-Line – Support phone line operated by consumers

Warm-Line Equipment

5 phones	\$ 1,000
5 computers	\$12,590
Art Supplies	\$10,000
Garden Supplies	\$ 3,000
Employment Program	\$10,000

MHSA Program Start-Up Funding Estimates

MHSA PROGRAM	EQUIPMENT AND SUPPLIES	
Intensive Enrollee-Based Services for Children	2 cars Cost \$28,186 2 computers Cost \$ 5,036 2 cell phones Cost \$ 168	
Transitional Age Youth Intensive Team	1 car Cost \$14,098 2 computers Cost \$ 5,036 2 cell phones Cost \$ 168	
Forensic Assertive Community Team (FACT) Project	3 cars Cost \$42,294 6 computers Cost \$15,108 5 cell phones Cost \$ 420	Opening a New Office: \$68,000
Supportive Housing Services	Furniture Cost \$ 8,000 Housing Supplies Cost \$ 4,000 Appliances Cost \$16,000	
Community Intervention Program	4 cars Cost \$56,392 8 computers Cost \$20,144 8 cell phones Cost \$ 672	Opening a New Office: \$78,000
Older Adults Services	1 car Cost \$14,098 1 computer Cost \$ 2,518 1 cell phone Cost \$ 84	
Consumer Services	4 cars Cost \$56,392 2 vans Cost \$50,000 1 truck Cost \$30,000 8 computers Cost \$20,144 2 cell phones Cost \$ 168	Opening a New Office: \$66,000

**Additional 3 Months of Funding
MHSA Program Site Leases**

Wellness Center (Consumer Operated Program)

3400 Chanate Road

Maint./Grounds \$2,750/month

3 Month Total: \$8,250

Forensic Assertive Community Treatment (FACT) Program

3,000 square feet

Lease \$4,000/month

3 Month Total: \$12,000

Community Intervention Program Site

2,500 square feet

Lease \$4,300/month

3 Month Total: \$12,900

Guerneville Mental Health Team

1,500 square feet

Lease \$2,500/month

3 Month Total: \$7,500

Petaluma Mental Health Team

1,500 square feet

Lease \$2,500/month

3 Month Total: \$7,500

Mental Health Office Space, Mary Isaak Center

800 square feet

Lease \$1,500/month

3 Month Total: \$4,500

**Fiscal Year 2004-05 Mental Health Services Act
Proposed Start Up Budget**

One Time Community Services and Support Funding

Date: 5/22/06

County: <u>County of Sonoma</u>	County Mental Health Department	Community Mental Health Contract Providers	Total
1. Salaries and Benefits			
2. Consumer and Family Member Support			
3. Other Operating Expenditures			
a. Professional Services		<u>\$10,000</u>	\$10,000
1. Employment Program		\$10,000	
b. Travel and Transportation	<u>\$291,460</u>		\$291,460
1. Vehicles	\$291,460		
c. Supplies (Wellness Center & Housing)	<u>\$17,000</u>		\$17,000
d. Rent, Utilities and Equipment	<u>\$204,556</u>		\$204,556
1. Capital Leases	\$105,300		
2. Computers	\$80,576		
3. Phones & Cell Phones	\$2,680		
4. Appliances (for housing facilities)	\$16,000		
e. Other	<u>\$1,959,650</u>		\$1,959,650
1. Office Set Up Costs (including furniture and equipment	\$212,000		
2. Furniture for supported housing	\$10,000		
3. Capital Improvements (facility/site rehabilitation)	\$160,000		
4. Service Delivery Site Moves	\$575,000		
5. Capital Purchases	\$950,000		
6. Additional Three Month Extension Funding - Capital Leases	\$52,650		
f. Total	\$2,472,666	\$10,000	\$2,482,666
4. Inter/Intra-Governmental Transfers			
a. County Social Services Agency			\$0
b. County Health Services Agency			\$0
c. County Probation Agency			\$0
d. Education Agency(ies)			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
5. Administration			
a. County Overhead			\$0
b. Contract Overhead			\$0
c. Total	\$0	\$0	\$0
6. Total-Proposed One Time CSS Budget	\$2,472,666	\$10,000	\$2,482,666

County of Sonoma - Department of Health Services
Mental Health Division

Mental Health Services Act - Community Services and Support Program
Request for Start Up Funding

One Time Community Services and Supports Funding

Program	Description	Cost
Wellness Center	facility/site rehabilitation	\$ 50,000
Wellness Center	facility costs for 6 months @ \$2,750 per month	16,500
FACT	facility/site rehabilitation	10,000
FACT	lease costs for 6 months @ \$4,000 per month for 3,000 square feet	24,000
CIP	facility/site rehabilitation	25,000
CIP	lease costs for 6 months @ \$4,300 per month for 2,500square feet	25,800
CIP (Guerneville Site)	facility/site rehabilitation	25,000
CIP (Guerneville Site)	lease costs for 6 months @ \$2,500 per month for 1,500 square feet	15,000
CIP (Mary Isaak Site)	facility/site rehabilitation	25,000
CIP (Mary Isaak Site)	lease costs for 6 months @ \$1,500 per month for 900 square feet	9,000
CIP (Petaluma Site)	facility/site rehabilitation	25,000
CIP (Petaluma Site)	lease costs for 6 months @ \$2,500 per month for 1,500 square feet	15,000
Supported Housing	purchase of new housing facility - CAPS Project	500,000
Supported Housing	purchase of new housing facility - Burbank Housing Project	450,000
CIP	service delivery site move of staff & equipment to more accessible site	150,000
FACT	service delivery site move of staff & equipment to more accessible site	175,000
Regional Team	service delivery site move of staff & equipment to more accessible site	150,000
Wellness Center	service delivery site move of staff & equipment to more accessible site	100,000
CIP	8 computers	20,144
CIP	8 cell phones	672
CIP	office set up costs (desks, filing cabinets, printers, supplies, etc)	78,000
CIP	4 cars	56,392
Consumer Services	8 computers	20,144
Consumer Services	2 cell phones	168
Consumer Services	office set up costs (desks, filing cabinets, printers, supplies, etc)	66,000
Consumer Services	4 cars	56,392
Consumer Services	2 vans	50,000
Consumer Services	1 truck	30,000
FACT	6 computers	15,108
FACT	5 cell phones	420
FACT	office set up costs (desks, filing cabinets, printers, supplies, etc)	68,000
FACT	3 cars	42,294
IEB	2 computers	5,036
IEB	2 cell phones	168
IEB	2 cars	28,186
OAS	1 computer	2,518
OAS	1 cell phone	84
OAS	1 car	14,098
Supportive Housing	appliances (stove, refrigerator, etc)	16,000
Supportive Housing	furniture	10,000
Supportive Housing	housing supplies	4,000
TAY	2 computers	5,036
TAY	2 cell phones	168
TAY	1 car	14,098

Program	Description	Cost
Wellness Center	5 phones	1,000
Wellness Center	5 computers	12,590
Wellness Center	employment program	10,000
Wellness Center	Art Supplies	10,000
Wellness Center	Garden Supplies	3,000

Total One Time CSS Start Up Funding Reques \$ 2,430,016

Community Services and Supports Three Month Extension Funding

Program	Description	Cost
Wellness Center	3 month facility/lease cost extension	8,250
FACT	3 month facility/lease cost extension	12,000
CIP	3 month facility/lease cost extension	12,900
CIP (Guerneville Site)	3 month facility/lease cost extension	7,500
CIP (Petaluma Site)	3 month facility/lease cost extension	7,500
CIP (Mary Isaak Site)	3 month facility/lease cost extension	4,500

CSS Three Month Extension Tota \$ 52,650

Grand Total \$ 2,482,666