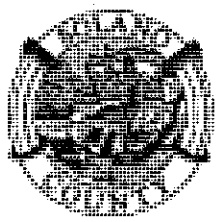


Solano County
Health and Social Services

Mental Health Services Act
Community Services and Supports
Program and Expenditure Plan

For submission to:
California Department of Mental Health

December 2005

Patrick O. Duterte Director, Health and Social Services
Fred E. Heacock Deputy Director, Mental Health Services

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: Solano County Date: December 5, 2005

County Mental Health Director: Fred E. Heacock

Fred E. Heacock
Printed Name

Signature

Date: December 5, 2005

Mailing Address: 275 Beck Ave. MS 5-250
Fairfield, California 94533

Phone Number: (707) 784-8330 Fax: (707) 421-6619

E-mail: feheacock@solanocounty.com

Contact Person: Paula Gee

Phone: (707) 784-8336

Fax: (707) 421-6619

E-mail: pmgee@solanocounty.com

Table of Contents

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

Section I: Planning Process

Introduction

The purpose of this section is to describe the activities Solano County has completed in order that mental health services are designed, delivered, and evaluated with authentic appropriate stakeholder involvement. Solano's activities focus on broad community discussion, education and training about the public mental health system, our values, our funding constructs, and challenges serving various populations. Additionally, we initiated *rapid assessment procedures* that included listening to viewpoints regarding the underserved people, and the unmet needs for the MHSA CSS target populations. These activities are described below. They were initiated in December 2004 and were substantially completed in early July 2005.

Solano's longer-term goal is to design and build a new participatory infrastructure such that consumers, families, and community partners are continuously involved in the assessment, evaluation, improvement, and policy direction of public mental health services. This part of the planning process is designed to permanently change who is accountable for how mental health services are provided We believe that we can restructure our relationships with consumers, their families, with historically underserved consumers and their community leaders, and with community partners so that the result is a system better equipped to provide hope, recovery, and empowerment to consumers, as well as provide broad community support for the services and supports required to sustain such a system.

The Planning Process

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:**

Short-term rapid assessment:

Our first step was to prepare our consumer and family community for an authentic discussion not only about new opportunities for MHSA funding but also for how public mental health services might best be organized, delivered, and evaluated. During the first 6 weeks of our planning process, we held education sessions with consumer and family groups at our self-help centers, and community centers throughout the county. Additionally w provided materials in English and Spanish on our website, and in the local newspapers.

To encourage additional consumer and family participation, HSS Consumer Liaison Committee and Consumer/Family Advocacy Committee jointly sponsored a series of drop-in lunchtime orientation meeting every month (as well as one evening meeting).

Several new consumers and families became involved and stayed updated on the planning process using these meetings.

Solano held large stakeholder meetings in each of our (5) regions as follows:

DATE	CITY	TOTAL ATTENDING
April/May	FAIRFIELD	45
April/May	DIXON	20
April/May	VALLEJO	75
April/May	VACAVILLE	75
April/May	RIO VISTA	100

For each of these community meetings, *separate pre-meeting orientations* were held for consumers and families to assist in authentic participation. An average of 20 consumers attended each community pre-meeting and forum

Involvement of individual consumers and families who may not belong to organized advocacy groups was a shared responsibility between staff, contractors, community partners, organized family members and consumers. Methods to include harder-to-reach consumers in the activities described above include:

Assisted interviews: Solano County HSS used the DMH client survey and added three questions re: priority needs for living well in the Solano community. HSS Research and Planning staff coordinated training and deploying 25 consumer and family members to assist HSS Mental Health consumers and family members complete the surveys. In all we completed 387 surveys. To interview more difficult to locate clients such as those consumers who once received services and were discharged by the system, those who received services and chose to leave the system for various reasons, those who were unable to access county services, those who never attempted to access our system, those incarcerated, those in JH or IMDs, Solano contracted with a local client advocacy group and completed interviews with the following hard to engage clients:

Adults in IMDs	(6 interviews)
Adults in Jail	(4 interviews)
Adults in hospital care	(4 interviews)
Adults in Board and Care	(10 interviews)
Youth in hospital care	(4 interviews)
Youth in residential placement	(4 interviews)
Youth in juvenile hall	(8 interviews)
Homeless Adults	(8 interviews)

Focus Groups. Several provider organizations and consumer-operated centers agreed to facilitate multiple focus groups for consumers and families during the MHSA process. The groups were designed to gather information from consumers and families regarding what supports they need to live well in the Solano community.

Focus Groups: Solano Parent Network SPN Provides services to families and youth including family and community education, support groups, and respite care. This service has been growing for nearly 10 years.

DATE	TOPIC	# ATTENDING
May 2, 2005	Aldea Youth	8
May 4, 2005	Transitional Age Youth	8
May 7, 2005	Parents of Children	10

Focus Groups: Nueve Vida NV is a partner providing a consumer-run self-help center in Dixon, as well as a warm line in Spanish and English for almost 2 years, focusing on the entire family, in additional to the consumer.

DATE	TOPIC	# ATTENDING
March 31, 2005	MHSA Needs Assessment	11
April 14, 2005	MHSA Needs Assessment	8
May 16, 2005	St Patrick's Catholic Church	16
May 23, 2005	Dual dx in Hispanic population	12

Focus Groups: Circle of Friends Self Help Services COF is a partner providing consumer-run self-help centers in Fairfield and Vallejo for over a decade.

DATE	TOPIC	# ATTENDING
March 30, 2005	Adult/Donovan's Place	17
April 1, 2005	Under-served/Donovan's Place	5
April 4, 2005	Adult/Vallejo Self Help	42
April 11, 2005	Adult/Vallejo Self Help	37
April 19, 2005	Seniors/Donovan's Place	12

In addition to these methods, HSS established four additional mechanisms for ongoing communication with consumers and other stakeholders:

- An 800-phone number (1-800-400-6001) prepared to accept inquiries and take information regarding mental health services. About 39 consumers utilized this during the planning process as a way to connect to focus groups or other activities.

- A web-link on the Solano County website that has updated information, a calendar of meetings, and "who to call" information related to planning for improved mental health services. (www.solanocounty.com/mentalhealth/MHSA). The website was updated every 20-30 days from December through the present

- Four newspaper articles were published during the planning period that described the mission and mandate of community mental health services, profiled consumers and families, publicized our planning events and education opportunities for consumers and families.

To reach underserved populations (in addition to strategies described above), Solano engaged community leaders representing underserved populations, and staff and consumers went "door-to-door" with efforts to gather information and involvement from harder-to reach consumers and families.

For input from those underserved by reason of ethnicity and race, Solano successfully:

- Engaged the efforts of NAACP, Serve Our Latino's, the Hispanic Commission, and an informal Filipino community group to assist in effective outreach and program planning. Additionally, focus groups were accomplished in ethnic communities and with the helps and support of ethnic organization such as Nueve Vida, the Hispanic Commission, local markets and local churches.

- HSS staff, MH Board members, and consumers and families representing the targeted ethnic or geographic population provided guidance and leadership to the outreach effort.

- All planning efforts included assessments of the racial and ethnic diversity of participants, and their residence region. Filipino residents were underrepresented the planning process, and additional efforts will be made in coming years to include this population group more effectively in services and services planning. African Americans, and Hispanics were well represented throughout the process. Solano successfully engaged young adults and adults, but was less successful hearing directly from older adults as part of the planning process. This will be remedied during the development of the older adults full services partnership planned for the coming year.

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

Solano's targets for stakeholder participation were based on the county's ethnic diversity. As well as noting any constituent population they represent, participants in Solano's community assessment were asked to note both their ethnic group as well as their regional location within Solano. Our targets for participation (for age and ethnicity) in the planning process are based on general population demographics for 200% poverty populations:

Target Population	GOAL % Of <200% poverty population	% Surveyed (approx)	% Attending Community meetings or focus groups (approx)
African American	18%	10%	18%
Asian/PI	10%	2%	8%
Caucasian	36%	68%	54%
Hispanic	29%	18%	18%
Other	7%	2%	2%
Youth	28.0%	15%	18%
Adults	62.5%	81%	80%
Older Adults	9.5%	4%	2%

Solano County HSS has many assets that were focused on during mental health planning beginning in February 2005. This structure provided for both short-term rapid assessment processes and will also support long-term involvement by critical stakeholders.

Mental Health Board: Our current chair is a physician from Kaiser Permanente, and co-chair is a consumer. Other members include a member of the County BOS, an aid of another BOS, and a family member. This Board, though several seats are unfilled, is balanced as far as ethnic and regional diversity.

MHSA Planning Meetings Held:

DATE	*TOPIC*	*# ATTENDING*
February 15, 2005	*MHSA Update*	*19*
March 15, 2005	*MHSA Planning Process*	*19*
April 19, 2005	*MHSA Planning Process*	*22*
May 17, 2005	*MHSA Planning Process*	*15*
June 21, 2005	*MHSA Planning Process*	*14*

Health and Social Service Executive Staff Solano County Department of Health and Social Services is inclusive of health, mental health, social services, substance abuse services, and employment/eligibility. Thus, the multidisciplinary sharing of information, resources, and planning is inherent in our organizational structure. Stakeholders include Director of the Department of Health and Social Services; Deputy Directors of Mental Health, Substance Abuse; Public and Family Health; Eligibility and Employment; and Research and Planning. The HSS Research Evaluation and Planning Division will provide logistical and expert support to the MHSA planning process.

MHSA Update or Planning Meetings Held:

DATE	TOPIC	# ATTENDING
January 3, 2005	General information	14
March 7, 2005	Update	12
April 4, 2005	Update and discussion	11

Adults System of Care Planning Group Stakeholders include HSS adult services managers, supervisors, and line staff; Crisis services staff; contractors for adult Mental Health services; in-patient treatment providers; vocational rehabilitation; community college staff; homeless service providers; substance abuse providers, adult consumers and their family members.

MHSA Planning Meetings Held:

DATE	TOPIC	# ATTENDING
January 20, 2005	General adult services planning	19
February 17, 2005	General adult services planning	26
March 17, 2005	General adult services planning	35
April 28, 2005	Criminal Justice Services	27
May 17, 2005	Older Adult Services	22
May 19, 2005	General adult services planning	32
June 23, 2005	General adult services planning	31

Children's System of Care Planning Group Stakeholders include HSS Mental Health children's services managers, supervisors, and line staff; contractors for children's Mental Health services; SELPA and other school-based children's services; child advocacy staff, Child Welfare Services staff; family members.

MHSA Planning Meetings Held:

DATE	TOPIC	# ATTENDING
February 22, 2005	General planning	19
March 22, 2005	General planning	24
April 26, 2005	General planning	29
May 24, 2005	General planning	19
May 25, 2005	General planning	17
June 28, 2005	General planning	19

Consumer and Family Advisory Committee Stakeholders include adult consumers, family members of adult consumers, and family members of children receiving mental health services. Membership is 90% consumers/families. The focus of the group is monitoring Quality Assurance activities within HSS mental health services.

MHSA Planning Meetings Held:

DATE	TOPIC	# ATTENDING
April 17, 2005	Unmet Needs: Adults	22
April 22, 2005	Unmet Needs: Adults	17
April 24, 2005	Older Adults	11
April 17,2005	Transition Age Youth / Vallejo	7
May 4, 2005	Transition Age Youth / Fairfield	9
May, 2005	Rio Vista	11
May 18, 2005	Fairfield	15
May, 2005	Vallejo	12
May, 2005	Solano College Students	28

Psych Emergency Services Committee Stakeholders include Mental Health Director; Mental Health adult services administrator; city police department staff; County sheriff Department staff; (3) local hospital discharge planners; Mental Health crisis services staff and management; and Children's Mental Health Hospital Liaison staff.

MHSA Planning Meetings Held:

DATE	TOPIC	# ATTENDING
February 17, 2005	General services planning	11
April 21, 2005	MHSA /Needs Assessment	16
May 19, 2005	Special Planning session	35

Consumer Liaison Committee is approximately 25 adult consumers, balanced as to ethnicity and region, who operate consumer support services throughout the county meet monthly to share information, receive training and support, and to establish goals for Solano's consumer-operated programs.

MHSA Planning Meetings Held:

DATE	TOPIC	# ATTENDING
February 1, 2005	MHSA Information and Planning	11
March 1, 2005	General services planning	14
April 5, 2005	General services planning	12
June 7, 2005	General services planning	13

Cultural Competency / Diversity Committee is a component of the HSS Mental Health Quality Improvement Committee. Stakeholders include HSS Mental Health Director; Mental Health supervisors, managers and line staff. The mission of the committee is to fulfill the objectives as delineated in the cultural competency plan.

MHSA Planning Meetings Held:

DATE	TOPIC	# ATTENDING
May 26, 2005	Special Session MHSA services	13
June 6, 2005	Special Session- St. Peter's Church	8
June 9, 2005	Special Session MHSA services	12
June 23, 2005	Special Session MHSA services	14

The Solano Coalition for Better Health is a 20-year-old collaboration of Solano's healthcare partners including all the hospitals, community clinics, the county medical society, and the Partnership Healthplan of California, which is Solano's Medi-Cal Managed Care organization. The HSS Divisions of Public Health, Family Health, Substance Abuse, Mental Health and Employment Eligibility participate in the work of this Coalition.

MHSA Planning Meetings Held:

DATE	TOPIC	# ATTENDING
January 7, 2005	General MHSA information	19
March 5, 2005	General MHSA Update	26
June 3, 2005	General adult services planning	35

Additional Community Planning Meetings Include:

DATE	TOPIC	# ATTENDING
May, 2005	Solano Community College	22
January, 2005	Older Adult Svcs Comm Partners	12
April, 2005	Children's Network	29
May, 2005	Serving Our Latinos (SOL)	8

Activities designed to increase diverse participation:

- Enhanced the Cultural Competence Unit by identifying three new Community Liaisons, one from each of the underserved ethnic populations. One senior staff clinician, one Local MH Board member, and one community leader were selected for this function. With their assistance, focus groups and information sessions were accomplished at small churches, fish markets, and community centers. Additionally, these leaders and others they engaged agreed to continue meeting together to assist HSS review the cultural competency pan and the MHSA plan for strength and relevance.
- Through collaboration with non-mental health community groups/agencies we were able to successfully recruit (4) new members of the Local MH Board and Steering Committee.
- Spanish language interpreters were hired for the community planning meetings, ensuring that monolingual residents were able to participate.

Communication among stakeholders was managed through three formal mechanisms:

E-MAIL Ongoing rosters of interested parties to who notices, draft documents and other information is emailed monthly. Rosters were kept in the following categories: Adult Services, (includes Older Adults); Children's Services (include TAY); Consumer Family Advocacy (includes both those who desire long term organized involvement and those who simply wan t updates and information); and Community Constituents, which are formal partnering agencies, contractors, and other interested community members.

PHONE 800-phone line by which all stakeholders were able to request hard-copy mailings or a return phone call from a planning committee member for a conversation regarding planning processes.

WEB UPDATES Solano County website link for MHSA planning posted events, draft documents, and other education al materials in both English and Spanish.

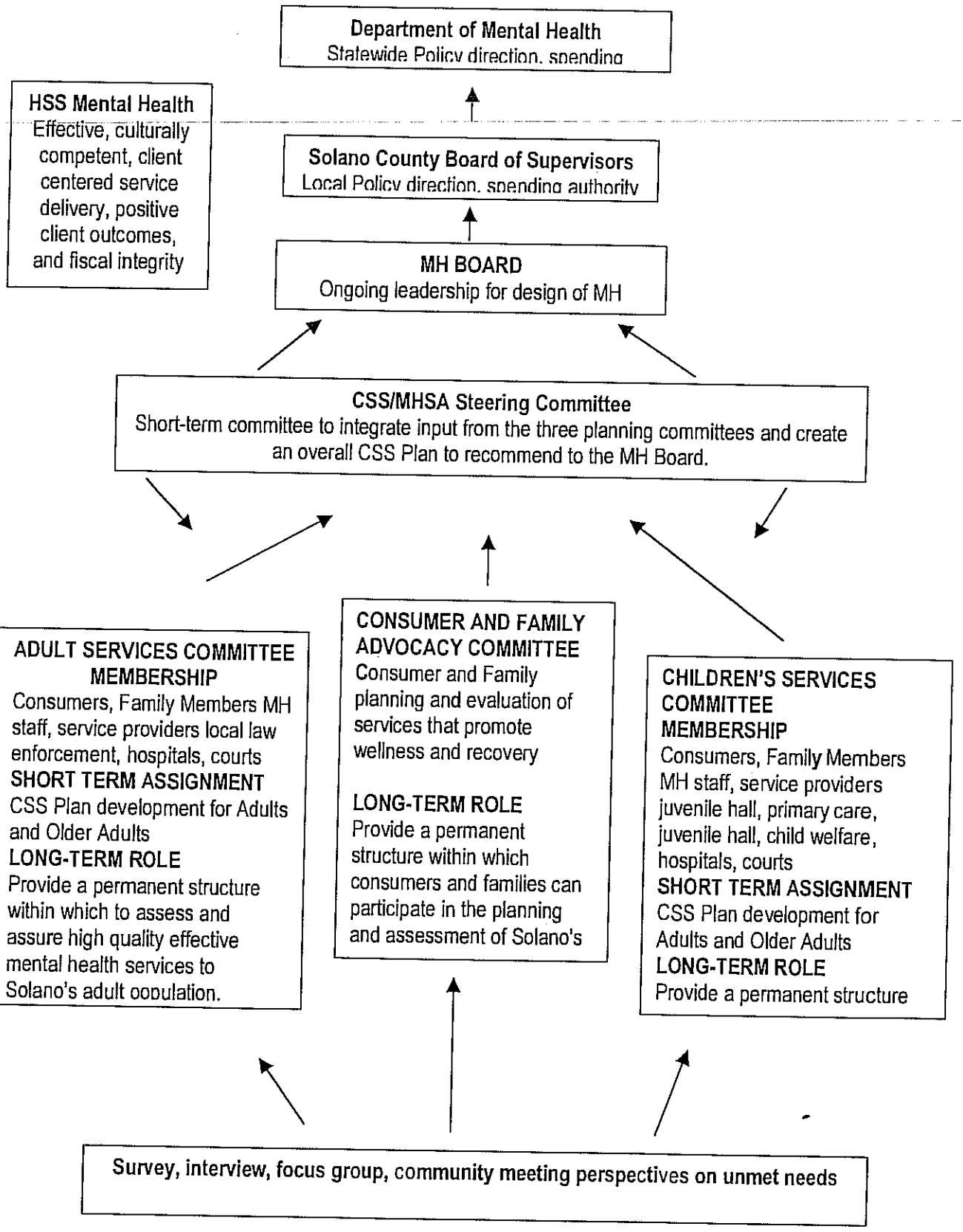
Four multidisciplinary committees were the core of the planning process. These committees are the Psych-emergency Committee; Adult System of Care Committee; Children's System of Care Committee; and the Consumer and Family Advocacy Committee. Within the Adult Committee, a Project Team specifically addressed needs and priorities for Older Adults and within the Children's System of Care Committee a project team focused on Transition Age Youth. These groups were the central depositories of needs assessment data.
In addition to these structures, a new group was convened for the express purpose of assisting in the submission of a community plan for MHSA community services and supports. This group, the ***MHSA Community Services Steering*** Committee, was comprised of the following members:

• Mental Health Board (2 seats) • Mental Health Director • HSS Labor Union reps (2 seats) • HSS Cultural Competence Coordinator • HSS Administrators Adult and Child Services • HSS staff Consumer Liaison • Consumer/Family Advocacy Committee (3) • NAMI • Consumer/Family members NOT from organized groups: (3) • Community Substance Abuse	• HSS Substance Abuse Administrator • SELPA Coordinator for Solano County • Faith Community leaders (2) • Hispanic Commission • NAACP • Children's Network • County Sheriff • HSS Deputy Director for Child Welfare • Director for the Department of Probation • Community Health Centers, La Clinica

This group was designed to achieve:
- Community vision for state of the art mental health services
- Insights and shared accountability from critical stakeholders
- Fiscal experience and acumen

Members were asked to make a commitment of (8) meetings over the (7) months April through September 2005. Their role was to take the priority needs and associated best practice recommendations from the three planning committees and constructs a balanced plan for presentation and discussion with the Mental Health Board. The Steering Committee met on the same day immediately prior to the Mental Health Board meetings so that the both groups were enriched by the other's membership and discussion.

The diagram below is intended to reflect the structure:


Department of Mental Health
Statewide Policy direction, spending
HSS Mental Health
Effective, culturally competent, client centered service delivery, positive client outcomes, and fiscal integrity
Solano County Board of Supervisors
Local Policy direction, spending authority
MH BOARD
Ongoing leadership for design of MH
CSS/MHSA Steering Committee
Short-term committee to integrate input from the three planning committees and create an overall CSS Plan to recommend to the MH Board.
ADULT SERVICES COMMITTEE MEMBERSHIP
Consumers, Family Members MH staff, service providers local law enforcement, hospitals, courts
SHORT TERM ASSIGNMENT
CSS Plan development for Adults and Older Adults
LONG-TERM ROLE
Provide a permanent structure within which to assess and assure high quality effective mental health services to Solano's adult population.
CONSUMER AND FAMILY ADVOCACY COMMITTEE
Consumer and Family planning and evaluation of services that promote wellness and recovery
LONG-TERM ROLE
Provide a permanent structure within which consumers and families can participate in the planning and assessment of Solano's
CHILDREN'S SERVICES COMMITTEE MEMBERSHIP
Consumers, Family Members MH staff, service providers juvenile hall, primary care, juvenile hall, child welfare, hospitals, courts
SHORT TERM ASSIGNMENT
CSS Plan development for Adults and Older Adults
LONG-TERM ROLE
Provide a permanent structure
Survey, interview, focus group, community meeting perspectives on unmet needs

3. **Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to-date:**

Overall responsibility for the planning process was assigned to

Solano County Health and Social Services Mental Health Director: Fred Heacock: 15% time

The organizational work of the planning process was assigned to

Solano County Health and Social Services Assistant Director: Research and Planning Division: Moira Sullivan; MPA: 15% time

The responsibility for ensuring participation of stakeholders from underserved or unserved populations of consumers and families was assigned to

Solano County Health and Social Services Consumer and Family Liaison Program Coordinator Odette Chenoweth: 50% time

The responsibility for ensuring participation of stakeholders who are ethnically diverse was assigned to

Solano County Health and Social Services Cultural Competency Coordinator Deborah Young, LCSW: 30% time

Consultant services were purchased for four discrete tasks:

a. *Assist with the facilitation of large community meetings;*
   Consultant: Pacific Health Consulting Group
b. *Convene and facilitate Steering Committee meetings*
   Consultant: Pacific Health Consulting Group
c. *Assist with the preparation of the CSS 3 year plan for Solano;*
   Consultant: Pacific Health Consulting Group
d. *Assist with surveys and focus groups to harder-to reach consumers and families.*
   Consultant: Mental Health Consumer Concerns and individual consumers and family members

HSS staff from Research and Planning and from the Mental Health Division facilitated all other aspects of the planning process.

Additional County staff and consultants who participated in Community Program Planning:

STAFF	FUNCTION	%TIME
J Rodney Kennedy, MFT, Acting Mental Health Director until April 2005	Leadership; Community and staff education and training; technical expert, finance; best-practice guidance	15%
Debbie Terry-Butler LMFT; Administrator Children's Services	Community and staff education and training; technical expert children's services; best-practice guidance	20%
Karen Post, Consumer Intern	Administrative support; Community and staff education and training	25%
Michael Kitzes, LMFT, Supervisor, Children's Services	Community and staff education and training; technical expert children's services; best-practice guidance	15%
Janet Flores, HSS staff, Family Advocate	Community and staff education and training	25%
Linda Watts; Deputy Director, Older and Disabled Adult Services	Community and staff education and training; technical expert older adult; best-practice guidance	15%
Christine Westdyk; Administrative Support	Administrative support for meeting planning, preparation, information tracking, web site postings	30%
Howard Freidman, Research and Planning	Data collection, analysis, and dissemination	15%
Marcia Jo, MPA Research and Planning	Logistical support, data collection; material preparation, meeting facilitation, community and staff education and training	50%

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

Solano County trained staff and stakeholders in order to ensure full participation in Community Program Planning.

Purpose: Develop a community of stakeholders with enough information to join a comprehensive and sustained process for transforming the Mental Health system in Solano County.

SCHEDULE OF TRAINING AND STAKEHOLDER PREPARATION

TOPICS:

1. Public Mental Health Mission and Mandate
2. Role of Consumers and Families
3. Why Systems of Care?
4. Striving for Wellness and Recovery
5. Importance of cultural competency
6. Current data regarding service utilization and unmet need
7. MHSA resources and mandate for change

Training Team:
All members of the team have extensive experience in Mental Health Services delivery, basic financing, community involvement, cultural competency, and consumer/ family advocacy.

1. **Fred Heacock,** Mental Health Director
2. **Rod Kennedy,** LMFT; Acting Mental Health Director/Adult Mental Health Administrator
3. **Debbie Terry,** LMFT; Children's Mental Health Administrator
4. **Deborah Young,** LCSW; HSS Cultural Competency Coordinator
5. **Michael Kitzes,** LMFT Supervising Mental Health Clinician
6. **Odette Chenoweth**, HSS staff consumer liaison
7. **Marcia Jo, MPA**, Research and Planning/Mental Health
8. **Janet Flores,** HSS staff Family Advocate

SCHEDULE OF STAKEHOLDER TRAINING AND EDUCATION, SURVEYS, FOCUS GROUPS, Target Dates met.

STAKEHOLDER GROUP	TRAINING / EDUCATION MONTH COMPLETED	DISCUSS AND PRIORITIZE UNMET NEEDS MONTH COMPLETED
HSS Structures and Staff		
HSS Executive Team	February	March
MH Board	February	June-July
County Board of Supervisors	February	July
MHSA/CSS Steering Committee	April/May	June-July
Adult Services Committee	February	February
Children's Services Committee	February	March
Consumer/Family Advisory	February	February
Consumer/Family Liaison	February	February
HSS Diversity Committee	March	March
Psych Emergency Committee	February	April
Older Adult Committee	February	February
Child Welfare staff	March	March
Substance Abuse Provider Network	March	May
Key Community Stakeholders		
Solano Coalition for Better Health	April	May
Children's Network	March	April
Mental Health Consumer Concerns	February	March
Latino Consumer/Family Group	March	April
Filipino Consumer/Family Group	March	April
Circle of Friends	February	February
Local law enforcement	February	March
Serve Our Latinos	April	May
General Community Constituents		
Community Meeting - Dixon	April/May	April/May
Community Meeting - Rio Vista	April/May	April/May
Community Meeting - Vacaville	April/May	April/May
Community Meeting -Vallejo/ Benicia	April/May	April/May
Community Meeting - Fairfield/ Suisun	April/May	April/May

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

Section II: Plan Review

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.

Solano posted a draft plan on the Solano County website on October 28, 2005. On this date, over 250 individuals were notified of the website posting including all consumer and family advocates, community constituents, participating stakeholders, Steering Committee members, Planning Committee members, and anyone else with an e-mail address who attended planning meetings, focus groups, or community forums anytime in the past 10 months. By November 5, 2005, hard copies of the entire draft plan were distributed to the local Mental Health Board, the Board of Supervisors, made available at the local libraries, and the neighborhood self-help centers, and provided to consumers who did not have access to electronic versions.

On October 29, 2005 an executive summary of the draft plan, including budget summaries for the three year period, was posted to the website and by November 5, 2005 hard copies in English and Spanish of this summary were available. Approximately 300 copies of this Summary document were distributed during the 30-day comment period.

Solano held listening sessions in each of our communities during the 30-day comment period as follows:

SCHEDULE OF PUBLIC COMMUNITY REVIEW

	Location	Date	Action
MHSA Steering Committee	Fairfield, CA	September 27, 2005	Review preliminary draft CSS Plan
Community of All Stakeholders	Countywide	October 28, 2005	Public posting of CSS Plan
Community Meeting	Vallejo, CA	October 31, 2005	Review / discuss CSS Plan
Community Meeting	Dixon, CA	November 1, 2005	Review / discuss CSS Plan
Community Meeting	Vacaville, CA	November 15, 2005	Review / discuss CSS Plan
Community Meeting	Rio Vista, CA	November 16, 2005	Review / discuss CSS Plan
Community Meeting	Fairfield, CA	November 21, 2005	Review / discuss CSS Plan
Community Meeting	Vallejo, CA	November 29, 2005	Review / discuss CSS Plan
Mental Health Board Public Hearing	Fairfield, CA	November 29, 2005	Public Hearing on CSS Plan
Community Meeting	Dixon, CA	December 1, 2005	Review / discuss CSS Plan
Community Meeting	Fairfield, CA	December 1, 2005	Review / discuss CSS Plan
Community Meeting	Vallejo, CA	December 1, 2005	Review / discuss CSS Plan

2. Provide documentation of the public hearing by the Mental Health Board

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services

Patrick O. Duterte, Director

Eligibility Services
Employment Services
Children's Services
Administrative Services

Frederick Heacock, Deputy Director
275 Beck Avenue, MS 5-250
Fairfield, CA 94533-0677

Mental Health Administration
Phone (707) 784-8330
FAX (707) 421-3207
FAX (707) 421-6619

FOR IMMEDIATE RELEASE:
Contact: Fred Heacock
Solano County Health and Social Services
(707) 784-8330

SOLANO COUNTY TO HOLD MENTAL HEALTH SERVICES ACT (PROP 63) PUBLIC HEARING

FAIRFIELD (November 21, 2005) – The Solano County Local Mental Health Board will be holding a public hearing Tuesday, November 29, 2005, to conclude the 30-day public comment period which began October 28, 2005. The Local Mental Health Board is charged with conducting this Public Hearing as a direct requirement of the Planning Process for the Three-Year-Plan for Community Services and Supports.

The planning process began in January of this year, has involved more than 70 focus groups, surveys conducted by family members and consumers, analysis of demographic data, and identification of un-served, under-served, and populations where ethnic disparity has not been identified. The planning process was required to address the needs of un-served populations that include children, transitional age youth, adults and older adults.

Fifty-one percent, or more, of all Community Services and Supports funding, as required by the Mental Health Services Act, must go to development of Full Service Partnerships (enrollment-based programs that serve a specific number of clients) by providing a full continuum of services through evidence-based programs. Approximately $3.2 million is available through the Mental Health Services Act for new mental health services designed to enhance and transform the local mental health system. These funds must support people who have a severe mental illness, are homeless, involved with the criminal justice system, have a history of multiple hospitalizations, and whose needs have not been met by the existing system

Additional funding, through the Mental Health Services Act, will not be available until next year and is designed to address development of innovative programs, prevention programs, staff development, capitol development, and information technology.

The hearing will take place at 675 Texas Street, at 6:00 – 8:00p.m, in the Hearing Room on the 1st floor. If you have any questions, please contact Fred Heacock, Solano County Mental Health Director, at (707) 784-8330 or feheacock@solanocounty.com.

3. Provide the summary and analysis of any substantive recommendations for revisions. If there are substantive changes to the plan circulated for public review, please describe those changes.

Recommended Revision	Changes to the Program and Expenditure Plan
More emphasis and sensitivity needed regarding family members as a stakeholder group different from consumers.	Family advocacy priorities, activities and emphasis added to Mobile Crisis, Children's Intensive Services and wellness/recovery programs
More emphasis needed that successful existing consumer-operated wellness/recovery services in different communities be re-shaped and enhanced to fit new service needs	No change in Program and Expenditure Plan; however, MH Director offers to work directly with existing consumer-operated service providers as well as other CBOs that wish to enhance their wellness/recovery service capacity.
Clarify new services planned for Rio Vista	Description of Wellness/Recovery programs clarified to provide detail regarding new services in Rio Vista.
Description of Forensic Assertive Community Treatment looks like current services, not new services	Description of FACT services clarified to show additional level of care (FSP) added to current service array.
Older Adult services not adequately funded given data on unmet need	No change in Program and Expenditure Plan; however, MH Director offers to immediately convene the Older Adult Planning Group to develop a 3-year plan for services to Older Adults and to present this plan to the LMHB.
Mobile Crisis Services doesn't appear to serve children	Description of Mobile Crisis clarified to ensure that comprehensive crisis services for children are described.
Mobile Crisis Services depends on a stronger infrastructure than HSS currently has.	Mobile Crisis timeline adjusted to reflect time needed to strengthen current infrastructure
Administrative support not adequate in many of the proposed new services	2.0 FTE Office assistants added; one for children's services and one for administration. Budget narrative revised to clarify that Wellness and Recovery contracted services includes 6.0 clerical positions as entry-level consumer position. All FSP services include administrative support

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

1. Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (*) next to these issues.

Issues from the Planning Process **Children and Youth**

Community Issues for Children and Youth	Especially Vulnerable Children and Youth
• Children are unable to be educated or socialized in a typical school environment; • *Children are in foster care, in residential treatment, or other out -of -home placement. • *Families are unable to care fro their children • Children are suffering from unnecessary hospitalizations • Repeat Juvenile Hall stays • *Multiple foster care placements • Children are returned home because they are too violent for foster care & residential placement can't be found. • *Children are repeatedly in Juvenile Hall.	• Child Welfare (especially children in foster care) • Probation kids • Residential treatment or hospitalized children • In Multiple Systems (i.e.: Regional Center, Mental Health, CWS, Probation) • Uninsured • Non-English speaking • Dually diagnosed with substance abuse and mental illness

Identified Needed Services and Strategies for Children

- Coordinated, onsite care with schools, Juvenile Hall, Probation
- Supported education
- Uninterrupted access to case management
- Respite
- Social and peer support, support groups
- Education about services, conditions, medications, child and adolescent development for family members, teachers, other caregivers
- Special efforts for unserved ethnic cultural groups
- Constant access to help (not just Crisis)
- A "cooling off or holding place" to get good assessment
- Medical detoxification
- Mobile Crisis that can do field assessments at schools, homes, etcetera
- More coordinated, integrated services with Child Welfare and Juvenile Justice agencies and providers
- Transportation support to bring families to treatment and support services
- Integrated treatment, for the child or family members, who may have problems with co-occurring disorders, in order to provide a safe & stable home environment for the child
- Expand basic services to all regions, in non-work hours
- Care plans developed by children and their family members that include plans for education, life skills, non-traditional therapy, meaningful activities and connections to others
- Sensitivity training and family and parent services at school with family and peer counselor- mandatory for all educators and school staff who work with this population

Issues from the Planning Process **Transition Age Youth**

Community Issues for TAY	Especially Vulnerable TAY
• *TAY are lost in the transition to adult services • TAY homeless	Youth in multiple systems; youth moving between systems; homeless, or near homeless transitioning youth, Transition-Age Youth who are:
• TAY drop-out of high school, or do not continue their education • *TAY transitioning from foster care without services and supports	• At risk of not being able to complete school/GED or vocational training • In the Criminal Justice system (JH or jail) • Foster care residential care or other out -of -home placement • Who are repeatedly violent

Identified Needed Services and Strategies for TAY

- Supported employment, vocational services, education
- Constant access to help (not just Crisis)
- Transportation to appointments
- Life skills
- Residential treatment
- Family preservation and support
- Case management for youth transitioning from juvenile hall, foster care
- Affordable housing/temporary housing/rooming houses and board and care
- Central place for information and referral website
- Supported Transportation
- Outreach
- Telephone line with a person answering
- Intensive community services and supports including intensive therapeutic interventions, supported vocational services, supported housing
- Information for families, group homes, teachers, other caregivers about services, conditions, medications, adolescent development
- Integrated substance abuse and mental health services
- Family support and respite
- Multi-purpose center for vocational, recreational and social support
- Safe, affordable housing
- Supported pre-vocational, vocational education and employment
- Independent living skills training

Issues from the Planning Process **Adults**

Community Issues for ADULTS	Especially Vulnerable ADULTS
• *Adults are repeatedly incarcerated • Adults are chronically homeless • Adults are repeatedly hospitalized • *Adults are unable to maintain housing and employment • Adults are unable to maintain family and social relationships • *Family members are unable to stay connected to their loved ones	Incarcerated, homeless, transient, families of adult consumers, those geographically distant from services hospitalized; clients who remain unstable in spite of multiple services; uninsured; non-English speaking Adults who have had • Multiple episodes in jail • Multiple episodes in IMD, or • Multiple episodes in hospitalization • Individual whose instability is a result of inadequate living situation, and lack of life skills training and/or for whom less intensive treatments have consistently failed to provide stabilization • Hispanic adults who may or may not be bi-lingual, who have been unserved or underserved and whose life functioning has been severely impaired by mental illness

Identified Needed Services and Strategies for ADULTS

- Outreach
- Constant access to help (telephone line with a person answering)
- Transportation
- Supported independent housing
- Peer support
- Counseling, to include family members
- Integrated services (dual diagnosis, primary care-based services)
- Life skills
- Family Support
- Education and training especially with law enforcement and physicians
- Information about services and conditions
- Respite
- Multidisciplinary mobile team to respond to crisis, coordinated with law enforcement
- "Cooling off or holding place" to get good assessment
- Need medical detoxification
- Linkage from Crisis to follow-up services especially to Substance Abuse
- Integrated services with Law Enforcement, Probation and Courts
- Supportive employment and other productive activities and personal growth opportunities
- Supported independent housing
- Intensive community services and supports including intensive therapeutic interventions, supported vocational services and supported housing
- Wellness and recovery center
- Mentoring

Issues from the Planning Process **Older Adults**

Community Issues for OLDER ADULTS	Especially Vulnerable OLDER ADULTS
• *Older Adults are isolated • Older Adults are homeless • Older Adults are unnecessarily hospitalized • *Older Adults are unable to maintain housing and employment • Older Adults are unable to maintain family and social relationships • *Family members are unable to stay connected to their loved ones	• Isolated • Undiagnosed • Poor, undocumented • Non-English speaking • Homeless

Identified Needed Services and Strategies for OLDER ADULTS

- Outreach
- Comprehensive assessment, including physical health
- Gerontological Psychiatrist
- Transportation to appointments
- Services in the home
- Gerontological Psychiatric Services
- Peer counseling
- Multi-disciplinary team to serve older adults
- Seamless approach to access
- MH services in SNFs
- Provide training to community physicians regarding mental health/dementia issues for people over 65 years old
- Educational and support services for families with older persons who have mental health and dementia issues
- Family/public awareness and early recognition training to increase overall community awareness
- A Mobile Crisis Response unit is needed with Crisis professionals, trained to differentiate between dementia and psychosis in the elderly for purpose of appropriate intervention, are needed
- Residential 30-day Crisis facility for people over 65 years old (Gerontological Psychiatric hospital)
- Comprehensive assessments
- Integrated service planning for complex health and social needs
- Support to families providing care
- Supported independent housing
- Wellness and Recovery orientation; client-driven service planning
- Supported employment, vocations, meaningful activities
- Targeted outreach to engage clients who may become isolated

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.**

Solano's stakeholders consistently emphasized that the Community Services and Support Plans give priority to residents who are unserved and underserved, and who, due to untreated or ineffectively treated mental illness or serious emotional disturbance, faced high risk for:

- Impeded normal development in children, adolescents and transitional age youth
- Deteriorating health and consequent loss of occupational and financial stability
- Loss of home
- Loss of independence and/or voluntary status
- Out-of-home placement
- Co-occurring disorders, including other illnesses and/or substance use
- Cultural, language, geographic, gender, age and other social barriers to access and appropriate services
- Multiple systems involvement, including child welfare, adult protective services, criminal justice, education with corresponding high cost to the person and family and the respective systems that are involved
- No other sufficient source of funding for services and supports
- Effective approaches or models of intervention can be successfully implemented

The service strategies and service designs were chosen to address more than one of these factors in each full-service partnership and service enhancement proposed for MHSA funding.

Solano's planning process involved the gathering of priority issues through a variety of means (meetings, summits, interviews, focus groups, surveys) and these priority issues were reviewed by the three primary planning groups: Adult Planning, Children's Planning and Consumer/Family Advisory. Each of the planning groups applied the following criteria, established by the Solano County CSS Steering Committee, to prioritize the issues and eventually, the strategies:

1. Issues affect significant numbers of residents targeted for services by the CSS Expenditure Plan as described above.
2. Issues highlight racial and ethnic disparities; responses equip persons of color with necessary skills and services.
3. Issues emerge and are a clear priority for consumers and family members.
4. Concrete outcomes are likely with effective interventions.
5. (For prioritizing strategies) Response to the issues may leverage other funds.

Each of the three planning groups held two special meetings for the purpose of prioritizing issues and strategies. Methods included facilitated discussion toward consensus and small group rankings. Top five priorities for each age group were put forward by each of the three committees to the Steering Committee, which then spent two three-hour meetings in small group and large group prioritization. The Steering Committee used the same criteria as noted above for its decision-making.

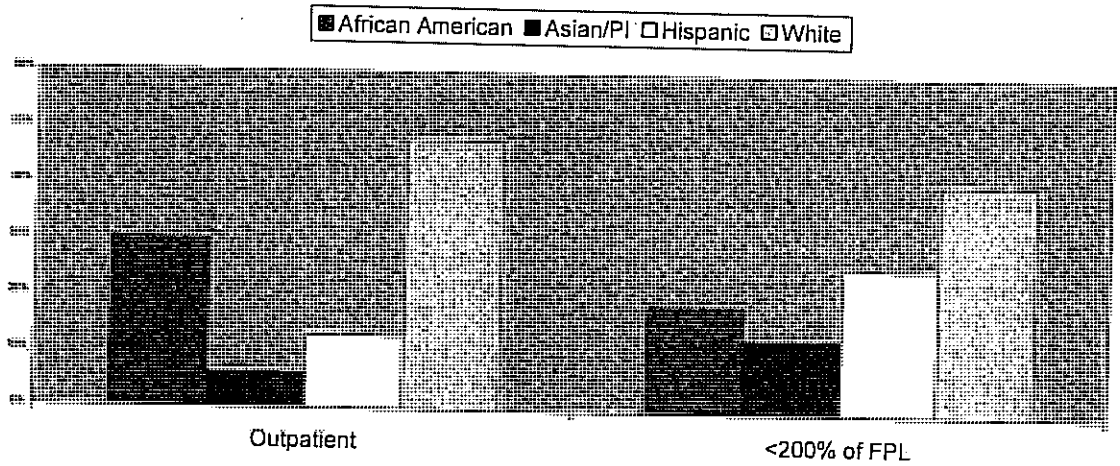
The Steering Committee then requested that HSS staff budget top recommendations so that prioritization could be done within the constraints of the CSS Planning estimate.

The final priority issues and strategies were achieved through a consensus in both the Workgroup and Steering Committee.

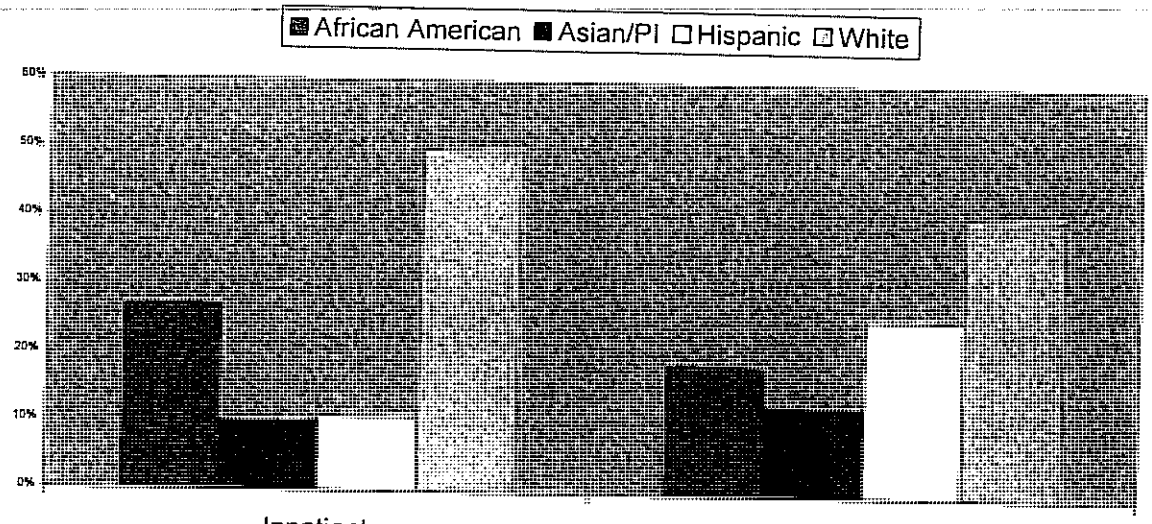
3. **Please describe the racial and ethnic and gender disparities with the selected community issues for each age group such as access disparities or disproportionate representation.**

The following Table shows proportions of clients in services by race and ethnicity. See also SECTION II for further discussion of racial and ethnic disparities in access and services, by age categories.

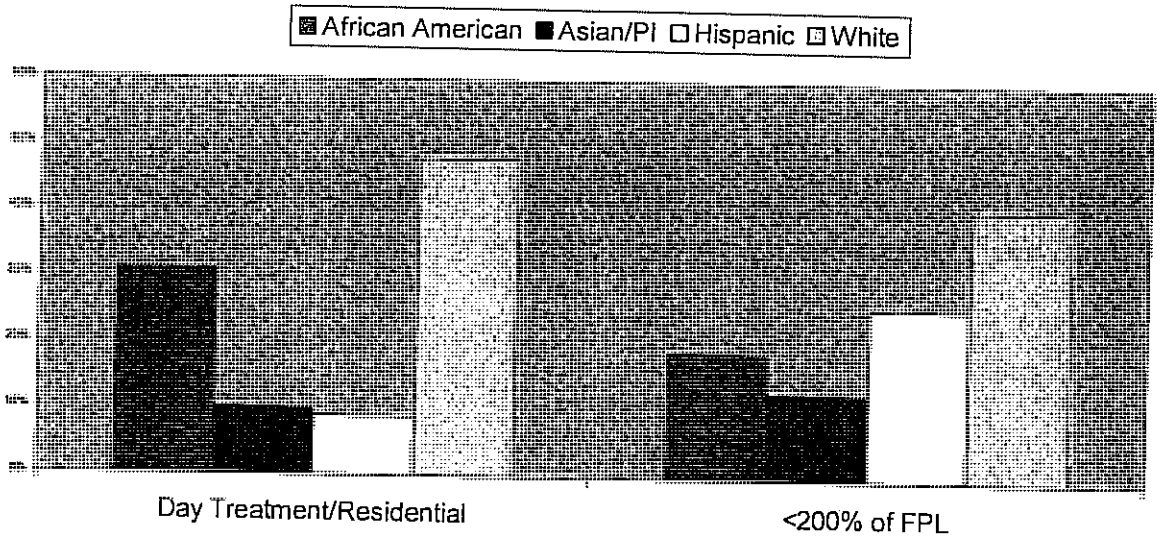
RACE/ETHNICITY
OUTPATIENT CLIENTS
VERSUS PROPORTIONAL REPRESENTATION IN TARGET POPULATION



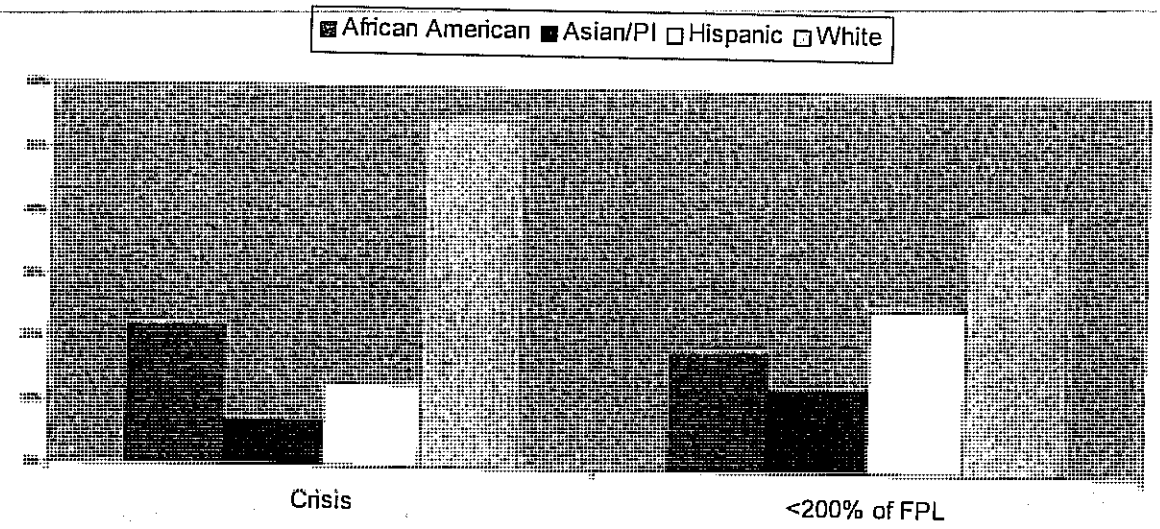
RACE/ETHNICITY
INPATIENT CLIENTS
VERSUS PROPORTIONAL REPRESENTATION IN TARGET POPULATION



RACE/ETHNICITY
OF **RESIDENTIAL DAY TREATMENT CLIENTS**
VERSUS PROPORTIONAL REPRESENTATION IN TARGET POPULATION



RACE/ETHNICITY
OF **CRISIS CLIENTS**
VERSUS PROPORTIONAL REPRESENTATION IN TARGET POPULATION



Summary Data by Race/Ethnicity

As the summaries below indicate, Caucasians and African Americans are over-represented in the mental health population in all service categories compared to their percentages in the <200% of Federal Poverty Level. These data do not take into account how prevalence of mental illness or impairment might be more likely to affect certain populations (such as foster children) but compares it with the low-income population.

African American Clients Served 03-04	Proportional Over-representation based on % in Target Population
Inpatient	7%
Outpatient	11%
Crisis	3%
Day Tx	12%

Caucasian Clients Served 03-04	Proportional Over-representation based on % in Target Population
Inpatient	9%
Outpatient	7%
Crisis	14%
Day Tx	7%

Proportionally, these two groups are over-represented at similar levels.

Hispanic Clients Served 03-04	Proportional Under-representation based on % in Target Population
Inpatient	15%
Outpatient	13%
Crisis	13%
Day Tx	15%

Asian Clients Served 03-04	Proportional Under-representation based on % in Target Population
Inpatient	3%
Outpatient	7%
Crisis	6%
Day Tx	3%

Hispanic residents are by far the most underrepresented group in mental health services. Asian residents (primarily Filipino) are also underrepresented but proportionally not as drastically

The communities demand to address this disparity were significant and consistent. In response, SCMH has committed to the following concrete actions for staff training:

Objective	Action
Conduct Cultural Competence training needs assessment for county, contract providers, and consumers	Use well-established tools to assess training needs for Cultural Competency for providers Other service providers need tools that are appropriate or can be modified to address needs of increasingly diverse populations
Conduct training on the use of DSM IV R-cultural formulation in assessment of racial/ethnic populations	Develop policies and procedures, with curriculum-specific requirements for training clinicians and case management staff Assure that all clinical staff receive training annually Monitor staff use of individualized treatment planning documents Conduct training in understanding the dynamics of race, culture, and ethnicity in mental health treatment
SCMH will provide training in ethno-psycho-pharmacological concepts and management for medical and relevant clinical staff	Collaborate with other counties to establish peer-to-peer physician training and provide for exposure to treatment with different ethnic, racial, linguistic groups Identify technical assistance through the Department of Mental Heath and CIMH

Additional Goals to Reduce Ethnic Disparities:

Develop and implement a workforce development program to ensure that SCMH staff and staff of community-based organizations, reflect the ethnic compositions of the population in any specific geographic area of Solano County.

Aggressively seek to identify ethnic disparities and develop strategies to reach unserved populations. Research and data analysis will be conducted in the future to identify patterns of disparity in access, modes of service provided and placement (on involuntary status) in order to change policies and practices to remedy disparities that are barriers to the client and family receiving timely, appropriate services. Age and

gender disparity is also indicated in aggregated utilization data and research and analysis will include age and gender. These data indicate that Solano County Mental Health has not yet developed an array of services that reflects the communities served (primarily Hispanic, Filipino and older adults). Caucasians and African Americans are over-represented in mental health populations while Hispanic and Filipino are under-served. Comparing these data with low-income populations, support the notion that Hispanics living in the northern part of the county (Vacaville, Dixon) have barriers because they may be undocumented farm workers.

Hispanic and Filipino families, largely due to stigma-related issues related to shame and cultural norms, indicate that these populations are less likely to seek mental health services when they are needed. Some form of community-based outreach, provided by individuals who are bi-lingual and bi-cultural (reflecting the population served) will be more effective in meeting the needs of these groups.

It is also important to note that, second and third generation immigrant children (of Asian and Hispanic parents and grandparents) often are in stressful situations. These include where Spanish or Tagalog is spoken at home by elders and children and transitional age youth have become proficient in English.

Though there is a significant Hispanic population in the South County (Vallejo, Benicia, and Fairfield), there is a large concentration of Hispanics living in the North County (Vacaville and Dixon) who are undocumented farm workers. Because of immigration issues and language barriers this population is less likely to seek mental health services and will require significant community-based outreach and bi-cultural and bi-lingual services to overcome these barriers. As part of the Mental Health Services Act analysis, several community-based forums were held in churches and community centers in North County.

Transportation routes to Dixon, Rio Vista, and Vacaville are limited. Individuals seeking services often do not have the ability or resources to make appointments in Fairfield or Vallejo. Vacaville does have children-based services that provide qualified staff that is bi-lingual and bi-cultural. But there are no adult-based services for this part of Solano County.

There is a concern that issues related to gentrification may push the low income Hispanic family out of the Vacaville-Dixon areas. The prices of homes continue to rise, largely due to a significant number of out-of-county people moving into the areas. This means particular attention needs to be given to the development of affordable housing for this population.

For the Hispanic population, the numbers of individuals who are on Medi-Cal does not reflect the actual Hispanic population. Knowing that there is a significant number of Hispanics who are low-income exacerbates the problem of this population being underserved.

It is also important to note that Solano County's Caucasian population utilizes Medi-Cal services at a higher rate than Asians or Hispanics. In fact, based on population, Filipinos and Hispanics underutilize Medi-Cal services. When analyzing utilization of services, we see that Hispanics and Filipinos tend to use higher-cost, acute-care services at a higher rate than they do community-based outpatient services. This indicates that these populations are not accessing services when needed.

CHILDREN and TAY
Solano looked at children in services by race and ethnicity as well as listened carefully to community partners describe their experiences with Juvenile Hall, Foster Care, and school-based services. The trend in Solano County, as depicted in the following charts and detailed further in PART TWO Section II, is that children who are Asian/Filipino or Hispanic are not proportionally represented compared to their numbers in the target population. African Americans are proportionally over-represented, as are Caucasians in Children's Mental Health Services as well as in juvenile Hall and in Foster Care.

ADULTS and OLDER ADULTS
Solano looked at adults in services by race and ethnicity as well as listened carefully to community partners describe their experience with incarcerated adults, frequently hospitalized adults, and homeless adults. The trend in Solano County, as depicted in the following charts and detailed further in PART TWO Section II, is that adults who are Asian/Filipino or Hispanic are not proportionally represented compared to their numbers in the target population. African Americans are proportionally over-represented in jails and Caucasians proportionally over-represented in hospitalizations. Hispanics are less often incarcerated and less often homeless.

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 our county 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

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

Following the identification of community issues, Solano County assessed the mental health needs of residents with the intent to recognize all those who would qualify for MHSA services. This analysis includes those who are currently served, currently underserved, and those who are unserved. Solano County Mental Health used the following data and data assumptions in providing for this analysis:

County demographics		
	Total Population	*< 200% of Poverty*
African American: 19% of low-income population		
0 to 17	17,232	8,898
18 to 24	6,432	2,491
25 to 54	25,765	5,931
55 +	7,940	2,249
TOTAL	57,368	19,570
Asian/Pacific Island: 13% of low-income population		
0 to 17	19,176	5,742
18 to 24	7,142	1,748
25 to 54	27,672	3,887
55 +	10,778	2,388
TOTAL	64,769	13,765
Hispanic: 26% of low-income population		
0 to 17	22,315	11,821
18 to 24	7,206	3,161
25 to 54	27,710	9,222
55 +	7,583	2,585
TOTAL	64,814	26,788
Native American: 1% of low-income population		
0 to 17	626	313
18 to 24	296	123
25 to 54	1,265	422
55 +	571	236
TOTAL	2,758	1,093
Non-Hispanic white: 41% of low-income population		
0 to 17	54,501	13,727
18 to 24	22,003	6,219
25 to 54	97,986	13,190
55 +	48,069	8,998
TOTAL	222,559	42,134
TOTAL	412,268	103,350

Solano's Cultural Competency Plan Update for 2005 contains extensive analysis of this data and summaries are provided here.

1. For Analysis of utilization trends, utilization patterns for both Medi-Cal and non Medi-Cal were analyzed by service type (Inpatient, Outpatient, Crisis, Day Treatment/Residential) and by ethnicity and age.

Services Utilization Data: INPATIENT CLIENTS FY 03-04

Age	Inpatient Clients		
	Medi-Cal	Non Medi-Cal	Total
0-17	39	0	39
18-24	30	56	86
25-54	160	176	336
55+	21	32	53
Total	250	264	514
Ethnicity			
	Medi-Cal	Non Medi-Cal	Total
White	97	130	227
Black	51	73	124
Hispanic	21	30	51
Asian/PI	16	27	43
Native American	2	1	3
Other/ Unknown	63	3	66
Total	187	264	514
Gender			
	Medi-Cal	Non Medi-Cal	Total
Female	106	127	233
Male	81	137	218
Unknown	63	0	63
Total	250	264	514
Language			
	Medi-Cal	Non Medi-Cal	Total
English	179	241	420
Spanish	4	10	14
Other	67	13	80
Total	250	264	514

Services Utilization Data: OUTPATIENT CLIENTS FY 03-04

Age	Outpatient Clients		
	Medi-Cal	Non Medi-Cal	Total
0-17	1,670	1,274	2,944
18-24	270	418	688
25-54	2,254	2,078	4,332
55+	340	394	734
Total	4,534	4,164	8,698

Ethnicity			
	Medi-Cal	Non Medi-Cal	Total
White	1,583	2,016	3,599
Black	1,029	1,203	2,232
Hispanic	414	547	961
Asian/PI	210	271	481
Native American	35	37	72
Other/ Unknown	1,263	90	1,353
Total	4,534	4,164	8,698

Gender			
	Medi-Cal	Non Medi-Cal	Total
Female	1,709	2,081	3,790
Male	1,635	2,082	3,717
Unknown	1,190	1	1,191
Total	4,534	4,164	8,698

Language			
	Medi-Cal	Non Medi-Cal	Total
English	3,147	3,895	7,042
Spanish	101	153	254
Other	1,286	116	1,402
Total	4,534	4,164	8,698

Services Utilization Data: CRISIS CLIENTS FY 03-04

Age	Crisis Clients		
	Medi-Cal	Non Medi-Cal	Total
0-17	80	153	233
18-24	98	187	285
25-54	320	595	915
55+	36	69	105
Total	534	1,004	1,538
Ethnicity			
	Medi-Cal	Non Medi-Cal	Total
White	275	575	850
Black	142	200	342
Hispanic	66	130	196
Asian/PI	38	71	109
Native American	6	10	16
Other/ Unknown	7	18	25
Total	534	1,004	1,538
Gender			
	Medi-Cal	Non Medi-Cal	Total
Female	331	526	857
Male	203	477	680
Unknown	0	1	1
Total	534	1,004	1,538
Language			
	Medi-Cal	Non Medi-Cal	Total
English	513	949	1,462
Spanish	13	34	47
Other	8	21	29
Total	534	1,004	1,538

Services Utilization: DAY TREATMENT/RESIDENTIAL CLIENTS FY 03-04			
Age	Day Treatment/ Residential Clients		
	Medi-Cal	Non Medi-Cal	Total
0-17	56	63	119
18-24	37	50	87
25-54	157	218	375
55+	21	28	49
Total	271	359	630
Ethnicity			
	Medi-Cal	Non Medi-Cal	Total
White	127	176	303
Black	90	106	196
Hispanic	22	33	55
Asian/PI	28	36	64
Native American	1	2	3
Other/ Unknown	3	6	9
Total	271	359	630
Gender			
	Medi-Cal	Non Medi-Cal	Total
Female	123	173	296
Male	148	186	334
Unknown	0	0	0
Total	271	359	630
Language			
	Medi-Cal	Non Medi-Cal	Total
English	265	347	612
Spanish	2	4	6
Other	4	8	12
Total	271	359	630

2. **Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/inappropriately served, by age group, race ethnicity, and gender. Also provide the total County and poverty population by age group and race ethnicity.**

For estimates of Under-served and Un-served Populations by Ethnicity and Gender

1. Target Population for Public Mental Health Services is assumed to be the <200% Poverty population of Solano County Mental Health.

2. Estimates of prevalence of mental illness are based on recommendations from the University of Texas Medical Branch and Survey & Analysis Branch, Center for Mental Health Services (CMHS), SAMSHA, Mental Health Needs Assessment Survey Project, http://psy.utmb.edu/.

3. **In Care** means those clients served by a Care Manager. Episodic, crisis, and inpatient client encounters are not included (this accounts for the difference in representation of total clients served noted in the prior section).

4. Clients **"In Care"** are assumed to be Fully Served except for systems development support. An example of this is as follows: there are currently 2,433 children "In Care" according to the definition above. We do not expect to enroll these clients into the children's Full Service Partnership, as Solano County targets un-served/under-served for that purpose. Some of the children counted in the "In Care" are in fster cre and have a history of multiple placements. Solano County's Systems Development project for children includes more immediate and focused interventions for SED children placed in foster care so that multiple placements can be avoided. In this way, additional services are provided to children who are actually counted as "Fully Served".

For each of the population groups below, there is a chart and a narrative summary of the un-served populations, especially focused on ethnic disparities. The analysis of under-served links directly to EXHIBIT 3 in which estimated numbers and characteristics of new clients to be served by MHSA programs are described.

Children and Youth
Ages 0-17
FY 03-04

	Total Pop.	Pop. < 200% of Poverty	Prevalence Total Pop.	Prevalence <200% of Poverty	In Care	Unserved or Underserved
Estimated Prevalence		-	6.1%	8.7%		
African American	17,232	8,898	1,258	777	708	68
Asian/PI	19,176	5,742	1,328	499	148	350
Hispanic	22,315	11,821	1,611	1,019	473	545
Native American	626	313	46	28	32	(5)
White	54,501	13,727	3,752	1,190	1,070	120
TOTAL	113,849	40,501	7,994	3,512	2,433	1,079
UNDER SERVED	Data by race and gender included in Cultural Competency Plan					280
UN-SERVED	Targeted for MHSA programs and services					799
Male	41%				62%	
Female	59%				38%	

UNDER-SERVED: These are prevalence estimates of children on inpatient status without adequate discharge supports, or experiencing a crisis visit with no subsequent case management services:

UN-SERVED: This is an estimated number of children having never received mental health services but that can be expected, by prevalence estimates, to be in need of services.

ETHNIC DISPARITIES: Major efforts need to be implemented to outreach to Asian/Pacific Islanders and Hispanic children. These two groups are seriously underrepresented in the "In Care" category.

GENDER DISPARITIES: Clients "In Care" are fairly representative of the genders in the general population for this group.

Transition Age Youth
Ages 18-24
FY 03-04

	Total Pop.	Pop. < 200% of Poverty	Prevalence Total Pop.	Prevalence <200% of Poverty	In Care	Unserved or Underserved
Estimated Prevalence			6.1%	8.7%		
African American	6,432	2,491	414	231	195	36
Asian/PI	7,142	1,748	458	153	47	106
Hispanic	7,206	3,161	482	280	86	194
Native American	296	123	18	11	4	7
White	22,003	6,219	1,451	594	271	323
TOTAL	43,079	13,742	2,823	1,269	603	666
UNDER SERVED	Data by race and gender included in Cultural Competency Plan					350
UN-SERVED	Targeted for MHSA programs and services					316
Male	41%				55%	
Female	59%				45%	

UNDER-SERVED: This is an estimate of transition age youth who are on inpatient status and without adequate discharge supports, or those experiencing a crisis visit with no subsequent case management services.

UN-SERVED: This is an estimated number of transition age youth having never received mental health services but that can be expected, by prevalence estimates, to be in need of services

ETHNIC DISPARITIES: All groups are underrepresented in this age group, except Native Americans, which is not valid as the numbers are so small. Hispanics are the most disproportionately un-served in this group.

GENDER DISPARITIES: Females are over-represented clients "In Care" compared to the general population for this group.

Adults
Ages 25-54
FY 03-04

	Total Pop.	Pop. < 200% of Poverty	Prevalence Total Pop.	Prevalence <200% of Poverty	In Care	Unserved or Underserved
Estimated Prevalence			6.1%	8.7%		
African American	25,765	5,931	1,373	534	716	(182)
Asian/PI	27,672	3,887	1,468	331	209	122
Hispanic	27,710	9,222	1,546	794	320	474
Native American	1,265	422	63	36	27	9
White	97,986	13,190	5,379	1,225	1,396	(171)
TOTAL	180,398	32,652	9,829	2,920	2,668	252
UNDER SERVED	Data by race and gender included in Cultural Competency Plan.					47
UN-SERVED	Targeted for MHSA programs and services					205
Male	41%				44%	
Female	59%				56%	

UNDER-SERVED: This is an estimate of adults on inpatient status with out adequate discharge supports, or those experiencing a crisis visit with no subsequent case management services. Solano County Mental Health has both an AB 2034 program as well as Assertive Community Treatment for those discharged from impatient status, so these numbers are smaller than in the other age groups

UN-SERVED: This is an estimated number of adults who have never received mental health services but who can be expected, by prevalence estimates, to be in need of services

ETHNIC DISPARITIES: African American and Whites are both over represented in the In Care category. Hispanics/Latinos are by far the most disproportionably un-served in this age group.

GENDER DISPARITIES: Females are over represented clients in care compared to the general population for this age group.

Older Adults
Ages 55+
FY 03-04

	Total Pop.	Pop. < 200% of Poverty	Prevalence Total Pop.	Prevalence <200% of Poverty	In Care	Unserved or Underserved
Estimated Prevalence			6.1%	8.7%		
African American	7,940	2,249	364	170	126	44
Asian/PI	10,778	2,388	492	169	41	128
Hispanic	7,583	2,585	367	185	41	144
Native American	571	236	24	17	3	14
White	48,069	8,998	2,282	706	306	400
TOTAL	74,941	16,456	3,529	1,247	517	730
UNDER SERVED	Data by race and gender included in Cultural Competency Plan					105
UN-SERVED	Targeted for MHSA programs and services					625
Male	41%				30%	
Female	59%				70%	

UNDER-SERVED: This is an estimate of older adults on inpatient status without adequate discharge supports, or those experiencing a crisis visit with no subsequent case management services. Solano County Mental Health has both an AB 2034 program as well as Assertive Community Treatment for those discharged from impatient status, so these numbers are smaller than in the other age groups.

UN-SERVED: This is an estimated number of older adults having never received mental health services but that can be expected, by prevalence estimates, to be in need of services.

ETHNIC DISPARITIES: All ethnic groups are underrepresented in "In Care" for this population.

GENDER DISPARITIES: Females are over-represented and males underrepresented "In Care" compared to the general population for this group.

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 prior chart.**

See specific discussions and analysis beneath the charts on pages 36-39.

DISPARITIES AMONG THE UNSERVED

Across all age groups, Hispanic and Filipino families appear to be less likely to seek needed services. This fact is the more distressing when compared with the data for higher-end services such as Crisis and Inpatient services, where the disparities are far less significant. This may be evidence that there is a critical need for earlier access to intervention, treatment and support.

DISPARITIES AMONG THE INAPPROPRIATELY SERVED

Across all age groups, Caucasians and African Americans appear to receive services in a larger proportion than expected. This may be evidence that English language services (and services in the geographic regions populated by these ethnic groups) have services that are appropriately assessable. This also may be evidence that clients are inappropriately served and continue to re-appear needing services year after year.

DISPARITIES AMONG THOSE IN CARE

Across all age groups, Caucasians and African Americans appear to receive services in a larger proportion than expected. This may be evidence that English language services (and services in the geographic regions populated by these ethnic groups) have services that are appropriately assessable. For Crisis and Adult Inpatient services, the disparities are less striking for these two populations. This may be evidence that there is a critical need for earlier access to intervention, treatment and support. The data could also be evidence that clients in these cultural groups leave services more frequently (becoming inappropriately served) because their needs are not being met.

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 in access and service delivery that will be addressed in this Plan.**

Objective One: By June 2006, data analysis of clients (including at least 100 client interviews) who exit care without an exit plan will be completed and these data will be used to develop new goals and objectives for the Cultural Competency Plan Update for 2006.

Objective Two: By August 2006, expanded services will be available in Rio Vista, Dixon, Vallejo, and Vacaville that are targeted to Hispanic and Filipino individuals and families.

Objective Three: By August 2006, Mental Health Clinicians will be providing assessments and intervention in at least four primary care sites services low income Hispanic and Filipino individuals.

Objective Four: By August 2006, five new Mental Health staff will be deployed to Vacaville and Dixon for the express purpose of outreach and intervention to high risk Spanish language children and families.

Section III: Identifying Initial Populations for Full Service Partnerships

1. **From your analysis of community issues and mental heath 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.**

The following program component descriptions are the results of the planning process and community-wide analysis of capacity, unmet needs and priority target populations for the initial three-year period of the MHSA Community Service and Supports implementation. Full service partnership capacity is being requested for children, transitional age youth, adults and older adults. System development capacity is being requested for wellness and recovery services (including housing and vocational coordination), foster children and their families, mobile crisis and administrative capacity to facilitate implementation. Stakeholder planning groups used the MHSA CSS target population categories to identify Solano's priorities.

Children and Youth

This category is children and youth 0-21 years of age with serious emotional disorders and their families who are not currently being served, homeless youth and youth at risk of homelessness and youth with multiple foster care placements.

Children and Youth: Priority populations and their situational characteristics

Full Service Partnership:

- Children who have been placed out of home or are at risk of placement out of their homes in residential, foster or institutional care
- Children who have experienced their first hospitalization
- Children who are exiting Juvenile Hall or other placement(s)
- Children with co-occurring disorders resulting in severe emotional disturbance due to substance use

System Development:

- Foster or institutional care or at imminent risk of placement
- Foster Children who have experienced their first hospitalization
- Foster Children who are exiting Juvenile Hall or other placement

Transition Age Youth

Transition age youth are defined as being between 16 and 25 years of age, who are currently unserved or underserved, who have serious emotional disorders and who are

homeless or at imminent risk of being homeless, at risk of hospitalization or institutionalization and youth who are aging out of the child and youth mental health, child welfare and/or juvenile justice systems.

Transitional Age Youth: Priority populations and their situational characteristics
Full Service Partnership:

- SED TAY at risk of homelessness and not completing education
- TAY in justice system (any arrest, placement, incarceration)
- Youth 16-25 years of age leaving home, foster care, placement, residential care and at risk for homelessness
- Dually diagnosed youth, including all co-occurring diagnoses

Adults

This includes adults with serious mental illness—including adults with a co-occurring substance abuse disorder and/or health conditions—who are not currently being served and are homeless and/or involved in the criminal justice system (including adults involved due to child protection issues), individuals who are so underserved that they are at imminent risk of homelessness, criminal justice involvement or institutionalization.

Adults: Priority populations and their situational characteristics
Full Service Partnership:

- Individuals with a diagnosis of a severe and persistent mental illness, who also may have co-morbid conditions (e.g., substance abuse/dependence, personality disorder, medical problems), homelessness or housing instability, are unemployed, who have some connection with the criminal justice system or will be at risk for involvement with criminal justice systems
- Individuals who are charged with non-violent misdemeanor offenses and have a severe and persistent mental illness will be given priority
- Severely and persistently mentally ill individuals who are incarcerated are at liberty to refuse medications in the Jail, have their Social Security benefits suspended after one month of incarceration, are generally unemployed upon release, and typically have problematic family relationships and significant interpersonal problems. This population tends to be "treatment noncompliant".

Older Adults

Older adults include those 60 years of age and older with serious mental illness—older adults with co-occurring disorders and a primary diagnosis of mental illness—who are not currently being served and have a reduction in personal or community functioning, are homeless, and/or at risk of institutionalization, nursing home care, hospitalization and emergency room services.

Older Adults: Priority populations and their situational characteristics
Full Service Partnership:

- Individuals who are 55 years old (includes transitional age adults 55-59 years old) with a mental illness and may have co-occurring disorders (e.g., physical health

and/or substance use disorders) and are at risk of deteriorating health and functioning abilities
- Loss of personal and financial independence
- Diminishing or absence of a support system
- Homeless or at risk for homelessness
- At risk of institutionalization, including in health facilities
- Reduction in personal or community functioning
- Limited or no access to health care
- Substance abuse or risk of dependency
- Residing in rural and isolated areas within the county
- Cultural and/or language barriers to accessing MH services
- Transition age adults who need older adult specialized services

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 a priority community issue through the planning process
- Prevalence and unmet need data indicate target population needs services
- Model interventions are supported by a variety of ethnic groups and will respond to equip diverse ethnic groups
- Key partners agree on model interventions that work and demonstrate willingness to immediately implement collaborative programs

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 due to ethnicity, age, gender, sexual orientation, or geography. Solano's community planning process was deliberate in addressing disparities across these categories. In addition, consumers involved in the planning process were unyielding in their insistence that services be designed and targeted to the Hispanic and Filipino communities and residents. All of the FSPs that Solano will implement will be fully bi-lingual and bi-cultural in Spanish language/Hispanic culture. Our performance outcomes, which will be monitored by the community partners, will collect relevant data by ethnic group and report both access, satisfaction and outcome measures by ethnicity and region.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

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.

All Solano's strategies are listed with this section.

Note: See Section VI in which Solano has completed Exhibit 4 (Program Work Plan Summary), for the strategies that will be used in each program.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section V: Assessing Capacity

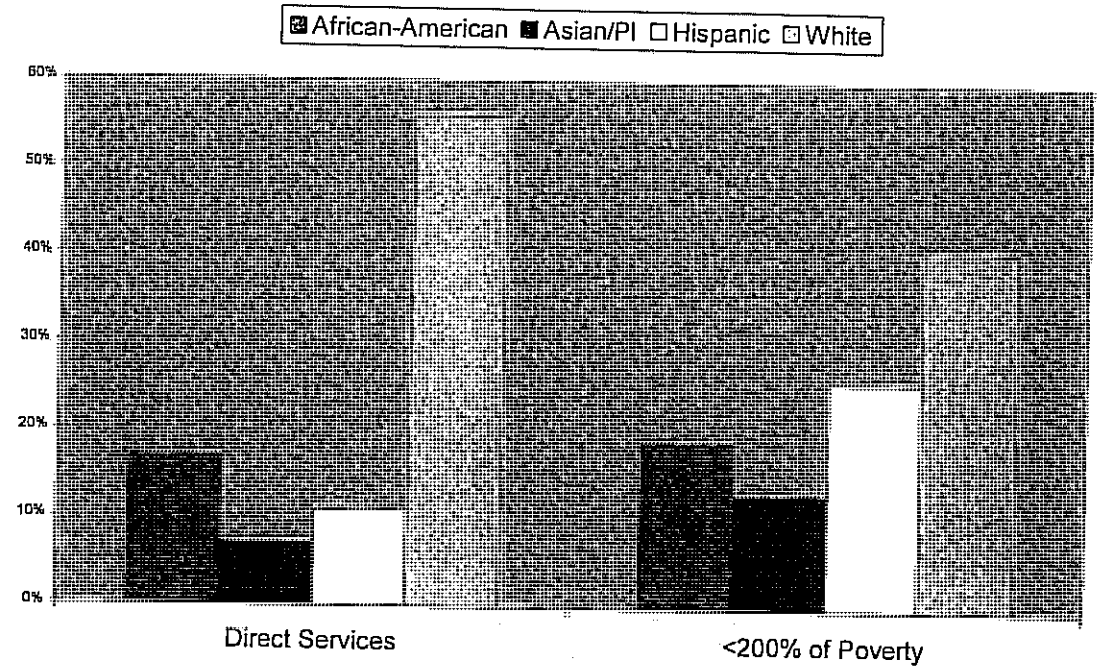
1. **Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.**

Solano County has recruited and maintained bi-lingual staff (Spanish) that are certified by Solano County Human Resources. The larger Health and Social Services Department, of which Solano County Mental Health is one Division, also has certified bi-lingual staff. This staff is part of a larger pool of interpreter services available as needed. Solano County Mental Health has certified bi-lingual staff at most clinics during regular business hours. The 24-hour Crisis Clinic has bi-lingual staff that speaks Spanish (threshold language).

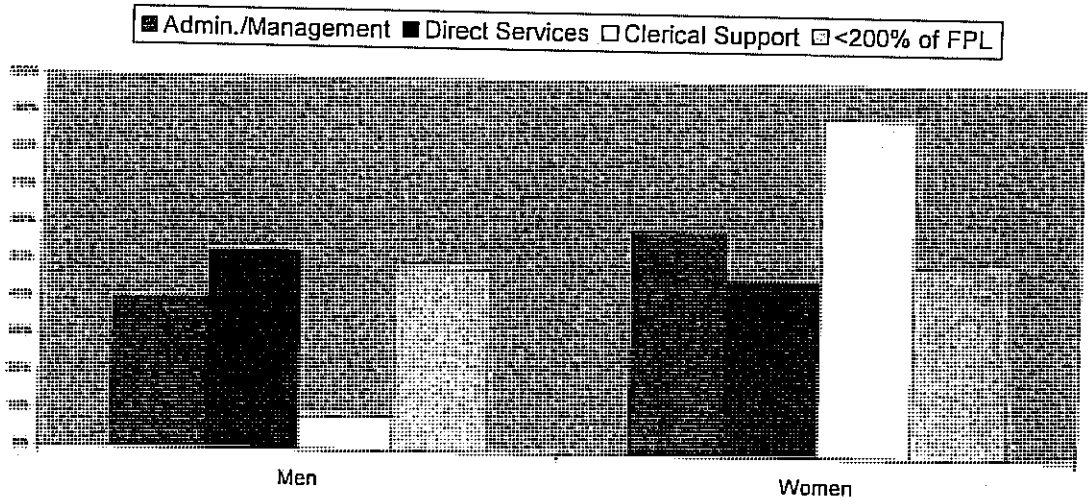
Solano County Mental Health also requires staff to inform consumers of their right to receive free language services. This information is posted in all clinics in English and Spanish. Staff must document all language preference when a consumer presents for services. Documentation protocols require that staff identifies when language services are needed. Bi-lingual employees are required to maintain a log of services provided in Spanish. Documentation is also required whenever the Telephone Language Line or Bay Area Translations (contractor) is utilized.

Currently Solano County Mental Health documents linguistic and cultural competence of staff and providers. Staff that has the qualifications for clinical and rehabilitation positions, that interprets or translates, must pass a language proficiency test administered by Human Resources. This also qualifies staff for a bi-lingual pay differential.

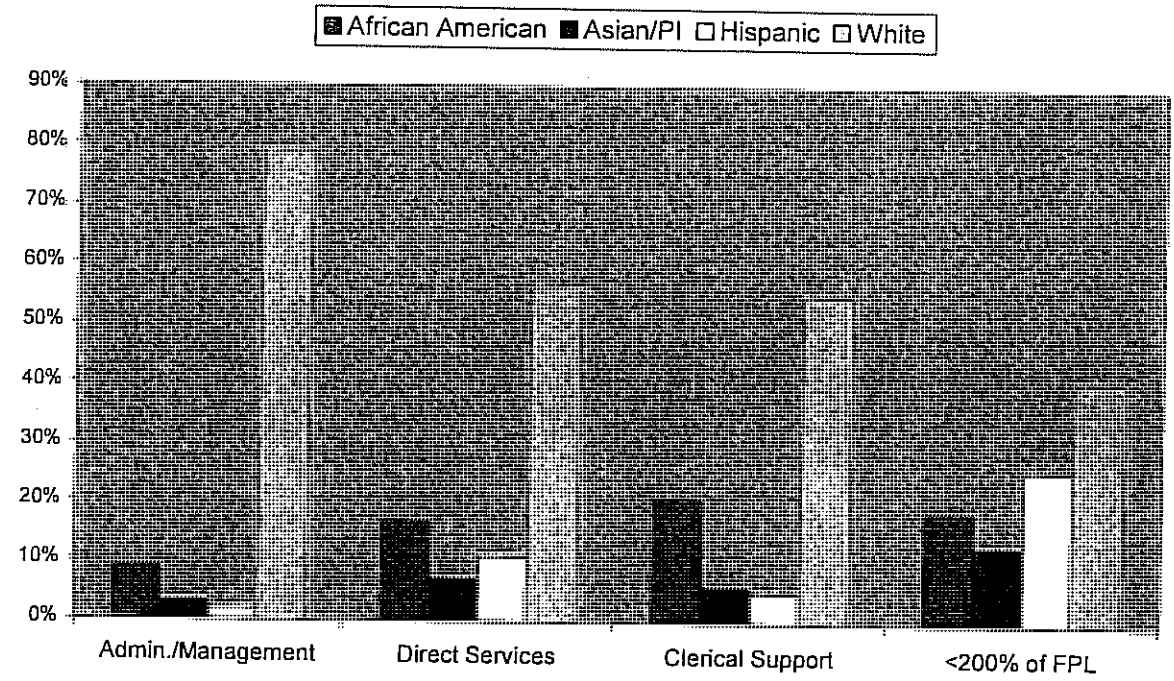
2. **Compare and include an assessment of the percentages of culturally, ethnically and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the county and the total population currently served in the county.**

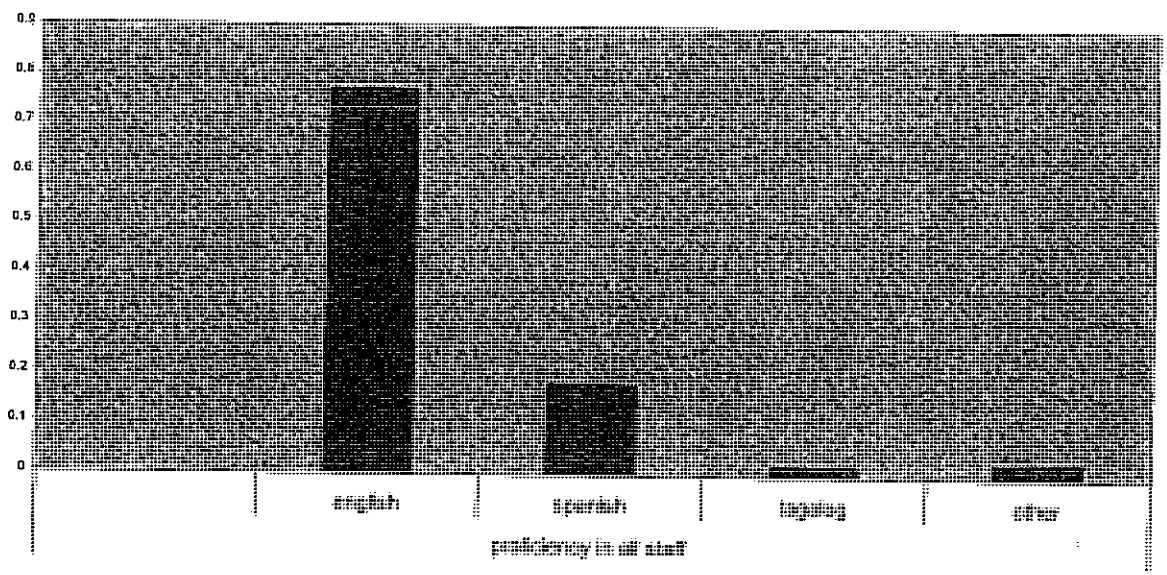


GENDER OF STAFF
VERSUS
PROPORTION IN THE TARGET POPULATION



RACE/ETHNICITY OF STAFF
VERSUS
PROPORTION IN THE TARGET POPULATION





Language Capabilities (Speak)
English and Spanish are represented in staff in the same percentages as the county's population.

Proficiency in Reading/Writing a Language:
The percentages of staff that can read/write English and Spanish are the same as those for speaking them.

Race/Ethnicity by Function
Whites are overrepresented in administration/management (79%) versus their representation in the county (49%). In direct services, Whites are overrepresented by 7% (56%) versus their county presence (49%). African Americans are properly represented but Hispanics are underrepresented (11% versus a 17% county presence). Interpreters are 100% Hispanic and Spanish speaking.

3. Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges.

The following table has separated the areas of the Solano County Mental Health Three Year Plan to provide a specific assessment of the barriers to implementation within each category.

System-Wide Barriers	Discussion
Recruitment and training of staff	This is probably the single greatest barrier to timely implementation, especially since adding 50 new positions in a relatively brief period of time is challenging. The public recruitment and approval process, following almost 4 years of budget cuts and hiring freezes means a major shift in thinking and in practice. County Human Resources must be supportive and understanding.
Timely approval of the Plan once it is submitted	The information required by the Guidelines is often duplicative and tedious. Without timely response from DMH it is believed revenues will be lost and the momentum to transform our system may lag.
Anticipated difficulty in being able to recruit and train bi-lingual (Spanish) and bi-cultural staff	Solano County Mental Health will not compromise its position with regard to hiring bi-lingual staff to serve the Hispanic population. This may mean implementation of workforce development activities and developing functional working relationships with colleges, universities and under-served communities.
Recruiting consumers and family members	Of the 50 positions to be developed, 22 of them will be filled by consumers or family members. Solano County Mental Health will work with Human Resources to develop job descriptions.

Making the paradigm shift from a medical model to a wellness and recovery model	This will require extensive training of all staff, providers, consumers and family members in many areas. This will take time. It is anticipated that it will take 18 months to 2 years to fully implement the proposed programs.
Insufficient Information System capability	Implementation of new programs requires the ability to track performance measures. Solano County Mental Health's existing system is due to be replaced within 2 years.

Barriers to implementation of the Forensic Assertive Community Treatment Team	**Discussion**
Recruiting qualified clinical staff that understands the legal system	This is a specialized area of mental health treatment that requires the ability to interface and work well with the Courts, Law Enforcement, Public Defender, District Attorney, Probation, and Alcohol and Drug Treatment services.
Lack of funding for Court-related services	Solano County Mental Health has identified a Judge who supports development of a Mental Health Court. Mental Health Court services will significantly increase the Courts' time that is devoted to (at a minimum) bi-weekly case reviews, which are directly related to the provision of services.
Timely development of Operations Manuals	No proposed program will be implemented without policies and procedures that describe the service, identify protocols for admission and referral, etc.
Housing opportunities	Housing for this population has always been difficult. With assistance from the Housing Coordinator, housing services will need to be developed.

Barriers to Implementation of Wellness and Recovery Programs	**Discussion**
A new paradigm that will require rethinking how all services are provided	Intensive training needs to include immersion in principles of recovery, individualized strengths-based treatment planning, developing vocational skills, principles and practices of assertive community treatment and more, to accomplish implementation of these programs
Recovery services in North County (Dixon & Vacaville) must be provided by bi-lingual (Spanish) and bi-cultural staff	This means development of a six-to-eight person team that is bi-lingual and bi-cultural. Ideally, the service will be provided by a Hispanic qualified organization.
Recruiting a large number of consumers and family members may provide obstacles not yet anticipated. No job descriptions exist.	Currently Solano County Mental Health is working with Human Resources to develop job descriptions.
Development of curricula for daily education groups	Detailed curricula will need to be reviewed and approved prior to any Wellness and Recovery program becoming operational. Solano County Mental Health anticipates a need to provide technical assistance in the development of these curricula.

Barriers to implementation of Mobile Crisis Services	Discussion
Insufficient funding	The goal is to develop fully staffed uninterrupted mobile crisis capability. Currently, funding has been identified, through the MHSA and by leveraging some Medi-Cal funds. Solano County Mental Health will continue the planning process designed to fully fund Mobile Crisis services.
Current staffing levels are not yet at baseline, due to 3 years of hiring freezes and the loss of several key staff in the last 6 months	Crisis services are mandated and provide a health and safety function. Ensuring that crisis intervention capability is at baseline will provide a good foundation for Mobile Crisis and assure individuals in crisis are assessed and triaged to the best level of care.
Timely development of Operations Manuals	No proposed program will be implemented without policies and procedures that describe the service, identify protocols for admission and referral etc.
Transportation and communication technology	It is anticipated that this service will need a vehicle, possibly a vehicle with a gated back seat, to facilitate safe transportation of clients and staff. This will also include laptops, mobile printers and cell phones.

Barriers to Implementation of a Children's Full Service Partnership	Discussion
Recruitment of children's clinicians and family advocates	This is an intensive service that will require staff that will be able to provide the full array of services.
Children's crisis services	This team will need to be trained in crisis interventions.
Transportation and communication technology	It is anticipated that this service will need a vehicle, possibly a vehicle with a gated back seat, to facilitate safe transportation of clients and staff. This will also include laptops, mobile printers and cell phones.

PART II: PROGRAM AND EXPENDITURE REQUIREMENTS

SECTION VI: Summary Information on Programs to be Developed or Expanded

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

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

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

Solano County's three-year expenditure plan includes four Full Service Partnerships, three Systems Development initiatives. We have designed outreach and engagement efforts into each funded strategy rather than design a separate initiative. The Table below provides detail:

Type of Funding	FY 05/06	FY 06/07	FY 07/08	Totals	%
Full Service Partnerships	$ 603,738	$ 1,498,290	$ 1,495,570	$ 3,597,598	59%
Systems Development	$ 280,228	$ 1,127,007	$ 1,127,007	$ 2,534,242	41%
Total	$ 883,966	$ 2,625,297	$ 2,622,577	$ 6,131,840	100%

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 Projects is as follows:

FY 2005/6	Total 70	# in FSP - 10
FY 2006/7	Total 1010	# in FSP - 80
FY 2007/8	Total 1010	# in FSP - 60

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

We have designed outreach and engagement efforts into each funded strategy rather than design a separate initiative.

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. Wrap-around programs must be consistent with program requirements found in W&I Code Sections 18250-18252. If wrap-around services already exist in a county, it is not necessary to expand these services. If wrap-around services are under development, the county must complete the implementation within the three-year period.**

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: Solano County Date: December 5, 2005

County Mental Health Director: Fred E. Heacock

Fred E. Heacock
Printed Name

Signature

Date: December 5, 2005

Mailing Address: 275 Beck Ave. MS 5-250
Fairfield, California 94533

Phone Number: (707) 784-8330 Fax: (707) 421-6619

E-mail: feheacock@solanocounty.com

Contact Person: Paula Gee

Phone: (707) 784-8336

Fax: (707) 421-6619

E-mail: pmgee@solanocounty.com

EXHIBIT 2 – COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: Solano
Fiscal Year: FY 05-06
(Please complete one per fiscal year)

	Program # / Work Plan Name	TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth & Families	Transition Age Youth	Adult	Older Adult
1	Children's Intensive Services	$ 114,671	$ -	$ -	$ 114,671	$ 114,671	$ 114,671	$ -	$ -
2	Foster Family& Bi-Lingual Sprt	-	65,223	-	65,223	65,232	65,232	-	-
3	Transition Age Youth FSP	101,588	-	-	101,588	-	101,588	-	-
4	Forensic Intensive Services	321,905	-	-	321,905	-	321,905	321,905	321,905
5	Older Adult FSP	65,574	-	-	65,574	-	-	65,574	65,574
6	Mobile Crisis	-	79,024	-	79,024	79,024	79,024	79,024	79,024
7	Wellness & Recovery Programs	-	135,981	-	135,981	135,981	135,981	135,981	135,981
	Total Funds Requested:	$ 603,738	$ 280,228	$ -	$ 883,966	$ 394,908	$ 818,401	$ 602,484	$ 602,484

EXHIBIT 2 – COMMUNITY SERVICES AND SUPPORTS - PROGRAM WORK PLAN LISTING

County: Solano
Fiscal Year: FY 06-07
(Please complete one per fiscal year)

		TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
Program #	Work Plan Name	Full Service Partnership	System Development	Outreach & Engagement	Total Request	Children, Youth & Families	Transition Age Youth	Adult	Older Adult
1	Children's Intensive Services	$ 464,020	$ -	$ -	$ 464,020	$ 464,020	$ 464,020	$ -	$ -
2	Foster Family & Bi-Lingual Sprt	-	121,370	-	121,370	121,370	121,370	-	-
3	Transition Age Youth FSP	347,694	-	-	347,694	-	347,469	-	-
4	Forensic Intensive Services	522,632	-	-	522,632	-	522,632	522,632	522,632
5	Older Adult FSP	163,944	-	-	163,944	-	-	163,944	163,944
6	Mobile Crisis	-	539,092	-	539,092	539,092	539,092	539,092	539,092
7	Wellness & Recovery Programs	-	466,545	-	466,545	466,545	466,545	466,545	466,545
	Total Funds Requested:	$ 1,498,290	$ 1,127,007	$ -	$ 2,625,297	$ 1,591,027	$ 2,461,128	$1,692,213	$1,692,213

EXHIBIT 2 – COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: Solano
Fiscal Year: FY 07-08
(Please complete one per fiscal year)

	Program / Work Plan Name	TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth & Families	Transition Age Youth	Adult	Older Adult
1	Children's Intensive Services	$ 464,020	$ -	$ -	$ 464,020	$ 464,020	$ 464,020	$ -	$ -
2	Foster Family & Bi-Lingual Sprt	-	121,370	-	121,370	121,370	121,370	-	-
3	Transition Age Youth FSP	348,724	-	-	348,724	-	347,468	-	-
4	Forensic Intensive Services	522,632	-	-	522,632	-	522,632	522,632	522,632
5	Older Adult FSP	160,194	-	-	160,194	-	-	160,194	160,194
6	Mobile Crisis	-	539,092	-	539,092	539,092	539,092	539,092	539,092
7	Wellness & Recovery Prgms	-	466,545	-	466,545	466,545	466,545	466,545	466,545
	Total Funds Requested:	$ 1,495,570	$ 1,127,007	$ -	$ 2,622,577	$ 1,591,027	$ 2,461,127	$ 1,688,463	$ 1,688,463

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:

FY 2005-06: Children and Youth: 8 Transition Age Youth: 0 Adult: 5 Older Adult: 15 TOTAL: 28

FY 2006-07: Children and Youth: 30 Transition Age Youth: 75 Adult: 60 Older Adult: 25 TOTAL: 230

FY 2007-08: Children and Youth: 30 Transition Age Youth: 75 Adult: 60 Older Adult: 75 TOTAL: 230

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%TOTAL
2005/06									
% African Amer.	0	0	0	0	10%	0	15%	0	25%
% Asian PI	0	0	0	0	3%	0	3%	0	6%
% Hispanic	3%	(2%)	3%	(2%)	6%	(5%)	8%	(5%)	20%
%Native Amer.	0	0	0	0	1%	0	1%	0	2%
% Caucasian	2%	0	2%	0	15%	0	25%	0	44%
% Other		0		0		0	3%	0	3%
Total Population	5%	(2%)	5%	(2%)	35%	(5%)	55%	(5%)	100%
2006/07									
% African Amer.	0	0	0	0	10%	0	15%	0	25%
% Asian PI	0	0	0	0	3%	0	3%	0	6%
% Hispanic	3%	(2%)	3%	(2%)	6%	(5%)	8%	(5%)	20%
% Native Amer.	0	0	0	0	1%	0	1%	0	2%
% Caucasian	2%	0	2%	0	15%	0	25%	0	44%
% Other		0		0		0	3%	0	3%
Total Population	5%	(2%)	5%	(2%)	35%	(5%)	55%	(5%)	100%
2007/08									
% African Amer.	0	0	0	0	10%	0	12%	0	22%
% Asian PI	1%	(1%)	1%	(1%)	6%	(1%)	6%	(1%)	14%
% Hispanic	6%	(4%)	7%	(4%)	10%	(4%)	12%	(4%)	35%
% Native Amer.	0	0	0	0	2%	0	2%	0	4%
% Caucasian	0	0	0	0	10%	0	11%	0	21%
% Other	0	0	0	0	2%	0	2%	0	4%
Total Population	7%	(5%)	8%	(5%)	40%	(5%)	45%	(5%)	100%

CHILDREN'S SERVICES AND SUPPORTS: PROGRAM # 1
Children's FULL SERVICE PARTNERSHIP (FSP)

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: Solano	Program Work Plan Name: MULTI-DISCIPLINARY TEAM INTENSIVE SERVICES
Program Work Plan #: 1	Estimated Start Date: July 2006
Description of program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The impetus of this program is to address and mitigate the adverse consequences of children being placed out of their homes in Juvenile Hall, Foster Care, or residential treatment due to an untreated mental illness and/or the absence of adequately intensive family services and supports (including cultural, language or geographic barriers to access or appropriate service). We believe that, with adequate treatment and support that is culturally competent, many children and families can remain together, creating a stable and hopeful living environment. The services provided would include safe and adequate housing, social and community activities, appropriate educational services, tailored strengths-based treatment plans, specialized assessment and easy access to medical care, substance abuse treatment, and mental health care when needed.
Priority Population: *Describe the situational characteristics of the priority population*	The target population - described below - has been identified as a priority by the community planning activities that included stakeholders meetings, family and client meetings and focus groups: • Children who have been placed out of home or are at risk of placement out of their homes in residential, foster or institutional care. • Children who have experienced their first hospitalization. • Children who are exiting Juvenile Hall or other placement(s). • Children with co-occurring disorders resulting in severe emotional disturbance due to substance use.

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
Wrap-around programs with respite component.	X			X			
Substance abuse services for co-occurring disorders.	X			X			
Programs and education for family members and other service providers.	X	X		X	X		
Crisis services.	X	X		X	X		
In-home, in-community, school-based service and support provision.	X			X			
Safe affordable housing.	X			X			

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

PROPOSED NEW SERVICES #1

Children's Intensive Services: Program Details

The proposed FSP will be a children's multi-disciplinary treatment team (Children's MDT) that works with the family to develop a strength-based and family centered plan for wellness, recovery and resilience. A personal services coordinator (PSC) will be assigned to support the family and, in partnership with the child and his/her family, take responsibility for ensuring achievement of treatment plan goals. This responsibility extends to those parts of the treatment plan that cross programs or systems' jurisdictional lines. Many needed services will be provided at school, in the community and in the child's home. With the family's authorization, the family's community supports will be involved in service planning and provision.

The Children's MDT will provide an opportunity for children and families to participate in a multi-level system of care that allows for the highest-need families to have access to a full array of rehabilitation and treatment services. As the family's situation stabilizes, services will become less intensive, and when possible, integrated into the family and community support system. All services will be multi-leveled to ensure that the child and family receive the full level of necessary care, that is tailored to address their needs and that support their strengths to foster the child's health and development. The family's community supports will be an integral dimension of the service plan and key to service provision. Services include:

1. Timely assessment and triage to engage the child and family with an appropriate mode and level of service
2. Individual treatment plan that is culturally appropriate, comprehensive and is designed with family members, tailored to meet the specific needs of the child and family
3. Intensive case management that includes the assignment of a personal Case Manager who is available to the family continuously for issues that involve school, home, housing, healthcare, law enforcement and others.
4. Conduct all service planning in the child's language and the language spoken in the child's home
5. Link the family to public benefits and resources to which it is entitled
6. Coordinate service needs across agencies
7. Ensure that treatment goals and activities embody principles and practices of wellness, recovery, resilience, and hope
8. Ensure that treatment goals and activities achieve outcomes that promote the health and development of the child while promoting and drawing from the strengths and assets of the family and its community
9. Link the family with the Wellness and Recovery Program
10. Mandatory parent training to teach the parents of an SED child how to care for, teach responsibility to and discipline this very unique population. These skills will better ensure that parents have the tools to maintain their child at home and/or to ensure that families have the appropriate skills needed for reunification. An example

of such training is the Educate, Equip & Support (EES) training. This 12-week course is presented to parents of SED children by the parents of SED children making the learning experience a very real one for those who attend.

What outreach is needed to enroll these individuals?
Outreach is planned using four new methods:

- Widespread specialized assessment at all school sites
- Widespread specialized assessment at Juvenile Hall
- Widespread specialized assessment within Child Welfare Services
- Consistent on-going linkage and discharge with acute care facilities

Additionally, outreach will be done through Primary Care sites in Dixon, Rio Vista, Vacaville, and Vallejo with the goal of identifying children who are at risk of institutionalization or out-of-home placement due to untreated mental illness. Staff will provide screening, assessment and collaboration with primary care sites and providers. The focus is to conduct timely and efficient identification of the client's mental health services needs.

How does the program help advance the goals of the MHSA?
The impetus of this program is to address and mitigate the adverse consequences of children being placed out of their homes in Juvenile Hall, Foster Care, or residential treatment due to an untreated mental illness and/or the absence of adequate intensive family services and supports. We believe that, with adequate support, many children and families can remain together creating a stable and hopeful living environment. The services provided would include, safe and adequate housing, social and community activities, appropriate educational services, tailored strengths-based treatment plans, specialized assessment, easy access to medical care, substance abuse treatment, and mental health care when needed. Mandatory parent training to teach the parents of an SED child how to care for, teach responsibility to and discipline this very unique population. These skills will better ensure that parents have the tools to maintain their child at home and/or to ensure that families have the appropriate skills needed for reunification. An example of such training is the Educate, Equip & Support (EES) training. This 12-week course is presented to parents of SED children by the parents of SED children making the learning experience a very real one for those who attend.

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

Housing
Clients will be assessed for housing needs by the Children's MDT and the Housing Coordinator and will work closely with the client and family to ensure procurement of safe housing. Section 8 supported housing, vouchers or subsidies will be options offered and explored. Flex funding will also be available to assist those families with immediate housing and other life-domain needs. Solano has already developed significant resources to secure appropriate housing through AB2034 projects as well as the Master Lease project. New resources will be explored and developed to ensure access to affordable housing for Children's MDT client families. Supportive housing

services will be an element of the comprehensive service plan and provided by the Children's MDT or partner agency provider.

Employment

The Children's MDT (Full Service Partnership) will facilitate age-appropriate employment opportunities for clients. This component will include but not be limited to building job seeking skills, collaboration and linking with local Regional Occupational Programs, Workability Programs, Independent Living Skills Programs, and the Department of Vocational Rehabilitation. For children who are close to transitioning to Transition Age Youth (TAY) services, emphasis will be placed on coordinating with TAY vocational service development. Employment strategies will complement the child's education and will be closely coordinated with schools.

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

Annualized cost per family is **$33,945.**

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

For many years, Solano County's service delivery for children and families has embraced the core values and principles of California's Comprehensive Children's System of Care. There are strong inter-relatedness and correlation between these guidelines and the Wellness, Recovery, and Resiliency principles. Historically, the specific concepts of wellness, recovery, resiliency, and hope have been identified with our Adult System of Care. The Children's MDT (Full Service Partnership Program) now clearly defines these concepts as an integral part of our total mental health system. To further ensure that these principles are put into practice, children, youth, and family members will be encouraged to attend a focus group, and/or complete a survey that addresses the following: To what degree do you believe:

- Your recovery and your setbacks, if any, were incorporated as valued learning experiences?
- Services you received were appropriate to your family's beliefs and were provided in the language spoken in your home?
- Your interpersonal and family relationships were supported and encouraged and family members consistently felt welcome and involved?
- You always felt safe emotionally and physically when receiving services?
- You have all the contact you need with your personal services coordinator?
- You were treated as a unique individual, and were your preferences for services respected?
- You were provided resources to meet educational or vocational objectives?

Results will be reviewed by CSOC Council, the IACMT, presented to the Local Mental Health Board and the SCMH Management Team annually for determination of necessary improvements.

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

Current Services for Children, Youth and Transition Age Youth

Solano County currently operates and staffs a Children's System of Care (CSOC) that includes Outpatient Services, Intensive Case Management Services, Family Preservation services, school-based services, onsite Juvenile Hall services (at the Juvenile Hall), youth-to-adult transitional age services, discharge planning, and placement services. The current program is notable for the multiple points of entry for children and their families. Points of entry and assessment include schools, Probation, Juvenile Hall, Child Welfare Services, Crisis Services, acute-care hospitals, and private providers such as Kaiser Permanente. Either on site, or by arrangement with SCMH clinic staff in Vacaville, Fairfield and Vallejo, a child is assessed for individual treatment needs. Following the comprehensive assessment, a child is assigned to an appropriate level of care:

Level One Services (basic outpatient services, brief therapy, and family support):

Target Population: Children who are Severely Emotionally Disturbed and their families who are fairly stable living in the community, are able to participate in treatment planning and follow-up, are engaged in their wellness and recovery treatment, and responsibly and effectively use community supports. Services Offered: Services include, but are not limited to, on-site school-based services, individual and family therapy, group therapy, medication evaluation and management, and parent and family education support.

Level Two (intensive case management services):

Target population: Children with severe emotional disorders, and their families, who need more intensive services due to less stable living environments, lack of appropriate community supports, who experience adverse socio-economic situations, and who have a high acuity psychological profile. Services offered: Services include, but are not limited to, family therapy, medication evaluation and support, parent and family education and support, intensive therapeutic treatment schedules, school-based services, therapeutic behavioral services; respite care for family members, and adjunctive in-home support services.

Level Three (placement services that may include foster care, general hospitalization, psychiatric hospitalization or residential treatment):

Target population: Children with severe emotional disorders, and their families, when out-of-home placements are necessary for the child's health, safety and developmental needs. Services offered: Services include case monitoring, case management, family support, OP services at the facility or in the area and medication support.

The Children's Multi Disciplinary Treatment team is fully integrated into, and with, the on-going regular operations of Solano County Children's Mental Health Services. The enrollment process allows for proper placement of the target population, not all of whom

will need the intensive services provided by the Children's Multi Disciplinary Treatment team. The ability to provide services to/for children and families must be fully integrated into the system to promote wellness and recovery, and positive experiences and outcomes for children and their families. Additionally, clients served by the Children's Multi Disciplinary Treatment team, who achieve a certain level of stability, will be transferred to the appropriate level of care in the Children's Mental Health System Of Care. This facilitates getting children to the best possible levels of care, when they need that care. At the same time, should more intensive levels of support be needed, children may seamlessly be transitioned back into the Children's Multi Disciplinary Treatment team, especially if there are signs of de-stabilization.

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

Clients and families are integral contributors to the development of their services and support plans. All service plans will be individualized and strength-based. Family members will be hired to work as full time partners on the treatment team. Family members will also be hired to provide family support and respite services.

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

Three interagency groups will be required to ensure that services are provided that result in positive outcomes for children and their families: one, called Stakeholder Service Planning Team (SSPT), is comprised of the multitude of adults and agencies working together on behalf of the child/family. Another group, The Inter-Agency Case Management Team (IACMT) is focused on developing and implementing a treatment plan across multiple agencies and possible jurisdictions. Finally, The Children's System of Care Council (CSOC Council) ensures that agency policies and practices reflect to the greatest extent possible, the shared value of assisting children with mental illness and their families to live with stability and wellness in the community. These groups are discussed in more detail below:

A Stakeholder Service Planning Team (SSPT) will be formed for the specific needs of each family to develop comprehensive, tailored service plans. A SSPT will include the Psychiatrist, Personal Services Coordinators, members of the Children's MDT, relevant caregiver schools and/or Special Education Local Plan Area (SELPA), Probation, Child Welfare and family members, and CBOs or other staff as may be indicated by the specific needs of each child and the family's selected person(s) from its support system. Their task will be the development of a comprehensive service/treatment plan tailored to the child and family. All service planning is conducted in the language of the child and the language spoken in the child's home.

The Inter-Agency Case Management Team (IACMT) is responsible for ensuring direct service coordination among agencies and for determining suitability for all referrals for services with the Children's MDT. The IACMT is comprised of members from Solano County Mental Health, Education, Child Welfare, Juvenile Probation and community-based organizations (CBOs) that serve families with children. Solano County Mental Health Program Manager for Children's Services will convene the IACMT; other agency members will have similar levels of program responsibility. Key functions of the IACMT include:

- Case review
- Development of enrollment agreements
- Review of assessment findings and intensive services planning
- Review of progress or problems in accomplishing treatment goals
- Follow-up and monitoring of brokered services
- Review service plan development and provision for child-and family-driven process
- Provides service oversight and follow-up with families that are at a lower level of care until successful transition is confirmed
- Re-assessment of the needs of those families that are ready for greater independence
- Review of the strengths and weaknesses for service provision and coordination of the service partnership
- Referral of policy and performance issues of partners to the Children's System of Care Oversight Council

The **Children's System of Care Council (CSOC Council)** will be responsible for policy level oversight and partner-agency collaboration. The CSOC Council composition includes clients and family members from the program, representatives from the Cultural Competency Committee, and a Director or Executive Director from all of the agencies participating in the IACMT (Inter-Agency Case Management Team) The CSOC Council is responsible for establishing policies and collaborative agreements that ensure partner-agency commitments on working collaboratively to provide a cross-agency environment that promotes and nurtures service coordination necessary to achieve positive outcomes for the child and family. The CSOC Council is also responsible to addressing and mitigating policy and partner-agency performances referred to it by the community or the IACMT (Inter-Agency Case Management Team). It also makes system level recommendations for operational improvements. The Solano County Mental Health Director will convene the CSOC Council.

Members of the CSOC Council support the following principles and values:

- Cultural competence in all aspects of service delivery
- Acknowledgement and understanding of the complexity of the multiple systems that must work together in an integrated and collaborative manner in order to promote positive child and family outcomes
- Wellness, recovery and resiliency principles as identified in this document are in keeping with the core values and guiding principles of the CSOC.
- Performance measurement as a tool for quality improvement and program adjustment(s)

- On-going planning and policy development for quality client care
- Accountability to children and families, partners, colleagues and the community.

PARTNER	GETS	GIVES
CLIENT	Children at risk have access to a valuable resource; children have a greater opportunity to live in their homes and communities	Is able to continue healthy development, succeed as a student and be nurtured by family, is a valuable, respected and equal member of the team.
FAMILY MEMBER	Is able to care for children at home; receives necessary supports to cope with and understand their children; gains hope that he/she can sustain a stable and nurturing family life	Enhanced family strengths are available for the child's wellness and resilience. Is a valuable, respected and equal member of the team.
SUBSTANCE ABUSE	Receives less referrals for children and their families in crisis, referrals are more appropriate for children's needs	Beds and resources that will be needed and children requiring a greater level of care and support
PRIMARY CARE PROVIDER	Has a referral resource that provides comprehensive assessments of children and their families; is viewed as a partner in the overall treatment and rehabilitation of children and their families	Primary care expertise as a member of the treatment team
SCMH	Has access to a resource capable of serving children in their homes and communities, a resource that diverts children from higher, more costly levels of care	Provides communities with a valued resource to serve children in their homes and communities, provides hope and resilience to the family and community
JUVENILE PROBATION	Has consistent access to timely, appropriate mental health services, has effective partners to minimize the need for probation	Dedicated capacity to the child's service team, provides expertise for service planning and provision
CHILD WELFARE	Same as above	As above
SCHOOLS	Has consistent access to timely, appropriate mental health services to enhance educational success for the student	As above
CBO	Receives less referrals for children and their families in crisis, referrals are more appropriate to children's needs	As above

PERFORMANCE MEASURES:

The collaborative partners have developed the following performance measures. They will be monitored annually, and used to make program and policy adjustments.

CHILD and YOUTH INTENSIVE SERVICES PERFORMANCE MEASURES

PROGRAM GOAL	Measures	Data Source	Person Responsible
Reduced out-of-home placement	#/% FSP clients out -of -home placement	NEW DATABASE	HSS MH staff
Reduced hospitalization	#/% FSP clients' repeat hospitalizations	NEW DATABASE	HSS MH staff
Safe and permanent housing	#/% FSP clients in stable and safe permanent homes	NEW DATABASE	HSS MH staff
PROGRAM GOAL	**Measures**	**Data Source**	**Person Responsible**
Children stay in their communities	#/% FSP clients placed out of county	NEW DATABASE	HSS MH staff
Reduced recidivism in Juvenile Justice	#/% FSP clients detained for juvenile delinquency	NEW DATABASE	HSS MH staff
Individualized treatment plans	#/% FSP clients and families state that they got all the services they thought they needed	Survey Q 8	HSS Research and Quality Mgt staff
Individualized treatment plans	#/% FSP clients stating that they could see a psychiatrist whenever they wanted	Survey Q 9+	HSS Research and Quality Mgt staff
Client-centered planning	#/%FSP clients/family members deciding their own treatment goals	Survey Q 17 Y6	HSS Research and Quality Mgt staff
Wellness and Recovery planning	#/% FSP clients/family members encouraged to use consumer-run programs	Survey Q 20	HSS Research and Quality Mgt staff
Improved Quality of Life	#/% FSP clients/family members stating life in general is good	Survey QOL/1	HSS Research and Quality Mgt staff
Culturally sensitive services	#/% FSP clients/family members stating staff was sensitive to their cultural and ethnic background	Survey 18	HSS Research and Quality Mgt staff
Staff supported in W/R practices	#/% FSP Staff very satisfied with resources, training and support	Survey	HSS Research and Quality Mgt staff
Comprehensive and multi-agency services	Partner stakeholders are highly satisfied with services	Partner surveys	HSS Research and Quality Mgt staff
Consumer-driven and multi-agency services	% Partners and % consumers/family members attending Case Management Committee Meetings	Committee rosters	HSS Research and Quality Mgt staff
Services and comprehensive and multi-agency	% Partners and % consumers/family members attending Interagency Policy Committees	Committee rosters	HSS Research and Quality Mgt staff

FACT or MDT-FSP services are client-centered	FSP levels of care are individualized and flexible	% FSP Clients moving among levels of care	HSS MH staff
W/R practices are utilized	The strengths-based approach is used for FSP assessment and treatment planning	FSP policies and Forms review	HSS MH staff
Services are culturally sensitive	% Clients served increasingly reflects target population for ethnicity and language	INSYST	HSS MH staff
Services are culturally sensitive	Staff and contractors for FSP increasingly reflect target population in ethnicity and language	Annual CCP data collection updated	HSS Research and Quality Mgt staff

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

The Comprehensive CSS Program will be designed to serve Spanish language clients (especially in the Northern parts of Solano County), as well as to be culturally sensitive and responsive to the African American, Filipino, and Hispanic communities. Cultural Competence Training will be provided, at a minimum, twice per year to staff. Additionally, performance in this area will be measured by the degree to which services are provided across the ethnic and racial proportions expected in the target population(s). These data will be reported quarterly to the Cultural Diversity Committee, reported in the Cultural Competence Updates, and provided to the Local Mental Health Board annually in March.

All staff will be trained to respect the many multi-ethnic and blended-cultural families in our communities. These families or clients will not be asked to identify themselves as only one ethnic or cultural representation, but rather will be encouraged to shape and govern their treatment and support needs according to their family needs, customs and traditions. There will be appropriate mental health services and supports for people of all racial/ethnic and cultural backgrounds. Clients will receive mental health services and supports in their own languages. Services will be sensitive to and understanding of their different cultural beliefs and values. Staff and service providers will provide services in English and Spanish (our primary threshold language). Translation services will be provided for other primary languages when necessary to meet family and child needs. Staff will be trained twice per year in cultural issues and approaches to ensure cultural competency and sensitivity. Ethnicity and language of clients served, and of clients' successes in programs, will be tracked and published.
It is vital that Solano County Mental Health and partner agencies have the capacity to effectively serve the racial and ethnic populations in the various regions. Solano will strive to recruit staff and contracting partners who reflect the ethnic populations living in specific geographic areas of Solano County. Solano County's Cultural Competency

Plan updates will provide opportunities to monitor and re-focus resources toward cultural competency.
All staff, volunteers, and contract providers will be required to, at a minimum, receive annual training in Cultural Competency & Sensitivity, Latino Outreach & Engagement, Filipino Outreach & Engagement, Identification of Ethnic Disparity, and Use of Interpreters. Service contracts will be revised to establish cultural competency as a feature of contract services. CSOC agreements and Memoranda of Understanding will include cultural competency goals. Community stakeholders will provide input and participate in oversight activities that ensure that culturally competent service provision and associated system quality management goals are met.

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

During initial contact with child and family, information gathering will include, with appropriate sensitivity to privacy, confidentiality and cultural context, issues relevant to sexual orientation and gender. Assessment and service plan development will employ a strengths-based perspective. Assessment will include consideration of sexual orientation matters as indicated by the clients and their situational circumstances. As needed and as determined by the client, service planning will address sexual orientation. Individual, family, friends and community assets will be drawn on; services will complement natural supports. Assessment and service planning will include gender differences and distinguish developmental and psychological characteristics and differing needs of boys and girls. Attention to gender issues will also be included in family support planning. Training and education planning will ensure that system wide knowledge and skill development include sexual orientation and gender issues. These training and services specialization needs will be a focus of ongoing stakeholder planning.

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

Solano County Mental Health is responsible for providing supports to children and families who reside in facilities outside of the County. Because of the community-based and mobile nature of the Children's MDT, case management and discharge planning services will be provided to those children placed out-of-county. Each child who is placed out-of-county will have a discharge goal with reintegration features when the placement occurs. Services provided by the placement program will be organized to achieve the discharge and reintegration elements of the child's service plan. In this way the Children's MDT will be able to seamlessly assist the child with reintegration into Solano County.

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

Not applicable

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

IMPLEMENTATION SUMMARY:			
50% Staffed	**August 06**	100% Staffed	**November 06**
Initiate direct services:	**August 06**		
50% Enrollment	**November 06**	100% Enrollment	**June 07**
Client Outcomes Report	**July 08**		

CLIENT SERVICES	YEAR ONE Jan 06 - June 06 Completed By	YEAR TWO July 06 - June 07 Completed By	YEAR THREE July 07 - June 08 Completed By
Provide written description detailing the program (any adjustments to submitted program description, details, etc.)	March 06	Update March 07	Update March 08
Provide rationale for contract versus internal for various program components	May 06		
Provide written description detailing roles and responsibilities of team members	March 06		Update March 08
Provide written description detailing partners' roles and responsibilities	March 06		
Provide written description detailing operational procedures	May 06		
Provide written description detailing referrals into program	May 06		Update March 08
Provide intake and case note forms	May 06		
Involve consumers and family members in review of program components, roles and responsibilities, policies, etc.	June 06		
Interagency Committee review of program components, roles and responsibilities, policies, etc., of 1-6 above	June 06		
Confirm target dates for start-up and caseload growth	June 06		
Begin direct services		July 06	
Expand direct services		Jan 07	
Meet expected enrollment/service utilization goals		June 07	July 07/ongoin
Prepare report re: utilization, client outcomes, and satisfaction			July 07

	YEAR ONE Jan 06 - June 06 Completed By	YEAR TWO July 06 - June 07 Completed By	YEAR THREE July 07 - June 08 Completed By
Meet with HR to determine appropriate classifications	Jan 06		
Determine best way to include clients and family members as staff	Jan 06		
BOS approval of new positions	Jan 06		
Begin ROUND ONE recruitments (Supervisors/Managers, clinical staff)	Jan 06		
Select and hire staff	June 06		

Train new staff	June 06		Dec 07
50% staffing achieved	June 06		
Reassign and train existing staff as needed	June 06		
Begin ROUND TWO recruitments (support staff)	June 06		
Select and hire staff		Sept 06	
Train new staff		Sept 06	
100% staffing achieved		Sept 06	Dec 07
Train all staff in Wellness/Recovery principles	March 06	June 07	June 08
Train all staff in Cultural Competence	June 06	May 07	April 08
Train all staff in other mandatory trainings	March 06	June 07	June 08
CONTRACTS	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Completed By
Prepare description of needed purchased services (substance abuse treatment, housing, other)	March 06		
Confer with General Services and issue RFPs	May 06		
Establish review committee for responses	May 06		
Receive and review applications		July 06	
Select contractors		August 06	
Develop final terms and conditions		Sept 06	
Execute contract		Sept 06	
Contracted services initiated		Oct 06	
Revise/Amend contracts			April 08
QA/IT	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Completed By
Review all intake and chart note forms for compliance with QA/IT	June 06		
Determine internal QA review process	June 06		
Determine IT needs and meet with ACS and staff re: programming needs		Sept 06	
Confer with DMH to determine reporting requirements on clients served for their annual reports		Sept 06	
Test IT		Sept 06	
Reconfigure IT		Dec 06	
Test IT		June 07	
Reconfigure IT			August 08
Conduct mock QA audit on program		Dec 06	July 07
Prepare remediation plan		Feb 06	Sept 07
Conduct mock QA audit on program			March 08
Prepare remediation plan			May 08
COMMUNITY INVOLVEMENT			
Convene interagency case management committee to assist in program development	Jan 06		Update May 08
Determine staffing expectations and responsibilities for the committee	Jan 06		
Determine committee's annual meeting schedule	Jan 06		
Recruit for optimal consumer and family member participation	March 06		

Convene Interagency Council to discuss roles and duties	March 06		Update May 08
Determine staffing expectations and responsibilities for Council	March 06		
Recruit for optimal consumer and family member participation	June 06		
Review evaluation materials and reporting data with Council	June 06	April 07	April 08
Determine annual meeting schedule	June 06		
Convene Interagency Council with Policy Agenda		Sept 06	Sept 07
EVALUATION	YEAR ONE Jan 06-June 06	YEAR TWO July 06-June 07	YEAR THREE July 07-June 08
	Completed By	Completed By	Completed By
Reach consensus with staff and community partners re: proposed indicators	May 06		Update March 08
Determine staff support for sharing data collection and analysis workload	May 06		
Develop annual evaluation plan and links with QA	May 06		Update March 08
Collect baseline data		March 07	
Publish draft evaluation document		June 07	
Collect first-round data			March 08
Publish evaluation document			June 08

14. Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

Budget Narrative
Program #1
Children's Intensive Services

Staffing

Staff Positions

Current Existing Staff

Mental Health Manager (.05 FTE) 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.

New Positions

Supervising Mental Health Clinician (1) will be responsible for overall program management and supervision; provides clinical supervision to other clinical staff and participate 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.

Mental Health Clinician (2.0 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (2.0 FTE) 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.

Family Advocate /Mental Health Aide (1.0 FTE) will assists family members through the provision of information and support. Assists family members in navigating the Mental Health system.

Office Assistant (1.0 FTE) will provide administrative support to program including data entry, scheduling and filing, photocopying and collating materials; manages electronic databases, assists with day-to-day operation of program.

Substance Abuse Specialist (1.0 FTE) will interviews with clients, assist in the initial screening and intake evaluation; provide substance abuse services including crisis intervention and care management.

Psychologist (.50 FTE) will provide clinical mental health assessment, diagnosis and therapy, and be involved in service planning and case management and coordination of services; provide information and linkages to other community resources.

Probation Liaison (.50 FTE) will be the liaison between MHSA Children's Intensive Services and other the Probation Departments, and will team in relation to court mandates and reporting responsibilities, will participate in the coordination of services; provide information and linkages to other community resources.

Social Worker (1.0 FTE) will be the liaison between MHSA Children's Intensive Services and other Departments, particularly Children's Protective Services, and will coordinate of services; provide information and linkages to other community resources.

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

1. For FY 05-06 Budget Projection, the programs/services will begin operation by April 1, 2006 (three months). This will require all start-up activities to be completed prior to this date.

2. Costs and revenues for the subsequent fiscal years represent a 2-4% of annual increases based on current union negotiated contracts and projected increased costs for supplies.

3. All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

4. 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 and major purchases. The one time funding reflects the 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 services, equipment and County services.

5. 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 05-06 actual budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.

6. Budgeted services and supplies costs are based on FY 05-06 budget estimates per FTE and include communications costs, general offices supplies, computer maintenance, administrative costs, and staff training.

7. One Time Funding Costs are one time costs for the acquisition of equipment, computer hardware, new software, phone equipment, data land phone lines, networks and severs, facility modifications, supplies, furniture and fixtures and trainings. Equipment and Technology Costs for the nine new positions will include:

Software Licenses	$1,665.00
Software	$7,200.00
Data Lines	$2,250.00
Cell Phones (4)	$1,200.00
Additional Phone Lines	$1,800.00
Fax Machine	$500.00
PCs and Peripherals	$36,000.00
Lap Tops (1)	$1,200.00
Office Relocation Design	$1,800.00
Desks, File Cabinet	$5,400.00

Total One time costs for Children's Intensive Services: $59,015.00

8. Client, Family Member & Caregiver Support Expenditures

   - Travel and Transportation: represents the cost associated with clients, family members or caregivers getting to services, training or other related activities.

   - Housing and Employment Supports: funding to assist clients, family members or caregivers to access education that will assist them in developing the skills needed to obtain employment.

9. Personnel Expenditures – all personnel costs itemized on the Program Exhibits 5b represent annualized costs of operation. Costs include salary and benefits.

   - Current Existing Personnel Expenditures: represents the allocation of time and cost of personnel currently employed who will re redeployed to work in support of the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in the MHSA Summary Budgets following each section.

   - New Additional Positions: represents new positions assigned exclusively to the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in MHSA Summary Budgets following each section.

   - Employee Benefits: Benefits costs are included with the salary costs.

10. Operating Expenditures: as with the personnel expenditures, cost shown in each section and are annualized for each fiscal year.

    - General Office Expenditures: includes costs for office supplies, postage, books and periodicals, printing, and miscellaneous small office equipment.

    - Rent, Utilities and Equipment: includes costs related to communications equipment, cell phones, computers, and equipment rentals.

    - Medication and Medical Supports: includes costs associated with the purchase of medications and other medical supplies on behalf of clients.

Other Operating Expenses: includes the cost include licenses, fees, malpractice and liability insurance, legal, Community Meeting expenses, the allocation of administrative costs and A-87 costs. Training and education which include County mandated trainings, H&SS New Employee Orientation, Safety, HIPPA and online Testing, Workplace Protection, Infection Control, Defensive Driving, Sexual Harassment, Cultural Diversity, ADA, Supervisor Safety and Drug Free Workplace, Consumer Rights, Contract Management and Monitoring, Budget Orientation and Management. Additional trainings will be provided based of the professional standards and staff assignments.

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

County(ies): Solano | Fiscal Year: 2005-2006

Program Workplan #: SCMH 1 | Date: 9/2/05

Program Workplan Name: Childrens Intensive Services

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

Proposed Total Client Capacity of Program/Service: 8 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 8 | Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$96,574	$1,207
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.05		$1,207
B. New Additional Positions					
Supervising M.H. Clinician	Clinical Case Management Supervision		1.00	$72,114	$18,029
MH Licensed Clinicians	Assessment and Treatment Plans		1.00	$65,562	$5,442
MH Specialists	Case Management (Par Professionals)	1.00	1.00	$38,064	$3,159
Office Assistant I	Clerical Support		1.00	$35,125	$8,781
Substance Abuse Spec.	Substance Abuse Services		1.00	$72,114	$5,985
					$0
	Total New Additional Positions	1.00	5.00		$41,396
C. Total Program Positions		1.00	5.05		$42,603

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): Solano
Fiscal Year: 2005-06
Program Workplan #: SCMH 1
Date: 9/2/05
Program Workplan Name: Childrens Intensive Services
Page ___ of ___
Type of Funding 1. Full Service Partnership
Months of Operation 3
Proposed Total Client Capacity of Program/Service: 8
New Program/Service or Expansion New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 8
Telephone Number: 707-784-8584

	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		$0
d. Employment and Education Supports	$0	$0		$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)	$1,207			$1,207
b. New Additional Personnel Expenditures (from Staffing Detail)	$41,396			$41,396
c. Employee Benefits	$11,503			$11,503
d. Total Personnel Expenditures	$54,106		$0	$54,106
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures	$750			$750
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$800			$800
h. Total Operating Expenditures	$1,550	$0	$0	$1,550
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	$55,656		$0	$55,656
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	$59,015			$59,015
D. Total Funding Requirements	$114,671	$0	$0	$114,671
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano | Fiscal Year: 2006-07

Program Workplan #: SCMH 1 | Date: 9/2/05

Program Workplan Name: Childrens Intensive Services

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$98,506	$4,925
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.05		$4,925
B. New Additional Positions					
Supervising M.H. Clinician	Clinical Case Management Supervision		1.00	$73,556	$73,556
MH Licensed Clinicians	Assessment and Treatment Plans		2.00	$66,873	$133,746
MH Specialists	Case Management	2.00	2.00	$38,825	$77,651
Family Advocate/MH Aide	Family Support	1.00	1.00	$30,424	$30,424
Office Assistant II	Clerical Support		1.00	$35,827	$35,827
Substance Abuse Spec.	Substance Abuse Services		1.00	$73,556	$73,556
Psychologist	Assessments		0.50	$73,556	$36,778
On Call pay	Primary Care taker to respond to client needs after hours		0.00	$45,000	$35,000
Probation Officer	Probation liaison		0.50	$48,627	$24,314
Social Worker	CPS/CWS Liaison		1.00	$48,627	$48,627
	Total New Additional Positions	3.00	10.00		$569,479
C. Total Program Positions		3.00	10.05		$574,404

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): Solano | Fiscal Year: 2006-07

Program Workplan #: SCMH 1 | Date: 9/2/05

Program Workplan Name: Childrens Intensive Services | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: 707-784-8584

	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	$30,000			$30,000
b. Travel and Transportation	$20,000			$20,000
c. Housing				
i. Master Leases	$60,000			$60,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$38,000			$38,000
d. Employment and Education Supports	$22,000			$22,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$140,000			$140,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$4,925			$4,925
b. New Additional Personnel Expenditures (from Staffing Detail)	$569,479			$569,479
c. Employee Benefits	$132,113			$132,113
d. Total Personnel Expenditures	$706,517			$706,517
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$5,600			$5,600
c. Travel and Transportation	$7,808			$7,808
d. General Office Expenditures	$3,000			$3,000
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$3,200			$3,200
h. Total Operating Expenditures	$19,608			$19,608
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$866,125			$866,125
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	$6,229			$6,229
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$6,229			$6,229
2. New Revenues				
a. Medi-Cal (FFP only)	$395,876			$395,876
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$395,876			$395,876
3. Total Revenues	$402,105			$402,105
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$464,020			$464,020
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano | Fiscal Year: 2007-08

Program Workplan #: SCMH1 | Date: 9/2/05

Program Workplan Name: Childrens Intensive Services

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$100,437	$5,022
	Total Current Existing Positions	0.00	0.05		$5,022
B. New Additional Positions					
Supervising M.H. Clinician	Clinical Case Management Supervision		1.00	$74,998	$74,998
MH Licensed Clinicians	Assessment and Treatment Plans		2.00	$68,184	$136,369
MH Specialists	Case Management	2.00	2.00	$39,587	$79,173
Family Advocate/MH Aide	Family Support	1.00	1.00	$31,020	$31,020
Office Assistant I	Clerical Support		1.00	$36,530	$36,530
Substance Abuse Spec.	Substance Abuse Services		1.00	$74,998	$74,998
Psychologist	Assessments		0.50	$74,998	$37,499
On Call pay	Primary Care taker to respond to client needs after hours		0.00	$39,000	$39,000
Probation Officer	Probation liaison		0.50	$49,581	$24,790
Social Worker	CPS/CWS Liaison		1.00	$49,581	$49,581
	Total New Additional Positions	3.00	10.00		$583,958
C. Total Program Positions		3.00	10.05		$588,980

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): Solano | Fiscal Year: 2007-08

Program Workplan #: SCMH1 | Date: 9/2/05

Program Workplan Name: Childrens Intensive Services | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expended through MHSA: 30 | Telephone Number: 707-784-8584

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$36,000			$36,000
b. Travel and Transportation	$22,700			$22,700
c. Housing				
i. Master Leases	$75,000			$75,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$42,000			$42,000
d. Employment and Education Supports	$24,000			$24,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$199,700			$199,700
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$5,022			$5,022
b. New Additional Personnel Expenditures (from Staffing Detail)	$583,958			$583,958
c. Employee Benefits	$170,804			$170,804
d. Total Personnel Expenditures	$759,784			$759,784
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$5,600			$5,600
c. Travel and Transportation	$9,808			$9,808
d. General Office Expenditures	$3,600			$3,600
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$3,500			$3,500
h. Total Operating Expenditures	$22,508			$22,508
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$981,992			$981,992
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	$6,478			$6,478
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$6,478			$6,478
2. New Revenues				
a. Medi-Cal (FFP only)	$511,494			$511,494
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$511,494			$511,494
3. Total Revenues	$517,972			$517,972
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$464,020			$464,020
E. Percent of Total Funding Requirements for Full Service Partnerships				

CHILDREN'S SERVICES AND SUPPORTS: PROGRAM #2
Children's SYSTEM DEVELOPMENT

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: Solano	Program Work Plan Name: FOSTER CHILD & BILINGUAL COMMUNITY SERVICES
Program Work Plan # 2	Estimated Start Date: July 2006

Description of program: *Describe how this program will help advance the goals of the Mental Health Services Act*	This program provides additional support to two especially vulnerable populations: children and youth experiencing multiple foster care placements and monolingual Spanish language families who need services but have not been able or willing to access them. The goal is to provide additional services and supports to these children in hopes of maintaining stable family structures, stable participation in schools, and improved support to parents and siblings.
Priority Population: *Describe the situational characteristics of the priority population*	1. Multiple foster care placements 2. Monolingual Spanish language families with children who need services

Describe strategies to be used, funding types requested (Check all that apply) Age Groups to be served (Check all that apply)	Funding Type			Age Group			
	FSP	SYS Dev	OE	CY	TAY	A	OA
Programs and education for family members and other service providers		X					
In-home, in-community, school-based service and support provision		X					

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

PROPOSED NEW SERVICES #2

Systems Development

To complement the existing system of care, Solano County Mental Health (SCMH) intends to add two components to this System Development Program for children and youth. First, additional clinical services for foster children who have experienced multiple out of home placements and who are currently in placement through Social Services or Juvenile Justice systems. These clinicians will see clients and families either in the clinics or to travel to the home, school, or community setting. The primary focus will be to work with them so they may be able to return home, or to stabilize their current placement in order to keep them from being transferred to a higher level of care. Second, additional clinical services for Spanish bilingual/bicultural children, youth and their families particularly in the Fairfield and Vacaville region. Prevalence data shows that there are a significant number of Spanish speaking and bicultural children in our community that are currently unserved. Bilingual and bicultural clinical staffs are currently fully utilized in the Fairfield and Vacaville clinics. This proposal will augment our north county capacity. Service will include outreach to establish contacts with communities of interest. Strategies will include focusing on schools with high concentrations of Hispanic students, primary care pediatric offices, faith communities, community non-profits, and other groups to be identified in conjoint strategy sessions with Children's Mental Health staff and the Cultural Competence Committee. The clients served by these clinicians and support staff will primarily come under the category of previously unserved. They have not had access to mental health programs due to barriers such as poor identification of their needs, a lack of adequate ethno culturally competent services, poor engagement and outreach and limited language access.

Services include:

1. Development of a comprehensive service/treatment plan tailored to meet the specific needs of the child and family
2. That involves relevant caregivers, schools and/or Special Education Local Plan Area (SELPA), Probation, Child Welfare, family members
3. All service planning is conducted in the child's language and the language spoken in the child's home
4. Education and support for problem solving skills which fosters optimism and hope with the goal of enhancing resilience in the client
5. Link all families with the Wellness and Recovery Program
6. Mandatory parent training to teach the parents of an SED child how to care for, teach responsibility to and discipline this very unique population. These skills will better ensure that parents have the tools to maintain their child at home and/or to ensure that families have the appropriate skills needed for reunification. An example of such training is the Educate, Equip & Support (EES) training. This 12-week course is presented to parents of SED children by the parents of SED children making the learning experience a very real one for those who attend.

What outreach is needed to enroll these individuals?
Outreach is planned using four new methods:

1. Widespread outreach and engagement in underserved communities in North County.
2. Specialized assessment at Juvenile Hall.
3. Specialized assessment within Child Welfare Services.
4. Specialized assessment within schools in underserved areas of North County.

How does the program help advance the goals of the MHSA?
The impetus of this program is to address and mitigate the adverse consequences of untreated mental illness in children.

Reduction of out-of-home placements into Foster Care, Juvenile Hall, or residential treatment.
By ensuring access to treatment and support services, the number of children and youth whose condition de-stabilizes due to lack of support should be significantly reduced.
Mandatory parent training to teach the parents of an SED child how to care for, teach responsibility to and discipline this very unique population. These skills will better ensure that parents have the tools to maintain their child at home and/or to ensure that families have the appropriate skills needed for reunification. An example of such training is the Educate, Equip & Support (EES) training. This 12-week course is presented to parents of SED children by the parents of SED children making the learning experience a very real one for those who attend.

Network of supportive relationships
By ensuring immediate access to assessment and services, family support and linkage to information, informal supports, community-based wellness and recovery programs, SCMH expects to see a significant increase in the supportive relationships of children, youth and family members.

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

Housing
Clients will be assessed for housing needs by the Housing Coordinator and will work closely with the client and family to ensure procurement of safe housing. Section 8, supported housing, vouchers or subsidies will be options offered and explored. Flex funding will also be available to assist those families with immediate housing and other life-domain needs.

Employment
The Foster Child and Family Program will facilitate age-appropriate employment opportunities for clients. This component will include but not be limited to building collaboration and linking with local Regional Occupational Programs, Workability Programs, Independent Living Skills Programs, and the Department of Vocational Rehabilitation. For children who are close to transitioning to Transitional Age Youth (TAY) services, emphasis will be placed on coordinating with TAY vocational service

development. Employment strategies will complement the child's education and will be closely coordinated with schools.

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

Not applicable

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

For many years, Solano County's service delivery for children and families has embraced the core values and principles of California's Comprehensive Children's System of Care. There are a strong inter-relatedness and correlation between these guidelines and the Wellness, Recovery, and Resiliency principles. Historically, the specific concepts of wellness, recovery, resiliency, and hope have been identified with our Adult System of Care. To further ensure that these principles are put into practice children, youth, and family members will be encouraged to attend a focus group, and/or complete a survey that addresses the following:

To what degree do you believe:

- Your recovery and your setbacks, if any, were incorporated as valued learning experiences?
- Services you received were appropriate to your family's beliefs and were provided in the language spoken in your home?
- Your interpersonal and family relationships were supported and encouraged and family members consistently felt welcome and involved?
- You always felt safe emotionally and physically when receiving services?
- You have all the contact that you need with your Personal Services Coordinator?
- You were treated as a unique individual, and your preferences for services were respected?
- You were provided resources to meet educational or vocational objectives?

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

Stakeholder planning groups emphasized the unmet needs of foster children who had placement failures and whose mental health needs were evident to family and community members. Foster family and biological family supports were also emphasized as key to effective services for these foster children at such high risk. Additionally, cultural and geographic barriers to access and appropriate services were identified. In recent years, the Child and Youth Services has not had the capacity to

provide active in-home, in-community and school-based services to the extent needed. Too many children and their families in current services are provided a lower level of care than is needed due to limited capacity. Having this proposed service available will not only address access and availability of active home and community-focused services but it will allow more timely and appropriate use of existing services.

How is the Foster Child and Bilingual Community Services component integrated with the existing Mental Health System?

The Foster Child and Bilingual Program is fully integrated into, and with, the on-going regular operations of Solano County Children's Mental Health Services. The enrollment process allows for proper placement of the target population, not all of which will need the intensive services provided by the Children's Multi Disciplinary Treatment team. Provision of services for children and families must be fully integrated into the system in order to promote wellness and recovery, and positive experiences and outcomes for children and their families. Additionally, clients served by the Foster Child and Family Program, who achieves a certain level of stability, will be transferred to the appropriate level of care in the Children's Mental Health System Of Care. This facilitates getting children to the best possible levels of care, when they need that care.

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

Clients and families are integral components of the development of their Services and Support Plan. Parents will fill Family Advocate positions, as is the current practice. Family members will be hired to team with licensed clinicians to provide direct services to children and families under this proposed program. Family members may be hired to provide outreach and engagement especially to monolingual Spanish speaking families in North County.

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

PARTNER	GETS	GIVES
CLIENT	Children at risk have access to a valuable resource; children have a greater opportunity to live in their homes and communities	Is able to continue healthy development, succeed as students and be nurtured by their families and is a valuable, respected and equal member of the team
FAMILY MEMBER	Is able to care for children in their home; receives necessary supports to cope with and understand their children, gains hope that he/she can sustain a stable and nurturing family life	Enhanced family strengths are available for the child's wellness and resilience Is a valuable, respected and equal member of the team

SUBSTANCE ABUSE	Receives less referrals for children and their families in crisis, referrals are more appropriate to the needs of children	Makes available beds and resources that will be needed by children requiring greater levels of care and support
PRIMARY CARE PROVIDER	Has a referral resource that provides comprehensive assessments of children and their families, is viewed as a partner in the overall treatment and rehabilitation of children and their families	Primary care expertise as a member of the treatment team
SCMH	Has access to a resource capable of serving children in their homes and communities; a resource that diverts children from higher more costly levels of care	Provides the community with a valued resource to serve children in their homes and communities, provides hope and resilience to the family and community
JUVENILE PROBATION	Has consistent access to timely, appropriate mental health services, has effective partners to minimize the need for probation status	Dedicated capacity to the child's service team, provides expertise for service planning and provision
CHILD WELFARE	As above	As above
SCHOOLS	Has consistent access to timely, appropriate mental health services to enhance educational success for the student	As above
CBOs	Receives less referrals for children and their families in crisis; referrals are more appropriate to the needs of children	As above

PERFORMANCE MEASURES:

The collaborative partners have developed the following performance measures. They will be monitored annually, and used to make program and policy adjustments.

FOSTER CHILD and FAMILY HOME AND COMMUNITY SERVICES PERFORMANCE MEASURES

PROGRAM GOAL	Measures	Data Source	Person Responsible
Reduced out-of-home placement	#/% Reduced client placements	CWS	HSS Research and Quality Mgt staff
Children stay in their communities	#/% Clients placed out of county	CWS	HSS Research and Quality Mgt staff
Individualized treatment plans	#/% Clients and families stating they got all the services they thought they needed	Survey Q 8	HSS Research and Quality Mgt staff
Individualized treatment plans	#/% Clients stating they could see a Psychiatrist whenever they wanted	Survey Q 9+	HSS Research and Quality Mgt staff
Client-centered planning	#/% Clients/family members stating they decided on their own treatment goals	Survey Q 17 Y6	HSS Research and Quality Mgt staff

Wellness and Recovery planning	#/% Clients/family members stating they were encouraged to use consumer-run programs	Survey Q 20	HSS Research and Quality Mgt staff
Improved quality of life	#/% Clients/family members stating their lives in general are good.	Survey QOL/1	HSS Research and Quality Mgt staff
Culturally sensitive services	#/% Clients/family members stating staff was sensitive to their cultural and ethnic backgrounds	Survey 18	HSS Research and Quality Mgt staff
Culturally sensitive services	#/% Clients served increasingly reflects target population in ethnicity and language	INSYST	HSS MH staff

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

System wide, comprehensive recruitment, retention and training strategies for cultural competency among all segments of staff, county-employed and contract agency-employed, that reflect the demographics of Solano County will be described in the Employment and Training component of the MHSA implementation. There will be more appropriate mental health services and supports for people of all racial/ethnic and cultural backgrounds. Clients will receive mental health services and supports in their own languages. Services will be provided in ways that are sensitive and understanding of their different cultural beliefs and values. The team will provide services in English and Spanish (our primary threshold language). Translation services will be provided for other primary languages when necessary to meet the families and child's needs. Staff will be trained twice per year in cultural issues and approaches to ensure cultural competency and sensitivity. Ethnicities and languages of clients served, and of clients' successes in the program, will be tracked and published.

It is vital that Solano County Mental Health and partner agencies have the capacity to effectively serve the racial and ethnic populations in the various regions. Solano will strive to recruit staff and contracting partners who reflect the ethnic populations living in specific geographic areas of Solano County. Solano County's Cultural Competency Plan's updates will provide opportunities to monitor and re-focus resources toward cultural competency.

All staff, volunteers, and contract providers will be required to, at a minimum, receive annual training in Cultural Competency & Sensitivity, Hispanic Outreach & Engagement, Filipino Outreach & Engagement, Identification of Ethnic Disparity, and Use of Interpreters. Service contracts will be revised to establish cultural competency as a feature of contract services. CSOC agreements and Memoranda of Understanding will include cultural competency goals. Community stakeholders will provide input and

participate in oversight activities that ensure that culturally competent service provision and associated system quality management goals are met.

The Foster Child and Family Home and Community Services program will be designed to serve Spanish-language clients (especially in the Northern parts of Solano County), and be culturally sensitive and responsive to the African American, Filipino, and Hispanic communities. Cultural Competence Training will be provided, at a minimum, twice per year to staff. Additionally, performance in this area will be measured by the degree to which services are provided across the ethnic and racial proportions seen in the target population(s). These data will be reported quarterly to the Cultural Diversity Committee, reported in the Cultural Competence Updates, and provided to the Local Mental Health Board annually in March.

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

During initial contact with child and family, information gathering will include, with sensitivity to privacy, confidentiality and culture, issues relevant to sexual orientation and gender. Assessment and service plan development will employ a strengths-based perspective. Assessment will include consideration of sexual orientation as indicated by the clients and their situational circumstances. As needed and as determined by the client, service planning will address sexual orientation. Individual, family, friends and community assets will be used; services will complement natural supports. Assessment and service planning will include gender differences, distinguishing developmental and psychological characteristics and differing needs of boys and girls. Relevant attention to gender will also be included in family support planning. Training and education planning will ensure that system wide knowledge and skill development includes sexual orientation and gender. These training and services' specialization needs will be a focus of ongoing stakeholder planning.

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

Solano County Mental Health is responsible for providing supports to children and families who reside in facilities outside of Solano County. Because of the community-based and mobile nature of the Foster Child and Family Program, discharge planning services will be provided to those children placed out-of-county and referred to the program. Each child who is placed out-of-county will have a discharge goal with reintegration features when the placement occurs. Services provided by the placement program will be organized to achieve the discharge and reintegration elements of the child's service plan. In this way, the program will be able to seamlessly assist the child with reintegration into Solano County.

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

Not applicable

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

IMPLEMENTATION SUMMARY:
100% Staffed **August 06**
Initiate direct services: **August 06**
Client Outcomes Report **July 08**

CLIENT SERVICES	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Completed By
Provide written description detailing the program (any adjustments to submitted program description, details, etc.)	March 06	Update March 07	Update March 08
Provide rationale for contractor vs. in-house for various program components	May 06		
Provide written description detailing roles and responsibilities of team members	March 06		Update March 08
Provide written description detailing partner roles and responsibilities	March 06		
Provide written description detailing operational procedures	May 06		
Provide written description detailing referrals into program	May 06		Update March 08
Provide intake and case note forms	May 06		
Involve consumers and family members in review of program components, roles and responsibilities, policies, etc.	June 06		
Children's Interagency Committee review of program components, roles and responsibilities, policies, etc.	June 06		
Confirm target dates for start-up and caseload growth	June 06		
Begin direct services		July 06	
Expand direct services		Jan 07	
Meet expected service utilization goals		June 07	uly07/ongoing
Prepare report re: utilization, client outcomes, and satisfaction			July 07
	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Completed By
Meet with HR to determine appropriate classifications	Jan 06		
Determine best way to include clients and family members as staff	Jan 06		
BOS approval of new positions	Jan 06		
Begin recruitments	Jan 06		

Select and hire staff	June 06		
Train new staff	June 06		Dec 07
100% staffing achieved	June 06		
Reassign and train existing staff as needed	June 06		
Train all staff in Wellness/Recovery principles	March 06	June 07	June 08
Train all staff in cultural competence	June 06	May 07	April 08
Train all staff in other mandatory areas	March 06	June 07	June 08
CONTRACTS			
Prepare description of needed purchased services if any	March 06		
Confer with General Services and issue RFPs	May 06		
Establish review committee for responses	May 06		
Receive and review applications		July 06	
Select contractors		August 06	
Develop final terms and conditions		Sept 06	
Execute contract		Sept 06	
Contracted services initiated		Oct 06	
Revise/Amend contracts			April 08
QA/IT			
Review all intake and chart note forms for compliance with QA/IT	June 06		
Determine internal QA review process	June 06		
Determine IT needs, meet with ACS & staff re: programming needs		Sept 06	
Test /configure IT		Sept 06	
Conduct mock QA audit on program		Dec 06	July 07
Prepare remediation plan		Feb 06	Sept 07
COMMUNITY INVOLVEMENT	YEAR ONE Jan 06 June 06	YEAR TWO July 06 June 07	YEAR THREE July 07 June 08
	Completed By	Completed By	Completed By
Utilize Children's Interagency Committee to assist in service design	Jan 06		Update May 08
Review evaluation materials and reporting data with Children's Interagency Committee	June 06	April 07	April 08
EVALUATION			
Reach consensus with staff and community partners re: proposed indicators	May 06		Update March 08
Determine staff support for shared data collection and analysis	May 06		
Develop annual evaluation plan and links with QA	May 06		Update Mar 08
Collect early or baseline data		March 07	
Publish draft evaluation document		June 07	
Collect first-round data			March 08
Publish evaluation document			June 08

14. Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

Budget Narrative
Program #2
Foster Child Home and Community Support

Staffing

All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

Staff Positions

Current Existing Staff

Mental Health Supervisor (.05 FTE) 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

New Positions

Mental Health Clinician (2.0 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (3.0 FTE) 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

1. For FY 05-06 Budget Projection, the programs/services will begin operation by April 1, 2006 (three months). This will require all start-up activities to be completed prior to this date.

2. Costs and revenues for the subsequent fiscal years represent a 2-4% of annual increases based on current union negotiated contracts and projected increased costs for supplies.

3. All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

4. 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 and major purchases. The one time funding reflects the 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 services, equipment and County services.

5. 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 05-06 actual budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.

6. Budgeted services and supplies costs are based on FY 05-06 budget estimates per FTE and include communications costs, general offices supplies, computer maintenance, administrative costs, and staff training.

7. One Time Funding Costs are one time costs for the acquisition of equipment, computer hardware, new software, phone equipment, data land phone lines, networks and severs, facility modifications, supplies, furniture and fixtures and trainings. Equipment and Technology Costs for the five new positions will include:

Software Licenses	$925.00
Software	$4,000.00
Data Lines	$1,250.00
Cell Phones (2)	$600.00
Additional Phone Lines	$1,000.00
Fax Machine	$500.00
Copy Machine	$1,200.00
PCs and Peripherals	$20,000.00
Lap Tops (1)	$1,200.00
Office Relocation Design	$1,000.00
Desks, File Cabinet	$3,000.00

Total One Time Costs for the Foster Care Program $33,980.00

8. Client, Family Member & Caregiver Support Expenditures

9. Travel and Transportation: represents the cost associated with clients, family members or caregivers getting to services, training or other related activities.

10. Housing and Employment Supports: funding to assist clients, family members or caregivers to access education that will assist them in developing the skills needed to obtain employment.

11. Personnel Expenditures – all personnel costs itemized on the Program Exhibits 5b represent annualized costs of operation. Costs include salary and benefits.

    - Current Existing Personnel Expenditures: represents the allocation of time and cost of personnel currently employed who will re redeployed to work in support of the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in the MHSA Summary Budgets following each section.

    - New Additional Positions: represents new positions assigned exclusively to the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in MHSA Summary Budgets following each section.

    - Employee Benefits: Benefits costs are included with the salary costs.

12. Operating Expenditures: as with the personnel expenditures, cost shown in each section and are annualized for each fiscal year.

13. General Office Expenditures: includes costs for office supplies, postage, books and periodicals, printing, and miscellaneous small office equipment.

14. Rent, Utilities and Equipment: includes costs related to communications equipment, cell phones, computers, and equipment rentals.

15. Medication and Medical Supports: includes costs associated with the purchase of medications and other medical supplies on behalf of clients.

Other Operating Expenses: includes the cost include licenses, fees, malpractice and liability insurance, legal, Community Meeting expenses, the allocation of administrative costs and A-87 costs. Training and education which include County mandated trainings, H&SS New Employee Orientation, Safety, HIPPA and online Testing, Workplace Protection, Infection Control, Defensive Driving, Sexual Harassment, Cultural Diversity, ADA, Supervisor Safety and Drug Free Workplace, Consumer Rights, Contract Management and Monitoring, Budget Orientation and Management. Additional trainings will be provided based of the professional standards and staff assignments.

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

County(ies): Solano County
Fiscal Year: 2005-06
Program Workplan #: SCMH 2
Date: 9/2/05
Program Workplan Name: Foster Child Home Community Suppon
Type of Funding: 2. System Development
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 30
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 10
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 20
Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.20	$96,574	$4,829
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.20		$4,829
B. New Additional Positions					
Mental Health Clinicians	Assessment, Treatment Plans Case Management		1.00	$65,562	$16,391
Mental Health Specialists	Case Management and response		1.00	$38,064	$3,159
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	2.00		$19,550
C. Total Program Positions		0.00	2.20		$24,379

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): Solano County | Fiscal Year: 2005-06

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

Program Workplan Name: Foster Child and Bilingual Community Support | Page ___ of ___

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

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

Existing Client Capacity of Program/Service: 10 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: 707-784-8584

	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		$0
d. Employment and Education Supports		$0		$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)	$4,829			$4,829
b. New Additional Personnel Expenditures (from Staffing Detail)	$19,550			$19,550
c. Employee Benefits	$6,582			$6,582
d. Total Personnel Expenditures	$30,961		$0	$30,961
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$200			$200
d. General Office Expenditures	$244			$244
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$343			$343
h. Total Operating Expenditures	$787	$0	$0	$787
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	$31,748	$0	$0	$31,748
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	$33,475			$33,475
D. Total Funding Requirements	$65,223	$0	$0	$65,223
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): Solano County
Fiscal Year: 2006-07
Program Workplan #: SCMH 2
Date: 9/2/05
Program Workplan Name: Foster Child Home Community Support
Type of Funding 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 70
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 70
Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$98,506	$4,925
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.05		$4,925
B. New Additional Positions					
Mental Health Clinicians	Assessment, Treatment Plans Case Management		3.00	$66,873	$200,618
Mental Health Specialists	Case Management and response		2.00	$38,825	$77,651
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	5.00		$278,269
C. Total Program Positions		0.00	5.05		$283,194

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): Solano County
Fiscal Year: 2006-07
Program Workplan #: SCMH 2
Date: 9/2/05
Program Workplan Name: Foster Child and Bilingual Community Support
Page ___ of ___
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 70
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 70
Telephone Number: 707-784-8584

	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
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$4,925			$4,925
b. New Additional Personnel Expenditures (from Staffing Detail)	$278,269			$278,269
c. Employee Benefits	$75,074			$75,074
d. Total Personnel Expenditures	$358,268			$358,268
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$2,960			$2,960
c. Travel and Transportation	$4,118			$4,118
d. General Office Expenditures	$4,576			$4,576
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$1,373			$1,373
h. Total Operating Expenditures	$13,027			$13,027
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$371,295			$371,295
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	$6,353			$6,353
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$6,353			$6,353
2. New Revenues				
a. Medi-Cal (FFP only)	$243,572			$243,572
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$243,572			$243,572
3. Total Revenues	$249,925			$249,925
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$121,370			$121,370
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): Solano County
Fiscal Year: 2007-08
Program Workplan #: SCMH 2
Date: 9/2/05
Program Workplan Name: Foster Child Home Community Suppor
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 80
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 80
Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$100,437	$5,022
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.05		$5,022
B. New Additional Positions					
Mental Health Clinicians	Assessment, Treatment Plans Case Management		3.00	$68,184	$204,552
Mental Health Specialists	Case Management and response		2.00	$39,587	$79,173
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	5.00		$283,725
C. Total Program Positions		0.00	5.05		$288,747

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): Solano County
Program Workplan #: SCMH 2
Program Workplan Name: Foster Child-Bilingual Community Support
Type of Funding: 2. System Development
Proposed Total Client Capacity of Program/Service: 80
Existing Client Capacity of Program/Service: 0
Client Capacity of Program/Service Expanded through MHSA: 80

Fiscal Year: 2007-08
Date: 9/2/05
Page ___ of ___
Months of Operation: 12
New Program/Service or Expansion: Expansion
Prepared by: Mary M. Lenihan
Telephone Number: 707-784-8584

	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				
b. Travel and Transportation				
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iv. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures	$0			$0
2. Personnel Expenditures				$0
a. Current Existing Personnel Expenditures (from Staffing Detail)	$5,022			$5,022
b. New Additional Personnel Expenditures (from Staffing Detail)	$283,725			$283,725
c. Employee Benefits	$75,074			$75,074
d. Total Personnel Expenditures	$363,821			$363,821
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$3,927			$3,927
c. Travel and Transportation	$3,600			$3,600
d. General Office Expenditures	$2,700			$2,700
e. Rent, Utilities and Equipment	$1,200			$1,200
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$2,600			$2,600
h. Total Operating Expenditures	$14,027			$14,027
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$377,848			$377,848
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	$6,478			$6,478
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$6,478			$6,478
2. New Revenues				
a. Medi-Cal (FFP only)	$250,000			$250,000
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$250,000			$250,000
3. Total Revenues	$256,478			$256,478
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$121,370			$121,370
E. Percent of Total Funding Requirements for Full Service Partnerships				

TRANSITION AGE YOUTH SERVICES AND SUPPORTS: Program #3
Transition Age Youth FULL SERVICE PARTNERSHIP (FSP)

EXHIBIT 4 COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: Solano	Program Work Plan Name: TRANSITION AGE YOUTH FULL SERVICE PARTNERSHIP
Program Work Plan #3	Estimated Start Date: July 2007

Description of program: Describe how this program will help advance the goals of the Mental Health Services Act	Due to constraints of the timeframe for this planning process, and the importance of having all key stakeholders available for program design, Solano will submit a detailed plan for TAY services in the Spring of 2006. Some features of the design have been determined during the planning process.
Priority Population: Describe the situational characteristics of the priority population	The target population – described below has been identified as a priority based on a number of community, stakeholders, family and client meetings and focus groups: 1. SED TAY at risk of homelessness and not completing education 2. TAY in justice system (any arrest, placement, incarceration) 3. Youth 16-25 years old leaving home, foster care, placement, residential care and at risk for homelessness 4. Dually diagnosed youth, including all co-occurring diagnosis.

Describe strategies to be used, Funding Types requested (Check all that apply) Age Groups to be served (Check all that apply)	Funding Type			Age Group			
	FSP	SYS Dev	OE	CY	TAY	A	OA
Intensive community services and supports	X				X		
Multidisciplinary team approach and case management	X				X		
Safe affordable housing	X				X		
Substance abuse services		X					
Supported transportation for people who cannot take the bus or are fearful of the bus or who cannot drive a car		X			X		
Telephone line with a person answering		X			X		
Crisis services	X				X		
Vocational skills and life skills					X		
Wellness Recovery Rehabilitation program	X				X		

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

PROPOSED NEW SERVICES #3
Planning for FSP

Solano County Mental Health (SCMH) intends to add a Full Service Partnership Team designed to meet the needs of transition age youth especially those who are transitioning from foster care placements or from the Children's to the Adult System of Care. Planning and program design will be completed for submission in Spring 2006. Transition Age Youth (TAY) with serious mental illness are vulnerable to loss of supports upon reaching age 18 and moving from the Children's into the Adult System of Care or becoming an independent adult with no supports.

There are two situational characteristics of the priority TAY targeted for this service and they may face different challenges in the transition to our Adult Service System.

First, adolescents being served in our Children's System of Care: These youth are entering adulthood with an illness that will most likely continue, such as those diagnosed with schizophrenia, co-occurring substance use and mental disorders, and severe and persistent affective disorders, among others. These youth will require continuous service through the transition into adulthood.

Second, youth who develop new disorders in late adolescence and early adulthood (or disorders that have not been assessed previously): The onset of some disorders (such as psychoses, bipolar disorder, and addictive disorders) is known to first occur in late adolescence and early adulthood, and thus come to the attention of mental health professionals.

The proposed Full Service Partnership (FSP) will be a multidisciplinary treatment team that works with youth to develop a strength-based and family-centered plan for wellness and recovery. Peer counseling will be a key strategy. A Personal Services Coordinator (PSC) will be available for support. The Multi Disciplinary Treatment team will provide an opportunity for youth and families to participate in a multi-level tiered system of care that allows for the youth with greatest need to have access to a full array of rehabilitation and treatment services. As youth stabilize, services will become less intensive, and when possible, integrated into the family and community support system. All services will be monitored to ensure that the youth receive the best possible level of care, when they need that care.

Details including answers to questions 3-11 will be provided in Spring 2006 with Solano's first plan update. Planning efforts for this strategy will include efforts similar to the initial planning effort to ensure authentic continuous leadership from family members and Transition Age Youth.

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

Not applicable

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

FSP IMPLEMENTATION SUMMARY:			
50% Staffed	**July 07**	100% Staffed	**Sept 07**
Initiate direct services:	**July 07**		
50% Enrollment	**Dec 07**	100% Enrollment	**June 08**
Client Outcomes Report	**July 09**		

CLIENT SERVICES	YEAR ONE Jan 06 - June 06 Completed By	YEAR TWO July 06 - June 07 Completed By	YEAR THREE July 07 - June 08 Completed By
Assign implementation responsibility to HSS MH staff person	Jan 06		
Provide written description detailing the planning process for TAY FSP	March 06		
Provide rationale for contract vs. in-house for planning process activities	May 06		
Provide written description of FSP detailing roles and responsibilities of team members		March 07	Update March 08
Provide written description detailing partner roles and responsibilities.		March 07	
Provide written description detailing operational procedures		May 07	
Provide written description detailing referrals into program		May 07	Update March 08
Provide intake and case note forms		May 07	
Involve consumers and family members in review of program components, roles and responsibilities, policies, etc.		June 07	
Interagency Committee review of program components, roles and responsibilities, policies, etc. of 1-6 above		June 07	
Confirm target dates for start-up and caseload growth		June 07	
Begin direct services		July 07	
Expand direct services		Jan 07	
Meet expected enrollment/service utilization goals			June08/ongoing
Prepare report re: utilization, client outcomes, and satisfaction			June 08
	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08

	Completed By	Completed By	Completed By
Meet with HR to determine appropriate classifications	Jan 06	Feb 07	
Determine best way to include clients and family members as staff	Jan 06	Feb 07	
BOS approval of new positions	Jan 06	March 07	
Begin ROUND ONE recruitments (Supervisors/Mgrs, clinical staff)	March 06	April 07	
Select and hire staff		June 07	
Train new staff		June 07	June 08
50% staffing achieved		June 07	
Reassign and train existing staff as needed		June 07	
Begin ROUND TWO recruitments (support staff)		June 07	
Select and hire staff			Sept 07
Train new staff			Sept 07
100% staffing achieved			Sept 07
Train all staff in Wellness/Recovery principles	March 06	June 07	June 08
Train all staff in Cultural Competence	June 06	May 07	May 08
Train all staff in other mandatory trainings	March 06	June 07	June 08
CONTRACTS			
Prepare description of needed purchased services (sub. abuse treatment, housing, other)		March 07	
Confer with General Services and issue RFPs		May 07	
Establish review committee for responses		May 07	
Receive and review applications			July 07
Select contractors			August 07
Develop final terms and conditions			Sept 07
Execute contract			Sept 07
Contracted services initiated			Oct 07
QA/IT	**YEAR ONE Jan 06 - June 06**	**YEAR TWO July 06 - June 07**	**YEAR THREE July 07 - June 08**
	Completed By	Completed By	Completed By
Review all intake and chart note forms for compliance with QA/IT		June 07	
Determine internal QA review process		June 07	
Determine IT needs and meet with ACS and staff re: programming needs			Sept 07
Confer with DMH to determine reporting requirements on clients served for their annual reports			Sept 07
Test IT			Sept 07
Reconfigure IT			Dec 07
Test IT			June 08
Reconfigure IT			August 08
Conduct mock QA audit on program			July 07
Prepare remediation plan			Sept 07
Conduct mock QA audit on program			March 08
Prepare remediation plan			May 08
COMMUNITY INVOLVEMENT			
Convene TAY planning committee to assist in program development	Jan 06		Update May 08

Determine staffing expectations and responsibilities, and meeting schedule for the committee	Jan 06		
Recruit for optimal consumer and family member participation	March 06		
Convene interagency case management team for TA services and clarify link with children's team.		June 07	Update June 08
Convene Interagency Council for TAY Policy direction and determine link with Children's Council.		June 07	Update June 08
Determine staffing expectations and responsibilities, and meeting schedule for the Council		June 07	
Recruit for optimal consumer and family member participation		June 07	
Review evaluation materials and reporting data with Stakeholder Committee		May 07	April 08
Convene Council with Policy Agenda		June 07	Sept 07
	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
EVALUATION	To be completed	To be completed	To be completed
Reach consensus with staff and community partners re: proposed indicators		May 07	Update June 08
Determine staff support for shared data collection and analysis workload		May 07	
Develop annual evaluation plan and links with QA		May 07	Update June 08
Collect early or baseline data			Dec 07
Publish draft evaluation document			Dec 07
Collect first-round data			March 08
Publish evaluation document			June 08

14. Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

Budget Narrative
Program #3
Transitional Age Youth Program

Staffing

All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

Staff Positions

Current Existing Staff

Mental Health Supervisor (.05 FTE) 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

New Positions

Mental Health Clinician (2.0 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (5.0 FTE) 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

Peer Counselor (2 FTEs) – 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. TAY - will help youth develop awareness of positive options.

Vocational Counselor (1.0 FTE) will work with clients on Job Readiness and conduct will conduct job skill training classes, and employment support groups for working consumers.

Substance Abuse Specialists (1.0 FTE) will interviews with clients, assist in the initial screening and intake evaluation; provide substance abuse services including crisis intervention and care management.

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

1. For FY 05-06 Budget Projection, the programs/services will begin operation by April 1, 2006 (three months). This will require all start-up activities to be completed prior to this date.
2. Costs and revenues for the subsequent fiscal years represent a 2-4% of annual increases based on current union negotiated contracts and projected increased costs for supplies.
3. All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers
4. 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 and major purchases. The one time funding reflects the 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 services, equipment and County services.
5. 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 05-06 actual budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.
6. Budgeted services and supplies costs are based on FY 05-06 budget estimates per FTE and include communications costs, general offices supplies, computer maintenance, administrative costs, and staff training.
7. One Time Funding Costs are one time costs for the acquisition of equipment, computer hardware, new software, phone equipment, data land phone lines, networks and severs, facility modifications, supplies, furniture and fixtures and trainings. Equipment and Technology Costs for the eleven new positions will include:

Software Licenses	$2,035.00
Software	$8,800.00
Data Lines	$2,750.00
Cell Phones (5)	$1,500.00
Additional Phone Lines	$2,200.00
Fax Machine	$500.00
Copy Machine	$5,000.00
PCs and Peripherals	$44,000.00
Lap Tops (1)	$1,200.00
Office Relocation Design	$2,200.00
Desks, File Cabinet	$6,600.00

Total One Time for Transitional Age Youth: $76,785.00

8. Client, Family Member & Caregiver Support Expenditures
9. Travel and Transportation: represents the cost associated with clients, family members or caregivers getting to services, training or other related activities.
10. Housing and Employment Supports: funding to assist clients, family members or caregivers to access education that will assist them in developing the skills needed to obtain employment.

11. Personnel Expenditures – all personnel costs itemized on the Program Exhibits 5b represent annualized costs of operation. Costs include salary and benefits.
    - Current Existing Personnel Expenditures: represents the allocation of time and cost of personnel currently employed who will re redeployed to work in support of the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in the MHSA Summary Budgets following each section.
    - New Additional Positions: represents new positions assigned exclusively to the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in MHSA Summary Budgets following each section.
    - Employee Benefits: Benefits costs are included with the salary costs.

12. Operating Expenditures: as with the personnel expenditures, cost shown in each section are annualized for each fiscal year.
    - General Office Expenditures: includes costs for office supplies, postage, books and periodicals, printing, and miscellaneous small office equipment.
    - Rent, Utilities and Equipment: includes costs related to communications equipment, cell phones, computers, and equipment rentals.
    - Medication and Medical Supports: includes costs associated with the purchase of medications and other medical supplies on behalf of clients.
13. Other Operating Expenses: includes the cost include licenses, fees, malpractice and liability insurance, legal, Community Meeting expenses, the allocation of administrative costs and A-87 costs. Training and education which include County mandated trainings, H&SS New Employee Orientation, Safety, HIPPA and online Testing, Workplace Protection, Infection Control, Defensive Driving, Sexual Harassment, Cultural Diversity, ADA, Supervisor Safety and Drug Free Workplace, Consumer Rights, Contract Management and Monitoring, Budget Orientation and Management. Additional trainings will be provided based of the professional standards and staff assignments.

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

County(ies): Solano County
Program Workplan #: SCMH 3
Program Workplan Name: Transitional Age Youth
Type of Funding: 1. Full Service Partnership
Proposed Total Client Capacity of Program/Service: 0
Existing Client Capacity of Program/Service: 0
Client Capacity of Program/Service Expanded through MHSA: 0

Fiscal Year: 2005-06
Date: 9/2/05
Months of Operation: 3
New Program/Service or Expansion: New
Prepared by: Mary M. Lenihan
Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$96,574	$1,207
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.05		$1,207
B. New Additional Positions					
MH Clinicians	Assessments and Treatment Plan		1.00	$55,562	$11,146
MH Specialists	Case Management		1.00	$38,064	$3,159
Peer Counselor	Peer Support	2.00	2.00	$17,500	$2,905
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	4.00		$17,210
C. Total Program Positions		2.00	4.05		$18,417

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): Solano County | Fiscal Year: 2005-06

Program Workplan #: SCMH 3 | Date: 9/2/05

Program Workplan Name: Transitional Age Youth | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 707-784-8584

	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		$0
d. Employment and Education Supports		$0		$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)	$1,207			$1,207
b. New Additional Personnel Expenditures (from Staffing Detail)	$17,210			$17,210
c. Employee Benefits	$4,973			$4,973
d. Total Personnel Expenditures	$23,390		$0	$23,390
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$300			$300
d. General Office Expenditures	$250			$250
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$863			$863
h. Total Operating Expenditures	$1,413	$0	$0	$1,413
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	$24,803	$0	$0	$24,803
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	$76,785			$76,785
D. Total Funding Requirements	$101,588		$0	$101,588
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano County
Fiscal Year: 2006-07
Program Workplan #: SCMH 3
Date: 9/2/05
Program Workplan Name: Transitional Age Youth
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 75
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 75
Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$98,506	$4,925
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.05		$4,925
B. New Additional Positions					
MH Clinicians	Assessments and Treatment Plan		2.00	$66,873	$133,746
MH Specialists	Case Management	2.00	4.00	$38,825	$155,301
Peer Counselor	Peer Support	2.00	2.00	$17,850	$35,700
Vocational Counselor	Job Readiness, Development, Support		1.00	$50,239	$50,239
Substance Abuse Specialists	SA Treatment, Support		1.00	$48,627	$48,627
Office Assistant	Clerical Support		1.00	$39,000	$39,000
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	11.00		$462,613
C. Total Program Positions		4.00	11.05		$467,538

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): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 3 | Date: 9/2/05

Program Workplan Name: Transitional Age Youth | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 75 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 75 | Telephone Number: 707-784-8584

	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	$31,120			$31,120
b. Travel and Transportation	$15,600			$15,600
c. Housing				
i. Master Leases	$40,000			$40,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$45,000			$45,000
d. Employment and Education Supports	$10,480			$10,480
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$142,200			$142,200
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$4,925			$4,925
b. New Additional Personnel Expenditures (from Staffing Detail)	$462,613			$462,613
c. Employee Benefits	$135,586			$135,586
d. Total Personnel Expenditures	$603,124			$603,124
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$1,976			$1,976
c. Travel and Transportation	$9,400			$9,400
d. General Office Expenditures	$2,500			$2,500
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$4,500			$4,500
h. Total Operating Expenditures	$18,376			$18,376
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$763,700			$763,700
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	$6,353			$6,353
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$6,353			$6,353
2. New Revenues				
a. Medi-Cal (FFP only)	$409,652			$409,652
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$409,652			$409,652
3. Total Revenues	$416,005			$416,005
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$347,694			$347,694
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano County
Fiscal Year: 2007-08
Program Workplan #: SCMH3
Date: 9/2/05
Program Workplan Name: Transitional Age Youth
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 75
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 75
Telephone Number: 707-784-8584

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					
Mental Health Services Mgr. Sr.	Program Management		0.05	$100,437	$5,022
	Total Current Existing Positions	0.00	0.05		$5,022
B. New Additional Positions					
MH Clinicians	Assessments and Treatment Plan		2.00	$68,184	$136,368
MH Specialists	Case Management	2.00	4.00	$39,587	$158,346
Peer Counselor	Peer Support	2.00	2.00	$18,200	$36,400
Vocational Counselor	Job Readiness, Development, Support		1.00	$51,225	$51,225
Substance Abuse Specialists	SA Treatment, Support		1.00	$49,581	$49,581
Office Assistant	Clerical Support		1.00	$40,560	$40,560
	Total New Additional Positions	4.00	11.00		$472,480
C. Total Program Positions		4.00	11.05		$477,502

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): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH3 | Date: 9/2/05

Program Workplan Name: Transitional Age Youth | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 75 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 75 | Telephone Number: 707-784-8584

	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	$31,120			$31,120
b. Travel and Transportation	$16,200			$16,200
c. Housing				
i. Master Leases	$40,000			$40,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$45,000			$45,000
d. Employment and Education Supports	$10,480			$10,480
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures	$142,800			$142,800
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$5,022			$5,022
b. New Additional Personnel Expenditures (from Staffing Detail)	$472,480			$472,480
c. Employee Benefits	$138,476			$138,476
d. Total Personnel Expenditures	$615,978			$615,978
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services	$1,976			$1,976
c. Travel and Transportation	$12,448			$12,448
d. General Office Expenditures	$2,500			$2,500
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$4,500			$4,500
h. Total Operating Expenditures	$21,424			$21,424
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$780,202			$780,202
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	$6,478			$6,478
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$6,478			$6,478
2. New Revenues				
a. Medi-Cal (FFP only)	$425,000			$425,000
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$425,000			$425,000
3. Total Revenues	$431,478			$431,478
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$348,724			$348,724
E. Percent of Total Funding Requirements for Full Service Partnerships				

ADULT SERVICES AND SUPPORTS: PROGRAM # 4
Forensic Services FULL SERVICE PARTNERSHIP (FSP)

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: Solano	Program Work Plan Name: **FORENSIC ASSESSMENT & COMMUNITY TREATMENT FULL SERVICE PARTNERSHIP**
Program Work Plan # 4	Estimated Start Date: July 2006

Description of program: Describe how this program will help advance the goals of the Mental Health Services Act	The impetus of this program is the adverse consequence of adults repeatedly incarcerated due to an untreated mental illness and the absence of adequate services and supports. Adequate services and supports will help individuals from the Criminal Justice System develop a stable and hopeful life that includes vocational training, employment, education, social and community activities, access to safe and affordable housing, medication management, and psychological crisis and counseling intervention. The desired outcome is an end to criminal justice involvement and adaptation to a safe and healthy lifestyle.
Priority Population: Describe the situational characteristics of the priority population	Individuals with a diagnosis of a severe and persistent mental illness, who also may have co-occurring conditions (e.g., substance abuse/dependence, medical problems) homelessness or housing instability, are unemployed, who have some connection with the Criminal Justice System or will be at risk for involvement with Criminal Justice Systems. Individuals who are charged with non-violent misdemeanor offenses and have a severe and persistent mental illness will be given priority. Severely and persistently mentally ill individuals who are incarcerated are at liberty to refuse medications in the Jail, have their Social Security benefits suspended after one month of incarceration, are generally unemployed upon release, and typically have problematic family relationships and significant interpersonal problems. This population is at high risk for continued criminal justice involvement, deteriorating health and socio-economic marginalization.

Describe strategies to be used / Funding Types requested (Check all that apply) / Age Groups to be served (Check all that apply)	Funding Type			Age Group			
	FSP	SYS Dev	OE	CY	TAY	A	OA
Academic/vocational services & counseling	X	X			X	X	X
Substance abuse treatment and integrated services	X	X			X	X	X
Integration with courts and probation	X				X	X	X
Education about mental illness		X			X	X	X
Peer support	X				X	X	X
Identification and outreach	X				X	X	X
Case management with one-person contact and a multi-disciplinary team	X				X	X	X
Education for family members	X	X			X	X	X
Family involvement	X	X			X	X	X
Comprehensive assistance and planning	X				X	X	X
Thorough assessment screening for clients	X				X	X	X
Safe affordable housing	X				X	X	X

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

PROPOSED NEW SERVICES #4

Multi-Disciplinary Intensive Forensic Services: Program Details

- Clients are enrolled into the FACT FSP based on the level of care needed. Level of care is based on a comprehensive assessment that includes evaluation in the following life domains: mental health, health, substance abuse, social and family history and current support, basic current needs (income, housing, life skills), strengths, legal situation, and goals. A licensed mental health clinician (Psychologist, LCSW, MFT, or Psychiatrist) on the FACT Assessment Team provides this assessment.

Target population: Individuals who have a severe and persistent mentally illness, are not stable in the community, have a complex and serious criminal justice history, have more acute symptoms and role impairment, have compliance issues with treatment and/or medication, and have significant case management needs (e.g., housing, employment services, transportation needs, no income or benefits stopped due to incarceration, inappropriate behaviors, and community safety issues). This group includes PC 1370.01 clients.

Services offered: intensive, recovery-focused assertive community treatment and supports available round-the-clock by a multi-lingual, multi-cultural, multi-disciplinary team including Clinicians, Personal Services Coordinators, Consumer Advocates, Job Developer, medical staff, and Public Guardian services.

Services include the following:

- Assessment and triage
- Intensive case management
- Individual treatment
- Housing support
- Vocational and employment support
- Benefits' access
- Resource management
- Crisis Intervention Services
- Have mobile, community-based capability

It is expected that clients will move from one level of care to another at different times. Exit planning from FACT will include linkage to local Wellness/Recovery programs for ongoing support.

What outreach is needed to enroll these individuals?

The FACT Assessment Team will maintain close liaison with Jail medical staff, who are aware of the individuals identified as having mental illness by the screening conducted by Correctional Officers, the Psychiatric Nurse or the Correctional Care Psychiatrist. The FACT Assessment Team will evaluate all inmates identified by the Jail medical staff. The Probation Department will also make referrals to FSP staff who will provide ongoing training to the Probation Officers on mental illness and appropriate referrals.

The Superior Court will initiate most of the FACT referrals. Many of these referrals are for the purpose of recommendations for residential placement, for the evaluation of mental illness as a mitigating circumstance, or for a determination as to whether or not to make mental health treatment a condition of Probation. The other evaluations for inclusion in the FACT Program include Penal Code 1370.01 (Misdemeanor Incompetent to Stand Trial) clients.

Decisions regarding incarceration versus hospitalization are frequently made at the Crisis Service between Peace Officers and Crisis Staff. If Crisis does not find the individual detainable on a WI 5150, then the individual often is booked into Jail. The FACT Full Service Partnership (FACT FSP) would provide community options with different levels of support and supervision as alternatives to incarceration, which could be easily accessed while the individual is still at the Crisis Service.

How does the program help advance the goals of the MHSA?
The impetus of this program is the adverse consequence of adults repeatedly incarcerated due to an untreated mental illness and the absence of adequate services and supports. Adequate services and supports will help individuals from the Criminal Justice system develop a stable and hopeful life that includes vocational training, employment, education, social and community activities, access to safe and affordable housing, medication management, and psychological crisis and counseling intervention. The desired outcome is an end to criminal justice involvement and adaptation to a safe and healthy lifestyle.
The FACT Full Service Partnership program is based on the experience that Solano County had with a Mentally Ill Offender Crime Reduction (MIOCR) project from 2001-2003. The funding was not sustained for the program, ending in 2002. However, Superior Court Judges, the Director of Probation, the District Attorney, Public Defender, and the Sheriff have all expressed a strong desire that these kinds of services be re-vitalized.

MHSA outcomes that we expect to accomplish include:
Reduction in incarcerations
Adults and Older Adults served in Forensic Full Service Partnerships (i.e., the Forensic Assertive Community Treatment team) will have documented reductions in incarcerations.

Network of supportive relationships
For adults and older adults served in Full Service Partnerships services, the wellness focus of the services will require that the team and the consumer work together to achieve success in this domain. Participating consumers and their families will be encouraged and supported to expand their networks and progress in this regard will be noted, celebrated and reported.

Timely access to needed help including times of crisis
For adults and older adults served in Full Service Partnerships services, access to a Personal Services Coordinator will be an explicit and authentic support component.

Participating consumers and their families will be advised that their calls for support and information are welcome anytime, and their satisfaction with the responsiveness of these services will be checked routinely.

Safe and adequate housing
Adults and Older adults served in Full Service Partnerships will be provided the supports that they require to ensure safe and adequate housing. Documentation of this will be included in all reports on client and community outcomes.

Reduction of involuntary services
For adults and older adults served in Full Service Partnerships services, access to a Personal Services Coordinator will be an explicit and authentic support component. Participating consumers and their families will be advised that their calls for support and information are welcome anytime, and we anticipate that this ability to connect with a team member in times of stress will reduce involuntary services.

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

Housing
Clients will be assessed for housing needs and the FACT FSP will manage several housing resources, including Master Leases, motel vouchers, a fund to pay for Board and Care placements for members without financial resources and to provide safe and adequate housing for its members. In some cases the Solano County Mental Health Housing Coordinator will be used for additional resource management. Solano County has already developed significant resources to secure appropriate housing through our AB 2034 projects as well as the Master Lease project. New resources will be used to build on these projects.

Employment
The FACT FSP will have a job developer on staff to work with its members, and will also utilize existing resources, such as State Department of Rehabilitation, One Stop employment assistance (CalWORKs), Pride Industries, Labor Ready and other available employment resources. All staff members of the FACT FSP staff will hold employment services as a central focus of wellness and recovery. All FACT FSP staff will complete the three-day Immersion Program at The Village in Long Beach.

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

Annualized cost per client **$22,791**

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

To ensure that wellness and recovery principles are reflected in the delivery of services, clients will be interviewed, or provided with a questionnaire annually, regarding the extent to which they experienced:

- FACT FSP staff believes in recovery and expectations of recovery are maintained (setbacks are incorporated as learning experiences).
- Services are culturally appropriate.
- Services are safe for the client socially, emotionally and physically.
- Services that a client needs are identified through a single plan and Personal Service Coordinator.
- Clients have access to staff, who is aware of their needs around-the-clock.
- Clients are related to as individuals, not as illnesses; clients' preferences determine service structure and opportunity (often within the parameters of mandated services).
- Resources to meet educational and employment objectives are available.
- Clients learn to manage their own resources.
- Interpersonal and family relationships are supported and encouraged; family members are welcomed and appropriately involved (e.g., spouses, children, siblings, parents, significant others).

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

Current Services for Adults involved in the Criminal Justice System
Level One: Referral and follow-up
Target Population: Those who do not meet threshold criteria for public mental health target population. Services offered: Assistance with court paperwork, formal or informal referral, and follow-up as requested by the Court.
Level Two: Basic case management and medication services
Target Population: Severely and persistently mentally ill individuals who are stable, living in the community, linked with Solano County Mental Health Outpatient services, compliant and cooperative with treatment, encouraged about their wellness and community support, and able to effectively make use of the services provided. Services offered: Case tracking, medication support services, follow-up as requested by the Court.
Level Three: Community Intervention Response Team (intensive but limited)
Target Population: Severely and persistently mentally ill individuals who are unstable, living in the community, not adequately linked with Solano County Mental Health Outpatient services, not always cooperative with treatment and in need of follow-up and services to maintain stability in the community. Currently, if a client in case management services with the Level Two services (see above) begins to decompensate, or requires daily support, they are referred to this Level Three CIRT. Services offered: case

management and service brokerage, some community treatment, though only available 8am-5pm, Monday through Friday. Serious capacity shortage can result in further decompensation resulting in acute psychiatric hospitalization, and if stabilization is slower than 7-10 days, Temporary Conservatorship and referral to a locked sub-acute facility (Institution for Mental Disease).

How are services integrated and seamless?
The FACT FSP will be fully integrated into regular Solano County Mental Health Services in that the enrollment process allows for proper placement of target population, not all of which will need the FSP. The ability to provide services to Criminal Justice clients will be integrated within the system. Additionally, clients in the FACT FSP who achieve a certain level of stability will be transitioned, often with their vocational and housing supports, to outpatient case management in the Mental Health Services system. Clients thus transferred will be able to transition back into the FSP if there is need for more intensive supports.

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

The FACT services will include in its staffing a Family Advocate. All staff will be trained to utilize the client's family strengths, assets and supports and to work effectively with family members in developing service plans and providing services. The Community Based Quality Team includes clients and family members from the program.

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

PARTNER	GETS	GIVES
CLIENT	Services per individualized assessment and level of care	Best efforts, compliance with mandates Is a valuable, respected and equal member of the team
FAMILY MEMBER	Education and support, stability in a community setting for their family member(s)	Support client's treatment and growth Is a valuable, respected and equal member of the team
PROBATION	Training, assessments, timely reports	Referrals, enforcement and leverage
JAIL	Reduction in number of repeat mentally ill offenders Treatment and support for inmates	Access to inmates for outreach and assessment, referrals and information
SCMH	Enhanced system of care for all in Forensics	Provides services and supports to the Criminal Justice population, provides housing and employment support for lasting stability
COURTS	Save on court costs, better adjudicated solutions, timely letters, recommendations	Referrals, set mandates

Collaborative Infrastructure: Policy and Agency Partnership Oversight
Two interagency groups will be required to ensure that services are provided, that result in positive outcomes for adults served by this program: one, the Service Planning Team (SPT) is comprised of representatives from the Jail, Vocational Support or other members of the team, the clients' family, landlord, Probation Officer, Advocate, who are working together on behalf of the clients. This group must ensure a successful treatment plan that spans multiple agencies and possibly jurisdictions. Another group, Multi-Departmental Forensic Services Council (MDFS Council) ensures that agency policies and practices reflect to the greatest extent possible, the shared value of assisting consumers to live with stability and wellness in communities. These groups are discussed in more detail below:

A Service Planning Team (SPT) is formed for the specific needs of each consumer to develop comprehensive, tailored service plans. A SPT could include a psychiatrist, personal services coordinator, other team members, relevant family members or care givers, consumers, Probation Officer, CBOs or other staff as may be indicated by the needs of the individual. Key functions include:

- Case review
- Development of enrollment agreements
- Review of assessment findings and intensive services planning
- Review of progress or problems in accomplishing treatment goals
- Provides service oversight and follow-up with clients who graduate to a lower level of care until successful transition is confirmed
- Re-assessment of the needs of those who are ready for greater independence
- Referral of policy and partner agency performance issues to the Departmental Forensic Services Council (MDFS Council)

Multi-Departmental Forensic Services Council (MDFS Council)
This team has already formed and is currently planning for operational policies and procedures. This team will be responsible for providing policy-level oversight and guidance for FACT services. Members include the District Attorney, Probation, Public Defender, the County Sheriff's, County Counsel, a Superior Court Judge, Correctional Health Care staff, Substance Abuse Administrator, consumers, family members and FACT staff. The Solano County Mental Health Director convenes the MDFS Council. The MDFS Council is marked by the members' commitment to the principles and practices of wellness, recovery, resilience, hope and the following:

- Treatment is preferred instead of incarceration for mentally ill offenders
- To construct, maintain and adapt a multi-Departmental coordinated system for diversion, release, and mandated mental health treatment of mentally ill offenders.
- Constant coordination and negotiation of criminal justice and mental health goals, system demands and rules.

The purpose of the FACT MDFS Council is to provide program oversight, policy development that will encourage diversion and release of mentally ill offenders from the Criminal Justice System to community-based treatment. This team will address the problems that exist and arise within and among Departments to continuously refine the system, maintain its effective functioning, and develop quality improvement activity.

PERFORMANCE MEASURES:

The collaborative partners have developed the following performance measures. They will be monitored annually, and used to make program and policy adjustments.

FACT FSP
PERFORMANCE MEASURES

Program goal	Measures	Data Source	Person Responsible
Reduced recidivism	#/% Repeat incarceration in Jail or Prison	NEW DATABASE	HSS MH staff
Reduced hospitalization	#/% Repeat hospitalizations	NEW DATABASE	HSS MH staff
Safe housing	#/% in stable and safe housing	NEW DATABASE	HSS MH staff
Employment	#/% In stable employment or meaningful activities	NEW DATABASE	HSS MH staff
Program goal	**Measures**	**Data Source**	**Person Responsible**
Individualized treatment plans	#/% Clients stating they got all the services they thought they needed	Survey Q 8	HSS Research and Quality Mgt staff
Individualized treatment plans	#/% Clients stating they could see a psychiatrist whenever they wanted to	Survey Q 9+	HSS Research and Quality Mgt staff
Client-centered planning	#/% Clients stating they decided their own treatment goals	Survey Q 17 Y6	HSS Research and Quality Mgt staff
Wellness and Recovery planning	#/% Clients stating they were encouraged to use consumer run programs	Survey Q 20	HSS Research and Quality Mgt staff
Improved Quality of Life	#/% Clients stating their life in general is good.	Survey QOL/1	HSS Research and Quality Mgt staff
Program goal	**Measures**	**Data Source**	**Person Responsible**
Culturally sensitive services	#/% Clients stating staff was sensitive to their cultural and ethnic background. .	Survey 18	HSS Research and Quality Mgt staff
Staff supported in W/R practices	% FACT Staff very satisfied with resources, training and support	Survey	HSS Research and Quality Mgt staff
Services are comprehensive and multi-agency	Partner stakeholders are highly satisfied with services	Partner surveys	HSS Research and Quality Mgt staff
Services are consumer-driven and multi-agency	% Partners and % consumers/family members attending Case Management Committee Meetings	Committee rosters	HSS MH staff
Services are comprehensive and multi-agency	% Partners and % consumers/family members attending Interagency Policy Committees	Committee rosters	HSS MH staff
FACT services are client-centered	FACT levels of care are individualized and flexible	% FACT Clients moving among levels of care	HSS MH staff
W/R practices are utilized	The strengths-based approach is used for FACT assessment and treatment planning	FACT policies and Forms review	HSS Research and Quality Mgt staff

Services are culturally sensitive	% Clients served increasingly reflects target population in ethnicity and language	INSYST	HSS MH staff
Services are culturally sensitive	Staff and contractors for FACT increasingly reflect target population in ethnicity and language	Annual CCP update data collection	HSS Research and Quality Mgt staff

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

The FACT FSP will be designed to serve Spanish-language clients, as well as to be sensitive and responsive to African American, Filipino, Hispanic, and clients of all other cultures. Interpreter services will be employed to ensure that services are provided in the client's primary language. Staff will participate twice per year in cultural competency training (see training requirements below) designed specifically for the Criminal Justice population. Additionally, performance in this area will be measured by the degree to which services are provided across the ethnic and racial spectrum expected in the target population. These data will be reported to the Cultural Competency Committee, the Solano County Mental Health Management Team, the Local Mental Health Board (at least annually), and reported in the Cultural Competence Updates. During the hiring process, staff must be representative of the populations served. It is mandatory that bilingual and bicultural staff be members of the FACT team.

System wide, comprehensive recruitment, retention and training strategies for cultural competency among all segments of staff, county-employed and contract agency-employed, that reflect the demographics of Solano County, will be described in the Employment and Training component of the MHSA implementation. There will be more appropriate mental health services and supports for people of all racial/ethnic and cultural backgrounds. Clients will receive mental health services and supports in their own language. Services will be provided in ways that are sensitive and understanding of their different cultural beliefs and values. The team will provide services in English and Spanish (our primary threshold language). Translation services will be provided for other primary languages when necessary to meet family and child needs. Staff will be trained twice per year in cultural issues and approaches to ensure cultural competency and sensitivity. Ethnicity and language of clients served, and of client's success in the program, will be tracked and published.
It is vital that Solano County Mental Health and partner agencies have the capacity to effectively serve the racial and ethnic populations in the various regions of Solano County. Solano will strive to recruit staff and contracting partners that reflect the ethnic populations living in specific geographic areas of Solano County. Solano County's Cultural Competency Plan's updates will provide an opportunity to monitor and re-focus resources toward cultural competency.

All staff, volunteers, and contract providers will be required to, at a minimum, receive annual training in Cultural Competency and Sensitivity, Hispanic Outreach and Engagement, Filipino Outreach and Engagement, Identification of Ethnic Disparity, and Use of Interpreters. Service contracts will be revised to establish cultural competency as a feature of contract services. FACT agreements and Memoranda of Understanding will include cultural competency goals. Community stakeholders will provide input and participate in oversight activities that ensure that the goals of culturally competent service provision and associated system quality management are met.

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

During initial contact with client, information gathering will include, with appropriate sensitivity to privacy, confidentiality and cultural context, issues relevant to sexual orientation and gender. Assessment and service plan development will employ a strengths-based perspective. Assessment will include consideration of sexual orientation matters as indicated by the clients and their situational circumstances. As needed and as determined by clients, service planning will address sexual orientation. Individual, family, friends and community assets will be assessed; services will complement natural supports. Assessment and service planning will include gender differences and distinguishing developmental and psychological characteristics and different needs of boys and girls. Relevant attention to gender will also be included in family support planning. Training and education planning will ensure that system wide knowledge and skill development include sexual orientation and gender. These training and services specialization needs will be a focus of ongoing stakeholder planning.

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

Solano County Mental Health is responsible for providing supports to clients and families who reside in facilities outside of the County. Because of the community-based and mobile nature of the FACT FSP and its focus on preventing and reducing contacts with the Criminal Justice System and its discharge planning, services will be available to clients placed out-of-county. Clients will be referred to the program as part of the clients' service plans. Each person that is placed out-of-county will have a discharge goal with reintegration features when the placement occurs. Services provided by the placement program will be organized to achieve the discharge and reintegration elements of the clients' service plans. In this way, the program will be able to seamlessly assist those who are referred with reintegration into Solano County.

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

Not applicable

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

FACT IMPLEMENTATION SUMMARY:			
50% Staffed	**June 06**	100% Staffed	**Sept 06**
Initiate direct services:	**June 06**		
50% Enrollment	**Dec 06**	100% Enrollment	**June 07**
Client Outcomes Report	**July 08**		

CLIENT SERVICES	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Completed By
Provide written description detailing the program (any adjustments to submitted program description, details, etc.)	March 06	Update March 07	Update March 08
Provide rationale for contract vs. internal for various program components	May 06		
Provide written description detailing roles and responsibilities of team members	March 06		Update March 08
Provide written description detailing partner roles and responsibilities	March 06		
Provide written description detailing operational procedures	May 06		
Provide written description detailing referrals into program	May 06		Update March 08
Provide intake and case note forms	May 06		
Involve consumers and family members in review of program components, roles and responsibilities, policies, etc.	June 06		
Interagency Committee review of program components, roles and responsibilities, policies, etc. of 1-6 above	June 06		
Confirm target dates for start-up and caseload growth	June 06		
Begin direct services		July 06	
Expand direct services		Jan 07	
Meet expected enrollment/service utilization goals		June 07	July 07 /ongoing
Prepare report re: utilization, client outcomes, and satisfaction			July 07

	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Completed By
Meet with HR to determine appropriate classifications	Jan 06		
Determine best way to include clients and family members as staff	Jan 06		
BOS approval of new positions	Jan 06		
Begin ROUND ONE recruitments (Supervisors/Mgrs, clinical staff)	Jan 06		

Select and hire staff	June 06		
Train new staff	June 06	July 06	Dec 07
50% staffing achieved	June 06	July 06	
Reassign and train existing staff as needed	June 06		
Begin ROUND TWO recruitments (support staff)	June 06		
Select and hire staff		Sept 06	
Train new staff		Sept 06	
100% staffing achieved		Sept 06	Dec 07
Train all staff in Wellness/Recovery principles	March 06	June 07	June 08
Train all staff in cultural competence	June 06	May 07	April 08
Train all staff in other mandatory trainings	March 06	June 07	June 08
CONTRACTS			
Prepare description of needed purchased services (substance abuse treatment, housing, other)	March 06		
Confer with General Services and issue RFPs	May 06		
Establish review committee for responses	May 06		
Receive and review applications		July 06	
Select contractors		August 06	
Develop final terms and conditions		Sept 06	
Execute contract		Sept 06	
Contracted services initiated		Oct 06	
Revise/Amend contracts			April 08
QA/IT	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Completed By
Review all intake and chart note forms for compliance with QA/IT	June 06		
Determine internal QA review process	June 06		
Determine IT needs and meet with ACS and staff re: programming needs		Sept 06	
Confer with DMH to determine reporting requirements on clients served for their annual reports		Sept 06	
Test IT		Sept 06	
Reconfigure IT		Dec 06	
Test IT		June 07	
Reconfigure IT			August 08
Conduct mock QA audit on program		Dec 06	July 07
Prepare remediation plan		Feb 06	Sept 07
Conduct mock QA audit on program			March 08
Prepare remediation plan			May 08
COMMUNITY INVOLVEMENT			
Convene Stakeholder Committee to assist in program development	Jan 06		Update May 08
Determine staffing expectations and responsibilities for the committee	Jan 06		
Determine Stakeholder Committee's annual meeting schedule	Jan 06		
Recruit for optimal consumer and family member participation	March 06		

Convene client disposition team to discuss procedures and operational details	March 06		Update May 08
Review evaluation materials and reporting data with Stakeholder Committee	June 06	April 07	April 08
Convene Stakeholder Committee with Policy Agenda		Sept 06	Sept 07
EVALUATION	YEAR ONE Jan 06 – June 06	YEAR TWO July 06 – June 07	YEAR THREE July 07 – June 08
	Completed by	Completed by	Completed by
Reach consensus with staff and community partners re: proposed indicators	May 06		Update March 08
Determine staff support for share data collection and analysis workload	May 06		
Develop annual evaluation plan and links with QA	May 06		Update March 08
Collect early or baseline data		March 07	
Publish draft evaluation document		June 07	
Collect first-round data			March 08
Publish evaluation document			June 08

14. Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

Budget Narrative
Program #4
Forensic Assertive Community Treatment (FACT)

Staffing

All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers.

Staff Positions

Current Existing Staff

Mental Health Manager (.25 FTE) 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

Mental Health Clinician (3.0 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (1.0 FTE) 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 Mental Health Clinician (1) will be responsible for overall program management and supervision; provides clinical supervision to other clinical staff and participate 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.

Psychiatrist (.50 FTE) will provide support and consultation services.

Registered Nurse (1 FTE) will provide Medication Management and Health Care support and referrals.

New Positions

Mental Health Clinician (1.0 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (3.0 FTE) 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.

Family Advocate (1.0 FTE) will assists family members through the provision of information and support. Assists family members in navigating the Mental Health system.

Office Assistant (1.0 FTE) will provide administrative support to program including data entry, scheduling and filing, photocopying and collating materials; manages electronic databases, assists with day-to-day operation of program.

Vocational Counselor (1.0 FTE) will work with clients on Job Readiness and conduct will conduct job skill training classes, and employment support groups for working consumers.

Court Liaison (1.0 FTE) will be the liaison between MHSA Forensic Services and the courts.

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

1. For FY 05-06 Budget Projection, the programs/services will begin operation by April 1, 2006 (three months). This will require all start-up activities to be completed prior to this date.

2. Costs and revenues for the subsequent fiscal years represent a 2-4% of annual increases based on current union negotiated contracts and projected increased costs for supplies.

3. All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

4. 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 and major purchases. The one time funding reflects the 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 services, equipment and County services.
5. 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 05-06

actual budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.

6. Budgeted services and supplies costs are based on FY 05-06 budget estimates per FTE and include communications costs, general offices supplies, computer maintenance, administrative costs, and staff training.

7. One Time Funding Costs are one time costs for the acquisition of equipment, computer hardware, new software, phone equipment, data land phone lines, networks and severs, facility modifications, supplies, furniture and fixtures and trainings. Equipment and Technology Costs for the eight new positions will include:

Software Licenses	$1,665.00
Software	$7,200.00
Data Lines	$2,500.00
Cell Phones (3)	$900.00
Phone Systems	$25,000.00
Fax Machine	$500.00
Copy Machine	$8,500.00
PCs and Peripherals	$36,000.00
Lap Tops (1)	$1,200.00
Office Relocation Design	$1,800.00
Desks, File Cabinet	$5,400.00
Space Rental	$60,000.00
Space Modifications	$75,000.00
Total One-Time Costs for FACT:	$225,415.00

8. Client, Family Member & Caregiver Support Expenditures

   - Travel and Transportation: represents the cost associated with clients, family members or caregivers getting to services, training or other related activities.

   - Housing and Employment Supports: funding to assist clients, family members or caregivers to access education that will assist them in developing the skills needed to obtain employment.

9. Personnel Expenditures – all personnel costs itemized on the Program Exhibits 5b represent annualized costs of operation. Costs include salary and benefits.

   - Current Existing Personnel Expenditures: represents the allocation of time and cost of personnel currently employed who will re redeployed to work in support of the MHSA Programs. Position FTE and costs are itemized on

Exhibit 5 b while specific position duties are described in the MHSA Summary Budgets following each section.

- New Additional Positions: represents new positions assigned exclusively to the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in MHSA Summary Budgets following each section.

- Employee Benefits: Benefits costs are included with the salary costs.

10. Operating Expenditures: as with the personnel expenditures, cost shown in each section and are annualized for each fiscal year.

    - General Office Expenditures: includes costs for office supplies, postage, books and periodicals, printing, and miscellaneous small office equipment.

    - Rent, Utilities and Equipment: includes costs related to communications equipment, cell phones, computers, and equipment rentals.

    - Medication and Medical Supports: includes costs associated with the purchase of medications and other medical supplies on behalf of clients.

Other Operating Expenses: includes the cost include licenses, fees, malpractice and liability insurance, legal, Community Meeting expenses, the allocation of administrative costs and A-87 costs. Training and education which include County mandated trainings, H&SS New Employee Orientation, Safety, HIPPA and online Testing, Workplace Protection, Infection Control, Defensive Driving, Sexual Harassment, Cultural Diversity, ADA, Supervisor Safety and Drug Free Workplace, Consumer Rights, Contract Management and Monitoring, Budget Orientation and Management. Additional trainings will be provided based of the professional standards and staff assignments.

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

County(ies): Solano County
Fiscal Year: 2005-06
Program Workplan #: SCMH 4
Date: 9/2/05
Program Workplan Name: Forensic FSP
Type of Funding 1. Full Service Partnership
Months of Operation 3
Proposed Total Client Capacity of Program/Service: 5
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 5
Telephone Number: 707-784-8584

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					
MH Clinician	Assessments and Treatment Plans		1.00	$65,562	$5,442
MH Specialist	CaseManager		1.00	$38,064	$9,516
Manager	Program Implementation and Operations		0.25	$79,643	$4,978
MH Clinician Supervisor	Clinical Case Management and Overview		0.50	$72,114	$9,014
Psychiatrist	Assessments and Medication		0.25	$142,751	$8,922
Registered Nurse	Medication Management		0.50	$85,488	$10,686
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	3.50		$0
					$48,558
B. New Additional Positions					
MH Clinician	Assessments and Treatment Plans		1.00	$65,562	$5,442
MH Specialist	Case Management	1.00	1.00	$38,064	$3,159
OA1	Clerical Support		1.00	$38,896	$9,724
Court Liaison	Coordination between Courts and Program	1.00	1.00	$43,971	$3,650
					$0
					$0
					$0
	Total New Additional Positions	2.00	4.00		$0
					$21,975
C. Total Program Positions		2.00	7.50		$70,532

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): Solano County | Fiscal Year: 2005-06

Program Workplan #: SCMH 4 | Date: 9/2/05

Program Workplan Name: Forensic FSP | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 5 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 5 | Telephone Number: 707-784-8584

	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		$0
d. Employment and Education Supports		$0		$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)	$48,558			$48,558
b. New Additional Personnel Expenditures (from Staffing Detail)	$21,975			$21,975
c. Employee Benefits	$17,633			$17,633
d. Total Personnel Expenditures	$88,165		$0	$88,165
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$300			$300
d. General Office Expenditures	$950			$950
e. Rent, Utilities and Equipment	$3,500			$3,500
f. Medication and Medical Supports	$2,700			$2,700
g. Other Operating Expenses (provide description in budget narrative)	$875			$875
h. Total Operating Expenditures	$8,325	$0	$0	$8,325
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	$96,490		$0	$96,490
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance	$0			$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			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$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	$225,415			$225,415
D. Total Funding Requirements	$321,905	$0	$0	$321,905
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 4 | Date: 9/2/05

Program Workplan Name: Forensic FSP

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707-784-8584

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					
MH Clinician	Assessments and Treatment Plans		3.00	$66,873	$200,620
MH Specialist	CaseManager		1.00	$42,707	$42,707
Manager	Program Implementation and Operations		0.25	$81,236	$20,309
MH Clinician Supervisor	Clinical Case Management and Overview		1.00	$73,556	$73,556
Psychiatrist	Assessments and Medication		0.50	$145,606	$72,803
Registered Nurse	Medication Management		1.00	$87,198	$87,198
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	6.75		$497,193
B. New Additional Positions					
MH Clinician	Assessments and Treatment Plans		1.00	$66,873	$66,873
MH Specialist	Case Management	3.00	3.00	$42,707	$128,122
Family Advocate	Family Support	1.00	1.00	$30,424	$30,424
OAII	Clerical Support		1.00	$39,674	$39,674
Vocational Counselor	Job Readiness, Development, Support	1.00	1.00	$50,239	$50,239
	One-Call			$37,000	$29,000
Court Liaison	Coordination between Courts and Program	1.00	1.00	$44,851	$45,730
	Total New Additional Positions	6.00	8.00		$390,062
C. Total Program Positions		6.00	14.75		$887,255

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-linguat 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): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 4 | Date: 9/2/05

Program Workplan Name: Forensic FSP | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707-784-8584

	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	$10,000			$10,000
b. Travel and Transportation	$15,000			$15,000
c. Housing	$48,000			
i. Master Leases	$3,000			$3,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$24,000			$24,000
d. Employment and Education Supports	$10,000			$10,000
e. Other Support Expenditures (provide description in budget narrative)	$30,000			$30,000
f. Total Support Expenditures	$140,000			$140,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$497,193			$497,193
b. New Additional Personnel Expenditures (from Staffing Detail)	$390,062			$390,062
c. Employee Benefits	$257,304			$257,304
d. Total Personnel Expenditures	$1,144,559			$1,144,559
3. Operating Expenditures				
a. Professional Services	$8,000			$8,000
b. Translation and Interpreter Services	$5,600			$5,600
c. Travel and Transportation	$7,700			$7,700
d. General Office Expenditures	$3,800			$3,800
e. Rent, Utilities and Equipment	$14,000			$14,000
f. Medication and Medical Supports	$10,800			$10,800
g. Other Operating Expenses (provide description in budget narrative)	$3,500			$3,500
h. Total Operating Expenditures	$53,400			$53,400
4. Program Management				
a. Existing Progmm Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$1,337,959			$1,337,959
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds	$641,379			$641,379
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$641,379			$641,379
2. New Revenues				
a. Medi-Cal (FFP only)	$173,948			$173,948
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$173,948			$173,948
3. Total Revenues	$815,327			$815,327
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$522,632			$522,632
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH4 | Date: 9/2/05

Program Workplan Name: Forensic FSP

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707-784-8584

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					
MH Clinician	Assessments and Treatment Plans		3.00	$68,184	$204,553
MH Specialist	CaseManager		1.00	$39,587	$39,587
Manager	Program Implementation and Operations		0.25	$82,829	$20,707
MH Clinician Supervisor	Clinical Case Management and Overview		1.00	$74,998	$74,998
Psychiatrist	Assessments and Medication		0.50	$148,461	$74,231
Registered Nurse	Medication Management		1.00	$88,908	$88,908
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	6.75		$502,984
B. New Additional Positions					
MH Clinician	Assessments and Treatment Plans		1.00	$68,184	$68,184
MH Specialist	Case Management	3.00	3.00	$42,915	$128,746
Family Advocate	Family Support	1.00	1.00	$31,020	$31,020
OA1	Clerical Support		1.00	$40,452	$40,452
Vocational Counselor	Job Readiness, Development, Support		1.00	$51,225	$51,225
	One-Call			$37,000	$37,000
Court Liaison	Coordination between Courts and Program	1.00	1.00	$45,730	$45,730
	Total New Additional Positions	5.00	8.00		$402,357
C. Total Program Positions		5.00	14.75		$905,341

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): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH4 | Date: 9/2/05

Program Workplan Name: Forensic FSP | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 707-784-8584

	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	$10,800			$10,800
b. Travel and Transportation	$16,200			$16,200
c. Housing				
i. Master Leases	$54,000			$54,000
ii. Subsidies	$4,800			$4,800
iii. Vouchers				$0
iv. Other Housing	$35,000			$35,000
d. Employment and Education Supports	$12,000			$12,000
e. Other Support Expenditures (provide description in budget narrative)	$33,200			$33,200
f. Total Support Expenditures	$166,000			$166,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$502,984			$502,984
b. New Additional Personnel Expenditures (from Staffing Detail)	$402,357			$402,357
c. Employee Benefits	$239,915			$239,915
d. Total Personnel Expenditures	$1,145,256			$1,145,256
3. Operating Expenditures				
a. Professional Services	$8,000			$8,000
b. Translation and Interpreter Services	$7,000			$7,000
c. Travel and Transportation	$7,925			$7,925
d. General Office Expenditures	$4,900			$4,900
e. Rent, Utilities and Equipment	$14,000			$14,000
f. Medication and Medical Supports	$10,800			$10,800
g. Other Operating Expenses (provide description in budget narrative)	$3,600			$3,600
h. Total Operating Expenditures	$56,225			$56,225
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$1,367,481			$1,367,481
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	$648,849			$648,849
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$648,849			$648,849
2. New Revenues				
a. Medi-Cal (FFP only)	$196,000			$196,000
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$196,000			$196,000
3. Total Revenues	$844,849			$844,849
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$522,632			$522,632
E. Percent of Total Funding Requirements for Full Service Partnerships				

OLDER ADULT SERVICES AND SUPPORTS: PROGRAM # 5
Older Adult FULL SERVICE PARTNERSHIP (FSP)

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: Solano	Program Work Plan Name: OLDER ADULT FULL SERVICE PARTNERSHIP
Program Work Plan # 5	Estimated Start Date: July 2006 (FSP July 2007)

Description of program: Describe how this program will help advance the goals of the Mental Health Services Act	By reducing adverse consequences of untreated mental illness suffered by older adults such as homelessness, isolation, declining general health, reduced ability to work, Solano has committed to building a Full Service Partnership team designed and tailored for the older adult population, the first of its kind administered by the Mental Health Division. Immediately, a multi-disciplinary team (MDT) will be able to provide a full continuum of services, case management and connection to ongoing mental health services. Outreach will identify isolated seniors and connect them, often through our peer-to-peer services, with meaningful activities and needed medical and social supports. Linkage to local wellness and recovery programs will encourage work or meaningful activities and provide for essential social interactions which will promote well being as well as provide information, care, support and requests for help if a senior's condition deteriorates.
Priority Population: Describe the situational characteristics of the priority population	Individuals who are 55 years old with a mental illness and if not provided effective treatment and appropriate supports are at risk of: deteriorating health and functioning abilities, loss of housing, loss of personal and financial independence, placement in restrictive settings and who face cultural and/or language impediments to needed resources and may have geographical obstacles to access to service. The priority population includes transitional age adults 55-59 years old. • Diminishing or absence of a support system • Homeless or at risk for homelessness • At risk of institutionalization, including health facilities • Reduction in personal or community functioning • Limited or no access to health care • Substance abuse or risk of dependency • Residing in rural and isolated areas within the county • Cultural and/or language barriers to accessing Mental Health services • Transition age adults who need older adult specialized services

Describe strategies to be used; Funding Types requested (Check all that apply) Age Groups to be served (Check all that apply)	Funding Type			Age Group			
	FSP	SYS Dev	OE	CY	TAY	A	OA
Academic/vocational services and counseling		X				X	X
Substance abuse treatment and integrated services		X				X	X
Education about mental illness	X	X				X	X
Peer support	X	X				X	X
Identification and outreach	X	X				X	X
Case management with one-person contact and a multi-disciplinary team	X					X	X
Education for family members	X	X				X	X
Family involvement	X	X				X	X
Comprehensive assistance and planning	X					X	X
Thorough assessment screening for clients	X	X				X	X

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

Older Adult Services and Supports: Program Details

Solano County will use the System Development funding from MHSA provide new services to older adults. Our vision of an age-specific, culturally and linguistically competent, recovery-oriented partnership service with older adults will be implemented in FY 07-08 and will be based on the findings and decisions of a community collaborative that started working together during the MHSA planning year.

Several service elements for the new system are already clear. Enhanced services to older adults will begin in July 2006. The full menu will not be achieved in the first year, but by year two we expect to have a Full Service Partnership Program serving up to 30 older adults. All service elements will reflect the specific needs of Solano's older adults. Sites targeted for outreach and services will be the natural gathering places or homes of older adults as often as possible.

Our starting point is a mobile multi-disciplinary team (MDT) approach, which is an approach that has been demonstrated to be effective, especially when available on a mobile basis, and includes professionals, para-professionals and consumers. The delivery capability of the team will allow services to be provided at the home, alternate service-sites, primary care offices; and other identified gathering places in the community—determined by needs of the client and family. It is through the activities of the team that services become truly seamless and accessible. Access to and duration of services are individually determined and directed by the consumer. Services are tailored to client needs and the service framework is flexible so that individuals can enter/access services and can exit or re-enter the system at any service point, depending on their needs.

The Multi-Disciplinary team will be initially focused on services and systems development for older adults: a psychiatrist will provide consultation, assessment and co-management to Primary Care physicians, Older and Disabled Adult Services, and other Adult Mental Health specialty services. Peer counselors and case managers, experienced in geriatric health, will provide support and education to family members so that they can stay involved with older adults, provide follow-up linkage and check-in services for those older adults who need more attention and assistance, provide culture specific service coordination; case-management substance abuse specialty, resource development, benefit specialist and support groups. A licensed clinician will provide direct services in the community (groups, therapy, primary care integration work), assessments in a PCP's office or in the client's home by referral from PCP, assist PCP's regarding the identification and treatment of the mental impairments of their older adult clients, provide leadership in the community to establish a comprehensive system of mental health services and support for older adults, community liaison assessment of county need for full services and support. In 2006, a FSP will provide intensive comprehensive service to enrolled older adults.

The team will provide the following services and support to older adults throughout Solano:

DIRECT COLLABORATIVE SERVICE DELIVERY

1. Services in Primary Care and other Physician's Offices:

For older adults, it is likely that many clients will not ever want to receive services at the Mental Health services sites. A Geriatric Psychiatrist will consult with PCP to co-manage mental health needs of their older adult clients. The goal is to provide the physicians with ancillary support so that the older adults can receive all necessary services from their doctors' offices. The services in the primary care site have four purposes: screening clients for needed services; educate primary care physicians about mental illnesses; provide Mental Health case management and services to enrolled clients at the primary care site to encourage participation that may not be achieved through traditional mental health arenas. Activities will include assisting physicians to assess older adult behavioral health issues including bio-psycho-social screenings for: alcohol/drug depression for needed assistance to link with available services. This team will collaborate with physicians and other health care staff to provide additional referrals, information, resources, and efforts linking the client to available support.

2. Consultation and Support to Full Service Partnerships serving Homeless, Forensic, and other hard to serve adults:

To immediately begin providing expert consultation and ancillary services to Solano's Full Service Partnership (FSP) projects serving homeless adults (AB 3034), forensic adults (Forensic Assertive Community Treatment team), and adults coming out of Institutions for Mental Diseases (Community Evaluation and Response team). These FSPs must be equipped to fully serve any of their enrolled members who require services appropriate to older adults, or who may be close to needing those services.

3. Limited Enrollment into Case Management Services:

The multi-disciplinary team will assist with the care of a limited number of referrals from ODAS, PCP, MH access, or Older Adult Agencies. Services will include:

- Comprehensive assessment including a clinical assessment, non-clinical support needs such as housing, occupational, social supports, co-occurring disorders, health care, public benefits and in-home supportive services.
- Mental health education
- Medication stabilization and maintenance
- Home care assistance, including training and support of caregivers and providers to enhance the 'therapeutic environment' of the home
- Clinical management related to somatic treatments, including collaboration with general medical providers
- Resource management
- Have a mobile, community-based capability
- Interface with Wellness and Recovery Programs
- Interface with the SCMH Vocational Specialist and Housing Coordinator

4. **Peer-to-Peer Support Services:**
The team will develop an Older Adults Peer Support program based on the Santa Monica model that will provide community and family education, and peer supports to individuals and families identified, co-managed and case-managed by team. These volunteer peer providers will be trained and supervised in engaging, befriending, monitoring and assisting elders with their support needs when such an elder is unlikely to come into formal mental health services or to provide supportive augmentation to clinical services.

PROGRAM PLANNING FOR FULL SERVICE PARTNERSHIP

1. **Develop Older Adult planning collaborative:** Solano County Mental Health staff will become active well-known partners with Solano County providers of service to older adults, especially those who may encounter older adults with significant mental impairments. These groups include ODAS, AAA, and hospital ER staff. Use these partnerships to better understand the current community resources and challenges in providing appropriate levels of care to Solano's mentally ill older adults. Learn from these partners what the priority services needs are for mentally impaired older adults and adults transitioning into this age group. Begin to design critical elements for an Older Adults System of Care for Solano County Mental Health Services. Ensure that the framework upholds improving a person's quality of life, that it establishes service delivery designs that support effective, high quality, culturally competent, linguistically appropriate, recovery-oriented services for older adults which can be used independently and in tandem with community-based supports. Ensure that the service planning includes the voices and preferences of older adults in recovery and their family members. Ensure that the system is designed as a dynamic framework that allows older adults to enter, access, re-enter or exit the system at any point, depending on their needs.

2. **Conduct a Mental Health Anti-Stigma Campaign:** Solano County Mental Health staff will encourage these partners to join in a community-wide campaign for mental health promotion, education and prevention, and wellness activities to increase community awareness about:
   - Mental health issues and the resources available for older adults
   - Dispel beliefs and stigmas commonly associated with accessing the public mental health system by older adults.
   - Education to dispel the beliefs and stereotypes commonly held by the elderly about mental illness.
   - Anti-stigma education (e.g., mental illness and ageism)
   - Community education and training (e.g., law enforcement, Adult Protective Services, aging network family caregiver resource, health care provider).

What outreach is needed to enroll these individuals?
Outreach, education and advocacy are pivotal to a System of Care. To develop an effective System of Care for older adults, Solano will begin with targeted community outreach, education, and advocacy efforts, sharing mental health System of Care

values and beliefs, particularly wellness planning. It is important to note that Solano County's older adult population is growing at a rate of 5-6% each year without corresponding growth in services. It is also a population characterized by a greater need for primary health care services. Older adults are affected by stigma, ageism, discrimination, and cultural and linguistic isolation that greatly impact their ability to access and utilize mental health services, so designing and testing effective outreach, education, and advocacy will include home and community-based activities, mass media, peers, and families and will address all ethnic communities in the target population. Approaches will include:

- Consumer, family and caregiver training on how to access services
- Assertive mobile outreach to older adults' natural settings, such as senior centers, mobile home parks, senior education classes, recreation centers, and residential settings in collaboration with the community
- Communication among social and health service providers working with older adults
- Screening and/or initial assessments by mental health professionals trained in age-specific issues, cultural competency, and respecting older adult values and beliefs
- Specific screening and assessment services focused on identification of a variety of co-occurring disorders (substance abuse disorders, medical problems, developmental disorders)
- Family, caregiver support, and community consultation and collaboration

In order to effectively reduce adverse consequences of untreated mental illness suffered by older adults such as homelessness, isolation, declining general health, reduced inability to work, Solano has committed to building a Full Service Partnership team designed and tailored for the older adult population, the first of its kind administered by the Mental Health Division. Immediately, a multi-disciplinary team (MDT) will be able to provide a full continuum of services, case management and connection to ongoing mental health services. Their outreach will identify isolated seniors and connect them, often through our peer-to-peer services, with meaningful activities and needed medical and social support. Linkage to local wellness and recovery programs will encourage work or meaningful activities and provide for essential social interactions which will promote well being as well as provide information, care, support and requests for help if a senior's condition deteriorates.

The expertise of the team will help our Criminal Justice and Homeless programs effectively serve older adults who have been incarcerated or who are at risk of homelessness, thus reducing these adverse consequences of failed social and clinical supports.

Services through the primary care physicians will assist in the identification and management of illness that, if untreated lead to frequent hospital emergency room visits or unnecessary hospitalizations.

Family Advocacy will help families understand and stay connected to their loved ones who are aging and suffering from mental illness. Peer support will help elders to maintain independence and participate in activities meaningful to them.

Services will be focused on regionally underserved as well as ethnic and racial groups that are underserved or who do not want to come into mental health services.

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

Housing
Clients will be assessed for housing needs. The Older Adult MDT will collaborate with the Solano County Mental Health Housing Coordinator for affordable housing access as determined by the client's comprehensive service plan. Solano County has already developed significant resources to secure appropriate housing through our AB 2034 projects as well as the Master Lease project. New resources will be used to build on these projects. Older adults will have access to housing resources.

Employment
As determined by the client's comprehensive service plan, employment resources available to adults will be accessible to the client of the Older Adult MDT. Assessment will carefully explore work interests of the client and link to resources necessary to pursue the client's preferences. Solano Mental Health Division Job Developer will be available for consultation, referral and advocacy to ensure that older adult clients have full access to employment services.

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

Annualized cost per client **$5,275**

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

Older Adult MDT staff will be committed to the philosophy and principles of wellness, recovery and resiliency. The Older Adult Service Development Team, which will be involved in implementation and review of the program, is committed to the principles of wellness, recovery, resiliency and hope. Annually, clients who participated in the service will be invited to participate in a focus group to explore the following questions:

- To what degree do you believe:
  - Your recovery and your setbacks, if any, were incorporated as valued learning experiences?

- Services you received were appropriate to your beliefs and were provided in your preferred language?
- Your interpersonal and family relationships were supported and encouraged and family members consistently felt welcome and involved?
- You always felt safe emotionally and physically when receiving services?
- You were treated as a unique individual and your preferences for services were respected?
- You were provided resources to meet educational or vocational objectives?

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

Current services to Older Adults:
Solano County has a limited service capacity for individuals in this population. There is no separate older adult specialty program administered by the mental health division. Older adults receive outpatient, case management and placement service within the adult services sector. The services we offer are provided in our two mental health clinics on a priority basis, as they meet our target population criteria. Most of these individuals are medication only clients.

A limited case management response is available through our Health and Welfare division's Adult Protective Services. Older and Disabled Adult Services (ODAS) provide two clinicians and access to nursing services. The staff is capable of providing assessment, case planning and limited case management services. No ongoing mental health services are provided by this service.

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

The Older Adult MDT will build on client preferences, strengths and assets, including those of the family, support network and community. The client's culture and language will be core elements of MDT services and collaboration with allied agencies and community resources. The client and the family will be at the center of all service plan development and provision of clinical and support services. All staff will be trained to utilize the client's family strengths, assets and support and to work effectively with family members. The Community Based Quality Team includes clients and family members from the program.

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

PARTNER	GETS	GIVES
CLIENT	Improved health and wellness More coordinated service, hope empowerment, wellness	Participates in treatment planning, engage as peer support Is a valuable, respected and equal member of the team
FAMILY MEMBER	Education and support	Gives education re: how best to service clients Is a valuable, respected and equal member of the team
SUBSTANCE ABUSE	Referrals Consultation from team	Services and consultation
PRIMARY CARE PROVIDER	On-site education and consultation from team and psychiatrist Help with medication	Access to clients, co-management of clients, improved health status.
SCMH	Additional resources for adults in transition and older adults; system improvement; increased partnerships, more coordinated system, access to hard-to-reach older adults; information about the community resources	Increased level of services to clients and to partners.
KAISER	New partnerships	Knowledge and expertise in integrated services planning
ODAS	Long term case management and support for clients with mental impairment; consultation services from a psychiatrist	Knowledge of service array, nursing and short term services; co-leaders in systems development and ongoing coalitions
SENIOR CENTERS	Help with organizing peer support services, more family education, contact and referral, voice in Mental Health	Space, infrastructure for resources and linkages, history of working with this population
FORMAL AND INFORMAL CULTURAL CENTERS	Help for members and families	Knowledge of working with this population, the neighborhood, a place for older adults to get involved
HOSPITALS	Team consultation services, case management for hard-to-place clients	Knowledge and expertise in integrated services planning
SOCIAL CLUBS (gardening, bird watching)	Help for members and families, peer to peer	Knowledge of working with this population, the neighborhood, a place for older adults to get involved peer to peer

Collaboration is key to successfully providing mental health services to older adults and their families. OASOC (Older Adult System of Care) must emphasize formal and informal collaboration and promote integration of service provision in their communities. A key element of the program infrastructure is the OLDER ADULT SERVICES DEVELOPMENT TEAM. Members include Mental Health clinical staff, consumers and family members, AAA, Adult Protective Services, Public Guardian, Senior Centers, health care clinic staff and physicians. This team is marked by the member's commitment to:

- Planning for increasing services and supports to Solano's older adults with mental illness
- Attending to diverse perspectives to stakeholders in the process

- Preventing older adults from the adverse consequences of untreated mental illness
- The principles of wellness, recovery and resiliency
- Using local data and experience to guide planning efforts
- To the development of a plan for additional services by April 2006

PERFORMANCE MEASURES:
The collaborative partners have developed the following performance measures. They will be monitored annually and used to make program and policy adjustments.

OLDER ADULT MULTI-DISCIPLINARY TEAM PERFORMANCE MEASURES

Program Goal	Indicator	Data Source	Person Responsible
Reduced isolation	#/% MDT Clients involved in peer-to-peer or other social activities	Chart review	HSS Research and Quality Mgt staff
Reduced Impairment	#/% MDT Clients with significant reduction in one or more impairments	Chart review	HSS MH staff
Improved quality of life	#/% MDT Clients stating their life in general is good.	Survey QOL/1	HSS Research and Quality Mgt staff
Increased co-management of mental illness at PCP	#/% MDT Clients receive MH services in their doctor's office	Client logs	HSS MH staff
Increased collaboration among stakeholders	% Partners and % consumers/family members attending Older Adult Collaborative Planning	Rosters MEASURES	HSS MH staff
Cultural Sensitivity	#/% Clients stating staff was sensitive to their cultural and ethnic background. .	Survey 18	HSS Research and Quality Mgt staff
Increased staff capacity	#/% Older adults successfully served by Adult FSP with ancillary support from MDT	INSYST	HSS MH staff

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

Services will be designed that explore:
- Interaction between culture and health, and mental health.
- The culture from which the client comes.
- The cultural view of Mental Health including spiritual, mind-body framework, role of older adult in the culture, family's influence on elder, church and religion.
- What is the cultural perception of having a mental impairment?

Negotiating and gaining access is difficult for older adults, even more so for those outside the mainstream culture. There will be more appropriate mental health services and supports for people of all different racial/ethnic and cultural backgrounds. Clients will receive mental health services and support in their own language. Services will be provided in ways that are sensitive and understanding of their different cultural beliefs and values. The team will provide services in English and Spanish (our primary threshold language). Staff will be trained twice per year in cultural issues and approaches to ensure cultural competency and sensitivity. Ethnicity and language of clients served and of client's success in the program will be tracked and published.

Services will also be provided by staff that reflects the ethnic populations living in specific geographic areas of Solano County. It is vital that Solano County Mental Health has the capacity to serve the racial and ethnic populations in the various regions of Solano County. Service team composition will approximate the racial and ethnic demographic distribution in the County's regions.

All staff, volunteers, and contract providers are required to, at a minimum; receive annual training in Cultural Competency and Sensitivity, Latino Outreach and Engagement, Filipino Outreach and Engagement, Identification of Ethnic Disparity, and Use of Interpreters. Service contracts will be revised to establish cultural competency as a feature of contract services. Collaborative agreements and Memoranda of Understanding will include cultural competency goals.

System wide, comprehensive recruitment, retention and training strategies for cultural competency among all segments of staff, county-employed and contract agency-employed, that reflect the demographics of Solano County will be described in the Employment and Training component of the MHSA implementation. There will be more appropriate mental health services and support for people of all racial/ethnic and cultural backgrounds. Clients will receive mental health services and support in their own language. Services will be provided in ways that are sensitive and understanding of their different cultural beliefs and values. The team will provide services in English and Spanish (our primary threshold language). Translation services will be provided for other primary languages when necessary to meet family and child needs. Staff will be trained twice per year in cultural issues and approaches to ensure cultural competency and sensitivity. Ethnicity and language of clients served, and of client's success in the program, will be tracked and published.

It is vital that Solano County Mental Health and partner agencies have the capacity to effectively serve the racial and ethnic populations in the various regions of Solano County. Solano will strive to recruit staff and contracting partners that reflect the ethnic populations living in specific geographic areas of Solano County. Solano County's Cultural Competency Plan updates will provide an opportunity to monitor and re-focus resources toward embedded cultural competency.

All staff, volunteers, and contract providers will be required to, at a minimum, receive annual training in Cultural Competency and Sensitivity, Latino Outreach and

Engagement, Filipino Outreach and Engagement, Identification of Ethnic Disparity, and Use of Interpreters. Service contracts will be revised to establish cultural competency as a feature of contract services. Older Adult Collaborative agreements and Memoranda of Understanding will include cultural competency goals. Community stakeholders will provide input and participate in oversight activities that ensure that culturally competent service provision and associated system quality management goals are met.

The Older Adult Services will be designed to serve Spanish language clients, as well as to be sensitive and responsive to African American, Filipino, Hispanic, and clients of all other cultures. Interpreter services will be employed to insure that services are provided in the client's primary language. Staff will participate no less than annually in cultural competency training (see training requirements below) designed specifically for the older adult population. Additionally, performance in this area will be measured by the degree to which services are provided across the ethnic and racial spectrum expected in the target population. These data will be reported to the Cultural Competency Committee, the Solano County Mental Health Management Team, the Local Mental Health Board (at least annually), and reported in the Cultural Competence Updates. During the hiring process, staff must be representative of the populations served. It is mandatory that bilingual and bicultural staff be available to reach unserved and underserved older adults and their families.

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

During initial contact with client and family, information gathering will include, with appropriate sensitivity to privacy, confidentiality and cultural context, issues relevant to sexual orientation and gender. Assessment and service plan development will employ a strengths-based perspective. Assessment will include consideration of sexual orientation matters as indicated by the client and their situational circumstances. As needed and as determined by the client, service planning will address sexual orientation. Individual, family, friends and community assets will be used on; services will complement natural supports. Assessment and service planning will include gender differences and distinguishing developmental and psychological characteristics and differing needs of boys and girls. Relevant attention to gender will also be included in family support planning. Training and education planning will ensure that system wide knowledge and skill development includes sexual orientation and gender. These training and services specialization needs will be a focus of ongoing stakeholder planning.

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

Solano County Mental Health is responsible for providing support to clients and families who reside in facilities outside of Solano County. Because of the specialized service

and community-based nature of the Older Adult FSP and enhanced services and its focus on preventing and reducing institutionalization and keeping older adults successfully in their community and its discharge planning services will be available to clients placed out-of-county. Clients will be referred to the program as part of the client's service plan. Each person who is placed out-of-county will have a discharge goal with reintegration features when the placement occurs. Services provided by the placement program will be organized to achieve the discharge and reintegration elements of the client's service plan. In this way, the program will be able to seamlessly assist those who are referred with reintegration into the Solano County community.

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

Not Applicable

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

OLDER ADULT MDT IMPLEMENTATION SUMMARY:			
100% Staffed	**July 06**		
Initiate MDT direct services:	**July 06**		
Initiate FSP direct services:	**July 07**		
50% Enrollment	**Dec 07**	100% Enrollment	**June 08**
Client Outcomes Report	**July 09**		

CLIENT SERVICES	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed by:	Completed by:	Completed by:
Provide written description detailing the MDT services and FSP planning process.	March 06		
Provide rationale for contract versus in-house for planning process activities	May 06		
For MDT: Provide written description of detailing roles and responsibilities of team members	March 06		
For MDT: Provide written description detailing partner roles and responsibilities.	March 06		
For MDT: Provide written description detailing operational procedures	May 06		
For MDT: Provide written description detailing referrals into program	May 06		
For MDT: Provide intake and case note forms.	May 06		
For MDT: Involve consumers and family members in review of program components, roles and responsibilities, policies, etc	June 06		

Interagency Committee review of program components, roles and responsibilities, policies, etc. of 1-6 above	June 06		
For MDT: Confirm target dates for start-up and caseload growth	June 06		
For MDT: Begin direct services		July 06	
For MDT: Expand direct services		Oct 06	
For MDT: Prepare report re: utilization, client outcomes, and satisfaction			Dec 07
Prepare report re: development of an Older Adult FSP including staffing and budget			March 08
	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completion By	Completed By	Completed By
Meet with HR to determine appropriate classifications	Jan 06		
Determine best way to include clients and family members as staff	Jan 06		
BOS approval of new positions	March 06		
Begin recruitments	March 06		
Select and hire staff	July 06		
Train new staff		July 06	Dec 07
100% staffing achieved		July 06	
Reassign and train existing staff as needed	June 06		
Train all staff in Wellness/Recovery principles	March 06	June 07	June 08
Train all staff in Cultural Competence	June 06	May 07	April 08
Train all staff in other mandatory trainings	March 06	June 07	June 08
CONTRACTS			
Prepare description of needed purchased services if any	March 06		
Confer with General Services and issue RFPs	May 06		
Establish review committee for responses	May 06		
Receive and review applications		July 06	
Select contractors		August 06	
Develop final terms and conditions		Sept 06	
Execute contract		Sept 06	
Contracted services initiated		Oct 06	
QA/IT	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed By	Completed By	Complete By
Review all intake and chart note forms for compliance with QA/IT	June 06		
Determine internal QA review process	June 06		
Determine IT needs and meet with ACS and staff re: programming needs		Sept 06	
Confer with DMH to determine reporting requirements on client's served for their annual reports		Sept 06	
Test IT		Sept 06	
Reconfigure IT		Dec 06	

Test IT		June 07	
Reconfigure IT			August 08
Conduct mock QA audit on program		Dec 06	July 07
Prepare remediation plan		Feb 06	Sept 07
Conduct mock QA audit on program			March 08
Prepare remediation plan			May 08
COMMUNITY INVOLVEMENT			
Convene Older Adult planning committee to assist in program development	Jan 06		Update May 08
Determine staffing expectations and responsibilities, and meeting schedule for the committee	Jan 06		
Recruit for optimal consumer and family member participation	March 06		
Review evaluation materials and reporting data with planning committee		May 07	April 08
Review report re: development of an Older Adult FSP including staffing and budget with all community stakeholders			June 08
EVALUATION	YEAR ONE Jan 06 – June 06	YEAR TWO July 06 – June 07	YEAR THREE July 07 – June 08
	Completed by	Completed by	Completed by
Reach consensus with staff and community partners re: proposed indicators	May 06		Update March 08
Determine staff support for shared data collection and analysis workload	May 06		
Develop annual evaluation plan and links with QA	May 06		Update March 08
Collect early or baseline data		March 07	
Publish draft evaluation document		June 07	
Collect first-round data			March 08
Publish evaluation document			June 08

14. Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

Budget Narrative
Program #5
Older Adults Program

Staffing

All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

Staff Positions

Current Existing Staff

Mental Health Supervisor (.25 FTE) 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

New Positions

Mental Health Clinician: Supervising (1.0 FTE) The duties of the Supervisor, in addition to supervising the staff and providing direct clinical service, will be to assist in the organizing and planning process resulting not only in a Full Service Partnership service, but also a 3-year strategy for Older Adult Services. Responsibilities will include developing an ongoing Older Adult Planning Council, establishing a resource network, creating peer support programs in all the of our communities, prepare the details of a Full Service Partnership including policies and procedures for intake, service provision and exit strategies,

Mental Health Clinician (1.0 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (1.0 FTE) 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

Family Advocate (1.0 FTE) will assists family members through the provision of information and support. Assists family members in navigating the Mental Health system.

Office Assistant (.5 FTE) will provide administrative support to program including data entry, scheduling and filing, photocopying and collating materials; manages electronic databases, assists with day-to-day operation of program.

Psychiatrist (.25 FTE) will provide assessments, support and consultation services.

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

1. For FY 05-06 Budget Projection, the programs/services will begin operation by April 1, 2006 (three months). This will require all start-up activities to be completed prior to this date.

2. Costs and revenues for the subsequent fiscal years represent a 2-4% of annual increases based on current union negotiated contracts and projected increased costs for supplies.

3. All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers.

4. 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 and major purchases. The one time funding reflects the 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 services, equipment and County services.

5. 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 05-06 actual budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.

6. Budgeted services and supplies costs are based on FY 05-06 budget estimates per FTE and include communications costs, general offices supplies, computer maintenance, administrative costs, and staff training.

7. One Time Funding Costs are one time costs for the acquisition of equipment, computer hardware, new software, phone equipment, data land phone lines, networks and severs, facility modifications, supplies, furniture and fixtures and trainings. Equipment and Technology Costs for the six new positions will include:

Software Licenses	$1,110.00
Software	$4,800.00
Data Lines	$1,500.00

Cell Phones (1)	$300.00
Additional Phone & Lines	$1,200.00
Fax Machine	$500.00
Copy Machine	$3,500.00
PCs and Peripherals	$24,000.00
Lap Tops (1)	$1,200.00
Office Relocation Design	$1,200.00
Desks, File Cabinet	$3,600.00

Total One Time for Older Adults: $42,910

8. Client, Family Member & Caregiver Support Expenditures

   - Travel and Transportation: represents the cost associated with clients, family members or caregivers getting to services, training or other related activities.

   - Housing and Employment Supports: funding to assist clients, family members or caregivers to access education that will assist them in developing the skills needed to obtain employment.

9. Personnel Expenditures – all personnel costs itemized on the Program Exhibits 5b represent annualized costs of operation. Costs include salary and benefits.

   - Current Existing Personnel Expenditures: represents the allocation of time and cost of personnel currently employed who will re redeployed to work in support of the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in the MHSA Summary Budgets following each section.

   - New Additional Positions: represents new positions assigned exclusively to the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in MHSA Summary Budgets following each section.

   - Employee Benefits: Benefits costs are included with the salary costs.

10. Operating Expenditures: as with the personnel expenditures, cost shown in each section and are annualized for each fiscal year.

    - General Office Expenditures: includes costs for office supplies, postage, books and periodicals, printing, and miscellaneous small office equipment.

    - Rent, Utilities and Equipment: includes costs related to communications equipment, cell phones, computers, and equipment rentals.

- Medication and Medical Supports: includes costs associated with the purchase of medications and other medical supplies on behalf of clients.

Other Operating Expenses: includes the cost include licenses, fees, malpractice and liability insurance, legal, Community Meeting expenses, the allocation of administrative costs and A-87 costs. Training and education which include County mandated trainings, H&SS New Employee Orientation, Safety, HIPPA and online Testing, Workplace Protection, Infection Control, Defensive Driving, Sexual Harassment, Cultural Diversity, ADA, Supervisor Safety and Drug Free Workplace, Consumer Rights, Contract Management and Monitoring, Budget Orientation and Management. Additional trainings will be provided based of the professional standards and staff assignments.

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

County(ies): Solano County | Fiscal Year: 2005-06

Program Workplan #: 5 | Date: 9/2/05

Program Workplan Name: Older Adults

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

Proposed Total Client Capacity of Program/Service: 15 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 15 | Telephone Number: 707-784-8584

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					
Mental Health Supervisor	Program Management		0.25	$72,114	$3,065
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.25		$3,065
B. New Additional Positions					
MH Clinician	Case Management		1.00	$65,562	$11,146
OA1	Clerical Suppon		0.50	$35,125	$2,986
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.50		$14,131
C. Total Program Positions		0.00	1.75		$17,196

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): Solano County | Fiscal Year: 2005-06

Program Workplan #: SCMH 5 | Date: 9/2/05

Program Workplan Name: Older Adult | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 15 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 15 | Telephone Number: 707-784-8584

	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			$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$0	$0		$0
d. Employment and Education Supports	$0	$0		$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)	$3,065			$3,065
b. New Additional Personnel Expenditures (from Staffing Detail)	$14,131			$14,131
c. Employee Benefits	$4,643			$4,643
d. Total Personnel Expenditures	$21,839		$0	$21,839
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$200			$200
d. General Office Expenditures	$625			$625
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$825	$0	$0	$825
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$22,664	$0	$0	$22,664
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			$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	$42,910			$42,910
D. Total Funding Requirements	$65,574	$0	$0	$65,574
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 5 | Date: 9/2/05

Program Workplan Name: Older Adults

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

Proposed Total Client Capacity of Program/Service: 75 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 75 | Telephone Number: 707-784-8584

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					
Mental Health Supervisor	Program Management		0.20	$73,556	$14,711
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.20		$14,711
B. New Additional Positions					
MH Clinician	Assessment and Case Management		1.00	$66,873	$66,873
MH Specialist	Case Management	1.00	1.00	$38,825	$38,825
Family Advocate	Provide Family Support	1.00	1.00	$30,425	$30,425
OA11	Clerical Support		0.50	$35,828	$17,914
Gero-Psychiatrist	Assessments		0.25	$143,696	$35,924
Supervising MH Clinician	Plan Development and clinical supervision		1.00	$72,134	$72,134
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	4.75		$262,095
C. Total Program Positions		2.00	4.95		$276,806

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): Solano County
Fiscal Year: 2006-07
Program Workplan #: SCMH 5
Date: 9/2/05
Program Workplan Name: Older Adult
Page ___ of ___
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 75
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 75
Telephone Number: 707-784-8584

	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	$7,240			$7,240
b. Travel and Transportation	$5,240			$5,240
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$12,480			$12,480
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$14,711			$14,711
b. New Additional Personnel Expenditures (from Staffing Detail)	$262,095			$262,095
c. Employee Benefits	$80,274			$80,274
d. Total Personnel Expenditures	$357,080			$357,080
3. Operating Expenditures				
a. Professional Services	$8,056			$8,056
b. Translation and Interpreter Services	$3,024			$3,024
c. Travel and Transportation	$2,808			$2,808
d. General Office Expenditures	$2,500			$2,500
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$1,200			$1,200
h. Total Operating Expenditures	$17,588			$17,588
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$387,148			$387,148
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	$18,977			$18,977
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$18,977			$18,977
2. New Revenues				
a. Medi-Cal (FFP only)	$204,227			$204,227
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$204,227			$204,227
3. Total Revenues	$223,204			$223,204
C. One-Time CSS Funding Expenditures				$0
D. Total Funding Requirements	$163,944			$163,944
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): Solano County
Fiscal Year: 2007-08
Program Workplan #: SCMH5
Date: 9/2/05
Program Workplan Name: Older Adults
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 75
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 75
Telephone Number: 707-784-8584

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					
Mental Health Supervisor	Program Management		0.20	$74,998	$15,000
	Total Current Existing Positions	0.00	0.20		$15,000
B. New Additional Positions					
MH Clinician	Case Management		1.00	$68,184	$68,184
MH Specialist	Case Management	1.00	1.00	$39,587	$39,587
Family Advocate	Provide Family Support	1.00	1.00	$31,021	$31,021
OA1	Clerical Support		0.50	$36,530	$18,265
Gero Psychiatrist	Assessments		0.25	$146,513	$36,628
MH Supervising Clinician	supervision, assessment, case mgt		1.00	$73,549	$73,549
	Total New Additional Positions	2.00	4.75		$267,234
C. Total Program Positions		2.00	4.95		$282,234

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): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH5 | Date: 9/2/05

Program Workplan Name: Older Adult | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 75 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 75 | Telephone Number: 707-784-8584

	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	$7,000			$7,000
b. Travel and Transportation	$5,480			$5,480
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iv. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures	$12,480			$12,480
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$15,000			$15,000
b. New Additional Personnel Expenditures (from Staffing Detail)	$267,234			$267,234
c. Employee Benefits	$75,786			$75,786
d. Total Personnel Expenditures	$358,020			$358,020
3. Operating Expenditures				
a. Professional Services	$8,056			$8,056
b. Translation and Interpreter Services	$3,024			$3,024
c. Travel and Transportation	$3,800			$3,800
d. General Office Expenditures	$2,500			$2,500
e. Rent, Utilities and Equipment	$2,800			$2,800
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$1,200			$1,200
h. Total Operating Expenditures	$21,380			$21,380
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	$391,880			$391,880
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	$24,186			$24,186
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$24,186			$24,186
2. New Revenues				
a. Medi-Cal (FFP only)	$207,500			$207,500
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$207,500			$207,500
3. Total Revenues	$231,686			$231,686
C. One-Time CSS Funding Expenditures				$0
D. Total Funding Requirements	$160,194			$160,194
E. Percent of Total Funding Requirements for Full Service Partnerships				

ALL AGE GROUPS SERVICES AND SUPPORTS: PROGRAM # 6
Mobile Crisis System Development

EXHIBIT 4 COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: Solano	Program Work Plan Name: MOBILE CRISIS
Program Work Plan # 6	Estimated Start Date: July 2006
Description of program: Describe how this program will help advance the goals of the Mental Health Services Act	The impetus of this program is to reduce the adverse consequence of hospitalized, incarcerated or traumatized clients of all ages by providing a means of earlier response to crisis' and facilitate the development of a consumer-supported, self help intervention for less severe cases. Solano County Mental Health believes that, with training and support, many crises can be managed to avoid high-end negative consequences (acute hospitalization and incarceration). Greater emphasis is then placed on using resources (time, staff, family, revenues) for support and treatment that the client and family members need.
Priority Population: Describe the situational characteristics of the priority population	Individuals and their families are too often confronted with an emerging or evident psychiatric crisis at home in the community. Typically, going to or being taken to the Crisis Services facility happens late in the problem development cycle. The opportunity for earlier intervention has passed. The person's condition has become an emergency. When safety is a concern, the police may be the first responder. If harm occurs, the fire department or paramedics may be involved. The individual's and the family's life is seriously disrupted; safety may be compromised. There is severe emotional distress on the person, family and their support system. Financial cost to the individual, family and to public services can be very great. The MHSA stakeholder planning groups identified individuals and families in situations similar to those described above as needing priority attention for appropriate and timely in-home and community focused crisis services.

Describe strategies to be used / Funding Types requested (check all that apply) / Age Groups to be served (check all that apply)	Funding Type			Age Group			
	FSP	SYS Dev	OE	CY	TAY	A	OA
Mobile Crisis providing integrated services with hospitals and community mental health team during crisis: team, assessment, community services as well as jail and crisis. "Community Safety Team." Nurturing supportive first contact by peer or team of peers and professionals. Continuous contact when needed to gain information, direction and/or services. Education and training with law enforcement and service providers to ensure appropriate services		X		X	X	X	X
Education about mental illness		X		X	X	X	X
Peer support		X		X	X	X	X
Identification and outreach		X		X	X	X	X
Advocacy and Education for family members		X		X	X	X	X
Family involvement and support		X		X	X	X	X
Thorough assessment screening for clients		X		X	X	X	X

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

The impetus of this program is to reduce the adverse consequence of hospitalized, incarcerated or traumatized clients of all ages by providing a means of earlier response to crises and facilitate the development of a consumer-supported, self-help intervention for less severe cases. Solano County Mental Health believes that, with training and support, many crises can be managed to avoid high-end negative consequences (acute hospitalization and incarceration). Greater emphasis is then placed on using resources (time, staff, family, revenues) for support and treatment that the client and family member needs.

Program Details

Consumers and first response emergency service providers have identified a need for a round-the-clock mobile psychiatric/law enforcement/consumer/family advocate field unit to serve Solano County residents. The primary goal of the Mobile Crisis Unit strives for the lowest intensity level of care and least disruption to the individual and family. To accomplish this goal, significant and ongoing training will be provided for police officers and other first responders. The Mobile Crisis Team will provide a timely, safe, culturally competent round-the-clock mobile emergency assessment and triage. The first focus is on the health and safety of the individual and their family. Solano County will design and build crisis services and crisis treatment areas designed for services to children and youth. This includes crisis staffing, contracted services, physical space and crisis stabilization services capable of welcoming, respecting, and effectively responding to child and family. The second concentration is to consider local resources (i.e., family, friends, consumer support) as a means of the recovery and wellness solution as close to home as possible. Part of this assessment is to determine educational and support needs for the family to strengthen their ability to provide an environment for recovery.

Curriculum-based training will be provided so that police officers and other first responders become educated and aware of the different ways they might respond to a person with a mental illness who is in crisis.

Mobile Crisis team clinical staff will provide a thorough evaluation and intervention and/or immediate referrals to self-help, consumer groups and/or community services as a result of assessing and triaging the crisis event.

Mobile Crisis team Consumer/Family providers will offer peer counseling, education, supportive life skills counseling, family support and problem solving, provide information on community resources. They will participate with Clinicians, law enforcement, medical personnel, the individual and family to establish the most appropriate, strength-based treatment plan possible.

Mobile Crisis team will provide follow up responses to ensure that supportive services are being provided and that changes in the individual's mental health or support environment are being re-assessed.

Services are designed to accomplish these MHSA Outcomes:

Reduction in incarcerations, Juvenile Hall placements, hospitalizations and involuntary admissions:

By providing a Mobile Crisis and Intervention team, SCMH expects to provide stabilization in the community for the majority of the individuals served. Additionally the follow-up services will encourage appropriate linkage to services and support that will additionally stabilize the situations for consumers and their families. This is expected to immediately reduce the number of individuals who are placed on involuntary status due to an unmanaged crisis. "Acute hospitalizations" are not necessarily negative. The goal is to avoid *unnecessary* acute hospitalizations. While we hope our children and TAY will avoid unnecessary hospitalizations there are times when a child (or youth) may need to be appropriately hospitalized for treatment. This might include intensive medication changes, for their own safety, for the safety of others or as an otherwise designated and agreed upon treatment option by their treatment team. We do not wish to convey to families, children and TAY that having to be hospitalized is always negative situation or a sign of failure. If the community of professionals and family members continue to view all hospitalizations as negative, there is a risk of perpetuating stigma against mental health issues, necessary mental health treatment for individuals with the most significant need and against the very people who experience active issues of their mental illness. When hospitalization is appropriate and necessary for the treatment and/or safety of the individual or the community, the goal is to ensure that the hospital, or other environments, are the safest, cleanest, most humane and most respectful environments available.

Timely access to needed help including times of crisis:

By providing a Mobile Crisis and Intervention team, SCMH expects to increase significantly the timeliness of response to consumers, family members and community partners with on-site appropriate services in situations of crisis or near-crisis.

What outreach is needed to enroll these individuals?

The MHSA planning process has established community stakeholder groups that represent all localities and regions of the County. The community leaders participating in these planning activities will be asked to assist in identifying community specific strategies to enhance access for Mobile Crisis Unit service to those who may benefit. Emphasis will be on early identification of an emerging crisis with particular focus on cultural and language barriers to be overcome. Emergency first responders (e.g., paramedics, fire fighters, police) in the community will be asked to help devise approaches that will ensure that community members who may need Mobile Crisis Unit services will know how to access these services. In order to provide professional, consumer, family and community input, additional consumers, family members and community leaders will be recruited to serve on the Psychiatric Emergency Services Committee and the Consumer Provider Committee that reflect the range of individuals and their families (i.e., families with children, adults and older adults) and the cultural diversity of the County.

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

Housing
Referral to current service, Wellness and Recovery Program or FSP as indicated by assessment

Employment
Referral to current service, Wellness and Recovery Program or FSP as indicated by assessment

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

Not applicable

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

Mobile Crisis is intended to reduce involuntary treatment and to link clients to needed services and supports. Crisis is often a part of a consumer's life, and what is required are balanced, cautious, careful and respectful emergency interventions. The Mobile Crisis team will receive training at least annually, and will train local police departments on wellness and recovery principles.

To further ensure that these principles are put into practice, children, youth, and family members will be encouraged to attend a focus group, and/or complete a survey that addresses the following:
To what degree do you believe that:

- Your recovery and your setbacks, if any, were incorporated as valued learning experiences?
- Services you received were appropriate to your family's beliefs and were provided in the language spoken in your home?
- Your interpersonal and family relationships were supported and encouraged and family members consistently feel welcome and involved?
- You always felt safe emotionally and physically when receiving services?
- You have all the contact you need with your personal services coordinator?
- You were treated as a unique individual, and your preferences for services were respected?
- You were provided resources to meet educational or vocational objectives?

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

Current Services

Solano County Crisis and Acute Services provide mental health evaluation and crisis intervention services. An age-specific (children, transitional age youth, adults, and older adults) evaluation is performed to assess each individual's mental health, which may include a co-existing dual diagnosis such as with substance abuse, developmental disabilities and medical conditions. If required, resulting interventions are primarily intended to restore an individual to a pre-crisis level of functioning with the least restrictive and most appropriate means available. Emergency mental health services are readily available and accessible 24 hours a day, seven days a week in accordance with California Code, Title 9, Article 13, Section 700.

Services currently provided to the community:

- 24-hour telephone "hot-line" services which provide consultation, information and referral in response to general inquiry, including an appointment for services orientation/evaluation; gathering information on an impending crisis regarding potential and current clients in the community; immediately respond to emergency situations though direct intervention and/or utilization of other emergency resources as clinically and situationally indicated.

- "Walk-in" services which offers mental health assessment, crisis intervention, mental health hospitalization and up to 23 hours of stabilization services. Solano County Mental Health is also able to determine and provide, directly or through referral, services in the least restrictive environment with the goal of returning the client to a pre-crisis level of functioning.

- The Crisis and Acute Services Unit also operates a 23-hour Behavioral Assessment Center that provides an environment in which clients can be safely removed from potentially dangerous surroundings to a safe, secure and voluntary setting. Clients who can be de-escalated and prevented from reaching a mental status requiring hospitalization can receive up to 23 hours of stabilization services.

- If indicated, clients will receive referrals to scheduled services following the initial evaluation and intervention and when the immediate crisis does not require emergent attention. It may then be determined that further crisis support is necessary.

- Non-emergency, community outreach services are primarily limited to professionally staffed inpatient or residential facilities (local hospitals and jails). Evaluation, intervention, consultation, and referral services are provided, with a major emphasis on consultation.

- Emergency medication evaluation and stabilization services are provided as a part of the Behavioral Assessment Program.

- Welfare and Institutions Code 5150 detentions to facilitate placement, if necessary, in an approved psychiatric inpatient facility for up to 72 hours.

How is the Mobile Crisis Service integrated with the existing Mental Health System?

Mobile services will be another potential response for Solano County MH Emergency Services. Requests for mobile crisis services will occur as walk-ins or phone calls into Solano County Dispatch (911) or to Solano County Crisis and Acute Services (707-428-1131). Collaboration between Dispatch and the Crisis Unit will determine the appropriate level of response dependent on history of contact, type of presenting event, and other descriptive information.

Mobile Crisis also provides for follow-up responses to ascertain that services are being provided and that changes in the individual's mental health or support environment are being re-assessed. The team can arrange transport for medical services and/or detention purposes and/or 23-hour Stabilization Unit services. The team can assess and provide support to the consumer and the family on-site and in community settings. The primary goal of the Mobile Crisis Unit strives for the lowest intensity level of care and least disruption to the individual and their family. The mobile response adds to the ability of SCMH to respond early in a crisis situation and de-escalate conditions in a community setting.

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

The Mobile Crisis Service includes in its staffing a Family Advocate and Consumer Provider. All staff will be trained to utilize the client's family strengths, assets and support and to work effectively with family members. The Consumer Provider Committee includes clients and family members from the program.

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

A key element of the program infrastructure is the Psychiatric Emergency Services Committee. This group has been meeting for 7 years to develop shared protocols, solve problems, and understand various first response systems involved in client care. Members include MH Crisis staff; local hospital emergency room staff, city police officers from several of our 7 cities, jail staff and the sheriff's department. Recently several consumers have joined the group and their input has been valued and appreciated. This team is marked by the member's commitment to the principles and practices of wellness, recovery, and hope and the following:

- Efficient compassionate emergency response
- Appropriate use of all stakeholder resources
- Constant coordination and negotiation of rules and regulations across systems.
- Client services and stabilization at the lowest appropriate level of care
- Internal system changes to benefit the emergency response system

Another key element in the program infrastructure is the Consumer Provider Committee. Members include Crisis staff, Mental Health Children's staff, Adult and Older Adult staff, consumers and family members, and representatives from the Cultural Competency Committee who have an interest in mobile response services. This team is identified by the member's commitment to:

- Cultural Competence in delivered services
- Knowledge of the complexity of the multiple systems that must work together for the client's success
- Principles and practices of wellness, recovery, resiliency, and hope
- Performance measurement as a tool for program adjustments and improvement

The purpose of the Consumer Provider Committee is to participate in the program implementation for a client-centered approach appropriate for this population, review intake and charting materials for cultural sensitivity and resiliency focus, develop initial tools for performance outcome measurements including monitoring of ethnic diversity of clients and assess the success of Mobile Crisis services.

PARTNER	GETS	GIVES
CLIENT	Access to a more appropriate level of care (mobile crisis), clinical assessments and triage (to the best level of care)	Support and expertise to mobile crisis team, when indicated Is a valuable, respected and equal member of the team
FAMILY MEMBER	As above and the satisfaction that loved one will be kept safe.	Support and expertise to mobile crisis team, when indicated Is a valuable, respected and equal member of the team
ACUTE CARE HOSPITAL ER	Receives clients who need acute care rather than simply a place to detox	Is able to free up a greater number of beds for those who are a danger to themselves or others
LOCAL POLICE	A partner to assist in diffusing situations before incarceration or hospitalization is needed; additional training regarding mental illness	Provides more appropriate and timely response to crisis situations
SCMH	Clients are triaged to the best level of care; SCMH has the ability to correctly staff and fund alternate services	Provides more appropriate and timely response to crisis situations
SHERIFF	Same as local police	Same as local police

PERFORMANCE MEASURES:
The collaborative partners have developed the following performance measures. They will be monitored annually, and used to make program and policy adjustments.

MOBILE CRISIS
PERFORMANCE MEASURES

PROGRAM GOAL	Indicator	Data Source	Person Responsible
Timely mobile crisis response	Time between call and response	INSYST	HSS MH staff
Keep any intervention at the lowest	#/% Mobile Crisis visits leading to involuntary services	INSYST	HSS MH staff
Provide follow-up and linkage to services and supports	#/% Crisis clients receiving follow up round-the-clock	INSYST	HSS MH staff
Provide follow-up and linkage to services and supports	#/% Clients who state they were encouraged to use consumer run programs	Survey Q 20	HSS Research and Quality Mgt staff
Cultural sensitivity	#/% Clients stating staff was sensitive to their cultural and ethnic background. .	Survey 18 Y15	HSS Research and Quality Mgt staff
Staff trained and supported	% Mobile Crisis Staff satisfaction with resources, training and support	Survey	HSS Research and Quality Mgt staff
High degree of stakeholder involvement	% Partners and % consumers/ family members attending Psych Emergency Committees	Committee rosters	HSS MH staff
High degree of stakeholder involvement	Partner and stakeholder satisfaction with MH services	Survey	HSS Research and Quality Mgt staff

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

System wide, comprehensive recruitment, retention and training strategies for cultural competency among all segments of staff, county-employed and contract agency-employed, that reflect the demographics of Solano County will be described in the Employment and Training component of the MHSA implementation. There will be more appropriate mental health services and support for people of all racial/ethnic and cultural backgrounds. Clients will receive mental health services and support in their own language. Services will be provided in ways that are sensitive and understanding of their different cultural beliefs and values. The team will provide services in English and Spanish (our primary threshold language). Translation services will be provided for other primary languages when necessary to meet family and child needs. Staff will be trained twice per year in cultural issues and approaches to ensure cultural competency and sensitivity. Ethnicity and language of clients served, and of clients' success in the program, will be tracked and published.

It is vital that Solano County Mental Health and partner agencies have the capacity to effectively serve the racial and ethnic populations in the various regions of Solano County. Solano will strive to recruit staff and contracting partners who reflect the ethnic populations living in specific geographic areas of Solano County. Solano County's Cultural Competency Plan updates will provide an opportunity to monitor and re-focus resources toward embedded cultural competency.

All staff, volunteers, and contract providers will be required to, at a minimum, receive annual training in Cultural Competency and Sensitivity, Latino Outreach and Engagement, Filipino Outreach and Engagement, Identification of Ethnic Disparity, and Use of Interpreters. Service contracts will be revised to establish cultural competency as a feature of contract services. FACT agreements and Memoranda of Understanding will include cultural competency goals. Community stakeholders will provide input and participate in oversight activities that ensure that culturally competent service provision and associated system quality management goals are met.

Concerted efforts will be made to enlist the help of community leaders, consumers and their families that reflect the diversity of the County to help with outreach and implementation oversight. Analysis of available data will be conducted to determine if there are any patterns of access to service, mode and level of services provided (i.e., hospital care, referral to outpatient care) and involuntary status that indicate disparities. Any disparities that are identified will have specific remedies proposed for review by oversight bodies and the Solano County Mental Health Director. Trainings described below will also be tools to help mitigate identified service disparities. The Cultural Competence Committee will be asked to assist in efforts to identify and mitigate disparities. Staff recruitment, retention and training for cultural competency will be a critical tool to help mitigate disparities.

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

During Crisis follow-up services, assessment and service plan development will employ a strengths-based perspective. Assessment will include consideration of sexual orientation matters as indicated by the client and their situational circumstances. As needed and as determined by the client, service planning will address sexual orientation.

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

Due to the mobile features and the crisis prevention and early intervention response of Mobile Crisis, there will be no defined role regarding clients who are placed out-of-county.

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

Not applicable

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

MOBILE CRISIS IMPLEMENTATION SUMMARY:

100% Staffed	**September 06**
Initiate services:	**September 06**
Client Outcomes Report	**June 08**

CLIENT SERVICES	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed by	Completed by	Completed by
Complete staffing of center based crisis services	April 06		
Provide written description detailing the program.	April 06		
Provide rationale for contract versus in-house for program components	May 06		
Provide written description of detailing roles and responsibilities of team members	April 06		
Provide written description detailing partner roles and responsibilities.	April 06		
Provide written description detailing operational procedures	May 06		
Provide intake and case note forms.	May 06		
Involve consumers and family members in review of program components, roles and responsibilities, policies, etc.	June 06		
Psych Emergency Committee and Pro/Con Committee review of program components, roles and responsibilities, policies, etc.	June 06		
Begin direct services		July 06	
Prepare report re: utilization, client outcomes, and satisfaction			July 07
STAFFING			
Meet with HR to determine appropriate classifications	Jan 06		
Determine best way to include clients and family members as staff	Jan 06		
BOS approval of new positions	Jan 06		
Begin recruitments	Jan 06		
Select and hire staff	July 06		
Train new staff	July 06	July 06	Dec 07
100% staffing achieved	July 06	July 06	
Reassign and train existing staff as needed	June 06		
Train all staff in Wellness/Recovery principles	March 06	June 07	June 08
Train all staff in Cultural Competence	June 06	May 07	April 08
Train all staff in other mandatory trainings	March 06	June 07	June 08

CONTRACTS	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed by:	Completed by:	Completed by:
Prepare description of needed purchased services if any	March 06		
Confer with General Services and issue RFPs	May 06		
Establish review committee for responses	May 06		
Receive and review applications		July 06	
Select contractors		August 06	
Develop final terms and conditions		Sept 06	
Execute contract		Sept 06	
Contracted services initiated		Oct 06	
QA/IT			
Review all intake and chart note forms for compliance with QA/IT	June 06		
Determine internal QA review process	June 06		
Determine IT needs and meet with ACS and staff re: programming needs		Sept 06	
Confer with DMH to determine reporting requirements on client's served for their annual reports		Sept 06	
Test IT		Sept 06	
Reconfigure IT		Dec 06	
Test IT		June 07	
Reconfigure IT			August 08
Conduct mock QA audit on program		Dec 06	July 07
Prepare remediation plan		Feb 06	Sept 07
Conduct mock QA audit on program			March 08
Prepare remediation plan			May 08
COMMUNITY INVOLVEMENT			
Convene planning committees to assist in program development	Jan 06		Update May 08
Determine staffing expectations and responsibilities, and meeting schedule for the committee	Jan 06		
Recruit for optimal consumer and family member participation	March 06		
Review evaluation materials and reporting data with planning committee		May 07	April 08
Review report re: development of an Older Adult FSP including staffing and budget with all community stakeholders			June 08

EVALUATION	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed by:	Completed by:	Completed by:
Reach consensus with staff and community partners re: proposed indicators	May 06		Update March 08
Determine staff support for shared data collection and analysis workload	May 06		

Develop annual evaluation plan and links with QA	May 06		Update March 08
Collect early or baseline data		March 07	
Publish draft evaluation document		June 07	
Collect first-round data			March 08
Publish evaluation document			June 08

14. Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

Budget Narrative
Program #6
Mobile Crisis/Rapid Response

Staffing

All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers.

Staff Positions

Current Existing Staff

Mental Health Manager (.10 FTE) 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.

New Positions

Program Coordinator (1) will be responsible for overall program management and supervision; provides clinical supervision to other clinical staff and participate in program planning, implementing and evaluating program activities; coordinates through active involvement with public safety officials and officers, other professionals, administration, community agencies and consumers; implements legal provisions of care, methods, policies and procedures

Mental Health Clinician (4.5 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (2.0 FTE) 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

Contract Positions

Program Coordinator (1) will be responsible for overall program management and supervision; provides clinical supervision to other clinical staff and participate in program planning, implementing and evaluating program activities; coordinates through active involvement with public safety officials and officers, other professionals,

administration, community agencies and consumers; implements legal provisions of care, methods, policies and procedures

Mental Health Clinician (1.0 FTE) will provide clinical mental health assessment, diagnosis and therapy 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 Specialist (1.0 FTE) 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

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

1. For FY 05-06 Budget Projection, the programs/services will begin operation by April 1, 2006 (three months). This will require all start-up activities to be completed prior to this date.

2. Costs and revenues for the subsequent fiscal years represent a 2-4% of annual increases based on current union negotiated contracts and projected increased costs for supplies.

3. All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

4. 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 and major purchases. The one time funding reflects the 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 services, equipment and County services.

5. 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 05-06 actual budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.

6. Budgeted services and supplies costs are based on FY 05-06 budget estimates per FTE and include communications costs, general offices supplies, computer maintenance, administrative costs, and staff training.

7. One-Time Funding Costs are one time costs for the acquisition of equipment, computer hardware, new software, phone equipment, data land phone lines,

networks and severs, facility modifications, supplies, furniture and fixtures and trainings. Equipment and Technology Costs for the eight new positions will include:

Software Licenses	$1,480.00
Software	$6,400.00
Data Lines	$2,000.00
Cell Phones (8)	$2,400.00
Additional Phone Lines	$1,600.00
Fax Machine	$500.00
Copy Machine	$5,000.00
PCs and Peripherals	$32,000.00
Lap Tops (1)	$1,200.00
Office Relocation Design	$1,600.00
Desks, File Cabinet	$4,800.00

Total One-Time Costs for Mobile Response: $58,980.00

8. Client, Family Member & Caregiver Support Expenditures

   - Travel and Transportation: represents the cost associated with clients, family members or caregivers getting to services, training or other related activities.

   - Housing and Employment Supports: funding to assist clients, family members or caregivers to access education that will assist them in developing the skills needed to obtain employment.

9. Personnel Expenditures – all personnel costs itemized on the Program Exhibits 5b represent annualized costs of operation. Costs include salary and benefits.

   - Current Existing Personnel Expenditures: represents the allocation of time and cost of personnel currently employed who will re redeployed to work in support of the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in the MHSA Summary Budgets following each section.

   - New Additional Positions: represents new positions assigned exclusively to the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in MHSA Summary Budgets following each section.

   - Employee Benefits: Benefits costs are included with the salary costs.

10. Operating Expenditures: as with the personnel expenditures, cost shown in each section and are annualized for each fiscal year.

    - General Office Expenditures: includes costs for office supplies, postage, books and periodicals, printing, and miscellaneous small office equipment.

    - Rent, Utilities and Equipment: includes costs related to communications equipment, cell phones, computers, and equipment rentals.

    - Medication and Medical Supports: includes costs associated with the purchase of medications and other medical supplies on behalf of clients.

Other Operating Expenses: includes the cost include licenses, fees, malpractice and liability insurance, legal, Community Meeting expenses, the allocation of administrative costs and A-87 costs. Training and education which include County mandated trainings, H&SS New Employee Orientation, Safety, HIPPA and online Testing, Workplace Protection, Infection Control, Defensive Driving, Sexual Harassment, Cultural Diversity, ADA, Supervisor Safety and Drug Free Workplace, Consumer Rights, Contract Management and Monitoring, Budget Orientation and Management. Additional trainings will be provided based of the professional standards and staff assignments.

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

County(ies): Solano County | Fiscal Year: 2005-06

Program Workplan #: SCMH 6 | Date: 9/2/05

Program Workplan Name: Mobile Crisis/Rapid Response Team

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

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 707-784-8584

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					
Mental Health Service Mgr Sr.	Program Management, Implementation and Operations		0.10	$83,616	$2,091
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.10		$2,091
B. New Additional Positions					
Program Coordinator	Day to Day Operations and response		1.00	$72,114	$12,259
Contract Positions					
Program Coordinator					
MH Clinician					
Mental Health Specialist					
Contract Positions					
Program Coordinator					$0
MH Clinician					$0
Mental Health Specialist					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.00		$12,259
C. Total Program Positions		0.00	1.10		$14,350

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): Solano County
Fiscal Year: 2005-06
Program Workplan #: SCMH 6
Date: 9/2/05
Program Workplan Name: Mobile Crisis/Rapid Response Team
Page ___ of ___
Type of Funding: 2. System Development
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 0
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Mary M. Lenihan
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 707-784-8584

	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		$0
d. Employment and Education Supports		$0		$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)	$2,091			$2,091
b. New Additional Personnel Expenditures (from Staffing Detail)	$12,259			$12,259
c. Employee Benefits	$3,874			$3,874
d. Total Personnel Expenditures	$18,224			$18,224
3. Operating Expenditures				
a. Rapid Response Team				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$125			$125
d. General Office Expenditures	$320			$320
e. Rent, Utilities and Equipment	$300			$300
f. Medication and Medical Supports	$300			$300
g. Other Operating Expenses (provide description in budget narrative)	$775			$775
h. Total Operating Expenditures	$1,820	$0	$0	$1,820
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	$39,000			$39,000
6. Total Proposed Program Budget	$20,044	$0	$0	$20,044
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	$58,980			$58,980
D. Total Funding Requirements	$79,024	$0	$0	$79,024
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): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 6 | Date: 9/2/05

Program Workplan Name: Mobile Crisis/Rapid Response Team

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

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: 707-784-8584

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					
Mental Health Service Mgr Sr.	Program Management, Implementation and Operations		0.10	$85,288	$8,529
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.10		$8,529
B. New Additional Positions					
Program Coordinator	Day to Day Operations and response		1.00	$73,556	$73,556
MH Clinician	Assessments		4.50	$66,873	$300,928
Mental Health Specialist	Case Management and response	2.00	2.00	$41,870	$83,740
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	7.50		$458,224
C. Total Program Positions		2.00	7.60		$466,753

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): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 6 | Date: 9/2/05

Program Workplan Name: Mobile Crisis/Rapid Response Team | Page ___ of ___

Type of Funding: 2. System Development | 12

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: 707-784-8584

	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	$3,500			$3,500
b. Travel and Transportation	$3,200			$3,200
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)	$4,000			$4,000
f. Total Support Expenditures	$10,700			$10,700
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$8,529			$8,529
b. New Additional Personnel Expenditures (from Staffing Detail)	$458,224			$458,224
c. Employee Benefits	$135,358			$135,358
d. Total Personnel Expenditures	$602,111			$602,111
3. Operating Expenditures				
a. Rapid Response Team				$0
b. Translation and Interpreter Services	$4,500			$4,500
c. Travel and Transportation	$38,000			$38,000
d. General Office Expenditures	$5,280			$5,280
e. Rent, Utilities and Equipment	$1,200			$1,200
f. Medication and Medical Supports	$1,200			$1,200
g. Other Operating Expenses (provide description in budget narrative)	$3,100			$3,100
h. Total Operating Expenditures	$53,280			$53,280
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$156,000			$156,000
6. Total Proposed Program Budget	$822,091			$822,091
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	$11,002			$11,002
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$11,002			$11,002
2. New Revenues				
a. Medi-Cal (FFP only)	$271,997			$271,997
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$271,997			$271,997
3. Total Revenues	$282,999			$282,999
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$539,092			$539,092
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): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH6 | Date: 9/2/05

Program Workplan Name: Mobile Crisis/Rapid Response Team

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

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: 707-784-8584

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					
Mental Health Service Mgr Sr.	Program Management, Implementation and Operations		0.10	$86,961	$8,696
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.10		$8,696
B. New Additional Positions					
Program Coordinator	Day to Day Operations and response		1.00	$74,998	$74,998
MH Clinician	Assessments		4.50	$68,184	$306,828
Mental Health Specialist	Case Management and response	2.00	2.00	$39,587	$79,173
Contract Positions					
Program Coordinator					
MH Clinician					
Mental Health Specialist					
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	7.50		$460,999
C. Total Program Positions		2.00	7.60		$469,695

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): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH6 | Date: 9/2/05

Program Workplan Name: Mobile Crisis/Rapid Response Team | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: 707-784-8584

	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	$3,844			$3,844
b. Travel and Transportation	$3,456			$3,456
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)	$4,000			$4,000
f. Total Support Expenditures	$11,300			$11,300
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$6,696			$6,696
b. New Additional Personnel Expenditures (from Staffing Detail)	$460,999			$460,999
c. Employee Benefits	$136,212			$136,212
d. Total Personnel Expenditures	$605,907			$605,907
3. Operating Expenditures				
a. Rapid Response Team				$0
b. Translation and Interpreter Services	$4,500			$4,500
c. Travel and Transportation	$41,578			$41,578
d. General Office Expenditures	$6,600			$6,600
e. Rent, Utilities and Equipment	$1,200			$1,200
f. Medication and Medical Supports	$1,200			$1,200
g. Other Operating Expenses (provide description in budget narrative)	$3,400			$3,400
h. Total Operating Expenditures	$58,478			$58,478
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$156,000			$156,000
6. Total Proposed Program Budget	$831,685			$831,685
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	$11,218			$11,218
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$11,218			$11,218
2. New Revenues				
a. Medi-Cal (FFP only)	$281,375			$281,375
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$281,375			$281,375
3. Total Revenues	$292,593			$292,593
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$539,092			$539,092
E. Percent of Total Funding Requirements for Full Service Partnerships				

ALL AGES SERVICES AND SUPPORTS: PROGRAM # 7
Consumer Operated Recovery Programs FULL SERVICE PARTNERSHIP (FSP)

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY	
County: Solano	Program Work Plan Name: CONSUMER OPERATED RECOVERY PROGRAMS
Program Work Plan #: 7	Estimated Start Date: July 2006

Description of program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Solano County is proposing to combine existing services and re-structure programs in order to achieve the priorities defined during the community planning process. There was a consistent and strong call for wellness and recovery centers and services that were consumer operated and offered significant ongoing family support. Emphasis was also clear that the different regions of the county needed to have service features that were relevant to their regional needs and priorities.
Priority Population: *Describe the situational characteristics of the priority population*	Transition Age Youth who need focused education and employment support, illness management assistance, and transition support to adult service. Adults with serious mental illness who are not currently being served or individuals who are so underserved that they are at imminent risk of homelessness, criminal justice involvement of institutionalization, frequent users of hospitals and emergency room services. Adults in outpatient mental health services who need vocational and employment support. Older Adults 60 years and older with serious mental illness who are not currently being served and have a reduction in personal or community functioning, are homeless, and/or at risk of institutionalization, nursing home care, hospitalization and emergency room services. Older adults who need social support, meaningful activities and whose families need support and information.

Describe strategies to be used / Funding Types requested (check all that apply) / Age Groups to be served (check all that apply)	Funding Type			Age Group			
	FSP	SYS Dev	OE	CY	TAY	A	OA
Academic/vocational services & counseling		X			X	X	X
Education about mental illness		X			X	X	X
Peer support		X			X	X	X
Identification and outreach		X			X	X	X
Place to go where "I belong" – wellness and recovery center		X			X	X	X
Support for family members		X			X	X	X
Family involvement and respite services		X			X	X	X
Comprehensive assistance and planning		X			X	X	X
Public awareness campaign		X		X	X	X	X
Warmline		X					

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

PROPOSED NEW SERVICES

Program Details

COMMUNITY-BASED SERVICES TO PROMOTE RECOVERY

Solano County is proposing to combine existing services and re-structure programs in order to achieve the priorities defined during the community planning process. There was a consistent and strong call for wellness and recovery centers and services that were consumer operated and offered significant ongoing family support. Emphasis was also clear that the different regions of the county needed to have service features that were relevant to their regional needs and priorities. New services will be provided in Rio Vista, and expanded services in Vacaville and Dixon.

Consumer operated community-based wellness and recovery services are those services provided in each of Solano's regions that are designed to be consumer/family operated, and that provide a full range of supportive programs to support community involvement, stability, and meaningful activities. Services will be designed to respect regional differences. For example Rio Vista has been identified as a region that is receiving no mental health services. The community is growing largely in a retirement population but does have a homeless mentally ill population. It is also located at the Northeast part of Solano County and is accessible via infrequent public transportation. It is important to move towards economies of scale with regard to Rio Vista. This means it important as social services are developed in Rio Vista that this happen in conjunction with Public Health, Substance Abuse, Older Adult Care, etc. Ideally the following would begin to establish a public mental health presence in Rio Vista, somewhere in available storefront downtown. Outpatient services will be provided in conjunction with existing social service agencies.

In South County (Vallejo Benicia) the population to be served is comprised of Caucasian. African American, Latino, and Asian (specifically Filipinos). As a result of focus groups conducted by the MHSA Diversity Sub-Committee and analysis of prevalence and utilization data, we know that the Filipino population is the greatest population with unmet needs and who are under-served. This means that the cultural and linguistic composition of services developed and provided to the Vallejo and Benicia populations must reflect the percentage of these populations.

It is also important to note that Vallejo is where there are a significant number of Board and Care Facilities, the Crestwood Institute for Mental Diseases, and other intensive assertive community treatment based programs. It is also important to note that many of the individuals served in Vallejo are older adults and may have primary care treatment issues.

Family Partnership Programs which are operated by family members and include strategies to engage racially and ethnically diverse families and include services and activities such as training, information and referral, newsletter or information dissemination, support groups, individual advocacy and support, web based

information, outreach, peer consultation, mentoring, support groups for children, youth and TAY. Gender-separate groups as needed. Services must be available in all regions of Solano County and available in Spanish and English. Support and respite for parents.

Direct Vocational support that includes individualized, career development, job development, linkage to vocational rehabilitation, and development of consumer owned and operated services. Encourage engagement and utilization of community volunteers and interns to assist with all aspects of operations.

Weekly education sessions that are curriculum-based and designed to help consumers who experience psychiatric symptoms in developing personalized strategies for managing mental illness and achieving personal goals. The content of the weekly sessions includes:

- Recovery strategies
- Practical facts about schizophrenia, bipolar disorder, and major depression
- Building social supports
- Using medications effectively
- Reducing relapses
- Coping with stress
- Coping with problems and symptoms
- Getting needs met in the mental health system
- Vocational orientation, education, and job development
- Independent living skills (transportation skills, shopping, cooking, interpersonal skills, communication skills, and symptom management)
- Wellness Recovery Action Plan to assist individual in recognizing and managing their symptoms

Spanish and English language Warm-Line to provide support, information and peer-to-peer intervention available for all county residents (7) days a week, 4:00PM-12:00AM

Outreach and engagement through integrated physical and mental health services. The services in the primary care site have four purposes: Direct assessment, brief intervention, screening and linkage for clients who need specialty mental health services; educate primary care physicians about mental illnesses; provide transitional MH case management to clients at the primary care site to encourage participation that may not be achieved through traditional mental health arenas.

These programs will promote wellness and recovery by promoting the following outcomes:

Meaningful use of time and capabilities

The enhanced consumer-run vocational and educational wellness and recovery-focused programs will be designed specifically to achieve this outcome and performance measures will be developed and measured routinely to ensure that activities are effectively achieving this essential outcome. Also, by enhancing vocational and housing

opportunities, the lives of consumers will be greatly enriched leading to greater opportunities for self-empowerment and recovery.

Network of supportive relationships
We expect that employment opportunities, wellness programs, and involvement in planning and evaluation committees will all further this outcome with involved consumer and family members. By enhancing the SCMH workforce with the compassion and experiential expertise of consumers and family members, SCMH believes all aspects of mental health delivery will be transformed in a very real way. This kind of transformation will significantly affect how SCMH does business and influences and sets policy.

Timely access to needed help including times of crisis
Part of the enhanced consumer-run vocational and educational wellness and recovery-focused programs will be the operation of a "Warm Line" available for consumers and family support short of the need for crisis services. SCMH fully supports this kind of proactive development of support services for consumers and family members. It is anticipated that the Warm Line will reduce the need for crisis services, assist consumers in navigating the mental health system, and in getting better response from crisis services.

What outreach is needed to enroll these individuals?
Initially, a presence in targeted communities with consumer/family outreach throughout the community including churches, recreation centers, senior centers, and other natural gathering areas will build community trust. Presence at primary care offices will also assist in outreach to older adults and those who avoid mental health centers. Classes and support groups, events and advocacy efforts in multiple languages will also promote the new services and encourage involvement by underserved populations.

How are services authentically Client/Family-Driven?
Solano plans to recruit consumer-operated businesses, or those businesses with a proven track record in providing meaningful employment opportunities for mental health consumers.

How is the Consumer Operated Recovery Program Integrated with the Existing Mental Health System?
The purpose of the outreach efforts is to engage clients who need services in specialty mental health services. There will be ongoing communication and linkage among outreach efforts and assessment practices at SCMH. Clients in specialty mental health services to encourage vocational support, wellness information, illness management strategies, and employment support, will utilize Wellness and Recovery services.

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

Housing
A new Housing Coordinator will become part of the HSS Mental Health staff. Clients will be assessed for housing needs and linked to the Housing Coordinator for housing

resources. The Housing Coordinator will have access to several housing resources, including Master Leases, motel vouchers, and a fund to pay for Board and Care placements for members without financial resources and to provide safe and adequate housing for its members. Solano County has already developed significant resources to secure appropriate housing through our AB 2034 projects as well as the Master Lease project. New resources will be used to build on these projects.

Employment
A new Employment Coordinator will become part of the HSS Mental Health staff. Clients who need assistance will have a Job Developer on staff to work and can also utilize existing resources, such as State Department of Rehabilitation, One Stop employment assistance (CalWORKs), Pride Industries, Labor Ready and other available employment resources. All Wellness and Recovery programs will hold employment services as a central focus. All Wellness and Recovery program staff will complete the three-day Immersion Program at The Village in Long Beach.

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

Not Applicable

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

Wellness and Recovery programs staff and contractors will be committed to the philosophy and principles of wellness, recovery and resiliency. Annually, clients who participated in the service will be invited to participate in a focus group to explore the following questions:
To what degree do you believe:

- Your recovery and your setbacks, if any, were incorporated as valued learning experiences?
- Services you received were appropriate to your beliefs and were provided in your preferred languages?
- Your interpersonal and family relationships were supported and encouraged and family members consistently felt welcome and involved?
- You always felt safe emotionally and physically when receiving services?
- You were treated as a unique individual, and your preferences for services were respected?
- You were provided resources to meet educational or vocational objectives?

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

Current services

Types of Consumer Family/Professional Partnerships in Solano:

1. Consumer/Family Members are responsible to design and complete their services and support plans. Solano's clinical staff in both Adult and Children's services has received many hours of training in support of this model and the SCMH intake and treatment planning forms all include signatures of both clients/family members as well as clinical staff. This means that consumers become the primary "drivers" of their recovery and rehabilitation, and identifying goals based on individual strengths.

2. Consumer/Family Members are hired by the mental health service as staff. Currently Solano County employs staff and interns who have mental illness and are in recovery. One staff position, the Consumer Liaison, reports directly to the Mental Health Director. This person is responsible for the continuous recruitment, training and encouragement of consumers working for the Department of Health and Social Services, Mental Health Division (SCMH). SCMH developed a program at the local Community College that provides a degree in Human Services. Many consumers and family members become interns at SCMH through this program. Interns receive a stipend and college credits for their participation. Their work includes assisting with consumer-run events, family education programs, and working in the Mental Health Director's office.

3. SCMH is also served by Consumer/Family Partner services that function independently and with no financial support. The National Alliance for the Mentally Ill (NAMI), Solano Chapter is an active stakeholder and partner with SCMH advocating primarily for families of those with mental illness. NAMI designs and leads community activities and links, wherever possible, with SCMH services. Joint events, joint advocacy, and joint planning activities are common with NAMI.

4. SCMH is also served by independent consumer/family groups that provide services under contract with SCMH. SCMH supports the recruitment, hiring, training, and supervision of consumers in the operation of wellness and recovery programs. Currently, consumers operate three self-help centers: one in Vallejo (Circle of Friends), one in Fairfield (Donavan's House), and one in Dixon (Nueve Vida). Nueve Vida is operated by bi-lingual and bi-cultural staff that primarily serves the Hispanic community. Additionally, a very active Parent Network has been serving Solano residents and families for many years, providing support groups, respite, and advocacy.

Additionally, consumers and family members are part of Solano's program planning and policy development structure. Along with staff and community partners, consumers and family members determine service needs, systems improvements, and recommend policy direction to the Department and the Board of Supervisors.

The following standing Planning and Policy Development Committees have more than 50% consumer/family memberships:

The LOCAL MENTAL HEALTH BOARD

The members of the LMHB are charged with providing leadership to the community and advice to the Mental Health Director and the County Board of Supervisors regarding mental health services in the county

Participants: the Solano County Board of Supervisors appoints LMHB members. The LMHB consists of at least 51% mental health consumers and family members representing the five Supervisory Districts. LMHB members should closely reflect the ethnic and cultural diversity of Solano County.

COUNTY/CONSUMER LIAISON

This advisory body is designed to maintain an ongoing dialogue between consumer representatives with SCMH Administration. This occurs at a monthly meeting where all participants have the opportunity for open discussion about the Solano County Mental Health system and services. This group also functions as the Consumer Advisory Committee for Mental Health Managed Care. This committee is an ideal entry-level opportunity for those wishing to participate in/with a SCMH committee.

Participants: Ten consumers, Solano County Mental Health Director; Solano County Mental Health Senior Managers (for Adults, Children, Crisis and Forensic services), and the Family and Community Affairs Liaison

CONSUMER/FAMILY ADVISORY

The function of the Consumer/Family Advisory Committee (CFAC) is to identify needs, review consumer/family member concerns, and to provide recommendations to the MH Director. CFAC promotes consumer/family/professional partnerships by sponsoring training activities that reflect the range and depth of diversity within the community. Reports, based on staff research and committee analysis, are sent to the Quality Improvement Committee for further analysis and action.

Participants: Chaired by an elected consumer or family member, the CFAC membership includes up to ten consumer and family representatives and up to four SCMH staff.

WELLNESS RECOVERY COMMITTEE

The members of the Wellness Recovery Committee will assess needs and identify resources as they assist the mental health system in its transition from a harm-reduction based system of care to one that is recovery-based. The WRC will explore a variety of resources in order to develop a wellness and recovery action plan that will be the most appropriate for Solano County Mental Health and the residents it serves. The committee presents its recommendations to the Mental Health Director, the CFAC Committee, and the System of Care Committee for their respective input and approval. The design and development of trainings, seminars and materials will also be the charge of this committee.

Participants: Membership consists of up to fifteen members, with an even distribution of consumers/family members and SCMH (and/or Community-Based Organizations) staff. Subcommittees are formed to focus on specific tasks related to wellness, recovery, resilience, and hope.

VOCATIONAL SERVICES CONSORTIUM

This multi-agency consortium examines vocational services/programs for mental health consumers in Solano County and identifies vocational opportunities through public and private collaboration.

Participants: Chaired by the SCMH Vocational Coordinator; 3 to 4 representatives from the Department of Rehabilitation; SCMH staff from adults, forensics, and crisis services, 6-8 Consumers, representation from all Wellness and Recovery programs and Employment Service Provider Agency representatives. Combined, these links with consumers and family members have assisted SCMH to provide a vision and direction, identify system goals, and maintain a clear consumer and family member focus on the principles and practices of wellness, recovery, resilience and hope.

FAMILY EDUCATION AND SUPPORT

Solano contracts with the Solano Parent Network to provide family education, support and advocacy, as well as family respite, support groups for parents, youth and children.

DROP IN SELF-HELP CENTERS AND WARMLINE SERVICES

Solano County contracts with an agency to employ and assist consumers to operate consumer services in Solano County. Currently, there is a drop-in center in Fairfield, in Vallejo, and in Dixon. In Dixon, consumers also operate a "warm line". These centers offer consumers a place to socialize, provide and receive support and friendship, and participate in advocacy and educational work.

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

Clients and family members will operate the services

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

PARTNER	GETS	GIVES
CLIENT	Clients have access to employment support, wellness programs, and empowerment	Peer support, best efforts Is a valuable, respected and equal member of the team
FAMILY MEMBER	Receives necessary supports to cope with and understand family member's illness, gains hope that he/she can sustain a stable and nurturing family life	Peer support, best efforts Is a valuable, respected and equal member of the team
SCMH	Positive client outcomes, authentic consumer involvement	Provides the community with a valued resource to serve clients in their communities, provides hope and resilience to the consumer, family and community

PERFORMANCE MEASURES:
The collaborative partners have developed the following performance measures. They will be monitored annually and used to make program and policy adjustments.

WELLNESS AND RECOVERY PERFORMANCE MEASURES:

Program Goal	Indicator	Data Source	Person Responsible
WR programs lead to employment	#/% WR clients becoming employed	NEW DATA BASE	HSS MH staff
WR programs engage consumers in self-care	#/% Consumers completing curriculum-based classes	NEW DATA BASE	HSS MH staff
WR programs hire consumers	#/% Consumers hired	Data on new hires	HSS MH staff
WR programs offer family support	# Families offered respite, advocacy and support	NEW DATA BASE	HSS MH staff
WR programs reach hard-to-engage	# Clients new to MH services engaged through WR programs	INSYST	HSS MH staff
WR programs offer pre-crisis interventions	#/% Clients utilizing the warm-line	NEW DATA BASE	HSS MH staff

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

System wide, comprehensive recruitment, retention and training strategies for cultural competency among all segments of staff, county-employed and contract agency-employed, that reflect the demographics of Solano County will be described in the Employment and Training component of the MHSA implementation. There will be more appropriate mental health services and support for people of all racial/ethnic and cultural backgrounds. Clients will receive mental health services and support in their languages. Services will be provided in ways that are sensitive and understanding of their different cultural beliefs and values. The team will provide services in English and Spanish (our primary threshold language). Translation services will be provided for other primary languages when necessary to meet family and child needs. Staff will be trained twice per year in cultural issues and approaches to ensure cultural competency and sensitivity. Ethnicity and language of clients served, and of client's success in the program, will be tracked and published.

It is vital that Solano County Mental Health and partner agencies have the capacity to effectively serve the racial and ethnic populations in the various regions of Solano County. Solano will strive to recruit staff and contracting partners who reflect the ethnic populations living in specific geographic areas of Solano County. Solano County's

Cultural Competency Plan updates will provide an opportunity to monitor and re-focus resources toward cultural competency.

All staff, volunteers, and contract providers will be required to, at a minimum, receive annual training in Cultural Competency and Sensitivity, Latino Outreach and Engagement, Filipino Outreach and Engagement, Identification of Ethnic Disparity, and Use of Interpreters. Service contracts will be revised to establish cultural competency as a feature of contract services. CSOC agreements and Memoranda of Understanding will include cultural competency goals. Community stakeholders will provide input and participate in oversight activities that ensure that culturally competent service provision and associated system quality management goals are met.

All Wellness and Recovery programs will be designed to serve Spanish language clients, as well as to be sensitive and responsive to African American, Filipino, Hispanic, and clients of all other cultures. Interpreter services will be employed to ensure that services are provided in the client's primary language. Staff and contractors will participate no less than annually in cultural competency training designed specifically for the wellness and recovery principles and outreach to hard-to-engage consumers. Additionally, performance in this area will be measured by the degree to which services are provided across the ethnic and racial spectrum expected in the target population. These data will be reported to the Cultural Competency Committee, the Solano County Mental Health Management Team, the Local Mental Health Board (at least annually), and reported in the Cultural Competence Updates. During the hiring process, staff must be representative of the populations served. It is mandatory that bi-lingual and bi-cultural staff be available to reach unserved and underserved older adults and their families.

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

During initial contact with client and family, information gathering will include, with appropriate sensitivity to privacy, confidentiality and cultural context, issues relevant to sexual orientation and gender. Assessment and service plan development will employ a strengths-based perspective. Assessment will include consideration of sexual orientation matters as indicated by the client and their situational circumstances. As needed and as determined by the client, service planning will address sexual orientation. Individual, family, friends and community assets will be used; services will complement natural support. Assessment and service planning will include gender differences and distinguishing developmental and psychological characteristics and differing needs of boys and girls. Relevant attention to gender will also be included in family support planning. Training and education planning will ensure that system wide knowledge and skill development includes sexual orientation and gender. These training and services specialization needs will be a focus of ongoing stakeholder planning.

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

Solano County Mental Health is responsible for providing supports to clients and families who reside in facilities outside of Solano County. Each person who is placed out-of-county will have a discharge goal with reintegration features when the placement occurs. Because of the focus of wellness, recovery and resiliency, all those who are placed out-of-county will be made familiar of these services and referred, as the individual may prefer. Services provided by the placement program will be organized to achieve the discharge and reintegration elements of the client's service plan. In this way the wellness, recovery and resiliency emphasis is available to assist those who are referred, with reintegration into the Solano County community.

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

Not Applicable

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

WELLNESS & RECOVERY IMPLEMENTATION SUMMARY:	
Program policies and procedures complete:	**March 06**
Initiate services:	**July 06**
Client Outcomes Report:	**June 07**

CLIENT SERVICES	YEAR ONE Jan 06 - June 06	YEAR TWO July 06 - June 07	YEAR THREE July 07 - June 08
	Completed by	Completed by	Completed by
Assign HSS MH staff to implement WR programs	Jan 06		
Convene the WR committee to participate in implementation planning	Jan 06		
Provide written description detailing the program	March 06		
Provide rationale for contract versus in-house for program components	May 06		
Provide written description of detailing roles and responsibilities of team members	March 06		
Provide written description detailing operational procedures	May 06		
Provide intake and case note forms	May 06		
Involve consumers and family members in review of program components, roles and responsibilities, policies, etc.	June 06		
Begin direct services		July 06	
Prepare report re: utilization, client outcomes, and satisfaction			July 07

STAFFING			
Meet with HR to determine appropriate classifications	Jan 06		
Determine best way to include clients and family members as staff	Jan 06		
BOS approval of new positions	Jan 06		
Begin recruitments	Jan 06		
Select and hire staff	June 06		
Train new staff	March 06	July 06	Dec 07
100% staffing achieved	March 06	July 06	
Reassign and train existing staff as needed	June 06		
Train all staff in Wellness and Recovery principles	March 06	June 07	June 08
Train all staff in Cultural Competence	June 06	May 07	April 08
Train all staff in other mandatory trainings	March 06	June 07	June 08
CONTRACTS	**YEAR ONE** Jan 06 - June 06	**YEAR TWO** July 06 - June 07	**YEAR THREE** July 07 - June 08
	Complete by end of FY	Complete by end of FY	Complete by end of FY
Prepare description of needed purchased services	March 06		
Confer with General Services and issue RFPs	May 06		
Establish review committee for responses	May 06		
Receive and review applications		July 06	
Select contractors		August 06	
Develop final terms and conditions		Sept 06	
Execute contract		Sept 06	
Contracted services initiated		Oct 06	
QA/IT			
Review all intake and chart note forms for compliance with QA/IT	June 06		
Determine internal QA review process	June 06		
Determine IT needs and meet with ACS and staff re: programming needs		Sept 06	
Confer with DMH to determine reporting requirements on clients served for their annual reports		Sept 06	
Test / Reconfigure IT		Sept 06	
Conduct mock QA audit on program		Dec 06	July 07
Prepare remediation plan		Feb 06	Sept 07
COMMUNITY INVOLVEMENT			
Convene WR planning committee to assist in program development, and link with other consumer family advocates	Jan 06		Update May 08
Determine staffing expectations and responsibilities, and meeting schedule for the committee	Jan 06		
Recruit for optimal consumer and family member participation	March 06		
Review evaluation materials and reporting data with planning committee		May 07	April 08
EVALUATION	**YEAR ONE** Jan 06 - June 06	**YEAR TWO** July 06 - June 07	**YEAR THREE** July 07 - June 08

Reach consensus with staff and community partners re: proposed indicators	May 06		Update March 08
Determine staff support for share data collection and analysis workload	May 06		
Develop annual evaluation plan and links with QA	May 06		Update March 08
Collect baseline data		March 07	
Publish draft evaluation document		June 07	
Collect first-round data			March 08
Publish evaluation document			June 08

14. Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

Budget Narrative
Program #7
Wellness and Recovery Program

Staffing

All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Members.

Staff Positions

Housing Developer (1.0 FTE) will help to identify and secure Housing for clients

Job Developer (1.0 FTE) will work with clients on Job Readiness and conduct will conduct job skill training classes, and employment support groups for working consumers.

Contract Services

Program Managers (3): 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.

Mental Health Clinicians (2.5) will provide clinical mental health assessment, diagnosis and therapy 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 (.10) will provide support and consultation services.

Peer Counselors/Respite Workers (8.5) will 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. Respite workers will provide direct care to children, based on the services outlined in the program narrative.

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

1. For FY 05-06 Budget Projection, the programs/services are projected to begin a skeleton operation by May 1, 2006 (two months). This will require all start-up activities to be completed prior to this date.

2. Costs and revenues for the subsequent fiscal years represent a 2-4% of annual increases based on current union negotiated contracts and projected increased costs for supplies.

3. All recruitment and hiring will comply with Solano County hiring policies, seeking culturally and linguistically diverse individuals, and include expanded recruitment to Client and Family Member Care Givers

4. 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.

5. The plan assumes that an "RFP" process will be used to select contract agencies and major purchases. The one time funding reflects the 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 services, equipment and County services.

6. 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 05-06 actual budget costs per FTE. In the case of contract employees, the plan includes estimates for staffing costs.

7. Budgeted services and supplies costs are based on FY 05-06 budget estimates per FTE and include communications costs, general offices supplies, computer maintenance,

8. One Time Funding Costs are one time costs for the acquisition of equipment, computer hardware, new software, phone equipment, data land phone lines, networks and severs, facility modifications, supplies, furniture and fixtures and trainings. Equipment and Technology Costs for the two new positions will include:

Software Licenses	$370.00
Software	$1,600.00
Data Lines	$500.00
Additional Phone Lines	$400.00
Fax Machine	$500.00
PCs and Peripherals	$8,000.00
Office Relocation Design	$400.00
Desks, File Cabinet	$800.00

Total One Time for Wellness and Recovery $12,970.00

9. Client, Family Member & Caregiver Support Expenditures

   - Travel and Transportation: represents the cost associated with clients, family members or caregivers getting to services, training or other related activities.

   - Housing and Employment Supports: funding to assist clients, family members or caregivers to access education that will assist them in developing the skills needed to obtain employment.

10. Personnel Expenditures – all personnel costs itemized on the Program Exhibits 5b represent annualized costs of operation. Costs include salary and benefits.

11. Current Existing Personnel Expenditures: represents the allocation of time and cost of personnel currently employed who will re redeployed to work in support of the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in the MHSA Summary Budgets following each section. New Additional Positions: represents new positions assigned exclusively to the MHSA Programs. Position FTE and costs are itemized on Exhibit 5 b while specific position duties are described in MHSA Summary Budgets following each section.

12. Employee Benefits: Benefits costs are included with the salary costs.

13. Operating Expenditures: as with the personnel expenditures, cost shown in each section and are annualized for each fiscal year.

14. General Office Expenditures: includes costs for office supplies, postage, books and periodicals, printing, and miscellaneous small office equipment.

15. Rent, Utilities and Equipment: includes costs related to communications equipment, cell phones, computers, and equipment rentals.

16. Medication and Medical Supports: includes costs associated with the purchase of medications and other medical supplies on behalf of clients.

17. Other Operating Expenses: includes the cost include licenses, fees, malpractice and liability insurance, legal, Community Meeting expenses, the allocation of administrative costs and A-87 costs. Training and education which include County mandated trainings, H&SS New Employee Orientation, Safety, HIPPA and online Testing, Workplace Protection, Infection Control, Defensive Driving, Sexual Harassment, Cultural Diversity, ADA, Supervisor Safety and Drug Free Workplace, Consumer Rights, Contract Management and Monitoring, Budget Orientation and Management. Additional trainings will be provided based of the professional standards and staff assignments.

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

County(ies): Solano County | Fiscal Year: 2005-06

Program Workplan #: SCMH 7 | Date: 9/2/05

Program Workplan Name: Wellness And Recovery

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: expansion

Existing Client Capacity of Program/Service: 10 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 50 | Telephone Number: 707-784-8584

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					
Job Developer	Job Readiness, Development, Support		0.25	$38,334	$1,629
Housing Developer	Identify, Locate Housing, provide Supports		0.50	$38,334	$3,258
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.75		$4,888
B. New Additional Positions					
Housing Developer	Identify, Locate Housing, provide Supports		0.50	$38,334	$4,792
Job Developer	Job Readiness, Development, Support		0.75	$38,334	$7,188
Contractor Positions not included in total staffing numbers					$0
Program Managers			3		
MH Clinicians			2.50		
Psychatrist			0.10		
Peer CNSL/Respite Workers			8.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.25		$11,980
C. Total Program Positions		0.00	2.00		$16,867

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): Solano County | Fiscal Year: 2005-06

Program Workplan #: SCMH 7 | Date: 9/2/05

Program Workplan Name: Wellness and Recovery | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 10 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 50 | Telephone Number: 707-784-8584

	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		$0
d. Employment and Education Supports		$0		$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures		$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$4,888			$4,888
b. New Additional Personnel Expenditures (from Staffing Detail)	$11,980			$11,980
c. Employee Benefits	$4,554			$4,554
d. Total Personnel Expenditures	$21,421		$0	$21,421
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$468			$468
d. General Office Expenditures	$520			$520
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$600			$600
h. Total Operating Expenditures	$1,588	$0	$0	$1,588
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	$100,000			$100,000
6. Total Proposed Program Budget	$123,009	$0	$0	$123,009
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	$12,972			$12,972
D. Total Funding Requirements	$135,981		$0	$135,981
E. Percent of Total Funding Requirements for Full Service Partnerships				10.0%

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

County(ies): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 7 | Date: 9/2/05

Program Workplan Name: Wellness And Recovery

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

Proposed Total Client Capacity of Program/Service: 340 | New Program/Service or Expansion: expansion

Existing Client Capacity of Program/Service: 40 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 707-784-8584

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					
Housing Developer	Identify, Locate Housing, provide Supports		0.50	$39,868	$19,934
Job Developer	Job Readiness, Development, Support		0.75	$39,867	$29,901
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	1.25		$49,835
B. New Additional Positions					
Housing Developer	Identify, Locate Housing, provide Supports		0.50	$39,101	$19,551
Job Developer	Job Readiness, Development, Support		0.25	$39,101	$9,775
Contract positions not included in staffing detail					
Program Managers			3		
MH Clinicians			2.50		
Psychatrist			0.10		
Peer CNSL/Respite Workers			8.50		$0
Office Assistant			1.00		
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.75		$29,326
C. Total Program Positions		0.00	2.00		$79,161

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): Solano County | Fiscal Year: 2006-07

Program Workplan #: SCMH 7 | Date: 9/2/05

Program Workplan Name: Wellness and Recovery | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 340 | New Program/Service or Expansion: expansion

Existing Client Capacity of Program/Service: 40 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 707-784-8584

	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
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$49,835			$49,835
b. New Additional Personnel Expenditures (from Staffing Detail)	$29,326			$29,326
c. Employee Benefits	$18,207			$18,207
d. Total Personnel Expenditures	$97,368			
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$1,872			$1,872
d. General Office Expenditures	$2,080			$2,080
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$624			$624
h. Total Operating Expenditures	$4,576			$4,576
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$1,100,000			$1,100,000
6. Total Proposed Program Budget	$1,201,944			$1,201,944
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	$523,896			$523,896
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$523,896			$523,896
2. New Revenues				
a. Medi-Cal (FFP only)	$211,503			$211,503
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$211,503			$211,503
3. Total Revenues	$735,399			$735,399
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$466,545	$0		$466,545
E. Percent of Total Funding Requirements for Full Service Partnerships				10.0%

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

County(ies): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH7 | Date: 9/2/05

Program Workplan Name: Wellness And Recovery

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

Proposed Total Client Capacity of Program/Service: 340 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 40 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 707-784-8584

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					
Housing Developer	Identify. Locate Housing, provide Supports		0.50	$39,868	$19,934
Job Developer	Job Readiness, Development, Support		0.75	$39,867	$29,901
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	1.25		$49,835
B. New Additional Positions					
Housing Developer	Identify. Locate Housing, provide Supports		0.50	$39,868	$19,934
Job Developer	Job Readiness, Development, Support		0.25	$39,867	$9,967
Program Managers			3		
MH Clinicians			2.50		
Psychatrist			0.10		
Peer CNSL/Respite Workers			8.50		
Office Assistant			1.00		
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	15.85		$29,901
C. Total Program Positions		0.00	17.10		$79,735

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): Solano County | Fiscal Year: 2007-08

Program Workplan #: SCMH7 | Date: 9/2/05

Program Workplan Name: Wellness and Recovery | Page ___ of ___

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

Proposed Total Client Capacity of Program/Service: 340 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 40 | Prepared by: Mary M. Lenihan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 707-784-8584

	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
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$49,835			$49,835
b. New Additional Personnel Expenditures (from Staffing Detail)	$29,901			$29,901
c. Employee Benefits	$21,130			$21,130
d. Total Personnel Expenditures	$100,865			$100,865
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$2,500			$2,500
d. General Office Expenditures	$1,276			$1,276
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$800			$800
h. Total Operating Expenditures	$4,576			$4,576
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$1,100,000			$1,100,000
6. Total Proposed Program Budget	$1,205,441			$1,205,441
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	$523,896			$523,896
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$523,896			$523,896
2. New Revenues				
a. Medi-Cal (FFP only)	$215,000			$215,000
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$215,000			$215,000
3. Total Revenues	$738,896			$738,896
C. One-Time CSS Funding Expenditures	$0			$0
D. Total Funding Requirements	$466,545			$466,545
E. Percent of Total Funding Requirements for Full Service Partnerships				10.0%

ADMINISTRATION AND COMMUNITY PLANNING
Additional services and supports

Achieving the SCMH Vision and achieving true hope and empowerment for consumers and families in Solano County will only be accomplished if SCMH successfully builds and strengthens local partnerships and collaboration. Without this, clients only get single agency solutions, and there is no accountability to accomplish the vision and the goals established early in this document. There are two essential and distinct functions of strong community collaboration:

1. Integrated Client Services and
2. Community-Wide Accountability to Consumers and Families through ongoing collaborative dialogue

Integrated Client Services

Solano County Mental Health (SCMH) relies on formal and informal collaboration with community-based and faith-based organizations to ensure that consumers have access to a wide variety of therapeutic and support services as well as opportunities for community integration. More formally, contracting partnerships with community-based organizations contribute to SCMH efforts to build seamless services for consumers with the goal of including community partners in the healing process. Bridges built among mental health departments and a variety of local social service and peer support, health care, substance abuse treatment providers, and advocacy groups and aging networks give consumers and family's broad opportunities to individualize their services.

Groups such as the interagency planning teams for all of children and adults services, the Parent Network, the Circle of Friends, Nueve Vida, provide a place where common commitment to positive client outcomes allows for multi-dimensional services delivery.

Community-Wide Accountability to Consumers and Families

These groups, such as the Interagency Planning Councils and the Local Mental Health Board ensure policy development and systems change on behalf of mental health consumers and families across the entire community's System of Care. These groups include the top County Executives, Deputies and other community leaders who can provide oversight and authority to assure that policies and practices reflect the common commitment to positive client outcomes and reduction in community-wide adverse consequence to untreated mental illness.

Results of the Planning Process

Solano's planning process for MHSA CSS built on existing structures to both quickly and permanently ensure authentic participation in planning and evaluating Solano's mental health community services and supports. As a result, stakeholders are clearly re-invested in public mental health services and expect to continue participating in the design, implementation and ongoing refinement of both new and existing mental health services. Clearly emerging from the planning process is the expectation that consumers and family members will participate at every level of service delivery and program planning. Other stakeholders whose interest and commitment have been revitalized and confirmed are:

Children's System of Care Committee interagency case management team
The interagency case management team has been responsible for the design of MHSA services enhancements for children. Key participants are mental health staff, family advocates, both staff and volunteer, local SELPA staff, contract agencies participating in Children's services, Child Welfare staff, and staff providing services in Juvenile Hall.

Transition Age Youth Workgroup
A new group has convened to plan for services to Transitional Age Youth. Leadership for convening and facilitating this workgroup has been provided by family advocates and the group includes staff from adult services, vocational rehabilitation staff, as well as Children's staff serving foster children. This group has committed to continue the design process for a Full Service Partnership for TAY especially those exiting the Foster Care system.

The Children's System of Care Council (CSOC Council)
This group will be responsible for policy level oversight and partner agency collaboration. The CSOC Council composition includes clients and family members from the program, representatives from the Cultural Competency Committee, and a Director or Executive Director from all participating agencies. The CSOC Council is also responsible for addressing and mitigating policy and partner agency performance concerns referred to it by the community or the Inter-Agency Case Management Team). It also makes system level recommendations for operational improvements. The Solano County Mental Health Director will convene the CSOC.

Older Adult Workgroup
A new group has convened to plan for services to Older Adults. Leadership for convening and facilitating this workgroup has been provided by staff from Adult Mental Health Services partnering with staff from HSS Older And Disabled Adult Services. Area Agency on Aging, the Regional Center, Adult Protective Services and Public Guardian are additional stakeholders in the Older Adult services development. Leadership for this group has committed to continue the design process for a Full Service Partnership for older adults in Solano's Mental Health system.

Behavioral Health and Primary Care
This is a workgroup consisting of Mental Health staff, Community Health Clinic staff, primary care physicians, community-based substance abuse providers, and Solano County's Organized Health System staff that works together to ensure that primary care offices are equipped and oriented to provide support to clients with mental health issues who are seen in their practices for primary care services.

Solano Coalition for Better Health
The Solano Coalition for Better Health is a collaboration of Solano's health care partners including all the hospitals, community clinics, the County Medical Society, HSS Divisions of Public Health, Family Health, Substance Abuse, Mental Health and Employment-Eligibility, participate in this Coalition.

Psych Emergency Services Committee
Stakeholders include Mental Health Director; Mental Health Adult Services Administrator; City Police Department staff; County sheriff Department staff; three local hospital Discharge Planners; Mental Health Crisis staff; and Children's Hospital Liaison staff.

Multi-Departmental Forensic Services Council (MDFS Council)
This team has already formed and is currently planning for operational policies and procedures. This team will be responsible for providing policy-level oversight and guidance for FACT services. Members currently include the District Attorney, Public Defender, the Sheriff's County Council, a Superior Court Judge, Jail Correctional Health Care staff, Substance Abuse Administrator, and FACT staff. The Solano County Mental Health Director convenes the MDFS Council.

These groups provided ongoing leadership in the design of CSS programs and support. The planning process transformed the groups in three important ways:
consumer and family member involvement has increased substantially in four of the five groups.

Awareness of the importance of recovery principles has increased substantially.
Commitment to the goals of building a system that is accountable for positive client, family and community outcomes is very high in all of the groups.

Solano County will provide resources to promote the strength and growth of these collaborative partnerships. Resources will ensure that the groups are convened regularly, that agendas and meeting notes are timely and relevant, and that issues, promises, requests for information are quickly answered in order that stakeholders maintain their interest and commitment to partnering in service to Solano's residents who have mental illness.

We expect these enhancements to improve outcomes as follows:
Reduction of involuntary status and out-of-home placements in Foster Care, Juvenile Hall, or residential treatment
By ensuring that all stakeholders, especially Child Welfare, Probation, the Courts, the Jail system, are involved in program planning service delivery, and policy development, Solano will have documented reductions in involuntary services and out-of-home placements.

Network of supportive relationships
By ensuring that all stakeholders, especially consumers and family members, are involved in program planning service delivery, and policy development, Solano will have documented increases in client health, satisfaction quality of life and supportive relationships.

Timely access to needed help including times of crisis

By ensuring that all stakeholders, especially local hospital emergency rooms, the County Sheriff, local Police Departments and consumer advocates are involved in program planning service delivery, and policy development, Solano will have documented decreases in involuntary services.

Implementation of 6 new programs that are designed to link with existing programs and to change and enhance all Mental Health services, takes at least a temporary administrative infrastructure. Solano intends to add support in these areas of administration:

- MHSA Program Implementation
- MHSA Community Planning
- Consumer/Family Involvement
- IT and QA support

The duties and assignments of these additional administrative staff will result in the following:

- Clear policies and procedures for all new programs
- Prompt Implementation of new services including expedited Human Resource processing and expedited contract processing.
- Ongoing community involvement, especially strong ongoing authentic consumer and family member involvement in design, implementation and evaluation of new services
- New IT systems that meet DMH requirements as well as allow for data collection for indicators and outcomes to be shared with community stakeholders
- Quality assurance checkpoints for all new programs
- Systems change and interface with HSS so that Child Welfare, Public Health, Substance Abuse, Research, Evaluation and Planning are all influenced and involved by the changes in the Mental Health service array

Among the details of the first three years for the Administration and Community Planning team:

Implementation of new services:

1. Assist with and ensure completion of all detailed program plans, roles and responsibilities, operational procedures, intake and case note forms
2. Assist programs and administration to determine rationale for contract versus in-house for all programs and program components
3. Organize program-wide recruitment strategies for involving consumers and family members in review of program components, roles and responsibilities, policies, etc.
4. Oversee community and stakeholder involvement in review of program components, roles and responsibilities, policies, etc.
5. Facilitate meetings with HR to determine appropriate classifications, complete necessary paperwork for new classifications
6. Develop options and models for the inclusion of clients, family members and staff

7. Assist with recruitment, compliance, organization and tracking of mandatory trainings
8. Assist programs to complete descriptions of needed purchased services, especially housing, substance abuse treatment and consumer /family member participation
9. Coordinate with General Services for issuance of coordinated RFP efforts
10. Help establish review committees, develop review tools and coordinate meetings
11. Assist in developing final terms and conditions and execute contracts

Community involvement:

1. Assist staff in convening their planning committees, provide assistance with facilitation, planning and follow-up to ensure strong community participation and satisfaction with process
2. Implement strategies to recruit for optimal consumer and family member participation
3. Assist staff to present proposed indicators for discussion with community partners
4. Develop annual evaluation plan and links with QA
5. Coordinate with HSS Research, Evaluation and Planning to collect data and publish evaluation documents

Information Technology and Quality Assurance:

1. Health and Social Services (HSS) has staff assigned to IT and QA and the new staff persons will interface immediately with them and with State DMH
2. As State DMH clarifies requirements for FSP reporting, staff will ensure that our systems will report as required
3. All new programs will be written into existing QA procedures
4. Mock audits will be scheduled at short intervals during early implementation to ensure close monitoring
5. Assist in coordinating IT and QA activities with other HSS MH and IT staff

On-going Stakeholder Planning:

1. Prepare and draft ongoing planning process for review and approval by the Mental Health Board and MHSA Steering Committee
2. Staff support for MHSA Steering Committee and implement ongoing planning activities
3. Assist staff and integrate implementation feedback and data analysis to inform ongoing planning
4. Assist management team to prepare annual updates and any revisions as a result of ongoing planning for review by the Mental Health Board
5. Assist Mental Health Director with submission to BOS and DMH

Develop Budget Requests: Exhibit 5 Budget and Staffing Detail Worksheets and Budget Narrative associated with this program work plan are on the following pages.

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

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

Date: 9/5/05

	Total FTEs	Budgeted Expenditures
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator		
b. MHSA Support Staff	1.00	$19,500
c. Other Personnel (list below)		
ii. IT Technician	0.50	$34,092
d. Total FTEs/Salaries	1.50	$53,592
e. Employee Benefits		$14,631
f. Total Personnel Expenditures		$68,223
2. Operating Expenditures		
a. Professional Services		$0
b. Travel and Transportation		$4,500
c. General Office Expenditures		$3,250
d. Rent, Utilities and Equipment		
e. Other Operating Expenses (provide description in budget narrative)		$105,000
f. Total Operating Expenditures		$112,750
3. County Allocated Administration		
a. Countywide Administration (A-87)		$172,537
b. Other Administration (provide description in budget narrative)		
c. Total County Allocated Administration		$172,537
4. Total Proposed County Administration Budget		$353,510
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		$0
b. Other Revenue		$25,155
2. Total Revenues		$25,155
C. Start-up and One-Time Implementation Expenditures		$46,310
D. Total County Administration Funding Requirements		$374,665

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 _____

EXHIBIT 5c–Mental Health Services Act Community Services and Supports Administration Budget Worksheet

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

Date: 9/5/05

	Total FTEs	Budgeted Expenditures
A. Expenditures		
1. Personnel Expenditures Distributed Across Programs		
a. MHSA Coordinator	1.00	$79,644
b. MHSA Support Staff	1.00	$39,000
c. Other Personnel (list below)		
i. Community Planner	1.00	$88,000
ii. IT Technician	0.50	$34,092
iii. Staff Developer/QA Clinician	1.00	$82,829
iv. Analyst	1.00	$71,213
v. Mental Health Administrator	0.20	$18,000
vi. Mental Health Medical Director	0.10	$16,000
d. Total FTEs/Salaries	5.8	$428,778
e. Employee Benefits		$115,770
f. Total Personnel Expenditures		$544,548
2. Operating Expenditures		
a. Professional Services		$0
b. Travel and Transportation		$3,675
c. General Office Expenditures		$4,000
d. Rent, Utilities and Equipment		
e. Other Operating Expenses (provide description in budget narrative)		
f. Total Operating Expenditures		$7,675
3. County Allocated Administration		
a. Countywide Administration (A-87)		$99,090
b. Other Administration (provide description in budget narrative)		
c. Total County Allocated Administration		$99,090
4. Total Proposed County Administration Budget		$651,313
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		
b. Other Revenue		$50,310
2. Total Revenues		$50,310
C. Start-up and One-Time Implementation Expenditures		$0
D. Total County Administration Funding Requirements		$601,003

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 _____

EXHIBIT 5c–Mental Health Services Act Community Services and Supports Administration Budget Worksheet

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

Date: 9/5/05

	Total FTEs	Budgeted Expenditures
A. Expenditures		
1. Personnel Expenditures Distributed within Programs		
a. MHSA Coordinator	1.00	$82,830
b. MHSA Support Staff	1.00	$40,560
c. Other Personnel (list below)		
i. Community Planner Coordinator	1.00	$90,000
ii. IT Technician	0.50	$35,456
iii. Staff Developer/QA Clinician	1.00	$86,142
iv. Analyst	1.00	$71,213
d. Total FTEs/Salaries	5.50	$406,201
e. Employee Benefits		$117,798
f. Total Personnel Expenditures		$523,999
2. Operating Expenditures		
a. Professional Services		$0
b. Travel and Transportation		$3,822
c. General Office Expenditures		$4,320
d. Rent, Utilities and Equipment		$4,800
e. Other Operating Expenses (provide description in budget narrative)		$12,601
f. Total Operating Expenditures		$25,543
3. County Allocated Administration		
a. Countywide Administration (A-87)		$135,301
b. Other Administration (provide description in budget narrative)		
c. Total County Allocated Administration		$135,301
4. Total Proposed County Administration Budget		**$684,842**
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		
b. Other Revenue		$40,560
2. Total Revenues		$40,560
C. Start-up and One-Time Implementation Expenditures		$0
D. Total County Administration Funding Requirements		$644,282

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 _____

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

Estimated/Actual Population Served

County: Solano
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								8		8	
Transition Age Youth								0		0	
Adults								5		5	
Older Adults								15		15	

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
70								70		70	

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
N/A											

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

Estimated/Actual Population Served

County: Solano County
Program Work Plan #: 157
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		5		10		5		30	
Transition Age Youth		30		15		15		15		75	
Adults		20		15		15		10		60	
Older Adults		30		15		15		15		75	

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
1010		252		253		252		253		1010	

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
N/A											

EXHIBIT 6 THREE YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Solano County
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		5		10		5		30	
Transition Age Youth		30		15		15		15		75	
Adults		20		15		15		10		60	
Older Adults		30		15		15		15		75	

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
1010		252		253		252		253		1010	

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
N/A											

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

County **Solano County** Date **10/07/05**

MHSA Component Comm. Services and Supports 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 _____