Glenn County

Mental Health Services Act
Community Services and Supports

December 1, 2005

THREE-YEAR PROGRAM
AND EXPENDITURE PLAN

Fiscal Years
2005-06
2006-07
2007-08

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: Glenn Date: ____________

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Executive Summary

Glenn County Mental Health Services
November 2, 2005

We are very enthusiastic about having the opportunity to rebuild and restructure our Mental Health Services program to better service our community. This funding provides the opportunity to reach out to people we have never served before, to help individuals from diverse communities access mental health services for the first time, and to actively involve consumers and family members in both planning and service delivery. Services will be consumer and family-driven with a focus on wellness, recovery, and resiliency.

Glenn County's proposed Mental Health Services Act (MHSA) Three-Year Program and Expenditure Community Services and Supports Plan is grounded in the vision and ideas of hundreds of stakeholders who participated in the MSHA planning process, as well as the results of a community outreach process that involved over 600 community members. The full MHSA Plan is posted on the County's website at www.countyofglenn.net .

Glenn County's plan embraces the vision of positive system transformation, as well as the essential elements of the Mental Health Services Act: community collaboration; cultural competence; client/family-driven mental health system; a wellness, recovery, and resilience focus; self-directed care; and integrated services.

Outcomes

Glenn County's plan will make a difference for seriously emotionally disturbed children and youth, seriously mentally ill adults and older adults, and their families. We believe that Glenn County's recent planning process has the potential to facilitate our mental health system reform and to reach beyond the programs that are directly funded through our annual MHSA budget of $430,000. Among the anticipated outcomes resulting from Glenn County's transformation include:

- Equity and access for unserved populations through culturally sensitive and effective services
- Meaningful use of time and capabilities (school, work, social, and community activities)
- Reduced homelessness and increased access to safe and adequate permanent housing
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction in incarceration to jails and juvenile hall
- Reduction in involuntary services and institutionalization, and fewer out-of-home placements

Program Strategies

Glenn County's proposed Plan contains four program strategies. Planning participants, under the leadership of the Leadership Committee which includes the Mental Health Board, had the difficult task of prioritizing the strategies selected for this Plan. There was strong support for the strategies outlined in this Plan. These four program strategies fall into the three broad approaches that are outlined in Exhibit 4 and the full plan. These broad approaches include:

Outreach and Engagement activities, which will increase access to services for historically unserved populations and communities;

System Development strategies, which will increase the cultural competence of the system, expand its use of evidence based practices, and expand its capacity to utilize peer mentors, consumer personal service coordinators, and parent partners as providers of services; and

Full Service Partnership, which will use over 50% of the MHSA funding in Year III and provide intensive support for populations most in need of comprehensive services and access to 24/7 support.

These program strategies outline plans for developing full service partnerships and expanded outreach and engagement activities. All four strategies include outreach and engagement activities and system development and expansion to help improve our existing system. These programs will serve historically unserved and underserved seriously emotionally disturbed (SED) children, adolescents, and transition age youth, as well as seriously mentally ill (SMI) adults and older adults. Services will also be available to persons with co-occurring alcohol and other drug and/or medical conditions. Increased access and engagement to reduce disparities in access for ethnic/ racial/ linguistic underserved communities is a consistent focus across program strategies. Other areas of focus include the involvement of peers, youth, consumers, and parent partners as integral members of the service delivery system. Continually improving cultural competence of staff throughout the system will be a component of each program.

Full Service Partnership (FSP)

Adult Service Team (FSP) Ages 18-59

The Adult Service Team will provide culturally-sensitive services to adults who are seriously mentally ill and who are unserved or underserved. These services will be client-directed, strength-based, needs-driven, and utilize best practice models of service delivery. The program will initially utilize general system development funds and eventually full service partnership funds to improve services for adults. This will help to strengthen our service delivery model and build transformational programs and services.

The Adult Service Team will utilize a Wellness Center to help reduce ethnic disparities and provide peer support, education, and advocacy services, as well as provide values-driven, evidence-based practices to address each person's special needs and mental health. These services will emphasize recovery and resilience and offer integrated services for clients and families. Initially, System Development funds will be used to develop the core services and offer outreach services to engage persons who are currently unserved.

We also plan to develop a "warm" line through the assistance of staff and consumers at the Wellness Center. This "warm" line will offer clients a supportive alternative when they need to talk to someone. While this will not replace the crisis line, it will compliment it by offering a safe and supportive number to call when clients feel they need someone to talk to.

The Adult Service Team will also work with families who are taking care of older adults, as well as young children. Some families need support and skills to manage their lives and the lives they care for.

By Year II, individuals will be identified for full service partnership (FSP). The FSP will help identified individuals achieve their desired outcomes through the delivery of individualized client/family-driven mental health services and supports. These services will provide 'whatever it takes' to help these individuals recover and live successfully in the community. Activities will include wellness recovery action planning, peer-led self-help/support groups, supported employment, anti-stigma events, and housing support. We plan to have tele-psychiatry available at the center. Therapeutic and support groups will be available.

Services will be voluntary and client-directed; strength-based; employ wellness, resiliency, and recovery principles; and address both immediate and long-term housing needs. These services will be delivered in a timely manner that is sensitive to the cultural needs of the individual. Bi-lingual, bi-cultural Personal Service Coordinators will be hired, whenever possible.

Adult Wellness Services Team: This program will serve up to 6 FSP adults by the end of the third year. This program will use a recovery model with 24/7 response available to help resolve issues. The staffing will include part time Consumer Advocates, a clinician/substance abuse specialist, a part-time nurse, part-time consumer/case management positions which will serve as Personal Service Coordinators, and a rehabilitation/vocational specialist, who will also serve as the program coordinator. These staff will provide intensive rehabilitation services, supportive housing and education, Alcohol and Drug interventions, and vocational assistance to achieve positive outcomes.	**Staffing**: 0.31 Consumer Advocates 1.0 FTE Clinician /Substance Abuse Specialist 0.25 Nurse 1.0 FTE Consumer/ Case manager/ PSC 1.0 FTE Rehab Specialist/ Vocational Specialist / Coordinator

Outreach and Engagement & System Development Program

Senior Connections Ages 60+

The Senior Connections will initially provide outreach and engagement activities throughout the county in order to identify Older Adults who need mental health services. The Senior Connections will serve adults 60 years of age and older, who are at risk of losing their independence and being institutionalized due to mental health problems. These individuals may have underlying medical problems and diagnosable, co-occurring substance abuse issues. Priority will be given to underserved rural populations of older adults, especially those of varying ethnic and multicultural backgrounds.

The program will offer comprehensive assessment services to those older adults experiencing mental health problems which may interfere with their ability to remain independent in the community. They will then be linked to resources within the community including our outpatient mental health clinic services.

This program will develop service alternatives for older adults who have been unserved and underserved in this community. Services will be voluntary and client-directed; strength-based; employ wellness and recovery principles; address both immediate and long-term needs of program members; and delivered in a timely manner that is sensitive to the cultural needs of the population served.

Senior Connections Ages 60+: This program will provide outreach and engagement services to identify older adults in the community who need mental health services. System development funds will be used to expand services to the high risk population and help them obtain positive outcomes.	**Staffing**: .25 Nurse 1.0 Consumer/ Case manager/ PSC

Transition Age Service Team Ages 16-25

The Transition Age Service Team will provide culturally-sensitive services to youth and families who are historically unserved or underserved. These services will be youth-and family-centered, strength-based, needs-driven, and utilize best practice models of service delivery. The funding for this program will help to expand the services provided through the SAMHSA Children's System of Care to meet the needs of TAY youth who are entering adulthood. It will utilize general system development funds to expand services for youth and families. This will help to build transformational programs and services.

The Transition Age Service Team will help reduce ethnic disparities and provide education and advocacy services and values-driven, evidence-based practices to address each youth and family's needs. These services will offer integrated services for youth and families. System Development funds will be used to offer services at the Wellness Center for TAY youth. Youth who are ages 18-25 will be the primary focus of these services.

The Transition Age Service Team will help identified youth and their families achieve their desired outcomes through the delivery of individualized family-driven mental health services and supports. The TAY will have access to the Wellness Center for some specialized TAY services and group activities. In addition, services will be delivered in the individual's community to help these youth transition to adulthood, develop resiliency skills, and live successfully in the community.

A range of services will be available based upon the youth and family's needs and desired outcomes. Services will be voluntary and client-directed; strength-based; employ wellness and recovery principles; address both immediate and long-term needs; and delivered in a timely manner that is sensitive to the cultural needs of the youth and family. Bi-lingual, bi-cultural staff will be hired, whenever possible.

Transition Age Services Team: This program will serve TAY and their families. The staffing will include two case management/vocational assistant staff and two part-time Peer Mentors to provide intensive rehabilitation services, supportive housing and education, Alcohol and Drug interventions, and vocational assistance to achieve positive outcomes.	**Staffing**: 0.5 Clinician 0.5 Peer Mentor

Children's Services Team Ages 0-17

The Children's Services Team will begin in Year III. Prior to the third year, we are able to utilize SAMHSA Grant funds to provide services to children and youth. Beginning in the third year, we will begin to utilize MHSA funds to develop the children's service team to provide family-based services to children and families who are unserved or underserved. These services will be family-centered, strength-based, needs-driven, and utilize best practice models of service delivery. The program will utilize general system development funds to improve services for children and families. This will help to strengthen our service delivery model and build transformational programs and services.

The Children's Services Team will help reduce ethnic disparities and provide education and advocacy services and values-driven, evidence-based practices to address each child and family's needs. These services will offer integrated services for clients and families. Initially, System Development funds will be used develop the core services and to offer outreach services to engage persons who are currently unserved.

A range of services will be available based upon the child and family's needs and desired outcomes. Parent Child Interactive Therapy (PCIT) will be available to families with young children, as a component of the evidence based practices being offered. Bi-lingual, bi-cultural staff will be hired, whenever possible.

Children's Services Team: This program will serve SED children and their families beginning in the third year. This program will use a Children's System of Care/Wraparound approach to deliver services. The staffing will include a half time clinician and two half-time positions as a Parent Partners. These staff will provide intensive mental health services, supportive rehabilitation activities, Alcohol and Drug interventions, and parenting education to achieve positive outcomes.	**Staffing**: 0.5 Clinician 1.0 Parent Partner

System Transformation and Effectiveness Strategies

Throughout the MHSA outreach and planning process, participants addressed the need to transform many aspects of the mental health system to truly embrace a wellness and recovery philosophy and increase access and effectiveness for persons who are from unserved ethnic populations. Elements critical to system transformation include a focus on recovery and resiliency; increased capacity for all ages; hiring bilingual/bicultural staff; training for staff, clients, and family members; and hiring consumers, parent partners, and peer mentors. Implementation of evidence based and culturally-competent practices will be a priority across all program areas. All populations served by the mental health programs will benefit from improved services which focus on recovery and outcomes.

System Wide Training

- Integrated services program development
- Co-occurring alcohol, other drug, and psychiatric disorders for all providers and all ages
- Consumer and peer-based services and supports
- Wellness and recovery
- Discussions of strategies for transforming the mental health service system
- Training and continuing education and support for consumers and family/parent partners/peer mentors
- Consumer-led services
- Client empowerment
- Discussion on evidence-based practices and the integration of these practices into our CSS Plan development
- Culturally-competent treatment approaches
- Collaboration between service systems
- Sexual orientation and gender-focused service training for all providers
- Family support and education training
- Cognitive behavioral approaches
- Other evidence based practices as resources permit

Planning Process

Glenn County's MHSA Community Services and Supports planning process was designed to facilitate meaningful participation from a broad range of stakeholders including members of historically unserved and underserved communities. A structured planning process involved a Mental Health Leadership Committee which included a wide range of individuals including the Mental Health Board, the Drug and Alcohol Board, and a number of consumers and family members. All meetings were open to the public.

The Leadership Committee met for over six months to review the results of planning efforts; stakeholder input; survey responses; local service utilization data; descriptions

of existing community services and supports; summaries of best practice research; and community meetings. Leadership Committee members had the opportunity to discuss information and provide input into the planning process and prioritization of target populations, focus issues, and identify high priority strategies for each age group. Throughout the process, individuals were welcomed to provide input to the Committee and all meetings were open to the public.

If you would like to learn more about our MHSA CSS Plan, please refer to the main text of the plan. We want to hear your comments regarding this plan. Please contact us with feedback. You may contact any of the following people:

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PART I: County/Community Public Planning Process and Plan Review Process

Section 1.1. 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.*

Glenn County's local Mental Health Services Act (MHSA) planning process was designed to facilitate and obtain meaningful participation from a broad range of stakeholders throughout this small, rural county. The process was also designed to obtain input from stakeholders who were historically unserved in the mental health system and from underserved communities.

In Glenn County, the Mental Health Board is comprised of a very active and diverse group of stakeholders and community members, including youth, adults, older adults, and a Board of Supervisor member. As a result of the active participation of over 40 community members, including Mental Health Board members, the Mental Health Board was identified as the Steering Committee for the MHSA.

In early January 2005, there was an initial 'kickoff' of the planning process. Four large focus groups were held, two in Willows, the county seat, and one in each of the two other major communities in the county. The purpose of these meetings were to bring individuals from the community together to learn about Proposition 63, the importance of the Proposition to small county mental health programs, and to begin eliciting support for passing the proposition, as well as ideas and information to complete a comprehensive needs assessment. This initial public forum afforded an opportunity to provide information on the values of the MHSA, as well as the importance of the opportunity for mental health transformation. The principles of consumer and family empowerment and the recovery model were also shared. This process provided a model on how to facilitate groups. Our group discussed the importance of meaningful involvement of consumers and their families, providers, other stakeholders, and the community of Glenn County in the process of planning for mental health services even if the proposition did not pass. During the meeting, individuals who could interpret in Spanish, our County's threshold language, were available, if needed. Attendance was excellent, with over 50 individuals attending each of the four stakeholder sessions.

To facilitate involvement of consumers and family members, stipends, and travel arrangements were provided. Childcare was available at the larger stakeholders meetings to assure participation by families.

Following the first four large stakeholder groups, Vickie Reis-Allen, Community Outreach Worker, coordinated and facilitated the comprehensive planning process. Ms. Reis-Allen and other Glenn County Health Services staff conducted over 30 focus groups and community stakeholder meetings to discuss the MHSA. These smaller focus groups provided the opportunity to obtain input from consumers, family

members, and diverse community members. The focus groups were held throughout the county, including at the Grindstone Rancheria, the Hamilton City Family Resource Center, juvenile hall, and local community faith-based organizations. Several focus groups were conducted in Spanish to facilitate input from the Latino community. Historically, Latino adults and older adults are underserved in our mental health system. A focus group of transition age youth was also conducted to facilitate the vision of a transformed mental health system for this age group. In addition, an interpreter was available during the larger focus groups to obtain input from diverse populations.

A list of all the focus groups and community meetings that were held along with the number of participants in each group is available (see Appendix A). We plan to utilize the survey results of this substantial outreach effort to support many years of system improvement initiatives.

The following outreach strategies were used to gather participants for the focus groups and community meetings:

- Fliers were created and placed at mental health clinics, as well as in high-traffic venues throughout the county such as libraries, stores, and laundromats. The flyers were also mailed to key stakeholders who have participated in mental health activities during the past several years. The fliers announced the MHSA planning process and its intent to transform the system, making it more responsive to the needs of the un/under-served and inviting individuals to attend community meetings scheduled throughout the county. Flyers were provided in both English and Spanish.

- Refreshments and food were provided and participants were offered stipends for their time. Childcare was available to individuals attending the focus groups. Transportation was arranged for those who needed assistance.

- Several focus group meetings were conducted in Spanish, and other events were facilitated with interpreters and translated materials. Groups were conducted whenever possible by facilitators of the same culture, e.g. groups targeting Latino perspectives were led by Latino facilitators.

- Community input was obtained from participants in their homes and community settings, including community events, held at the Grindstone Rancheria and the Senior Center. Mental Health staff also interviewed home-bound clients. Public events and other areas where target populations congregated were targeted for MHSA-related outreach.

- Individuals and organizations with a history of organizing consumers and family members and working with un/under-served populations were solicited to assist in the outreach effort (e.g. church leaders, neighborhood leaders, and leaders of cultural organizations).

- Local government contacts helped mental health staff organize outreach efforts to consumers and families through focus groups and distribution/collection of MHSA information. This included collecting surveys from the individuals who they serve (e.g., Human Resource Agency, CalWORKS, and Juvenile Hall).

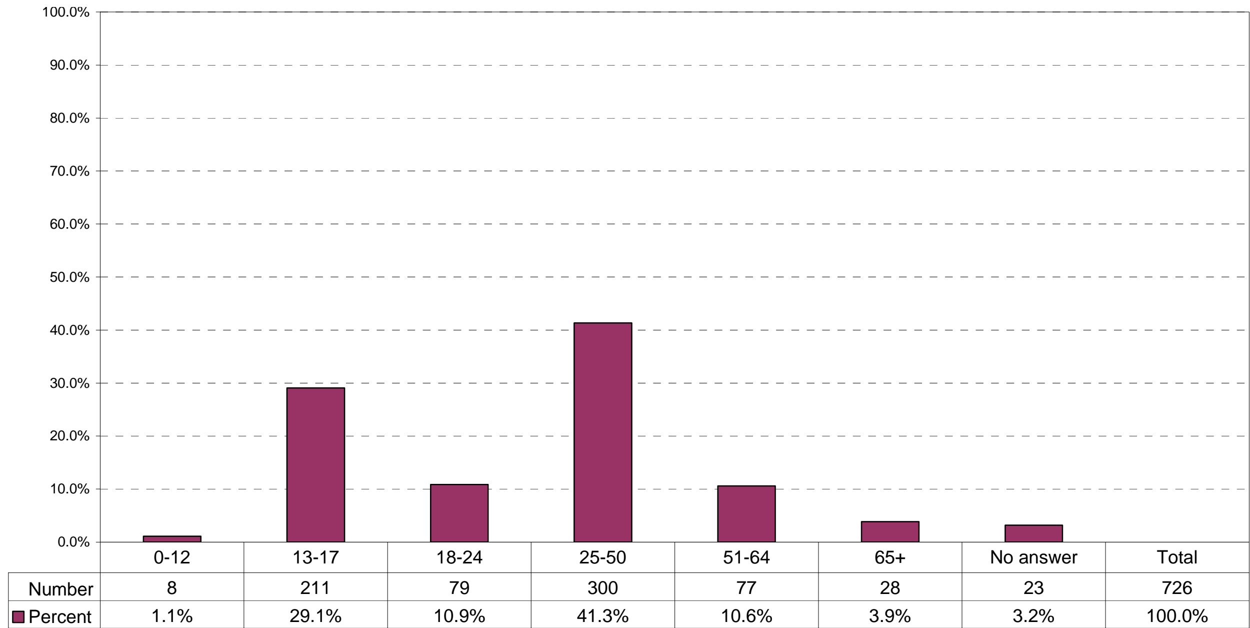
At each focus group, a brief training was conducted, explaining the core components of the MHSA, the vision and goals of the transformation, and the importance of family-and consumer-driven services. Following a group discussion of the service needs of the unserved and underserved, each participant was asked to complete a MHSA Survey Questionnaire (see Appendix B). This questionnaire allowed each participant to have a unique voice in expressing his/her vision for a transformed mental health system and identify his/her own priorities for mental health services. The survey was available in both English and Spanish. Individuals were also offered assistance in completing the survey.

Glenn County envisions the outreach activities for the MHSA planning process as a starting point to a sustained dialogue with neighborhood and cultural leadership. This dialogue will allow communities to be informed of the variety of mental health services available and to participate in shaping how those mental health services are delivered.

This planning process was quite comprehensive for a small county. Input was obtained through a number of different focus groups, presentations, and broadly distributed surveys. In addition to surveys being distributed at focus groups and meetings, surveys were published in the local newspaper. Surveys were obtained from 726 individuals and involved a large number of consumers and family members. A brief summary of the findings will be discussed below. Comprehensive survey results can be found in Appendix C.

Figure 1 shows a total of 726 individuals responded to our MHSA surveys. Thirty percent (29.1%) of these individuals were ages 13-17, 10.9% were ages 18-24, 41.3% were ages 25-50, and 10.6% were 51-64 years. Four percent were 65 and older.

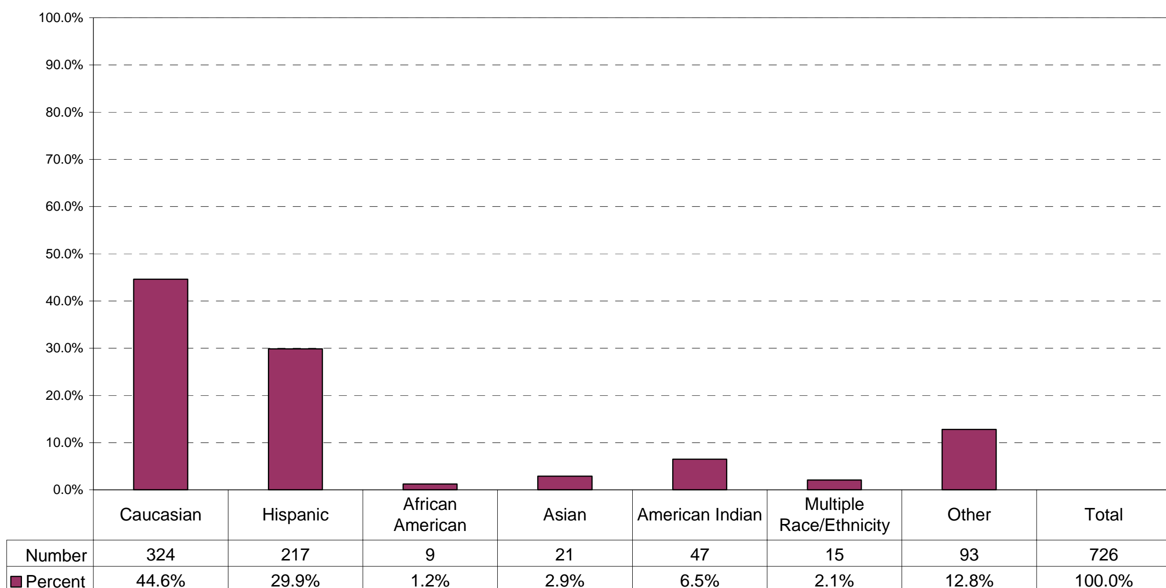
Figure 1
Glenn County MHSA Survey Results as of August 2005
Number and Percent of Survey Respondents by Age
N=726



	0-12	13-17	18-24	25-50	51-64	65+	No answer	Total
Number	8	211	79	300	77	28	23	726
Percent	1.1%	29.1%	10.9%	41.3%	10.6%	3.9%	3.2%	100.0%

The race/ethnicity of the respondents closely resembles the county population (see Figure 2). Thirty percent (29.9%) were Latino (N=217), 44.6% Caucasian, and 2.9% for Asian and 6.5% American Indian. Other/multiple race/ethnicity groups represented 14.9% of the respondents.

Figure 2
Glenn County MHSA Survey Results as of August 2005
Number and Percent of Survey Respondents by Race/Ethnicity
N=726

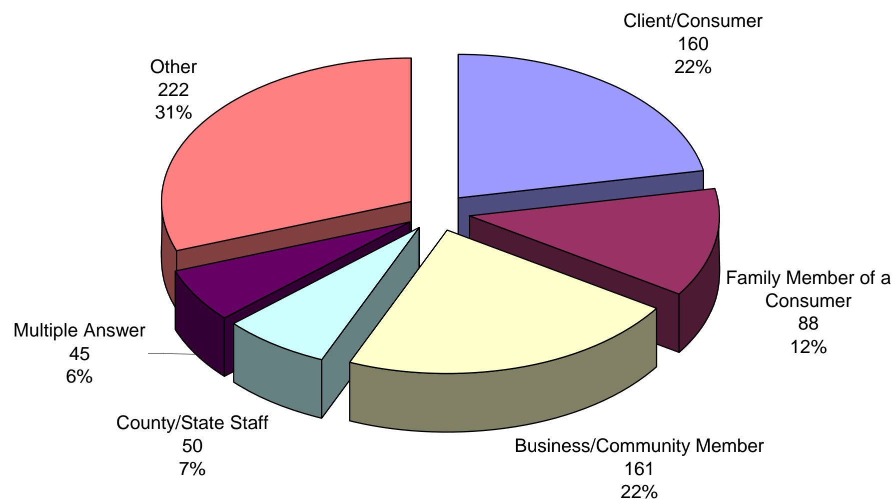


	Caucasian	Hispanic	African American	Asian	American Indian	Multiple Race/Ethnicity	Other	Total
Number	324	217	9	21	47	15	93	726
Percent	44.6%	29.9%	1.2%	2.9%	6.5%	2.1%	12.8%	100.0%

To reach family members, Ms. Reis-Allen invited individuals from across the county to participate in the planning process. There were at least 88 participants in the process who identified themselves as family members. To reach consumers, Ms. Reis-Allen held several smaller focus groups within mental health programs, in residential settings, in juvenile hall, the jail, and senior centers. There were at least 160 participants in the process who identified themselves as consumers. The outreach process focused on inclusion of mental health consumers and their families and unserved populations who are not generally part of advocacy efforts.

As shown in Figure 3 below, consumers and family members had meaningful involvement in the planning process. There were 88 family members of consumers (12%) and 160 consumers (22%). These groups represent 34% of all persons who completed a survey.

Figure 3
Glenn County MHSA Survey Results as of August 2005
Number and Percent of Survey Respondents by Self Identified Group Affiliations
N=726



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

Figure 3 above also illustrates the comprehensiveness of the Glenn County planning process. In addition to the 248 consumers and family members, there were 161 business and community members (22%) and 50 county/state staff members (7%) who participated in the planning activities held in the county. An additional 222 individuals (31%) reported other affiliations, and 45 (6%) represented multiple affiliations.

Glenn County's MHSA planning process engaged a significant number of representatives of un/under-served populations throughout the community. To

reach un/under-served youth, focus groups were held at schools, juvenile hall, Children's Family Fair, Youth Employment Services, CSOC program, and programs that provide counseling to youth. A focus group was held specifically for transition age youth to obtain their input on 'what else they need to become independent adults'.

To reach un/under-served adults, focus groups were held and surveys distributed to persons who were homeless, living in supported housing situations, the jail population, skilled nursing facilities, physician's offices, Public Health office, WIC, and to persons participating in substance abuse programs.

To reach un/under-served older adults, focus groups were held at the Senior Center, Senior Nutrition, Senior Health Fair, Community Resource Center, and group homes. In addition, home-bound older adults were interviewed by staff.

To reach culturally/linguistically diverse and un/under-served populations, several focus groups were conducted in Spanish. Also, focus groups that targeted migrant farm workers were conducted at locations convenient for the workers. A county-wide Children's Interagency Coordinating Council meeting was held at the Grindstone Rancheria to facilitate communication with tribal members and obtain input into the planning process. Twenty-six surveys were collected from people living at Grindstone Rancheria. Information was also collected at Northern Valley Indian Health.

To reach geographically un/under-served populations, focus groups and larger community meetings were organized at locations such as the Capay Grange, HRA Food Bank, and local churches.

Glenn County Mental Health took a variety of steps to ensure the substantial involvement of both the Mental Health Board and consumers and family members as leaders in the planning process. The dates, times, and locations of each Steering Committee/Mental Health Board meeting was broadly publicized through the notices, e-mail, and announcements. At each meeting, time was allotted for public comment.

Ongoing Steering Committee meetings were facilitated by the chair of the Mental Health Board. Comprised of over 40 community members, consumers, family members, and Mental Health Board members, the Steering Committee met monthly to review stakeholder input and discuss priorities. This planning culminated in a consensus on the determination of the priorities agreed upon by the Steering Committee. A draft budget to fund the priorities reflecting the recommendations of the participants was structured and discussed with the Steering Committee.

Overall, our planning process closely followed the process outlined in the Glenn County Plan to Plan. The results of the planning process, including survey and focus group data, demonstrate that we were very successful in obtaining meaningful

input from a representative sample of individuals, families, organizations, and other interested parties from this small, rural community.

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.*

Vickie Reis-Allen, Community Outreach Worker, led the planning process in Glenn County and has devoted all of her time (100%) to the MHSA development process. Ms. Reis-Allen conducted the majority of the focus groups and organized the work group and Steering Committee meetings. Ms. Reis-Allen worked closely with consumers, family members, and case managers to assure that all participants who required transportation and/or child care to attend the meetings obtained the needed support. She also organized consumer and family member participation during Steering Committee meetings. Ms. Reis-Allen arranged stipends for reimbursement for consumer/family member attendance at meetings. She provided the oversight and coordinated all efforts to assure that consumers involved in MHSA Steering Committee meetings had travel arrangements, stipends, and training registrations completed to assure their successful attendance at MHSA related trainings offered offsite. Our department dedicated 100% of Ms. Reis-Allen's time to the MHSA planning process. Her volunteer status as a Patient's Rights Advocate was provided at no cost to the county.

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

Engaging consumers, family members, and other community members who historically do not participate in community planning processes is an important first step for developing family-and consumer-driven services. The next critical step is to provide them with the kind of support, information, and training that allows them to participate as equal partners with other work group and Steering Committee members who are versed in reviewing data and participating in planning activities. It is also important to recognize that many agency partners which collaborate with the Mental Health program or deliver services to mental health clients (e.g. probation, social services, education) may not be fully grounded in issues related to the delivery of mental health services or the principles and values of the MHSA and its intent to transform how those services are delivered.

The purpose of the initial focus groups was to orient stakeholders to the MHSA, to begin to train stakeholders in issues related to mental health and the transformation envisioned in the MHSA, and to outline the various opportunities for stakeholders to become more involved in the planning process.

In addition to the initial focus groups and trainings, virtually every meeting conducted during this process blended education and training of stakeholders with priority-setting that ultimately guided the development of this plan. Training topics offered to

stakeholders, Steering Committee members, organizational providers, and Glenn County staff included:

- Overview of the Mental Health Services Act
- Discussion and guidance to assist in the understanding of outcome measures
- Discussion and explanation of the concept of Full Service Partnerships
- Explanation of consumer and family involvement in treatment
- County Mental Health Department staff were trained on the concept of the recovery model, consumer employment, and consumer culture
- Consumer and peer-based services and supports
- Wellness and recovery
- Discussions of strategies for transforming the mental health service system
- Consumer-led services
- Client empowerment
- Discussion on evidence-based practices and the integration of these practices into our CSS plan development
- Culturally-competent treatment approaches
- Collaboration between service systems
- Recovery and resiliency

By attending DMH's statewide stakeholder meetings, California Mental Health Planning Council, and the California Network of Mental Health Regional MHSA Training, clients were trained specifically in:

- Self-advocacy
- Developing client-driven services
- Recovery principles

Every step in the development of the Mental Health Services Act requirements was presented to county staff, the Mental Health Board, and our MHSA Steering Committee. To facilitate these discussions and trainings, data were shared on the number of clients currently served by age, race/ethnicity, and gender; the range of services currently offered; and the current collaboration between agencies.

The initial training activities have resulted in achieving two critical goals:

a) Building a core group of stakeholders who are knowledgeable of the current mental health system, the MHSA, and the opportunity to transform how services and supports are delivered, and

b) Creating a plan generated by those stakeholders to produce a sense of ownership and authorship. It is particularly noteworthy that a current consumer who became involved in the MHSA planning process has now moved forward to being a member of the local Mental Health Board. This is a clear demonstration of how the planning process instills a sense of empowerment, advocacy, and ownership in the County Mental Health service delivery system.

This process has helped to orient stakeholders and to improve their abilities to make key recommendations and decisions. These training experiences, in turn, will result in a Community Services and Support Plan that will be implemented with enthusiasm. These training activities will continue throughout the development, implementation, and evaluation activities of the MHSA.

Section 1.2 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.*

The draft CSS Plan was widely distributed. It was available for viewing on the Glenn County website and it was copied and distributed to all members of the Mental Health Board and Steering Committee. In addition, copies of the plan were placed at partner agencies, the public library, and a number of public facilities. The plan was also made available to clients and family members and other interested parties.

2) *Provide documentation of the public hearing by the mental health board or commission.*

A three hour public hearing was held at the Board of Supervisors chambers. The hearing was tape recorded and comments were documented on flip charts. A number of consumers and family members attended this hearing. A summary of the comments are documented in Appendix D.

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

There were no substantive recommendations to change the plan. The overall opinion was that the plan was a collaborative process with continued input from consumers throughout the development process. The consumers and family members felt they had a voice throughout the development, design, and planning of the CSS Plan and are excited to have the opportunity to implement and benefit from MHSA services.

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

There were no substantive recommendations to change the plan.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section 2.1. 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. (Please identify all issues for every age group even if some issues are common to more than one group.)*

Stakeholder input identified the following issues, by age group. The community issues which have been selected to be the focus of MHSA services over the next three years are indicated by the asterisk (*).

County/Community Issues Identified in the Public Planning Process:

Children/Youth	TAY	Adults	Older Adults
1. Child, peer, and family problems including involvement in child welfare	1. Substance abuse services for TAY clients	1. *Supportive work and vocational assistance	1. Transportation to services
2. Anger Management	2. *Supportive housing services, services to live independently	2. * Services for clients with mental health and substance abuse problems	2. * Isolation (Outreach to older adults; Mental health services to homebound older adults)
3. School issues including inability to be in mainstream school, school failure, and after school issues	3. *Supportive work and vocational assistance	3. *Ability to manage independence (Supportive employment; Benefits counseling; Supportive housing services to maintain independent living)	3. *Services at the Senior Center
4. Youth groups	4. *Benefits counseling	4. *Drop in center for classes, services, support	4. Phone tree for seniors to check up on each other
5. Life skills and decision making skills	5. *Youth, peer, and family problems	5. *Managing life's problems	5. Substance abuse services for dual diagnosis client
6. School behavior problems	6. School failure, dropping out	6. Adults caring for older adults; foster / adopted children	6. Peer support
7. Expanded mental health services	7. Involvement in child welfare	7. *Groups for Spanish speaking persons	7. Coping and functional loss services
8. Involvement in Juvenile Justice	8. Involvement in Juvenile Justice	8. Involvement in legal system, jail	8. Ability to manage independence

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

The input from the focus groups and planning process was provided to the Steering Committee. Committee members collaborated to develop a list of criteria to apply to the ideas/issues compiled from the various focus groups and survey results. The information from the stakeholders was analyzed and utilized to prioritize the issues. Those ideas that have been selected for implementation in Glenn County met the following criteria:

- Identified as a high priority by stakeholders, as noted by the number of responses in favor of the idea, or by the number of responses citing the issue;
- Consistent with the identified unserved and underserved populations;
- Consistent with the prevalence need in Glenn County;
- Address the cultural needs of the individual and community;
- Consistent with the needs of children and youth with serious emotional disturbance, and adults and older adults with serious mental illness; and
- Consistent with the focus and intent of the Mental Health Services Act.

Several issues were selected for more than one age group, including coordinated mental health and substance abuse services for dual diagnosis clients and independent living skills. Although each age group is unique, some issues are relevant to multiple populations and can be addressed through similar strategies. Each of the issues that were selected for multiple age groups met the criteria listed above and was indicated as relevant to the stakeholders.

The Steering Committee considered issues related to untreated mental illness identified by State DMH, but primarily devoted time to considering which un/under-served populations were in greatest need and which strategies could best address their needs and contribute to the transformation of the mental health system. The primary issues discussed included:

- Which un/under-served populations should be served by MHSA funding, as well as Full Service Partnerships?
- What outreach and engagement strategies should be implemented?
- What transformational structures, strategies and supports were most important to improving the quality of life of the consumers within each age group?
- What strategies and supports were likely to meet the cultural needs of the community?

Ongoing Steering Committee meetings were conducted by the chair of the Mental Health Board. Comprised of consumers, family members, community leaders, and

Mental Health Board members, the Steering Committee met monthly to review MHSA activities. Representatives from cultural committees were encouraged to attend. Monthly meetings gave the Steering Committee an opportunity to provide comment and feedback on the process and provide oversight and input throughout the planning process. This planning culminated in a meeting at which Steering Committee members reviewed the priorities of prior input and planning and identified a set of priorities reflecting the recommendations of stakeholders and planning groups.

In addition to the global criteria described above, the Steering Committee identified the following issues and factors which led to the foci of MHSA Services for this three-year plan. Overall, the stakeholder focus groups were encouraged to discuss issues and when possible, to suggest positive outcomes and strategies for addressing the issues. As a result, we will present both issues and suggested strategies in this section.

Children/Youth

Note: Glenn County currently has a SAMHSA Children's System of Care grant which provides comprehensive mental health services to children and transition age youth. The following community suggestions were discussed as areas for continued need when the funding for the SAMHSA grant ends in 2007.

1. Child, peer, and family problems were issues identified throughout the community planning process and included the need for bilingual parenting classes for parents with young children who may be involved with Child Protective Services or high-risk families.

2. Anger management issues were identified as important skills for children to develop to help them resolve interpersonal situations appropriately.

3. School issues including inability to be in mainstream school, school failure, and after school issues. This included a need for additional mental health services in the schools, along with training, screening, assessment, and various treatments in schools. There is also a need for after-school programs to involve youth and provide healthy activities to engage youth into the community. Suggestions included specialized programs for Latino youth; lesbian, gay, bisexual, transgender, and questioning youth; and youth experiencing violence, trauma, and bullying.

4. Youth groups including a range of groups available for youth to address school and home issues, lesbian, gay, bisexual, transgender, questioning issues, and levels of acculturation for first generation Latinos.

5. Life skills and decision making skills would provide children and youth skills for resolving issues at home and/or in school, help develop problem solving skills to

make the right decision at the right time, and develop independent life skills as the youth matures.

6. School behavior problems were identified as services to help teachers resolve classroom problem behaviors and develop behavior management skills for classroom use.

7. Expanded mental health services revolved around delivering mental health services for children and youth at risk of out-of-home placement, and those returning from out-of-home placement. This issue includes the need for mental health services for families who are involved in family preservation and family reunification services. Timely mental health services would decrease out-of-home placement, facilitate shorter stays in out-of-home placement, and assure comprehensive, effective wraparound through additional staffing and reduction in caseloads.

8. Involvement in Juvenile Justice included working with Probation to reduce placements in juvenile hall and provide services to children and youth who are involved in the legal system.

Transition Age Youth

1. Substance abuse services for dual diagnosis clients are an ongoing and growing need for transition age youth with serious mental illness. Services specific to these co-occurring disorders will provide both mental health services and substance abuse services together to address the combined needs of these youth. While the CSOC provides substance abuse services for youth with co-occurring disorders, there is a growing need for additional services.

2. Supportive housing services to assist youth to live independently would assist youth returning to the community after they turn 18 years old. At the present time, there is a lack of housing options for youth emancipating from care/treatment. There is concern that youth are falling through the cracks when they turn 18 years of age and dropping out of the treatment system prematurely. There is also a concern that safe housing is not available for them when they age out of their placement settings. There is a need for mental health support services to help youth develop independent living skills and help them access housing, education, and job opportunities in the community.

3. Supportive work and vocational assistance is a challenge for most transition age youth. Supportive mental health services help youth develop independent living skills and achieve goals in employment, education, stable living situation, and personal and community functioning. Assisting youth to secure benefits, when needed, was a concern identified as a priority support service to target for development. Access to a drop-in center for youth to access support groups, peer mentors, life skills training, and other meaningful activities would promote

wellness and provide a non-traditional setting for service delivery that would have a greater chance of acceptance by transition age youth compared to the traditional clinic setting. A special emphasis will be to engage Latino youth in participating in these services. Developing a program to address issues of acculturation and assimilation is important in the Latino Community.

4. Benefits counseling would help youth access appropriate benefits as they age out of the Children's System of Care.

5. Youth, peer, and family problems included offering programs to help youth and families manage behavior and develop peer and family relationships. A component of this is to expand transition age services to the 20-25 population. There is also an identified need for a program for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. There is no organized, visible therapeutic support system for youth adjusting to gay/transgender identities. A need for support focused on development of coping skills to deal with feelings of alienation, heightened levels of self consciousness, and low self esteem has been identified.

Adults

1. Supportive work and vocational assistance is not currently available for adult clients in Glenn County. Similar to youth, supportive mental health services help adults develop independent living skills and achieve goals in employment, education, stable living situation, and personal and community functioning.

2. Substance abuse services for dual diagnosis clients are an ongoing and growing need for adults with serious mental illness. Currently treatment availability for adults with substance abuse problems is almost non-existent and treatment services provided in an integrated service package for adults with diagnoses of mental illness and substance abuse are limited. Services specific to these co-occurring disorders will provide both mental health services and substance abuse services together to address the combined needs of these adults.

3. Ability to manage independence and the development of independent living skills that help to ensure success is a challenge for many adults, and even more so for individuals with serious mental illnesses. Supportive mental health services which help adults develop independent living skills and achieve success in employment, education, supportive housing, stable living situations, and personal and community functioning was identified as key areas for development of new services to target. Assisting adults to secure benefits and providing individuals with assistance to secure those benefits can be critical to their stability in the community. Developing a drop-in center allows a place to gather and a place for adults to develop these important life skills. It also allows adults to participate in support and life skills promoting groups, while interacting with other consumers as support persons. A drop-in center would be an important component of the

adult system of care services. Creating a culturally inviting environment that fosters participation in basic life skills classes and activities would promote wellness. This would also include supportive housing services. Adults need safe, low-income housing with access to public transportation and supportive services to help remain in an independent living situation. There is also a need for mental health support services to aid adults who have been in residential care settings to develop independent living skills and help them access housing in the community.

4. Drop-in Center provides a supportive environment with a wellness focus which is offered in an alternative setting to the traditional clinic for adults. The concepts of recovery and resilience provide the foundation to develop independent living skills and achieve goals in employment, education, stable living situations, and personal and community functioning. Providing support advocacy and assistance for adults who are having difficulty securing benefits, when needed, is an important component. Participation in basic skills classes and activities would promote wellness. Offering these supportive services in a drop-in-center environment promotes engagement and empowers clients to exercise choices to participate and select services in a manner not encumbered with the traditional structure of hourly appointments in the office.

6. Mental health services for adults caring for older adults/ parents of foster care youth or adopted foster care children may involve multiple issues and include counseling (family and individual), training on conflict resolution, and techniques on de-escalating crisis. This issue includes the need for mental health services for families who are involved in family preservation and family reunification services; services to provide therapeutic support for potential adoptive families; and case management for post-adoption families in crisis. Services for Latino families which are culturally sensitive are an important component of this area.

7. Groups for Spanish mono-lingual speakers would offer a supportive, safe environment for mentally ill persons to discuss mental health issues and understand that they are not alone in experiencing symptoms of mental illness. Opportunities to address issues of assimilation and acculturation would be an important component to these services. These groups would provide excellent opportunities for outreach to Hamilton City residents (mostly Latino) and the Grindstone Rancheria.

Older Adults

1. Transportation to services was noted as an important component for older adults to access health and mental health services. Public transportation is limited in rural communities and as a result, older adults are dependent upon friends, neighbors, and family to provide transportation.

2. Isolation and the fear of loss of independence is an ongoing issue for many older adults with mental illness. Many older adults are homebound and not able or motivated to initiate access to care. There are also issues of loneliness, isolation, and depression that have developed due to factors such as losing a spouse or a change of lifestyle brought about by physical or financial limitations. There is a need to develop integrated, multi-modal services for individuals with co-occurring serious physical illness and mental illnesses. Partnering with physical health care providers and other accepted older adult service providers (Senior Centers and local senior services programs), and co-locating mental health services with these already existing recognized and accepted providers is a way to outreach to this population. In our community, some of these providers are also the primary providers for the predominant ethnic minority population here. Many Latino individuals and families utilize these providers and often are identified as appropriate to receive mental health services.

3. Mental health services at the Senior Center would help to reduce the stigma of mental health services for those individuals who are not ready to accept that they could benefit from receiving mental health services. By offering services as a component of other center activities, individuals are more likely to initiate discussion of issues that may be affecting their lives. Promoting easier access by offering mental health services in an environment already utilized by this population would promote utilization of mental health services in a non-threatening manner that could help these individuals maintain or improve current levels of functioning. The Senior Center provides an excellent opportunity to conduct outreach and engagement activities to older adults.

4. Phone tree for seniors by setting up a call list for seniors to check in on each other every day (every person calls 3-5 others each morning to make sure they are doing well). This is a low cost systematic method for providing outreach services to homebound older adults.

5. Substance abuse services for dual diagnosis clients are an ongoing and growing concern for older adults with serious mental illness. As the baby boomer generation ages, many of these individuals who grew up in an era when illegal drugs were prolific still struggle with their inability to maintain drug-free lifestyles. Older adults may also be at risk for the abuse of prescription medications and alcohol. Prescription medication abuse and unhealthy levels of alcohol use are sometimes the treatment of choice for individuals suffering from social isolation, depression, and poor adjustments to deteriorating physical health. Services specific to these co-occurring disorders will combine both mental health services and substance abuse services together to address the multiple needs of these older adults.

6. Peer support creates the opportunity for older adults to come together to discuss issues and receive support and counseling.

7. Coping and loss counseling is an important service for older adults. Many older adults experience a significant loss in their life and/or loss of mobility, and do not recognize symptoms of depression as a result of the life crisis. Counseling and support services can provide the needed assistance in a timely manner to help resolve these issues.

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

Our analysis of disparities in Glenn County begins with the State DMH website data regarding prevalence projections as factored by 200% of poverty. However, as acknowledged in the DMH Letter No: 05-02, 200% of poverty is not an adequate predictor of need in counties. Two hundred percent of poverty prevalence does not adequately reflect the need for mental health services or the amount of services required by different individuals. In addition to the prevalence data, we also provide comparisons between the percent of the population projected and population served. This helps to estimate the number of unserved persons in the county. Further analysis of unserved and underserved populations is shown in Chart A.

The information provided by the State DMH prevalence projections has some limitations for analyzing prevalence rates with the MHSA Transition Age Youth (TAY) age groups. The prevalence data defines TAY as 18-25 years, while the MHSA TAY ages range from 16-25. A similar discrepancy occurs with Older Adults: the prevalence data uses 65+, while MHSA uses 60+.

DMH data does not crosswalk the prevalence estimates by age and ethnicity. However, this data does provide an opportunity to begin assessing service disparities.

Following a discussion of the prevalence data in comparison to utilization data, a narrative analysis of data from other sources will be used to describe other factors which reveal disparities in populations in the county (throughout this narrative, data sources are identified).

Figure 4 shows the State DMH prevalence data, which predicts the number of persons in Glenn County who are below 200% of poverty (2004) and who have a need for mental health services (Column A). This data is shown by gender, age, race/ethnicity, and language. Column B shows the number of the Glenn County mental health clients (2004/05). Column C shows the percent of total mental health clients in Glenn County. Column D shows a comparison of the prevalence estimates to the number of clients served. This data is also shown by gender, age, and race/ethnicity.

Figure 4 below shows the number of mental health clients compared to the estimated number of persons in the population with a mental illness (prevalence data). This prevalence data estimates the number of individuals with an income less than 200% of poverty who have a mental illness. For example, in Glenn County, it is estimated that 1,005 persons have an income below the poverty level and have a need for mental health services. In Fiscal Year 2004/05, we served 754 persons. This is 75.02% of the estimated number of individuals needing services.

This prevalence data helps to examine the possible unserved populations in the county. For gender, we are serving 69.5% of the expected number of males and 78.8% of the females. For different age groups, children 0-17 are still underserved (in spite of the SAMHSA grant), with 76.7% of the estimated number served. The number of transition age youth is difficult to compare because there are different age groups used in the comparison. As noted above, the prevalence estimates show the 18-25 population, while the mental health data shows ages 16-25. The prevalence data does not include 16 and 17 year olds. As a result, the data shows that we are serving 110.8% of estimated number of transition age youth.

Both adults and older adults show a lower percent of persons served. For adults, the data shows that 59.5% of the expected number of adults are receiving mental health services. For older adults, only 45.7% of the estimated number of older adults are receiving mental health services.

The prevalence data shows disparities in service utilization for the different race/ethnicity groups. There are two main race/ethnicity groups in Glenn County. Caucasians were slightly over-served with 102.9% of the expected number receiving mental health services. Latinos were significantly underserved, with 27.4% of the expected number receiving mental health services. This data provides valuable information when examining disparities for Latinos.

The other race/ethnicity groups have extremely small numbers of individuals, both in the prevalence data and in the numbers served. For African Americans, 3 were expected to be served and 14 received services (466.7%). For Asian/Pacific Islanders, 61 were expected to be served and 35 received services (57.4%). For American Indians, 21 were expected to be served and 11 received services (52.4%). For other groups, 27 were expected to be served and 72 received services (266.7%).

In summary, populations 0-17 years, 18-59, and 65+, and Latinos are underserved based on this prevalence data.

Figure 4
Prevalence Estimates

		A		B	C	D
		Prevalence Estimates <200% poverty 2004		Mental Health Consumers FY 2004/05	Percent of Total Mental Health Consumers FY 2004/05	Percent of Mental Health Consumers served compared to the prevalence estimates FY 2004/05
Total		**1,005**	100.0%	**754**		
Gender Distributions						
Male		**417**	**41.5%**	**290**	**38.5%**	69.5%
Female		**589**	**58.6%**	**464**	**61.5%**	78.8%
Age Distributions						
Children	**00-17**	**374**	**37.2%**	**287**	**38.1%**	76.7%
Transition Age Youth	**18-25**	**120**	**11.9%**			
Transition Age Youth	16-25			133	17.6%	110.8%
Adults	**18-64**	**561**	**55.8%**			
Adults	18-59			334	44.3%	59.5%
Older Adults	**65+**	**70**	**7.0%**		**0.0%**	
Older Adults	60+			32	4.2%	45.7%
Race/Ethnicity Distributions						
Caucasian		**514**	**51.1%**	529	**70.2%**	102.9%
African American		**3**	**0.3%**	14	**1.9%**	466.7%
Asian/Pacific Islander		**61**	**6.1%**	35	**4.6%**	57.4%
Latino		**379**	**37.7%**	104	**13.8%**	27.4%
American Indian		**21**	**2.1%**	11	**1.5%**	52.4%
Other		**27**	**2.7%**	72	**9.5%**	266.7%

Language Distributions *(not available for prevalence subpopulation analysis)*

	Total Population >5 years old		Mental Health Consumers
English Only	**16,827**	**68.8%**	728
Non -English	**7,632**	**31.2%**	176
Spanish	*6,524*		*121*
Other	*1,108*		*85*
Total Population>5 years old	**24,459**	**100.00%**	

In addition to the prevalence data shown above, other information was examined. Data regarding homeless status, disability status, seasonal and migrant farm workers, and projected demand was evaluated. However, some of the data was not available by these age cohorts. A brief discussion of this data follows.

- At any point in time in 2004, there were 49 homeless adults in Glenn County and 13 children (Data Source: Glenn County). The population identified as most at-risk of becoming homeless are Latinos. The Federal Task Force on Homelessness and Severe Mental Illness estimates that 33% of those who are homeless have a serious mental illness (SMI), and of these, 40-60% have a co-occurring substance abuse (SA) disorder. In Glenn County, this would result in approximately 16 homeless individuals per year who require mental health services. While this population is mostly adult, there are also 13 youth in the homeless population. There are also families, transition age youth, and older adults in the homeless population. The homeless population will be one of the priority populations for MHSA.
- In regard to those with a sensory, physical, mental, or self-care disability (Data Source: Glenn County 2000 Census Data), there are approximately 1,937 individuals in Glenn County. The breakdown by age group is listed below and prevalence assumptions from the U.S. Surgeon General's Report (9-13% of children have a serious emotional disturbance (SED) and 5.4% of adults and older adults have a SMI) are applied to calculate the number that would need mental health services.

Figure 5

Age	Population with a disability	Prevalence Estimate	Individuals to be Served
5-20	255	@ 13%=	33
21-64	804	@5.4%=	43
65+	878	@5.4%=	47

- Glenn County has a significant number of seasonal and migrant farm workers. At any given point in time in 200 (Data Source: Glenn County 2000 Census Data), the estimated number of migrant farm workers and their dependents was 2,920. Again using the Surgeon General's prevalence numbers, we might expect to have served 158 of these individuals. In FY 2003/04, our mental health clinic served a total of 104 individuals identified as Latino. Unfortunately, we do not know how many of the 104 Latinos who received services are farm workers. While we are serving some Latinos, it is presumed that most of these clients are not farm workers or their families. The MHSA will develop outreach and engagement strategies to improve access to this underserved population.
- It is estimated that as of July 2005, there were 1,319 identified migrant children (ages 0-21) residing in Glenn County. (Source: Butte County Office of Education

– Migrant Education Area IV). Again, using the Surgeon General's prevalence numbers, we might expect to have served 171 of these individuals. In FY 2003/04, our mental health clinic served fewer than 25 children/youth who were from migrant families. We do not have data on the number of these individuals who are migrant students. Beginning in Year III, the MHSA outreach and engagement activities will also strive to engage this group of students.

Note: The Surgeon General's report does not distinguish between newly arrived Latinos and those who have been in the country for a number of years. Our clinic sees very few persons who are new arrivals (most seasonal farm laborers and even longer term laborers are in the United States for one to two years and return to what they consider their real homes in Mexico during that stay). Studies indicate that non-assimilated Latinos exhibit significantly fewer indicators of mental illness than those Latinos who are in the United States for longer periods and are more assimilated. There is a need to determine the impact of assimilation and acculturation on individuals as they live in the country for longer periods of time.

Children / Youth

Based on the data summarized in Figure 4 above, it can be concluded that the current mental health system does not serve the Latino or American Indian population at the levels we would expect to see them in our consumer population. We assume that this is true across the age span.

There are racial and ethnic disparities that cut across the issues of peer and family problems, out-of-home placement, school drop out rates, and involvement in the child welfare and juvenile justice systems.

The California Data Book indicates that 21.3% of Glenn County children live below the federal poverty level. Children from low income families who are not eligible for Medi-Cal are more likely to be uninsured and, therefore, their medical and mental health needs are more likely to be untreated. Some disparities for children and youth are outlined below.

- According to the US Census 2000, there were 3,317 youth ages 0-7 residing in Glenn County.
- In FY 2004/05, there were 64 youth ages 0-7 that were in out-of-home placement through Glenn County Child Welfare Services.
- By grade 12, 8.96% of Glenn County Latinos have dropped out of school, compared to 5.6% for Caucasian youth (Data Source: California Department of Education).
- In 2004, 162 unduplicated Glenn children/youth were in out-of-home placements both in-county and out-of-county (Data Source: Glenn County).
- There are currently 87 foster youth in Glenn County. Sixty-two (62) of those youth in foster care are school aged. Based on the work of the Glenn County

Child Welfare Services Department, approximately 11.3% of these children/youth, or 7 annually, have a serious emotional disturbance.

- At least half of the school-aged Glenn County foster youth are receiving special education services, and at least half of the school-aged Glenn County foster youth have an Individualized Education Plan.
- In the Glenn juvenile justice system, there was on average about 28 youth at any point in time in 2004 in the juvenile justice facility, with 358 duplicated bookings (Data Source: Glenn County). According to 2003 Glenn data, the number of misdemeanor arrests per 1,000 youth ages 10-17 was 72.44. The number of felony arrests per 1,000 youth ages 10-17 was 14.88. Statewide, the average number of misdemeanor arrests per 1,000 youth is 28.81. The number of felony arrests per 1,000 youth ages 10-17 was 13.48. Statewide, the average felony arrest per 1,000 youth was 13.47.
- It is estimated that 12% of the juvenile hall population have mental health disorders, and 8% have a co-occurring substance abuse disorder (Source: Glenn County Probation).
- Based on the Average Monthly Census in 2003, 18.58% of the youth placed in Glenn County juvenile hall were receiving mental health services. In addition, 14.16% of the youth were receiving psychotropic medications while in juvenile hall (Data Source: California Department of Mental Health). Statewide, 41.02% of youth placed in juvenile hall received mental health services and 16.29% were receiving psychotropic medications while in juvenile hall.

Transition Age Youth

There is a disproportionate representation of Latino transition age youth in county criminal or juvenile justice systems. Latino transition age youth are at an increased risk of foster care placement and other out-of-home placements.

- By grade 12, 8.96% of Glenn County Latinos have dropped out of school, compared to 5.6% for Caucasian youth (Data Source: California Department of Education).
- In Glenn County, from 1996-2001, two (2) youth aged 0-24 committed suicide, making suicide the third leading cause of death in this age group, after unintentional injury and motor vehicle accidents. (Data Source: Glenn County).
- The National Comorbidity Survey Replication, reported in the June 2004 issue of Archives of General Psychiatry, focused on studying the prevalence of mental health need in those 18 and above, and found that mental disorders “gain the strongest foothold” by attacking youth—50% of all cases start by age 14 and 75% by age 24.
- As noted earlier, in 2004, 162 Glenn County children/youth were in out-of-home placements both in-county and out-of-county. In FY 2004/05, there were 47 youth ages 15-18 that were in out-of-home placement through Glenn County Child

Welfare Services. Two youth were in transitional housing in FY 2004/05; one graduated in June.

- There is increasing gang activity in Glenn County. It is difficult to estimate the number of gang members who need services and the number of those individuals receiving services who are involved in gangs. Development of strategies for serving youth involved in gangs was one of the community recommendations.
- Lesbian, Gay, Bisexual, Transgender, or Questioning: There are limited resources in this community to meet the needs of individuals who are lesbian, gay, bisexual, transgender, or questioning (LBGTQ). There is also a subset of this population who is Latino. These individuals have the added pressure of unique expectations of their ethnic and cultural mores that may be contradictory to their lifestyle. There is a need to assist these individuals in forming their cultural identities.

Adults

There are disparities in services for Latino adults. At the same time, there is an over-representation of Latinos in the criminal justice system. While we serve Latinos in the mental health system, there are still disparities in access to treatment services as the number of Latino Medi-Cal beneficiaries using mental health services is sixty percent of the expected number served. This disparity in access was also shown by the prevalence data.

- According to the California Department of Finance, there were 15,239 adults (ages 18-59) residing in Glenn County in 2004.
- At any point in time in 2004, 148 adults were in the Glenn jail system (Data Source: Glenn County). There were 652 admissions to jail. The Glenn County Probation Department estimates that approximately 10% of inmates have a mental health disorder and 5% have a co-occurring substance abuse disorder.
- In Glenn County, at any point in time (Data Source: California Health Interview Survey 2003), there are 3,876 adults who are uninsured. Using the Surgeon General's prevalence forecasts, this suggests that at least 209 adults in Glenn County are uninsured but require mental health services.

Older Adults

As with the other age groups, there is a need for culturally appropriate, Spanish language service providers to meet the needs of the Latino older adult community. Cultural barriers may limit access due to culture-bound behaviors and preferences that require bilingual/bicultural service providers to address these issues, particularly in the context of behaviors related to mental illness. Concerns about stigma and non-acceptance of the concept of mental illness are issues that impede access to treatment for any culture, but especially for older adults. This issue becomes even more of a barrier when an individual is confronted with treatment options that are not culturally acceptable.

Based on the data summarized in Figure 4 above, it can be concluded that the current mental health system does not adequately serve older adults. We assume that this trend is true across the age span.

- As noted above, older adults are found in the Glenn unserved homeless population and are among the disabled population that is unserved.
- According to the California Department of Finance, there were 4,958 older adults (ages 60 and older) residing in Glenn County in 2004.
- Few older adults access public mental health services, especially persons who are uninsured. Strategies for improving access to the older adult population is a high priority, especially for the Latino community.

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

Not applicable.

Section 2.2. 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 the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities.*

To understand the racial, ethnic, and gender disparities regarding mental health services, we analyzed historic service utilization data to better understand patterns of service use across different populations. Data was examined to determine who is served and who is un/under-served. This data provided an overview of service utilization in comparison to the general population and the Medi-Cal eligible population to help understand existing service patterns and access to services. Service utilization data by age, race/ethnicity groups, and gender was reviewed to help understand race/ethnicity and gender disparities.

Below is a summary for each age-group which outlines the community issues selected for implementation, and how these issues relate to stakeholder concerns regarding the un/under-served populations.

Approximately 30% of the Glenn County population is Latino. Forty percent of the Medi-Cal beneficiary population is Latino. Twenty-seven percent of the mental health clients are Latino. The county mental health program has been working to improve access to the Latino population for the past several years. The SAMHSA grant has provided the opportunity to hire bilingual, bicultural staff to better meet the needs of the Latino community. We are making progress toward improving access for Latinos and other cultures. It is a primary goal of the MHSA to continue to improve access for Latinos and other race/ethnicity groups.

While the service utilization patterns for Latinos is proportionate to the population of Latinos in the general population, the prevalence data revealed that fewer Latinos are served than predicted. The prevalence data predicts that 379 Latinos need mental health services. However, only 104 were served. This shows 275 unserved Latinos in the county.

Using this same data, there were 87 unserved youth, 227 unserved adults, and 38 unserved older adults. The next section of this plan will address the estimated need of mental health clients and how many are fully served.

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

A discussion of the county population by demographic indicators will be discussed, followed by Chart A showing the underserved and fully served populations. Several factors impact the number of persons needing MHSA mental health services. We have examined a number of different variables which help to determine the unserved, underserved, and fully served populations in our county.

Population by Race/Ethnicity

Glenn County's population data is shown below. Figure 6 shows the number and percent of persons in Glenn County by race/ethnicity. This data is obtained from the California Department of Finance and shows that 62.1% are Caucasian and 29.7% of Glenn County are Latino. Other race/ethnicity groups comprise 8.2% of the population.

Figure 6
Glenn County Residents by Race/Ethnicity
N = 28,084
(Source: California Department of Finance - 2004)

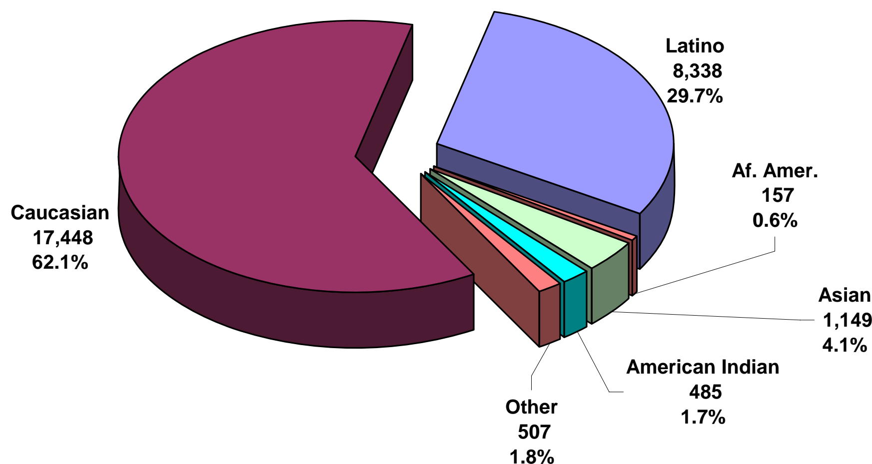
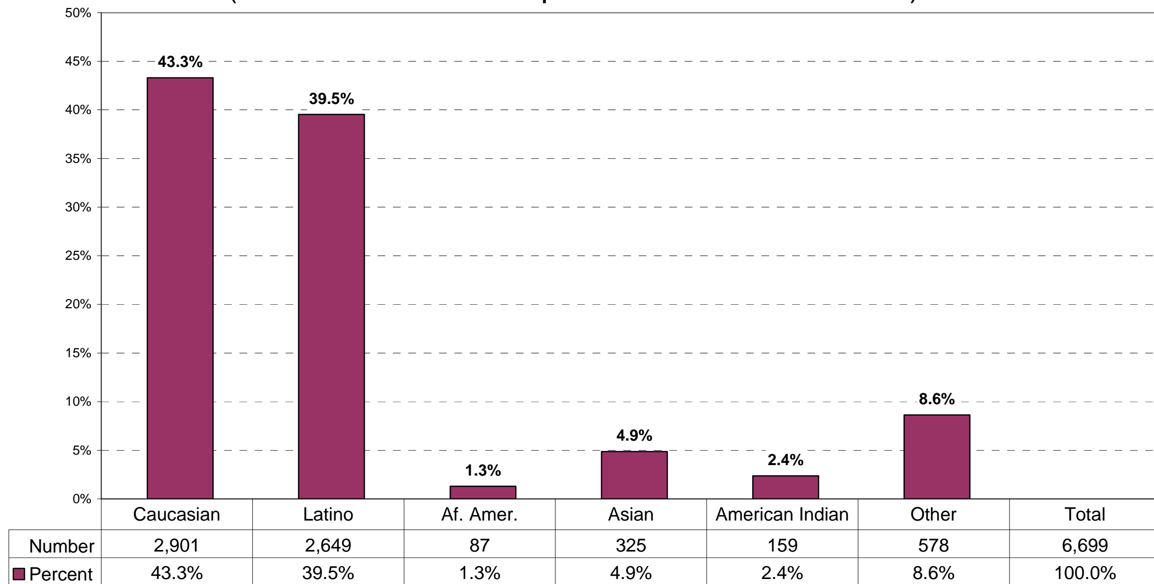


Figure 7 shows the number and percent of Medi-Cal beneficiaries in Glenn County by race/ethnicity for FY 2003/04. This data is obtained from the California Department of Mental Health and shows that 43.3% of the beneficiary population is Caucasian, 39.5% is Latino, and 4.9% is Asian. Other racial/ethnic groups represent 8.6% of the population.

Figure 7
Glenn County Medi-Cal Beneficiaries by Race/Ethnicity
FY 2003/04
(Source: California Department of Mental Health)



	Caucasian	Latino	Af. Amer.	Asian	American Indian	Other	Total
Number	2,901	2,649	87	325	159	578	6,699
Percent	43.3%	39.5%	1.3%	4.9%	2.4%	8.6%	100.0%

These two figures show that 29% of the Glenn County population is Latino and 39.5% of the Medi-Cal beneficiary population is Latino. African Americans in the population represent only 0.6% and are 1.3% of the Medi-Cal population. Asians are 4.1% of the population and 4.9% of the Medi-Cal population. American Indians represent 1.7% of the population and 2.4% of the Medi-Cal population.

Population by Primary Language

As shown in Figure 8, 68.8% of County residents ages five and older have a primary language of English. Twenty-six percent of residents reported Spanish as their primary language, while 4.5% speak other languages.

Figure 8
Glenn County Residents by Primary Language Spoken at Home
Ages 5 years and Older
N = 24,459
(Source: Census 2000 Summary File 3 (SF 3) Sample Data)

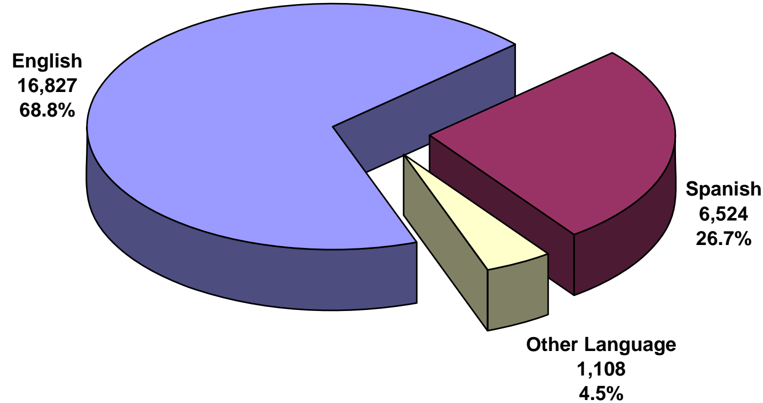
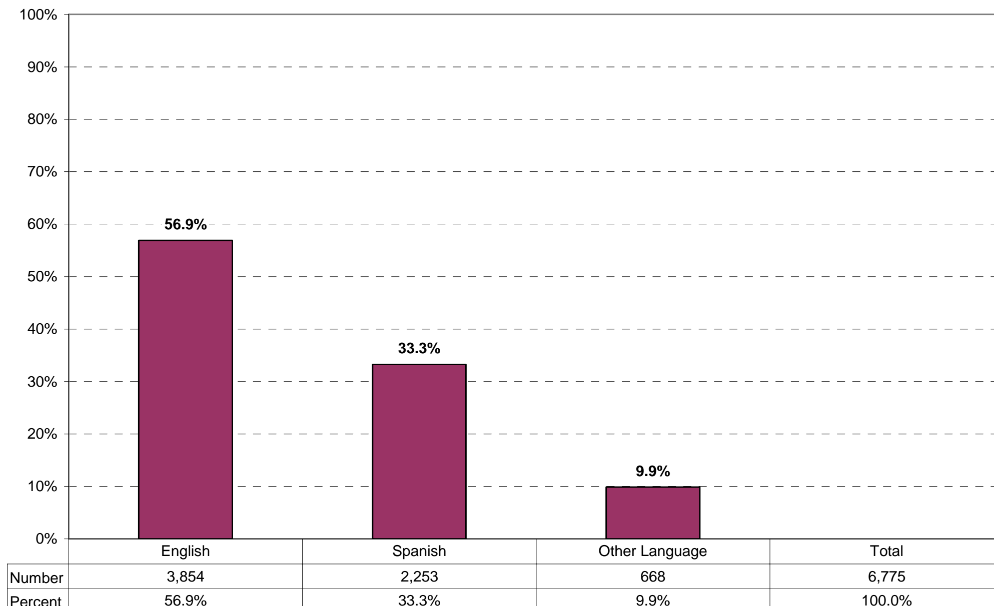


Figure 9 shows the primary language for Glenn County Medi-Cal beneficiaries in October 2004. Fifty-seven percent of beneficiaries have a primary language of English and 33.3% have a primary language of Spanish. Ten percent were Other or unspecified languages.

Figure 9
Glenn County Medi-Cal Beneficiaries by Primary Language
October 2004
(Source: California Department of Mental Health)



	English	Spanish	Other Language	Total
Number	3,854	2,253	668	6,775
Percent	56.9%	33.3%	9.9%	100.0%

This data is consistent with the race/ethnicity data, where a higher proportion of Medi-Cal beneficiaries are Latino (39.5%) and 33.3% report Spanish as their primary language.

Population by Age
Figure 10 shows the number and percent of persons in Glenn County by age. This data is obtained from the California Department of Finance and shows that 28.1% of the county population are youth (ages 0-17), 58.5% are adults (ages 18-64), and 13.4% are older adults (ages 65+).

Figure 10
Glenn County Residents by Age
N = 28,084
(Source: California Department of Finance - 2004)

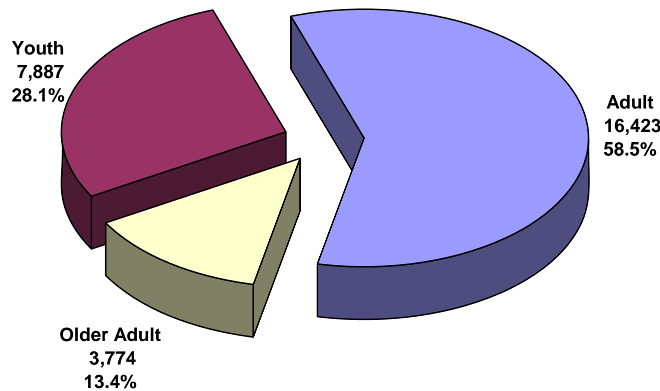
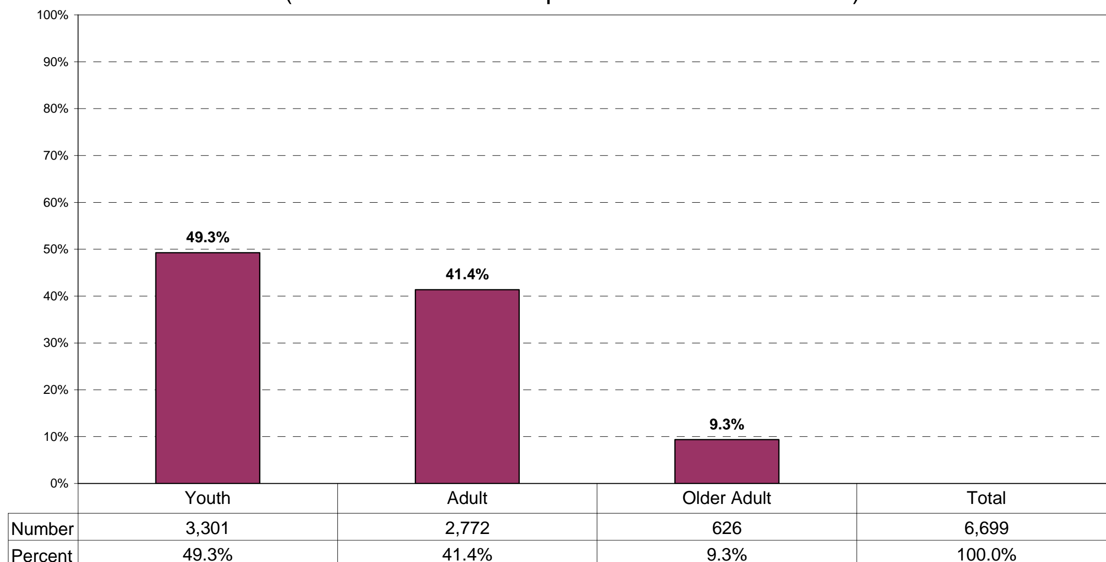


Figure 11 shows the number and percent of Medi-Cal beneficiaries in Glenn County by age for FY 2003/04. Almost fifty percent are 0-17 years of age, 41.4% are 18-64, and 9.3% are ages 65 years and older.

Figure 11
Glenn County Medi-Cal Beneficiaries by Age
FY 2003/04
(Source: California Department of Mental Health)



	Youth	Adult	Older Adult	Total
Number	3,301	2,772	626	6,699
Percent	49.3%	41.4%	9.3%	100.0%

Children and youth ages 0-17 represent 28.1% of the general population and 49.3% of the Medi-Cal beneficiary population.

Diagnosis

Clients receiving mental health services in Glenn County had the following types of psychiatric diagnoses:

Figure 12

Total Number of Mental Health Clients in FY 04/05 *(includes Crisis Services)*

	Youth (0-17)	Transition Age (16-25)	Adults (18-59)	Older Adults (60+)	Total Clients
ADHD	44	4	4	0	48
Anxiety	67	22	90	3	160
Bipolar	7	11	74	4	85
Conduct Disorder	83	33	12	0	95
Depression/Mood Disorder	59	54	142	20	221
Schizophrenia/Psychotic	2	2	52	7	61
Deferred	16	1	0	0	16
Other	69	33	0	3	72
Total Clients	347	160	374	37	758

The mix of diagnoses is representative of most public mental health systems. The most prevalent diagnosis for adults was Depression and Mood Disorder. Conduct Disorder is the most common diagnosis for children and youth.

Crisis Utilization (Fiscal Year 2004/05)

Additional information from the overall analysis of our utilization data includes:

- Approximately 118 people utilized crisis services in FY 2004/05. Of the 23 youth who received Crisis Services, 11 (47.83%) were Caucasian and 7 (30.43%) Latino. The remaining five (21.73%) youth were other race/ethnicity.
- Of the 86 adults who received Crisis Services, 65 (75.58%) were Caucasian and 8 (9.3%) Latino. Eight were other race/ethnicity, two African American, two Asian/Pacific Islander, and one American Indian.
- Of the 9 older adults who accessed Crisis Services, 6 (66.67%) were Caucasian and 1 (11.11%) was Latino. The remaining individuals were from other race/ethnicities.
- For transition age youth ages 16-25 (these are also counted in the age groups above), 24 accessed Crisis Services. Of the TAY, 15 (62.50%) were Caucasian, 4 (16.67%) were Latino, and 5 were from other race/ethnicities.

Underserved and Fully Served Populations

Estimating the number of clients who are underserved and fully served is difficult. At the present time, we do not systematically assess clients' need using data. The data in Chart A are estimates of the fully served and underserved clients who received services in FY 04/05 by age, gender, and race/ethnicity. The table shows an estimate of the number of fully served, underserved, and total served, by age, gender, and race/ethnicity.

A key utilization issue that Glenn County Mental Health has been analyzing is the amount of service received in relationship to clinical need. While data is available to examine the number of service contacts received by a client, evaluating 'clinical need' is more complex. However, the concept of *underserved* implies that a client does not receive all of the services that he/she needs. At the present time, we do not have a systematic method for tracking fully served clients.

The best 'proxy' is to set a benchmark for the number of services received and assess the number of individuals who received that amount of services. For purposes of this analysis, we have identified twenty-four or more service contacts in a twelve month period as meeting the criteria for 'fully served' and less than twenty-four (24) service contacts as 'underserved'. It should be acknowledged that some clients only receive a quarterly medication appointment and are successfully living independently with only four service contacts per year (thus could be considered as 'fully served'). However, in attempting to identify 'fully served' populations, we have selected twenty-four (24) as the minimum benchmark. This calculation provides information on the number of clients who averaged two or more services per month for the twelve month period.

As we continue to transform our mental health system, matching the amount of services to the client's needs will become more refined and scientific. The development of this level of evaluation sophistication will enable us in the future to better match clinical need to an appropriately intensive level of service.

Chart A: Service Utilization by Race/Ethnicity

Children & Youth 0-17 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	68	51	119	82	86	150	137	287		7,887	100.0%
African American	1	1	2	3	2	4	3	7	2.4%	29	0.4%
Asian-Pacific Islander	0	0	0	1	1	1	1	2	0.7%	466	5.9%
Latino	**13**	**7**	**20**	**13**	**21**	**26**	**28**	**54**	**18.8%**	**3,193**	**40.5%**
American Indian	2	0	2	1	1	3	1	4	1.4%	134	1.7%
Caucasian	**39**	**35**	**74**	**51**	**47**	**90**	**82**	**172**	**59.9%**	**3,875**	**49.1%**
Other	13	8	21	13	14	26	22	48	16.7%	190	2.4%

Transition Age Youth 16-25 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	19	20	39	37	57	56	77	133		4,710	100.0%
African American	0	0	0	0	3	0	3	3	2.3%	35	0.7%
Asian-Pacific Islander	0	0	0	2	0	2	0	2	1.5%	315	6.7%
Latino	**4**	**4**	**8**	**4**	**15**	**8**	**19**	**27**	**20.3%**	**1,540**	**32.7%**
American Indian	1	0	1	0	3	1	3	4	3.0%	87	1.8%
Caucasian	**9**	**14**	**23**	**27**	**35**	**36**	**49**	**85**	**63.9%**	**2,641**	**56.1%**
Other	5	2	7	4	1	9	3	12	9.0%	92	2.0%

Adults 18-59 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	20	46	66	112	255	132	301	433		15,239	100.0%
African American	0	0	0	1	4	1	4	5	1.2%	109	0.7%
Asian-Pacific Islander	0	0	0	11	20	11	20	31	7.2%	587	3.9%
Latino	**3**	**3**	**6**	**12**	**28**	**15**	**31**	**46**	**10.6%**	**4,570**	**30.0%**
American Indian	0	1	1	0	6	0	7	7	1.6%	290	1.9%
Caucasian	**16**	**42**	**58**	**85**	**182**	**101**	**224**	**325**	**75.1%**	**9,452**	**62.0%**
Other	1	0	1	3	15	4	15	19	4.4%	231	1.5%

Older Adults 60+ years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	2	4	6	6	22	8	26	34		4,958	100.0%
African American	0	0	0	2	0	2	0	2	5.9%	19	0.4%
Asian-Pacific Islander	0	0	0	0	2	0	2	2	5.9%	96	1.9%
Latino	**1**	**0**	**1**	**0**	**3**	**1**	**3**	**4**	**11.8%**	**575**	**11.6%**
American Indian	0	0	0	0	0	0	0	0	0.0%	60	1.2%
Caucasian	**1**	**4**	**5**	**2**	**14**	**3**	**18**	**21**	**61.8%**	**4,121**	**83.1%**
Other	0	0	0	2	3	2	3	5	14.7%	86	1.7%

Total	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served *by Gender*		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
Total	90	101	191	200	363	290	464	754		28,084	100.0%
African American	1	1	2	6	6	7	7	14	1.9%	157	0.6%
Asian-Pacific Islander	0	0	0	12	23	12	23	35	4.6%	1,149	4.1%
Latino	**17**	**10**	**27**	**25**	**52**	**42**	**62**	**104**	**13.8%**	**8,338**	**29.7%**
American Indian	2	1	3	1	7	3	8	11	1.5%	484	1.7%
Caucasian	**56**	**81**	**137**	**138**	**243**	**194**	**324**	**518**	**68.7%**	**17,448**	**62.1%**
Other	14	8	22	18	32	32	40	72	9.5%	507	1.8%

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

Children / Youth

All children served by the Glenn County mental health services are considered eligible for a full array of services. However, there are opportunities for improvement in the processes to ensure that they are receiving the services needed to address their mental health conditions and achieve positive outcomes. We are working to improve the coordination between all social services agencies who are serving children and families. This coordination will enhance outcomes for children and families in foster care, juvenile justice, and in the schools.

As noted above, our SAMHSA funded Children's System of Care provides a full array of services to children, youth, and their families. As shown in Chart A, of the 287 children served during FY 2004/05, 119 were considered fully served (41.5%). This leaves an estimated 58.5% as underserved (i.e., receiving fewer than 24 contacts in the year). There are more males than females receiving children's services. The underserved children in the program represent individuals who are in foster care, placed in juvenile hall, or who have difficulty obtaining transportation to access appointment.

There are proportionately more Latinos and American Indians who are underserved in this age population. Female Latinos are more likely to be underserved, while more Caucasian males are underserved.

We plan to utilize SAMHSA grant dollars for the first two years of the MHSA. In year III, we will begin identifying unserved children and developing MHSA services to meet the needs of these children and youth. It is anticipated that at least 40% of these young children will be Latino.

Transition Age Youth

Nearly every group of respondents who participated in the needs assessment/survey gathering process identified transition age youth as a priority for MHSA attention. The major gaps identified in the services to this age group included a lack of housing for these transition age youth and few supportive services to assist them in finding employment or continuing with their education.

As shown in Chart A, 29.3% of the transition age youth, ages 16-25, are considered fully served. This leaves an estimated 70.7% as underserved. The SAMHSA grant funding provides services for some transition age youth. However, these services are targeted primarily to youth ages 16-20.

For transition age youth, there are more females than males receiving services. Underserved/inappropriately served youth are more likely to be female, Latino, and/or American Indian. These youth may be in out-of-home placement or in juvenile hall.

In addition to this data, there are many transition age youth ages 20-25 who receive few services. Another unserved TAY population is Latino youth who drop out of school. In Glenn County, 8.9% of all Latinos drop out of high school, while 5.6% of Caucasians drop out. These are high-risk individuals who have a higher probability of gang involvement and unemployment.

A third unserved population for this age group is youth who are Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ). This is an age when youth begin recognizing their sexuality and can benefit from a support system to help them address any fears that they might have.

Adults

In addition, there are many unserved adults in Glenn County that include those individuals who are uninsured or underinsured, and undocumented individuals. Individuals who are geographically isolated are also unserved. They can not obtain services in Glenn County because of lack of reliable transportation or public transportation. There are approximately 49 homeless adults in the county, with an estimate of 33% with a serious mental illness. These individuals are unserved or underserved. The farm workers in the county, many of whom are Latino, are also unserved. The mental health clinic does not hold evening hours or deliver services at the work site, so mental health services are not accessible to many of these individuals. The adult population is the highest priority for the MHSA.

For adults, ages 18-59, Chart A clearly shows that Latinos, American Indians, and other race/ethnicity groups are underserved and unserved. This is consistent for both males and females. As shown in Chart A, 15.2% of the adults, ages 18-59, are considered fully served. This leaves an estimated 84.8% as underserved.

Older Adults

At the present time, few older adult individuals access public mental health services. As a result, most of the older adults with a serious mental illness are unserved in Glenn County. This population includes individuals who are geographically isolated and lack reliable transportation and/or a support person to assist them with transportation to services. One of the barriers to services is the stigma attached to mental illness and a lack of recognition of mental illness among family members and seniors. Improving services to this population is a high priority for the MHSA.

Chart A shows that almost all older adults are underserved or unserved. Only 6 of the 34 older adults served were considered fully served. Of these six, one Latino male was considered fully served. The remaining 5 were Caucasian. As shown in Chart A, 17.6% of the older adults, ages 60+, are considered fully served. This

leaves an estimated 82.4% as underserved. Older adults from all race/ethnicity groups are currently un/under-served.

Rural and Non-English Speaking Individuals

One of Glenn County's primary revenue sources is agricultural production. Farm workers and their families are identified as primarily Latino. They contribute an enormous benefit to the economic vitality of the county. However, the farm workers and their families are less likely to access services. Barriers to serving this population may include the failure of the system recruiting and retaining mental health professionals who reflect the culture and language needs of our rural, agricultural communities; the failure of treatment approaches to meet the cultural needs of the Latino population; and the lack of information on mental illness and mental health services in a form that provides aggressive outreach to this population sector that is reluctant to initiate mental health treatment services. Improving access to this population is a priority.

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

As evident in Chart A above, most of the individuals who receive mental health services are underserved. There are few persons in the current mental health system who are fully served at this time, meaning clients received less than twenty-four (24) contacts in a fiscal year. For persons who are Latino, the discrepancy is even greater.

Using these criteria, most clients are underserved/inappropriately served. This data was consistent for all ages, genders, and race/ethnicity groups. The county's sole threshold language is Spanish. As shown above, nearly all of the Latino clients who received mental health services in FY 04/05 were underserved/inappropriately served. This trend was consistent across all age groups and for both males and females.

In addition to examining data to assess persons who are underserved/ inappropriately served, the number of persons who are *unserved* in the county is also important. The prevalence data shows that fewer people are being served than expected for adults, older adults, and the Latino population. The MHSA funding provides the county with an opportunity to improve access and increase the total number of persons in the county who receive mental health services.

A number of objectives have been identified for MHSA Services:

1. To improve access for Latinos and other race/ethnicity groups. To successfully meet this objective, we also have the objective of hiring staff, consumers, and family members who are bilingual and bicultural. This

accomplishment will help remove the barriers to access for culturally-diverse populations.

2. To deliver services in collaboration with other community organizations and co-locate services whenever possible. In Orland, we have one building which is shared with the Human Resource Agency, Mental Health, and In-Home Supportive Services. The Department of Education is completing a building next door. This co-location is very effective at reducing barriers between the organizations and improving access and coordinated services.

3. To deliver services in the individual's community. Outreach and engagement activities and system development services will require that staff deliver services in the individual's home, and offer services in diverse community settings (e.g., churches, senior centers, schools, and other rural community locations).

4. To reduce disparities in services for the Latino population, including monolingual Spanish-speaking individuals. It will be an objective to reduce disparities and continue to improve cultural competence in our services. The MHSA services will engage and serve Latinos, with a goal that 60% of new MHSA clients are Latino.

5. To increase the number of bicultural mental health staff by hiring more Latino individuals who are bilingual and bicultural, when possible.

6. To conduct cultural competence training programs for mental health staff and collaborative community partners.

7. To provide culturally and linguistically appropriate services for Latino family members.

8. To develop and offer services to Lesbian, Gay, Bisexual, Transgender, and Questioning individuals.

9. To develop outreach and education activities focused on providing information about mental health services for groups and organizations known to serve high numbers of Latinos (i.e., Hamilton City Family Resource Agency, churches, etc.).

Section 2.3. 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.*

Given the MHSA CSS allocation and the requirements for full service partnerships, Glenn County will start "small and smart" and develop one full service partnership program during the first three years of the MHSA. The full service partnership program will be available to adults (ages 18-59).

In addition, Glenn County will utilize Outreach and Engagement funds and System Development funds for all four populations across the three year funding period. In Years I and II, Outreach and Engagement funds will be used to identify unserved populations and help them access mental health services. System development funds will be utilized to develop and expand services to adults, older adults (ages 60+) and transition age youth the first two years. Glenn County will delay utilizing MHSA funds for children (ages 0-17) until Year III because the county currently has a SAMHSA Children's System of Care Cooperative Agreement, which provides services to children and youth populations. Delaying the development of MHSA funding for children will enable the county to focus on the adult and older adult populations and build a strong foundation of services. As we develop subsequent CSS plans, we will develop full service partnerships for other populations.

Initial Populations: Years I, II, and III

Adults

Adults who will be eligible for the full service partnership program are those individuals with a serious mental illness who are currently unserved or underserved. The populations in Glenn County which will be identified for the Adult Full Service Partnership Program are individuals (ages 18-59) with a serious mental illness, including adults with a co-occurring substance abuse disorder and/or health condition, and meet the following situational characteristics:

Not currently served and meet one or more of the following criteria:

(1) have been admitted to a psychiatric hospital or emergency room in the past two years, or are at risk of hospitalization,
(2) have been involved in the criminal justice system in the past year and/or are at risk of being involved in the criminal justice system (including adults with child protection issues),

(3) homeless or at risk of homelessness.

Or are so underserved that they are at risk of:
(1) psychiatric hospitalization,
(2) involvement in the criminal justice system,
(3) homelessness.

The Adult Services Team will deliver services to full service partnership members. Staff will strive to eliminate barriers to local race/ethnicity populations including Latinos, American Indians, and other race/ethnicity groups.

A total of 5 adults will be served in Year II. An additional five (5) adults will be served in Year III, with a total capacity of 10 adults for the three-year period. It is estimated that 5 will be previously unserved and 5 will be underserved individuals. Outreach and engagement activities will also be available to improve access to services for adults.

System development funds and Outreach and Engagement funds will be used for all four populations during this three-year period to improve the mental health system and to serve unserved and underserved populations in the county.

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.)*

Adults

Based on the above data and stakeholder input, the core factors which will be used to identify persons for the Adult Program will be adults ages 18-59 who are at serious risk or have a history of psychiatric hospitalization, residential care, involvement with the criminal justice system, and/or out-of-home placement due to the nature of their difficulties. Persons with co-occurring disorders (mental health and substance abuse) will also be a priority for services.

At the present time, adults with a serious mental illness receive few mental health services beyond traditional medication management and case management. Those individuals who are at risk of hospitalization, those with co-occurring disorders (mental health and substance abuse), and those involved in the criminal justice system represent the unserved and underserved adults in this county. Some of these individuals may also be at risk of hospitalization and/or homelessness.

Other unserved populations include those who are Latino and American Indian. These groups are historically unserved or underserved in this county. The development of specific ethnic Group Therapy programs would provide excellent opportunities for outreach to Hamilton City residents (mostly Latino) and the Grindstone Rancheria.

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

It is Glenn County's commitment to develop programs which are culturally sensitive and provide linguistically appropriate services to individuals in our community. At the present time, ethnic disparity occurs across all of the four populations. By hiring bilingual, bicultural staff whenever possible, by embracing and implementing the values of our cultural competence plan, and through ongoing training at all levels of the organization, we will improve the ethnic disparities in this community. The MHSA services will create excellent opportunities to link and coordinate services with community partners and cultural leaders. This will offer the opportunity to improve access and deliver services to Latinos, American Indians, as well as persons from other ethnic communities.

Section 2.4. Identifying Program Strategies

1) *If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in each applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSA. No separate response is necessary in this section.*

All of the strategies to be implemented with the MHSA funds are consistent with the strategies outlined in the CSS Plan requirements (DMH, August 1, 2005).

Section 2.5. Assessing Capacity

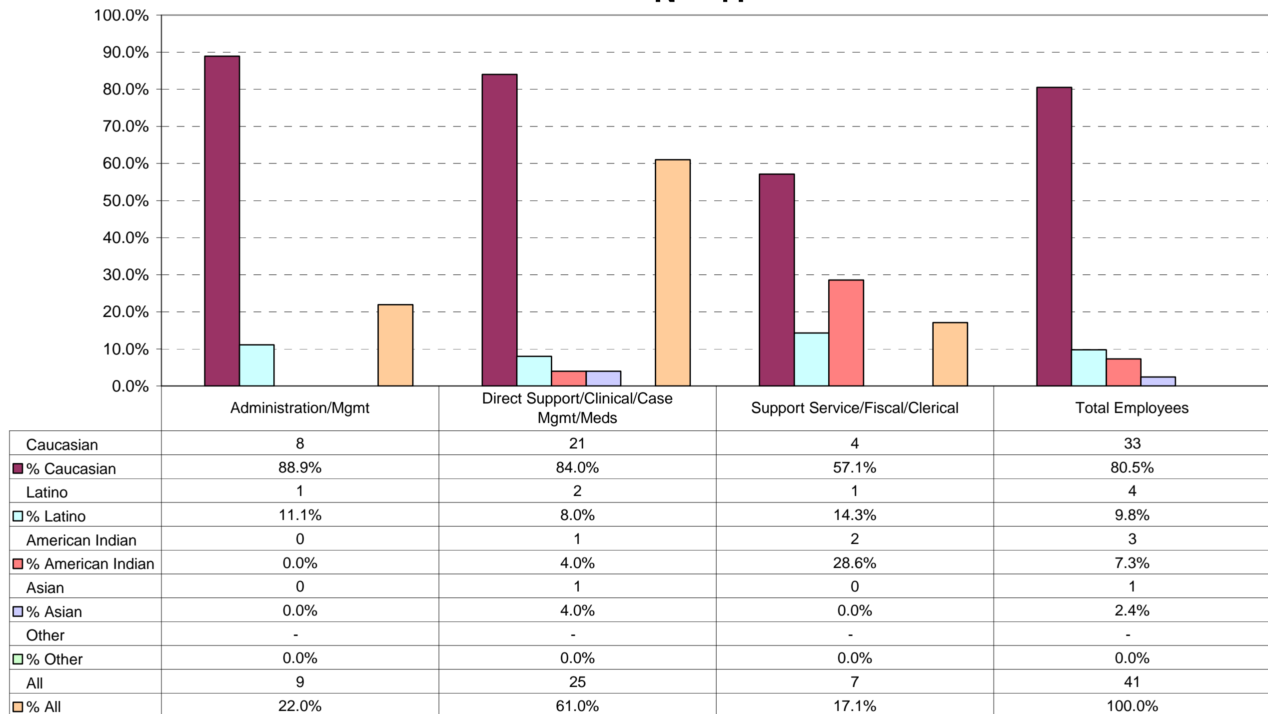
1) *Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.*

The Mental Health staff and organizational providers are predominately Caucasian. Mexican American/Latino staff comprise 9.8% of our clinic staff. In addition, there is one bilingual, bicultural clinician working for our primary organizational provider. The Latino population represents 29.7% of our population. Latinos are underrepresented in our service delivery system, as are other race/ethnicity groups. A comparison of staffing and the population reflects a significant disparity between the Latino population and mental health provider staffing.

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.*

Figure 13 shows the race/ethnicity of the forty-one mental health staff in Glenn County. Of the nine administrative/management staff, 8 (88.9%) are Caucasian and 1 (11.1%) is Latino. Of the twenty-five direct service staff, 21 (84.0%) are Caucasian, 2 (8.0%) are Latino, one (4.0%) is American Indian, and one (4.0%) is Asian. Four (57.1%) of our support services staff are Caucasian, one (14.3%) is Latino, and 2 (28.6%) are American Indian.

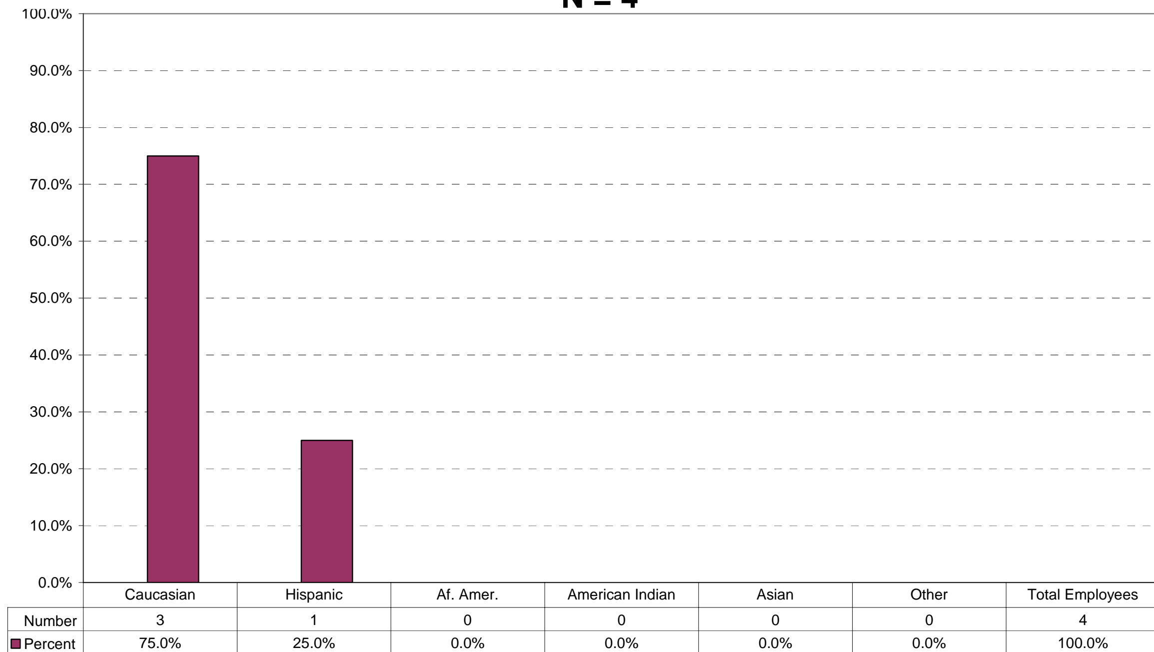
Figure 13
Staff by Race/Ethnicity and Function – Locations (July 2005 Survey)
N = 41



	Administration/Mgmt	Direct Support/Clinical/Case Mgmt/Meds	Support Service/Fiscal/Clerical	Total Employees
Caucasian	8	21	4	33
% Caucasian	88.9%	84.0%	57.1%	80.5%
Latino	1	2	1	4
% Latino	11.1%	8.0%	14.3%	9.8%
American Indian	0	1	2	3
% American Indian	0.0%	4.0%	28.6%	7.3%
Asian	0	1	0	1
% Asian	0.0%	4.0%	0.0%	2.4%
Other	-	-	-	-
% Other	0.0%	0.0%	0.0%	0.0%
All	9	25	7	41
% All	22.0%	61.0%	17.1%	100.0%

Four staff members self-identified as consumers. Three (75.0%) are Caucasian and one (25.0%) is Latino (See Figure 14).

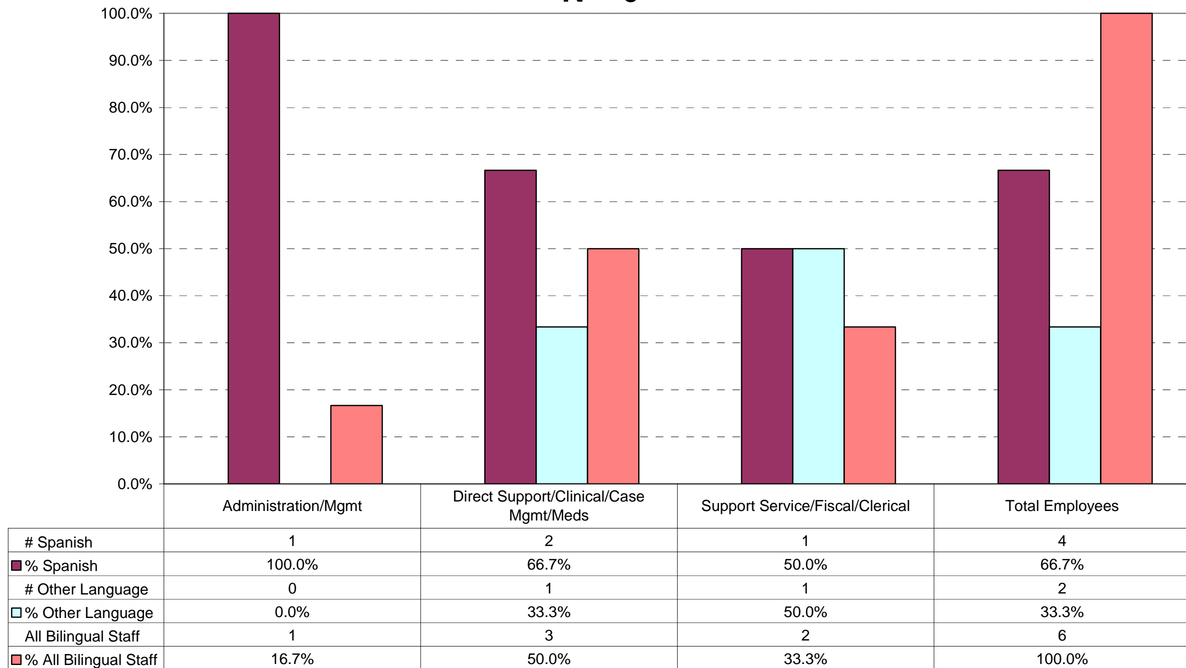
Figure 14
Staff self-identified as Consumers by Race/Ethnicity – All Locations
(July 2005 Survey)
N = 4



	Caucasian	Hispanic	Af. Amer.	American Indian	Asian	Other	Total Employees
Number	3	1	0	0	0	0	4
Percent	75.0%	25.0%	0.0%	0.0%	0.0%	0.0%	100.0%

Figure 15 shows the six bilingual staff by job function. Three (50%) individuals are direct services staff, two (33.3%) are support services staff, and one (16.7%) is administration/management staff. Of these six bilingual staff, four also serve as interpreters for other staff members.

Figure 15
Bilingual Staff Only by
Function and Language – All Locations (July 2005 Survey)
N = 6

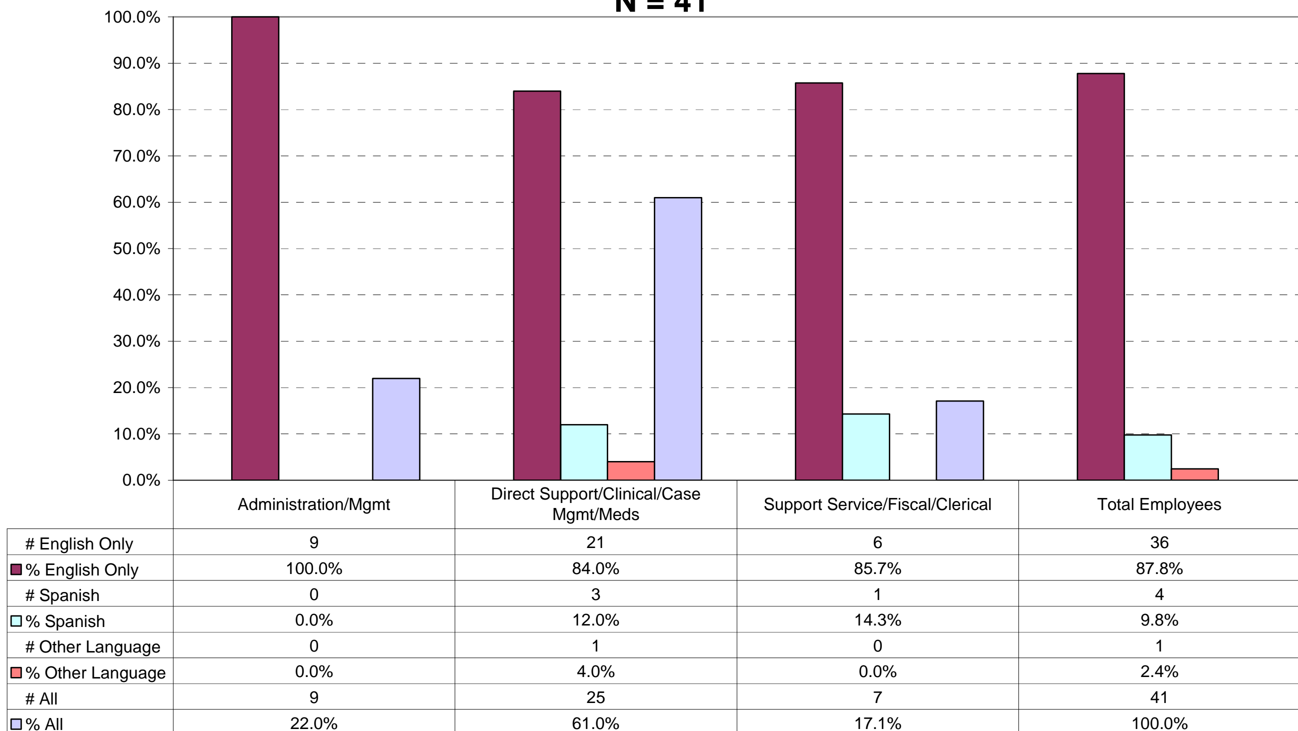


	Administration/Mgmt	Direct Support/Clinical/Case Mgmt/Meds	Support Service/Fiscal/Clerical	Total Employees
# Spanish	1	2	1	4
% Spanish	100.0%	66.7%	50.0%	66.7%
# Other Language	0	1	1	2
% Other Language	0.0%	33.3%	50.0%	33.3%
All Bilingual Staff	1	3	2	6
% All Bilingual Staff	16.7%	50.0%	33.3%	100.0%

Please note: No Bilingual staff members self-identified as mental health consumers.

Figure 16 shows the percent of staff that are proficient in reading and writing a second language by function and language. Three of the Direct Service Staff (12.0%) are proficient in reading and writing Spanish. One of the Support Staff (14.3%) is proficient in reading and writing Spanish. All four of the persons who serve as interpreters are proficient in reading and writing Spanish.

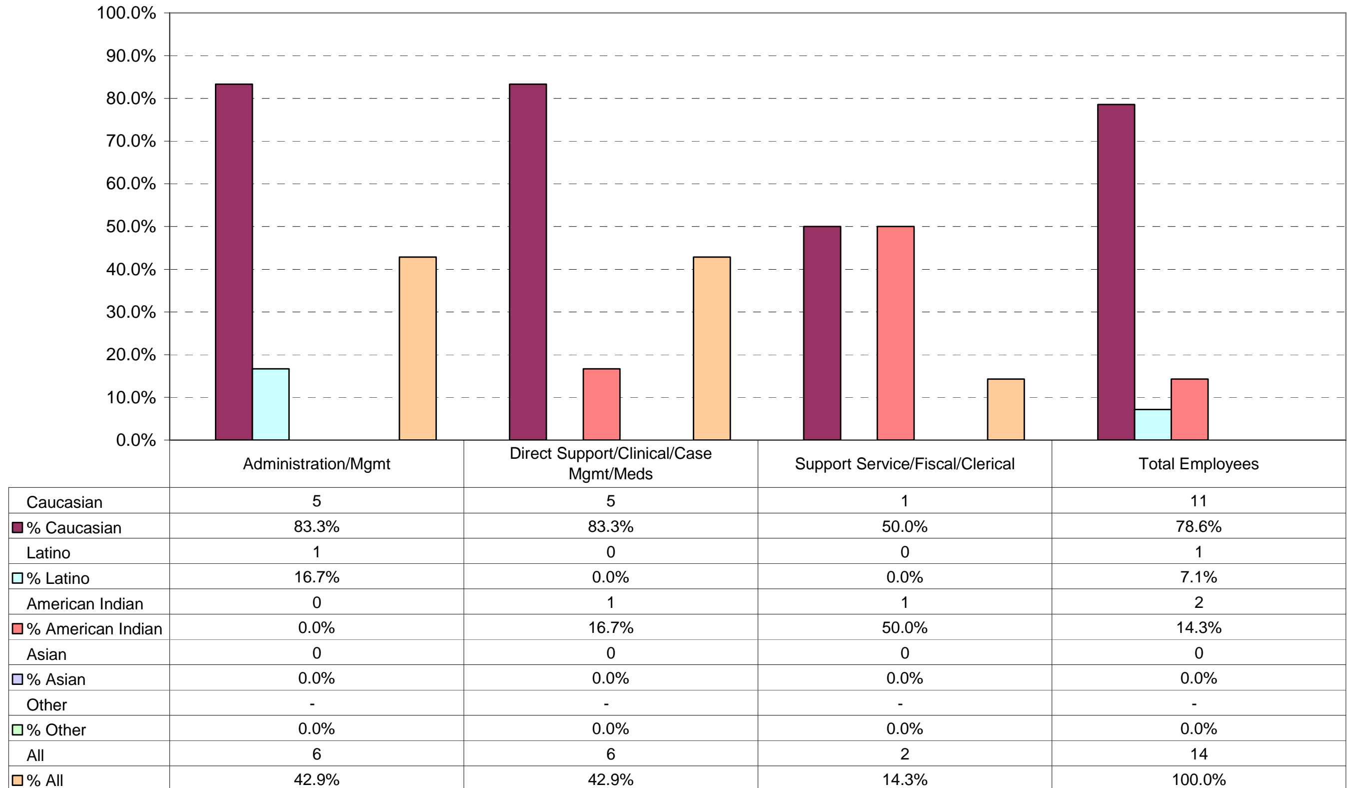
Figure 16
Staff Reading and Writing Proficiency in a Second Language by Function and Language – All Locations (July 2005 Survey)
N = 41



	Administration/Mgmt	Direct Support/Clinical/Case Mgmt/Meds	Support Service/Fiscal/Clerical	Total Employees
# English Only	9	21	6	36
% English Only	100.0%	84.0%	85.7%	87.8%
# Spanish	0	3	1	4
% Spanish	0.0%	12.0%	14.3%	9.8%
# Other Language	0	1	0	1
% Other Language	0.0%	4.0%	0.0%	2.4%
# All	9	25	7	41
% All	22.0%	61.0%	17.1%	100.0%

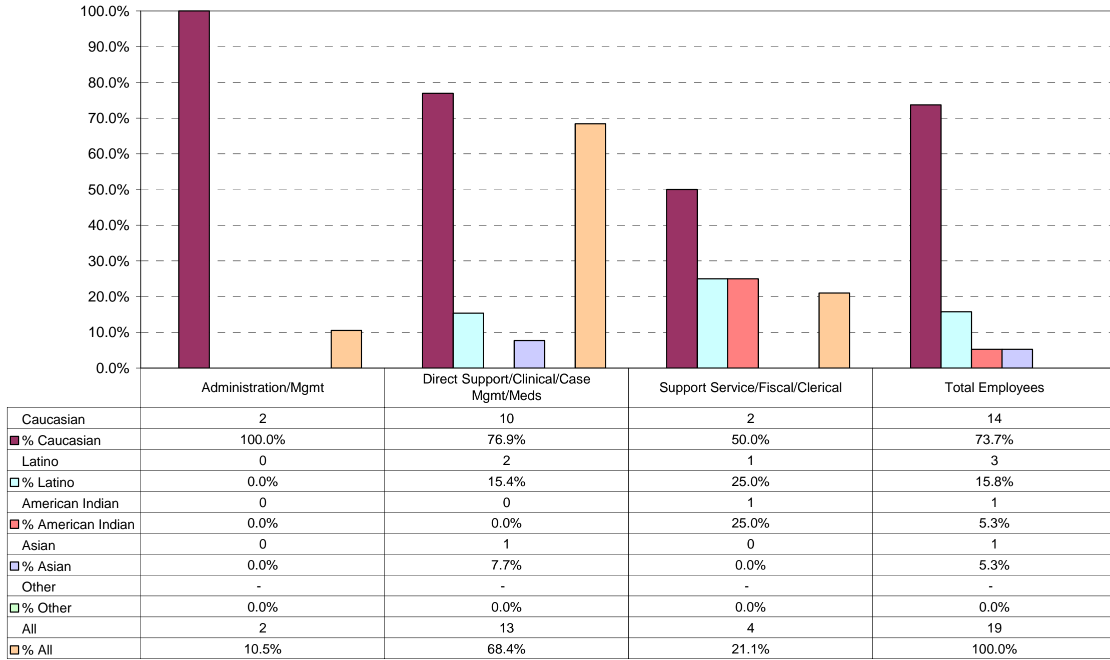
Figures 17a-17c show the percent of staff by race/ethnicity and function broken out by the three service locations in Glenn County (Willows, Orland, and Northern Valley Catholic Social Services). The majority of staff members are located in the Orland office, which is where Glenn County's Children System of Care is located.

Figure 17a
Staff by Race/Ethnicity and Function – Willows Location
(July 2005 Survey)
N = 14



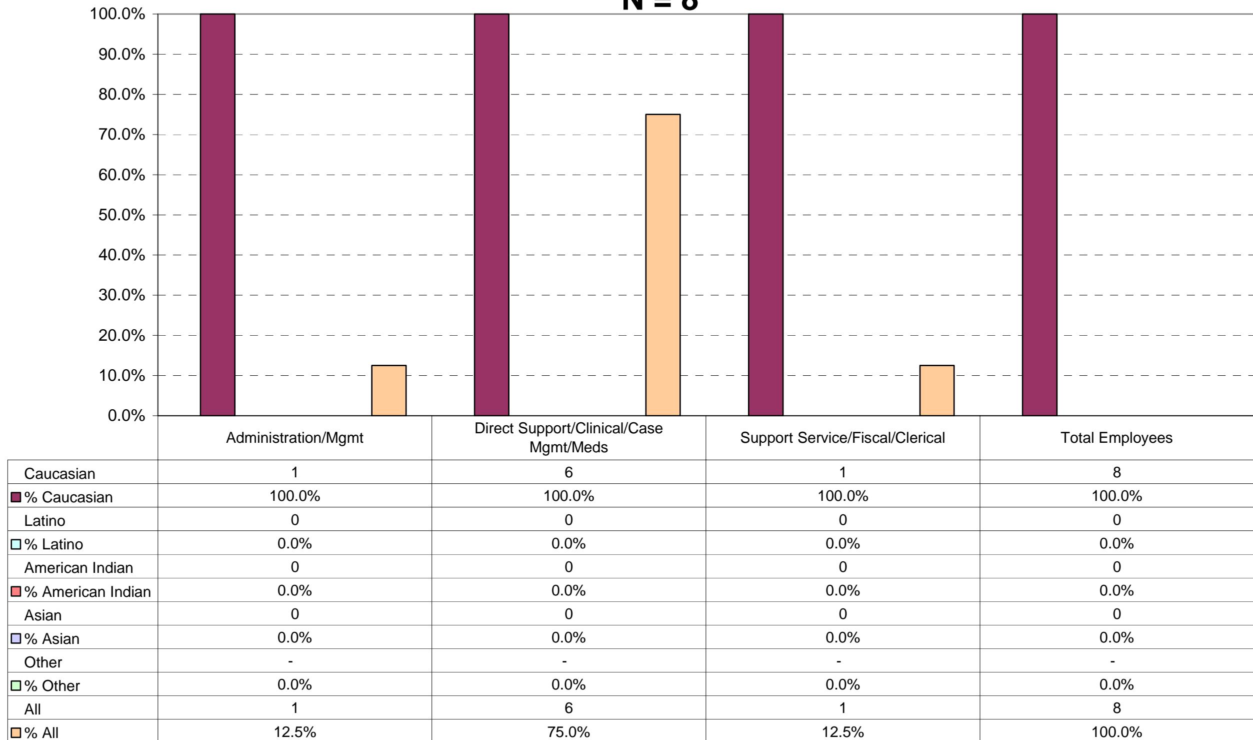
	Administration/Mgmt	Direct Support/Clinical/Case Mgmt/Meds	Support Service/Fiscal/Clerical	Total Employees
Caucasian	5	5	1	11
% Caucasian	83.3%	83.3%	50.0%	78.6%
Latino	1	0	0	1
% Latino	16.7%	0.0%	0.0%	7.1%
American Indian	0	1	1	2
% American Indian	0.0%	16.7%	50.0%	14.3%
Asian	0	0	0	0
% Asian	0.0%	0.0%	0.0%	0.0%
Other	-	-	-	-
% Other	0.0%	0.0%	0.0%	0.0%
All	6	6	2	14
% All	42.9%	42.9%	14.3%	100.0%

Figure 17b
Staff by Race/Ethnicity and Function – Orland Location
(July 2005 Survey)
N = 19



	Administration/Mgmt	Direct Support/Clinical/Case Mgmt/Meds	Support Service/Fiscal/Clerical	Total Employees
Caucasian	2	10	2	14
% Caucasian	100.0%	76.9%	50.0%	73.7%
Latino	0	2	1	3
% Latino	0.0%	15.4%	25.0%	15.8%
American Indian	0	0	1	1
% American Indian	0.0%	0.0%	25.0%	5.3%
Asian	0	1	0	1
% Asian	0.0%	7.7%	0.0%	5.3%
Other	-	-	-	-
% Other	0.0%	0.0%	0.0%	0.0%
All	2	13	4	19
% All	10.5%	68.4%	21.1%	100.0%

Figure 17c
Staff by Race/Ethnicity and Function – Northern Valley Catholic Social Services (NVCSS)
(July 2005 Survey)
N = 8



	Administration/Mgmt	Direct Support/Clinical/Case Mgmt/Meds	Support Service/Fiscal/Clerical	Total Employees
Caucasian	1	6	1	8
% Caucasian	100.0%	100.0%	100.0%	100.0%
Latino	0	0	0	0
% Latino	0.0%	0.0%	0.0%	0.0%
American Indian	0	0	0	0
% American Indian	0.0%	0.0%	0.0%	0.0%
Asian	0	0	0	0
% Asian	0.0%	0.0%	0.0%	0.0%
Other	-	-	-	-
% Other	0.0%	0.0%	0.0%	0.0%
All	1	6	1	8
% All	12.5%	75.0%	12.5%	100.0%

Comparing the proportion of bilingual staff (17.1%) to our Latino mental health client population (13.8%) does not accurately reflect our need to hire more bilingual, bicultural staff. However, when examining the general population (29.7% Latino) and the Medi-Cal beneficiary population (39.5%), it is clear that active recruitment for bicultural, bilingual staff is a continuing goal for all of our programs and critical to the implementation of the MHSA.

For our SAMHSA Children's System of Care project, we have had the opportunity to hire two bilingual, bicultural staff. This, coupled with the services of our organizational provider, Northern Valley Catholic Services, provides us with increased capacity to better serve our Latino mental health client population. The MHSA funding will help expand this capacity even further and help us to improve access for our bilingual and bicultural population.

With our current caseloads, we are able to meet the needs of our monolingual clients with existing staff. It is estimated that only five to ten percent of our Spanish speaking clients request an interpreter. The remainder of the Latino population are English speakers.

However, the need for bilingual, bicultural staff extends far beyond the need for interpreters. In order to develop a culturally competent, accessible mental health system we must have the diversity of staff to offer culturally relevant services to all persons in our community. Hiring bicultural staff will allow us to develop an important level of trust with each culture. The development of trust is critical to successfully reducing barriers for accessing mental health services. To continually improve our services, we will recruit additional bilingual, bicultural staff.

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

Our biggest barrier to implementation will be to hire ethnically diverse bilingual and bicultural staff. We are located near three counties which have substantially higher pay scales than this county. This difference in pay scales creates a barrier to hiring qualified bilingual, bicultural staff and licensed clinical staff. It is a continuing challenge for rural mental health systems to acquire skilled bilingual clinicians.

Transforming the programs to be more culturally competent, consumer-driven, and family-driven will require learning and change for all staff.

Another anticipated barrier is the ability to hire consumers and family members to work with staff to deliver MHSA services. Given the small population of the county, there are fewer persons from which to hire staff.

To address this challenge, we have planned a variety of strategies. We will assertively recruit new staff, with strong encouragement for bicultural and bilingual applicants.

Training in the recovery model is an important component to successful MHSA implementation. Many of our staff have worked in the mental health field for several years and deliver traditional mental health clinic model services. Training and supervision will assist staff in embracing this system transformation and utilizing alternative strategies for meeting the needs of the individual. Training and supervision on strategies for involving families and consumers at all levels of the mental health system will also be required to fully implement the vision of the MHSA. Initially, staff may be threatened by consumer and family members who are hired as case managers and parent partners. With training and supervision, staff will learn to understand the important role consumers and family members have in improving access and obtaining positive outcomes with our clients.

The Children's System of Care has provided an excellent model for developing collaborative relationships with allied agencies. Our multi-agency team has worked closely together for several years to meet the needs of children and families in our system. This system model will now be applied to successfully enhance multi-agency collaboration for the adult and older adult systems.

This community has embraced and championed the Children's System of Care model and has experienced the rewards of having a comprehensive, collaborative network of resources to provide whatever it takes to help families become stronger and achieve positive outcomes. The MHSA will provide the opportunity to enhance the adult and older adult services to better meet the needs of these individuals.

Section 2.6: Developing Work Plans with Timeframes and Budgets/Staffing

Budget Narrative –Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan #1. Program Workplan name – **Adult Services.** FY 05-06 (4 months), FY 06-07 (12 months), FY 07-08 (12 months).

The Department's FY 2005-06 County Budget is the basis for this MHSA budget. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. EXPENDITURES

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

   a. Clothing, Food and Hygiene - $1,500, in FY 06-07 and $1,500 in FY 07-08. This represents the cost of providing clothing, food, and hygiene products to clients, family members, and caregivers.

   b. Travel and Transportation - $5,000 in FY 06-07, and $5,000 in FY 07-08. Clients will be given bus or taxi tickets or be reimbursed at the County mileage rate for their travel associated with getting to services, trainings, or other related activities. This category also included costs for meals and housing while attending trainings and activities.

   c. Housing – $5,000 in FY 06-07, and $5,000 in FY 07-08. Emergency Housing will be provided in the form of temporary stays at local hotels while more permanent housing is being obtained. We may also provide funds for deposits on permanent housing or rent payments to prevent eviction.

   d. Employment and Education Supports – $5,000 in FY 06-07, and $5,000 in FY 07-08. This represents costs to assist clients, family members, or caregivers to access education that will assist them in developing the skills needed to obtain employment.

   e. Other support expenditures – $14,128 in FY 06-07, and $10,000 in FY 07-08. These costs represent a variety of supports, including childcare; auto repair; memberships in advocacy organizations; art, music and dance lessons; gym fees; magazine subscriptions; field trips; refreshments; animals and their care; gardening project supplies; craft and sewing supplies; fees and uniforms for sports, etc; and other "flex fund' items.

2. **Personnel Expenditures** – are based on current County Personnel Salary tables. Employee benefits are based on the approximate 35% rate.

Senior Mental Health Counselor II – This position will be a licensed clinician, substance abuse specialist. They will be responsible in overseeing and ensuring that services are delivered by the non-professional staff in a way that meets the goals of MHSA. In addition, they will coordinate with administration and community resources to ensure that resources are in place when needed and that administration supports the direction that the program is growing. They will ensure that the Full Service Partnerships are in place in years 2 and 3. They will also ensure involvement of consumers and family members in delivery of all MHSA services and that focus on the recovery model is adhered to.

Health Services Case Manager II – This position will be filled by a consumer who will be responsible in ensuring that consumers voices are heard in the program design and that services are delivered to consumers and families in a culturally competent and helpful manner, with emphasis on recovery.

Health Services Program Coordinator – This position will be the specialist responsible for ensuring that mental health services delivered in the MHSA program are focused on individual needs, resulting in independent living and gainful employment. They will be responsible for educating the Mental Health staff to ensure that they understand and provide recovery based services, rather than clinical treatment services.

Senior Public Health Nurse- This position will focus on educating and ensuring that consumers involved in the MHSA program will be educated in areas of personal physical health care and ensure that the importance of physical health in delivery of behavioral health services is recognized. They will work with all program staff to ensure that the full needs of participants are recognized including behavioral and physical needs. They will also monitor psychotropic medication used by participants.

Office Technician II – This position will provide clerical support to staff, as well as provide information and assistance to consumers, family members, and caregivers. They will be responsible for maintaining accurate and detailed records in regards to MHSA programs and activities.

Consumer Advocates – These positions will be filled by consumers who will be ensuring that consumer’s needs are understood and heard by the providers of MHSA services. In addition, they will have access to and knowledge of advocacy resources outside of the County structure.

3. Operating Expenditures

a. Professional services – $42,500 for FY 05-06, $59,000 for FY 06-07, and $32,720 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant, and computer consultant.

b. Translation and Interpreter services - $2,369 for FY 05-06, $7,108 for FY 06-07, and $3,317 for FY 07-08. Represents costs of providing an interpreter for various meetings and trainings for stakeholders.

c. Travel and Transportation - $4,875 for FY 05-06, $6,750 for FY 06-07 and $5,040 for FY 07-08. Amounts are based on mileage reimbursement if staff use their private vehicle as well as the additional cost of maintaining the County vehicles. Staff will be using the new County vehicles, existing County vehicles as well as private vehicles if needed. Staff will be traveling to schools, outlying communities, reservations, foster homes, juvenile justice system facilities, hospitals, rural sites, in addition to out of county travel.

d. General Office Expenditures - $9,750 for FY 05-06, $6,750 for FY 06-07 and $5,040 for FY 07-08. Estimated cost for items such as office supplies and postage.

e. Rent, Utilities, and Equipment - $4,910, for FY 05-06, $11,730 for FY 06-07 and $7,791 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, yard care, and cell phone/pager expenses.

f. Medication and Medical Supports - $1,125 for FY 05-06, $1,500 for FY 06-07, and $936 for FY 07-08. Estimated pharmacy costs for clients that do not have any insurance.

B. Revenues – It will take several months to recruit and train staff so revenues will be affected accordingly. We are not projecting any revenues for FY 05-06, total revenues are estimated at $42,481 for FY 06-07, and $97,897 in FY 07-08.

C. One-Time CSS Funding Expenditures – We are requesting a number of items as a one-time expense including two vehicles; four laptops; four computers; a network printer; a fax machine; furniture for the drop-in center including full living room suite, kitchen and laundry set-up, audio-video set-up, and reference library; office furniture; typewriter; phones and phone system; cell phones and pagers; and consultation /implementation of an expanded IT program to better collect and report client information. We are also requesting an extension of our Community Program Planning Funding equal to our initial planning distribution. These costs have been allocated across the Adult Services, Senior Connections, and Transition Age Service Team budgets. We anticipate spending these funds in fourth quarter FY 05-06 as we are starting up our programs.

Budget Narrative –Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan #2. Program Workplan name – **Senior Connections.** FY 05-06 (4 months), FY 06-07 (12 months), FY 07-08 (12 months).

The Department's FY 2005-06 County Budget is the basis for this MHSA budget. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. EXPENDITURES

1. **Client, Family Member and Caregiver Support Expenditures** – There are no expenses budgeted in this category.

2. **Personnel Expenditures** – are based on current County Personnel Salary tables. Employee benefits are based on the approximate 35% rate.

   Health Services Case Manager II – This position will be filled by a consumer who will be responsible in ensuring that consumers voices are heard in the program design and that services are delivered to consumers and families in a culturally competent and helpful manner, with emphasis on recovery.

   Senior Public Health Nurse- This position will focus on educating and ensuring that consumers involved in the MHSA program will be educated in areas of personal physical health care and ensure that the importance of physical health in delivery of behavioral health services is recognized. They will work with all program staff to ensure that the full needs of participants are recognized including behavioral and physical needs. They will monitor psychotropic medication used by participants. They will also ensure that there is a focus on the geriatric health care needs of our senior populations.

3. **Operating Expenditures**

   a. Professional services – $12,500 for FY 05-06, $18,000 for FY 06-07, and $8,712 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant, and computer consultant.

   b. Translation and Interpreter services - $790 for FY 05-06, $2,369 for FY 06-07, and $1,042 for FY 07-08. Represents costs of providing an interpreter for various meetings and trainings for stakeholders.

   c. Travel and Transportation - $1,625 for FY 05-06, $2,250 for FY 06-07 and $1,584 for FY 07-08. Amounts are based on mileage reimbursement if staff use their private vehicle as well as the additional cost of maintaining the County vehicles. Staff will be using the new County vehicles, existing County vehicles as well as private vehicles if needed. Staff will be traveling to schools, outlying communities, reservations, foster homes, juvenile justice system facilities, hospitals, rural sites, in addition to out of county travel.

d. General Office Expenditures - $3,250 for FY 05-06, $2,250 for FY 06-07 and $1,584 for FY 07-08. Estimated cost for items such as office supplies and postage.

e. Rent, Utilities, and Equipment - $2,355, for FY 05-06, $5,565 for FY 06-07 and $2,449 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, yard care, and cell phone/pager expenses.

f. Medication and Medical Supports - $375 for FY 05-06, $500 for FY 06-07, and $294 for FY 07-08. Estimated pharmacy costs for clients that do not have any insurance.

B. Revenues – It will take several months to recruit and train staff so revenues will be affected accordingly. We are not projecting any revenues for FY 05-06, total revenues are estimated at $6,408 for FY 06-07, and $14,535 in FY 07-08.

C. One-Time CSS Funding Expenditures – We are requesting a number of items as a one-time expense including two vehicles; four laptops; four computers; a network printer; a fax machine; furniture for the drop-in center including full living room suite, kitchen and laundry set-up, audio-video set-up, and reference library; office furniture; typewriter; phones and phone system; cell phones and pagers; and consultation /implementation of an expanded IT program to better collect and report client information. These costs have been allocated across the Adult Services, Senior Connections, and Transition Age Service Team budgets. We anticipate spending these funds in fourth quarter FY 05-06 as we are starting up our programs.

Budget Narrative –Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan #3. Program Workplan name – **Transition Age Service Team.** FY 05-06 (4 months), FY 06-07 (12 months), FY 07-08 (12 months).

The Department's FY 2005-06 County Budget is the basis for this MHSA budget. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. EXPENDITURES

1. **Client, Family Member and Caregiver Support Expenditures** – There are no expenses budgeted in this category.

2. **Personnel Expenditures** – are based on current County Personnel Salary tables. Employee benefits are based on the approximate 35% rate.

   Senior MH Counselor II – This position will be filled by a clinician. They will be responsible in overseeing and ensuring that services are delivered by the non-professional staff in a way that meets the goals of MHSA. In addition, they will coordinate with administration and community resources to ensure that resources are in place when needed and that administration supports the direction that the program is growing. They will also ensure involvement of consumers and family members in delivery of all MHSA services and that focus on the recovery model is adhered to. They will focus on family, significant others, and communities (school systems and others) that children & families are engaged in. They will ensure that consumers experience a smooth transition from our SAMHSA system of care program into the MHSA program. They will also ensure a focus on adolescent issues and coming into adulthood (jobs, housing , interviewing, budgeting, homemaking).

   Peer Mentor – This position will be held by participants and/or successful graduates who understand the circumstances which youth encounter in their transition into adulthood. Through their personal experiences, they will know of community resources and how to access them to help with transitions. They will be intimately involved with adolescents, families, significant others, and necessary community support systems to ensure successful transitions.

3. **Operating Expenditures**

   a. Professional services – $21,384 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant, and computer consultant.

   b. Translation and Interpreter services - $2,559 for FY 07-08. Represents costs of providing an interpreter for various meetings and trainings for stakeholders.

c. Travel and Transportation - $3,888 for FY 07-08. Amounts are based on mileage reimbursement if staff use their private vehicle as well as the additional cost of maintaining the County vehicles. Staff will be using the new County vehicles, existing County vehicles as well as private vehicles if needed. Staff will be traveling to schools, outlying communities, reservations, foster homes, juvenile justice system facilities, hospitals, rural sites, in addition to out of county travel.

d. General Office Expenditures - $3,888 for FY 07-08. Estimated cost for items such as office supplies and postage.

e. Rent, Utilities, and Equipment - $2,155 for FY 05-06, $4,965 for FY 06-07 and $6,010 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, yard care, and cell phone/pager expenses.

f. Medication and Medical Supports - $722 for FY 07-08. Estimated pharmacy costs for clients that do not have any insurance.

B. Revenues – It will take several months to recruit and train staff so revenues will be affected accordingly. We are projecting $25,124 in FY 07-08.

C. One-Time CSS Funding Expenditures – We are requesting a number of items as a one-time expense including two vehicles; four laptops; four computers; a network printer; a fax machine; furniture for the drop-in center including full living room suite, kitchen and laundry set-up, audio-video set-up, and reference library; office furniture; typewriter; phones and phone system; cell phones and pagers; and consultation /implementation of an expanded IT program to better collect and report client information. These costs have been allocated across the Adult Services, Senior Connections, and Transition Age Service Team budgets. We anticipate spending these funds in fourth quarter FY 05-06 as we are starting up our programs.

Budget Narrative –Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan #4. Program Workplan name – **Children's Services Team.** FY 07-08 (12 months).

The Department's FY 2005-06 County Budget is the basis for this MHSA budget. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. EXPENDITURES

1. **Client, Family Member and Caregiver Support Expenditures** – There are no expenses budgeted in this category.

2. **Personnel Expenditures** – are based on current County Personnel Salary tables. Employee benefits are based on the approximate 35% rate.

   Senior MH Counselor II – This position will be filled by a clinician. They will be responsible in overseeing and ensuring that services are delivered by the non-professional staff in a way that meets the goals of MHSA. In addition, they will coordinate with administration and community resources to ensure that resources are in place when needed and that administration supports the direction that the program is growing. They will also ensure involvement of consumers and family members in delivery of all MHSA services and that focus on the recovery model is adhered to. They will focus on family, significant others, and communities (school systems and others) that children & families are engaged in. They will ensure that consumers experience a smooth transition from our SAMHSA system of care program into the MHSA program.

   Health Services Case Manager II -This position will act as a Parent Partner/Court Liaison. They will be an advocate for families and their children involved in the MHSA program. They will ensure that networks of other systems families may be involved in (probation, CPS, etc) are sensitive to, respectful of, and responsive to the mental health needs of family systems and children participants.

3. **Operating Expenditures**

   a. Professional services – $21,384 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant, and computer consultant.

   b. Translation and Interpreter services - $2,559 for FY 07-08. Represents costs of providing an interpreter for various meetings and trainings for stakeholders.

   c. Travel and Transportation - $3,888 for FY 07-08. Amounts are based on mileage reimbursement if staff use their private vehicle as well as the additional cost of maintaining the County vehicles. Staff will be using the new

County vehicles, existing County vehicles as well as private vehicles if needed. Staff will be traveling to schools, outlying communities, reservations, foster homes, juvenile justice system facilities, hospitals, rural sites, in addition to out of county travel.

d. General Office Expenditures - $3,888 for FY 07-08. Estimated cost for items such as office supplies and postage.

e. Rent, Utilities, and Equipment - $6,010 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, yard care, and cell phone/pager expenses.

f. Medication and Medical Supports - $722 for FY 07-08. Estimated pharmacy costs for clients that do not have any insurance.

B. Revenues – It will take several months to recruit and train staff so revenues will be affected accordingly. We are projecting $38,862 in FY 07-08.

Budget Narrative –Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. **Administration.** FY 05-06 (4 months), FY 06-07 (12 months), FY 07-08 (12 months).

The Department's FY 2005-06 County Budget is the basis for this MHSA budget. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. EXPENDITURES

1. **Personnel Expenditures** – are based on current County Personnel Salary tables. Employee benefits are based on the approximate 35% rate.

   MHSA Coordinator – This position will be staffed by a Health Services Program Manager. They will be the upper management individual responsible for successful translation of MHSA programs and values with the existing mental health delivery system. They will also be responsible for supervising licensed clinicians.

   MHSA Support Staff – This position represents Fiscal support staff who will be responsible for preparing budgets, cash balance quarterly reports, and monthly reports to management. They will also be responsible for processing accounts payable and payroll for MHSA programs.

2. **Operating Expenditures**

   a. Professional services – $1,380 for FY 05-06, $4,141 for FY 06-07, and $5,856 for FY 07-08. Estimated support costs for evaluation consultant and computer consultant.

   b. Travel and Transportation - $40 for FY 05-06, $121 for FY 06-07 and $171 for FY 07-08. Amounts are based on mileage reimbursement rates for staff to use their personal vehicles in relation to MHSA programs.

   c. General Office Expenditures - $748 for FY 05-06, $2,244 for FY 06-07, and $3,173 for FY 07-08. Estimated cost for items such as office supplies and postage.

   d. Rent, Utilities, and Equipment - $707 for FY 05-06, $2,120 for FY 06-07, and $2,998 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, and cell phone/pager expenses.

3. **County Allocated Administration** – $3,273 for FY 05-06, $11,412 for FY 06-07, and $18,183 for FY 07-08. This represents the amount of Countywide Administration (A-87) allocated to MHSA programs. The allocation was made based on FTEs.

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

Fiscal Year : 2005/06

County: Glenn		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Adult Services**	**$ -**	**$ 278,192**	**$ 69,548**	**$ 347,740**			**$ 347,740**	
2	**Senior Connections**	**$ -**	**$ 38,648**	**$ 38,648**	**$ 77,296**				**$ 77,296**
3	**Transition Age Service Team**	**$ -**	**$ 28,610**	**$ 9,537**	**$ 38,146**		**$ 38,146**		
4	**Children's Services Team**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**			
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
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					$ -				
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					$ -				
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					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ -	**$ 345,450**	**$ 117,733**	**$ 463,182**	**$ -**	**$ 38,146**	**$ 347,740**	**$ 77,296**

Fiscal Year : 2006/07

County: Glenn		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Adult Services**	$ 125,000	$ 180,312	$ 53,879	$ 359,191			$ 359,191	
2	**Senior Connections**	$ -	$ 32,791	$ 32,791	$ 65,582				$ 65,582
3	**Transition Age Service Team**	$ -	$ 3,724	$ 1,241	$ 4,965		$ 4,965		
4	**Children's Services Team**	$ -	$ -	$ -	$ -	$ -			
0	0				$ -				
0	0				$ -				
0	0				$ -				
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0	0				$ -				
0	0				$ -				
		$ 125,000	$ 216,827	$ 87,911	$ 429,738	$ -	$ 4,965	$ 359,191	$ 65,582

Fiscal Year : 2007/08

County: Glenn		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	**Adult Services**	$ 250,000	$ 5,826	$ 5,826	$ 261,652			$ 261,652	
2	**Senior Connections**	$ -	$ 21,094	$ 21,094	$ 42,187				$ 42,187
3	**Transition Age Service Team**	$ -	$ 42,659	$ 14,220	$ 56,878		$ 56,878		
4	**Children's Services Team**	$ -	$ 61,793	$ 20,598	$ 82,391	$ 82,391			
0	0				$ -				
0	0				$ -				
0	0				$ -				
0	0				$ -				
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0	0				$ -				
0	0				$ -				
0	0				$ -				
		$ 250,000	$ 131,371	$ 61,737	$ 443,108	$ 82,391	$ 56,878	$ 261,652	$ 42,187

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:
FY 2005-06: Children and Youth:__0__ Transition Age Youth:__0__ Adult:__0___ Older Adult:__0__TOTAL:___0__
FY 2006-07: Children and Youth:__0__ Transition Age Youth:__0__ Adult:__5___ Older Adult:__0__TOTAL:___5_
FY 2007-08: Children and Youth:__0_ Transition Age Youth:___0__ Adult:__10__ Older Adult:__0__TOTAL:___10__

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	% Total	%Non-English Speaking	%Total	%Non-English Speaking	%TOTAL
2005/06									
% African American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Asian Pacific Islander	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Latino	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Native American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% White	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Population	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2006/07									
% African American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Asian Pacific Islander	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Latino	**15.0**	**100.0**	**15.0**	**100.0**	**15.0**	**0.0**	**15.0**	**0.0**	**60.0**
% Native American	**2.5**	**0.0**	**2.5**	**0.0**	**2.5**	**0.0**	**2.5**	**0.0**	**10.0**
% White	**7.5**	**0.0**	**7.5**	**0.0**	**7.5**	**0.0**	**7.5**	**0.0**	**30.0**
% Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Population	**25.0**		**25.0**		**25.0**		**25.0**		**100.0**
2007/08									
% African American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Asian Pacific Islander	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Latino	**10.0**	**100.0**	**10.0**	**100.0**	**10.0**	**0.0**	**10.0**	**0.0**	**40.0**
% Native American	**2.5**	**0.0**	**2.5**	**0.0**	**2.5**	**0.0**	**2.5**	**0.0**	**10.0**
% White	**12.5**	**0.0**	**12.5**	**0.0**	**12.5**	**0.0**	**12.5**	**0.0**	**50.0**
% Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Population	**25.0**		**25.0**		**25.0**		**25.0**		**100.0**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Glenn	Fiscal Year: 2005/06 2007/08	Program Work Plan Name: Adult Services
Program Work Plan #: 1		Estimated Start Date: February 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Adult Services Program will provide a 'whatever it takes' service approach in helping individuals achieve their goals. Activities will include wellness recovery action planning, peer-led self-help/support groups, supported employment, anti-stigma events, and housing support. Glenn County will develop an Adult Services Program which includes an Adult Center that will utilize Outreach and Engagement, System Development, and beginning the second year, Full Service Partnership funds to improve services to adults. This funding will provide the opportunity to change our service delivery model and build transformational programs and services. These Adult Services will help reduce ethnic disparities; provide peer support; education and advocacy services; and provide values-driven, evidence-based practices to address each person's special needs and mental health. These services will emphasize recovery and resilience and offer integrated services for clients and families. Initially, Outreach and Engagement and System Development funds will be used to develop the core services and offer outreach services to engage persons who are currently unserved and underserved. By Year II, individuals will be identified for full service partnership (FSP). The FSP will help identified individuals achieve their desired outcomes through the delivery of individualized, client/family-driven mental health services and supports. These services will provide 'whatever it takes' to help these individuals recover and live successfully in the community. Services will be voluntary, client-directed, strength-based, and employ wellness, resiliency, and recovery principles. These services will be delivered in a timely manner and will be sensitive to the cultural needs of each individual. Bilingual, bicultural staff and PSCs will be hired, whenever possible.	
Priority Population: *Describe the situational characteristics of*	Adults ages 18-59 who have a serious mental illness and are at risk of hospitalization, involvement in the criminal justice system, and/or homelessness. Priority will be given to those individuals who are currently unserved, inappropriately served, and/or who	

the priority population	have a co-occurring diagnosis of substance abuse and/or medical complications.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach and Engagement – Personal Services Coordinators (PSC) will meet the individual in the place where he/she resides (homeless camp, board and care, jail, apartment) and will begin to build a relationship, encouraging discussion and participation in planning and choice.	☐	☒	☒	☐	☐	☒	☐
Coordination – For individuals currently in placement, the PSCs and/or staff will attend discharge meetings and will work with the individual and placement staff to develop a discharge plan. The PSCs will provide transition services to ensure that the individual does not "get lost" in the system upon discharge, ensuring seamless transition and linkage to community based services. Coordination with existing services to assist individuals in obtaining transportation to health and mental health services.	☒	☒	☐	☐	☐	☒	☐
Planning - Client and staff will develop client-directed Wellness Recovery Action Plans to establish a roadmap to wellness.	☒	☐	☐	☐	☐	☒	☐
24/7 Services – A PSC will be available to Full Service Partnership members to provide linkage to services and supports, including assistance with transportation and home visitation. The PSC will provide interventions in urgent needs situations.	☒	☐	☐	☐	☐	☒	☐
Comprehensive Services - Rehabilitation services, including supportive housing, supportive employment services, advocacy, and peer education, will be available.	☒	☒	☐	☐	☐	☒	☐
Coordinated Services - Coordinated mental health and substance abuse services will be available to help individuals recover and thrive. There will also be coordinated services with law enforcement, probation, and the courts to develop alternatives to jail.	☒	☐	☐	☐	☐	☒	☐
Culturally appropriate services - Values-driven, culturally competent evidence-based or	☒	☒	☒	☐	☐	☒	☐

promising clinical services that are integrated with service planning, housing, and employment activities. Services will be integrated with ethnic specific community-based organizations.							
Learning Classes - Education for clients and family members to maximize individual choice about medications, expected benefits, and the potential side effects.	☒	☒	☒	☐	☐	☒	☐
Evidence-Based Practices - Values-driven, culturally competent evidence-based or promising clinical services that are integrated with service planning, housing, and employment activities.	☒	☒	☒	☐	☐	☒	☐

1) *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 Adult Services Program will utilize MHSA funds to develop an adult center. MHSA staff will use the center as a base for delivering outreach and engagement services to un/underserved populations throughout the county. As unserved/underserved individuals with a serious mental illness are identified, they will be engaged and eventually served through the center's services.

In addition to outreach and engagement, MHSA funds will help strengthen our adult mental health services through the use of system development funds. Services at the center will be available at hours convenient for the clients and will be designed to meet their needs.

The Adult Services Program will build upon existing community collaboration to develop a full service partnership program with community agencies and organizations, local law enforcement agencies, faith-based organizations, businesses, and the individual's natural supports (family, friends, community networks). The center will offer a community-based alternative that provides a more casual, socially friendly environment alternative to our traditional clinic atmosphere. Staffing will include paid consumers and family members as Personal Service Coordinators, clinical staff, substance abuse specialists, and other individuals to provide comprehensive coordinated services. Assessments will be strength-based, focus on consumer engagement, and will provide gender and culture-specific evaluations to help develop a Wellness Recovery Action Plan with each individual.

Our Adult Services Program will incorporate the values of many evidence-based and best practice models. For example, while we are not implementing an AB 2034 program, we will infuse the concepts and values of this program into our system to meet the needs of individuals who are homeless, as well as all adults needing this comprehensive level of assistance. Services will include outreach and engagement

to the target population; community integration activities; and coordination and access to medications, clinical services, substance abuse services, vocational rehabilitation, benefits advocacy, medical care, and other community resources. The program will provide the necessary housing supports to ensure success for program members, including assistance with finding housing, rent subsidies, and promoting the necessary skills to succeed in the most independent, least-restrictive housing possible in the community. The Adult Services Team will also work with families who are taking care of older adults, as well as young children. Some families need support and skills to manage their lives and the lives they care for.

We also plan to develop a “warm” line through the assistance of staff and consumers at the center. This “warm” line will offer clients a supportive alternative when they need to talk to someone. While this will not replace the crisis line, it will compliment it by offering a safe and supportive number to call when clients feel they need someone to talk to.

A community-based location for the center will be obtained to help integrate these services into the community and improve access. Initially, it is anticipated that the program will be co-located with another community organization. This co-location will help integrate the services into the community and promote a wellness and recovery philosophy. Clients and family members will be encouraged to “drop in” to the program and participate in a wide range of activities and classes.

Initially, System Development funds will be used to develop the core services and to offer outreach services to engage persons who are currently unserved. As noted above, the center will offer a broad range of classes and learning opportunities to help individuals in recovering and developing the resiliency necessary to achieve positive outcomes. The center will be a source for referral of homeless individuals in need of mental health services, but who may be reluctant to engage in service delivery in a more traditional office/clinic setting.

By Year II, individuals will be identified for full service partnership (FSP). Because our MHSA funding is small, we will be “small and smart” in identifying individuals to the FSP. By the end of the second year, we plan to identify five (5) individuals for the FSP and to be a full capacity by the end of the third year with ten (10) persons identified for FSP.

The program goals include community integration, independent living, and improved access to mental and physical health care. Program objectives include decreased hospitalization, incarceration, and homelessness; and increased education and employment.

Housing and employment services will be a critical component of the Full Service Partnership. We will employ a ‘housing first’ model, while developing a number of different housing options. This model places a client in a living situation as soon as possible. It does not wait for the client to exhibit “readiness” for living independently; it provides the support necessary to be successful while the client lives in the

placement. Rent subsidies with supportive services will be provided. An array of support services will be available that are intended to promote housing stability, recovery, and resiliency. Participation in these support services will be voluntary and will not be a requirement for eligibility for rent subsidies. We will also collaborate with community agencies (e.g., In Home Supportive Services) when possible to provide additional support to achieve optimal outcomes.

Employment opportunities will be developed in partnership with other community agencies and businesses. The program will utilize Personal Service Coordinators and family members to help the individual achieve success. It is expected that opportunities will include a range of options, including traditional competitive work force employment, supported employment, and consumer-run businesses. Staff will work closely with consumers to identify and pursue their individual vocational goals. A "work first' approach will be utilized to place a client at a job site, as soon as possible. This model places a client at a job site and then provides the necessary support and coaching to help the client be successful on the job. It does not require that the client has all of the prerequisites to a job (e.g., resume, professional clothing, interview skills).

2) *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.*

The projected cost per client for the Full Service Partnership program is $24,000 per year, based upon experience from other county programs.

3) *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.*

Operating from the philosophies and strategies developed under the AB 2034 and Children's System of Care program models, staff and members will work together to identify individualized Wellness Recovery Action Plans. The program will look beyond "business as usual" and embrace the concepts of recovery, instilling hope, promoting empowerment, taking responsibility, and securing meaningful roles in the community. Concepts such as wellness, welcoming, harm reduction, 'housing first', 'work first', recovery, and 'whatever it takes', will be promoted throughout the program. It is anticipated that staff, clients, and family members will participate in trainings to develop these system transformation skills. The adult clinical supervisor will also be actively involved in the implementation of this program to develop and ensure a wellness recovery model of care. Personal Service Coordinators will aid in the full implementation of the recovery and resiliency model. Whenever possible, bilingual, bicultural persons will be hired as Personal Service Coordinators to assure the successful implementation of a culturally competent system.

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

This is a new program for Glenn County Adult Services. The MHSA Adult Services Program will hire consumers and family members as Personal Service Coordinators. Personal Service Coordinators are a critical component of the service team. In addition, these services will expand the traditional clinical model to develop supportive vocational activities, as well as to develop creative housing alternatives and supports for the individuals. The program will utilize flexible funds to provide 'whatever it takes' to help individuals meet their goals as outlined in their Wellness Recovery Action Plans. We will also endeavor to deliver culturally sensitive services in collaboration with community partners and cultural leaders. The development of a service location within the community will promote a wellness concept and help decrease the barriers to accessing mental health services by blending them into other community activities in our downtown business district.

5) *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 be an integral part of the service team. Some clients and family members will be employed as county staff with benefits. As Personal Service Coordinators, they will participate in delivering a wide-range of services beginning with outreach and engagement activities. The PSC will deliver mental health services to ongoing clients, as well as closely support or FSP clients. These individuals will provide peer support, supportive vocational services, linkage to services, rehabilitation services, and transportation, as needed.

6) *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.*

Collaboration with other stakeholders is critical to the success of this program. To develop a comprehensive adult service network of care requires the close coordination of resources in this small community. The development of relationships with local businesses for employment and vocational opportunities; with allied partners to access benefits and services; with landlords and property management to secure safe, affordable housing; and utilizing in-home supportive services are all critical to assisting clients in achieving their individual goals and obtaining positive outcomes. Close communication with law enforcement and courts will help prevent jail utilization and develop alternatives to help keep clients safely in the community.

Collaboration with the local churches and other faith-based organizations will help to identify service need and also help to reduce the stigma associated with mental illness. Coordinating services with community and spiritual leaders and traditional healers will help reduce barriers and increase the likelihood of positive outcomes.

Through close collaboration with allied partners, we can be effective in helping individuals be stable in their housing; gain and/or maintain employment; stay out of jail; reduce substance use; decrease hospitalizations; and develop the resiliency to recover and manage their illness.

7) *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.*

Whenever possible, we will hire staff who are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community service system. We will seek opportunities to train our staff in culturally competent service delivery.

To be culturally competent requires the entire community services and other leadership groups to embrace cultural differences and understand cultural heritage. This goal includes not only the Latino and American Indian communities, but the lesbian, gay, bisexual, transgender, questioning community, and the consumer culture. It also includes sensitivity to those who are hearing or visually impaired.

Program staff will strive to deliver services within the persons' own community. In addition, the team will place a high value on the relationship between staff, client, and family member and take the time to learn about the individual's culture – how it is similar and how it differs from each staff person.

8) *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.*

Adult service staff are sensitive to an individual's sexual orientation and have experience in helping individuals address and develop their own personhood. We plan to develop a LGBTQ Group, a Boys and Fathers group, and a Latino Women's group, to discuss and develop strategies for promoting positive gender roles and attitudes about sexual and gender issues in this community. We anticipate positive outcomes for our adult gender-specific groups. In areas such as housing and residential treatment, appropriate advocacy and accommodations will be made based upon personal preferences.

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

As a small community, Glenn County staff have developed networks of resources to meet the needs of clients when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help clients stay in their community of choice, near family and support persons. Whenever feasible for individuals residing out-of-county to return to our community, re-entry will be facilitated in a planned, supportive, and coordinated manner. We will provide

additional case management to monitor progress and promote a supported return to their community.

10) *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.*

All strategies are included in the MHSA guidelines.

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

It is anticipated that this program will begin staff recruitment and implementation of team building strategies in March 2006. Individuals will be enrolled in the FSP in Year II, with full capacity of 10 members by June 2008.

12) *Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

13) *Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.*

14) *Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.*

15) *A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY
Senior Connections

County: Glenn	Fiscal Year: 2005/06 – 2007/08	Program Work Plan Name: Senior Connections
Program Work Plan #: 2		Estimated Start Date: April 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Senior Connections Program is a new program which will provide outreach and engagement activities throughout the county in order to identify older adults who need mental health services. The program will offer comprehensive assessment services to those older adults experiencing mental health problems which can interfere with their ability to remain independent in the community. Seniors will then be linked to resources within the community. This program will also develop mental health service alternatives for older adults who have been unserved and underserved in this community. The mental health services will help to reduce ethnic disparities; provide peer support, education, and advocacy services; and provide values-driven, evidence-based practices to address each person's mental illness. Services will be voluntary and client-directed; strength-based; employ wellness and recovery principles; address both immediate and long-term needs of program members; and be delivered in a timely manner that is sensitive to the cultural needs of the population served.	
Priority Population: *Describe the situational characteristics of the priority population*	The Senior Connections Program will serve adults 60 years of age and older, who are at risk of losing their independence and being institutionalized due to mental health problems. These individuals may have underlying medical problems and diagnosable co-occurring substance abuse issues. Priority will be given to underserved rural populations of older adults, especially those of varying ethnic and multicultural backgrounds.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach - Outreach services to frail older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. Outreach to older adults in other community sites that are the natural gathering places for older adults, such as the Senior Center.	☐	☐	☒	☐	☐	☐	☒
Education - Education for clients and family or	☐	☐	☒	☐	☐	☐	☒

other caregivers are appropriate to maximize individual choice regarding the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications.							
Assessments - Integrated assessments that provide comprehensive mental health, social, physical health, mental status functioning, and substance abuse assessments, which are strength-based and focused on client engagement and which can provide cultural assessments.	☐	☐	☒	☐	☐	☐	☒
Culturally Competent Services – Services will be values-driven, culturally competent, and evidence-based or promising. These services will be coordinated with ethnic specific, community based organizations, whenever available.	☐	☒	☒	☐	☐	☐	☒
Coordinated Services - Coordinated mental health and substance abuse services will be available to help individuals recover and thrive. There will also be coordinated services with law enforcement, probation, and the courts to develop alternatives to jail. Services will be coordinated with ethnic specific community based organizations, when possible. For example, on-site services in collaboration with faith-based providers, churches, temples, or similar settings where clients may feel familiar and comfortable.	☐	☒	☐	☐	☐	☐	☒

1) *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 Senior Connections Program will build upon existing community collaboration to develop an outreach and engagement program for older adults. This program will provide comprehensive mental health assessments for older adults with mental health concerns. Older adults who experience mental heath problems find that physical health concerns can interfere with the ability to remain independent in the community.

The Senior Connections team will conduct a mental health assessment of each participating individual. The team will be available to travel to an older adult's residence and/or the local senior center to conduct the initial assessments. The mental health assessments will be strength-based, focus on consumer engagement,

and will provide gender and cultural specific evaluations to help develop a Wellness Recovery Action Plan with each individual. A mental health nurse specialist will conduct the assessment of each individual and distinguish mental health disorders, such as depression, delusions, and bipolar disorders from medical problems, caused by medication misuse, substance abuse, medical disease, and delirium.

Following the assessment, the individual will be linked to appropriate mental health services to help maintain their independence, secure any needed benefits, and develop and maintain supportive relationships in the community. The individual will also be linked to other services depending upon need, including a physical health care provider, dental, vision, and benefit counseling.

2) *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.*

This is not a full service partnership program.

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

The Senior Connections Program will assist older adults in accessing ongoing outpatient services, to promote a sense of wellness, and to improve quality of life for a population that historically has been reluctant to access mental health services. The program will promote a sense of wellness and improvement in their quality of life. Collaborative partner agency staff will be educated on unique characteristics of the aging process, by developing and encouraging utilization of a specially developed protocol specific to older adults. The staff will encourage empowerment and self-reliance through engaging the mental health consumer community. The program will encourage isolated older adults to seek out assistance when needed, rather than remaining secluded without resources.

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

This is a new program for Glenn County Older Adult Services.

5) *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 part-time nurse position is a core member of the Senior Connections Team. The nurse will provide outreach and engagement services from the time a client has been identified. The nurse will help coordinate services and maintain close communication with the mental health service delivery staff. In addition, there will be a consumer/family member position that will work closely with the nurse to deliver services to these older adults. Services will be available in the community and/or in their place of residence, depending on need. The nurse will offer a medication

management support group at the center to help with stabilization of medications and help individual obtain a better understanding of medication interactions and side effects.

6) *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.*

Collaboration with other stakeholders is critical to the success of this program. To develop a comprehensive older adult service network of care requires the close coordination of resources in this community. Between 2001 and 2003, Glenn County was awarded a Long Term Care Integration Grant from the Department of Health Services. This funding provided the opportunity to bring together over 30 community members and agency staff who work closely with older adults to plan how services should be integrated for this population. Through the two-year planning process, we had the opportunity to develop excellent relationships with Human Resource Agency, In-Home Supportive Services, Adult Protective Services, Public Health, Senior Center, nursing homes, home health agencies, home delivery meals programs, and regional organizations which serve the elderly.

The development of these relationships will provide an excellent foundation upon which to build the Senior Connections Program. Program staff will work with allied partners to access benefits and services; coordinate living opportunities with landlords and property management to secure safe, affordable housing; and utilize in-home supportive services. This coordination is critical to assist clients in achieving their individual goals and obtaining positive outcomes.

Through close collaboration with allied partners, we can effectively help individuals remain stable in their housing, participate in meaningful daily activities, reduce substance use, decrease hospitalizations, and manage their health and wellness.

7) *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.*

Whenever possible, we will hire staff that are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community service system. We will seek opportunities to train our Senior Connections Team in culturally competent service delivery. To be culturally competent requires the entire community to embrace cultural differences and understand cultural heritage. This includes not only the Latino community, but also the American Indian community.

Program staff will deliver services within the persons' own community. In addition, there will be a high value on the relationship between staff, client, and family

members. The staff will take the time to learn about the individual's culture: how it is similar and how it differs from each staff person.

8) *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.*

Older adult service staff are sensitive to an individual's sexual orientation and have experience in helping individuals address and develop their own personhood. We plan to develop gender specific groups for our older adults. These groups will provide support to these individuals (e.g., grief and loss, reduced mobility, loneliness). Services which help older adults select safe and affordable housing; appropriate advocacy and accommodations will be made based upon personal preferences.

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

As a small community, Glenn County staff have developed networks of resources to meet the needs of clients when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help clients stay in their community of choice, near family and support persons. Whenever feasible for individuals residing out of county to return to our community, re-entry will be facilitated in a planned, supportive, and coordinated manner.

10) *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.*

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

This will begin in the summer, 2006, once staff are hired and trained.

12) *Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

   a) *Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.*

   b) *Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a*

program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.

13) *A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Glenn	Fiscal Year: 2006/07 – 2007/08	Program Work Plan Name: Transition Age Youth Service Team
Program Work Plan #: 3		Estimated Start Date: April 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Glenn will develop a Transition Age Youth Team that will provide culturally sensitive services to youth and families who are unserved or underserved. Youth ages 16-25 will be focus of this program, with particular attention for those who are ages 20-25. These services will be youth-and-family centered, strength-based, needs-driven, and utilize best practice models of service delivery. The program will utilize Outreach and Engagement and general System Development funds to improve services for transition age youth and families. This will help to change our service delivery model, and build transformational programs and services. The Transition Age Team will help reduce ethnic disparities; provide education and advocacy services; and provide values-driven, evidence-based practices to address each youth and family's need. These services will offer integrated services for youth and families. System Development funds will be used to develop the core services and to offer outreach services to youth who are currently unserved or underserved. Services will be voluntary and client-directed; strength-based; employ wellness and recovery principles; address both immediate and long-term needs; and be delivered in a timely manner that is sensitive to the cultural needs of the youth and family.	
Priority Population: *Describe the situational characteristics of the priority population*	Youth ages 16-25 who have a serious emotional disturbance and (1) who have experienced school disciplinary problems, are likely to drop out of school, are at risk of out-of-home placement, involved in the criminal justice system in the past year, or are homeless; and/or (2) are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, residential care, or out-of-home placement, due to their mental health diagnosis; and/or (3) are ready to be released from juvenile hall/jail or residential placement (e.g., foster care, group homes) and are returning to the community and have inadequate services and supports to successfully transition to adulthood.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach and Engagement – Staff will work closely with schools, child welfare services, foster care families, Probation, and other community agencies to identify youth who qualify for the program. Special attention and outreach will occur in the Latino and American Indian communities to address ethnic disparity.	☐	☒	☒	☐	☒	☐	☐
Planning - Youth and family develop self-directed Wellness Recovery Action Plans.	☐	☐	☐	☐	☒	☐	☐
Comprehensive Services – The team will have smaller case loads, be knowledgeable of all youth and families, and provide services to meet the needs and outcomes of the child and family.	☐	☒	☐	☐	☒	☐	☐
Community Collaboration - Based on the youth and family needs and expressed goals, team members will work with community partner organizations to deliver services.	☐	☐	☐	☐	☒	☐	☐
Culturally appropriate services – Culturally appropriate services will be available to reach the Latino community, as well as persons of other racial/ethnic groups, LBGTQ, and hearing and visually impaired. Services will be coordinated with ethnic specific organizations to coordinate care in the most appropriate manner.	☐	☒	☒	☐	☒	☐	☐
Family Education - Education for youth and family members to maximize individual choice about medications, expected benefits, and the potential side effects, as well as alternatives to medications.	☐	☒	☒	☐	☒	☐	☐
Evidence-Based Practices – Values-driven, culturally competent evidence-based or promising clinical services that are integrated with other services and community activities including, service planning, housing, education, social skills, and employment activities.	☐	☒	☒	☐	☒	☐	☐

1) *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 Transition Age Youth Team will provide youth-and-family-based services to youth and families who are unserved or underserved. These services will be strength-based, needs-driven, and utilize best practice models of service delivery. The program will utilize outreach and engagement and general system development funds to improve services for youth and families.

This approach will build a transformational program which will be recovery based and develop resiliency skills for both youth and family. The Transition Age Youth Team will help reduce ethnic disparities; provide education and advocacy services; and employ values-driven, evidence-based practices to address each youth and family's need.

Initially, System Development funds will be used develop the core services and Outreach and Engagement funds to offer outreach services to engage youth who are currently unserved. These services will help these youth reach positive outcomes, transition into adulthood, and achieve positive outcomes within the community.

A range of services will be available based upon the youth and family's needs and desired outcomes. Linkage to supportive housing services, employment services, and assistance to utilize educational resources will be available to the youth. The Transition Age Youth Team will expand existing TAY services funded by the SAMHSA program, with special emphasis on TAY who are 20-25 years of age.

Services will be voluntary and client-directed, strength-based, and youth-focused to meet the needs of the youth and build lasting supports in the community. Services will be delivered in a timely manner and will be sensitive to the cultural needs of the youth.

The program will build upon the existing Children's System of Care service model and community collaboration to maximize the youth's potential. Whenever possible, community agencies and organizations, faith-based groups, businesses, and the individual's natural supports (family, friends, and community networks) will work together. Staffing will include youth as Peer Mentors, clinical staff, and other individuals to provide comprehensive coordinated services. Assessments will be strength-based, provide gender and culture-specific evaluations to develop a Wellness Recovery Action Plan for each youth and family.

The Transition Age Youth Team will incorporate evidence-based and best practice models to develop a culturally appropriate, coordinated care plan.

The core outcomes for the youth will be:

- At home
- In school
- Out of trouble
- Healthy
- Strong social support network

The Transition Age Youth Team will utilize the same facility developed for the adult center, using a different section of the building or holding sessions at different times of the day/week. This community-based location will help integrate these services into the community and help improve access. The development of a wellness clinic concept in a central location and close to other services will help integrate the program into the community and promote a wellness and recovery philosophy. Youth will be encouraged to spend time at the program and participate in a wide-range of activities and classes from which they can choose.

The program goals include community integration, independent living, and improved access to mental health and physical health care. Program objectives include decreased hospitalization, incarceration, and homelessness; and increased education and employment.

2) *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.*

This is not a full service partnership.

3) *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.*

Operating from the philosophies and strategies developed with the Children's System of Care program models, staff, Peer Mentors, youth, and family members will work together to foster recovery/resiliency. All staff will be trained in the values and techniques of recovery. Staff will also be trained in using best practice models to provide quality services.

It is anticipated that staff, Parent Partners, Peer Mentors, and family members will participate in trainings to develop these system transformation skills. The children's clinical supervisor will also be actively involved in the implementation of this program to develop and ensure a wellness recovery model of care. Parent Partners will work closely with the family to aid in the full implementation of the recovery and resiliency model. The Peer Mentors will serve in a leadership role for the youth to offer a vision of wellness and recovery. Whenever possible, bilingual, bicultural persons will be hired to assure the successful implementation of a culturally competent system.

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

This Transition Age Youth Team will expand the existing Glenn County Children's System of Care. This collaborative, coordinated model provides an excellent foundation for embracing the values of the MHSA. By partnering with local agencies that already have established resources for the ethnic community, we will be able to deliver culturally-sensitive services.

5) *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.*

Peer Mentors and family members will be an integral part of the Transition Age Youth Team. The Peer Mentor positions will be county positions with benefits. The Peer Mentors will participate in delivering services and coordinating care from the time a client enters the program, throughout the service delivery program, and until discharge. These individuals will provide family support, supportive services, linkage to services, and rehabilitation services. Peer Mentors provide a role model for youth and help encourage participation in recovery efforts and activities.

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

The Children's System of Care provides an excellent foundation for building collaborative efforts with other stakeholders. This is critical to the success of the Transition Age Youth program. We will expand upon already existing partnerships and cultivate broader relationship in developing the Transition Age Youth Team will require the close coordination of resources in this small community. The development of relationships with allied partners to access benefits and services; to improve collaboration with Probation and Social Services; identify affordable housing for the youth; offer services for co-occurring disorders; and coordinate care are all critical for developing a successful wellness and recovery program in order to obtain positive outcomes.

7) *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 Transition Age Youth Team will include staff that are bilingual, if possible, and will rely on the youth and family's natural support system. Whenever possible, we will hire staff and Peer Mentors who are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community system. We will seek opportunities to train TAY staff in culturally

competent service delivery. To be culturally competent requires the entire community to embrace cultural differences and understand cultural heritage. This goal includes not only the Latino community, but the lesbian, gay, bisexual, transgender, questioning community, and the consumer culture. Whenever possible, natural supports in the community will be identified to create the most comfortable environment for the youth and family.

Program staff will strive to deliver services within the child and family's own community. In addition, the team will place a high value on the relationship between staff, Parent Partner, and family members and take the time to learn about the family's culture – how it is similar and how it differs from each staff person. It is essential that the team ensures that the approaches that they use are culturally appropriate and that outreach to all communities is culturally sensitive.

8) *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.*

The Transition Age Youth Team will be sensitive to the youth's sexual orientation and have experience helping youth address and develop their own personhood. We plan to develop a Lesbian, Gay, Bisexual, Transgender, Questioning Group to offer a supportive, safe environment for youth to discuss and develop strategies for building positive gender roles. We anticipate positive outcomes for our youth and young adults.

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

As a small community, Glenn County staff have developed networks of resources to meet the needs of youth when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help youth stay in their community of choice, near family and support persons. Whenever feasible for individuals residing out of county to return to our community, re-entry will be facilitated in a planned, supportive, and coordinated manner.

10) *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.*

All strategies are included in the MHSA guidelines.

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

It is anticipated that this program will begin staff recruitment and implementation of team building strategies in March 2006.

12) *Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

13) *Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.*

14) *Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.*

15) *A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Glenn	Fiscal Year: 2007/08	Program Work Plan Name: Children's Services Team
Program Work Plan #: 4		Estimated Start Date: July 2007
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Glenn County will expand services to children through the development a Children's Services Team that will provide family based services to children and families who are unserved or underserved. These services will be family-centered, strength-based, needs-driven, and utilize best practice models of service delivery. The program will utilize general system development funds to improve services for children and families. This approach will help to change our service delivery model, and build transformational programs and services. The Children's Services Team will help reduce ethnic disparities, provide education and advocacy services, and values-driven, evidence-based practices to address each child and family's needs. These services will offer integrated services for children to expand existing services. Outreach and Engagement funds will also be used to engage persons who are currently unserved. A range of services will be available based upon the child and family's needs and desired outcomes. Services will be voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term housing needs, and delivered in a timely manner that is sensitive to the cultural needs of the individual.	
Priority Population: *Describe the situational characteristics of the priority population*	Children ages 0-17 who have a serious emotional disturbance and (1) have experienced school disciplinary problems or academic failure, are at risk of dropping out of school, out-of-home placement, or involved in the criminal justice system in the past year; and/or (2) are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, crisis services, residential care, or out-of-home placement, due to their mental health diagnosis; and/or (3) are at-risk and are ready to be released from juvenile hall or residential placement (e.g., foster care, group homes).	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach and Engagement – Staff will work closely with schools, child welfare services, and placement agencies to identify children who qualify for the program. Special attention and outreach will occur in the Latino and American Indian communities to address ethnic disparity.	☐	☒	☒	☒	☐	☐	☐
Coordination – Staff will attend school meetings (Individualized Education Plan) and will provide linkage to services and supports.	☐	☒	☐	☒	☐	☐	☐
Planning - Child and family self-directed Wellness Recovery Action Plans will be developed.	☐	☐	☐	☒	☐	☐	☐
Community Collaboration - Based on the child and family needs and expressed goals, team members will work with community partner organizations to deliver services.	☐	☐	☐	☒	☐	☐	☐
Culturally appropriate services – Culturally appropriate services to reach the Latino community, as well as persons of other racial/ethnic groups. Services will be coordinated with ethnic specific organizations. Children who are hearing impaired and/or visually impaired will also be a priority.	☐	☒	☒	☒	☐	☐	☐
Family Education - Education for clients and family members to maximize individual choice about medications, expected benefits, and the potential side effects, as well as alternatives to medications.	☐	☒	☒	☒	☐	☐	☐
Evidence-Based Practices – Values-driven, culturally competent evidence-based or promising clinical services that are integrated with service planning activities to meet the needs of the client ad family.	☐	☒	☒	☒	☐	☐	☐

1) *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 Children's Services Team will provide family-based services to children and families who are unserved or underserved. These services will be child-and-family-centered, strength-based, needs-driven, and utilize best practice models of service delivery. The program will initially utilize general system development funds to improve services for children and families.

This approach will build a transformational program, which will be recovery-based and develop resiliency skills for both child and family. The Children's Services Team will help reduce ethnic disparities, provide education and advocacy services, and employ values-driven, evidence-based practices to address each child and family's needs.

Initially, System Development and outreach and engagement funds will be used to develop the core services and to offer outreach services to engage persons who are currently unserved. These services will help these individuals reach positive outcomes and live successfully in the community.

A range of services will be available based upon the child and family's needs and desired outcomes. Evidence based practices will be utilized, when possible.

Services will be voluntary and client-directed, strength-based, and family-focused to meet the needs of the child and build lasting supports in the community. Services will be delivered in a timely manner and will be sensitive to the cultural needs of the individual.

The program will build upon the existing Children's System of Care and community collaboration to maximize outcomes. Whenever possible, community agencies and organizations, faith-based groups, businesses, and the individual's natural supports (family, friends, community networks) will work together. Staffing will include consumers and family members as Case Managers, clinical staff, Parent Partners, and other individuals to provide comprehensive coordinated services. Assessments will be strength-based and provide gender and culture-specific evaluations to develop a Wellness Recovery Action Plan for each child and family.

The Children's Services Team will incorporate evidence-based and best practice models to develop a culturally appropriate, coordinated care plan.

System development and outreach and engagement funds will be used to build upon the core services and to offer outreach services to engage persons who are currently unserved. The Children's Services Team will offer a broad range of classes and learning opportunities to help individuals to recover and develop the resiliency necessary to achieve positive outcomes.

The core outcomes for the children will be:

- At home
- In school
- Out of trouble
- Healthy
- Strong social support network

2) *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.*

This is not a full service partnership program.

3) *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.*

Operating from the philosophies and strategies developed with the Children's System of Care program models, staff, Parent Partners, and family members will work together to foster recovery/resiliency. All staff will be trained in the values and techniques of recovery.

It is anticipated that staff, Parent Partners, and family members will participate in trainings to develop these system transformation skills. The children's clinical supervisor will also be actively involved in the implementation of this program to develop and ensure a wellness recovery model of care. Parent Partners will work closely with the family to aid in the full implementation of the recovery and resiliency model. Whenever possible, bilingual, bicultural persons will be hired to assure the successful implementation of a culturally competent system.

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

This Children's Service Team will expand the existing Glenn County Children's System of Care. This collaborative, coordinated model provides an excellent foundation for embracing the values of the MHSA. By partnering with local agencies that already have established resources for the ethnic community, we will be able to deliver culturally-sensitive services.

5) *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.*

Parent Partners and family members will be an integral part of the Children's Services Team. The Parent Partner positions will be county positions with full benefits. These individuals will provide family support, supportive services, linkage to services, and rehabilitation services. Through Parent Partner support and

mentoring, families will learn how to reinforce and nurture positive behaviors. Parent Partners are critical in encouraging participation in supporting families and engaging them in recovery efforts and activities.

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

The Children's System of Care provides an excellent foundation for building collaborative efforts with other stakeholders. This is critical to the success of this program. To expand a comprehensive Children's Services Team requires the close coordination of resources in this small community. The development of relationships with allied partners to access benefits and services; to coordinate services with Probation and Social Services in order to identify affordable housing for the child and family; and coordinate in-home supportive services are all critical in assisting families to keep their children home, achieve individual goals, and obtain positive outcomes.

Collaboration with the local churches and other faith-based organizations will help to identify services needed and to reduce stigma associated with mental illness. This collaboration can also help to coordinate services for children and their families who need mental health services. Coordinating services with local cultural leaders will reduce barriers and increase the likelihood of positive outcomes.

Through close collaboration with allied partners, we can effectively help children be safe at home, stay in school, stay out of trouble, and develop sustaining relationships with their families.

7) *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 Children's Services Team will include staff that are bilingual and will rely on the child and family's natural support system. Whenever possible, we will hire staff and Parent Partners who are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community system. We will seek opportunities to train our Children's Services Team in culturally competent service delivery. To be culturally competent requires the entire community to embrace cultural differences and understand cultural heritage. This goal includes not only the Latino and American Indian communities, but the lesbian, gay, bisexual, transgender, questioning community, and the consumer culture. Whenever possible, natural supports in the community will be identified to create the most comfortable environment for the child and family. For example, this may require recruitment of a foster family in an area that matches the culture and language of the individual child/youth.

Program staff will strive to deliver services within the child and family's own community. In addition, the team will place a high value on the relationship between staff, Parent Partners, and family members, and take the time to learn about the family's culture – how it is similar and how it differs from each staff person. It is incumbent upon the team to ensure that the approaches they use are culturally appropriate and that outreach to the Latino community and other cultural groups is culturally sensitive.

8) *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.*

The Children's Services Team will be sensitive to the child's sexual orientation and have experience in helping youth address and develop their own personhood. We plan to develop a Lesbian, Gay, Bisexual, Transgender, Questioning Group to offer a supportive, safe environment for youth to discuss and develop strategies for building positive gender roles. We anticipate positive outcomes for our youth.

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

As a small community, Glenn County staff have developed networks of resources to meet the needs of clients when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help clients stay in their community of choice, near family and support persons. Whenever feasible for individuals residing out of county to return to our community, re-entry will be facilitated in a planned, supportive, and coordinated manner.

10) *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.*

All strategies are included in the MHSA guidelines.

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

It is anticipated that this program will begin staff recruitment and implementation of team building strategies in March 2007.

12) *Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

13) *Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan.*

An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.

14) *Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.*

15) *A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

Exhibit 5: Budget and Staffing Detail with Instructions

See Appendix F

Appendix A - MHSA Meeting & Survey Distribution list

Glenn County MHSA Informative Meetings

The comprehensive list below displays the number of participants in attendance at MHSA Information Meetings by type of meeting. The purpose of the meeting was to bring individuals from the community together to learn about Proposition 63, the importance of the Proposition to small county mental health programs, and to begin eliciting support for passing the proposition, as well as ideas and information to complete a comprehensive needs assessment.

Meeting/Location/Date	Number of Participants	Meeting/Location/Date	Number of Participants
Child Protective Services	20	Orland Children's System of Care	09
Transition Age Youth	21	Orland Adult's System of Care	10
Children's System of Care Staff	21	Willows Adult's System of Care	10
School Psychologist Meeting	08	Sunbridge SNF	14
Glenn County School Superintendents	07	Senior Health Fair	30
Students Working Against Tobacco	10	Willows Kiwanis	15
Independent Living Project	14	Willows Rotary	10
Friday Night Live	28	Orland Kiwanis	08
Juvenile Justice Commission	08	Orland Rotary	06
IHSS Adult Protective Services	08	Spark After School Program	14
First Five Commission	11	Supportive Education and Advocacy Center	07
Mental Health Board (December)	27	Child and Family Resource Network	20
Mental Health Board (January)	30	Children's Interagency Coordinating Council	25
Mental Health Board (February)	23	North Valley Indian Health	04
Mental Health Board (March)	25	Grindstone Rancheria	04
Mental Health Board (April)	20	Hamilton City Family Resource Center	15
Mental Health Board (May)	26	Orland Family Resource Center	10
Steering Committee, Orland (June)	25	Glenn County Fair	100
Steering Committee, Hamilton City (June)	15	YES Board	09
Workgroup, Willows	11	Glenn Hospital Staff	10
Workgroup, Orland	12	Veterans office	01
Mental Health Board and Steering Committee (July)	30	Glenn Communities Working Together	02
Mental Health Board and Steering Committee (Sept)	28	Alcohol and Drug Staff	18
Plan preview, Willows, Orland (Oct)	24	Not In Our Town Cultural Night	30
Mental Health Board and Steering Committee (Nov)	33	Orangewood Guest Home	05
Child and Family Resource Network Annual Children's Fair	80	Glenn County Churches	04

Glenn County MHSA Survey Questionnaire Distribution

The comprehensive list below displays the locations MHSA Survey Questionnaires were distributed and collected.

Willows Unified School District	Senior Fair
County Office of Education	Del Norte Clinics
Spark After School Program	Senior Nutrition
Capay Elementary	Senior Center
Transition Age Youth Program	Skilled Nursing Facilities
Children's Interagency Coordinating Council	Sunbridge SNF-Willows
Child and Family Resource Network	Veterans Office
Child Care and Referral	Orland Kiwanis
Children's Family Fair	Willows Rotary
Youth Employment Services YES	Orland Rotary
Children's System of Care	Orland Chamber
Dr. Weist	Local Churches/places of worship
Dr.Tye, Primary Care Clinic	Capay Grange
Joanna Reed-Pediatrician	Grindstone Rancheria
Dr. Corona	North Valley Indian Health
Mike Joyce, Chiropractor	Glenn County Public Health
Glenn Medical Center	Hamilton City Family Resource Center
Willows Family Practice	Orland Family Resource Center
Private Practice Clinicians	Community Recovery Center
Willows City Hall	Regional Center
Orland City Hall	Human Resource Agency Food Bank
Post Offices	Human Resource Agency Child Protective Services
Courthouse	Human Resource Agency Adult Services
Orland Police	Human Resource Agency /Intake FS
Willows Police	Human Resource Agency IHSS
Sheriffs Office	Supportive Education and Advocacy Center
Probation	WIC
Jail Inmates	Health Education
Judges	Healing Hands
Public Defenders	Glenn Communities Working Together
Drug Court Alumni	Not In Our Town
Veterans Office	Dos Rios Homeless Continuum
Sheriffs Office	Glenn County Fair
Juvenile Hall	

For Office Use Only

Origin Code: ________

Glenn County Mental Health Services

QUESTIONNAIRE
Proposition 63: Mental Health Services Act

Mental Health programs in California will be receiving some new money to help develop new mental health services in our county. We would like to hear your ideas about how the Glenn County portion of this new money should be spent.

Please help us plan for new mental health services by giving us ideas about the different types of programs we need to help serve our community.

Please place a check beside any idea you would recommend for funding, or write in other ideas that you may have. Also, help us prioritize these ideas by circling the five most important suggestions.

Thank you for your assistance!

Early Intervention Services (All Ages):

- ❑ Drop-in Center for Consumers
- ❑ Services for First Arrests
- ❑ Suicide Prevention Line
- ❑ First Break (first psychotic episode)
- ❑ Outreach to aging
- ❑ Other ____________________
- ❑ Other ____________________

Early Children's Services (Ages 0-5):

- ❑ Social skills training
- ❑ Behavior modification
- ❑ Counseling for adopted and foster kids
- ❑ Behavior problems
- ❑ Parent/Child Intervention Programs
- ❑ Counseling for children exposed to drugs
- ❑ Other ____________________
- ❑ Other ____________________
- ❑ Other ____________________

Children's Services (Ages 5-13):

- ❑ Anger management
- ❑ Life skills
- ❑ Decision making
- ❑ After school program
- ❑ School behavior problems
- ❑ Other ____________________
- ❑ Other ____________________

Transition Age Youth Services (Ages 14-22):

- ❑ Supportive housing services
- ❑ Vocational Assistance
- ❑ Benefits Counseling
- ❑ Substance Abuse Services for Consumers
- ❑ Other ____________________
- ❑ Other ____________________
- ❑ Other ____________________

Family Services (All Ages):

- ☐ Resolving Teenage Problems
- ☐ Family Relationship Development
- ☐ Parenting Classes
- ☐ Outreach to new mothers/parents
- ☐ Managing behaviors
- ☐ Overnight childcare for parents of special needs children
- ☐ Other ______________________________
- ☐ Other ______________________________

Adult Services (Ages 18-64):

- ☐ Work/ vocational training
- ☐ Support services to maintain independent living
- ☐ Managing life's problems
- ☐ Drop-in Center
- ☐ Adults caring for older adults
- ☐ Services for clients with both mental health and substance abuse problems
- ☐ Counseling for parents of adopted or foster care children
- ☐ Other ______________________________
- ☐ Other ______________________________

Older Adult Services (Ages 65 and older):

- ☐ Mental Health services to homebound adults
- ☐ Phone Tree for seniors to check on each other
- ☐ Mental Health services at the senior center
- ☐ Transportation to Services
- ☐ Peer support
- ☐ Coping and functional loss
- ☐ Services for clients with both mental health and substance abuse problems
- ☐ Other ______________________________
- ☐ Other ______________________________

Now, please go back through your choices and circle the five most important ideas!

Thank you!

<u>Additional Questions:</u>

Who are the people you believe are under-served for mental health care in Glenn County?

____

How can we help those under-served people to connect to appropriate services?

____

(Survey continues on the following page)

The information you share is confidential and anonymous. It would be helpful if you would tell us a little about yourself:

1. What is your age? ❑ 0-12 ❑13-17 ❑18-24 ❑25-50 ❑51-64 ❑ 65+

2. Are you of Hispanic or Latino origin? ❑ Yes ❑ No

3. What is your race?
   - ❑ Caucasian
   - ❑ African American
   - ❑ Asian
   - ❑ American Indian or Alaska Native
   - ❑ Pacific Islander
   - ❑ Other (specify) ________________________________
   - ❑ Decline to answer

4. Which stakeholder role (or roles) do you fill?
   - ❑ Client/Consumer
   - ❑ Family Member of a Consumer
   - ❑ Business / Community Member
   - ❑ County/ State Staff
   - ❑ Other ________________________________

5. Have you or a family member ever received mental health services? ❑ Yes ❑ No

*****THANK YOU FOR YOUR ASSISTANCE!*****

Please return all questionnaires to:

Vickie Reis-Allen
Glenn County Mental Health
242 N. Villa
Willows, CA 95988

OR

Leave your questionnaire with the Receptionist.

If you have questions, please call 530-934-6582.

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Origin Code: ________

Servicios de Salud Mental Del Condado de Glenn

CUESTIONARIO

Proposición 63: Representación de Servicios de Salud Mental

Los programas de Salud Mental de California recibirán fondos nuevos para ayudar a desarrollar servicios nuevos de salud mental en nuestro condado. Nos gustaría escuchar sus ideas acerca de cómo se deben de gastar los fondos nuevos en el condado de Glenn.

Por favor ayúdenos a planear para servicios nuevos de salud mental. Necesitamos sus ideas acerca de los diferentes tipos de programas que necesitamos para servir a la comunidad.

Por favor marque cualquier idea que usted recomendaría para usar estos fondos, o escriba otras ideas que usted tenga. También, por favor ayúdenos a priorizar estas ideas al circular las cinco sugerencias más importantes.

Gracias por su asistencia!

Servicios de Intervención Temprana (Todas las Edades):

❑ Centro De Apoyo para Clientes/Consumidores "Drop in Center"
❑ Primer Episodio de Enfermedad (mental)
❑ Servicios para Primeros Arrestos
❑ Asistencia para consumidores en envejecimiento
❑ Linea Telefónica para Prevención de Suicidio
❑ Otra________________________________
❑ Otra________________________________

Servicios Tempranos para Niños (Edades 0-5):

❑ Asistencia para obtener experiencia social
❑ Problemas de Comportamiento
❑ Modificación de comportamiento (control de enojo, socialización)
❑ Programa interactivo para Padres/niños
❑ Conserjería para niños Adoptados o en Cuidado Adoptivo
❑ Conserjería o programas para niños expuestos a drogas
❑ Otra ________________________________
❑ Otra ________________________________

Servicios de niños(Edades 5-13):

❑ Controlar enojo
❑ Programas para después de la escuela
❑ Experiencia de la vida
❑ Problemas de comportamiento en la escuela
❑ Tomar decisiones
❑ Otra ________________________________
❑ Otra ________________________________

Servicios para jóvenes de edad de transición (Edades 14-22):

❑ Servicios de vivienda con apoyo
❑ Consejería de Beneficios
❑ Asistencia Vocacional
❑ Servicios de Abuso de Substancias para Consumidores
❑ Otra ________________________________
❑ Otra ________________________________
❑ Otra ________________________________

Servicios de Familia (Todas las Edades):

- ❑ Resolver Problemas de Adolescentes
- ❑ Desarrollo de Relaciones para Familias
- ❑ Clases para Padres
- ❑ Asistencia para madres/padres nuevos
- ❑ Controlar Comportamientos
- ❑ Cuidado para niños de noche para padres de niños con necesidades especiales
- ❑ Otra ______________________________
- ❑ Otra ______________________________

Servicios para Adultos (Edades 18-64):

- ❑ Trabajo/Entrenamiento vocacional
- ❑ Servicios de apoyo para mantener su vivienda independiente
- ❑ Control de problemas de la vida
- ❑ Centro de apoyo "Drop in Center"
- ❑ Cuidado de adulto para adultos en envejecimiento
- ❑ Servicios para clientes con problemas de salud mental y abuso de substancias
- ❑ Conserjería para padres de niños adoptados o en cuidado adoptivo
- ❑ Otra
- ❑ Otra

Servicios para Adultos Mayores (Edades 65 y mayor):

- ❑ Servicios de salud mental para adultos limitados a su casa
- ❑ "Arbol Telefonico" Sistema de números de teléfono para ancianos para que revisen el bienestar de su semejante
- ❑ Servicios de salud mental en el centro de ancianos
- ❑ Servicios de Transportación
- ❑ Apoyo de su semejante
- ❑ hacer frente y perdida funcional
- ❑ Servicios para clientes con problemas de salud mental y abuso de substancias
- ❑ Otra ______________________________
- ❑ Otra ______________________________

Ahora, por favor revise lo que marco y circule las cinco ideas más importantes!

Gracias!

Preguntas adicionales:

Quienes son las personas que usted cree que no están representadas para servicios de salud mental en el Condado de Glenn______________________________

Como podemos ayudar a estas personas no representadas a tener acceso a servicios apropriados?______________________________

(Encuesta continua en la siguiente pagina)

La información que usted nos proveo es confidencial y anónima. No ayudaría si nos dice un poco acerca de usted:

1. Cual es su edad? ❑ 0-12 ❑13-17 ❑18-24 ❑25-50 ❑51-64 ❑ 65+

2. Es usted de origen hispano o Latino? ❑ Si ❑ No

4. Cual es su raza?
   - ❑ Caucáseo
   - ❑ Americano Africano
   - ❑ Asiático
   - ❑ Indio Americano o Nativo de Alaska
   - ❑ Isleño Pacifico
   - ❑ Otro (especifique) ________________________________
   - ❑ Se niega a contestar

4. Cual papel llena usted? Su interés es como:
   - ❑ Cliente/Consumidor
   - ❑ Familiar de un cliente/consumidor
   - ❑ Miembro de Negocio/de la comunidad
   - ❑ Personal del Condado/Estado
   - ❑ Otro ______________________________

5. Han recibido usted o un miembro de su familia servicios de salud mental alguna vez?
   ❑ Si ❑ No

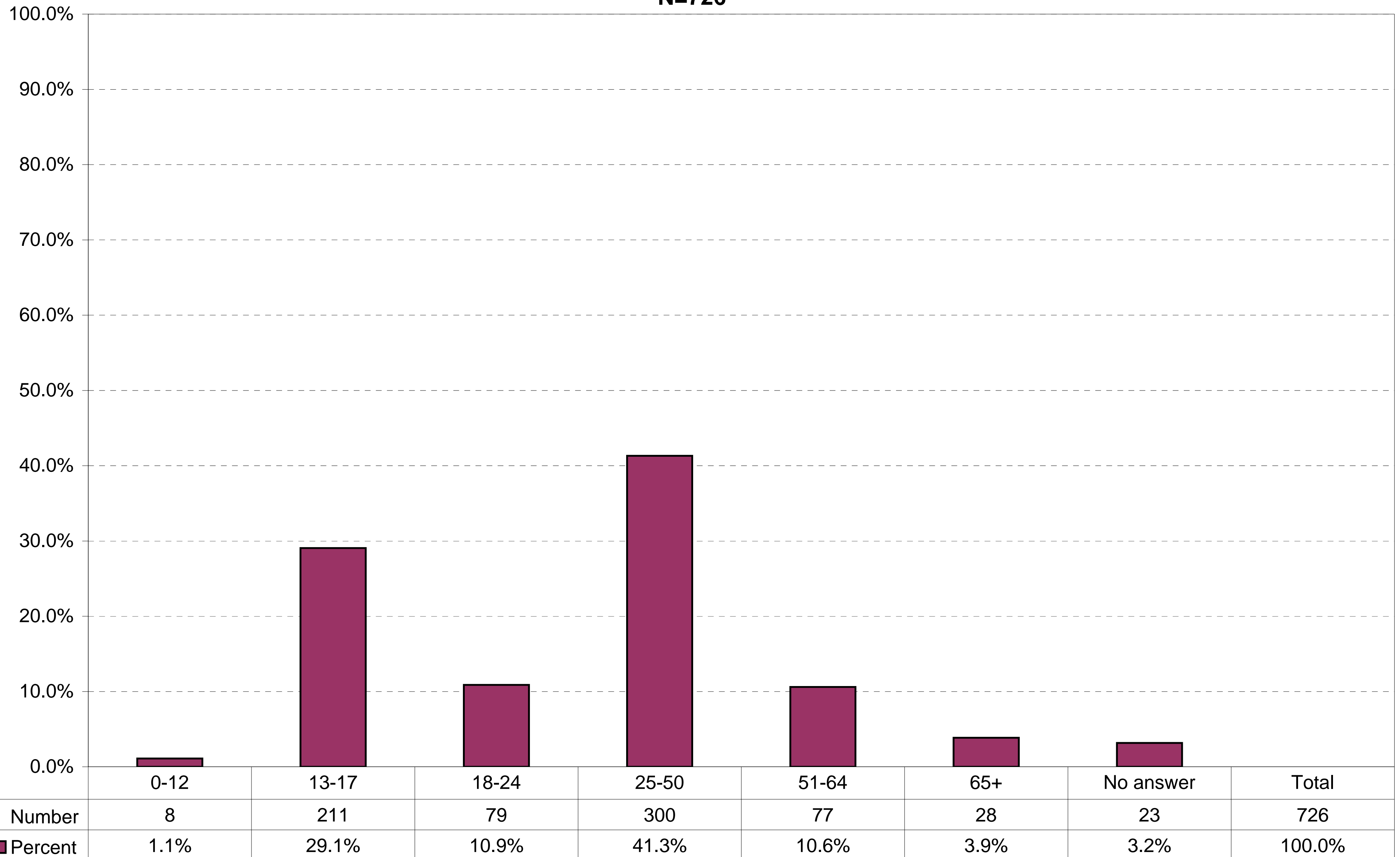
GRACIAS POR SU ASISTENCIA!

Por favor regrese todos los cuestionarios a :

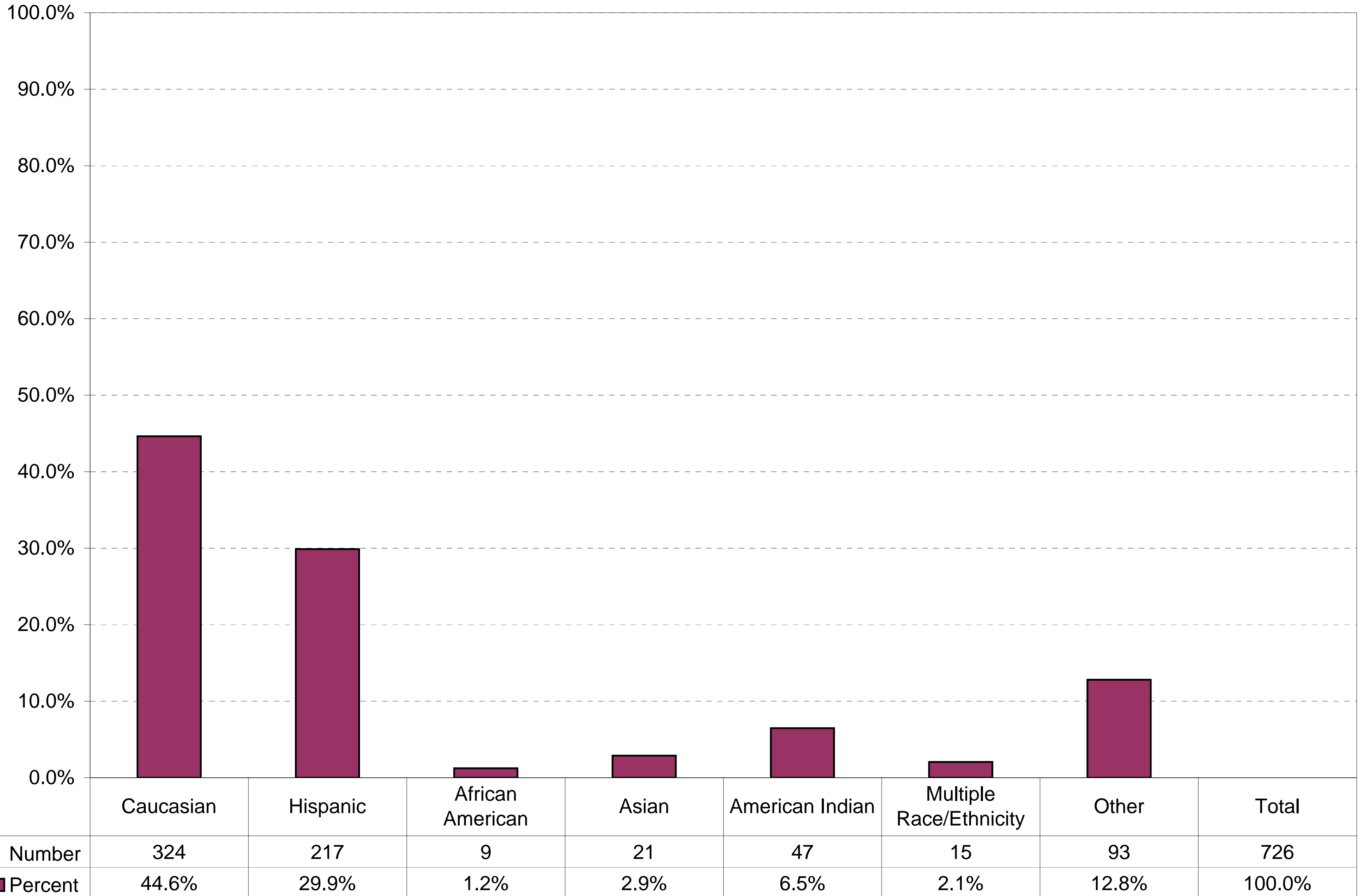
Vickie Reis-Allen
Glenn County Mental Health
242 N. Villa
Willows, CA 95988

OR

Leave your questionnaire with the Receptionist.
If you have questions, please call 530-934-6582.

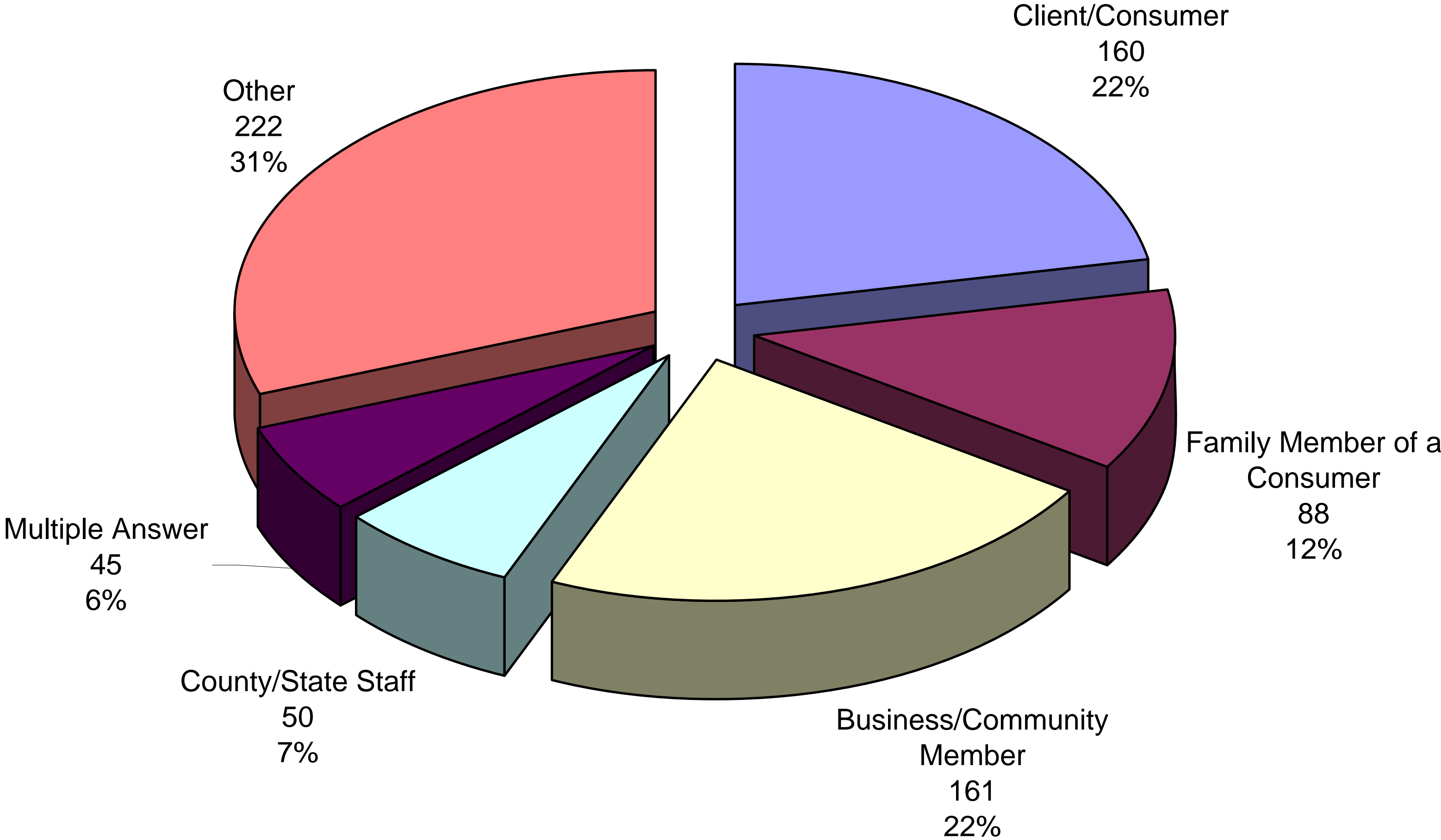


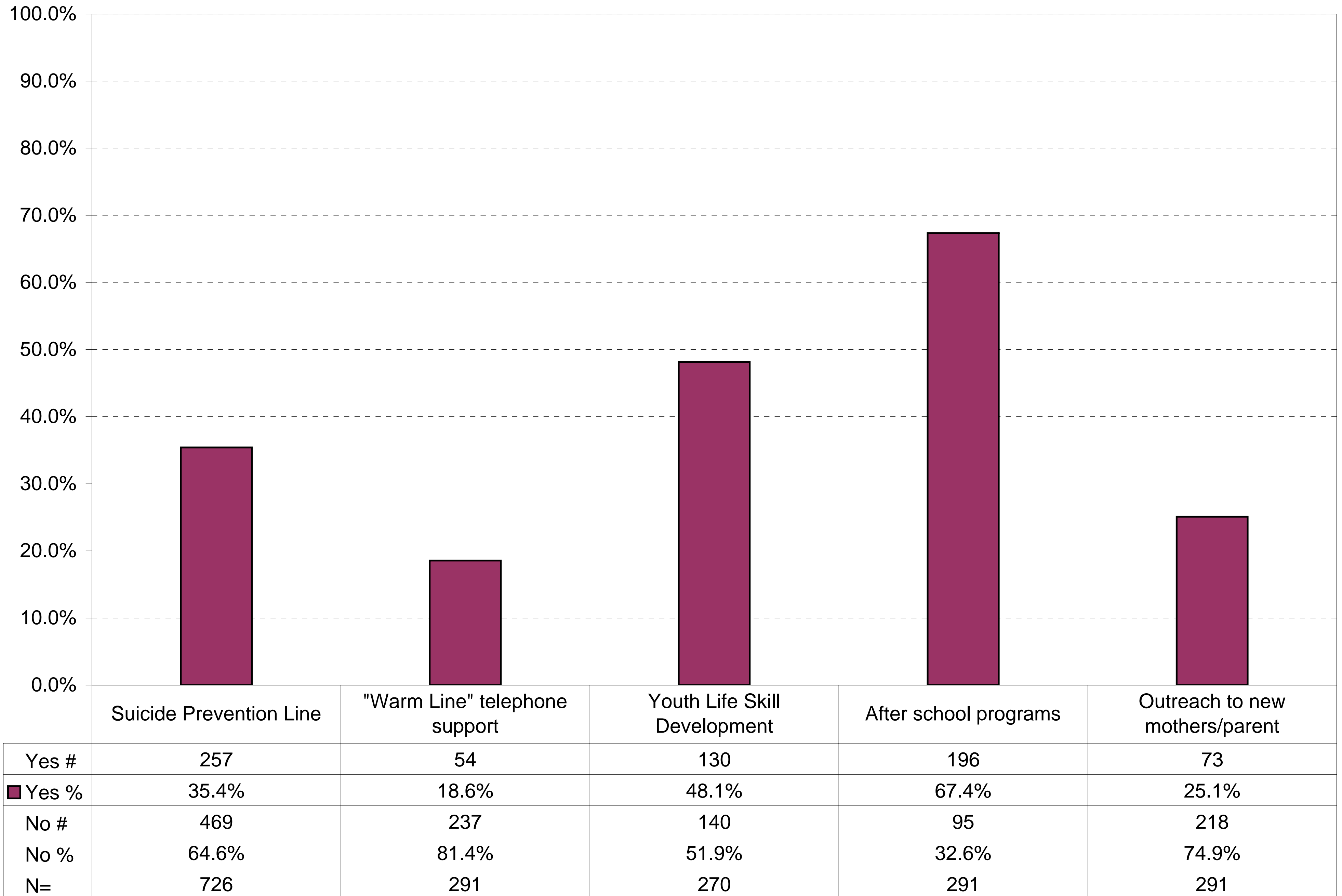
	0-12	13-17	18-24	25-50	51-64	65+	No answer	Total
Number	8	211	79	300	77	28	23	726
Percent	1.1%	29.1%	10.9%	41.3%	10.6%	3.9%	3.2%	100.0%



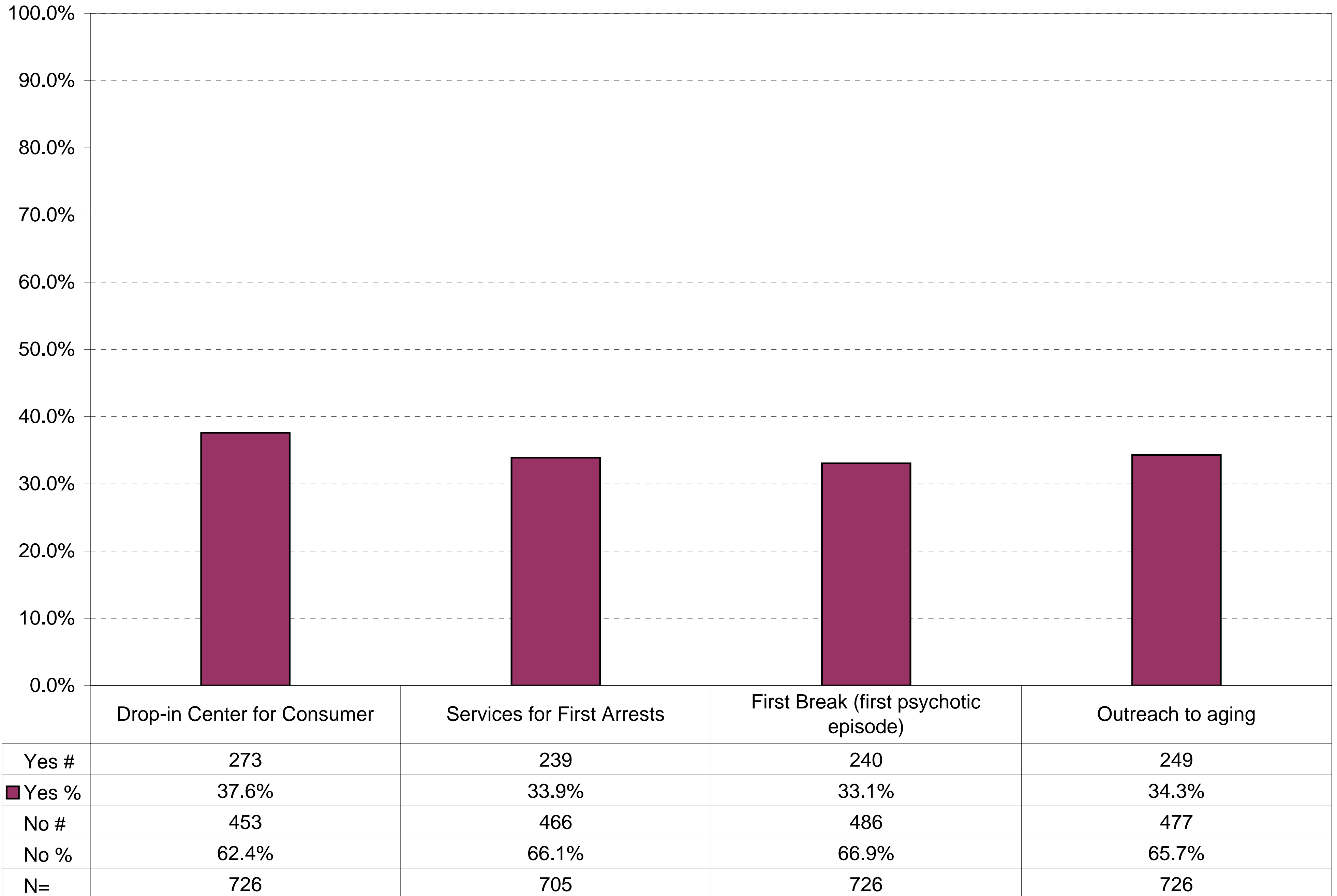
	Caucasian	Hispanic	African American	Asian	American Indian	Multiple Race/Ethnicity	Other	Total
Number	324	217	9	21	47	15	93	726
Percent	44.6%	29.9%	1.2%	2.9%	6.5%	2.1%	12.8%	100.0%

Glenn County Mental Health Services Act Survey Results as of August 22, 2005
Self Identified Group Affiliation of Survey Respondents
N = 726

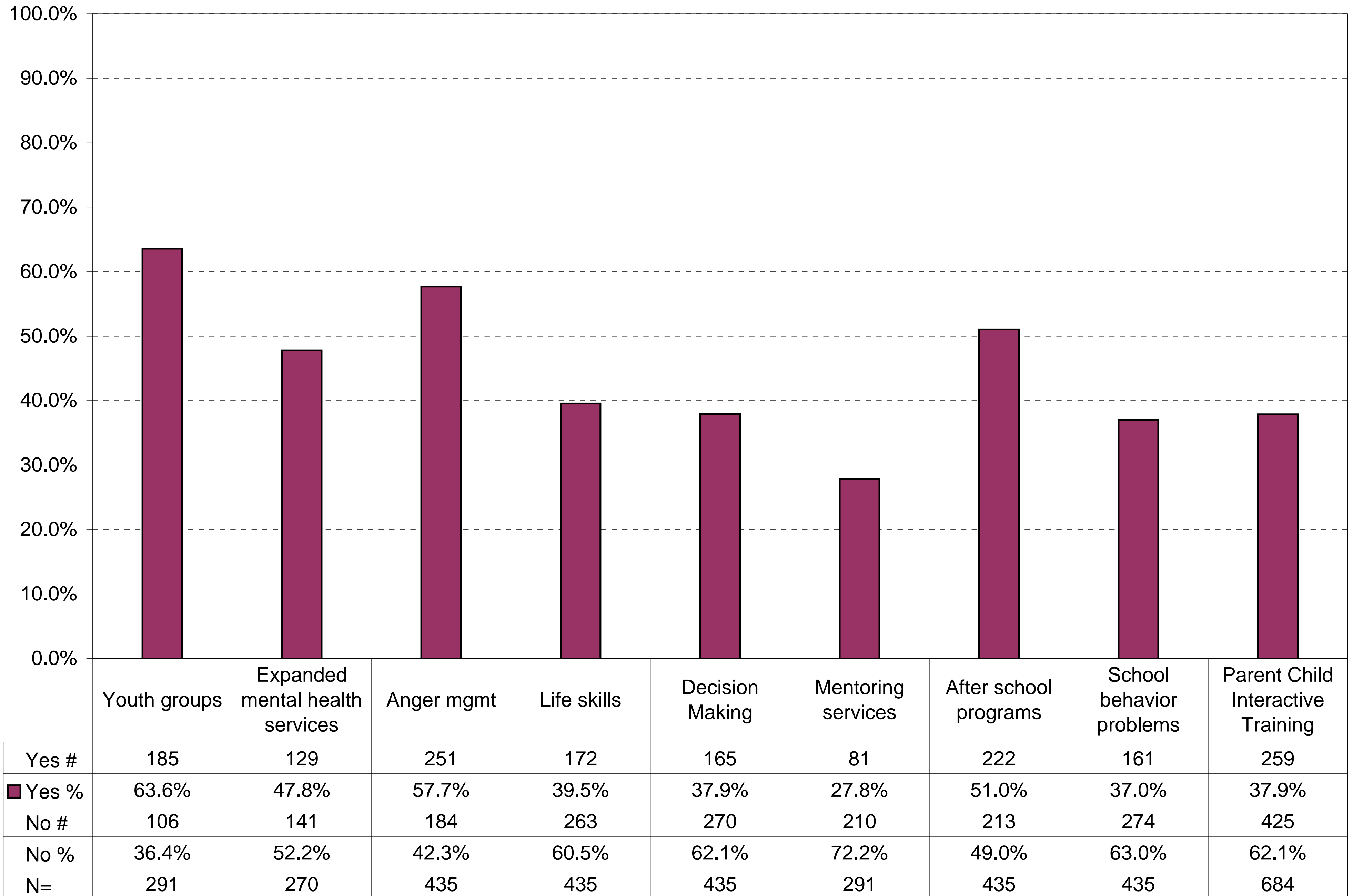




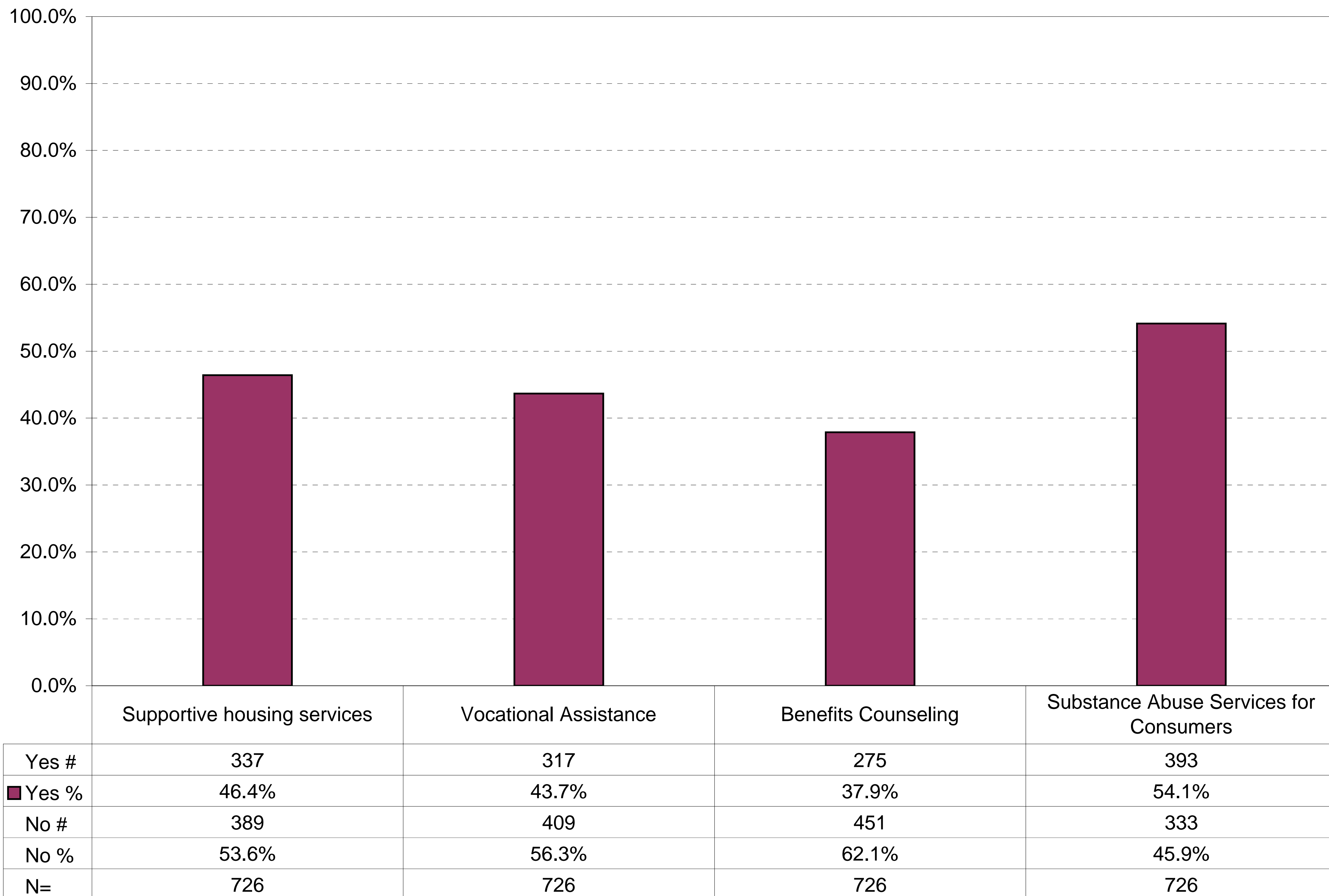
	Suicide Prevention Line	"Warm Line" telephone support	Youth Life Skill Development	After school programs	Outreach to new mothers/parent
Yes #	257	54	130	196	73
Yes %	35.4%	18.6%	48.1%	67.4%	25.1%
No #	469	237	140	95	218
No %	64.6%	81.4%	51.9%	32.6%	74.9%
N=	726	291	270	291	291



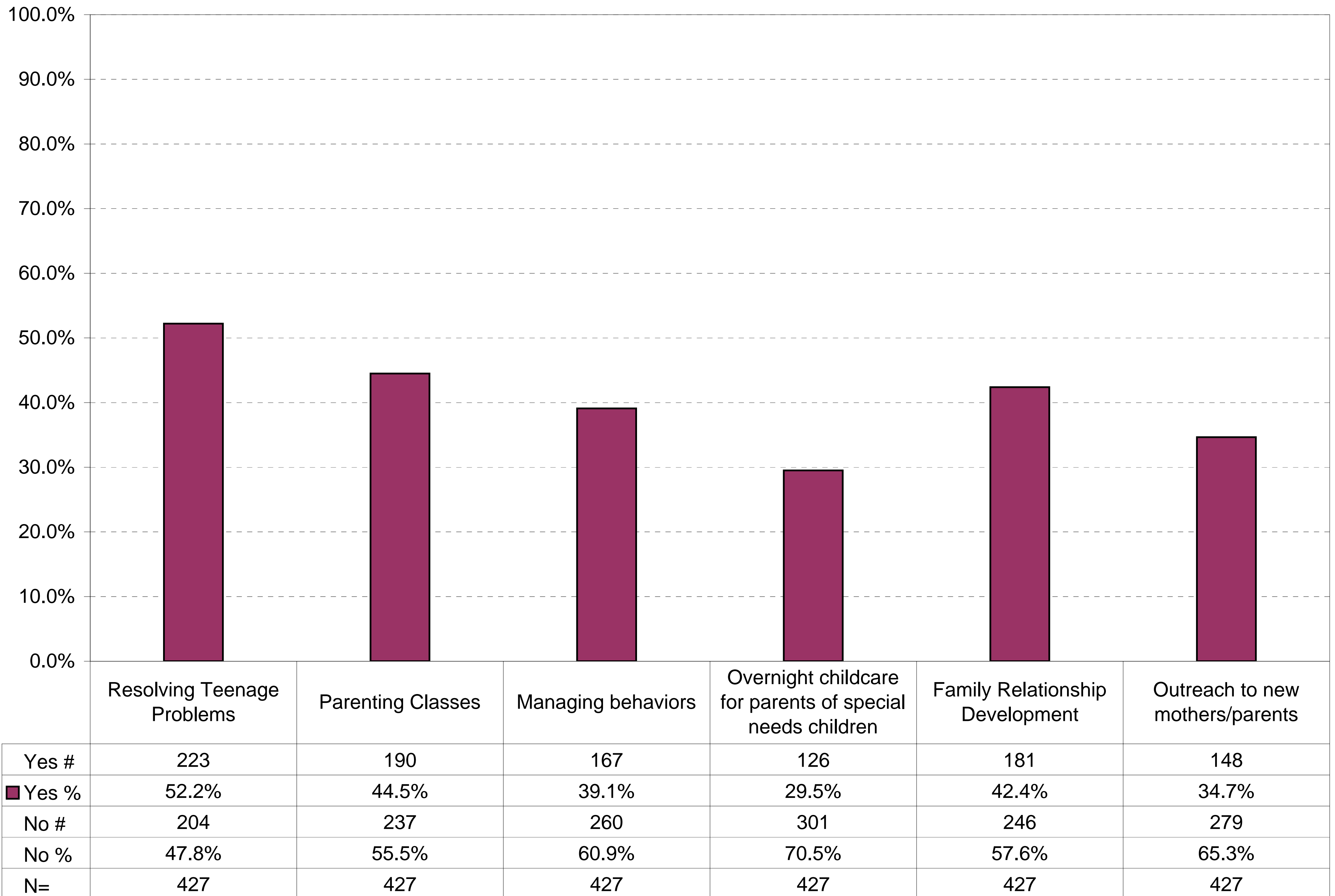
	Drop-in Center for Consumer	Services for First Arrests	First Break (first psychotic episode)	Outreach to aging
Yes #	273	239	240	249
Yes %	37.6%	33.9%	33.1%	34.3%
No #	453	466	486	477
No %	62.4%	66.1%	66.9%	65.7%
N=	726	705	726	726



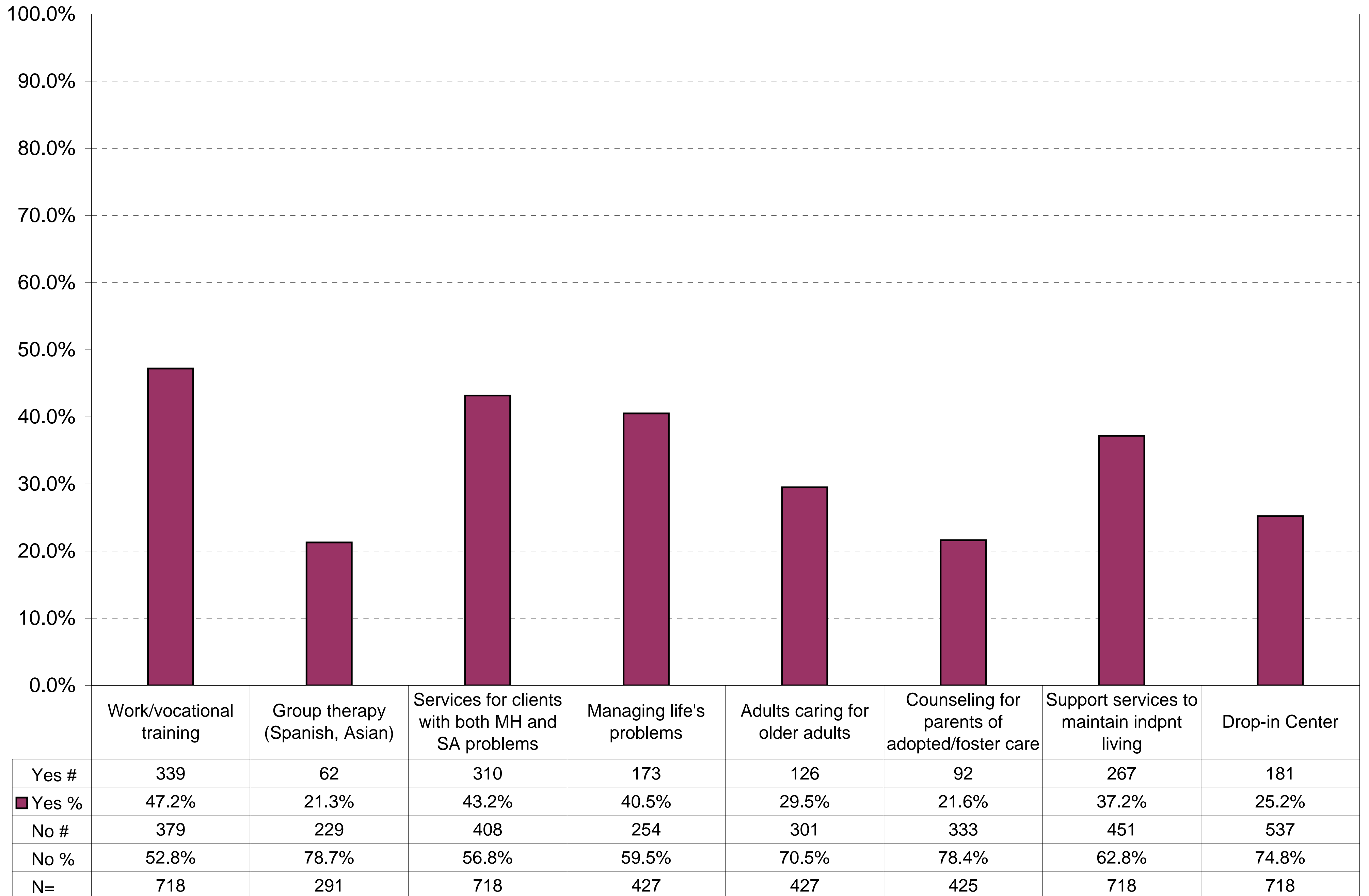
	Youth groups	Expanded mental health services	Anger mgmt	Life skills	Decision Making	Mentoring services	After school programs	School behavior problems	Parent Child Interactive Training
Yes #	185	129	251	172	165	81	222	161	259
Yes %	63.6%	47.8%	57.7%	39.5%	37.9%	27.8%	51.0%	37.0%	37.9%
No #	106	141	184	263	270	210	213	274	425
No %	36.4%	52.2%	42.3%	60.5%	62.1%	72.2%	49.0%	63.0%	62.1%
N=	291	270	435	435	435	291	435	435	684



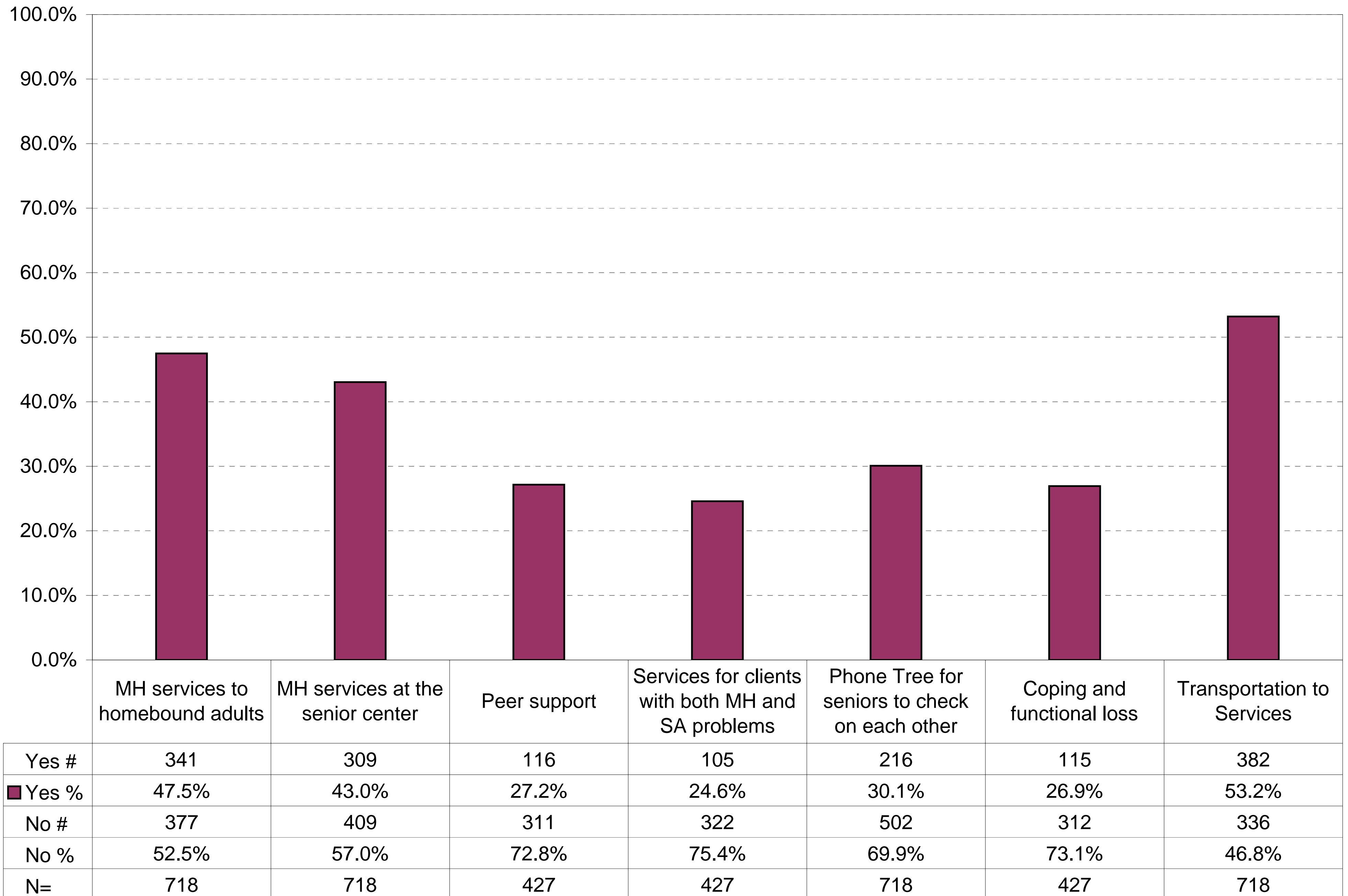
	Supportive housing services	Vocational Assistance	Benefits Counseling	Substance Abuse Services for Consumers
Yes #	337	317	275	393
Yes %	46.4%	43.7%	37.9%	54.1%
No #	389	409	451	333
No %	53.6%	56.3%	62.1%	45.9%
N=	726	726	726	726



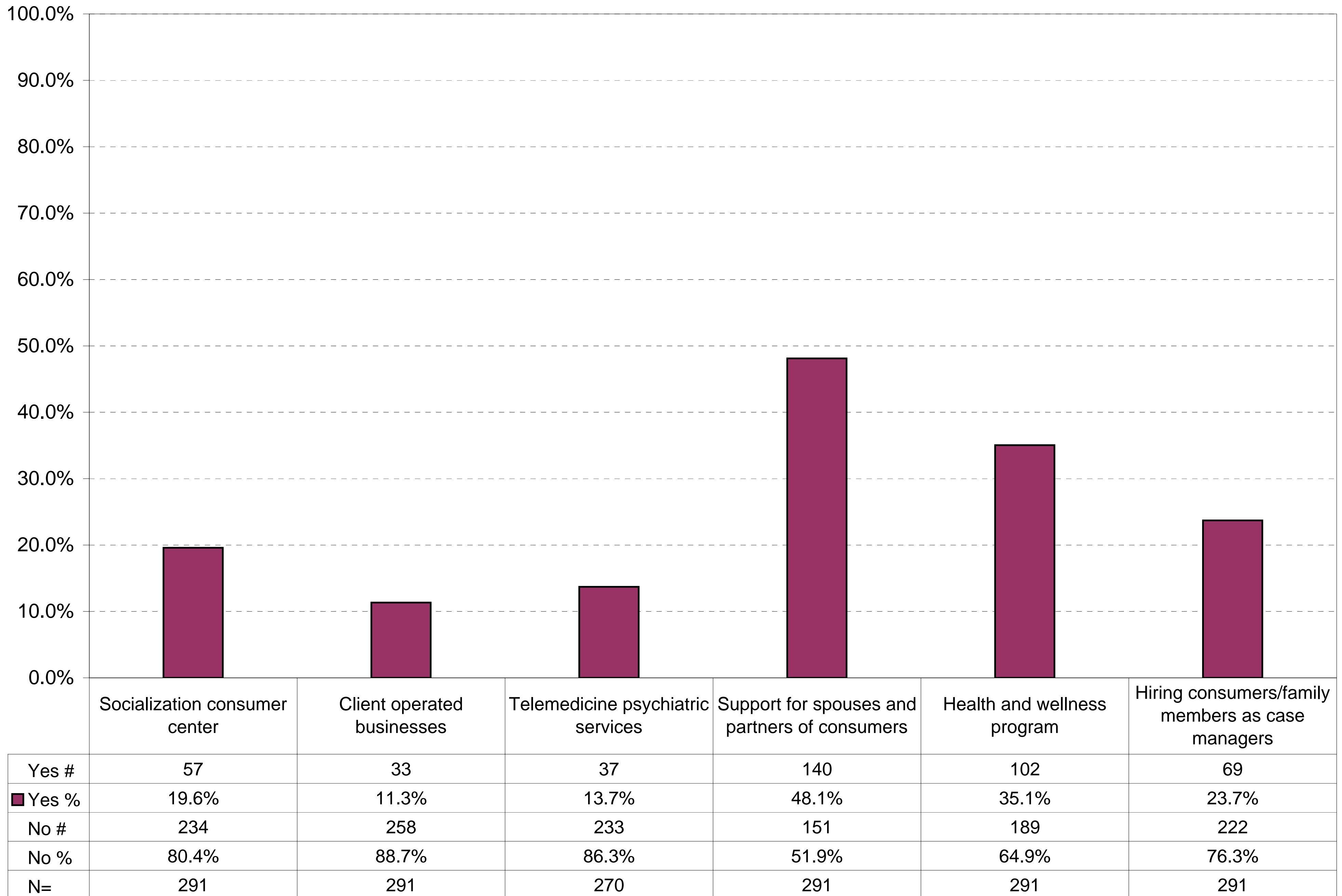
	Resolving Teenage Problems	Parenting Classes	Managing behaviors	Overnight childcare for parents of special needs children	Family Relationship Development	Outreach to new mothers/parents
Yes #	223	190	167	126	181	148
Yes %	52.2%	44.5%	39.1%	29.5%	42.4%	34.7%
No #	204	237	260	301	246	279
No %	47.8%	55.5%	60.9%	70.5%	57.6%	65.3%
N=	427	427	427	427	427	427



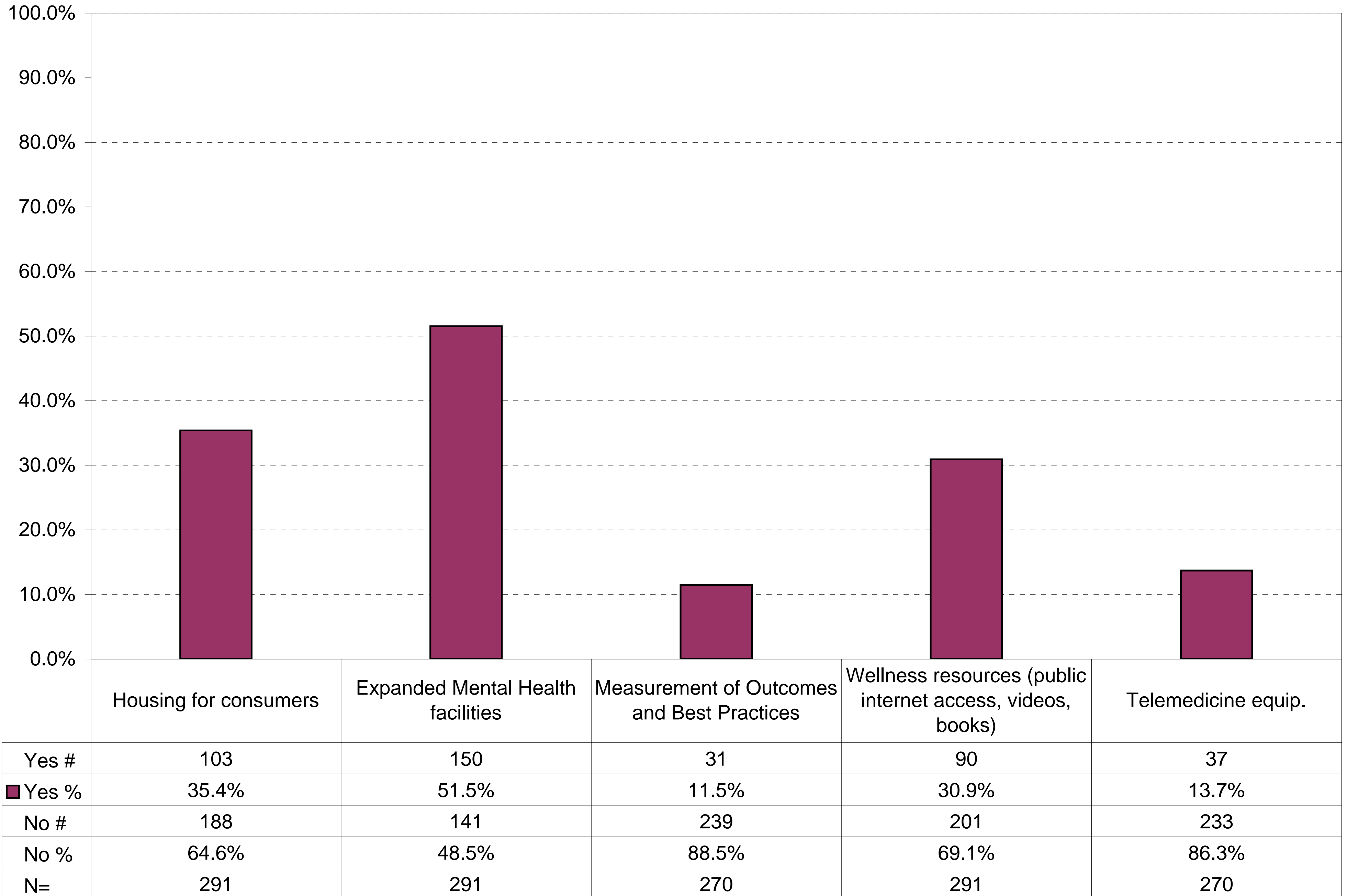
	Work/vocational training	Group therapy (Spanish, Asian)	Services for clients with both MH and SA problems	Managing life's problems	Adults caring for older adults	Counseling for parents of adopted/foster care	Support services to maintain indpnt living	Drop-in Center
Yes #	339	62	310	173	126	92	267	181
Yes %	47.2%	21.3%	43.2%	40.5%	29.5%	21.6%	37.2%	25.2%
No #	379	229	408	254	301	333	451	537
No %	52.8%	78.7%	56.8%	59.5%	70.5%	78.4%	62.8%	74.8%
N=	718	291	718	427	427	425	718	718



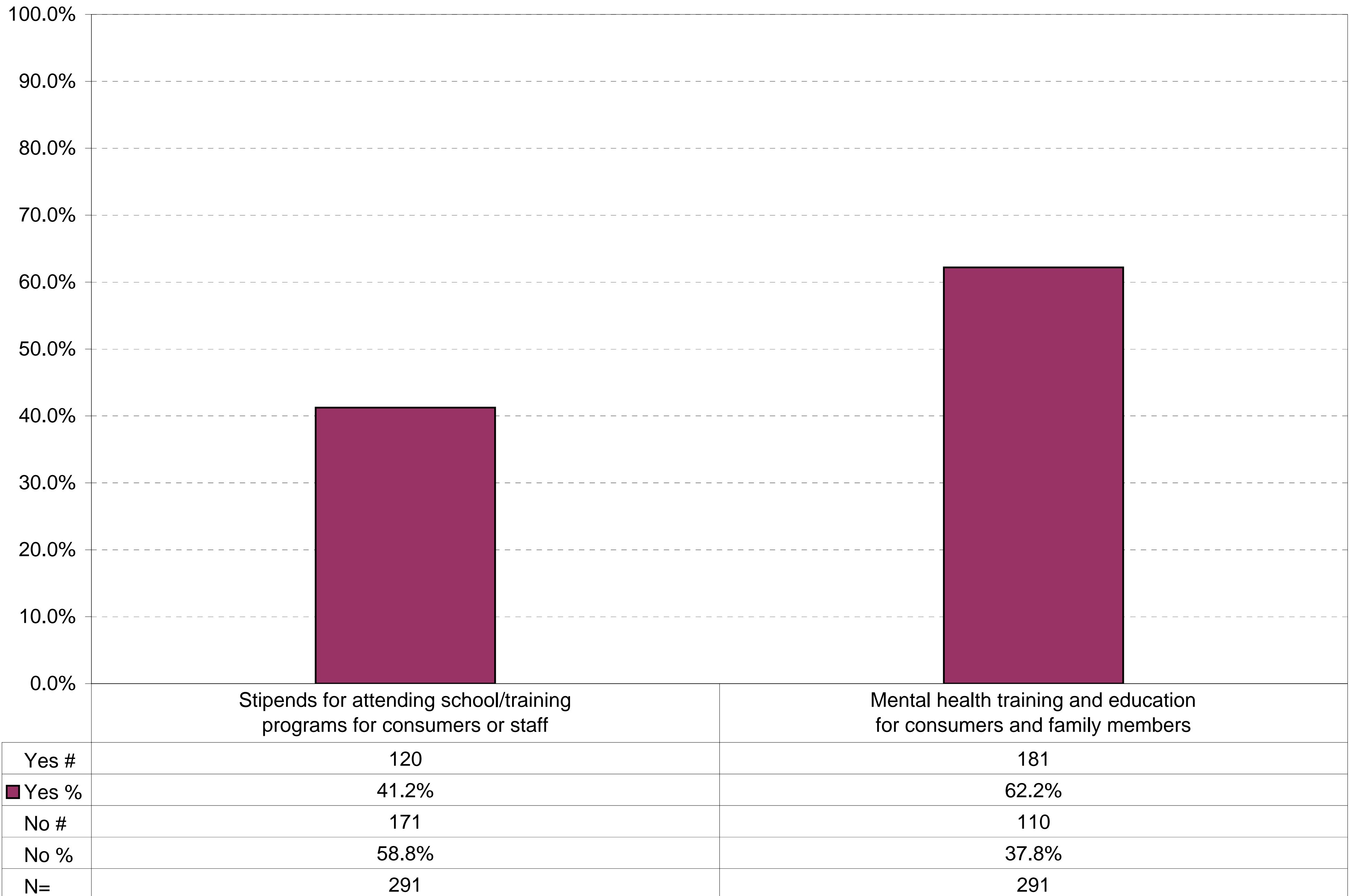
	MH services to homebound adults	MH services at the senior center	Peer support	Services for clients with both MH and SA problems	Phone Tree for seniors to check on each other	Coping and functional loss	Transportation to Services
Yes #	341	309	116	105	216	115	382
Yes %	47.5%	43.0%	27.2%	24.6%	30.1%	26.9%	53.2%
No #	377	409	311	322	502	312	336
No %	52.5%	57.0%	72.8%	75.4%	69.9%	73.1%	46.8%
N=	718	718	427	427	718	427	718



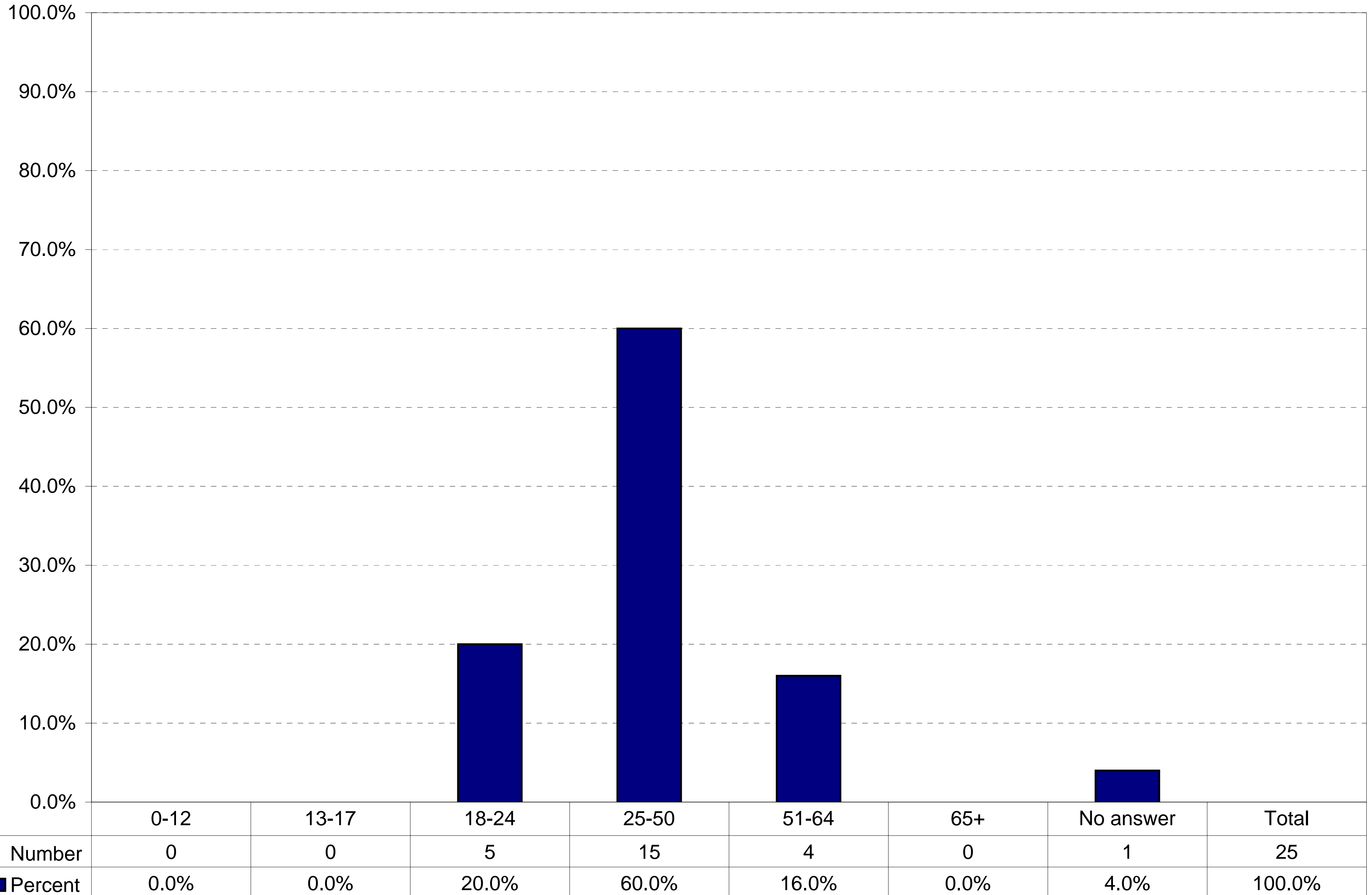
	Socialization consumer center	Client operated businesses	Telemedicine psychiatric services	Support for spouses and partners of consumers	Health and wellness program	Hiring consumers/family members as case managers
Yes #	57	33	37	140	102	69
Yes %	19.6%	11.3%	13.7%	48.1%	35.1%	23.7%
No #	234	258	233	151	189	222
No %	80.4%	88.7%	86.3%	51.9%	64.9%	76.3%
N=	291	291	270	291	291	291



	Housing for consumers	Expanded Mental Health facilities	Measurement of Outcomes and Best Practices	Wellness resources (public internet access, videos, books)	Telemedicine equip.
Yes #	103	150	31	90	37
Yes %	35.4%	51.5%	11.5%	30.9%	13.7%
No #	188	141	239	201	233
No %	64.6%	48.5%	88.5%	69.1%	86.3%
N=	291	291	270	291	270

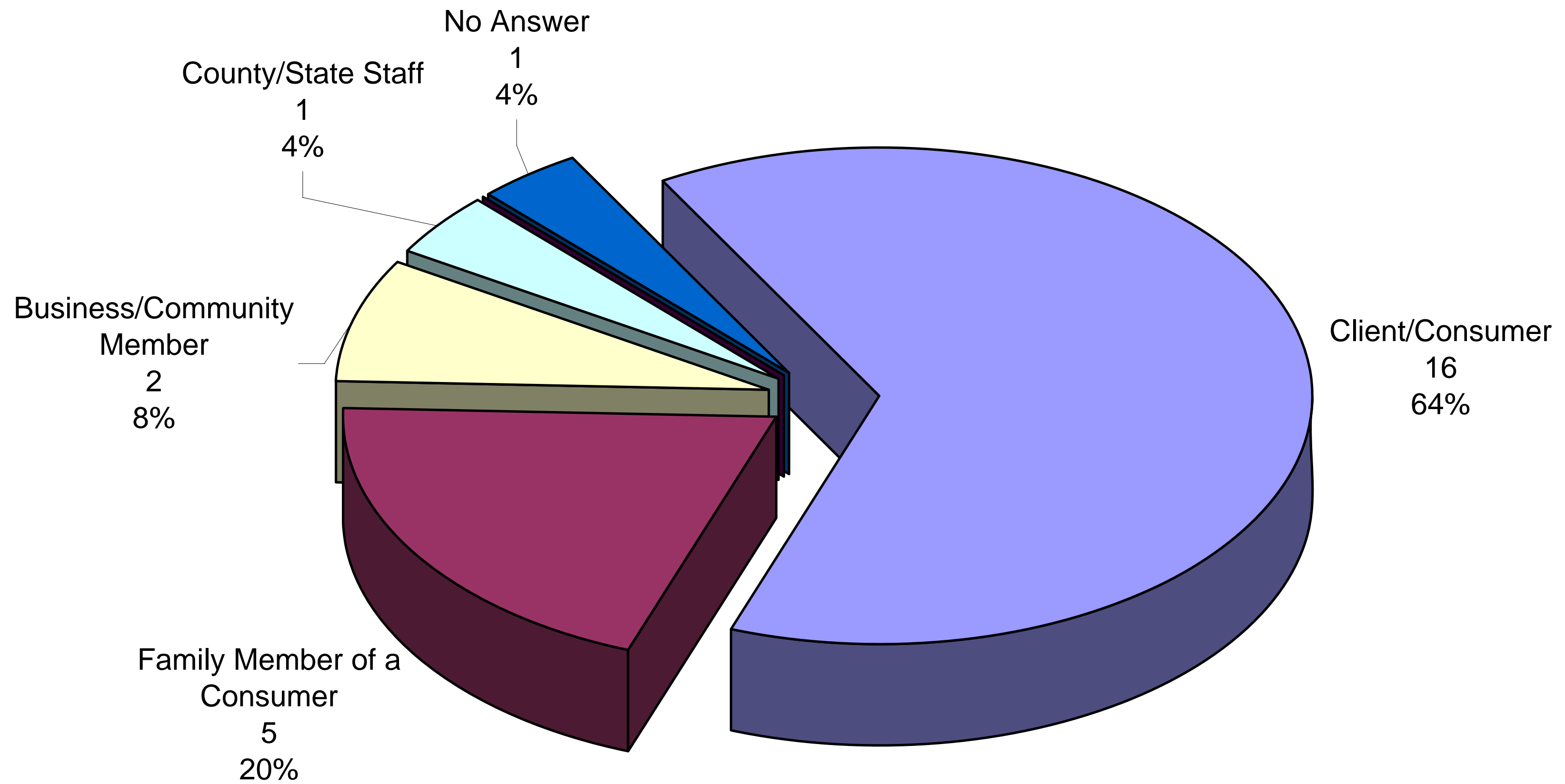


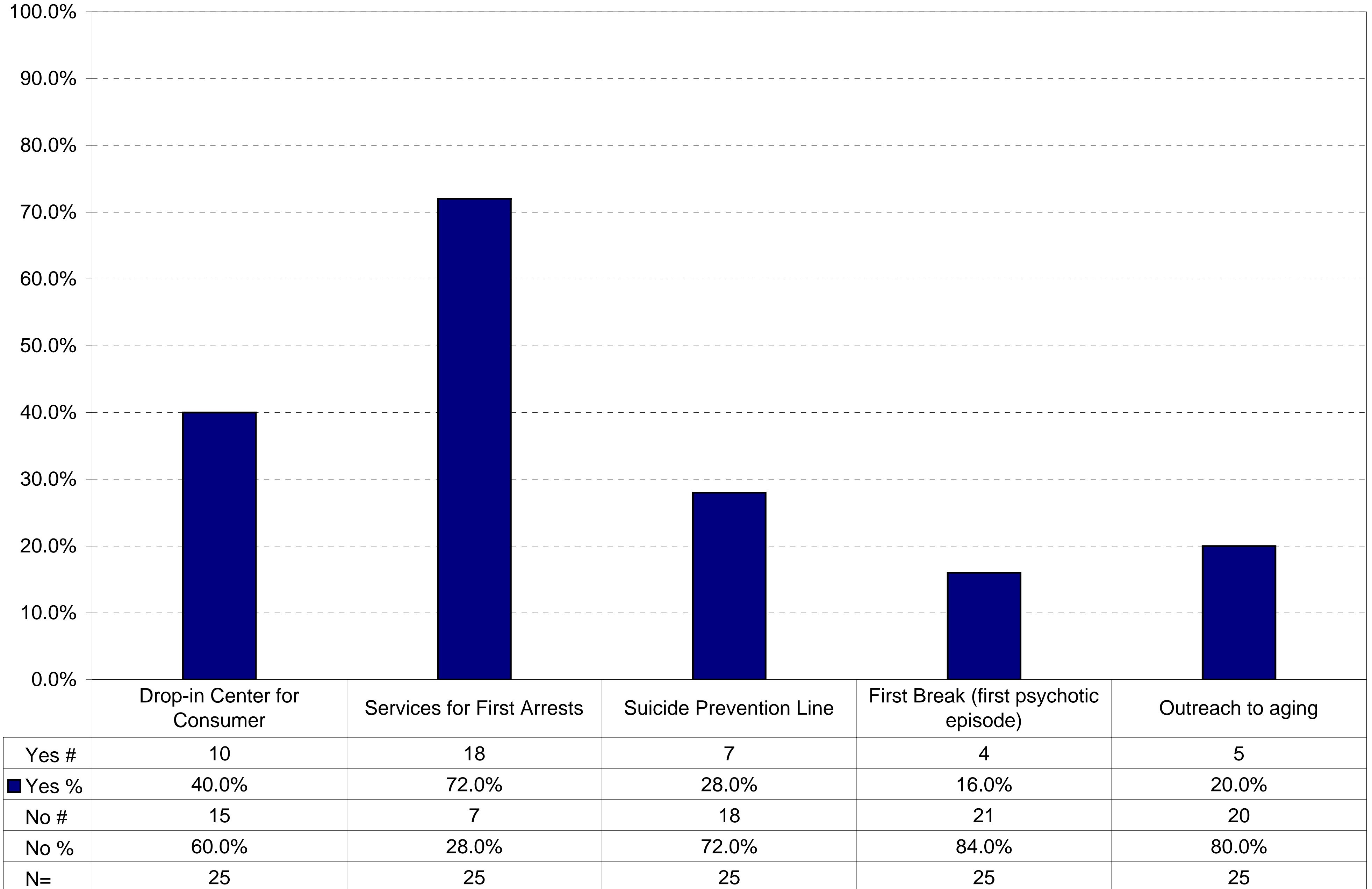
	Stipends for attending school/training programs for consumers or staff	Mental health training and education for consumers and family members
Yes #	120	181
Yes %	41.2%	62.2%
No #	171	110
No %	58.8%	37.8%
N=	291	291



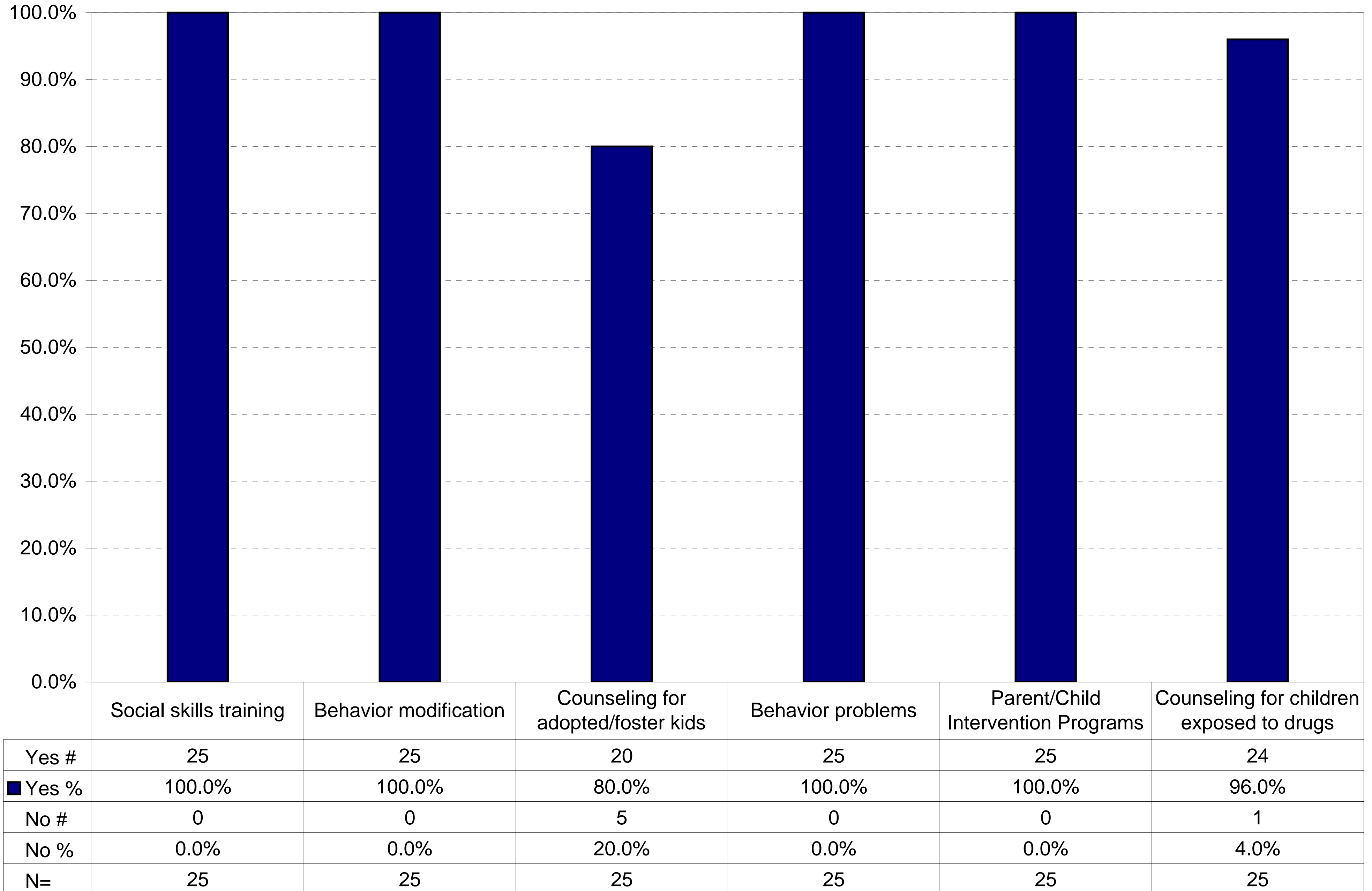
	0-12	13-17	18-24	25-50	51-64	65+	No answer	Total
Number	0	0	5	15	4	0	1	25
Percent	0.0%	0.0%	20.0%	60.0%	16.0%	0.0%	4.0%	100.0%

Glenn County Mental Health Services Act Survey Results as of August 22, 2005
Self Identified Group Affiliation of Survey Respondents from Grindstone Rancheria
N = 25

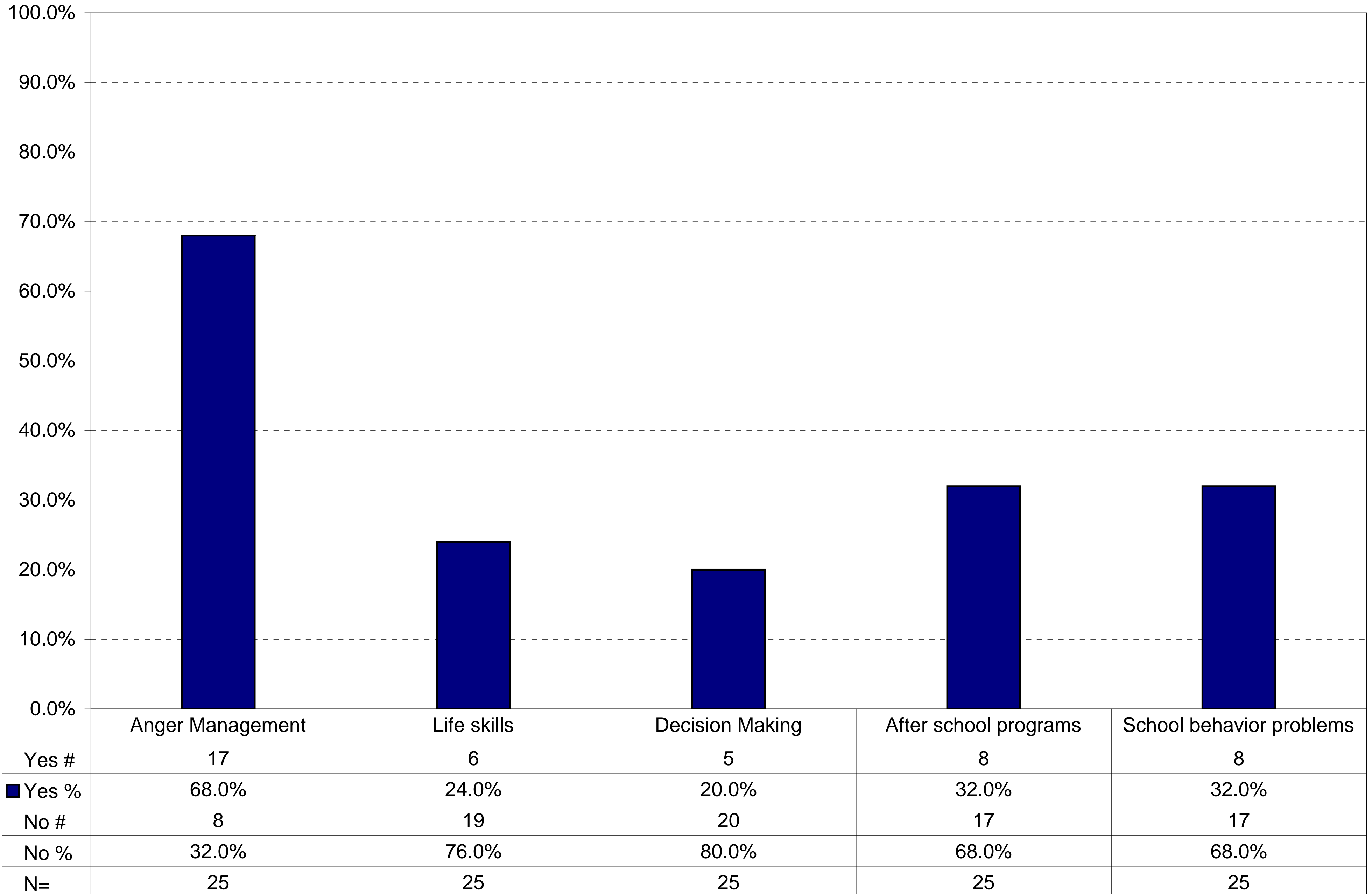




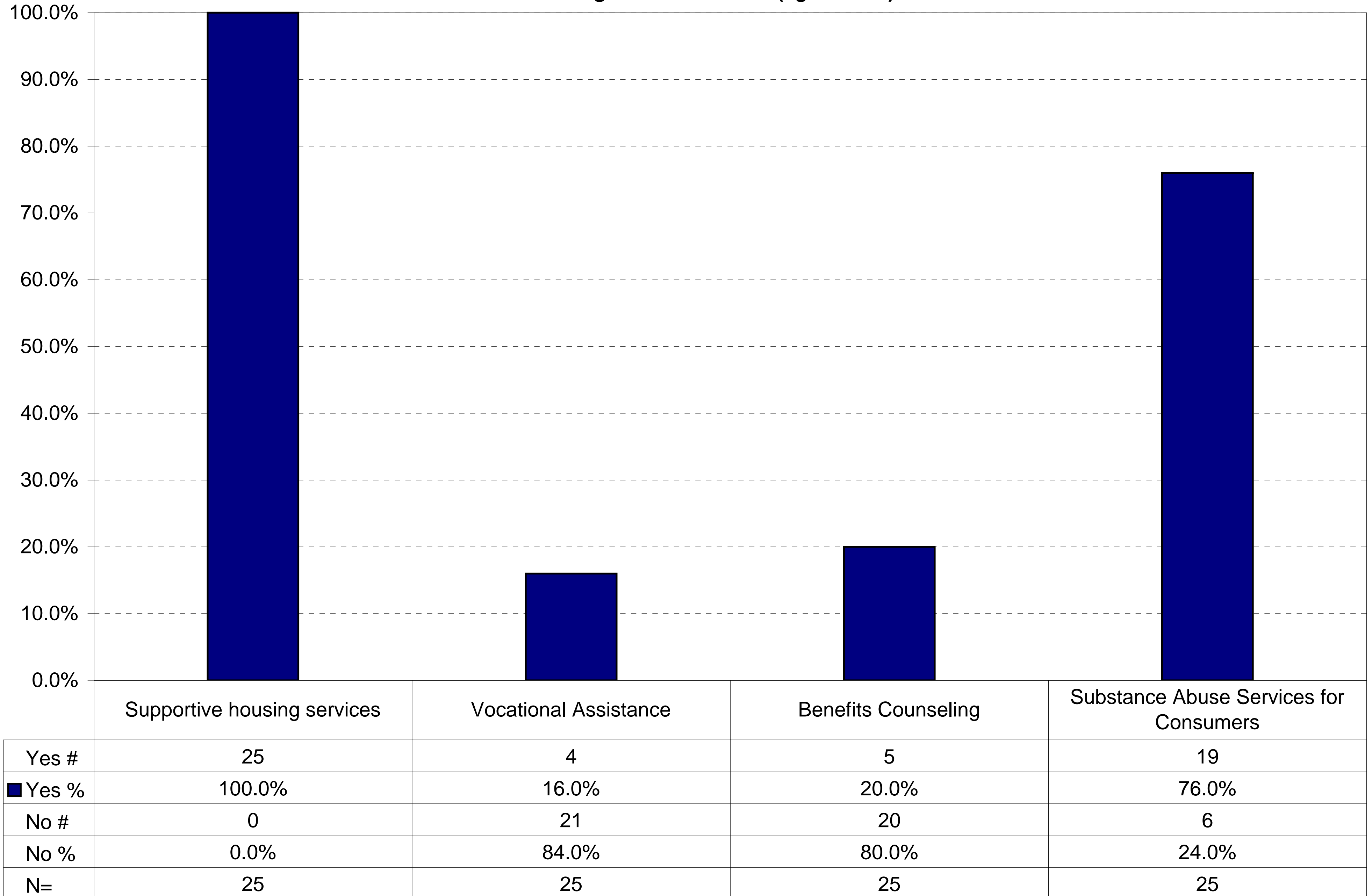
	Drop-in Center for Consumer	Services for First Arrests	Suicide Prevention Line	First Break (first psychotic episode)	Outreach to aging
Yes #	10	18	7	4	5
Yes %	40.0%	72.0%	28.0%	16.0%	20.0%
No #	15	7	18	21	20
No %	60.0%	28.0%	72.0%	84.0%	80.0%
N=	25	25	25	25	25



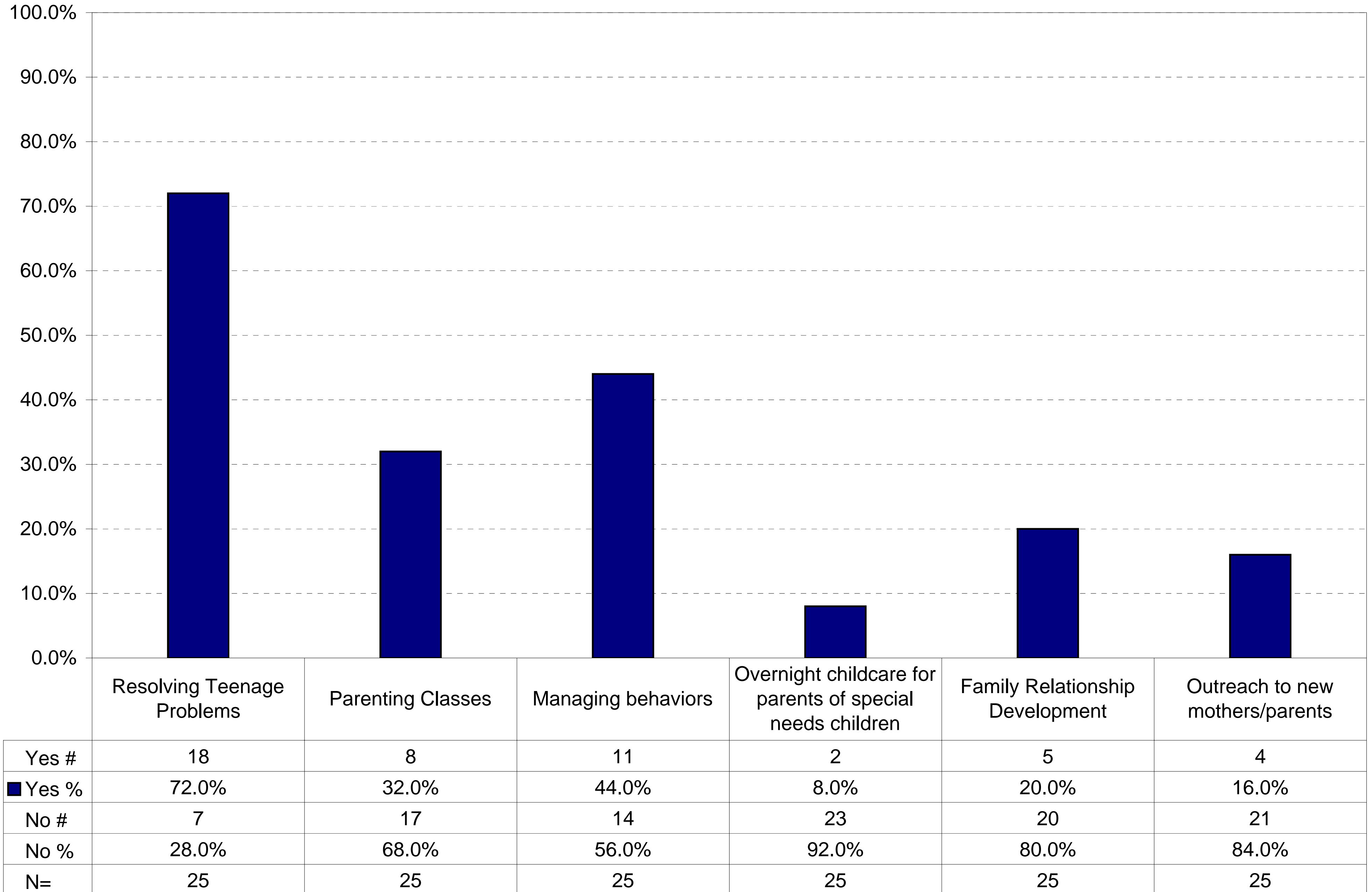
	Social skills training	Behavior modification	Counseling for adopted/foster kids	Behavior problems	Parent/Child Intervention Programs	Counseling for children exposed to drugs
Yes #	25	25	20	25	25	24
Yes %	100.0%	100.0%	80.0%	100.0%	100.0%	96.0%
No #	0	0	5	0	0	1
No %	0.0%	0.0%	20.0%	0.0%	0.0%	4.0%
N=	25	25	25	25	25	25



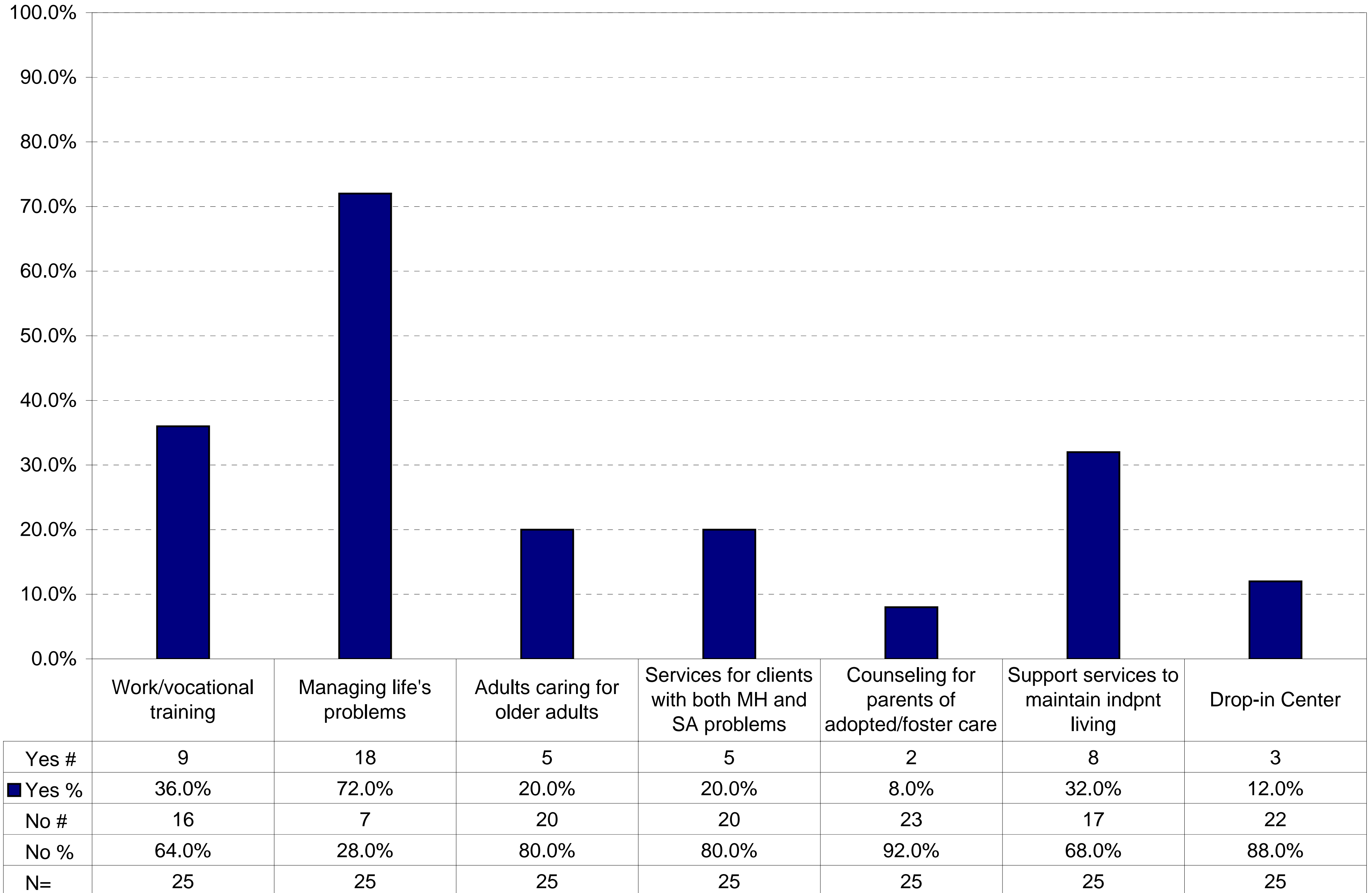
	Anger Management	Life skills	Decision Making	After school programs	School behavior problems
Yes #	17	6	5	8	8
Yes %	68.0%	24.0%	20.0%	32.0%	32.0%
No #	8	19	20	17	17
No %	32.0%	76.0%	80.0%	68.0%	68.0%
N=	25	25	25	25	25



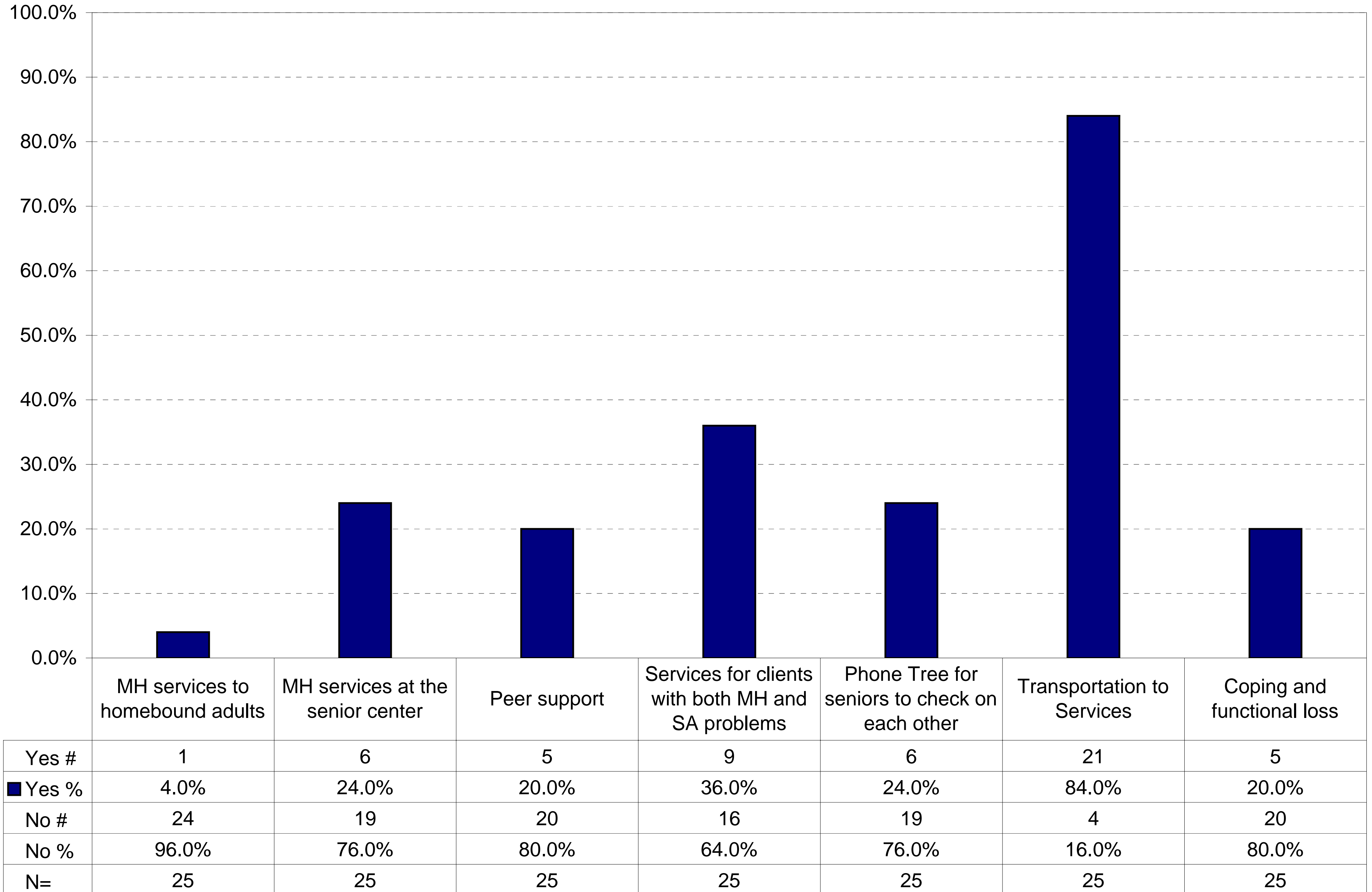
	Supportive housing services	Vocational Assistance	Benefits Counseling	Substance Abuse Services for Consumers
Yes #	25	4	5	19
Yes %	100.0%	16.0%	20.0%	76.0%
No #	0	21	20	6
No %	0.0%	84.0%	80.0%	24.0%
N=	25	25	25	25



	Resolving Teenage Problems	Parenting Classes	Managing behaviors	Overnight childcare for parents of special needs children	Family Relationship Development	Outreach to new mothers/parents
Yes #	18	8	11	2	5	4
Yes %	72.0%	32.0%	44.0%	8.0%	20.0%	16.0%
No #	7	17	14	23	20	21
No %	28.0%	68.0%	56.0%	92.0%	80.0%	84.0%
N=	25	25	25	25	25	25



	Work/vocational training	Managing life's problems	Adults caring for older adults	Services for clients with both MH and SA problems	Counseling for parents of adopted/foster care	Support services to maintain indpnt living	Drop-in Center
Yes #	9	18	5	5	2	8	3
Yes %	36.0%	72.0%	20.0%	20.0%	8.0%	32.0%	12.0%
No #	16	7	20	20	23	17	22
No %	64.0%	28.0%	80.0%	80.0%	92.0%	68.0%	88.0%
N=	25	25	25	25	25	25	25



	MH services to homebound adults	MH services at the senior center	Peer support	Services for clients with both MH and SA problems	Phone Tree for seniors to check on each other	Transportation to Services	Coping and functional loss
Yes #	1	6	5	9	6	21	5
Yes %	4.0%	24.0%	20.0%	36.0%	24.0%	84.0%	20.0%
No #	24	19	20	16	19	4	20
No %	96.0%	76.0%	80.0%	64.0%	76.0%	16.0%	80.0%
N=	25	25	25	25	25	25	25

"OTHER" responses in each category:
Number in parentheses indicate multiple responses for the same/similar suggestion

Prevention Services (All ages)	
Halfway house	Gang awareness to parents
Anger management	Housing for homeless
Clean & sober living environments (2)	More support for mental health
Courts & other items - Orland	More trade skills in schools
Drug & Alcohol programs	Peer mentoring
Education awareness	Psychologists for 5150, counseling & treatment
Elderly Services (57)	Residential drug treatment
Employ trained, certified & licensed local on-call staff	Sober living
Expansion of the service center - drop-in center	Teen group support meetings
Family Therapy	Theaters - Orland

Early Intervention Services (All ages)	
24/7 on-call licensed psychiatrist	Medication management (2)
After school daycare for children of working parents	Meeting
Better jail care	Mental health courts like in the larger counties
Boys and Girls Club	Mental health services for teens in crisis
Case manager at YES class	Mental health support awareness groups
Chart for what mood you are in & level of energy	Nutrition education
Community art classes & soft music	Parenting
Community center for 12-18 youth	PBIS
Creative Arts program	Peer mentoring/self image focus
Crisis Stabilization program (8)	Positive behavioral support - U. of Oregon
Domestic violence	Preschool
Domestic violence/rape - crisis phone line	Probation officers on school campus
Drug & alcohol programs (3)	Program to advise clients on medications
Drug abuse prevention/outreach (2)	Programs to better parents
Employ trained, certified & licensed local on-call	Referral system to include legal & educational systems
Free food (3)	Respite for parents of all age children
Gang prevention (2)	Services for seniors (3)
Homelessness	Shelter
Hotline to help individuals with various problems	Someone to talk to in confidence
Housing for the homeless	Support groups
Inpatient drug/alcohol center	Therapy
Keep the drug court running	Youth programs

"OTHER" responses in each category:
Number in parentheses indicate multiple responses for the same/similar suggestion

Early Children's Services (Ages 0-5)	
Abused children	Help for parents with ADD/ADHD kids (locally)
Counseling for children exposed to domestic violence	Infant MH/pregnant parents 0-18 mos.
Counseling for children who are victims of sexual abuse	Medication management
Counseling for any child in need	More chat services or chat advocates
"Dare to be you" programs for preschoolers and family	Parenting programs/skills training (2)
Early pre-natal services	Post-partum depression screening for new moms-bilingual
Education in raising a traumatized child	Professional parenting classes (Not NVCSS or SOC)
Help for abused children & aid for parents	

Children's Services (All ages)	
Access to sexual assault & domestic violence community projects	Home behavior problems
Added support (counseling) for those in SARB program	Homeless assistance (2)
Additional childcare services	Instead of good child. & disruptive child. - break it down to the real illness
Alcohol & drug classes (prevention)	Interaction w/ other children w/ same problems - fun but educational
Before school programs	Low cost summer activities/camp (2)
Child therapy	Mental health counseling in the schools w/ low ration of children to counselor
Childcare services for NA meetings	More actions on CPS cases
Childcare/preschool	More counseling available for kids & families, more in-home services, perhaps like SOC type "array of
Counseling	Nature visits to wildlife refuge
Counseling for children exposed to drugs	Parenting skills training/programs (2)
Counseling for children exposed to violence (3)	Psychiatric hospital (2)
Counseling services at school sites	Recreation center for youth
CPS Prevention	Respite childcare for parents of SED children (8)
Day care at school	Self mutilation
Drug & MH counseling (other that SOC) - drop in services for youth in crisis	Special problems w/ a child of trauma
Drug therapy - medication mgmt	Sports
Educate/talk about sexual activity	Support new sports in the community (karate, kick boxing)
Emergency medical doctor services	Teen centers and boys & girls club (2)
Free medicine	Youth Activities
Gang related programs	Youth hotline # (3)
Home behavior problems	

"OTHER" responses in each category:
Number in parentheses indicate multiple responses for the same/similar suggestion

Transition Age Youth Services (Ages 14-22)	
Access to sexual assault & domestic violence community projects	Mentors for emancipating & current foster youth (2)
Anger management	Mentorship
Better youth employment services	No jail
Big brother/big sister type org.	Parenting skills training
College counseling asst.	Peer review counseling
Counseling for teen dating violence victims	Positive mentoring role models
Creative activities	Priority first in line
Crisis Counseling/hotline/Intervention (3)	Problem solving
Educate/talk about sexual activity	Residential treatment
Food	School behavior problems
Gang prevention/ed/recovery/help get away (3)	Sec. 8 priority for emancipated foster youth & disabled adults
Gay, lesbian, bisexual group for teens (like Stonewall in Chico)	Self mutilation
Group therapy	Speak w/ other the same age, counsel - don't preach
Help for ADD/ADHA - get them off their meds	Substance abuse counseling/recovery
Help them get involved with social activities	Substance abuse services (intervention and treatment for adolescents)
Home & social behavior problems	Summer Recreation Activities
Housing (2)	Support to teens w/ no home support
Involvement in YES program	Supportive housing services - disabled people living (ex. Down syndrome girls living together.)
Jobs (2)	Transitional housing for graduating FXS students
Life skills (2)	Treatment for children under 18 years
Low income apartments	Upward Bound type program
Management of income	Working at race track
Medication management	Youth hotline

Family Services (All Ages)	
Access to sexual assault & domestic violence community projects	More affordable counseling for families
Anger management/domestic violence classes	More day care
Conflict resolution in middle school (peer helping type program)	More funded child care for working parents
Counseling for those "working poor" - i.e. working but not covered by insurance	On-going support after parent classes have been taken to verify continued implementations
Dealing w/ teenage alcohol abuse	Outreach to spouses of "clients"
Drug therapy	Recreation center for youth & family activities
Emergency medical Dr. based services	Respite care for foster parents
Homeless Shelter	Support for single parents
Housing for disable adults	Support groups (2)
Medication mgmt	Teen parent MH services

"OTHER" responses in each category:
Number in parentheses indicate multiple responses for the same/similar suggestion

Adult Services (Ages 18-64)	
Access to community services	Help with phone bills & PG & E
Caregiver exhaustion (15)	Help all who need it at the emergency room at Glenn Medical
Caregiver respite (14)	In-home care (4)
Clean & sober living house	Live in house for inmates instead of long prison term 1/2
Construct a rehab center	More hours for the family law facilitator in Willows
Counseling & psych services at Sunbridge	More staff support at the sharp program
Counseling for domestic violence victims	More staff support at the sharp program
Counseling services for seniors	Provide mental health work 24/7
County social workers	Provide qualified caregivers in homes (3)
Dependant elderly (43)	Psychologists for 5150, counseling & treatment
Disabled people	Residential drug & alcohol treatment
Discovery house for men (3)	Respite Care (4)
Drug/alcohol counseling for moms w/ CPS issues	Safe & sober living aftercare
Elderly populations	Services for consumer w/ less than 30 days
Employ trained, certified & licensed local on-call	Sober living house or rehabs
English language classes	Transportation to & from counseling
Halfway house/transitional living in Glenn Co.(3)	Transportation vans for treatment centers (substance abuse)
Halfway housing for women with children	

Older Adult Services (Ages 65+)
Caregiver exhaustion
Counseling for domestic violence victims
Counseling services for residents of nursing homes (2)
Dependant elderly
Facility Services
Include institutional housing for elderly
Meal services for homebound seniors
Mental health at nursing homes & RCFE's
Mental health for Sunbridge (60)
Mental health services for residents of nursing & other care homes (2)
Racism in OPD
Van service; like NVIH has to transport clients to & from the reservation/Dr. appointments
Young kids w/ elder people

Glenn County Public Hearing
Comments
November 29, 2005

Good job! Excellent community participation!

Next week – Steering Committee

State has 90 days to review plan

? – Will the $ “move” in response to the feedback? Are we in control of our spending?

Next Steering Committee Meeting - December 6th at The Berry Patch in Orland 6 pm

- Last meeting was scheduled for 3 hours but adjourned early. Important to hold meeting for the full time to allow questions and comments.
- Some mental health staff didn’t appear to listen.
- Questions/concerns can also be submitted in writing.
- Some consumers feel “shut down” – this discourages participation.
- Very important for everyone to be heard.
- Issues may not always be on the topic but still are very important to be heard.

Good plan – some want more time to voice their opinions.

- Drop-in Center – part of plan/peer help
- Homeless persons – Shower? Food?
- Issues:
  - Anger
  - Money management
  - TAY (and trust)
  - Driver’s license
  - Auto insurance
  - Shelter
  - Utilities
  - Alzheimers issues

Homeless Study – insufficient

- Drop-in Center:
  - PH nurse
  - MH worker
  - Transportation
  - Food
  - Shower

- Glenn County – no "day" MH classes here
- Zero services if homeless?
- Drop-in Center - helpful

? – How soon can we expect to have a Drop-in Center?
Minimum 90 days before and funds and approval to more ahead.

? – At this time are clients involved in reviewing possible available facilities?
No, not at this time.

Issues-
- Transportation
- Mail
- Work program
- Self-help classes
- SOS

"Community Drop-in Center" – more appropriate than "MH Drop-In"

Stipends for clients. Perhaps service groups/clubs/lodges could help provide $.

Drop-in Center separate from a homeless shelter. Focus on MH clients.

? – How many hours will Drop-in Center be open?
Uncertain at this time.

? – Transportation for clients to Drop-In Center?

Assist chronic clients in their relationships with law enforcement.

Community – good about providing pots and pans and clothing.

Names:
- Glenn Wellness Center – Where Anything is Possible
- La Casa de la Raza

Concern:
- Drop-in Center – focus on MH clients
- Relocate other services
- Once established, Drop-in Center should not be taken over by other people/groups.
- Clients need a voice in determining what/who used the Drop-in Center
- Clients to lead/manage the Drop-in Center re: decisions/changes

?- Can $ include treatment/groups for:

- AMAC (Adults Molested As Children)
- Rape Crisis Services

We can utilize existing community services to provide needed programs.

Possible locations for Drop-in Center:

- Senior Center
- Lodges
- Restaurant

Concern:

Senior Center is not "welcoming" or "warm" – need a location with a personality and friendly face.

Glenn County – good effort to follow guidelines and get genuine input.

Telephone # 1-888-844-1786 – discussion – taped and questions "Stigma & Discrimination for Mental Health Clients".

Friendly Face – very important

Representative of "us" – we who will use the Drop-in Center.

Training/educating staff is very important (as well as training clients).

"Warm Line" – have clients very capable of helping others.

? – When a client is deciding whether or not to call "crisis line" (i.e. you want to take pills) – resolution is made after talking with crisis worker.

Confusion: was it/was it not a crisis?

More will be done to define/improve the crisis line/workers.

Glenn County Public Hearing
Minutes
November 29, 2005
Board of Supervisors Chambers, Willows, CA.

Attendees: see sign-in sheet

Meeting began at 10:10 a.m.

Nancy Callahan, Ph.D., opened the hearing explaining this was a public hearing for three hours regarding Prop 63 Plan. This is the public's opportunity to make comments on the Plan. (Cecilia and Maureen passed out copies of the plan and executive summary for those that needed a copy.) Once plan is finalized it will be given to the Steering Committee for final approval then on to the Glenn County Board of Supervisors for approval. The State will review the plan after that. They have 90 days for their review. We can ask for implementation money to get the ball rolling. It will take about three months for implementation so we're looking at probably the beginning of next year.

Nancy opened the hearing up to public comment.

Keith Hansen asked if the funding for Glenn County can be increased regardless of what other counties are doing.

Nancy thought we wouldn't have a problem although she couldn't guarantee what the State will do. The State is more concerned about the process being right.

Next Steering Committee meeting is December 6th at the Berry Patch Restaurant in Orland at 6 pm.

Michelle Jones had a concern regarding being rushed through questions/concerns at the last meeting. Also, it appeared that certain MH staff was not listening during the meeting. Marian O'Donley agreed with Ms. Jones on these issues.

Mr. Hansen suggested if people didn't want to speak they could always submit questions/concerns in writing. He also explained, in generalities, time elements of meetings and how it is handled. He did agree, however, that people should be allowed to speak at the Steering Committee meetings.

Vickie Reis-Allen stated she had received calls regarding this issue. She knew some people did not attend today's hearing due to not being able to speak at the last meeting.

This issue will be looked into and an effort will be made not to repeat this at future meetings.

Terry Allen spoke regarding the Plan. He thinks this is the best plan Glenn County has had so far. He liked the idea of a Drop-in Center. He also mentioned the Homeless plan. He thought a drop-in center could help these people, possibly providing a shower or whatever they need. Even though County provides funds to get homeless off the streets some choose to be homeless but may just need a place to shower or a meal or MH services. He is proud of the community to reach out to all ethnicities. He spoke of youth issues and their lack of trust. He thought a drop-in center would be helpful to youth to teach the kids how to get on with life. He also spoke about issues with the elderly. These issues have been incorporated in the plan.

Terry Allen Jr. had concerns regarding the homeless population. He thought the idea for a drop-in center was great. His experience in Santa Barbara was that the drop-in center cut the homeless population in half and thinks it will be beneficial here in Glenn County. He spoke of the need to offer MH classes for people.

Ms. Jones asked how long before a drop-in center can be started?

Nancy said hopefully when the State review is completed we will be able to open doors. We will take the 90 days that they are reviewing our plan to organize the center.

Cecilia mentioned that they are in the process of looking for an existing building to house the drop-in center in Orland now.

Ms. Jones asked if there are any clients or steering committee members involved in finding a facility?

Cecilia said not at this time.

Mr. Allen Sr. spoke about transportation to the drop-in center. He thought the drop-in center would be a good place for homeless to get mail since many programs offered to homeless require a permanent address. Potential employers would have a place to leave messages for a homeless person or MH clients that may not have a phone. It would be good to offer services to help MH clients find jobs.

Myrna Williamson had a concern that the drop-in center should be for MH/SA clients. She thinks that the homeless population should be at a different place.

Ms. O'Donley asked what the hours of the drop-in center would be? What about transportation to the drop-in center?

Nancy said we will start small and grown and get creative on hours and activities once we see where the demand is. Transportation is an issue that will be looked at more in depth when the drop-in center is finalized. It must be a safe place and accessible to everyone.

Mr. Allen Jr. voiced a concern regarding the local law enforcement and their dealings with MH clients.
Nancy suggested there was a need to educate the community and law enforcement and the drop-in center would be a good place for that.

Mr. Allen Sr. suggested we get community donations for the drop-in center and maybe vouchers from local merchants for the MH clients.

Nancy asked for any names for the center and allowed people to think on this.

Ten minute break.

Ms. O'Donley agreed that the drop-in center should be for MH clients only.

Nancy said the money for the plan is for MH services for MH clients or dual-diagnoses. The State will be monitoring how the money is spent.

Ms. Jones voiced a concern that once the facility is opened it might be taken over and used for activities/services other than the MH clients drop-in center.

Nancy stated a committee will be formed consisting of MH staff, MH clients and family members that will decide what the facility it used for. The State will be overseeing this also.

Mr. Allen Sr. stated according to plan the money will be used for MH clients by the clients. They will decide where it will be used according to the plan. They will have say on who is using the facility.

Ms. Williamson asked about classes for adults who have been molested as children or rape crisis counseling at the drop-in center?

Nancy stated the money from the State will be used for classes and counseling and we will also maximize whatever resources that already exist in the community.

Ms. Reis-Allen stated that there is a Rape Crisis educator out of Glenn Medical Center that we will see if she is willing to come to the drop-in center for classes for MH clients.

Nancy asked again about ideas for names for the drop-in center.

Mr. Allen Jr. offered "La Casa de la Raza".

Mr. Allen Sr. suggested using buildings in the community such as senior center, lodges or restaurants.

Ms. Reis-Allen suggested "Glenn Wellness Center – Where Anything is Possible" as a name.

Ms. O'Donley said there were good points and bad points about using the senior center. The good point is there are many rooms so services/classes could be set up in these. The bad point is the building is cold – heartless – and thought any building we use needs to have a personality and friendly face.

Ms. Jones stated she has been very impressed by how the plan was written, how meetings have been done and the community/client input. She feels we have gone above and beyond what the State guidelines are and even though there have been a few glitches here and there overall we did a great job.

Nancy thanked Vickie for all her work on this plan.

Ms. Reis-Allen made it clear that the surveys were unduplicated from the personal contact.

Maureen thanked Ms. Jones for her input and all her concerns.

Ms. Reis-Allen stated participation from clients must keep going through the plan. Some people are afraid of the pressure of stigma but still support the plan.

Sandra Bromer gave a number to help clients come out about their mental illness. 1-888-844-1786 "Stigma and Discrimination for Mental Health Clients". There is a recording and discussion.

Nancy stated there will be a bulletin board at the drop-in center for information such as numbers that clients can call. There will also be a computer and instruction on how to use it so clients will be able to access the Internet.

Mr. Allen Jr. spoke about making certain the drop-in center has a "friendly face" so that people will not be afraid about visiting.

Ms. Reis-Allen stated the drop-in center must belong to the people that use it. She suggested the clients decorate it to make it their own.

Ms. O'Donley put in that the drop-in center should smell good.

Ms. Reis-Allen spoke about an Art Council she attended years ago where the artists were MH clients in recovery that had formed a cottage industry. She said there are many talents clients that should showcase their work at the drop-in center. She said some clients have educational degrees that could provide classes.

Nancy stated she appreciated all the comments from the public and clients. Keep them coming!

Brooke stated that in her experience with SAMHSA once you get on the ship and see it working you want to keep it going. It will be the same with this plan.
Ms. O'Donley stated she would like to work at the drop-in center.

Maureen stated she had worked in places that MH staff and clients working together. It will require retraining on both sides but can be exciting.

Marcia Borbon thought having a "warm line" for information on MH issues would be good.

Ms. Reis-Allen said that in Trinity County clients got together and ran a "warm line" and it worked great.

Ms. Jones shared a concern she had with the crisis line now available to clients. She was told by the crisis line person that her "crisis" was not really a crisis and she was misusing the line. She was able to get help for her crisis from Charlotte Strickland, her case manager but she is concerned about other clients.

Maureen and Brooke are looking into this issue.

Ms. O'Donley stated that nobody has to learn how to use a crisis line. When a client needs to call they will call. They should never be told the call is not a crisis. She won't call the crisis line. She did once and did not receive any help.

Nancy stated this is something that needs to be worked on.

Brooke stated she is on a mission to get a good crisis line going for the clients.

Adjourned at 1:20 p.m.

Appendix E - Exhibit 5: Budget and Staffing Detail

Glenn County Mental Health

Table of Contents for Mental Health Services Act Budget

FY's 05/06, 06/07 & 07/08

Tab #	Program Work Plan Name	Type Funding	Budget Period Covered	Fiscal Year
Bud 5.1	Adult Services	Sys. Development/Outreach & Engagement	March 1-June 30	2005/06
Staff 5.1	Adult Services	Sys. Development/Outreach & Engagement	March 1-June 30	2005/06
Bud 5.2	Senior Connections	Sys. Development/Outreach & Engagement	March 1-June 30	2005/06
Staff 5.2	Senior Connections	Sys. Development/Outreach & Engagement	March 1-June 30	2005/06
Bud 5.3	Transition Age Service Team	Sys. Development/Outreach & Engagement	March 1-June 30	2005/06
Staff 5.3	Transition Age Service Team	Sys. Development/Outreach & Engagement	March 1-June 30	2005/06
Bud 5.4	Adult Services	FSP/Sys. Dev./Outreach & Engagement	July 1-June 30	2006/07
Staff 5.4	Adult Services	FSP/Sys. Dev./Outreach & Engagement	July 1-June 30	2006/07
Bud 5.5	Senior Connections	Sys. Development/Outreach & Engagement	July 1-June 30	2006/07
Staff 5.5	Senior Connections	Sys. Development/Outreach & Engagement	July 1-June 30	2006/07
Bud 5.6	Transition Age Service Team	Sys. Development/Outreach & Engagement	July 1-June 30	2006/07
Staff 5.6	Transition Age Service Team	Sys. Development/Outreach & Engagement	July 1-June 30	2006/07
Bud 5.7	Adult Services	FSP/Sys. Dev./Outreach & Engagement	July 1-June 30	2007/08
Staff 5.7	Adult Services	FSP/Sys. Dev./Outreach & Engagement	July 1-June 30	2007/08
Bud 5.8	Senior Connections	Sys. Development/Outreach & Engagement	July 1-June 30	2007/08
Staff 5.8	Senior Connections	Sys. Development/Outreach & Engagement	July 1-June 30	2007/08
Bud 5.9	Transition Age Service Team	Sys. Development/Outreach & Engagement	July 1-June 30	2007/08
Staff 5.9	Transition Age Service Team	Sys. Development/Outreach & Engagement	July 1-June 30	2007/08
Bud 5.10	Children's Services Team	Sys. Development/Outreach & Engagement	July 1-June 30	2007/08
Staff 5.10	Children's Services Team	Sys. Development/Outreach & Engagement	July 1-June 30	2007/08
Adm Bud 06	Administration		March 1-June 30	2005/06
Adm Bud 07	Administration		March 1-June 30	2006/07
Adm Bud 08	Administration		March 1-June 30	2007/08

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

County(ies): Glenn County
Fiscal Year: 2005-06
Program Workplan #: 1
Date: 10/17/06
Program Workplan Name: Adult Services

Type of Funding: 2. System Development
Months of Operation: 4
Proposed Total Client Capacity of Program/Service: 20
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Erin Valdez
Client Capacity of Program/Service Expanded through MHSA: 20
Telephone Number: (530)934-6347

	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			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$68,692			$68,692
c. Employee Benefits	$24,044			$24,044
d. Total Personnel Expenditures	$92,736	$0	$0	$92,736
3. Operating Expenditures				
a. Professional Services	$42,500			$42,500
b. Translation and Interpreter Services	$2,369			$2,369
c. Travel and Transportation	$4,875			$4,875
d. General Office Expenditures	$9,750			$9,750
e. Rent, Utilities and Equipment	$4,910			$4,910
f. Medication and Medical Supports	$1,125			$1,125
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$65,529	$0	$0	$65,529
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			$0
6. Total Proposed Program Budget	**$158,265**	**$0**	**$0**	**$158,265**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$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			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$186,100**			**$186,100**
D. Total Funding Requirements	**$344,365**	**$0**	**$0**	**$344,365**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

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

Program Workplan # 1 | Date: 10/17/06

Program Workplan Name Adult Services |

Type of Funding 2. System Development | Months of Operation 4

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Sr MH Counselor II	*Lic. Clinician/Substance Abuse Specialist*		1.00	$19,193	$19,193
HS Case Mgr II	*Consumer/Case Manager*	1.00	1.00	$14,948	$14,948
HS Program Coordinator	*Rehab Specialist/Vocational Specialist*		1.00	$18,393	$18,393
Sr PH Nurse	*RN/LVN/LPT*		0.25	$16,120	$4,030
Office Technician II	*Clerical Support*		1.00	$10,294	$10,294
PSE	*Consumer Advocates*	0.31	0.31	$5,916	$1,834
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.31	4.56		$68,692
C. Total Program Positions		1.31	4.56		$68,692

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): Glenn County | Fiscal Year: 2005-06

Program Workplan # 2 | Date: 10/17/06

Program Workplan Name Senior Connections | Page 3 of 20

Type of Funding 2. System Development | Months of Operation 4

Proposed Total Client Capacity of Program/Service: 6 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 6 | Telephone Number: (530)934-6347

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$10,137			$10,137
c. Employee Benefits	$3,548			$3,548
d. Total Personnel Expenditures	$13,685	$0	$0	$13,685
3. Operating Expenditures				
a. Professional Services	$12,500			$12,500
b. Translation and Interpreter Services	$790			$790
c. Travel and Transportation	$1,625			$1,625
d. General Office Expenditures	$3,250			$3,250
e. Rent, Utilities and Equipment	$2,355			$2,355
f. Medication and Medical Supports	$375			$375
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$20,895	$0	$0	$20,895
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	**$34,580**	**$0**	**$0**	**$34,580**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$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			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$46,091**			**$46,091**
D. Total Funding Requirements	**$80,671**	**$0**	**$0**	**$80,671**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

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

Program Workplan # 2 | Date: 10/17/06

Program Workplan Name Senior Connections |

Type of Funding 2. System Development | Months of Operation 4

Proposed Total Client Capacity of Program/Service: 6 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 6 | Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
HS Case Mgr II	Consumer/Case Manager	0.50	0.50	$12,214	$6,107
Sr PH Nurse	RN/LVN/LPT		0.25	$16,120	$4,030
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	0.75		$10,137
C. Total Program Positions		0.50	0.75		$10,137

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):	Glenn County	Fiscal Year:	2005-06
Program Workplan #	3	Date:	10/17/06
Program Workplan Name	Transition Age Service Team		Page 5 of 20
Type of Funding	2. System Development	Months of Operation	4
Proposed Total Client Capacity of Program/Service:	15	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Erin Valdez
Client Capacity of Program/Service Expanded through MHSA:	15	Telephone Number:	(530)934-6347

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment	$2,155			
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$2,155	$0	$0	$2,155
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	**$2,155**	**$0**	**$0**	**$2,155**
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	**$35,991**			**$35,991**
D. Total Funding Requirements	**$38,146**	**$0**	**$0**	**$38,146**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

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

Program Workplan # 3 | Date: 10/17/06

Program Workplan Name Transition Age Service Team | Page 6 of 20

Type of Funding 2. System Development | Months of Operation 4

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 15 | Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
No staff added this year.					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

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

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

County(ies): Glenn County | Fiscal Year: 2006-07
Program Workplan #: 1 | Date: 10/17/06
Program Workplan Name: Adult Services | Page 7 of 20
Type of Funding: 1. Full Service Partnership | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 20 | New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez
Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: (530)934-6347

	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	$1,500			$1,500
b. Travel and Transportation	$5,000			$5,000
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$5,000			$5,000
d. Employment and Education Supports	$5,000			$5,000
e. Other Support Expenditures (provide description in budget narrative)	$14,128			$14,128
f. Total Support Expenditures	$30,628	$0	$0	$30,628
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$206,078			$206,078
c. Employee Benefits	$72,127			$72,127
d. Total Personnel Expenditures	$278,205	$0	$0	$278,205
3. Operating Expenditures				
a. Professional Services	$59,000			$59,000
b. Translation and Interpreter Services	$7,108			$7,108
c. Travel and Transportation	$6,750			$6,750
d. General Office Expenditures	$6,750			$6,750
e. Rent, Utilities and Equipment	$11,730			$11,730
f. Medication and Medical Supports	$1,500			$1,500
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$92,838	$0	$0	$92,838
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	**$401,671**	**$0**	**$0**	**$401,671**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$41,731			$41,731
b. Medicare/Patient Fees/Patient Insurance	$750			$750
c. State General Funds	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$42,481	$0	$0	$42,481
3. Total Revenues	$42,481	$0	$0	$42,481
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$359,191**	**$0**	**$0**	**$359,191**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Glenn County

Fiscal Year: 2005-06

Program Workplan # 1

Date: 10/17/06

Program Workplan Name Adult Services

Type of Funding 1. Full Service Partnership

Months of Operation 4

Proposed Total Client Capacity of Program/Service: 20

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 20

Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Sr MH Counselor II	*Lic. Clinician/Substance Abuse Specialist*		1.00	$57,581	$57,581
HS Case Mgr II	*Consumer/Case Manager*	1.00	1.00	$44,843	$44,843
HS Program Coordinator	*Rehab Specialist/Vocational Specialist*		1.00	$55,180	$55,180
Sr PH Nurse	*RN/LVN/LPT*		0.25	$48,360	$12,090
Office Technician II	*Clerical Support*		1.00	$30,882	$30,882
PSE	*Consumer Advocates*	0.31	0.31	$17,748	$5,502
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.31	4.56		$206,078
C. Total Program Positions		1.31	4.56		$206,078

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):	Glenn County	Fiscal Year:	2006/07
Program Workplan #	2	Date:	10/17/06
Program Workplan Name	Senior Connections		Page 9 of 20
Type of Funding	2. System Development	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	6	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Erin Valdez
Client Capacity of Program/Service Expanded through MHSA:	6	Telephone Number:	(530)934-6347

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$30,412			$30,412
c. Employee Benefits	$10,644			$10,644
d. Total Personnel Expenditures	$41,056	$0	$0	$41,056
3. Operating Expenditures				
a. Professional Services	$18,000			$18,000
b. Translation and Interpreter Services	$2,369			$2,369
c. Travel and Transportation	$2,250			$2,250
d. General Office Expenditures	$2,250			$2,250
e. Rent, Utilities and Equipment	$5,565			$5,565
f. Medication and Medical Supports	$500			$500
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$30,934	$0	$0	$30,934
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	**$71,990**	**$0**	**$0**	**$71,990**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$6,158			$6,158
b. Medicare/Patient Fees/Patient Insurance	$250			$250
c. State General Funds	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$6,408	$0	$0	$6,408
3. Total Revenues	$6,408	$0	$0	$6,408
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$65,582**	**$0**	**$0**	**$65,582**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Glenn County | Fiscal Year: 2006/07

Program Workplan # 2 | Date: 10/17/06

Program Workplan Name Senior Connections |

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

Proposed Total Client Capacity of Program/Service: 6 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 6 | Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
HS Case Mgr II	Consumer/Case Manager	0.50	0.50	36,644.00	$18,322
Sr PH Nurse	RN/LVN/LPT		0.25	$48,360	$12,090
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	0.75		$30,412
C. Total Program Positions		0.50	0.75		$30,412

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):	Glenn County	Fiscal Year:	2006/07
Program Workplan #	2	Date:	10/17/06
Program Workplan Name	Transition Age Service Team		Page 11 of 20
Type of Funding	2. System Development	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	15	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Erin Valdez
Client Capacity of Program/Service Expanded through MHSA:	15	Telephone Number:	(530)934-6347

	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			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services	$0			$0
b. Translation and Interpreter Services	$0			$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$4,965			
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$4,965	$0	$0	$4,965
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			$0
6. Total Proposed Program Budget	**$4,965**	**$0**	**$0**	**$4,965**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$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			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$4,965**	**$0**	**$0**	**$4,965**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Glenn County

Fiscal Year: 2006/07

Program Workplan # 2

Date: 10/17/06

Program Workplan Name Transition Age Service Team

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 15

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 15

Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
No staff this year.					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

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

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

County(ies): Glenn County | Fiscal Year: 2007/08
Program Workplan #: 1 | Date: 10/17/06
Program Workplan Name: Adult Services | Page 13 of 20
Type of Funding: 1. Full Service Partnership | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 20 | New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez
Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: (530)934-6347

	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	$1,500			$1,500
b. Travel and Transportation	$5,000			$5,000
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$5,000			$5,000
d. Employment and Education Supports	$5,000			$5,000
e. Other Support Expenditures (provide description in budget narrative)	$10,000			$10,000
f. Total Support Expenditures	$26,500	$0	$0	$26,500
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$206,078			$206,078
c. Employee Benefits	$72,127			$72,127
d. Total Personnel Expenditures	$278,205	$0	$0	$278,205
3. Operating Expenditures				
a. Professional Services	$32,720			$32,720
b. Translation and Interpreter Services	$3,317			$3,317
c. Travel and Transportation	$5,040			$5,040
d. General Office Expenditures	$5,040			$5,040
e. Rent, Utilities and Equipment	$7,791			$7,791
f. Medication and Medical Supports	$936			$936
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$54,844	$0	$0	$54,844
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			$0
6. Total Proposed Program Budget	**$359,549**	**$0**	**$0**	**$359,549**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$97,372			$97,372
b. Medicare/Patient Fees/Patient Insurance	$525			$525
c. State General Funds	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$97,897	$0	$0	$97,897
3. Total Revenues	$97,897	$0	$0	$97,897
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$261,652**	**$0**	**$0**	**$261,652**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Glenn County | Fiscal Year: 2006/07

Program Workplan # 1 | Date: 10/17/06

Program Workplan Name Adult Services | Page 14 of 20

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 20 | Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Sr MH Counselor II	*Lic. Clinician/Substance Abuse Specialist*		1.00	$57,581	$57,581
HS Case Mgr II	*Consumer/Case Manager*	1.00	1.00	$44,843	$44,843
HS Program Coordinator	*Rehab Specialist/Vocational Specialist*		1.00	$55,180	$55,180
Sr PH Nurse	*RN/LVN/LPT*		0.25	$48,360	$12,090
Office Technician II	*Clerical Support*		1.00	$30,882	$30,882
PSE	*Consumer Advocates*	0.31	0.31	$17,748	$5,502
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.31	4.56		$206,078
C. Total Program Positions		1.31	4.56		$206,078

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): Glenn County | Fiscal Year: 2007/08

Program Workplan #: 2 | Date: 10/17/06

Program Workplan Name: Senior Connections | Page 15 of 20

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

Proposed Total Client Capacity of Program/Service: 6 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 6 | Telephone Number: (530)934-6347

	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			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$30,412			$30,412
c. Employee Benefits	$10,644			$10,644
d. Total Personnel Expenditures	$41,056	$0	$0	$41,056
3. Operating Expenditures				
a. Professional Services	$8,712			$8,712
b. Translation and Interpreter Services	$1,042			$1,042
c. Travel and Transportation	$1,584			$1,584
d. General Office Expenditures	$1,584			$1,584
e. Rent, Utilities and Equipment	$2,449			$2,449
f. Medication and Medical Supports	$294			$294
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$15,665	$0	$0	$15,665
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			$0
6. Total Proposed Program Budget	**$56,721**	**$0**	**$0**	**$56,721**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$14,370			$14,370
b. Medicare/Patient Fees/Patient Insurance	$165			$165
c. State General Funds	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$14,535	$0	$0	$14,535
3. Total Revenues	$14,535	$0	$0	$14,535
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$42,187**	**$0**	**$0**	**$42,187**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Glenn County | Fiscal Year: 2006/07

Program Workplan # 2 | Date: 10/17/06

Program Workplan Name Senior Connections | Page 16 of 20

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

Proposed Total Client Capacity of Program/Service: 6 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 6 | Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
HS Case Mgr II	Consumer/Case Manager	0.50	0.50	36,644.00	$18,322
Sr PH Nurse	RN/LVN/LPT		0.25	$48,360	$12,090
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	0.75		$30,412
C. Total Program Positions		0.50	0.75		$30,412

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):	Glenn County	Fiscal Year:	2007/08
Program Workplan #	3	Date:	10/17/06
Program Workplan Name	Transition Age Service Team		Page 17 of 20
Type of Funding	2. System Development	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	15	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Erin Valdez
Client Capacity of Program/Service Expanded through MHSA:	15	Telephone Number:	(530)934-6347

	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			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$32,260			$32,260
c. Employee Benefits	$11,291			$11,291
d. Total Personnel Expenditures	$43,551	$0	$0	$43,551
3. Operating Expenditures				
a. Professional Services	$21,384			$21,384
b. Translation and Interpreter Services	$2,559			$2,559
c. Travel and Transportation	$3,888			$3,888
d. General Office Expenditures	$3,888			$3,888
e. Rent, Utilities and Equipment	$6,010			$6,010
f. Medication and Medical Supports	$722			$722
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$38,451	$0	$0	$38,451
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	**$82,002**	**$0**	**$0**	**$82,002**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$15,243			$15,243
b. Medicare/Patient Fees/Patient Insurance	$405			$405
c. State General Funds	$9,476			$9,476
d. Other Revenue	$0			$0
e. Total New Revenue	$25,124	$0	$0	$25,124
3. Total Revenues	$25,124	$0	$0	$25,124
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$56,878**	**$0**	**$0**	**$56,878**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Glenn County

Fiscal Year: 2007/08

Program Workplan # 3

Date: 10/17/06

Program Workplan Name Transition Age Service Team

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 15

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 15

Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Sr MH Counselor II	*Clinician*		0.50	$49,382	$24,691
PSE	*Peer Mentor*	0.50	0.50	$15,138	$7,569
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	1.00		$32,260
C. Total Program Positions		0.50	1.00		$32,260

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

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

County(ies):	Glenn County	Fiscal Year:	2007/08
Program Workplan #	4	Date:	10/17/06
Program Workplan Name	Children's Services Team		Page 19 of 20
Type of Funding	2. System Development	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	15	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Erin Valdez
Client Capacity of Program/Service Expanded through MHSA:	15	Telephone Number:	(530)934-6347

	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			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$61,335			$61,335
c. Employee Benefits	$21,467			$21,467
d. Total Personnel Expenditures	$82,802	$0	$0	$82,802
3. Operating Expenditures				
a. Professional Services	$21,384			$21,384
b. Translation and Interpreter Services	$2,559			$2,559
c. Travel and Transportation	$3,888			$3,888
d. General Office Expenditures	$3,888			$3,888
e. Rent, Utilities and Equipment	$6,010			$6,010
f. Medication and Medical Supports	$722			$722
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$38,451	$0	$0	$38,451
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			$0
6. Total Proposed Program Budget	**$121,253**	**$0**	**$0**	**$121,253**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$28,981			$28,981
b. Medicare/Patient Fees/Patient Insurance	$405			$405
c. State General Funds	$9,476			$9,476
d. Other Revenue	$0			$0
e. Total New Revenue	$38,862	$0	$0	$38,862
3. Total Revenues	$38,862	$0	$0	$38,862
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$82,391**	**$0**	**$0**	**$82,391**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

County(ies): Glenn County

Fiscal Year: 2007/08

Program Workplan # 4

Date: 10/17/06

Program Workplan Name Children's Services Team

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 20

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Erin Valdez

Client Capacity of Program/Service Expanded through MHSA: 20

Telephone Number: (530)934-6347

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Sr MH Counselor II	*Clinician*		0.50	$49,382	$24,691
HS Case Mgr II	*Parent Partner/Court Liaison*	1.00	1.00	$36,644	$36,644
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	1.50		$61,335
C. Total Program Positions		1.00	1.50		$61,335

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 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): Glenn County

Fiscal Year: 2005-06

Date: 10/17/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		0.25	$5,291
b. MHSA Support Staff		0.25	$3,335
c. Other Personnel (list below)			
i. Quality Improvement Manager			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries			$8,626
e. Employee Benefits			$3,345
f. Total Personnel Expenditures			$11,971
2. Operating Expenditures			
a. Professional Services			$1,380
b. Travel and Transportation			$40
c. General Office Expenditures			$748
d. Rent, Utilities and Equipment			$707
e. Other Operating Expenses (provide description in budget narrative)			$0
f. Total Operating Expenditures			$2,875
3. County Allocated Administration			
a. Countywide Administration (A-87)			$3,273
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$3,273
4. Total Proposed County Administration Budget			**$18,119**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$0
b. Other Revenue			$0
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			**$0**
D. Total County Administration Funding Requirements			**$18,119**

COUNTY CERTIFICATION

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

Date: ________ Signature ____________________

Local Mental Health Director

Executed at ____________________, California

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

County(ies): Glenn County

Fiscal Year: 2006/07

Date: 10/17/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		0.25	$15,874
b. MHSA Support Staff		0.25	$10,429
c. Other Personnel (list below)			
i.			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.50	$26,303
e. Employee Benefits			$10,035
f. Total Personnel Expenditures			$36,338
2. Operating Expenditures			
a. Professional Services			$4,141
b. Travel and Transportation			$121
c. General Office Expenditures			$2,244
d. Rent, Utilities and Equipment			$2,120
e. Other Operating Expenses (provide description in budget narrative)			$0
f. Total Operating Expenditures			$8,626
3. County Allocated Administration			
a. Countywide Administration (A-87)			$11,412
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$11,412
4. Total Proposed County Administration Budget			**$56,376**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$56,376**

COUNTY CERTIFICATION

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

Date: ________ Signature ______________________________

Local Mental Health Director

Executed at ______________________________, California

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

County(ies): Glenn County

Fiscal Year: 2007/08

Date: 10/17/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		0.25	$15,874
b. MHSA Support Staff		0.25	$10,781
c. Other Personnel (list below)			
i.			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.50	$26,655
e. Employee Benefits			$10,035
f. Total Personnel Expenditures			$36,690
2. Operating Expenditures			
a. Professional Services			$5,856
b. Travel and Transportation			$171
c. General Office Expenditures			$3,173
d. Rent, Utilities and Equipment			$2,998
e. Other Operating Expenses (provide description in budget narrative)			$0
f. Total Operating Expenditures			$12,198
3. County Allocated Administration			
a. Countywide Administration (A-87)			$18,183
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$18,183
4. Total Proposed County Administration Budget			**$67,071**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$0
b. Other Revenue			$0
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$67,071**

COUNTY CERTIFICATION

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

Date: ________ Signature ______________________________

Local Mental Health Director

Executed at ______________________________, California