



**San Luis Obispo County  
Mental Health Services Act**

***Plan for  
Community Services and Supports***

Submitted to Department of Mental Health  
December 20, 2005

**San Luis Obispo County  
Three-Year Program and Expenditure Plan Requirements  
Mental Health Services Act - Community Services and Supports**

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EXHIBIT 1: Program and Expenditure Plan Face Sheet

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

County: San Luis Obispo Date: December 20, 2005

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## INTRODUCTION

The Mental Health Services Act (MHSA) was enacted into law January 1, 2005. This followed the passage of Proposition 63 in November 2004 which proposed a 1% tax on adjusted annual income over \$1,000,000. This new stream of funding is dedicated to transforming the public mental health system and seeks to reduce the long-term adverse impact from untreated serious mental illness.

San Luis Obispo County's Behavioral Health Services Department (BHS) is slated to receive an additional \$2.3 million annually as a result of the MHSA. This reflects an approximately 10% increase to its current annual budget.

To access the MHSA funds, counties are required to develop a three-year work plan to carry out the goals and objectives of the MHSA. This plan must be created in collaboration with clients, family members, providers, and other community stakeholders and circulated for public comment prior to being submitted to the California Department of Mental Health.

The following Community Services and Supports (CSS) Plan is a result of ten months of extensive and intensive stakeholder involvement. It represents new and expanded programming in order to improve the quality of life of persons most in need of care and will facilitate the following outcomes:

- Meaningful use of time and capabilities, including employment, vocational training, education, and social and community activities
- Safe and adequate housing and reduction in homelessness
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction in incarceration
- Reduction in involuntary services, institutionalization, and out-of-home placements

The services proposed in the Community Services and Supports plan also incorporate the fundamental concepts needed to ensure system transformation:

- Community collaboration
- Cultural competence
- Client and family driven systems and services
- Wellness focus, including recovery and resiliency programming that assists individuals in leading a fulfilling and productive life with optimism and hope
- Integrated services that are coordinated between agencies

MHSA funds are available for three types of system programming:

- 1) *Full Service Partnership Funds* provide for “whatever it takes” intensive services to a small focal population of persons with severe mental illness. (MHSA requires that at least 51% of the funds be used for FSP programming.)
- 2) *General System Development Funds* improve programs, services and supports for individuals in full service partnerships as well as the entire population of persons with severe and persistent mental illness.
- 3) *Outreach and Engagement Funds* provide for special activities needed to reach unserved populations.

MHSA funds will be used to implement the following ten new, improved or expanded initiatives over the next three years, beginning in Spring 2006. They were selected based on the integration of MHSA required outcomes and approved strategies, funding criteria and our community’s input and priorities. Their implementation will serve as a catalyst for significant shifts in service culture and system changes.

- Four *Full Service Partnership* programs will provide a broad range of mental health services and intensive supports to targeted populations of children, transition age youth, adults and older adults.
- *Client and Family Wellness Supports* will provide an array of recovery-centered services to help individuals improve their quality of life, feel better and be more satisfied with their lives. Support will include: vocational training and job placement; community and supportive housing; increase day to day assistance for individuals and families in accessing care and managing their lives; expand client and family-led education and support programs; outreach to unserved seniors; and expand services for persons with co-occurring substance abuse.
- *Enhanced Crisis Response and Aftercare* will increase the number of mobile responders and add follow up services to individuals not admitted to the psychiatric health facility as well as to those discharged from the facility.
- *Latino Outreach & Services* program will reach unserved and underserved limited-English speakers and provide community-based, culturally-appropriate treatment and support.
- *Mentally Ill Probationers Services* program will be doubled in capacity.
- Intense, daily school-based mental health services for students with serious emotional disturbances will be piloted at a North County community school.
- A county-wide outreach and education campaign will promote awareness of mental illness and stigma reduction and education about services available and how to access care.

San Luis Obispo County Behavioral Health Services is excited and encouraged with the unprecedented opportunity the Mental Health Services Act has created for system transformation and for improving the lives of our community’s most unserved and in need residents.

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

**Section I: 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.**

San Luis Obispo County is excited by and appreciative of the level of input it received from numerous and diverse clients, families, service providers and other stakeholders throughout the county. Outreach efforts to inform the community about the Mental Health Services Act and to solicit involvement in the planning process started in February 2005 and continued through June 2005. Over 2,400 individuals participated in the input planning process.

More than 1,000 people with mental illness or family members participated in the public planning process. Participation included providing feedback and insight through focus groups, public forums, interviews, and written and telephone surveys.

Furthermore, persons with mental illness (both current and former clients of the public system and client advocates) and family members are members of the MHSA Steering Committee. The steering committee was charged with the oversight and guidance of the entire public planning process and then contributed to the analysis of the input, selection of the full services partnership populations, and development of CSS activities. In addition to the steering committee, other individuals with mental illness and families were consulted through advisories representing their particular interests such as programming for youth, adults, older adults, Latinos, and/or rural communities.

Focus groups and interviews with clients and family members included:

- Adult and older adults – 2 focus groups
- Transition age youth – focus group
- One on one interviews with young adults and older adults with mental illness
- Adult Services Policy Council – focus group; included clients and family members
- Parents and siblings of adults and youth with mental illness – focus group
- Foster parents of children with SED – focus group
- Interviews with limited English speaking persons with mental illness and family members

Written surveys were completed by current and former clients of County Behavioral Health Services and clients of community-based programs, as well as unserved persons with mental illness living in Spanish-speaking and/or rural communities. Surveys were also completed by clients in jail or on probation, and participants of the Mentally Ill Probationers program.

Planning questions were designed to discover unmet needs and the impacts of unmet needs, and to capture their perspectives on the current system, strengths, weaknesses, and opportunities for improvement.

As the planning process was trying to reach unheard and unknown populations of persons with mental illness and family members, outreach activities also included presentations and booths at public events such as rural health fairs and children's days at local parks and surveys distributed to health clinics, employment agencies and senior centers.

Latinos are the largest ethnic minority in this county, but underrepresented in our client population, especially limited-English speakers. This traditionally marginalized population was targeted for concentrated efforts to increase this group's input. Bilingual and bicultural outreach workers were successful in making over 300 one-on-one connections with limited-English members of the Latino community through participation in community events and offering presentations in schools and churches, accessing many families that were receiving no care. Additionally, five focus groups of Latino providers were convened to gain their insight as well as ask for their assistance in reaching unserved populations.

Seventy-six persons with mental illness and family members participated in four public forums held throughout the county. Many provided critical feedback regarding the treatment they have received, and just as important, the needs they still have.

A broad promotional campaign was held that highlighted the Community Program Planning project. It featured a series of press releases, television interviews, radio call-in shows, and paid print ads. This campaign emphasized the need for persons with mental illness families to comment on the process and their experiences, and provide their expertise at various stages – input groups, advisory groups, and/or public review. This effort resulted in many unserved and underserved persons being heard by County Behavioral Health Services.

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

In all, the public planning process included:

- Over 2,400 individuals
- 23 focus groups
- 31 public presentations
- Four public forums
- Six community events
- Two written surveys with over 1,600 respondents
- Countywide phone survey
- Countywide awareness campaign

The following stakeholders – representing diverse age, gender, client, family and provider populations, care focus, delivery methods, ethnic communities, and regional locations – have been involved in the county’s community input and planning process:

- Adult Services Policy Council, serving adults and older adults
- Alcohol and drug therapists / recovery providers, serving all age groups
- Atascadero Community Coalition, serving all age groups
- Atascadero Youth Task Force
- Child Abuse Prevention Council
- Children’s Services Network
- Community at large via public forums; surveys; community events
- County Board of Supervisors, representing entire county
- County Drug and Alcohol Advisory Board, serving all ages and county regions
- County Health Commission, serving all ages and county regions
- County Mental Health Advisory Board, serving all ages and county regions
- Criminal justice administrators, serving all ages and county regions
- Developmentally disabled providers, serving all ages
- Economic Opportunity Council, serving all ages and county regions
- Educators, including special education
- Employment/vocational providers, serving adults and older adults
- Faith organizations, serving all ages and county regions
- Gay & Lesbian advocacy groups, serving all ages and county regions
- Head Start programs, serving south county
- Homeless services providers (including shelters, day centers, meal services), serving all ages and county regions
- Housing providers
- Juvenile Justice Commission
- Latino providers, representing the four county regions (North, South, Coastal, Central)
- Latinos, including limited English speakers, particularly in rural and low income communities
- Law enforcement, police and Sheriff – field officers from all county regions
- Medical Society physicians – including ER doctors, psychiatrists
- Mental Health Criminal Justice Task Force, including judges and attorneys
- Mental Health line staff, serving all ages and county regions
- NAMI members
- Private therapists
- Providers at large, via paper and web-based surveys and public forums
- Rural communities – unrepresentative areas of the county, including San Miguel, Nipomo and Oceano
- SAFE System of Care staff
- Social workers from Child Protective Services and Adult Protective Services
- Staff from primary contractors – Transitions-Mental Health, Mobile Crisis, Family Care Network, serving all ages and county regions
- Women’s shelters

Table one outlines the various strategies employed to ensure comprehensive input, and the number of participants / respondents:

Table 1

Input Source	Total Respondents	Persons with Mental Illness	Family Members	Providers	Latino *
Focus Groups	224	50 22%	67 30%	160 73%	44 20%
Public Forums	117	20 17%	56 48%	68 58%	2 2%
Written Survey – Community	896	206 23%	337 38%	Data not collected	303 34%
Written Survey – Providers	585	Data not collected	Data not collected	585	Data not collected
Co BHS Client Satisfaction Survey	225	225 100%	N/A	N/A	26 12%
Phone Survey – Random Sample	400	88 22% <i>(combined with family member)</i>	88 22% <i>(combined with person with mental illness)</i>	Data not collected	32 8%
<b>Totals**</b>	<b>2,447</b>	<b>589+</b> <b>41%</b>	<b>548+</b> <b>22%</b>	<b>813+</b> <b>33%</b>	<b>407+</b> <b>17%</b>

\* These data should be viewed in the context that the overall 2000 San Luis Obispo County population was 76% White, 16% Latino, 3% Asian, 2% Black and 1% American Indian.

\*\* Totals are greater than 100% due to respondents belonging to more than one category.

**See Appendix A, page 214, for samples of the written surveys.**

*Age / Gender Diversity:*

Table 2. Stakeholders, by Age:

	Survey Respondents	Focus Group Participants	Public Forums	Random Phone Survey
< 18	4%	3%	0	n/a
18-24	8%	2%	2%	45% (ages 18-44)
25-34	19%	3%	6%	
35-44	24%	15%	12%	
45-54	22%	34%	26%	34% (ages 45-64)
55-64	14%	28%	35%	
Over 64	8%	12%	19%	22%

Table 3. Stakeholders, by Gender:

	Survey Respondents	Focus Group Participants	Public Forums	Random Phone Survey
Female	76%	65%	77%	55%
Male	23%	34%	22%	45%

These percentages are similar to the percentages found in the mental health and social services professionals and primary caretakers populations.

*Publicity Campaign:*

Additionally, an extensive public relations campaign was conducted to inform the public about the Mental Health Services Act, increase stakeholder input, and to reach unserved and underserved populations and those providers not known to the public mental health system.

The publicity campaign included:

- Articles in countywide papers
- Editorial in largest countywide paper
- Flyers (in English & Spanish) announcing public forums and seeking broad input. Distribution through County BHS, Social Services, and Probation offices, health clinics and medical offices, schools, police departments, private practice therapists, non-profit human services organizations, and email broadcasts.
- Information booths at four health fairs – two in rural communities; and at Medical Society public expo; included distribution of surveys and one-on-one information about MHSa and mental health services.
- Letters to the editor

- Print advertisements for the public forums and web-based surveys – published in two countywide papers (over 100,000 circulation) and seven regional papers, including the Spanish-language paper.
- Radio advertisements for the public forums and web-based surveys. Five diverse stations (included Spanish radio), countywide air play
- Radio interviews (4) – highlighting MHSA, community planning process, and the stakeholder input needed.
- Surveys distributed throughout county, including via non-traditional sites such as community health centers, chambers of commerce, Head Start sites, senior centers, community coalition groups, and recovery centers
- Television interviews (2) – NBC affiliate and public access cable

*Under-represented Stakeholders:*

As the Latino population is the county’s largest minority, and underserved by public mental health services (County population is 16%, BHS client population is 12%), we engaged in a concentrated effort to increase input from this group.

Latino providers and community members at large were included through the following strategies:

- Provider focus groups
- Presentations at three ESL classes (conducted in Spanish)
- Presentations to parents at Healthy Start locations (conducted in Spanish)
- Information booths and presentations at community health fairs (conducted in Spanish and English)
- Panel presentations to Latino Outreach Council’s Providers Network
- Presentations to Visión Unida leadership classes (in Spanish & English)
- Paper and web-based surveys – in Spanish and English
- One-on-one interviews with monolingual Spanish-speaking community members
- Radio advertisements asking for survey and public forum participation – including Spanish-language station
- Print advertising asking for survey and public forum participation – including Spanish newspaper
- Outreach to Latino community via Community Health Centers – included distribution of survey
- Outreach to Latino community via churches

Our results show success in this targeted outreach: 34% of survey respondents were Latino – this represents 100% more than the county population of 16%.

Rural population stakeholders were specifically targeted through advertisements in regional papers, information booths at community fairs, and utilizing providers and community advocates that currently serve those areas.

**3) Identify the person or persons in your county who had overall responsibility for the planning process.**

The MHSA Work Group, consisting of the BHS management team and front line staff, provided overall leadership and held responsibility for the planning process. The Work Group has met one to two times per week since February 2006. Additionally, the chairperson of the cultural competency committee regularly advised the planning effort and worked with the planning consultant.

Work Group staffing consisted of the following individuals:

Staff Member	Role	Time Devoted (FTE)
Director, Health Agency	Agency leadership; oversight and guidance	.10
Director, Behavioral Health	Agency ;leadership; oversight and guidance	.20
Director, Drug and Alcohol Services	oversight and guidance	.10
Medical Director, Mental Health Services	oversight and guidance	.20
Clinical Programs Manager – Access and Compliance	operational planning	.20
Clinical Programs Manager – Adult Services	operational planning	.20
Clinical Programs Manager – Children’s Services	operational planning	.20
Administrative Services Manager	fiscal planning	.25
Systems Coordinator – North County S.A.F.E. SOC	operational planning	.15
Systems Coordinator – South County S.A.F.E. SOC	operational planning	.15
Administrative Services Officer II	Administrative/clerical	.10
Planning Consultant	Project management; coordination and facilitation of planning process	.75

A steering committee comprised of clients, family members, agency and community stakeholders, and Behavioral Health Services staff shared responsibility with the Work Group in ensuring a comprehensive and inclusive input process as well as a Community Services and Supports Plan that reflected the spirit of the MHSA as well as the community's wishes. The Steering Committee has met one to two times per month from March to August 2005.

Steering Committee membership included representatives from:

- Individuals with mental illness (4)
- Family members (2)
- Family advocates
- Family Care Network
- Law enforcement
- NAMI of San Luis Obispo
- County Office of Education
- Department of Social Services
- Latino Outreach Council
- Medical Society
- Mental Health Advisory Board
- Mental Health Services - adult treatment staff
- Mental Health Services – youth treatment staff
- Behavioral Health Services administration
- Private practice psychiatrist
- Probation Department
- Public Health Department
- Transitions-Mental Health Association

The Steering Committee combined with the MHSA Work Group to form the Planning Team that analyzed the community input data, and determined the recommended programming for this CSS Plan. The Planning Team met two to three times per month from August to November 2005.

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

Numerous trainings were provided to a variety of stakeholders during the community program planning effort. Topics included: an orientation to the MHSA and philosophies of system change, wellness, recovery and resiliency; county-specific information regarding prevalence and the system of care; unserved and underserved populations; and cultural competency and ethnic disparities.

Training Event	# of Attendees	Date
Atascadero Youth Task Force – orientation	27	5/3/05
Business leaders – SLO Rotary – orientation	65	7/27/05
Children’s Services Network - orientation	45	6/23/05
Client/Family Stakeholder Trainings. Participants included youth and adults; families of youth with SED; families of adults with SMI; foster parents of children with SED	60	May – June, 2005
County Board of Supervisors - in-service * Also televised to Community at Large via Charter cable public access	5 Supervisors; 10 admin staff; 50 in audience; + 1000’s of viewers of televised session	6/7/05
County Drug & Alcohol Advisory Board - orientation	10 Board members; 25 in audience	4/14/05
County Health Commission - In-service * Also televised to Community at Large via Charter cable public access	12 Commissioners; 30 in audience + 1000’s of viewers of televised session	4/11/05
Criminal Justice Administrators - orientation	30	5/11/05
Cultural Competency Training * Also televised to Community at Large via Charter cable public access	50 at the training + 1000’s of viewers of the televised training	6/3/05
Juvenile Justice Commission – orientation	21	4/14/05
Latino Providers - in-service	45	June 1, 6, 7, 15, 2005
Latino Outreach County - providers panel regarding MHSA and reducing ethnic disparities	16	5/3/05
Medical Society - orientation	9	5/27/05
Mental Health Board - in-service	15	5/19/05
NAMI - orientation	23	4/26/05
Provider Stakeholder Trainings. Providers included: drug & alcohol therapists; probation officers; social workers; mental health line staff & contractors; children/ youth providers; educators; adult providers; senior providers; foster care providers; homeless services providers; law enforcement; criminal justice professionals; medical providers	160	April – June, 2005

Training Event	# of Attendees	Date
Public Forums – Open to Community at Large	117	June 2, 7, 9, 16, 2005
Rural & Latino Communities; Participants in ESL classes; Community Health Fairs – MHSA orientation and general awareness of services	515+	April 30, May 1, 14, 17, 19, 21, 31, 2005
Staff In-service	62	6/14/05
Staff Training	40	3/8/05
Staff Orientations – Regional	56	3/9/05 3/10/05 3/16/05 4/29/05
Staff Orientations – Regional	60	March 22, 23, 24, 30, 31, 2005
Webcasts – SLO County has purchased the entire series	On going	July – Nov, 2005

## **Section II: Plan Review**

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

Notice of the plan's availability for review and of the December 8, 2005 public hearing was sent to participants involved with the community planning process (there are several hundred individuals and agencies on the mailing list), Board of Supervisors, all Mental Health Services staff, planning team members, and the SLO County Community Foundation's mailing list.

Notification flyers were posted at five county mental health clinics, public health clinics, Community Health Centers, and 11 regional libraries.

A legal notice and press release was published in the Tribune, the only countywide daily newspaper (readership of more than 90,000), and press releases were sent to more than 20 print, radio and television outlets. The BHS director and MHSA coordinator were interviewed about the plan review process on a local talk radio show (over 10,000 listeners).

The plan and notice of the public hearing were posted on the MHSA website as well as the websites for the Public Health and Drug and Alcohol Services Departments and the Children's Services Network.

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

See Appendix B, page 228, for the announcement flyer and hearing materials. The hearing's proceedings are on audio tape, submitted with this plan.

On December 8, 2005, the Mental Health Board of San Luis Obispo convened a public hearing to receive comments on the proposed CSS Plan. Twelve Board members were in attendance as well as six BHS staff, the MHSA coordinator, a NAMI representative, a Spanish translator and nine members of the public. The current chairwoman presided over the hearing.

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

Of the nine community members attending the hearing, three provided public comment. All three comments were positive and did not seek any revisions to the plan.

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

No recommendations for changes were received from the public during the review period or at the hearing. Therefore, there are no changes to the plan based on public comment.

However, one change has been made to this plan between its release to the public and submission to DMH: The target population in Work Plan #9 has been changed from special education students to community school students with SED who are not receiving 26.5 services.

This change came as a result of informal review by DMH staff that were concerned about issues of supplantation. The new target population was determined during our community planning process to be highly unserved and underserved group so this change in target population still meets a great need in our county.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

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

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

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

<u>Children/Youth</u>	<u>Transition Age Youth</u>	<u>Adults</u>	<u>Older Adults</u>
1. Inability to be in regular school environment *	1. Substance Abuse *	1. Homelessness *	1. Isolation *
2. Substance abuse *	2. Legal system involvement / jail *	2. Substance Abuse *	2. Homelessness *
3. Legal system involvement / jail *	3. Homelessness *	3. Inability to Work *	3. Hospitalization *
4. Out-of-home placement *	4. Inability to work *	4. Legal system involvement / jail *	4. Institutionalization *
5. Isolation	5. Inability to be in regular school environment *	5. Isolation	5. Substance Abuse *

- 2) 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.)

Issues were selected through input from clients, underserved people with mental illness, family members, providers, the proposal planning team and BHS staff. The selected issues ranked as highest priority by stakeholders.

Our focused-issues are highly interconnected, and have frequently not been adequately dealt with in the past. Focusing on these issues will address gaps and can offer the greatest sense of wellness, quality of life improvements and opportunities for recovery for individuals while fostering transformation in the system.

**3) 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.**

The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the public planning process, is the under representation of Latino individuals. This imbalance in service access is made even more dramatic considering the relatively high proportions of Latinos in the poverty population with the health and access problems associated with poverty status. Latinos are 18% of the total county population of 260,024, but they represent a total of 28% of the poverty population. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresentative Latino population in our county reside in the rural areas (communities with populations less than 3000 and/or located 15-30 miles from services), thus exacerbating access, transportation and information distribution difficulties associated with serving minority groups.

Within the overarching Latino service imbalance, the disparity between the percentage of Latino Youth and Transition Age Youth receiving services is underrepresented, compared to their numbers in the poverty population. A very telling disproportionate service pattern exists, with approximately 18% of services going to Latinos while that same group represents 47% of the Youth and Transition Age Youth poverty population age groups. In a similar fashion, when reviewing the unserved population, Latino Youth and Transition Age Youth represent the highest combined percentages of unserved among the youth and transition age groups.

Among adults, Latinos again represent a relatively low percentage of those served (9%) compared to their percentage of both in the poverty level population (23%) and in the total County population (18%). Among the Older Adult Latino age group, the total service number is similarly depressed as compared with the Caucasian group served. It is estimated that because of the acculturation process, older Latinos will find even more cultural and linguistic barriers than their younger adult counterparts and therefore represent an a greater access disparity based on this potential imbalance in culture and linguistic barriers.

Among the Adult Latino group there is also significant disparity between services received by males versus females, with females receiving approximately 33% more services than males.

- 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. All community issues are identified in the CSS Three Year Program and Expenditure Plan Requirements.

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

### **1. Analysis of the unserved populations in San Luis Obispo County by age group**

All analyses of unserved populations in San Luis Obispo County are based on prevalence rates and statistics provided by the California Department of Mental Health. Data sets associated with Persons with Incomes Less than 200% of Poverty Level were used to calculate prevalence of mental health data. All prevalence data analyses are based on the 2004 Prevalence Rate, Service and Population Estimate data.

For ease of reference in the following narrative, the term “At Risk” refers to person at risk of developing a mental illness. These numbers are based on persons identified by mental illness prevalence rate projections applied to populations within the Less than 200% of Poverty Level income group.

**Overall, the unserved rates by age group are:**

- Children and Youth: 4% unserved
- Transition Age Youth: 62% unserved
- Adults: 70% unserved
- Older Adults: 90% unserved

Details of these rates and populations follow.

**1. Analysis of the unserved populations in San Luis Obispo County by age group, continued.**

**Children and Youth**

Table 1.1 shows the relative percentages of unserved youth, with males and females displayed comparatively.

Racial disparities are most prominent with the male Asian//Pacific Islander population, with an unserved percentage of 73%. Native American youth also represent a relatively high unserved number with males and females being 57% and 44% unserved, respectively. However, the low overall prevalence numbers and the low population totals speak to a very small number of individuals resulting in this unserved disparity.

**Table 1.1 Children and Youth Unserved Population Estimates**

<b>Female</b>	Population Total	Prevalence Rate (2004)	Estimated Total (2004)	Clients (2004-5)	Unserved	% Unserved
African American	270	9.01%	13	24	-11	-80%
Asian/Pacific Islander	570	8.68%	11	7	4	36%
Latino	7,070	8.73%	347	123	224	65%
Native American	186	8.22%	9	5	4	44%
White	15,932	8.78%	340	449	-109	-32%
Other	855	9.36%	20	28	-8	-43%
<b>Total Youth Female</b>	<b>24,883</b>	<b>8.87%</b>	<b>749</b>	<b>636</b>	<b>113</b>	<b>15%</b>
<b>Male</b>						
African American	342	9.01%	14	20	-6	-47%
Asian/Pacific Islander	596	8.68%	11	3	8	73%
Latino	7,479	8.73%	356	142	214	60%
Native American	205	8.22%	9	4	5	57%
White	17,208	8.78%	349	611	-262	-75%
Other	911	9.36%	20	17	3	15%
<b>Total Youth Male</b>	<b>26,741</b>	<b>8.87%</b>	<b>759</b>	<b>797</b>	<b>-38</b>	<b>-5%</b>
<b>Total Youth</b>	<b>51,624</b>		<b>1508</b>	<b>1,433</b>	<b>75</b>	<b>5%</b>

Most significant for future mental health programming, however, is the unserved Latino minority. Both male and female Latinos are unserved, with 60% and 65% unserved, respectively. These numbers are made more significant considering that Spanish is San Luis Obispo County's only threshold language.

Using these prevalence projections, combining male and female subgroups, the Latino youth prevalence number is approximately 703 youth at risk high of mental illness. This number indicates approximately 48%, nearly one-half of all unserved youth, are Latino. For comparative purposes, Latino youth represent about 28% of the county's total youth population. Given the size of the at risk population and this level on unserved need, the Latino youth represent the group with the highest number of unserved individuals.

Some youth groups that present as statistically over-served include the African American and White populations. African American numbers in total prevalence figures are relatively low, reflecting their minority status in the overall population. As a result of lack of awareness of preventive and early intervention services, persons in a ethnic group, not hampered by a language barrier, tend to seek services when their condition is more severe, resulting higher utilization of hospitalization and crisis services. Ultimately this raises utilization rates for this English-speaking minority.

The over-representation of White male or female recipients reflects the higher numbers of Whites in the overall county demographic. As such, it does represent a significant disparity between levels of services received by Whites and those by the minority ethnic groups, in particular the Latino group.

*Overall, youth are approximately 4% unserved.*

1. Analysis of the unserved populations in San Luis Obispo County by age group, continued.

**Transitional Age Youth (TAY)**

TAY poverty and prevalence projections are based on 2004 statistics provided by the California Department of Mental Health. Based on the need to extrapolate data from both the youth and adult data sets for prevalence rates and poverty population, TAY data may be taken as estimates for planning projections, not definitive numbers.

**Table 1.2 Transition Age Youth Unserved Population Estimates**

<b>Female</b>	Population Total	Prevalence Rate (2004)	Estimated Total (2004)	Clients (2004-5)	Unserved	% Unserved
African American	204	9.01%	16	8	8	51%
Asian/Pacific Islander	1,080	13.46%	21	4	17	81%
Latino	3,482	9.73%	478	63	415	87%
Native American	189	9.22%	13	3	10	76%
White	17,137	10.21%	488	312	176	36%
Other	508	11.83%	30	16	14	48%
<b>Total TAY Female</b>	<b>22,600</b>	<b>10.58%</b>	<b>1,046</b>	<b>406</b>	<b>640</b>	<b>61%</b>
<b>Male</b>						
African American	745	9.01%	17	13	4	22%
Asian/Pacific Islander	1,350	12.46%	20	4	16	80%
Latino	1,671	8.73%	440	49	391	89%
Native American	189	8.22%	12	3	9	74%
White	17,137	9.21%	452	292	160	35%
Other	508	10.83%	29	5	24	83%
<b>Total TAY Male</b>	<b>21,600</b>	<b>9.74%</b>	<b>968</b>	<b>366</b>	<b>602</b>	<b>62%</b>
<b>Total TAY</b>	<b>44,200</b>		<b>2,014</b>	<b>772</b>	<b>1,242</b>	<b>62%</b>

Table 1.2 shows that, in contrast with children, the TAY population is unserved categorically across racial/ethnic groups. However, the degree of unserved TAY varies between groups. African American TAY receive the highest rate of service, with an average of 22% to 51% unserved. White TAY have the second most service, with a 35% unserved rate.

Latino TAY are the highest underserved subgroup, with Latino females being the most extreme unserved group at 89% unserved. The Latino average is 88% unserved. This represents a significant difficulty in penetration and service delivery.

Asian/Pacific Islander and Native American TAY are unserved at 80% and 75%, respectively. However, the overall small numbers of these racial groups make generalizing the issues behind these findings difficult (i.e. the actual numbers of unserved individuals is only 33 and 19, respectively, for the entire county). This is an area needing further research and future focus.

*With an overall rating of 62% unserved, the TAY group represents a relatively high level of unserved individuals.*

**1. Analysis of the unserved populations in San Luis Obispo County by age group, continued.**

**Adults**

Table 1.3 illustrates the relationship with the various racial/ethnic groups within the adult population relative to service levels and projected prevalence rates. Overall, percentages of unserved vary proportionately between populations with the exception of African American individuals, which for both male and female, appear to have received service at or above the projected estimates of need. The same reflection of projected need being met is true for the Native American adult females and males.

**Table 1.3 Adult Unserved Population Estimates**

<b>Female</b>	Population Total	Prevalence Rate (2004)	Estimated Total (2004)	Clients (2004-5)	Unserved	% Unserved
African American	743	8.01%	20	37	-17	-89%
Asian/Pacific Islander	2,904	10.83%	95	17	78	82%
Latino	12,503	8.16%	445	152	293	66%
Native American	622	4.79%	12	19	-7	-64%
White	55,730	9.21%	1,481	1,308	173	12%
Other	1,297	9.76%	55	32	23	42%
<b>Total Adult Female</b>	<b>73,799</b>		<b>2,107</b>	<b>1,565</b>	<b>542</b>	<b>26%</b>
<b>Male</b>						
African American	3,406	8.01%	17	42	-25	-153%
Asian/Pacific Islander	3,110	10.83%	81	13	68	84%
Latino	16,803	8.16%	379	112	267	70%
Native American	735	4.79%	10	11	-1	-11%
White	58,102	9.21%	1,259	984	275	22%
Other	1,260	9.76%	47	20	27	57%
<b>Total Adult Male</b>	<b>83,416</b>		<b>1,792</b>	<b>1,182</b>	<b>610</b>	<b>34%</b>
<b>Total Adult</b>	<b>157,215</b>		<b>3,899</b>	<b>2,747</b>	<b>2,717</b>	<b>70%</b>

The White ethnic group shows relatively high service utilization with a combined unserved rate of about 17%. Among the other populations, the Latino and Pacific Islander groups stand out as representing the most unserved. The Asian/Pacific Islanders reflect a high predicted need level as compared to services received with an average unserved of 83%. However, the number of individuals is extremely low given the overall county population.

Because of their high total numbers and resulting projected prevalence rates, Latinos, with male and female unserved populations of 70% and 66%, respectively, represent a significant level of unserved individuals. Based on overall population totals, Latinos are the most unserved group of Adults, with a combined average of 68% unserved.

*Overall, adults are 70% unserved.*

**1. Analysis of the unserved populations in San Luis Obispo County by age group, continued.**

**Older Adults**

Table 1.4 illustrates the relationship between racial/ethnic groups with regard to prevalence and service levels among the Older Adult population.

**Table 1.4 Older Adult Unserved Population Estimates**

<b>Female</b>	Population Total	Prevalence Rate (2004)	Estimated Total (2004)	Clients (2004-5)	Unserved	% Unserved
African American	247	7.10%	4	0	4	100%
Asian/Pacific Islander	608	7.10%	13	1	12	92%
Latino	1,524	7.10%	85	6	79	93%
Native American	134	7.10%	4	2	2	47%
White	25,399	7.10%	249	113	136	55%
Other	293	7.10%	9	1	8	89%
<b>Total Older Adult Female</b>	<b>28,205</b>		<b>363</b>	<b>123</b>	<b>240</b>	<b>66%</b>
<b>Male</b>						
African American	310	5.88%	1	0	1	100%
Asian/Pacific Islander	411	5.88%	1	1	0	30%
Latino	1,338	5.88%	5	9	-4	-95%
Native American	163	5.88%	1	0	1	100%
White	20,544	5.88%	228	67	161	71%
Other	224	5.88%	1	2	-1	-158%
<b>Total Older Adult Male</b>	<b>22,990</b>		<b>236</b>	<b>79</b>	<b>157</b>	<b>67%</b>
<b>Total Older Adult</b>	<b>51,195</b>		<b>599</b>	<b>202</b>	<b>397</b>	<b>66%</b>

Older Adult estimates are based on extrapolated projections that may represent estimated projections. Based on the low numbers reflected in the estimating, local experience, and other antidotal information, a better picture of unserved need may be had by combining Male and Female numbers to derive overall estimates for Older Adults. For instance, the combined Male/Female Latino number represents an 85% unserved level based on combined prevalence rates.

Based on low projections, some of the over-represented groups, particularly the Latino Male and Other Male, may be too small a number for the projected “percent unserved” to be considered meaningful in terms of planning for of service delivery. The relative value of the percentage of “unserved” for each subgroup may not provide an accurate statistical base for service projection planning.

In most cases, using the highest percent unserved between male and female groups produces a more accurate picture of overall need in this population group. Using this methodology, African American and Native American Older Adults are 100% unserved, Asian/Pacific Islanders are 92% unserved, Latinos are 93% unserved and Whites are 71% unserved.

*When utilizing this balanced methodology, the total percent of unserved Older Adults is 90%. The older population is the most unserved of any of the age groups.*

**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. Provide the total county and poverty population by age group and race ethnicity.**

All data reported below are based on projections of 2004 census statistics and Mental Health Utilization statistics from fiscal year 2004 - 2005. Prevalence rate and poverty population statistics are based on the statistics provided by the Department of Mental Health. Poverty data refer to Department of Mental Health statistics associated with persons with incomes less than 200% of poverty level.

“Fully Served” estimates are based on client membership in several existing County BHS programs. For youth and some Transition Age Youth (TAY), the “fully served” receive service in SB163 Wraparound services. For the adult population, the “fully served” individuals are clients receiving services through the AB 2034 program (Homeless Outreach Program) and a group receiving expanded residential services, with 24 hour supervision and accessibility to a dedicated case manager and psychiatrist. Older Adults are identified as “fully served” by virtue of their involvement in the AB 2034 program.

### Chart A: Service Utilization by Race/Ethnicity

These data should be viewed in the context that the overall 2000 San Luis Obispo County population was 76% White, 16% Latino, 3% Asian, 2% Black and 1% American Indian.

#### A.1

CHILDREN AND YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>	9	28	636	797	1,470	32%	17,111	25%	51,624	20%
<b>African American</b>	2	2	24	20	48	3%	299	2%	612	1%
<b>Asian Pacific Islander</b>	0	0	7	3	10	1%	254	1%	1,166	2%
<b>Latino</b>	1	2	123	142	268	18%	8,060	47%	14,549	28%
<b>Native American</b>	0	0	5	4	9	1%	226	1%	391	1%
<b>White</b>	5	24	449	611	1,089	74%	7,849	46%	33,140	64%
<b>Other</b>	1	0	28	17	46	3%	423	2%	1,766	3%

#### A.2

TRANSITION AGE YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>	4	17	406	366	793	17%	21,116	30%	44,200	17%
<b>African American</b>	0	1	8	13	22	3%	368	2%	949	2%
<b>Asian Pacific Islander</b>	0	0	4	4	8	1%	312	1%	2,430	6%
<b>Latino</b>	1	2	63	49	115	15%	9,949	47%	5,153	12%
<b>Native American</b>	0	0	3	3	6	1%	279	1%	378	1%
<b>White</b>	3	13	312	292	620	78%	9,687	46%	34,274	78%
<b>Other</b>	0	1	16	5	22	3%	522	2%	1,016	2%

Chart A: Service Utilization by Race/Ethnicity, continued

A.3

ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>	45	74	1,565	1,182	2,866	63%	43,409	62%	157,215	60%
<b>African American</b>	3	6	37	42	88	3%	451	1%	4,149	3%
<b>Asian Pacific Islander</b>	0	0	17	13	30	1%	1,617	4%	6,014	4%
<b>Latino</b>	1	7	152	112	272	9%	10,100	23%	29,306	19%
<b>Native American</b>	3	0	19	11	33	1%	448	1%	1,357	1%
<b>White</b>	38	60	1,308	984	2,390	83%	29,744	69%	113,832	72%
<b>Other</b>	0	1	32	20	53	2%	1,049	2%	2,557	2%

A.4

OLDER ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
<b>TOTAL</b>	4	8	123	79	214	5%	9,129	13%	51,195	20%
<b>African American</b>	0	0	0	0	0	0%	71	1%	557	1%
<b>Asian Pacific Islander</b>	0	0	1	1	2	1%	206	2%	1,019	2%
<b>Latino</b>	0	0	6	9	15	7%	1,270	14%	2,862	6%
<b>Native American</b>	0	0	2	0	2	1%	63	1%	297	1%
<b>White</b>	4	8	113	67	192	90%	7,382	81%	45,943	90%
<b>Other</b>	0	0	1	2	3	1%	137	2%	517	1%

### **3. Narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in San Luis Obispo County age group as identified in Chart A.**

In analyzing disparities among Mental Health recipients the following populations were compared across ethnic and age groups: total County Population; the County Poverty Level population; and total number of clients served by the county mental health system for the fiscal year 2004-2005.

Chart A.1 illustrates the distribution of services to youth by gender and ethnicity. These statistics mirror the findings in the previous discussion of unserved populations. Latino youth are the most underserved group among the youth population. Service levels indicate that Latino youth received 18% of all youth services while they represent 47% of the County poverty population and 28% of the overall County population.

Chart A.2 again reflects similar trends to those identified in the discussion of unserved populations. Here transition age youth represent only 17% of the mental health services delivered while representing 30% of the county poverty population and 17% of the overall county population. The higher numbers of TAYs in the county poverty population suggest higher risk factors for this group which would support an increased effort in servicing this age group. Within this age group, the Latino ethnic group stands out as the least well served. Latinos represent only 15% of the total TAYs served by County BHS while representing 47% of the county poverty population.

Chart A.3 shows a relative balance in the overall numbers of adults served with approximately 60% reflected in numbers receiving services, county poverty population and county total population. Among those served, however, there continues the lack of penetration in the Latino population. Latinos received 9% of Mental Health services while they represented 23% of the county poverty population and 19% of the overall county population.

Chart A.4 illustrates the continued theme suggested by the analysis of the unserved with regard to mental health services to older adults. Here the total number of older adults served was 5%. This contrasts with older adults representing 13% of county poverty population and 20% of the total county population. Because of the small numbers of individuals served as well as the relatively small numbers represented in the county poverty population, racial/ethnic comparisons within the older adult population are difficult to project. However, the Latino population continues to represent an ethnic group that is underserved. In the older adult population they received 7% of services while they represent 14% of the county poverty population. This suggests that the older adult Latino poor are significantly underserved in the county.

In summary review, the analysis of service delivery patterns by San Luis Obispo County Behavioral Health Services indicates that the least well-served age groups are the Older Adults and TAY. The lack of service delivery to these age groups suggests a need for both outreach and engagement as well as direct service availability. The use of MHSA

funds to target these two age groups and broaden the array of services for them, including the creation of full service partnerships, is expected to improve penetration into these groups.

Among the adult population, community input and delivery patterns reflecting high levels of fully served adults yield a more balanced picture of services to adults. Yet there are large service gaps, particularly among the at risk adult population with regard to potential criminal justice involvement, IMD placement, co-occurring substance use, and actualizing activities such as volunteer, vocational and self advocacy programming.

Overall, youth represent the comparatively least under served of all the age subgroups. However, Department of Social Services and Probation statistics identify large numbers of at risk youth, both in the 1 to 5 year old age category and in the 13 to 17 year old range. These high numbers of at risk youth compound straight line prevalence projections and identify vulnerable youth at exceptionally high risk for placement failure, high level group home placement, and lack of achievement of developmental milestones resulting in potential future chronic institutionalization and failure to mature.

There is the overarching need for services to the Latino population, which represents a system-wide under-service level to this ethnic group. Comparisons between mental health service levels and prevalence data for mental illness among the most vulnerable population (those individuals with less than 200% of poverty level income) reveal that no racial or ethnic group is totally served. Within that overall picture, the least well served is the Latino; the White population is the most completely served.

**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.**

Culturally and linguistically competent service objectives include:

- Increase overall access for Latinos across all age ranges throughout the system
- Make services more accessible to the Latino population, including delivering services in the community where they live
- Improve the awareness about mental health service availability to Latino communities
- Increase the numbers of linguistically competent staff in Spanish languages
- Reduce the disparity in services provided to older Latino adults
- Improve staff awareness regarding the cultures of the clients served by BHS
- Reduce the service disparity to the TAY age group across all ethnic groups

These objectives will be addressed in the following manner:

The major strategy to increase overall access for Latinos across all age ranges will be employment of bilingual/bicultural service providers, a targeted outreach and engagement campaign, and the utilization of community-based bilingual/bicultural service providers. Additionally, BHS will engage in an intense recruitment effort for individual network providers by collaborating with existing service provider networks, such as the San Luis Obispo Bilingual Providers Network.

A designated bilingual/bicultural outreach therapist will bring access to services to Latino communities in impoverished areas to help build a bridge for service entry. Contacts will be made at schools, churches, community events, and other community gathering places.

Improving the awareness about mental health service availability to the Latino community will be accomplished by an outreach and engagement awareness campaign to inform the Latino community of the availability of mental health services. The emphasis of the campaign will be culturally consistent material related to problems of living in two cultures and stigma, mental health education information, and encouragement to seek treatment and support. This will be done through outreach presentations, the media, and one to one personal contacts.

Increasing the numbers of linguistically competent staff in Spanish languages will be accomplished by offering sponsorship in local and immersion language programs for existing mental health staff.

Staff awareness regarding the culture of the client will be improved by increasing client participation in programs at all levels and by expanding training opportunities for all staff. This will include utilizing the expertise of other community organizations with proven success in cultural competence. These efforts will be highlighted as the department moves to achieve its overarching philosophical reorientation to the recovery model.

Reducing the service disparity to the TAY age group across all ethnic groups will be accomplished through the development of a culturally and linguistically appropriate TAY full service partnership program and improved system of care. Culturally and linguistically appropriate Client & Family Partners will assist the often difficult to engage TAY with engagement and system navigation services throughout the expanded mental health delivery system.

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

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

The following were selected to be the targeted enrollees for each of the age groups.

Individuals who are monolingual Spanish (or limited English) within each of these “situational characteristics” groups and/or individuals that are escalating in severity will be given additional priority for enrollment.

Children, 0-17 years old that have one or more of the following characteristics:

- “High Utilizers” of the system - chronic history of 5150, psychiatric hospitalizations, ER visits, law enforcement involvement.
- Foster youth with multiple placements
- Risk of out-of-home placement
- In juvenile justice system

For Transition Age Youth, targeted age of 16-21, that have one or more of the following characteristics:

- “High Utilizers” of the system - chronic history of 5150, psychiatric hospitalizations, ER visits, law enforcement involvement.
- Dually diagnosed with substance abuse
- Foster Youth with multiple placements, or aging out/have aged out
- Recently diagnosed (could come from identification via juvenile justice system)

For Adults, 18-59:

- At risk of involuntary institutionalization (jail, IMD placement), and include:
  - “High Utilizers” of the system - chronic history of 5150, psychiatric hospitalizations, ER visits, law enforcement involvement.
  - Dually diagnosed with substance abuse
  - Homeless

For Older Adults, ages 60+, that have one or more of the following characteristics:

- “High Utilizers” of the system - chronic history of 5150, psychiatric and medical hospitalizations, ER visits, law enforcement involvement.
- Homebound – unserved, not identified
- Homeless
- Presenting with mental health issues at their primary care provider

**2) Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years.**

A primary factor considered in the selection of the initial populations was stakeholder input and prioritization. This input included clients, families, providers and agency partners. Populations were identified as unserved or chronically underserved or likely to "fall through the cracks of our existing service system." The evidence from the clients, families, community, and providers indicated that these populations, which receive inadequate care, tend to become more severely disturbed thus creating a "revolving door" cycle. This high user cycle leads to high system utilization, not steps toward wellness and recovery.

Another factor considered was the statistical data identifying the service levels of the various age, ethnic and linguistic groups. This data was used to identify highly unserved or underserved subgroups, with specific "situational characteristics," which would require specialized delivery system capacities

The presence of multiple risk factors for failure and high levels of functional impairment in each selected group was also considered. On the positive side, the evidence that the targeted groups could significantly benefit from recovery wellness and resiliency focused services was also factored.

Also included in the selection criteria was the availability of expertise within local service providers, which would result in competent recovery oriented service implementation in a relatively quick time frame. Consideration of the MHSA guidance to start "smart and small" was applied to the choice of the size and the scope of the populations proposed. This was done so that the numbers and expanse of programs did not overwhelm the system with unrealistic expectations and false starts.

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

Ethnic disparity in service use among Latinos occurs across all four of the selected initial populations. Each of the full service partnerships will provide bilingual/bicultural staff, which will improve access for minority populations.

As Latinos enrolled in the full service partnerships reach higher wellness levels and step down from that intense programming, through the continuum of care, resources will be established to respond to the ethnic and linguistic needs of this group. As a result, there will be system wide increased service availability to Latinos, thus reducing specific ethnic disparities.

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

- 1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in each applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSA.**

All strategies selected by San Luis Obispo County are in accordance with the strategies delineated in the Three-year Program and Expenditure Plan Requirements.

## Section V: Assessing Capacity

### 1) Analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county.

The San Luis Obispo Behavioral Health Services department employs approximately 144 staff of which 93 are direct service providers for mental health services, including staff of the Psychiatric Health Facility (PHF), a 24-hour inpatient unit. In addition, the county contracts with two non-profit, community-based providers, each of which provides direct services to children and adults. A third provider delivers mental health services to school-aged clients in a child development center. A contracted mobile crisis service provides one 24/7 crisis worker to cover the entire county area.

Outpatient staff is assigned to five clinics. Two of these clinics are in the north county area, located in Atascadero and Paso Robles, respectively. One clinic is located in the south county area in the city of Arroyo Grande. These three clinics serve both youth and adults. Two clinics are in the central area, one for adults and one primarily for children's services, both located in San Luis Obispo. In addition to mental health services, Dual Disorder services are available in the four clinics serving adults

To enrich services provided in these clinics, Children's System of Care multiagency sites are located in Paso Robles and Arroyo Grande with collaboratively planned satellite services extending into schools and Healthy Start family resource centers in the north and south county areas. BHS mental health therapists and drug and alcohol staff are co-located at Department of Social Services sites to coordinated service provision to CalWorks and Child Welfare Services clients. The county also has a homeless outreach (AB 2034) program. A county jail mental health service program and Mentally Ill Probationer program serves over 400 persons per year. Services are also provided to wards at the Juvenile Service Center through a collaborative effort with the Probation Department.

#### *Strengths*

San Luis Obispo BHS has a rich institutional tradition of support for Social Rehabilitation programming for adults. This includes the operation of four socialization centers, a seniors' socialization center, and a vocational program featuring a large scale nursery/farm, and a housing program including supported and community housing opportunities.

The county has also implemented an AB 2034 grant to serve homeless mentally ill individuals and by virtue of this program has gained experience in providing enrollee-based programming.

Regarding youth services, BHS has been a long time leader in the Children System of Care and has initiated multi-agency partnerships for service provision to youth. Additionally, BHS has made efforts to integrate service delivery into community

agencies in a collaborative fashion. As a result, over 80% of mental health services provided in the county are delivered in non-clinic settings.

### *Limitations*

In spite of these services and efforts, specific demographic groups remain unserved and underserved. Matching staffing patterns with a diverse client population is difficult due to limitations in meeting service delivery capacity.

One specific limitation, which has been a consistent theme in service provision efforts to minority groups, has been the difficulty in hiring and retaining bilingual and bicultural staff. Compounding problems of recruitment for BHS is the existence of three major state institutions, which offer richer resources to recruit and retain mental health professionals, placing the county system at a distinct recruitment disadvantage. This competitive recruitment disadvantage is compounded by the relative high cost of living in the county, driven by elevated housing costs.

Other limitations relate to the geographic distribution of large portions of the Latino population and persons in poverty who are located in relatively remote areas that are not readily available to services or transportation, and that services are not currently provided in the Latino communities or in locations where this target population feels comfortable. The current service model is limited in its ability to reach these groups.

**2) 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.**

Table 2.1 illustrates the relationship of various racial/ethnic groups as they compare to the total county population, the Medi-Cal population, the BHS clients served, and BHS direct service providers.

<b>San Luis Obispo County Population</b>	<b>Total Population</b>	<b>% Total Population</b>	<b>MediCal</b>	<b>% MediCal</b>	<b>Clients</b>	<b>% Clients</b>	<b>Provider</b>	<b>% Provider</b>
			<b>Population</b>	<b>Population</b>	<b>Served</b>	<b>Served</b>	<b>Ethnicity</b>	<b>Ethnicity</b>
African American	4,397	2%	635	2%	136	3%	3	1%
Asian/Pacific Islander	9,939	3%	1,354	4%	42	1%	7	2%
Latino	39,399	16%	11,261	34%	555	11%	23	8%
Native American	2,045	1%	2	0%	44	1%	1	0%
White	168,022	76%	20,169	60%	3,671	75%	249	88%
Other	22,879	6%	164	0%	423	9%	0	0%
<b>Total</b>	<b>246,681</b>		<b>33,585</b>		<b>4,871</b>		<b>283</b>	

As the table illustrates, the county's only threshold minority (Latino) represents 16% of our overall population (U.S. Census 2000). Spanish is the county's only threshold language (11% of population speaks Spanish). Latinos, however, constitute 34% of the Medi-Cal population, and are the *most likely* recipients of public mental health services, but only a small percentage actually received mental health services. As a result, only 11% of all mental health services were provided to Latinos. This level of under-service is discussed in previous sections of this plan.

With regard to capacity, Latino mental health providers represent approximately 8% of the entire employee work force. Though this is not far behind the 11% of Latinos served, this is a significant gap from the 34% of *potential* Latino recipients. BHS sees a need to increase future Latino providers to meet the growing demand for culturally relevant services.

For future MHSA and whole-system planning, Table 2.2 gives a more realistic view of potential cultural and ethnic balance difficulties in BHS staffing by using the prevalence-based projected service estimates for the various ethnic subgroups.

<b>San Luis Obispo County Population</b>	<b>Total Population</b>	<b>% Total Population</b>	<b>MediCal Population</b>	<b>% MediCal Population</b>	<b>Estimated Served</b>	<b>% Estimated Served</b>	<b>Provider Ethnicity</b>	<b>% Provider Ethnicity</b>
African American	4,397	2%	635	2%	136	2%	3	1%
Asian/Pacific Islander	9,939	3%	1,354	4%	130	2%	7	2%
Latino	39,399	16%	11,261	34%	1,233	20%	24	8%
Native American	2,045	1%	2	0%	44	1%	1	0%
White	168,022	76%	20,169	60%	4,277	69%	248	88%
Other	22,879	6%	164	0%	423	7%	0	0%
<b>Total</b>	<b>246,681</b>		<b>33,585</b>		<b>6,243</b>		<b>283</b>	

In Table 2.2 the estimated numbers of Latinos served better reflects the Latino MediCal population and would represent 20% of clients served. This projected service delivery pattern accentuates the ethnic disparity between BHS staff and clients served, in that Latinos would represent approximately 20% of clients served and Latino staff would represent only 8% of staff. The San Luis Obispo mental health system faces staffing challenges, both now and in the future.

Table 2.3 represents the current language capacity of BHS direct service providers. Because Spanish is San Luis Obispo county's single threshold language, these numbers reflect staff certified as having reading, writing and conversation proficiency in that language. These language capacity numbers include County BHS employees, contracted organizational providers and network providers, all identified in the tables as "Providers."

<b>SLO County Population</b>	<b>Total Population</b>	<b>% Total Population</b>	<b>MediCal Population</b>	<b>% MediCal Population</b>	<b>Actual Served</b>	<b>% Actual Served</b>	<b>Provider Language</b>	<b>% Provider Language</b>
English	209,678	85%	21,447	64%	4,162	96%	256	93%
Spanish	27,135	11%	7,766	23%	132	3%	20	7%
Other	9,867	4%	4,372	13%	59	1%	0	0%
<b>Total</b>	<b>246,680</b>		<b>33,585</b>		<b>4,353</b>		<b>276</b>	

Here again, a large disparity in client language preference is noted, with a total of 96% of BHS clients speaking English, 3% speaking Spanish and 1% speaking other languages. Staffing patterns, on the other hand, represent higher percentages of

Spanish speaking providers. With the current staffing and client mix, the staff ratio for monolingual clients to providers is 6.6 clients to 1 provider. However, in spite of the percent of Spanish-speaking providers, the need for linguistically proficient services to monolingual Spanish speakers, representing 23% of potential MediCal mental health clientele, is very underserved. In this case the low number of Spanish speaking clients in the system reflects a lack of penetration in the Spanish speaking population.

For a more realistic view of the potential monolingual Spanish-speaking clientele, Table 2.4 presents data based on the projected percent of monolingual Latinos as relates to projected penetration rates. In reviewing the data for Latinos in Table 2.1 and Table 2.3, it appears that approximately 23% of Latino clients are monolingual Spanish speakers. When this number is projected to the estimated number of Latino clients served, as indicated on Table 2.2, the projected number of monolingual Spanish-speakers would be approximately 293, more than double the number of clients currently served. When using this number to estimate the number of monolingual Spanish-speakers to be served, as indicated in Table 2.4, the relationship of Spanish-speaking staff to clients changes, revealing an even greater need for Spanish-speaking staff. With the projected staffing and client mix, staff ratios for monolingual clients to providers would be 14.6 clients to 1 provider. This disparity suggests that the percentage of direct service staff that speaks Spanish needs to increase by approximately 60%.

<b>SLO County Population</b>	<b>Total Population</b>	<b>% Total Population</b>	<b>MediCal Population</b>	<b>% MediCal Population</b>	<b>Estimated Served</b>	<b>% Estimated Served</b>	<b>Provider Language</b>	<b>% Provider Language</b>
English	209,678	85%	21,447	64%	4162	92%	256	93%
Spanish	27,135	11%	7,766	23%	293	5%	20	7%
Other	9,867	4%	4,372	13%	159	3%	0	0%
<b>Total</b>	<b>246,680</b>		<b>33,585</b>		<b>5,847</b>		<b>283</b>	

**3. Possible barriers encountered in implementing the programs for which funding is requested and how San Luis Obispo County Mental Health will address and overcome these barriers and challenges.**

*Difficulties in hiring bilingual/bicultural staff:*

The hiring of bilingual/bicultural therapists, client/family advocates and an effective level of care professionals and peer providers is a challenge within the county's civil service structure that is cumbersome, somewhat inflexible and frequently discourages creative hiring. Additionally, there is competition for bilingual/bicultural staff between BHS, other county and community agencies, and nearby counties.

In addition, the expansion of culturally competent programs and targeted engagement strategies will place more demand on existing administrative support services within the department, as well as create similar demands on potential contractors.

The capacity for bilingual/bicultural staff will need to expand to meet the need of this minority group.

In order to address these challenges, BHS administrative staff has already begun stepping up recruitment efforts for bilingual and bicultural providers. During the community input process for the Mental Health Services Act, partnering resources were identified which will be further explored and expanded to help meet the need for increased bilingual/bicultural capacity. The extensive and diverse MHSA community input process has also alerted potential contractors of the possible program types and desired care providers.

Additional resources to meet the need for bilingual service providers will be facilitated by MHSA programming not requiring a reliance on MediCal or other medically oriented funding resources. This will allow more flexible use of paraprofessional and client/family resources whose professional qualifications might not meet billing standards for traditional funding sources. Contracting with existing community providers who have greater numbers of bicultural, Spanish-speaking staff, enable BHS to expand services to underserved and unserved Latinos. This will help overcome the current lack of resources to meet the need for Spanish speaking and culturally competent staff.

*Difficulties in reaching and delivering services to rural populations:*

The county's rural populations are dispersed in the extremes of the north and south county areas and around major agricultural enterprises including viticulture and vegetable farming. These rural populations contain a high number of individuals who are also in the at risk poverty economic group. Service delivery difficulties in reaching this rural population relate to the geographic distance from services, that the rural populations are often not neatly clustered, but dispersed in labor and family clusters - which makes identification and distribution of information and services problematic - and that many are Latino and traditionally marginalized and underserved. Additionally, literacy rates are low among rural populations, especially in populations of monolingual Spanish-speaking. For these individuals the lack of resources, transportation, and limited bilingual/bicultural capacity are barriers for service provision.

One approach to overcoming under-service of rural populations will be to provide outreach and care at existing locations that are currently utilized by rural residents. Contact and service points will include schools, churches, stores, gasoline stops, community health clinics and agricultural related supply outlets. Also, private businesses – particularly agribusiness owners – will be approached to join in awareness and outreach efforts, providing access to their workers. Work-site service points will be encouraged.

County BHS will also collaborate with existing rural service providers to maximize the community connections they have established and utilize existing service sites. Community-based services are a must. Additionally, rural Family Resource Centers are being developed by several community agencies; BHS will collaborate with their efforts. Information will be disseminated through all media, including radio and television public service announcements, frequently the most effective source of information for rural populations, effective regardless of literacy level.

*Difficulties in changing service culture:*

A major barrier to implementing Mental Health Service Act programming in San Luis Obispo County is the need for the philosophical and therapeutic shift from a medical model treatment system to service delivery practices that are far more evidence-based, client-centered, recovery-oriented and outcome driven. Transforming our current system to embrace a more culturally competent, client and family driven approach will require staff training, reorientation and service delivery design changes.

To initiate the reorientation of the system to a recovery-based service delivery model, information about principles of resilience and recovery have been disseminated to all BHS staff. More intense in depth training along these lines will be pursued to facilitate system transformation. County BHS will adopt a revised documentation and outcome system which will focus on Real Time Quality of Life indicators, whenever practical, so as to facilitate the integration of the recovery-based full service partnership outcomes and expectations into the overall mental health system.

San Luis Obispo County BHS will continue its working partnerships with schools and the Departments of Social Services and Probation in service provision to at risk youth and adults. These partnerships will be strengthened to promote the continued integration of services and to facilitate transformative programming which will be even more client and family-focused among the high risk populations identified by these community partners. Within these groups, cultural, ethnic and linguistic considerations will be given high priority. These partners will be particularly helpful in engagement with the TAY group, the highest age group of underserved individuals in our needs assessment.

The continued involvement of the Mental Health Services Act Steering Committee, the Mental Health Advisory Board, the local chapter on NAMI, and other community collaboratives will provide ongoing input regarding the development and delivery of wellness and recovery-focused services. Feedback from these groups and future public input will assist BHS in building strength-based and client and family-centered services. With these internal and external efforts, San Luis Obispo County Behavioral Health Services will begin and sustain the process of transformation.

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

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

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

The required Exhibits 1, 2 and 3 have been completed. Exhibit 1 appears on page 2, Exhibit 2 on pages 99-101, and Exhibit 3 on page 103.

- 2) **The majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period.**

Fifty-five percent (55%) of San Luis Obispo's total Three-Year Program and Expenditure Plan funding has been requested in the Full Service Partnership category. Each specific work plan notes where overlapping benefits exist between funding streams.

- 3) **Provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.**

	FY 2005-06	FY 2006-07	FY 2007-08
# of individuals estimated to be served through System Development Funds	738	1455	1470
# of those individuals also expected to have Full Service Partnerships	10	44	50

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

	FY 2005-06	FY 2006-07	FY 2007-08
# of individuals estimated to be served through Outreach and Engagement strategies	200	1500	1500
# of those individuals also expected to have Full Service Partnerships	5	10	10

### **5) Wraparound Services for Children, Youth and Families**

San Luis Obispo County implemented SB 163 Wraparound in 2000. The multiagency team continues to meet regularly in support of the program. Thirty youth are served in SB 163 Wrap program.

Wraparound incorporates strength-based, solution-focused, client/family-driven service planning to help youth accomplish wellness, recovery and resiliency in their lives.

## II. Programs to be Developed or Expanded

### Work Plan #1 & Narrative - Children and Youth Full Service Partnership

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

County: San Luis Obispo		Program Work Plan Name: Children Full Service Partnership					
Program Work Plan #: 01			Estimated Start Date: April 2006				
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	This Full Service Partnership (FSP) will expand on the current SB163 Wrap Around Program and provide services to an additional 10 participants and families using the values and principles of best practices promoting resiliency by partnering with the family and community to develop child/family centered, strength based, needs driven, solution focused, culturally competent planning to develop individualized service and support plans. The outcomes will be to reduce group home reliance and psychiatric hospitalization, help families stay together or reunify and maintain and prosper in their homes, schools and the community.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Priority population will be children with SED, 16 years and under, who are currently unserved by or ineligible for SB163 Wrap Around, or not identified as 26.5 eligible. (SB163 Wrap is currently not available to non-court involved children and adolescents). Population will include high utilizers of the Children's System of Care, youth at risk of out home care, youth with multiple foster home placements, and/or in the juvenile justice system.						
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
	<input checked="" type="checkbox"/>		<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	X			X			
	X			X			
<b>Referral:</b> Youth that meet the priority population will be reviewed and prioritized by the multi-agency teams in each of the 3 regions through the SAFE System of Care (SOC).							
<b>Strength based and family driven planning process:</b> A meeting with the family will identify child and family strengths and goals/objectives of the family. Key community members will be identified and included in on-going meetings to review goals and objectives to assure the family's voice, choice and preferences drive the services and supports.							
<b>A single integrated and coordinated service and support plan</b> will guide the delivery of services.							
<b>Intensive case management 24/7 access to care.</b> A Mental Health Therapist/Case Manager and a MH Worker will be assigned to each enrolled child and family and constitute the core FSP team.							

<b>Therapy and psychiatric care</b> individual and family	X			X			
<b>Rehabilitation services and community supports</b>	X			X			
<b>Crisis planning</b>	X			X			
<b>Medication supports</b>	X			X			
<b>Cultural Competence:</b> The family's cultural and language needs will be addressed to assure that the appropriate staff are assigned to work with the family. The family's preference for team members will be honored and included in the process.	X			X			
<b>Client &amp; Family Partner:</b> Each family will be connected to a partner in their region along with information regarding the type of supports provided by the FSP, i.e. system navigation.	X			X			
<b>Flexible fund:</b> fund established for individualized prioritized needs, i.e. food, medication, transportation, clothing, living expenses, education, recreation, etc.	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1) Description of the Program

The Children's Full Service Partnership program (C-FSP) will be modeled and built upon the strengths and success of the current SAFE System of Care (SOC) program and the SB163 Wrap Around Program. SAFE SOC is a multi-agency, co-located program in the north and south regions of the county. The SAFE existing teams will provide the venue for review and enrollment of children and families into the C-FSP. The services provided by the new C-FSP program will mirror services provided to children receiving SB163 Wrap Around services.

A collaborative task force of community stakeholders and BHS staff will be established to design each FSP program and determine best service delivery practices and maximize community-based providers.

The target population for the Children's Full Service Program are children and youth with SED who are unable to access SB163 Wrap Around because openings are not available or they are not wards or dependents of the court. Children must be high utilizers of Children's System of Care, at risk of out of home placement, returning from out of home placement, foster youth with multiple placements and/or in the Juvenile Justice System. In addition, children that are 26.5 eligible or those that have not been made eligible yet, but could qualify-and meet the target population above, will be considered for enrollment in the C-FSP.

Services for participants in the C-FSP may include: individual and family therapy; rehabilitation services focusing on-activities for daily living, social skill development and vocational/job skills; case management; crisis services; and medication supports. The method of service delivery will be driven by the family's desired outcomes. The services can be provided in the home, school, and in the community. The services will be provided in an integrated and coordinated fashion. Children will receive transition services from placement, juvenile hall and the hospital when needed. Services will be available 24/7. The team will develop a family-driven crisis plan. The mobile crisis team will provide back up to the 24/7 staff for hospital assessment.

Individualized services can change in intensity as client and family needs change. Strong discharge planning will be an important element of each individual's plan and efforts to move participants to less intense services will begin early.

Some families may need extra help with essential items such as food, clothing, and transportation support to meet basic needs and achieve the desired outcomes in their service plan. A small fund to meet these unplanned needs will be a part of the full service and supports strategy.

The C-FSP core team will include:

- The child and family
- A Mental Health Therapist/Case Manager (MHT/CM)
- A Resource & Support Specialist

The team also includes a psychiatrist, and coordinator/supervisor that serve participants in all four of the FSP age group programs, as desired by the participant. Additional team members will include appropriate agency personnel, other family members, friends, faith community and others as wanted by the family. The core team will be accessible to the child and family and others involved in the family, such as teachers and probation officers, 24/7.

Additionally, Client & Family Partners and SAFE case managers will be available to each participant in the C-FSP. They provide information and referral, personal support, access to support groups, and help families navigate the system.

This new FSP will serve a maximum of 10 children/families at one time. Small caseloads allow the FSP core team to provide intensive levels of service and be readily available to families and other involved parties. Services will be individualized and the principle of “whatever it takes” will guide the FSP team in assisting the family in meeting their desired goals as set forth in their service and support plan.

The C-FSP will use the collaborative structure of the current SAFE System of Care multi-agency teams. These teams are made up of the following public agency personnel: Department of Social Services; Probation; Mental Health; Education; Economic Opportunity Commission; and other partners deemed appropriate by the family and the team. Client & Family Partners will participate on the team at the parents’ discretion.

Agencies, schools and private sector clinicians may refer children to the program. Families that are interested in receiving these services may request that the provider they are working with refer them for services. The current Client Assessment Form will be used to determine severity of risk factors for safety, health, out of home placement, school failure or incarceration.

C-FSP team meetings will be held with the prospective participant and family to develop an initial service and support plan. The process will be strength based, needs driven, solution focused and culturally competent. The plan will be responsive to the families’ desired outcomes and on-going needs. Family and team meetings will be held regularly to assure that the services continue to meet the families’ needs and are coordinated.

The expected outcomes are:

- Reduce reliance on psychiatric hospitalization and out of home placements
- Increase school attendance and participation
- Reduce arrests and incarceration
- An integrated service partnership with the family that will honor the family, instill hope and optimism, and achieve positive experiences in the home, in school and in the community.

## **2) Housing or employment services to be provided**

When housing or employment issues are a part of the family's "whatever it takes" service plan the housing and/or employment specialist will be consulted and may become a member of the full service and support team. Housing subsidies and vocational programming will be provided and are a part of this CSS Plan.

## **3) Estimated cost per FSP participant**

\$14,149 / per participant. Participant cost could be reduced by MediCal/EPSDT, IDEA, Healthy Family's Insurance, and Healthy Kids (SLO County's insurance for the previously uninsured).

## **4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. How the values of recovery and resiliency are promoted and continually reinforced.**

Children and youth providers in San Luis Obispo County have a long history of multi-agency collaboration, integration and coordination of service delivery. We are an early implementer of Children's SOC, SB163 Wrap Around programming and school linked services. The SAFE SOC is based on a recovery and resiliency model and is designed to foster resiliency in both individuals and families. The staff is trained in the best practice of partnering with the family in the development of family centered, needs driven, strength based, solution focused service and support planning. The goal of our program development over the years has been to enhance community partnerships and community based programs. The "SAFE", in "SAFE SOC" stands for Services Affirming Family Empowerment. Staff will continue to be trained in family-centered plan development, instilling hope and optimism, and identifying and building on participant and family strengths. The program's focus is to assist children and families in developing mastery over their own lives so that they can stay together in their homes, school and community.

## **5) 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 that is modeled after the current SAFE Children's System of Care. This FSP will operate in conjunction with SAFE as it provides services similar to those envisioned for this FSP (although the target population differs). SAFE has many family-friendly operating systems and resources that this FSP could utilize, including:

clerical support; DSS eligibility workers; family maintenance social workers; EOC family advocates; Probation Officer time; and Drug and Alcohol Services programming.

Through the MHSA public planning process, the community told BHS that replication of intensive services operating out of the SAFE System of Care program was a priority as it is a proven structure that keeps children in home, in school, and out of institutions.

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

Clients and families participate as members of the team for the services and supports they are personally receiving. Client & Family Partners will be available to help families navigate the system. They will facilitate community-based, culturally appropriate support groups, which include parent partner volunteers. They will have cell phones and pagers and be available to provide support and advocacy when families request their services at Wrap Meeting, Individualized Education Plan (IEP) meetings, or other venues.

The vision is to develop a multi-agency parent partner coalition so they can offer education and supports to each other to expand the overall effectiveness of the program.

**7) Collaboration strategies with other stakeholders.**

Formal collaboration strategies will occur via structures currently in place. The Superior Court has sanctioned the SAFE SOC as a Multi-Disciplinary Team. The SLO County Interagency Placement Committee, responsible for placement authorization, will work closely with the new C-FSP, as cases brought forward for SB163 placement consideration may be referred onto the new program. The former Healthy Start sites are folded into SAFE. Multi-agency staff from all youth serving programs have been trained in best practices and embrace the principles of family empowerment, strength based, solution focused strategies, as well as honoring the voice, choice and preferences of the family.

**8) Culturally competent programs and strategies.**

This program will seek referrals from diverse populations, especially Latino communities, as this group has the greatest disparity in the provision of services. This new program will attempt to diminish this by reaching out to the Latino population and using our community partners to identify those at significant risk due to psychiatric and co-occurring conditions. Teams will include a Spanish speaker and interpreters used for languages other than Spanish.

All FSP team members will participate in cultural competency training annually and are encouraged to seek additional training through funds provided by the county. In addition, SLO County BHS has a Cultural Competence Committee, which is responsible for the oversight of the Cultural Competence Plan.

The teams will rely on the natural supports that are comfortable and familiar to each individual served. Every ISP will incorporate goals that are sensitive to each participant's culture and community resources. Services will be provided in the participant's natural setting as much as possible. There is a commitment to assure that services are culturally sensitive, competent and delivered in the language of the individual.

#### **9) Sexual Orientation and Gender Sensitivity**

SLO County Behavioral Health Services will continue to provide training to sensitize staff to the special considerations necessary to assist gay, lesbian, bisexual and transgender issue for our all of our clients. The county has a number of competent clinicians in this specialty, as does our provider network.

#### **10) Services to individuals residing out of county**

Case managers follow youth placed out of county by the court and pursuant to the IEP. Multi-agency case managers work closely with each other identifying the needs of youth in placement and assuring they are receiving appropriated services. BHS has a number of contracts with out of county providers and an expedited mechanism to secure additional contracts as the need arises. The contract with Value Options is in place to assure access to services. The case managers and the Interagency Placement Committee review out of county children to determine potential for return via Family Home, SB163 Wrap Around, Multi-dimensional Treatment Foster Care (MTFC), SB969, or foster homes. The new Children's Full Service Partnership will further reduce reliance on out of county group homes.

#### **11) Selected strategies not listed in Section IV**

Not applicable.

## 12) Timeline for this work plan

### Year 1:

- Program design work
- Recruitment, hiring and training
- Enroll four children and their families by June 30, 2006

### Year 2:

- C-FSP fully operational. The program will continue to enroll eligible participants, serving up to 10 children and families
- Collect performance outcome data, analyze and report outcomes

### Year 3:

- Continue services to all participants
- Enroll additional participants as initial population begins to require less intense services and supports
- Collect performance outcome data, analyze and report outcomes

**Work Plan #2 & Narrative Transition Age Youth Full Service Partnership**

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

County: San Luis Obispo		Program Work Plan Name: TAY Full Service Program					
Program Work Plan #: 02		Estimated Start Date: April 2006					
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	A Transition Age Youth FSP will be created to provide a full range of community based Wrap-like services to 16-21 year olds. These services include 24/7 availability, intensive case management, housing and employment linkage and supports, independent living skill development and specialized services for those with a co-occurring substance abuse disorder. The goal of the FSP is to decrease psychiatric hospitalization, homelessness, and incarcerations while providing a bridge to individual self-sufficiency/independence, and successful participation at home, work, education and community.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	The priority population is 16-21 year old youth with SED and young adults with a chronic history of 5150 hospitalizations, law enforcement involvement, dual diagnoses, and/or foster youth with multiple placements, as well as those that are aging out or have aged out of Children's System of Care. Those that have been recently diagnosed with a major mental illness will also be eligible for TAY FSP.						
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
<b>Referral/Access:</b> SAFE SOC and Adult SOC staff and partners will identify youth and young adults at the greatest risk of the situational characteristics noted above and for community failure and in the most need of intensive supports.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>Wellness/recovery/resiliency focused:</b> The guiding principle in service plan development will be to create a recovery plan driven by the individual and family that incorporates a strength based approach to accomplish his/her goals and objectives and create hope for a successful future.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>FSP / Wrap-like Core Team:</b> includes a Mental Health Therapist/Case Manager and Resource & Support Specialist for each 10 participants. Available 24/7 and anchor the team. Other team members may include the housing and employment specialists, probation officer, DSS social worker, educators, family, friends and other support people as identified by the team, of which the client is central.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>

<b>Housing:</b> SLO County will contract for supportive living apartments and community housing.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>Educational supports:</b> Supports to facilitate completion of High School, GED, access to Adult Education, the community college and to mentoring services may be include in the plan.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>Vocational/Employment Services:</b> Counseling, job readiness, and interview training will be provided by the new vocational specialist.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>Therapy and psychiatric care</b> individual and family	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>Linkage and Coordination:</b> Services and supports will remain linked and coordinated by scheduled team meetings to assure the plan is updated, relevant and meeting the needs of the individual. The voice of the participant is critical to this process.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>Cultural and Linguistically Competent Services:</b> Culturally appropriate services will be assured by proper training and inclusion of culturally competent members on the team. Linguistically appropriate services will be provided by bilingual service provider team members or resource providers.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>
<b>Flexible fund:</b> fund established for individualized needs, i.e., food, medication, transportation, clothing, living expenses, education, recreation, etc.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X		<input type="checkbox"/>

## 1) Description of the Program:

The Transition Age Youth Full Service Partnership (TAY FSP) will provide WrapAround-like services for 16 to 21 year olds with serious emotional disturbances/serious mental illness (SED/SMI). This critical period in a young person's life is when many begin to reject or have difficulty accessing traditional services. This places many at risk of school failure, homelessness, incarceration, psychiatric hospitalization and joblessness.

The goal of the new TAY FSP is to identify early on those who are, or at risk of, the above and who are beginning the process of transition to adulthood. The goal is to have them take personal responsibility and make good choices about their lives when provided with housing, services, and supports that they need.

FSP participants will receive intensive services designed with them to help secure a place to live, work and learn in the their community. Self-sufficiency and independent living in the community is the positive alternative to history of placement and dependency for many. Each participant will receive psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered treatment and empowerment, and promotes optimism for the future.

A collaborative task force of community stakeholders and BHS staff will be established to design each FSP program and determine best operating practices and maximize community-based providers.

This TAY FSP is transformative and advances the goals of the MHSA by enhancing and expanding services that are relevant to TAYs at this critical developmental stage. Each program participant will meet with his/her team to design his/her personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, financial/legal counseling as well as traditional mental health services such as medication supports, crisis services, case management and therapy.

The team will meet regularly to adjust, adapt and update the plan when necessary. The core team members will be available 24/7. The mobile crises team will provide an additional layer of support for more extreme needs.

Individualized services can change in intensity as client and family needs change. Strong discharge planning will be an important element of each individual's plan and efforts to move participants to less intense services will begin early.

Two full service teams will serve a total of 20 transition age youth at a time; each team will serve 10 participants. The core FSP team includes a Mental Health Therapist/Case Manager and a Resource & Support Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, psychiatrist, and coordinator/supervisor that serve participants in all four of the FSP age group programs, as desired by the participant.

**2) Describe any housing or employment services to be provided:**

County BHS will coordinate with existing housing contractors to provide housing for FSP participants, including four supportive housing units in an apartment complex and community housing options. All participants will have a recovery plan in place that includes services necessary for them to succeed in their home.

Vocational, employment and/or educational services will be individualized and part of each participants wellness and recovery plan. Additional services that contribute to the goals, objectives and wishes of the participant will become a part of the individualized service and support plan. The team will provide essential independent living skills and supports to facilitate successful transition into self reliance and independent living.

**3) Estimated cost per FSP participant:**

\$19,737 / per participant. Participant cost could be reduced by MediCal/EPSDT, IDEA, Healthy Family's Insurance, and Healthy Kids (SLO County's insurance for the previously uninsured).

**4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth.**

The Children's SOC and Adult SOC staff have a long history of working in multi-agency integrated, collaborative, and coordinated service delivery systems. Participant and family empowerment, providing optimism and hope, and building upon the participant and family's strengths will be the focus of future training and orientation with new Systems of Care staff. Wellness, recovery and resiliency will be the individualized goal of each participant in the TAY FSP. Each participant and family will be included in the development of an individualized services plan designed to assist in the accomplishment of wellness in their homes, schools, work and community.

**5) 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.

**6) 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:**

Family, friends and other supportive people identified by the participant will contribute to the development of the services and support plan. The role of individuals within the plan will be driven by the family and the participant to advance the goals of wellness, recovery, and resiliency, in order for the participant to succeed at home, work, school and community. Each participant will be educated to the role and potential supports that the Client & Family Partner can provide relative to navigating multi-agency systems.

**7) Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population.**

Collaboration and coordination is essential to develop a comprehensive service and support plan. Long standing relationships with Children's SOC partners include: The Probation Department, Department of Social Services, EOC, Police Departments, school districts, and other private non-profit organizations. These same organizations form the Adult SOC. Collaborations with Cal Poly University and Cuesta College will be explored to enhance educational and vocational opportunities for TAY FSP participants.

Team meetings will include all relevant agencies and individuals to assure that individualized plans include all appropriate services. "Whatever it takes" to achieve self-sufficiency independence and recovery in the community will drive the process and collaboration.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

This program will seek referrals from diverse populations, especially Latino communities, as this group has the greatest disparity in the provision of services. This new program will attempt to diminish this by reaching out to the Latino population and using our community partners to identify those at significant risk due to psychiatric and co-occurring conditions. Teams will include a Spanish speaker and interpreters will be used for languages other than Spanish.

All FSP team members will participate in cultural competency training annually and are encouraged to seek additional training through funds provided by the county. In addition, SLO County BHS has a Cultural Competence Committee, which is responsible for the oversight of the Cultural Competence Plan.

The teams will rely on the natural supports that are comfortable and familiar to each individual served. Every ISP will incorporate goals that are sensitive to each participant's culture and community resources. Services will be provided in the participant's natural setting as much as possible. There is a commitment to assure that services are culturally sensitive, competent and delivered in the language of the individual. The emphasis that San Luis Obispo County has placed on cultural competence, outreach and enhancing linguistically appropriate services has had the positive outcome of breaking down the barriers of access to appropriate services.

**9) Sexual Orientation and Gender Sensitivity**

San Luis Obispo County BHS will continue to provide training to sensitize staff to the special clinical considerations necessary to assist gay, lesbian, bisexual, and transgender clients. The county has a number of competent clinicians in this specialty, as do our network providers.

### **10) Services to individuals residing out of county:**

Multi-agency case managers work together to identify youth who are placed out of county with the goal of providing appropriate step down programs in the county when they return. The new TAY FSP will offer Wrap like services that address relevant transitional issues. Youth placed out of county will be monitored closely to assess readiness to return to county through the TAY program whenever possible.

### **11) Selected strategies not listed in Section IV**

Not applicable.

### **12) Timeline for this work plan**

Year 1:

- TAY FSP design work with CSOC staff and community partners
- Recruitment and hiring of team members will begin in the spring of 2006
- Training Children's SOC staff to FSP
- The program will enroll six TAY by June 2006

Year 2:

- TAY FSP fully operational. Continue to enroll eligible participants, serving up to 20 transition age youth
- Collect performance outcome data, analyze and report outcomes

Year 3:

- Continue services to all participants
- Enroll additional participants as initial population begins to require less intense services and supports
- Collect performance outcome data, analyze and report outcomes

### Work Plan #3 & Narrative - Adult Full Service Partnership

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

County: San Luis Obispo	Program Work Plan Name: Adult Full Service Partnership																																																							
Program Work Plan #: 03	Estimated Start Date: April 1, 2006																																																							
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	A new Adult FSP program will be created to provide for specialized teams to partner with identified individuals to provide the services and supports needed to prevent unserved or underserved adults from IMD placements or incarceration.																																																							
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Adults 18-60 years of age with serious mental illness who are unserved, inappropriately served or underserved and at risk of institutional care because the traditional mental health system was not effective in engaging them or meeting their needs. They may be homeless, frequent users of hospital or emergency room services, involved with the justice system or suffering with a co-occurring substance abuse disorder.																																																							
<b>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</b>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 45%;"></th> <th colspan="3">Fund Type</th> <th colspan="4">Age Group</th> </tr> <tr> <th>FSP</th> <th>Sys Dev</th> <th>OE</th> <th>CY</th> <th>TAY</th> <th>A</th> <th>OA</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Outreach and engagement</b> – Staff will go into the community, hospital, jail, or IMD to establish a relationship with individuals at risk using a persistent non-threatening approach. Family may assist in the process.</td> <td>X</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>Mental Health Assessment</b> – a comprehensive mental health, social, physical health, substance abuse and trauma assessment, including strength based assets, resources and gender/culture specifics.</td> <td>X</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>Individualized Plans</b> - Each individual will develop an Individualized Service Plan (ISP) with staff and family based on their assessment, strengths and personal goals.</td> <td>X</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>Personal Service Coordinator and Resource &amp; Support Specialist</b> for each participant. 24/7 access to care.</td> <td>X</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>X</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;"><b>Case Management</b> – Services to assist in meeting the ISP elements, coordinating and linking with service providers, assist in developing a transition/discharge plan, providing transportation, home visiting and monitoring effectiveness of services.</td> <td>X</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>X</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Fund Type			Age Group				FSP	Sys Dev	OE	CY	TAY	A	OA	<b>Outreach and engagement</b> – Staff will go into the community, hospital, jail, or IMD to establish a relationship with individuals at risk using a persistent non-threatening approach. Family may assist in the process.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<b>Mental Health Assessment</b> – a comprehensive mental health, social, physical health, substance abuse and trauma assessment, including strength based assets, resources and gender/culture specifics.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<b>Individualized Plans</b> - Each individual will develop an Individualized Service Plan (ISP) with staff and family based on their assessment, strengths and personal goals.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<b>Personal Service Coordinator and Resource &amp; Support Specialist</b> for each participant. 24/7 access to care.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<b>Case Management</b> – Services to assist in meeting the ISP elements, coordinating and linking with service providers, assist in developing a transition/discharge plan, providing transportation, home visiting and monitoring effectiveness of services.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
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<b>Intensive community services</b> to support the individual in meeting their goals, including integrated substance abuse treatment and vocational/educational services. Team members will be available 24/7.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
<b>Therapy and psychiatric care</b> individual and family	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
<b>Community Collaboration</b> – Based on participant needs, the team will work with other community partners to provide specialized services.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
<b>Housing</b> will be provided in an augmented housing environment as a transition to the community.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	
<b>Flexible fund:</b> fund established for individualized needs, i.e., food, medication, transportation, clothing, living expenses, education, recreation, etc.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	

## 1) Description of the Program

The Adult Full Service Partnership program (A-FSP) will provide an intensive team to engage unserved or inappropriately served adults with serious mental illness at risk of IMD placements or incarceration. Individuals will be contacted wherever they reside and staff will begin to build a relationship to discuss ways to assist them to make plans and choices to improve their lives. Participants can select from a variety of services and supports to move them towards achieving greater independence. The overall goal of the program is to divert adults with serious and persistent mental illness from acute or long term institutionalization and instead, to succeed in the community with sufficient structure and support, consistent with the philosophy of the MHSA.

A collaborative task force of community stakeholders and BHS staff will be established to design each FSP program and determine best service delivery practices and maximize community-based providers and services.

Priority populations will be those individuals at risk of entering an IMD or jail who may also be dually diagnosed with substance abuse, homeless, frequent users of emergency room or hospital services or in frequent contact with law enforcement. Outreach and engagement strategies will be used in a non-coercive way to offer intensive services to enable the individual to remain in the community. An individualized service plan (ISP) and Wellness and Recovery Plan will be developed with the participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources.

Each participant will receive psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered treatment and empowerment, and promotes optimism for the future.

The A-FSP will use the model of the AB 2034 program and the assertive community treatment approach to engage persons at risk. Using our knowledge from providing outreach services, staff will spend the time it takes to meet persons in their environment, encourage them to want to enter into a partnership and present a positive and caring attitude. The A-FSP will provide the full range of services including assessment, individualized planning, case management, integrated co-occurring drug and alcohol services, medication, housing, integrated vocational services and access to the team members on a 24/7 basis.

Each participant will have a Personal Service Coordinator to assure that plans are being addressed. All services will be voluntary and guided by the participant's choice in terms of type, amount and timing. The delivery of services will emphasize building on strengths and resources including family and incorporate the principles of recovery, cultural competence and community. The degree of support and services provided will vary depending on the needs of each participant at any given time; discharge planning will be important and efforts to move participants to less intense services will begin early. Participants will be encouraged to use peer supports and engage in meaningful

activities, including employment. The team will work with community partners to provide specialized services. Flexible funds will be available to ensure participant's needs are met including but not limited to medication, food, educational expenses, housing vouchers, clothing, transportation, etc.

Referrals will come from mental health case managers, the homeless outreach program, jail staff, facility staff and emergency room physicians and the Psychiatric Health Facility (PHF) staff.

The A-FSP will have two teams with a ratio of 1 team to 12 participants for a total of 24 individuals fully served at any given time. The core FSP team includes a Personal Service Coordinator (PSC) and a Resource & Support Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, psychiatrist, and coordinator/supervisor that serve participants in all four of the FSP age group programs, as desired by the participant.

The Full Service Partnership teams will be supported by existing BHS services including: hospital services, housing, peer support services, mobile crisis, and administrative support.

## **2) Describe any housing or employment services to be provided**

New housing will be provided for participants in the full service partnership. The housing service will be supported with rehabilitation staff, instruction in daily living skills, assistance with integration into the community and additional support and structure to see that individuals can meet their goals. The PSC will link participants to other housing resources provided through BHS or in the community.

Each Full Service Partnership team will have integrated employment/educational services available through a vocational specialist as part of the team. This can entail assistance with job opportunities, training/education, pre-vocational skills, direction to find meaningful use of leisure time and linkage with other employment resources in the community or through BHS.

## **3) Estimated cost per FSP participant**

\$21,118 / per participant. Reflects potential revenue from MediCal.

## **4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. How the values of recovery and resiliency are promoted and continually reinforced.**

Recovery principles will be primary to the program from the beginning through clinical assessments and interventions that focus on the strengths of the participant and family members. The values of recovery and wellness will be promoted with the participants when developing their self-directed ISP and evaluated as participants meet or add new

goals. Participants will be encouraged throughout to engage with available peer services to support their own recovery.

Participants will receive psycho-education and be provided with information regarding their mental illness and medication. The participant will be empowered to make informed decisions regarding their own treatment. Hope and optimism will be important concepts throughout the recovery process. Participants will learn to identify triggers and/or early warning signs that result in a relapse. They will develop a plan for when relapse occurs and will identify appropriate ways to cope with symptoms and reduce stress. The goal is for recovery and a better quality of life.

Program staff will receive on-going training in recovery-oriented work and client-centered services. Staff will be selected based, at least in part, on experience with and commitment to the recovery vision.

**5) 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.

**6) 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.**

Services and supports run by clients include peer support groups, transportation services and participation as members of the FSP community providing advocacy, outreach, support and assisting with managing health and mental health conditions. Team members will encourage participants to develop and maintain relationships with family, friends and peers as well as finding ways to be connected to their community.

Individuals with mental illness and family members will provide the NAMI sponsored *Peer to Peer* and *Family to Family* programs to educate families regarding all aspect of mental illness.

**7) Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population.**

The A-FSP team will work with a variety of community partners based on the participant's needs. The teams can access the Federally Qualified Health Centers to assist with health conditions, Probation and jail staff, available housing opportunities, employment services, homeless services, the faith community and develop better linkages to education. Many of the services offered may be contracted to existing non-profit organizations. Using a range of services will assist participants to improve their quality of life, assure there is meaningful activity and enhance integration into the community.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

This program will seek referrals from diverse populations, especially Latino communities, as this group has the greatest disparity in the provision of services. This new program will attempt to diminish this by reaching out to the Latino population and using our community partners to identify those at significant risk due to psychiatric and co-occurring conditions. Teams will include a Spanish speaker and interpreters will be used for languages other than Spanish.

All FSP team members will participate in cultural competency training annually and are encouraged to seek additional training through funds provided by the county. In addition, SLO County BHS has a Cultural Competence Committee, which is responsible for the oversight of the Cultural Competence Plan.

The teams will rely on the natural supports that are comfortable and familiar to each individual served. Every ISP will incorporate goals that are sensitive to each participant's culture and community resources. Services will be provided in the participant's natural setting as much as possible. There is a commitment to assure that services are culturally sensitive, competent and delivered in the language of the individual.

**9) Sexual Orientation and Gender Sensitivity**

A-FSP and contract staff will be directed to complete training in gender differences and sexual orientation as part of the Cultural Competence Plan. All FSP staff are expected to be sensitive to working with diverse populations. Should an issue arise with which a staff member is unprepared, the team will provide support and additional training will be offered.

The ISP will allow participants to identify issues related to gender or sexual orientation and services and supports will be identified to address those issues on an individual basis.

**10) Services to individuals residing out of county**

The Personal Services Coordinator will continue to be involved with any individual who is placed out-of-county, will travel to the facility to follow the progress of the participant, assist in discharge planning and facilitate the transition back to the community. In addition, facility liaison staff will target individuals placed at IMDs to be referred to the A-FSP teams when ready for discharge. Other individuals who move to another county will be referred for services and staff will follow up to ensure a smooth transfer.

**11) Selected strategies not listed in Section IV**

Not applicable.

## 12) Timeline for this work plan

### Year 1:

- Staff recruitment / training and contracting with community based services organizations.
- Begin outreach to target population.
- Enroll eight individuals into program.

### Year 2:

- Two A-FSP teams operational.
- FSP teams will serve approximately 24 participants by end of year.

### Year 3:

- FSP Teams will continue to serve approximately 30 participants.

**Work Plan #4 & Narrative Older Adult Full Service Partnership**

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

County: San Luis Obispo		Program Work Plan Name: Older Adult Full Service Partnership					
Program Work Plan #: 04		Estimated Start Date: April 1, 2006					
Description of Program: <i>Describe how this program will help advance the goals of the MHSA</i>	A full service “whatever it takes” program for 12 older adults will be designed and implemented. A geriatric specialist will consult, research and design the FSP in collaboration with community agencies and primary care providers. An intensive team trained in older adult issues will be implemented to assess and meet needs, and prevent inappropriate or premature out-of-home placement. There will be linkage with the adult FSP to assist the transition to the OA FSP for targeted individuals.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Adults 60 years and older with SMI who are high utilizers of the system, hospitals or ERs. May be unserved or underserved, homebound, seen by a primary care provider for mental health issues, at risk of homelessness or institutionalization and/or have co-occurring substance abuse disorder.						
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
<b>Geriatric Specialist</b> – Design OA FSP for the county. Provide specialized assessments and treatment. Will link with community agencies, provide education to the community and training to staff regarding age related issues	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<b>Outreach and Engagement</b> – Staff will reach out to primary care providers, community settings and individual’s homes to identify FSP participants. OA FSP team will coordinate with Adult FSP to smooth the transition of individuals from one system to the other.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<b>Assessment</b> – Comprehensive assessment of mental health, physical health, strengths, resources, substance use, medications, daily functioning and gender/cultural issues.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<b>Individualized Service Plan (ISP)</b> – Each individual and involved family member will develop with staff a plan for meeting the participant’s desired goals	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<b>Case Management</b> – Services and supports to assist in meeting personal goals, linkage to community resources and transportation.	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

<b>Personal Service Coordinator and Resource &amp; Support Specialist</b>	X	<input type="checkbox"/>	X				
<b>Therapy and psychiatric care</b> individual and family		<input type="checkbox"/>					
<b>Intensive services in the community</b> including integrated co-occurring substance abuse services, meaningful activity services and support, coordination with physical health providers, access to mental health services and availability to team members 24/7.	X	<input type="checkbox"/>	X				
<b>Flexible fund:</b> fund established for individualized needs, i.e., food, medication, transportation, clothing, living expenses, education, recreation, etc.	X	<input type="checkbox"/>	X				

## 1) Description of the Program

The Older Adult Full Service Partnership (OA FSP) will provide an intensive team to engage older adults who are at risk of inappropriate or premature out-of-home placement due to a serious mental illness and, in many instances, co-occurring medical conditions that impact their ability to remain in home/community environments.

Similar to the Adult FSP, the OA FSP's goal is to offer intensive interventions to ensure that participants remain in the least restrictive setting possible through a range of services and supports based on each individual's needs. A collaborative task force of community stakeholders and BHS staff will be established to design each FSP program and determine best service delivery practices and use of community-based providers and services.

Priority populations will be those individuals that are 60 years or older who may be unserved or underserved by the current system, have high risk conditions such as co-occurring medical or drug and alcohol issues, suicidal thoughts, suffer from isolation or homelessness, and at risk of placement. The OA FSP team will also prioritize the transitional age adult, ages 55 to 59 years whose service needs are likely to extend into older adulthood.

The OA FSP core team will consist of a Personal Service Coordinator (mental health therapist), who will be medically licensed to better link with health care services, a resource & support specialist, and a geriatric specialist. Additionally, the team includes a vocational specialist, drug and alcohol specialist, psychiatrist, and a coordinator that serve participants in all four of the FSP age group programs.

The addition of a geriatric specialist is a significant enhancement to the current services. Because the older adult population is currently underrepresented in the treatment system, this specialist will be the initial team member hired to build a foundation for improved services to elders. It is expected that this new specialist will become a presence in the older adult service community by establishing relationships with a variety of providers including primary care, Department of Social Services, board and care, non-profit services agencies, day health care, recreational services, families and acute care facilities. The specialist will collaborate with other community providers to outreach into the senior community to identify elders at risk. The specialist will also bring the ability to provide specialized comprehensive geriatric assessments to the OA FSP participants.

The program will have one team to serve 12 participants.

Referrals to the OA FSP will be received from primary care clinics, acute care facilities, locked facilities, Department of Social Services, other mental health staff, and family members. Outreach strategies will also be used to identify targeted individuals in their natural settings, including shut-ins.

Once identified, a comprehensive assessment and evaluation will occur for each participant to include mental and medical conditions, functional impairments, substance use and abuse, strengths and resources, family and social supports, housing suitability and recreation/volunteer/employment needs, plus any other needs or concerns.

Based on the assessment and the individual's goals, an individualized service plan (ISP) will be developed with the participant to address the type of services or specific actions desired. The OA FSP team will collaborate with primary care providers to assist the participant in adhering to medical and supportive directives and arrangements so they can remain in the home with a better quality of life. The range of services include: case management; 24/7 crisis services; stabilization services; medication evaluation; counseling; mental health education; integrated co-occurring drug and alcohol services; vocational services; and coordination with acute care services. Each participant will receive psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered treatment and empowerment, and promotes optimism for the future.

The Personal Service Coordinator (a mental health therapist) and Resource & Support Specialist help assure that plans are being addressed and implemented. All services will be voluntary and will build on the participant's strengths and natural supports. Services can change in intensity as client needs change. Strong discharge planning will be an important element of each plan and efforts to move participants to less intense services will begin early.

Participants will be encouraged to use peer support services and engage in meaningful activities. The OA FSP team will link with community partners for specialized services. Flexible funds will be available to ensure their needs are met for transportation, medication, clothing, meals, housing vouchers, recreation, etc.

## **2) Describe any housing or employment services to be provided**

Housing stability and suitability will be assessed for each participant and, where appropriate, with family members, to provide the supports needed to maintain independent housing. All community housing resources will be accessed when needed. The flexible fund will allow for housing vouchers in the event of a need for emergency shelter.

The vocational specialist team member will work with each participant to encourage meaningful activity/employment/volunteering using the participant's strengths and natural supports to increase a sense of wellness and self determination consistent with the vision of the MHSA.

## **3) Estimated cost per FSP participant**

\$23,375 / per participant. Reflects potential revenue from MediCal.

**4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. How the values of recovery and resiliency are promoted and continually reinforced.**

The services and supports will be driven by recovery principles and encourage independence and meaningful activity utilizing natural supports for each participant. Formulating the ISP with the participant will ensure that services provided are by choice of the individual.

Participants will receive psycho-education and be provided with information regarding their mental illness and medication. The participant will be empowered to make informed decisions regarding their own treatment. Hope and optimism will be important concepts throughout the recovery process. Participants will learn to identify triggers and/or early warning signs that result in a relapse. They will develop a plan for when relapse occurs and will identify appropriate ways to cope with symptoms and reduce stress. The goal is for recovery and a better quality of life.

Program staff will receive on-going training in recovery oriented work and client and family driven services. Staff will be selected on experience with and commitment to the recovery vision.

**5) 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.

**6) 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.**

Individuals with mental illness and family members will provide the NAMI-sponsored *Peer to Peer* and *Family to Family* program to educate people with mental illness and their families about all aspects of mental illness.

The team will ensure that services are participant and family driven, including the ISP, and that participants choose whether to seek services, the type and duration of service. Peer support groups will be available and attendance encouraged. As appropriate, participants and family members will monitor the progress toward expressed goals.

**7) Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population.**

Older adults present with a variety of issues and require a number of services in addition to mental health services. Collaboration with other providers will be key to developing the OA FSP. The geriatric specialist will work closely with other senior service providers to establish formal and informal collaborations and promote integration of service provision.

Relationships currently exist with Department of Social Services, Adult Protective Services, Senior Peer Counseling, and Public Guardian. Additional partnerships will be formed with senior centers, adult day care centers, non-profit service providers, home health agencies, Meals on Wheels, in home supportive services, primary care clinics, Area Agency on Aging, and others as identified. Establishing relationships with agencies serving seniors will allow for increased access for individuals in the OA Full Service Partnership to address their needs, achieve their goals and avoid premature institutionalization.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

There are disparities in the service provision to Latinos. This new program will attempt to diminish this by reaching out to the Latino population and using our community partners to identify those at significant risk due to psychiatric and co-occurring conditions. Referrals will be sought from diverse populations.

All FSP team members will be trained in culturally competent practices and every effort will be made to have at least one bilingual Spanish member of the team. Interpreters will be used for languages other than Spanish. A contract provider will be utilized to increase access for non-English speaking participants, including the deaf.

All staff will participate in cultural competency training annually and are encouraged to seek additional training through funds provided by the county. In addition, SLO County BHS has a Cultural Competence Committee, which is responsible for the oversight of the Cultural Competence Plan.

The team will rely on the natural supports that are comfortable and familiar to each individual. Every ISP will incorporate goals that are sensitive to each participant's culture and community resources and respectful of their wishes. Services will be provided in the participant's natural setting as much as possible. There is a commitment to assure that services are culturally sensitive, competent and delivered in the language of the individual.

**9) Sexual Orientation and Gender Sensitivity**

OA FSP and contract staff will complete training in gender differences and sexual orientation as part of the Cultural Competence Plan. All FSP team members are expected to be sensitive to working with diverse populations. Should an issue arise with which a member is unprepared, the team will provide support and additional training will be offered.

The ISP will allow participants to identify their own issues/needs related to gender or sexual orientation; services and supports will then be identified to best address them.

## **10) Services to individuals residing out of county**

The Personal Service Coordinator will continue to be involved with any individual who is placed out-of-county, will travel to the facility to follow the participant's progress, participate in discharge planning and facilitate the transition back to the community. Individuals who may move to another county will be referred for services and the PSC will follow up to ensure a smooth transfer.

## **11) Selected strategies not listed in Section IV**

Not applicable.

## **12) Timeline for this work plan**

Year 1:

- Recruitment and orientation of a Geriatric Specialist to identify and collaborate with stakeholders, primary care providers and other potential community partners.
- Begin outreach to older adults, and development of the OA FSP.

Year 2:

- Recruitment, training and orientation of full OA FSP team.
- Continued outreach to older adult populations and enrollment of at least 10 participants.
- Specialized assessments and staff training provided by the Geriatric Specialist.

Year 3:

- OA FSP at capacity with 12 older adult participants.

**Work Plan #5 & Narrative Client and Family Wellness Supports**

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

County: San Luis Obispo	Program Work Plan Name: Client and Family Wellness Supports
Program Work Plan #: 05	Estimated Start Date: April 1, 2006

<b>Description of Program:</b> <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	An array of services designed to facilitate and support wellness, recovery and resiliency will be added to the SOC. System-wide integrated services will improve clients' and families' quality of life and address the greatest needs of individuals. Services will be offered in the community, are easily accessible and integrated with each other.
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<b>Priority Population:</b> <i>Describe the situational characteristics of the priority population</i>	All age groups in the general SMI/SED population are eligible to utilize the services.
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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
Supportive vocational training & employment	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	<input type="checkbox"/>
Community and Supportive Housing	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	<input type="checkbox"/>
Client-led mentoring and recovery education	<input type="checkbox"/>	X	X	<input type="checkbox"/>	X	X	X
Family-led mentoring and education	<input type="checkbox"/>	X	X	X	X	X	X
Co-occurring substance abuse treatment	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
Client & Family Partners assist in day-to-day care, link to resources, and navigate the system.	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
Increased case management for the SAFE and Adult System of Care. Will allow more individuals to receive services and reduce caseloads.	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
Outreach and care to older adults	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Network of Care for Mental Health website. A statewide online network and resource for individuals, families and agencies concerned with mental health.	<input type="checkbox"/>	X	X	X	X	X	X

## 1) Description of the Program

An array of services designed to facilitate and support wellness, recovery and resiliency will be added to the SOC. System-wide integrated services will improve individuals' and families' quality of life and address the greatest needs of individuals. As appropriate, individuals and family members will be able to access any of the following services through participation in one of the services. These services are coordinated and integrated through the individualized treatment plans which are wellness focused, strength based and support recovery and resiliency. Services are client-centered and promote self-sufficiency. Individuals may utilize just one or several of the components, dependent on their concerns and goals.

Specific strategies include:

- **Housing:** rent subsidies for community and supportive housing for 20 to 40 TAY and adult clients per year will be provided. Available to both FSP participants and others in general population. Supportive housing includes social worker/therapist, residential behavioral counselors, and case management.
- **Supportive employment and vocational training:** Eighty to 100 TAY and adult clients will be offered employment readiness classes and 35 will be placed in jobs or volunteer positions. A vocational specialist and case manager will be provided.
- Intensive day programming for TAY, adult and older adults with **co-occurring substance abuse**. Both FSP and general population clients will attend half day group treatment sessions, led by a Drug and Alcohol Specialist, 3 to 5 days per week. Individual care planning will provide for step down treatment.
- **Client and family-run support**, mentoring and educational groups will be expanded. *Peer to Peer* is a 9-week experiential education course on recovery that is free to any person with a mental illness. It is taught by a team of 3 to 4 peer teachers who are experience at living well with mental illness. *Family to Family* is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, their causes and treatments, as well as help and coping tools for family members who are also caregivers. Team of 2 family members teach the class. Programs are free to participants.
- A **Geriatric Specialist** will be added to enhance the Older Adult System of Care and develop programming that addresses the special needs of this age group, provide grassroots outreach to the older adult population, and increase their access to care and wellness services. Older Adults are the most unserved and underserved population in the county.
- **Client & Family Partners and a SAFE case manager** will be added to the to **act as advocates**, provide day-to-day, hands on assistance, link people to resources, provide support and help to "navigate the system." This strategy will also include a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services.

- A case manager/mental health therapist will be added to the Adult SOC in order to **reduce current caseloads**, and allow individuals to **spend more time with their therapist and receive more individualized attention** and focus on goals and future planning.
- **Network of Care for Mental Health is an online service** that provides free access to a comprehensive service directory, updates on health, disease prevention and treatment, connection to support groups, direct advocacy on policy, available health coverage, online personal and family record keeping and other tools. Individuals with mental illness and their families can direct their own education and connect to health and well-being resources in an easy to access format.

**2) Describe any housing or employment services to be provided**

Supportive and community housing for 20 to 40 TAY and adult clients. Vocational training to 80 to 100 clients. Job placement of 35 clients per year.

**3) Estimated cost per FSP participant**

This is a System Development and Outreach and Engagement program. However, FSP participants may utilize the services; that proportional use is included in the FSP costs delineated in Work Plans #1 through #4.

**4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. How the values of recovery and resiliency are promoted and continually reinforced.**

All services and supports are client-guided. The Vocational Services Review Team works with each participant to determine interest and goals, and then places based on those parameters. All partner agencies have a proven history in wellness and recovery programming.

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

The community housing strategy is an expansion of current services provided by Transitions-Mental Health, Inc. This increase in the number of spaces will be allotted to a new population of clients, not necessarily from the usual referrals.

*Peer to Peer* and *Family to Family* are existing programs coordinated by NAMI and Transitions-Mental Health. Through CSS, programs will be expanded to new geographic areas of the county (particularly more rural areas) and will be offered more frequently.

Client & Family Partners and SAFE case managers currently exist. The new positions expand services to other geographic areas and to populations previously unable to access services due to restrictive criteria (MediCal eligibility, for instance). These services will be offered to currently unserved individuals and families.

**6) 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 to Peer* is a client-run mentoring, support and education program. *Family to Family* is a family-run support and education program. Additionally, the Client & Family Partner is a promising position to be held by someone with personal experience with the public mental health system. County BHS will collaborate with local non-profit agencies that are experienced in hiring and retaining consumers and families to maximize this opportunity. All other strategies involve clients and families as full partners in determining course of care and goals.

For the vocational training and placement program, efforts will be made to develop the county public mental health system as a training and/or job site for participants.

**7) Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations.**

All wellness services utilize collaborative partnerships with both government agencies and local non-profits. County BHS will partner with Department of Rehabilitation, Transitions-Mental Health, Family Care Network, NAMI, senior advocates, and SAFE to implement the described strategies as these organizations provide expertise and proven track records in implementing client and family-centered wellness programs. Collaboration maximizes the ability for unserved and underserved populations to access the services.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

This program will serve a broad and diverse group of clients, with special attention given to access for Latinos with mental illness. The team leading the Latino Outreach and Services Program (see Work Plan #6) will assist their new contacts in utilizing these programs, which will be delivered in a culturally relevant manner.

Staffing for these services will include Spanish speakers and interpreters.

All BHS staff and contract providers will participate in cultural competency training annually; additional training will be provided as needed. SLO County BHS has a Cultural Competence Committee, which is responsible for the oversight of the Cultural Competence Plan and will help guide the development of culturally sensitive wellness services.

Service providers will rely on the natural supports that are comfortable and familiar to each individual served. There is a commitment to assure that services are culturally sensitive, competent and delivered in the language of the individual.

## 9) **Sexual Orientation and Gender Sensitivity**

All providers will complete training in gender differences and sexual orientation issues. Providers are expected to be sensitive to working with diverse populations. Should an issue arise with which a provider is unprepared, support and additional training will be offered. A priority will be given to gender specific referrals.

## 10) **Services to individuals residing out of county**

Not applicable.

## 11) **Selected strategies not listed in Section IV**

Not applicable.

## 12) **Timeline for this work plan**

Year 1:

- RFP for wellness and recovery services developed and contractors selected.
- Housing, supportive employment programs, substance abuse day programming is contracted and operational.
- Recruit and hire Client & Family Partners, SAFE case manager, Adult SOC case manager/therapist, and geriatric specialist.
- Conduct train the trainer for the *Peer to Peer* and *Family to Family* programs.
- Network of Care is rolled out at state level. Timeline to be determined by Department of Mental Health.

Year 2:

- Housing, supportive employment programs, substance abuse day programming is continued and fully operational.
- Client & Family Partners, SAFE case manager, Adult SOC case manager/therapist, and geriatric specialist in place and serve full caseloads.
- *Peer to Peer* and *Family to Family* programs fully operational, offering four classes of each per year.
- Network of Care fully operational and utilized throughout SOC and community partners.

Year 3:

- Continue housing, supportive employment, substance abuse day programming.
- Client & Family Partners, SAFE case manager, Adult SOC case manager/therapist, and geriatric specialist in place and serve full caseloads.
- *Peer to Peer* and *Family to Family* programs fully operational, offering four classes of each per year.
- Network of Care fully operational and utilized throughout SOC and community partners.

## Work Plan #6 & Narrative Latino Outreach & Engagement Program

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY							
County: San Luis Obispo	Program Work Plan Name: Latino Outreach & Services						
Program Work Plan #: 06			Estimated Start Date: April 1, 2006				
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	Targeted and coordinated outreach to SED/SMI populations in the unserved/underserved Latino communities; particularly to identified pockets of poverty in the north and south county areas and rural areas, and limited English speakers. Develop a culturally appropriate system to facilitate and expand access to services and deliver more services to Latinos.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	All ages of Latinos that are limited English speakers, with special focus on those previously undiagnosed.						
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
<b>Grassroots outreach</b> efforts to reduce stigma and fear of mental health services, identify mental illness issues, and make referrals	<input type="checkbox"/>	<input type="checkbox"/>	X	X	X	X	X
<b>Media and marketing campaign.</b> Print, radio and television ads in targeted Latino outlets and advertising markets. Create appropriate educational materials.			X	X	X	X	X
<b>Culturally competent treatment.</b> Bilingual/bicultural therapist provide individual and group treatment in the community and in the clinic, includes family support	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
<b>Community based Outreach &amp; Engagement Specialists</b> to reach individuals, assist in navigating the system, serve as advocates	<input type="checkbox"/>	X	X	X	X	X	X
<b>Community based collaboration</b> with Latino leaders, utilize existing and trusted networks		X	X	X	X	X	X

### **1) Description of the Program**

Targeted outreach to SED/SMI populations in the unserved and underserved Latino community, particularly to identified pockets of poverty in the north and south county areas and rural residents in Shandon, San Miguel, Oceano and Nipomo, and limited English speakers. Two bilingual/bicultural clinicians (one community-based, one clinic-based) and two bilingual/bicultural Outreach and Engagement Specialists will provide services in the north and south county areas, which have the largest Latino populations and disparate access to mental health services.

The outreach efforts will be led by a bilingual/bicultural clinician and two bilingual/bicultural Outreach and Engagement Specialists and coordinated with existing Latino interest groups and will utilize trusted community allies and advocates. Activities will include grassroots outreach, community presentations, booths and individual connections at community events, health fairs, school sites, churches and networking Latino advocacy organizations, and print and radio advertisements in Latino-oriented publications and other media. The presentation of psycho-educational material will be provided on the methods for facilitating outreach. A campaign in Latino-targeted publications and other media will be employed to increase awareness among the Latino community of signs and symptoms of mental illness as well as highlighting the availability of services.

New culturally appropriate treatment services will be developed and offered in community settings. Treatment services may be offered at schools, churches, and other natural gathering areas, and efforts will be to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy will be provided. Current clinic-based individual and family bilingual/bicultural therapy will be doubled.

### **2) Describe any housing or employment services to be provided**

No housing or employment services will be provided in the Latino outreach activity, per se. Spanish speaking Outreach and Engagement Specialists, acting as “system navigators,” will connect monolingual individuals to appropriate service providers for employment/vocational programming and housing resources.

### **3) Estimated cost per FSP participant**

Not applicable. The Latino Outreach Program is a System Development and Outreach and Engagement program and is focused on unserved individuals (who may then be identified and enrolled in the appropriate FSP).

### **4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. How the values of recovery and resiliency are promoted and continually reinforced.**

The Latino Outreach Program will take information and services into unserved and depressed Latino communities to provide services to difficult-to-engage individuals and

families. Consistent with this approach is the expectation that, at all steps of engagement, the individual will be encouraged and supported in developing a knowledge and resource base to help adapt to living in two cultures, thus encouraging the development of coping skills to improve resiliency and recovery. There will be a consistent focus on utilization of existing resources. These outreach services will target all age groups in the Latino community. All staff will be trained in the principles of recovery and resiliency. Program outcomes will reflect and reinforce recovery and resiliency principles.

**5) 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.

**6) 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 Outreach and Engagement Specialists will be recruited from a variety of sources, including current and former clients and their families. As the proposed program develops, clients and their families will be utilized as peer referral networks to encourage the engagement of other unserved individuals.

**7) 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.**

Latino Outreach activities have been previewed by local Latino groups including the Bilingual Network, the Rural Legal Assistance League, which sponsors programs for Latinos in economically depressed areas, and the Latino Outreach Council. These organizations will be future collaborators. Future outreach efforts will be coordinated with SAFE System of Care as well other traditional Latino providers, including the Economic Opportunity Commission and religious organizations. Engagement efforts will also include the Latino media.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

This program will be culturally competent through the employment of exclusively bilingual/bicultural staff to design strategies and deliver services. The employment of this staff will boost the bilingual and bicultural ratios of staff to client across all age groups.

## **9) Sexual Orientation and Gender Sensitivity**

County staff, contractors, families and community partners will utilize and be referred to resources that are sensitive to gender and sexual orientation issues. All providers will receive training in these areas. A priority will be given to gender specific referrals.

## **10) Services to individuals residing out of county**

Adults and children placed out of county will have access to the Latino Outreach services as needed.

## **11) Selected strategies not listed in Section IV**

Not applicable.

## **12) Timeline for this work plan**

Year 1:

- Planning of the awareness, outreach and media campaign
- Begin increased clinic-based bicultural/bilingual therapy
- Recruit and retain community-based bilingual/bicultural clinician, and two bilingual/bicultural Outreach & Engagement Specialists for the north and south county areas
- Train outreach team in client-oriented and asset-centered interventions to maximize the ability of the individual
- Plan for and begin implementation of outreach, engagement and service activities
- Implement increased and improved bilingual/bicultural services

Year 2:

- Latino-focused awareness, outreach and media campaign, both one time media blitz and year round efforts
- Continue implementation of outreach and engagement activities
- Continue provision of increased bilingual/bicultural therapeutic services

Year 3

- Continue Latino-focused awareness, outreach and media campaign
- Continue outreach activities
- Continue therapeutic bilingual/bicultural services

**Work Plan #7 & Narrative Enhanced Crisis Response and Aftercare**

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

County: San Luis Obispo County		Program Work Plan Name: Enhanced Crisis Response and Aftercare						
Program Work Plan #: 07		Estimated Start Date: April 1, 2006						
<b>Description of Program:</b> <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		The mobile crisis program will expanded to double the number of responders and regionalize care and decrease response time. Wellness-focused interventions such as in-home crisis stabilization and next day follow up to person and family if not transported to the psychiatric health facility and aftercare upon discharged will be added. Law enforcement crisis responders will receive training to improve understanding of mental illness and strategies to intervene effectively in the field.						
<b>Priority Population:</b> <i>Describe the situational characteristics of the priority population</i>		This program will be available to all county residents, across all age, ethnic and language groups.						
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
<b>Regionalized Crisis Responders.</b> Expand number of 24/7 responders to decrease response time and increase assessment time.		<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
<b>Follow up for individuals not hospitalized.</b> Crisis responder remains with individual/family in support of crisis stabilization. Assist in finding follow up care within 24 hours.		<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
<b>Aftercare Specialist to assist patient and family at time of discharge</b> from the Psychiatric Health Facility (PFH). Assists in securing a place for patient to go, following aftercare instructions, link to existing resources, meet follow up appointments.		<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	X	X
<b>Crisis Intervention Training</b> for law enforcement personnel and other responders			X		X	X	X	X

## 1) Description of the Program

This program provides for several much-needed enhancements to and integration of crisis response services.

First, crisis response will be regionalized to the north and south counties with the goal of increasing efficiency and effectiveness and collaborating and working together better with law enforcement and other agency providers that may be on the scene. Two responders will now be available 24/7 to intervene when mental health crisis situations occur in the field and after clinic hours. (Currently only one provider is available for the entire county.) Regionalization will not only reduce response time but will allow a team approach to dealing with the mentally ill as law enforcement is traditionally the first responder in these situations. Emphasizing a coordinated response will result in better communication between all parties involved. Better communication equals better care, and less frustration for families and others already working with the family.

Doubling the number of responders will allow for more in depth in-home/in-the-field intervention and crisis stabilization with individuals, families, support persons, (including Personal Service Coordinators if individual is in a FSP). This will enhance the resiliency of those in crisis. Interventions will keep individual safety in the forefront and prevent movement to higher levels of care. Interventions will be client-oriented and asset-centered to maximize the ability of the individual to manage the crisis.

Additionally, this immediate stabilization response will be supplemented with a next day follow-up visit or phone call to continue support and provide assistance in following through with referrals and appointments. These follow ups will also include discussions with other collaborators, including law enforcement, Probation, foster care providers, and Department of Social Services.

Another feature of the enhanced crisis program will be the addition of an Aftercare Specialist to the System of Care. This specialist will meet clients at discharge from inpatient hospitalization and work to insure that clients and families are familiar with coping and resilience strategies, system and family supports and that a comprehensive follow up plan is in place for clients returning to independent living or family settings. The Aftercare Specialist will assist clients in the necessary supports (transportation, planning, time management) to implement their plans, and assure that they do not “fall through the cracks.” The Aftercare Specialist will be a resource for family and support persons involved to make a successful transition from the hospital.

A last element of the enhanced crisis response will be the Crisis Intervention Training (CIT) for law enforcement field officers and other crisis responders. This proven training will improve understanding of mental illness and its impacts, provide innovative intervention strategies that protect public safety without harming a mentally ill person, and assist in all responders working better together. This training promotes client-centered and wellness philosophies.

## **2) Describe any housing or employment services to be provided**

Both crisis responders and the Aftercare Specialist can link clients to the housing or vocational programs implemented in the Wellness Supports program (Work Plan #5).

## **3) Estimated cost per FSP participant**

This is a System Development program. FSP participants may utilize the services; that proportional use is included in the FSP costs delineated in Work Plans #1 through #4.

## **4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. How the values of recovery and resiliency are promoted and continually reinforced.**

Enhancement of crisis capacity will have at its core the development of client-centered, strength-based, asset-focused short-term crisis management plans. These plans will promote resiliency by utilizing each individual's and family's assets in developing successful short term coping plans to work through crisis situations. This approach will be applied to all age groups including adults, older adults, children and family or placement support systems. These short-term crisis management plans will be integrated into the individual's overall recovery plans. These strategies developed in each plan will be reinforced through follow-up contact and encouragement of self-advocacy. The resources and assets of the individual will be utilized whenever possible and appropriate to help manage crisis situations.

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

Currently, San Luis Obispo County Behavioral Health Services has a 24-hour, seven day a week crisis intervention program, which provides field intervention to community members who are in crisis. This current program is limited in that there is one crisis person on call to serve the entire county geographic area (it takes 90 minutes to traverse the county north to south). Frequently, response times are slow. Also, because of the limited resource, each crisis contact is by necessity relatively brief and focused on the safety of the individual in crisis, rather than focusing on longer term contacts to help stabilize the crisis over a longer period (several hours, for example).

The enhanced program would provide additional coverage to assist with reducing response times across the widely dispersed geographic area of the county. Enhancement also provides resources to allow for longer term interventions with each contact to help produce a client-centered, asset-focused crisis management plan to increase resiliency and promote recovery. Additional time can also be spent building stronger relationships with other responders and promoting integrating response practices.

Follow-up visits to assist the individual with continuing their individualized coping plans and to assist with identification and connection to follow up community resources is an added strategy not currently provided.

The Aftercare Specialist and CIT training are new additions to the System of Care.

**6) 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 will be central to the core of the enhanced crisis intervention service. Each individualized crisis management plan will engage the client in identifying his or her own resources and support persons. These individuals will be directly involved, whenever possible, in the development and implementation of the individual's crisis management plan. Both of these activities will improve resiliency and allow for family participation.

**7) Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population.**

Enhanced crisis response capacity was a top priority arising from stakeholder focus groups, surveys, public forums, interviews, and steering committee meetings. Stakeholder input helped developed the specifics of the needed enhanced crisis capacity components to improve the overall service system and also to improve outcomes for individuals and support for clients' families.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

The enhanced crisis capacity will have the capability for meeting the needs of bilingual/bicultural individuals in the population served. There will be emphasis on training for intervention appropriate to limited English-speakers, and staffing will include a Spanish speaker or readily available interpreters. All crisis workers will receive training in culture specific issues related to working with the Latino ethnic group.

**9) Sexual Orientation and Gender Sensitivity**

The crisis enhancement will make appropriate referrals to providers sensitive to sexual orientation and gender specific issues. All service providers will receive training related to issues specific to sexual orientation issues and gender sensitivity. Gender specific referrals will be made whenever possible.

## **10) Services to individuals residing out of county**

Individuals residing out of county will rely on local resources for the provision of crisis services. However, urgent service authorizations will be made available through the Managed Care program to meet urgent needs of out of county placed residents in crisis. The enhanced crisis service will be available to all residents returning to this county without prior authorization.

## **11) Selected strategies not listed in Section IV**

Not applicable.

## **12) Timeline for this work plan**

Year 1:

- CIT for law enforcement.
- Train crisis response team members in client-oriented and asset-centered interventions to maximize the ability of the individual to manage the crisis.
- Implementation of regionalized crisis response capacity.
- Implementation of follow-up/after care services including staff recruitment, training and contracting with community based services organizations.

Year 2:

- Regionalized crisis response capacity fully operational.
- Follow-up/after care services fully operational.

Year 3:

- Continue fully operational regionalized crisis response capacity.
- Continue fully operational follow-up/after care services.

**Work Plan #8 & Narrative Mentally Ill Probationers Program**

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

County: San Luis Obispo		Program Work Plan Name: Mentally Ill Probationers' Services (MIPS)						
Program Work Plan #: 08		Estimated Start Date: April 1, 2006						
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		MIPS, a successful voluntary intensive treatment and case management program for adults who are seriously and persistently mentally ill, on probation and have been court ordered to obtain mental health services, will be expanded to double its capacity. Participants develop insight into their condition, take control of their life so they can move forward in developing a functional life style and become a productive law abiding citizen in their community.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>		Individuals with a serious and persistent mental illness, be on a formal grant of probation by the court and have mental health treatment as part of their probation orders. These individuals have been previously underserved or inappropriately served because the traditional mental health system was not effective in engaging them or in meeting their needs. They often have a co-occurring substance use disorder, are homeless and have had multiple incarcerations through the criminal justice system.						
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
<b>Assessment</b> – Comprehensive assessment of mental health, physical health, strengths, resources, substance use, medications, daily functioning and gender/cultural issues.		<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
<b>Intensive mental health services</b> including Individualized Service Plans, integrated co-occurring substance use services, vocational services and supports, medication monitoring and access to all other available mental health services.		<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
<b>Case Management</b> – Services and supports to assist in meeting personal and program goals, linkage to community resources and coordination with the Probation Department.		<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
A <b>Probation Officer</b> will be provided by the Probation Department. (MHSA funds not needed for this)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>

## 1) Description of the Program

San Luis Obispo Behavioral Health Services has operated the Mentally Ill Probationers' Services (MIPS) since 1998. The program is a collaboration between BHS, the Probation Department, law enforcement, and the Superior Court.

MIPS is a voluntary intensive treatment and case management program for adults who have a serious mental illness, are on probation and have been court ordered to obtain mental health treatment. Candidates must have a minimum of twelve months of formal probation and be willing to participate with treatment recommendations including a treatment contract, individualized treatment plan and probation requirements. The mental health therapist and the probation officer work as a team with all the participants in the program. Each referral has a comprehensive assessment including mental health and physical health history, substance use, medications, strengths and resources, arrest history and ability to agree to the conditions of treatment. Referrals come from the Court, Probation, jail staff, law enforcement, and family members.

Under the MHSA programming, MIPS will be expanded to double its current capacity.

Most of the individuals that enter the program have a history of being inappropriately served in the traditional clinic system or have multiple issues including homelessness, substance abuse, health conditions and multiple incarcerations. Treatment can consist of individual counseling, mental illness and medication education groups, vocational services, co-occurring disorders treatment, family counseling, and housing services. The probation officer requires regular drug testing and unannounced home visits, offers case management and referral for special services, and monitors the conditions of probation. All individuals are expected to engage in some type of employment, education or volunteer activity.

The goals of the program are to:

- Prevent continued arrests and incarcerations by the participants;
- Teach healthy coping skills;
- Understand their mental and/or physical condition and how to take control and manage their life as a functional, law abiding citizen.

There is a 60% rate of completion of the MIPS Program and all individuals who successfully complete the program are in housing, involved in managing their own mental health care, participate in some sort of employment or meaningful activity and none have been rearrested on new charges.

The MIPS Program currently includes one full time mental health therapist and 1.5 FTE probation officers. The capacity of the program is 30 individuals. The proposal for the MHSA is to increase the mental health staff by one full time employee to increase the number of participants who can utilize the service. The Probation Department will increase their staff to 2.0 FTE positions.

**2) Describe any housing or employment services to be provided**

The staff members will work with each individual to determine the best option for safe housing based on the needs and desires of the individual. All community and mental health housing options will be accessed and staff and Probation will provide necessary supports to maintain acquired housing.

All participants are expected to engage in meaningful activities, preferably employment, and will be linked to any existing resources available. Currently the Court system has a small grant to assist funding a supportive employment program for MIPS participants.

**3) Estimated cost per FSP participant**

This is a System Development program. FSP participants may utilize the services; that proportional use is included in the FSP costs delineated in Work Plans #2 through #4.

**4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. How the values of recovery and resiliency are promoted and continually reinforced.**

The focus of the program is to promote wellness and recovery by engaging individuals in a treatment process whereby they learn to manage their illness and function in the community rather than languish in jail. Recovery and strength based principles will be incorporated in the individualized service plan (ISP) and goals developed.

Program staff will receive on-going training in recovery oriented, client and family-driven services. The additional staff member will be selected, at least in part, on experience and commitment to the recovery vision.

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

This is an expansion of the current MIPS program – it will increase capacity to service an additional 25 probationers. There are chronically many more referrals than the program can accommodate and it has been frequently requested by law enforcement, Probation and the Court to expand capacity of this successful program.

**6) 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 recruitment for the new therapist position will be open to any qualified applicants. It is hoped that there will be applications from clients or family members.

The participants in the MIPS program are encouraged to utilize peer support services and family members are referred to NAMI's *Family to Family* program as well as the family support group led by a family member.

**7) 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 MIPS Program has close working relationships with the Probation Department, the court and jail staff. Judges rely on the MIPS program as an alternative avenue for sentencing when mental illness is suspected as a reason or partial reason for the commission of the offense. The judge continues to meet with each MIPS participant on an as needed basis to encourage progress or discuss lapses in treatment.

In addition, participants are able to access other mental health and community services as needed. This intensive support and ability to use a range of services assists the participants to improve their quality of life, enhance their integration into the community and avoid further incarceration.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

Referrals to this specialized program come through the jail, court and Probation. Individualized Service Plans (ISP) will incorporate goals that are sensitive to each participant's culture and community resources. Services will be provided in the participant's natural setting as well as in the clinic. Showing respect for cultural issues builds participant's commitment to their treatment and individual goals.

The current staff member is bicultural and bilingual. All staff will participate in cultural competency training at least annually. The Cultural Competence Committee is responsible for the oversight of the agency's Cultural Competence Plan to ensure that every system of care addresses cultural competency issues in its programming and services.

### **9) Sexual Orientation and Gender Sensitivity**

All staff will be directed to complete training in gender differences and sexual orientation as part of the Cultural Competence Plan. MIPS staff is expected to be sensitive to working with diverse populations. Should an issue arise with which a staff member is unprepared, additional training will be offered.

The ISP will allow participants to identify issues related to gender or sexual orientation and services and supports will be identified to address those issues on an individual basis.

### **10) Services to individuals residing out of county**

Individuals are required to be on Probation and live in San Luis Obispo County to participate in the MIPS program.

### **11) Selected strategies not listed in Section IV**

Not applicable.

### **12) Timeline for this work plan**

Year 1:

- Recruitment and training of new therapist and probation officer; coordinated planning with Probation Department.
- Begin accepting referrals within two months. At least 8 individuals will have started the MIPS Program by the end of the year.

Year 2:

- Program will be at capacity within six months serving 25 new individuals.

Year 3:

- Program will continue serving 25 individuals in addition to the 30 served in the current program.

## Work Plan #9 & Narrative Community School Mental Health Services Program

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

County: San Luis Obispo	Program Work Plan Name: Community School Mental Health Services						
Program Work Plan #: 09	Estimated Start Date: April 1, 2006						
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	This new pilot program will identify unserved SED youth at Chalk Mountain Community School that are not receiving 26.5 or other mental health services. They and their families will be engaged in services to enable them to stay in school, prevent further involvement with the juvenile justice system, decrease hospitalizations, and increase access to community services and supports.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	12 to 18 year olds with SED that are not eligible for 26.5 services, have been placed at community school due to behavioral problems and are involved with the juvenile justice system. Priority will be to students who are <i>currently</i> on probation.						
<b>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</b>	<b>Fund Type</b>		<b>Age Group</b>				
	FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Assessment and referrals:</b> Adolescents meeting the target population receive assessment and referral to an array of services and supports. Referrals come from the students, teachers and probation officers.	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strength based and family-driven service plans:</b> Youth, family, teacher, probation officer and MH therapist work in partnership to identify strengths, and goals and objectives desired in the program, home and in the community and coordinate services and supports to accomplish goals. Best practice principles will be utilized in the provision of services by being strength based, providing hope and facilitating good problem solving and skill building that results in success in home, school and community		X		X	X		
<b>Therapy:</b> Identified youth participate in individual, group, and family therapy, including cognitive behavioral therapy and other evidence-based practices; referrals for medication assessment.		X		X	X		
<b>Rehabilitation and Skill Building Groups</b> will focus on relationship building, daily living skills, vocational training, and training in leisure activities.		X		X	X		
<b>Case management</b> will be provided by the mental health therapist.		X		X	X		

<b>Crisis Intervention.</b> Therapist will help youth and their families deal effectively with crises and provide relapse planning and support.							
<b>Integrated Services.</b> Agency and community partners will be included in services and supports in order to meet goals and objectives of the service plan.		X		X	X		
<b>Family Partners:</b> Each family will be able to access a family partner to assist with day-to-day needs and navigating the system.		X		X	X		

## 1) Description of the Program

County BHS and the County Office of Education will partner to pilot daily mental health services to seriously emotionally disturbed youth at Chalk Mountain Community School in the north county region. The community schools currently do not have mental health services provided on site, have few resources to address mental health issues in its student population, and the north county is an underserved region.

This program will identify and serve SED youth ages 12 to 18 that *are not* receiving 26.5 (Individualized Education Plan – IEP) or other mental health services, are placed at community school for behavioral issues, and are/have been involved in the juvenile justice system. These youth are at great risk for school drop out, further justice system involvement, psychiatric hospitalizations, and child welfare involvement.

This strategy was selected based on the number of unserved and underserved youth in the north county, the desire to create a better continuum of care for school-aged youth, and to assist youth with SED to remain in the least restrictive school setting as possible. The need for this programming is pressing as many students at community school currently go unidentified, unserved or placed out of county because the school setting cannot accommodate their needs.

A mental health therapist will be located full time at the community school and provide individual, group and family therapy, life skill and rehabilitation groups, behavioral modification, anger management and problem solving skills, crisis intervention, and assist in stabilizing the youth. Services will be individualized, based on the youth's mental health assessment and their own goals and desires for care.

The therapist will maintain a caseload of 20-25 students; it is anticipated that 40-50 students will be served per year.

Offering mental health services full time at the school site is a tremendous step in increasing identification of SED and eliminating access barriers such as awareness, stigma, transportation and inconvenience – all major concerns revealed during our community planning process. Additionally, campus-based services will increase access to a broad range of other social services and decrease the length of stay for students in out of county placement due to the schools' inability to provide adequate services to meet their needs. School-based services also assure consistency and lead to improved outcomes.

The program will function as a fully integrated component of the school with the mental health therapist partnering with teachers, aides, probation officers, the family, and other appropriate community members to create a team that responds to identified SED student's individual needs and desires.

Based on the individual's needs, program components may include:

- Identification, referral and assessment.
- Identification of expectations and client-driven reinforcement.
- Individual psychotherapy groups and rehabilitation groups utilizing evidence based treatment, including cognitive behavior therapy and focusing on activities of daily living in the rehabilitation groups; occupational and recreational therapy.
- Individual therapy as scheduled or in response to an immediate need, including crises intervention and diffusing.
- Case management services with teachers, probation officers, social workers, family members and other community partners to assure an integrated and coordinated service plan.
- Referral for medication assessment.
- Team meetings focusing on the youth's strengths, needs, and progress and coordination of team in the support of helping youth and family reach their desired goals.
- Family therapy on site or in the home when appropriate.
- Consultation with BHS psychiatrist. Review of treatment issues, status/ progress, developing treatment strategies, review of medication compliance and effectiveness.
- A Client & Family Partner (described in Work Plan #5) will be made available to each family. Families will be informed of the partner's function as a system navigator and how the partner can help them with day-to-day supports, information, referral and advocacy.

## **2) Housing or Employment Services**

Housing resources and employment services are part of our overall system development plan (see Wellness Supports program, Work Plan #5). Our TAY participants will have access to these new resources. Both housing and employment resources will be folded into our integrated team when the student or family has expressed this as a goal and objective of their service plan.

## **3) Estimated cost per FSP participant**

This is a System Development program. However, FSP participants may utilize the services; that proportional use is included in the FSP costs delineated in Work Plans #1 and #2.

## **4) Advancing the goals of resiliency for children and youth**

The staff is trained in partnering with the family in the development of family-centered, needs driven, strength-based, solution-focused service and support planning. The program will focus on helping youth identify their strengths, instill hope, learn to problem solve effectively and develop educational, social, and occupational competencies to succeed in the community.

By providing access to assessment and treatment on the school site, we will reduce the stigma of receiving mental health services, respond quickly with interventions, and be able to connect students with SED and their families to a level of service that will support resiliency and achievement of their goals.

#### **5) Expanding an existing program**

This is a new program. After successful integration, the County Office of Education would like to expand it to other community schools in the county.

#### **6) Client / Family Participation**

Clients and families participate as members of the treatment team. An array of services will be available and the youth and their families will be able to choose, in consultation with their therapist, the kinds of services and the intensity of services that will assist them in attaining their goals.

A Client & Family Partner will be available to help families navigate the system. They provide support and advocacy when families request their services, and assist in day-to-day living assistance.

#### **7) Collaboration Strategies**

Youth providers in San Luis Obispo County have a long history of multi-agency collaboration, integration and coordination of service delivery. We are an early implementer of Children's SOC, SB163 Wrap Around programming and school linked services.

This program is collaboration between SLO County BHS, County Office of Education, and the Probation Department. Additionally, the SAFE SOC, Atascadero Youth Task Force, and Department of Social Services will be active resource partners. This collaboration will improve the overall system of care and the effectiveness in identification and engagement of youth in need.

A mental health presence on campus will strengthen the relationship with school staff, increase their awareness of mental health issues and the needs of their students, and increase early identification of SED and referrals of unserved youth for treatment.

#### **8) Cultural and linguistic competence**

There is a commitment to assure that services are culturally sensitive, competent and delivered in the language of the individual. All staff participate in cultural competency training annually and are encouraged to seek additional training through funds provided by the county. In addition, SLO County BHS has a Cultural Competence Committee, which is responsible for the oversight of the Cultural Competence Plan.

The mental health therapist will rely on the natural supports that are comfortable and familiar to each student, and accommodations for language preference will be made. Every treatment plan will incorporate goals that are sensitive to each student's culture and community resources. Providing treatment at school is a more appropriate, welcoming, and more competent delivery method for populations that are reticent to utilize mental health clinics or are fearful of government services.

### **9) Sexual Orientation and Gender Sensitivity**

SLO County Behavioral Health Services will continue to provide training to sensitize staff to the special considerations necessary to assist gay, lesbian, bisexual and transgender issues for our clients. The county has a number of competent clinicians in this specialty, as does our provider network

### **10) Services for out of county youth**

These services will be provided within San Luis Obispo County. However, if a student is placed out of county, the mental health therapist will remain in contact with that youth, assist in the transition, and assure they are receiving appropriate services.

### **11) Selected strategies not listed in Section IV**

Not applicable.

### **12) Timeline for this work plan**

Year 1:

- Planning activities with County Office of Education
- Recruit and train therapist
- Begin assessment and referral services

Year 2:

- Mental health services by classroom-placed therapist fully operational.
- Assist County Office of Education in expanding the program to other community schools, as appropriate.

Year 3:

- Continue school-based mental health services.

- **Work Plan #10 & Narrative Outreach and Education Campaign**

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

County: San Luis Obispo County		Program Work Plan Name: Outreach & Education Campaign						
Program Work Plan #: 10		Estimated Start Date: April 1, 2006						
<b>Description of Program:</b> <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>		Design and conduct a comprehensive countywide community education and outreach campaign to increase awareness and understanding of mental illness and address stigmas; outreach to unserved and underserved individuals via grassroots efforts; inform clients, family and general public about signs/symptoms of mental illness and the services available; provide information about accessing the public mental help system; and promote county-wide BHS 24-hour help line.						
<b>Priority Population:</b> <i>Describe the situational characteristics of the priority population</i>		Person with mental illness of any age, their families, and the community at large.						
<b>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</b>		Fund Type			Age Group			
		FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Social marketing and communications campaign.</b> Print and radio ads; televised public service announcements; TV/radio talk show interviews; presentations to business and service groups, faith community, education groups, and civic leaders; outreach at community events				X	X	X	X	X
<b>Culturally and linguistically competent services.</b> Campaign will be run in coordination with the Latino Outreach & Engagement awareness campaign and will utilize bilingual/bicultural outreach specialists as well as Latino community groups				X	X	X	X	X
<b>In Our Own Voice</b> client-led recovery education program								
<b>Designated community outreach/public relations coordinator</b>				X	X	X	X	X

## **1) Description of the Program**

An intensive countywide outreach marketing and communications campaign utilizing MHSA one time funding will be conducted during 2006-2007.

The campaign's goals are to:

- Increase awareness and understanding of mental illness and address stigmas;
- Outreach to unserved and underserved individuals via grassroots efforts such as community fairs and events;
- Educate individuals with mental illness, their families and general public regarding signs/symptoms of mental illness and the services available;
- Provide information about accessing the public mental health system;
- Promote county-wide BHS 24-hour help line.

Stakeholders reported that increasing awareness about mental illness, the services available and how to access services should be a top priority and a fundamental component in decreasing the stigma of mental illness and transforming the public mental health system.

An outreach coordinator will be contracted to develop and conduct the campaign which will include a media blitz (print and radio ads, televised public service announcements, television and radio talk show interviews), presentations to business and service groups (such as chambers of commerce, Rotary clubs), the faith community, education groups (youth and adult schools), city and county officials, and civic leaders, broadcast informational programs on public access cable television, and outreach at grassroots community events. Marketing will be conducted in both English and Spanish.

The client-led *In Our Own Voice* program will be expanded to increase availability of both more presentations and to a wider geographic area. The goal of the program is to educate and increase awareness about the true nature of mental illnesses. It covers issues frequently faced by those dealing with severe and persistent mental illness. It facilitates understanding of coping with the illness as well as recovering and reclaiming productive lives. Two individuals with mental illness are the presenters and it's offered at no charge to audiences of persons with mental illness, family members, friends, professionals, and the lay community. At least 15 presentations will be made during the year long campaign.

## **2) Describe any housing or employment services to be provided**

Not applicable.

## **3) Estimated cost per FSP participant**

Not applicable. This an Outreach and Engagement program focused on unserved or underserved individuals (who may then be identified and enrolled in a FSP program).

**4) How the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth.**

Educating the public about the philosophy and practices of recovery and resiliency will be a key component to the awareness campaign. Materials will be developed that explain recovery concepts and presentations will emphasize the need for a recovery-based care system in which people are able to live, work, learn and participate fully in their communities. Themes of hope, respect, well-being, and optimism will be highlighted. *In Our Own Voice* is a recovery-based program.

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

Overall, this is a new initiative. County BHS has never engaged in a countywide awareness campaign beyond the recent MHSA planning efforts. The *In Our Own Voice* component does currently exist and is being expanded to increase capacity to provide both more presentations and in more areas throughout the county.

**6) 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.**

*In Our Own Voice* is client-run. Persons with mental illness and families will be consulted with to design the outreach campaign and identify key information to disseminate as well as identify target audiences and ways to reach unserved groups.

**7) Collaboration strategies with other stakeholders.**

BHS's existing network of service partners will be utilized to disseminate information and help identify target audiences and avenues of marketing.

Cal Poly University and Cuesta College will be approached to assist in reaching their student populations – an often difficult to engage age group, yet frequently struggling with undetected or untreated mental illness.

**8) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**

The campaign will be run in coordination with the Latino Outreach & Engagement awareness campaign (see Work Plan #6) and will utilize the bilingual/bicultural outreach specialists, as well as Latino community groups, to create culturally appropriate materials and conduct the outreach to these groups.

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

Existing gay, lesbian, bisexual, and transgender advocacy and ally groups will be consulted to design appropriate outreach material and identify effective marketing strategies to these groups. A marketing professional will be utilized to design materials that appeal to differing ages and genders.

**10) Services to individuals residing out of county**

Not applicable.

**11) Selected strategies not listed in Section IV**

Not applicable.

**12) Timeline for this work plan, including all critical implementation dates**

Year 1:

- Recruit and hire outreach coordinator
- Begin mapping campaign strategies.

Year 2:

- Complete campaign design, create materials
- Conduct outreach and awareness campaign.

Year 3:

- Campaign will be completed in Year 2.

**PART III: REQUIRED EXHIBITS**

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

**County of San Luis Obispo**

*Fiscal Year : 2005-06*

County:	San Luis Obispo	TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
#	Program Work Plan Name								
1	Children's Full Service Partnership	90,603			90,603	90,603			
2	Transition Age Youth Full Service Partnership	371,713			371,713		371,713		
3	Adult Full Service Partnership	342,531			342,531			342,531	
4	Older Adult Full Service Partnership	127,420			127,420				127,420
5	Client and Family Wellness Supports		318,070	17,866	335,936	7,408	84,862	230,968	12,697
6	Latino Outreach and Services		17,475	42,356	59,831	8,975	10,171	28,719	11,966
7	Enhanced Crisis Response and Aftercare		151,614		151,614	22,742	25,774	72,775	30,323
8	Mentally Ill Probationers Services Program		21,528		21,528			21,528	
9	Community School MH Services		22,250		22,250	16,687	5,562		
10	Outreach and Education Campaign								
		878,268	530,937	60,222	1,469,426	146,415	444,084	696,521	182,407

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

**County of San Luis Obispo**

*Fiscal Year : 2006-07*

County:	San Luis Obispo	TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
#	Program Work Plan Name								
1	Children's Full Service Partnership	139,742			139,742	139,742			
2	Transition Age Youth Full Service Partnership	402,358			402,358		402,358		
3	Adult Full Service Partnership	508,943			508,943			508,943	
4	Older Adult Full Service Partnership	284,218			284,218				284,218
5	Client and Family Wellness Supports		401,377	73,568	474,945	27,933	114,152	284,963	47,837
6	Latino Outreach and Services		68,595	84,174	152,769	22,915	25,971	73,329	30,554
7	Enhanced Crisis Response and Aftercare		336,446		336,446	50,467	57,196	161,494	67,289
8	Mentally Ill Probationers Services Program		79,839		79,839			79,839	
9	Community School MH Services		82,901		82,901	62,176	20,725		
10	Outreach and Education Campaign			45,800	45,800	6,870	7,786	21,984	9,160
		1,335,261	969,159	203,542	2,507,962	310,163	628,188	1,130,553	439,059

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

**County of San Luis Obispo**

*Fiscal Year : 2007-08*

County:	San Luis Obispo	TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
#	Program Work Plan Name								
1	Children's Full Service Partnership	146,414			146,414	146,414			
2	Transition Age Youth Full Service Partnership	422,139			422,139		422,139		
3	Adult Full Service Partnership	535,401			535,401			535,401	
4	Older Adult Full Service Partnership	298,940			298,940				298,940
5	Client and Family Wellness Supports		422,610	77,528	500,138	29,491	120,177	300,093	50,378
6	Latino Outreach and Services		72,009	77,865	149,875	22,481	25,479	71,940	29,975
7	Enhanced Crisis Response and Aftercare		353,760		353,760	53,064	60,139	169,805	70,752
8	Mentally Ill Probationers Services Program		84,016		84,016			84,016	
9	Community School MH Services		87,261		87,261	65,446	21,815		
10	Outreach and Education Campaign								
		1,402,894	1,019,656	155,394	2,577,944	316,896	649,749	1,161,254	450,045

### EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION OVERVIEW

Number of individuals to be fully served:									
FY 2005-06: Children and Youth: <u>  4  </u> Transition Age Youth: <u>  6  </u> Adult: <u>  8  </u> Older Adult: <u>  0  </u> TOTAL: <u> 18 </u>									
FY 2006-07: Children and Youth: <u> 10 </u> Transition Age Youth: <u> 20 </u> Adult: <u> 24 </u> Older Adult: <u> 12 </u> TOTAL: <u> 66 </u>									
FY 2007-08: Children and Youth: <u> 15 </u> Transition Age Youth: <u> 30 </u> Adult: <u> 36 </u> Older Adult: <u> 18 </u> TOTAL: <u> 99 </u>									
PERCENT OF INDIVIDUALS TO BE FULLY SERVED									
Race/Ethnicity	% Unserved				% Underserved				%TOTAL
	%Male		%Female		%Male		%Female		
	%Total	%Non-English Speaking	%Total	%Non-English Speaking	% Total	%Non-English Speaking	%Total	%Non-English Speaking	
				<b>2005/06</b>					
% African American	0.00%	0.00%		0.00%	1.52%	0.00%	1.52%	0.00%	11.11%
% Asian Pacific Islander	1.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.56%
% Latino	1.58%	0.00%	3.03%	0.00%	1.52%	0.00%	1.52%	0.00%	16.67%
% Native American	0.00%	0.00%	0.00%	0.00%	1.58%	0.00%	0.00%	0.00%	5.56%
% White	3.03%	0.00%	3.03%	0.00%	4.55%	0.00%	3.03%	0.00%	50.00%
% Other	0.00%	0.00%	0.00%	0.00%	1.52%	0.00%	1.52%	0.00%	11.11%
Total Population	6.19%	0.00%	6.06%	0.00%	10.69%	0.00%	7.59%	0.00%	100.00%
				<b>2006/07</b>					
% African American	0%	0%	0%	0%	1.52%	0%	1.52%	0%	3.03%
% Asian Pacific Islander	1.52%	0%	1.52%	0%	1.52%	0%	1.52%	0%	6.08%
% Latino	9.09%	3.03%	9.09%	3.03%	6.06%	1.52%	6.06%	1.52%	30.30%
% Native American	0%	0%	1.52%	0%	1.52%	0%	1.52%	0%	4.55%
% White	10.61%	0%	12.12%	0%	13.64%	0%	13.64%	0%	50.00%
% Other	1.52%	0%	1.52%	0%	1.52%	0%	1.52%	0%	6.06%
Total Population	24.26%	3.03%	24.26%	3.03%	25.78%	1.52%	25.78%	1.52%	100%
				<b>2007/08</b>					
% African American	2.02%	0%	2.02%	0%	2.02%	0%	2.02%	0%	8.08%
% Asian Pacific Islander	2.02%	0%	2.02%	0%	2.02%	0%	2.02%	0%	8.08%
% Latino	6.06%	2.2%	5.05%	2.02%	9.09%	5.05%	10.10%	5.05%	30.31%
% Native American	2.02%	0%	2.02%	0%	2.02%	0%	2.02%	0%	8.08%
% White	10.10%	0%	10.10%	0%	11.11%	0%	10.10%	0%	41.41%
% Other	1.01%	0%	1.01%	0%	1.01%	0%	1.01%	0%	4.04%
Total Population	28.29%	3.03%	26.77%	3.03%	26.77%	1.52%	26.77%	1.52%	100%

Exhibit 4 is included in Section VI, beginning on page 44.

**EXHIBIT 5: MHPA COMMUNITY SERVICES AND SUPPORT BUDGETS  
BUDGET WORKSHEETS 5A & 5B AND NARRATIVES  
BUDGET WORKSHEET 5C & CERTIFICATION**



EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet					
County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	1			Date:	12/11/05
Program Workplan Name	Children's Full Service Partnership			Page __1__ of __1__	0
Type of Funding	1. Full Service Partnership			Months of Operation	3
	Proposed Total Client Capacity of Program/Service:	10		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	10		Telephone Number:	(805) 788-2135
Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
MH Therapist (Step 1-2)	<i>Case Manager</i>		1.00	\$16,614	\$16,614
MH Worker Aide (Step 1-2)	<i>Resource Specialist</i>		1.00	\$6,130	\$6,130
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.17	\$35,125	\$5,971
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.17	\$13,869	\$2,358
Admin. Assist. (Step 1-2)	<i>Direct Service Clerical Support</i>		0.17	\$7,825	\$1,330
Med Records Tech (Step 1-2)	<i>Direct Service Medical Records Support</i>		0.17	\$8,352	\$1,420
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.17	\$15,180	\$2,581
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	2.85		\$36,404
<b>C. Total Program Positions</b>					
		0.00	2.85		\$36,404

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 1  
Children's Full Service Partnership  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

Personnel:

Children's Full Service Partnership Team will be comprised of County staff. Total FTEs for this program are 2.85 FTEs. Salaries and benefits for all positions are current actual amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

1.0 MH Therapist III (Case Manager). Acts as 24/7 lead person. On-call hours are set at 16 hours per day, 365 days per week for each PSC. Actual callback hours are estimated at 33.33 hours for each Case Manager, annually.

0.0MH Worker Aide (Resource and Support Specialist) assists in day to day living needs and system navigation for client and family.

.17 Psychiatrist for diagnosis, screening, consultation and medication management.

.17 MH Therapist IV (System Coordinator) oversees full service partnership operation.

.17 Administrative Assistant III is front desk clerical support.

.17 Medical Records Technician is responsible for medical records.

.17 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement - 10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff, annually.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff, annually.

### CSS One-Time Funding:

Computer Technology, Results/Evaluation Reporting – Portion of system modification costs attributable to new programs. CSS programs are 12% of total mental health services budget. 12% of system modification costs of \$1.5 million totals \$180,000.

Costs allocated to FSP programs based on number of full service teams in each program. One team equals one sixth of allocation or \$30,000.

Automobile Purchase - \$20,000 for one team.

Notebook Computers and Software - \$1,500 per FTE. (2.85 FTEs x \$1,500 = \$4,275.)

Employee Setup, Desk, Office Equipment - \$500 per FTE. (2.85 FTEs x \$500 = \$1,425)

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation = \$1,524.

Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs.

Allocation=\$802.



<b>EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet</b>					
County(ies):	San Luis Obispo		Fiscal Year:	2006-07	
Program Workplan #	1		Date:	12/11/05	
Program Workplan Name	Children's Full Service Partnership		Page _1_ of _1_	0	
Type of Funding	1. Full Service Partnership		Months of Operation	12	
	Proposed Total Client Capacity of Program/Service:	10	New Program/Service or Expansion	New	
	Existing Client Capacity of Program/Service:	0	Prepared by:	Brian Davison	
	Client Capacity of Program/Service Expanded through MHSA:	10	Telephone Number:	(805) 788-2135	
Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
MH Therapist (Step 1-2)	<i>Case Manager</i>		1.00	\$70,442	\$70,442
MH Worker Aide (Step 1-2)	<i>Resource Specialist</i>		1.00	\$25,989	\$25,989
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.17	\$148,929	\$25,318
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.17	\$58,804	\$9,997
Admin. Assist. (Step 1-2)	<i>Direct Service Clerical Support</i>		0.17	\$33,176	\$5,640
Med Records Tech (Step 1-2)	<i>Direct Service Medical Records Support</i>		0.17	\$35,412	\$6,020
Health Care Analyst (Step 1-2)	<i>Program Evaluation</i>		0.17	\$64,362	\$10,942
					\$0
	<b>Total New Additional Positions</b>	0.00	2.85		\$154,348
<b>C. Total Program Positions</b>		0.00	2.85		\$154,348

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 1  
Children's Full Service Partnership  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6% for cost of living increase.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

Personnel:

Children's Full Service Partnership Team will be comprised of County staff. Total FTEs for this program are 2.85 FTEs. Salaries and benefits for all positions are current actual amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

1.0 MH Therapist III (Case Manager). Acts as 24/7 lead person. On-call hours are set at 16 hours per day, 365 days per week for each PSC. Actual callback hours are estimated at 33.33 hours for each Case Manager, annually.

1.0 MH Worker Aide (Resource and Support Specialist) assists in day to day living needs and system navigation for client and family.

.17 Psychiatrist for diagnosis, screening, consultation and medication management.

.17 MH Therapist IV (System Coordinator) oversees full service partnership operation.

.17 Administrative Assistant III is front desk clerical support.

.17 Medical Records Technician is responsible for medical records.

.17 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement –10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$1,524.



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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	1			Date:	12/11/05
Program Workplan Name	Children's Full Service Partnership			Page __ 1 __ of __ 1 __	0
Type of Funding	1. Full Service Partnership			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	10		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	10		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
MH Therapist (Step 1-2)	<i>Case Manager</i>		1.00	\$74,669	\$74,669
MH Worker Aide (Step 1-2)	<i>Resource Specialist</i>		1.00	\$27,548	\$27,548
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.17	\$157,865	\$26,837
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.17	\$62,332	\$10,596
Admin. Assist. (Step 1-2)	<i>Direct Service Clerical Support</i>		0.17	\$35,166	\$5,978
Med Records Tech (Step 1-2)	<i>Direct Service Medical Records Support</i>		0.17	\$37,537	\$6,381
Health Care Analyst (Step 1-2)	<i>Program Evaluation</i>		0.17	\$68,224	\$11,598
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	2.85		\$163,607
<b>C. Total Program Positions</b>		0.00	2.85		\$163,607

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 1  
Children's Full Service Partnership  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

Personnel:

Children's Full Service Partnership Team will be comprised of County staff. Total FTEs for this program are 2.85 FTEs. Salaries and benefits for all positions are current actual amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

- 1.0 MH Therapist III (Case Manager). Acts as 24/7 lead person. On-call hours are set at 16 hours per day, 365 days per week for each PSC. Actual callback hours are estimated at 33.33 hours for each Case Manager, annually.
- 1.0 MH Worker Aide (Resource and Support Specialist) assists in day to day living needs and system navigation for client and family.
- .17 Psychiatrist for diagnosis, screening, consultation and medication management.
- .17 MH Therapist IV (System Coordinator) oversees full service partnership operation.
- .17 Administrative Assistant III is front desk clerical support.
- .17 Medical Records Technician is responsible for medical records.
- .17 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement –10,000 miles annually for each team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

CSS One-Time Funding: None.



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

County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	2			Date:	12/11/05
Program Workplan Name	Transitional Age Youth FSP			Page 1 of _1_	0
Type of Funding	1. Full Service Partnership			Months of Operation	3
	Proposed Total Client Capacity of Program/Service:	20		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	20		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.30	\$11,843	\$3,553
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.33	\$35,125	\$11,591
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.33	\$13,869	\$4,577
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.33	\$15,180	\$5,009
MH Therapist	<i>Personal Service Coordinator</i>		2.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		2.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.22		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.22		\$0
Admin. Assistant	<i>Direct Service Clerical Support</i>		0.33		\$0
Med Records Tech	<i>Direct Service Medical Records Support</i>		0.33		\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	6.39		\$24,730
<b>C. Total Program Positions</b>		0.00	6.39		\$24,730

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 2  
Transitional Age Youth Full Service Partnership  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

TAY Apartments – 4 apartments at \$11,000 annually for each apartment.

Community Housing – 6 beds at \$608 per month.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Administrative Assistant and the Medical Records Technician for the Transitional Age Youth Full Service Partnership is undecided at this time. County staff will still provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are 1.29. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

- 2.0MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person. On-call hours are set at 16 hours per day, 365 days per week for each PSC. Actual callback hours are estimated at 33.33 hours for each PSC, annually.
- 1.0MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.
- .22 Vocational Manager
- .22 Vocational Specialist
- .30 Drug and Alcohol Specialist
- .33 Psychiatrist for diagnosis, screening, consultation and medication management.
- .33 MH Therapist IV (System Coordinator) oversees full service partnership operation.
- .33 Administrative Assistant III is front desk clerical support.
- .33 Medical Records Technician is responsible for medical records.
- .33 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

County operating costs are budgeted for the 1.29 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement - 10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

Computer Technology, Results/Evaluation Reporting – Portion of system modification costs attributable to new programs. CSS programs are 12% of total mental health services budget. 12% of system modification costs of \$1.5 million totals \$180,000.

Costs allocated to FSP programs based on number of full service teams in each program. Two teams equals one third of allocation or \$60,000.

Automobile Purchase - \$40,000 for each of two cars.

Notebook Computers and Software - \$1,500 per FTE. (6.39 FTEs x \$1,500=\$9,585)

Employee Setup, Desk, Office Equipment - \$500 per FTE. (6.39 FTEs x \$500=\$3,195)

Housing Stipends for 3 community beds have been capitalized for all three years at \$105,084.

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$3,881.

Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$2,043.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet									
County(ies):		San Luis Obispo			Fiscal Year:		2006-07		
Program Workplan #		2			Date:		12/11/05		
Program Workplan Name		Transitional Age Youth FSP			Page 1__ of 1__				
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:		Brian Davison	
		Client Capacity of Program/Service Expanded through MHSA:			20	Telephone Number:		(805) 788-2135	
					County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
<b>A. Expenditures</b>									
<b>1. Client, Family Member and Caregiver Support Expenditures</b>									
		a. Clothing, Food and Hygiene			\$2,968			\$2,968	
		b. Travel and Transportation						\$0	
		c. Housing							
		i. Master Leases						\$0	
		ii. Subsidies			\$93,043			\$93,043	
		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			\$96,011	\$0	\$0	\$96,011	
<b>2. Personnel Expenditures</b>									
		a. Current Existing Personnel Expenditures (from Staffing Detail)						\$0	
		b. New Additional Personnel Expenditures (from Staffing Detail)			\$104,857			\$104,857	
		c. Employee Benefits			\$52,445			\$52,445	
		d. Total Personnel Expenditures			\$157,302	\$0	\$0	\$157,302	
<b>3. Operating Expenditures</b>									
		a. Professional Services						\$0	
		b. Translation and Interpreter Services						\$0	
		c. Travel and Transportation						\$0	
		d. General Office Expenditures			\$2,325			\$2,325	
		e. Rent, Utilities and Equipment			\$6,290			\$6,290	
		f. Medication and Medical Supports			\$2,968			\$2,968	
		g. Other Operating Expenses (provide description in budget narrative)			\$9,845			\$9,845	
		h. Total Operating Expenditures			\$21,428	\$0	\$0	\$21,428	
<b>4. Program Management</b>									
		a. Existing Program Management						\$0	
		b. New Program Management						\$0	
		c. Total Program Management				\$0	\$0	\$0	
		<b>5. Estimated Total Expenditures when service provider is not known</b>			\$428,705			\$428,705	
		<b>6. Total Proposed Program Budget</b>			\$703,446	\$0	\$0	\$703,446	
<b>B. Revenues</b>									
<b>1. Existing Revenues</b>									
		a. Medi-Cal (FFP only)						\$0	
		b. Medicare/Patient Fees/Patient Insurance						\$0	
		c. Realignment						\$0	
		d. State General Funds						\$0	
		e. County Funds						\$0	
		f. Grants						\$0	
		g. Other Revenue						\$0	
		h. Total Existing Revenues			\$0	\$0	\$0	\$0	
<b>2. New Revenues</b>									
		a. Medi-Cal (FFP only)			\$167,693			\$167,693	
		b. Medicare/Patient Fees/Patient Insurance						\$0	
		c. State General Funds			\$137,508			\$137,508	
		d. Other Revenue						\$0	
		e. Total New Revenue			\$305,202	\$0	\$0	\$305,202	
		<b>3. Total Revenues</b>			\$305,202	\$0	\$0	\$305,202	
		<b>C. One-Time CSS Funding Expenditures</b>			\$4,114			\$4,114	
		<b>D. Total Funding Requirements</b>			\$402,358	\$0	\$0	\$402,358	
		<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>							

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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	2			Date:	12/11/05
Program Workplan Name	Transitional Age Youth FSP			Page <u> 1 </u> of <u> 1 </u>	0
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:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	20		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.30	\$50,215	\$15,065
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.33	\$148,929	\$49,147
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.33	\$58,804	\$19,405
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.33	\$64,362	\$21,240
MH Therapist	<i>Personal Service Coordinator</i>		2.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		2.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.22		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.22		\$0
Admin. Assistant	<i>Direct Service Clerical Support</i>		0.33		\$0
Med Records Tech	<i>Direct Service Medical Records Support</i>		0.33		\$0
	<b>Total New Additional Positions</b>	0.00	6.39		\$104,857
<b>C. Total Program Positions</b>		0.00	6.39		\$104,857

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 2  
Transitional Age Youth Full Service Partnership  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

TAY Apartments – 4 apartments at \$11,000 annually for each apartment.

Community Housing – 6 beds at \$608 per month.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Administrative Assistant and the Medical Records Technician for the Transitional Age Youth Full Service Partnership is undecided at this time. County staff will still provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are 1.29. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are:

- 2.0MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person.  
On-call hours are set at 16 hours per day, 365 days per week for each PSC.  
Actual callback hours are estimated at 33.33 hours for each PSC, annually.
- 2.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.
- .22 Vocational Manager
- .22 Vocational Specialist
- .30 Drug and Alcohol Specialist
- .33 Psychiatrist for diagnosis, screening, consultation and medication management.
- .33 MH Therapist IV (System Coordinator) oversees full service partnership operation.
- .33 Administrative Assistant III is front desk clerical support.
- .33 Medical Records Technician is responsible for medical records.
- .33 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

County operating costs are budgeted for the 1.29 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement –10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$3,881.



<b>EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet</b>					
County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	2			Date:	12/11/05
Program Workplan Name	Transitional Age Youth FSP			Page __1__ of __1__	0
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:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	20		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.30	\$53,228	\$15,968
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.33	\$157,865	\$52,095
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.33	\$62,332	\$20,569
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.33	\$68,224	\$22,514
MH Therapist	<i>Personal Service Coordinator</i>		2.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		2.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.22		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.22		\$0
Admin. Assistant	<i>Direct Service Clerical Support</i>		0.33		\$0
Med Records Tech	<i>Direct Service Medical Records Support</i>		0.33		\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	6.39		\$111,146
<b>C. Total Program Positions</b>		0.00	6.39		\$111,146

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 2  
Transitional Age Youth Full Service Partnership  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

TAY Apartments – 4 apartments at \$11,000 annually for each apartment.

Community Housing – 6 beds at \$608 per month.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Administrative Assistant and the Medical Records Technician for the Transitional Age Youth Full Service Partnership is undecided at this time. County staff will still provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are 1.29. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are:

- 2.0 MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person. On-call hours are set at 16 hours per day, 365 days per week for each PSC. Actual callback hours are estimated at 33.33 hours for each PSC, annually.
- 2.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.
- .22 Vocational Manager
- .22 Vocational Specialist
- .30 Drug and Alcohol Specialist
- .33 Psychiatrist for diagnosis, screening, consultation and medication management.
- .33 MH Therapist IV (System Coordinator) oversees full service partnership operation.
- .33 Administrative Assistant III is front desk clerical support.
- .33 Medical Records Technician is responsible for medical records.
- .33 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

County operating costs are budgeted for the 1.29 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement –10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

None.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet						
County(ies):	San Luis Obispo			Fiscal Year:	2005-06	
Program Workplan #	3			Date:	12/11/05	
Program Workplan Name	Adult FSP			Page __1__ of __1__		
Type of Funding	1. Full Service Partnership			Months of Operation	3	
	Proposed Total Client Capacity of Program/Service:	24		New Program/Service or Expansion	New	
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison	
	Client Capacity of Program/Service Expanded through MHSA:	24		Telephone Number:	(805) 788-2135	
			County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>						
<b>1. Client, Family Member and Caregiver Support Expenditures</b>						
	a. Clothing, Food and Hygiene	\$840				\$840
	b. Travel and Transportation					\$0
	c. Housing					
	i. Master Leases					\$0
	ii. Subsidies	\$10,944				\$10,944
	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	\$11,784	\$0	\$0		\$11,784
<b>2. Personnel Expenditures</b>						
	a. Current Existing Personnel Expenditures (from Staffing Detail)					\$0
	b. New Additional Personnel Expenditures (from Staffing Detail)	\$24,730				\$24,730
	c. Employee Benefits	\$12,369				\$12,369
	d. Total Personnel Expenditures	\$37,099	\$0	\$0		\$37,099
<b>3. Operating Expenditures</b>						
	a. Professional Services					\$0
	b. Translation and Interpreter Services					\$0
	c. Travel and Transportation					\$0
	d. General Office Expenditures	\$548				\$548
	e. Rent, Utilities and Equipment	\$1,484				\$1,484
	f. Medication and Medical Supports	\$840				\$840
	g. Other Operating Expenses (provide description in budget narrative)	\$2,322				\$2,322
	h. Total Operating Expenditures	\$5,194	\$0	\$0		\$5,194
<b>4. Program Management</b>						
	a. Existing Program Management					\$0
	b. New Program Management					\$0
	c. Total Program Management		\$0	\$0		\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>		\$101,110				\$101,110
<b>6. Total Proposed Program Budget</b>		\$155,187	\$0	\$0		\$155,187
<b>B. Revenues</b>						
<b>1. Existing Revenues</b>						
	a. Medi-Cal (FFP only)					\$0
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. Realignment					\$0
	d. State General Funds					\$0
	e. County Funds					\$0
	f. Grants					\$0
	g. Other Revenue					\$0
	h. Total Existing Revenues	\$0	\$0	\$0		\$0
<b>2. New Revenues</b>						
	a. Medi-Cal (FFP only)	\$36,061				\$36,061
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. State General Funds					\$0
	d. Other Revenue					\$0
	e. Total New Revenue	\$36,061	\$0	\$0		\$36,061
<b>3. Total Revenues</b>		\$36,061	\$0	\$0		\$36,061
<b>C. One-Time CSS Funding Expenditures</b>		\$223,405				\$223,405
<b>D. Total Funding Requirements</b>		\$342,531	\$0	\$0		\$342,531
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>						

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

County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	3			Date:	12/11/05
Program Workplan Name	Adult FSP			Page _____ of _____	0
Type of Funding	1. Full Service Partnership			Months of Operation	3
	Proposed Total Client Capacity of Program/Service:	24		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	24		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.30	\$11,843	\$3,553
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.33	\$35,125	\$11,591
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.33	\$13,869	\$4,577
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.33	\$15,180	\$5,009
MH Therapist	<i>Personal Service Coordinator</i>		2.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		2.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.22		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.22		\$0
Admin. Assistant	<i>Direct Service Clerical Support</i>		0.33		\$0
Med Records Tech	<i>Direct Service Medical Records Support</i>		0.33		\$0
	<b>Total New Additional Positions</b>	0.00	6.39		\$24,730
<b>C. Total Program Positions</b>		0.00	6.39		\$24,730

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 3  
Adult Full Service Partnership  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

Community Housing – 6 beds @ \$608/month for 12 month.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Administrative Assistant and the Medical Records Technician for the Adult Full Service Partnership is undecided at this time. County staff will still provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are 1.29. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

2.0 MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person. On-call hours are set at 16 hours per day, 365 days per week for each PSC. Actual callback hours are estimated at 33.33 hours for each PSC, annually.

2.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.

.22 Vocational Manager

.22 Vocational Specialist

.30 Drug and Alcohol Specialist

.33 Psychiatrist for diagnosis, screening, consultation and medication management.

.33 MH Therapist IV (System Coordinator) oversees full service partnership operation.

.33 Administrative Assistant III is front desk clerical support.

.33 Medical Records Technician is responsible for medical records.

.33 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

County operating costs are budgeted for the 1.29 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement - 10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

Computer Technology, Results/Evaluation Reporting – Portion of system modification costs attributable to new programs. CSS programs are 12% of total mental health services budget. 12% of system modification costs of \$1.5 million totals \$180,000.

Costs allocated to FSP programs based on number of full service teams in each program. Two teams equals one third of allocation or \$60,000.

Automobile Purchase - \$40,000 for each of two cars.

Notebook Computers and Software - \$1,500 per FTE. (6.39 FTEs x \$1,500=\$9,585)

Employee Setup, Desk, Office Equipment - \$500 per FTE. (6.39 FTEs x \$500=\$3,195)

Housing Stipends for 3 community beds have been capitalized for all three years at \$105,084.

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$3,630

Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$1,911.

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

County(ies):		San Luis Obispo		Fiscal Year:	2006-07
Program Workplan #		3		Date:	12/11/05
Program Workplan Name		Adult FSP		Page __1__ of __1__	
Type of Funding		1. Full Service Partnership		Months of Operation	12
		Proposed Total Client Capacity of Program/Service:	24	New Program/Service or Expansion	New
		Existing Client Capacity of Program/Service:	0	Prepared by:	Brian Davison
		Client Capacity of Program/Service Expanded through MHSA:	24	Telephone Number:	(805) 788-2135
		<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>A. Expenditures</b>					
<b>1. Client, Family Member and Caregiver Support Expenditures</b>					
a. Clothing, Food and Hygiene		\$2,968			\$2,968
b. Travel and Transportation					\$0
c. Housing					
i. Master Leases					\$0
ii. Subsidies		\$46,403			\$46,403
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		\$49,371	\$0	\$0	\$49,371
<b>2. Personnel Expenditures</b>					
a. Current Existing Personnel Expenditures (from Staffing Detail)					\$0
b. New Additional Personnel Expenditures (from Staffing Detail)		\$104,857			\$104,857
c. Employee Benefits		\$52,445			\$52,445
d. Total Personnel Expenditures		\$157,302	\$0	\$0	\$157,302
<b>3. Operating Expenditures</b>					
a. Professional Services					\$0
b. Translation and Interpreter Services					\$0
c. Travel and Transportation					\$0
d. General Office Expenditures		\$2,325			\$2,325
e. Rent, Utilities and Equipment		\$6,290			\$6,290
f. Medication and Medical Supports		\$3,562			\$3,562
g. Other Operating Expenses (provide description in budget narrative)		\$9,845			\$9,845
h. Total Operating Expenditures		\$22,022	\$0	\$0	\$22,022
<b>4. Program Management</b>					
a. Existing Program Management					\$0
b. New Program Management					\$0
c. Total Program Management			\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>		\$429,299			\$429,299
<b>6. Total Proposed Program Budget</b>		<b>\$657,993</b>	<b>\$0</b>	<b>\$0</b>	<b>\$657,993</b>
<b>B. Revenues</b>					
<b>1. Existing Revenues</b>					
a. Medi-Cal (FFP only)					\$0
b. Medicare/Patient Fees/Patient Insurance					\$0
c. Realignment					\$0
d. State General Funds					\$0
e. County Funds					\$0
f. Grants					\$0
g. Other Revenue					\$0
h. Total Existing Revenues		\$0	\$0	\$0	\$0
<b>2. New Revenues</b>					
a. Medi-Cal (FFP only)		\$152,898			\$152,898
b. Medicare/Patient Fees/Patient Insurance					\$0
c. State General Funds					\$0
d. Other Revenue					\$0
e. Total New Revenue		\$152,898	\$0	\$0	\$152,898
<b>3. Total Revenues</b>		<b>\$152,898</b>	<b>\$0</b>	<b>\$0</b>	<b>\$152,898</b>
<b>C. One-Time CSS Funding Expenditures</b>		<b>\$3,848</b>			<b>\$3,848</b>
<b>D. Total Funding Requirements</b>		<b>\$508,943</b>	<b>\$0</b>	<b>\$0</b>	<b>\$508,943</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>					

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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	3			Date:	12/11/05
Program Workplan Name	Adult FSP			Page __ 1 __ of __ 1 __	0
Type of Funding	1. Full Service Partnership			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	24		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	24		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.30	\$50,215	\$15,065
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.33	\$148,929	\$49,147
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.33	\$58,804	\$19,405
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.33	\$64,362	\$21,240
MH Therapist	<i>Personal Service Coordinator</i>		2.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		2.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.22		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.22		\$0
Admin. Assistant	<i>Direct Service Clerical Support</i>		0.33		\$0
Med Records Tech	<i>Direct Service Medical Records Support</i>		0.33		\$0
	<b>Total New Additional Positions</b>	0.00	6.39		\$104,857
<b>C. Total Program Positions</b>		0.00	6.39		\$104,857

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 3  
Adult Full Service Partnership  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

Community Housing – 6 beds at \$608 per month.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Administrative Assistant and the Medical Records Technician for the Transitional Age Youth Full Service Partnership is undecided at this time. County staff will still provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are 1.29. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are:

2.0 MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person.

On-call hours are set at 16 hours per day, 365 days per week for each PSC.

Actual callback hours are estimated at 33.33 hours for each PSC, annually.

2.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.

.22 Vocational Manager

.22 Vocational Specialist

.30 Drug and Alcohol Specialist

.33 Psychiatrist for diagnosis, screening, consultation and medication management.

.33 MH Therapist IV (System Coordinator) oversees full service partnership operation.

.33 Administrative Assistant III is front desk clerical support.

.33 Medical Records Technician is responsible for medical records.

.33 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

County operating costs are budgeted for the 1.29 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement –10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$3,630.



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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	3			Date:	12/11/05
Program Workplan Name	Adult FSP			Page __ 1 __ of __ 1 __	0
Type of Funding	1. Full Service Partnership			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	24		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	24		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.30	\$53,228	\$15,968
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.33	\$157,865	\$52,095
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.33	\$62,332	\$20,569
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.33	\$68,224	\$22,514
MH Therapist	<i>Personal Service Coordinator</i>		2.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		2.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.22		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.22		\$0
Admin. Assistant	<i>Direct Service Clerical Support</i>		0.33		\$0
Med Records Tech	<i>Direct Service Medical Records Support</i>		0.33		\$0
	<b>Total New Additional Positions</b>	0.00	6.39		\$111,146
<b>C. Total Program Positions</b>		0.00	6.39		\$111,146

**San Luis Obispo County - Behavioral Health Services - Mental Health  
Program No. 3  
Adult Full Service Partnership  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.  
Community Housing – 6 beds at \$608 per month.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Administrative Assistant and the Medical Records Technician for the Transitional Age Youth Full Service Partnership is undecided at this time. County staff will still provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are 1.29. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are:

2.0 MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person.

On-call hours are set at 16 hours per day, 365 days per week for each PSC.

Actual callback hours are estimated at 33.33 hours for each PSC, annually.

2.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.

.22 Vocational Manager

.22 Vocational Specialist

.30 Drug and Alcohol Specialist

.33 Psychiatrist for diagnosis, screening, consultation and medication management.

.33 MH Therapist IV (System Coordinator) oversees full service partnership operation.

.33 Administrative Assistant III is front desk clerical support.

.33 Medical Records Technician is responsible for medical records.

.33 Health Care Analyst (Evaluator) will identify and track performance measures.

### Operating Expenditures:

County operating costs are budgeted for the 1.29 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement –10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

None.



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

County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	4			Date:	12/11/05
Program Workplan Name	Older Adult FSP			Page __1__ of __1__	0
Type of Funding	1. Full Service Partnership			Months of Operation	3
	Proposed Total Client Capacity of Program/Service:	12		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSAs:	12		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.15	\$11,843	\$1,776
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.17	\$35,125	\$5,971
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.17	\$13,869	\$2,358
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.17	\$15,180	\$2,581
MH Therapist III	<i>Personal Service Coordinator</i>		1.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		1.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.06		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.06		\$0
Admin. Assistant	<i>Direct Service Clerical Support</i>		0.17		\$0
Med Records Tech	<i>Direct Service Medical Records Support</i>		0.17		\$0
MH Therapist IV	<i>Geriatric Specialist</i>		0.75		\$0
	<b>Total New Additional Positions</b>	0.00	3.87		\$12,686
<b>C. Total Program Positions</b>		0.00	3.87		\$12,686

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 4  
Older Adult Full Service Partnership  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 per enrollee, annually, for life needs.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Geriatric Specialist, Vocational Manager, Vocational Specialist, Administrative Assistant and the Medical Records Technician for the Adult Full Service Partnership is undecided at this time. County staff will provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are .66. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

- 1.0 MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person. On-call hours are set at 16 hours per day, 365 days per week for each PSC. Actual callback hours are estimated at 33.33 hours for each PSC, annually.
- 1.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.
- .06 Vocational Manager
- .06 Vocational Specialist
- .15 Drug and Alcohol Specialist
- .17 Psychiatrist for diagnosis, screening, consultation and medication management.
- .17 MH Therapist IV (System Coordinator) oversees full service partnership operation.
- .17 Administrative Assistant III is front desk clerical support.
- .17 Medical Records Technician is responsible for medical records.
- .17 Health Care Analyst (Evaluator) will identify and track performance measures.
- .75 Geriatric Specialist

### Operating Expenditures:

County operating costs are budgeted for the .66 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement - 10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

Computer Technology, Results/Evaluation Reporting – Portion of system modification costs attributable to new programs. CSS programs are 12% of total mental health services budget. 12% of system modification costs of \$1.5 million totals \$180,000.

Costs allocated to FSP programs based on number of full service teams in each program. One team equals one sixth of allocation or \$30,000.

Automobile Purchase - \$20,000 for one car.

Notebook Computers and Software - \$1,500 per FTE. (3.87 FTEs x \$1,500=\$5,805)

Employee Setup, Desk, Office Equipment - \$500 per FTE. (3.87 FTEs x \$500=\$1,935)

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$2,075

Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs.

Allocation=\$1,092.



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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	4			Date:	12/11/05
Program Workplan Name	Older Adult FSP			Page <u>1</u> of <u>1</u>	0
Type of Funding	1. Full Service Partnership			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	12		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	12		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.15	\$50,215	\$7,532
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.17	\$148,929	\$25,318
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.17	\$58,804	\$9,997
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.17	\$64,362	\$10,942
MH Therapist	<i>Personal Service Coordinator</i>		1.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		1.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.06		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.06		\$0
Admin. Assist. (Step 1-2)	<i>Direct Service Clerical Support</i>		0.17		\$0
Med Records Tech (Step 1-2)	<i>Direct Service Medical Records Support</i>		0.17		\$0
MH Therapist IV (Step 1-2)	<i>Geriatric Specialist</i>		<u>0.75</u>		\$0
	<b>Total New Additional Positions</b>	0.00	3.87		\$53,789
<b>C. Total Program Positions</b>		0.00	3.87		\$53,789

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 4  
Older Adult Full Service Partnership  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 / enrollee, annually, for life needs.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Geriatric Specialist, Vocational Manager, Vocational Specialist, Administrative Assistant and the Medical Records Technician for the Adult Full Service Partnership is undecided at this time. County staff will provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are .66. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

- 1.0 MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person.  
On-call hours are set at 16 hours per day, 365 days per week for each PSC.  
Actual callback hours are estimated at 33.33 hours for each PSC, annually.
- 1.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.
- .06 Vocational Manager
- .06 Vocational Specialist
- .15 Drug and Alcohol Specialist
- .17 Psychiatrist for diagnosis, screening, consultation and medication management.
- .17 MH Therapist IV (System Coordinator) oversees full service partnership operation.
- .17 Administrative Assistant III is front desk clerical support.
- .17 Medical Records Technician is responsible for medical records.
- .17 Health Care Analyst (Evaluator) will identify and track performance measures.
- .75 Geriatric Specialist

### Operating Expenditures:

County operating costs are budgeted for the .66 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement - 10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$2,075.



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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	4			Date:	12/11/05
Program Workplan Name	Older Adult FSP			Page <u>1</u> of <u>1</u>	0
Type of Funding	1. Full Service Partnership			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	12		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	12		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.15	\$53,228	\$7,984
Psychiatrist (Step 1-2)	<i>Psychiatrist</i>		0.17	\$157,865	\$26,837
MH Therapist IV (Step 1-2)	<i>Direct Service System Coordinator</i>		0.17	\$62,332	\$10,596
Health Care Analyst (Step 1-2)	<i>Direct Service Program Evaluation</i>		0.17	\$68,224	\$11,598
MH Therapist	<i>Personal Service Coordinator</i>		1.00		\$0
MH Worker Aide	<i>Resource Specialist</i>		1.00		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.06		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.06		\$0
Admin. Assist. (Step 1-2)	<i>Direct Service Clerical Support</i>		0.17		\$0
Med Records Tech (Step 1-2)	<i>Direct Service Medical Records Support</i>		0.17		\$0
MH Therapist IV (Step 1-2)	<i>Geriatric Specialist</i>		<u>0.75</u>		\$0
	<b>Total New Additional Positions</b>	0.00	3.87		\$57,015
<b>C. Total Program Positions</b>		0.00	3.87		\$57,015

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 4  
Older Adult Full Service Partnership  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures:

Flexible Spending Account – Set at average rate \$140 / enrollee, annually, for life needs.

Personnel:

The provider of the Personal Service Coordinator, Resource Specialist, Geriatric Specialist, Vocational Manager, Vocational Specialist, Administrative Assistant and the Medical Records Technician for the Adult Full Service Partnership is undecided at this time. County staff will provide the Psychiatrist, System Coordinator, Drug and Alcohol specialist and the Program Evaluator. County FTEs for these known positions are .66. Salaries and benefits for all position budgets are set at the current actual County amounts for full-time permanent staff at mid-point of steps 1 and 2 of the current salary range. Team members are as follows:

- 1.0 MH Therapist III (Personal Service Coordinator). Acts as 24/7 lead person.  
On-call hours are set at 16 hours per day, 365 days per week for each PSC.  
Actual callback hours are estimated at 33.33 hours for each PSC, annually.
- 1.0 MH Worker Aide (Resource Specialist) assists in day to day living needs and system navigation for client and family.
- .06 Vocational Manager
- .06 Vocational Specialist
- .15 Drug and Alcohol Specialist
- .17 Psychiatrist for diagnosis, screening, consultation and medication management.
- .17 MH Therapist IV (System Coordinator) oversees full service partnership operation.
- .17 Administrative Assistant III is front desk clerical support.
- .17 Medical Records Technician is responsible for medical records.
- .17 Health Care Analyst (Evaluator) will identify and track performance measures.
- .75 Geriatric Specialist

### Operating Expenditures:

County operating costs are budgeted for the .66 FTEs of known County positions. Other budgeted operating costs are set at the County budgeted levels within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Communication Charges - Cell phones and pagers are \$67/month per staff.

Computer Hardware and Software Maintenance Support – Provided at \$67/month per staff.

Mileage Reimbursement - 10,000 miles annually per team. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per staff.

Training Cost – Estimated total training cost for one three day training per staff @ \$1000.

Rents and Leases – Set at 100 square feet per staff. Cost estimated at \$1.50/square foot/month.

Client Medication - \$140 per enrollee, annually.

Insurance – Set at historical average of \$1,000 per staff per year.

Computer Network Support – Actual cost from County ITD department is \$1,200 per staff, annually.

Countywide Overhead – Actual cost is \$6,200 per staff.

### Estimated Total Expenditures when Provider is Unknown:

Amount is full cost of program if County operated program less known client support, County personnel and County operating costs.

### CSS One-Time Funding:

None.

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

County(ies):		San Luis Obispo		Fiscal Year:	2005-06
Program Workplan #		5		Date:	12/11/05
Program Workplan Name		Client Family Wellness and Recovery		Page <u> 1 </u> of <u> 1 </u>	
Type of Funding	2. System Development		Months of Operation	3	
	Proposed Total Client Capacity of Program/Service:	480	New Program/Service or Expansion	New	
	Existing Client Capacity of Program/Service:	0	Prepared by:	Brian Davison	
	Client Capacity of Program/Service Expanded through MHSA:	480	Telephone Number:	(805) 788-2135	
		<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>A. Expenditures</b>					
<b>1. Client, Family Member and Caregiver Support Expenditures</b>					
	a. Clothing, Food and Hygiene				\$0
	b. Travel and Transportation				\$0
	c. Housing				
	i. Master Leases				\$0
	ii. Subsidies	\$14,592			\$14,592
	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	\$14,592	\$0	\$0	\$14,592
<b>2. Personnel Expenditures</b>					
	a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
	b. New Additional Personnel Expenditures (from Staffing Detail)	\$15,508			\$15,508
	c. Employee Benefits	\$7,392			\$7,392
	d. Total Personnel Expenditures	\$22,900	\$0	\$0	\$22,900
<b>3. Operating Expenditures</b>					
	a. Professional Services			\$6,250	\$6,250
	b. Translation and Interpreter Services				\$0
	c. Travel and Transportation	\$1,500			\$1,500
	d. General Office Expenditures	\$531			\$531
	e. Rent, Utilities and Equipment	\$1,438			
	f. Medication and Medical Supports				\$0
	g. Other Operating Expenses (provide description in budget narrative)	\$2,250			\$2,250
	h. Total Operating Expenditures	\$5,719	\$0	\$6,250	\$11,969
<b>4. Program Management</b>					
	a. Existing Program Management				\$0
	b. New Program Management				\$0
	c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>		\$82,476			\$82,476
<b>6. Total Proposed Program Budget</b>		\$125,687	\$0	\$6,250	\$131,937
<b>B. Revenues</b>					
<b>1. Existing Revenues</b>					
	a. Medi-Cal (FFP only)				\$0
	b. Medicare/Patient Fees/Patient Insurance				\$0
	c. Realignment				\$0
	d. State General Funds				\$0
	e. County Funds				\$0
	f. Grants				\$0
	g. Other Revenue				\$0
	h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>					
	a. Medi-Cal (FFP only)	\$11,027			\$11,027
	b. Medicare/Patient Fees/Patient Insurance				\$0
	c. State General Funds	\$3,379			\$3,379
	d. Other Revenue				\$0
	e. Total New Revenue	\$14,406	\$0	\$0	\$14,406
<b>3. Total Revenues</b>		\$14,406	\$0	\$0	\$14,406
<b>C. One-Time CSS Funding Expenditures</b>		\$224,655			\$224,655
<b>D. Total Funding Requirements</b>		\$335,936	\$0	\$6,250	\$342,186
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>					

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

County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	5			Date:	12/11/05
Program Workplan Name	Client Family Wellness and Recovery			Page _1_ of _1_	0
Type of Funding	2. System Development			Months of Operation	3
	Proposed Total Client Capacity of Program/Service:	480		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	480		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.25	\$11,843	\$2,961
MH Therapist III (Step 1-2)	<i>Case Manager</i>		1.00	\$12,547	\$12,547
Safe Case Manager	<i>Contracted SAFE Case Manager</i>		1.00		\$0
Client/Family Partners	<i>Resource Navigators</i>		1.50		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.50		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.50		\$0
MH Therapist IV	<i>Geriatric Specialist</i>		0.25		\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	5.00		\$15,508
<b>C. Total Program Positions</b>		0.00	5.00		\$15,508

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 5  
Client and Family Wellness and Recovery  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

Community Housing – 8 beds at \$608 per month totaling \$58,368, annually.

Personnel:

Total FTEs for this program are 5.0. The provider of SAFE Case Management, Consumer/Family Partners, Vocational Services (Manager plus Specialist) and the Geriatric Specialist is undecided at this time. County staff will provide the Drug and Alcohol Specialist and the Adult Case Manager. County FTEs for these known positions are 1.25. Salaries and benefits budgets for County staff positions and the Geriatric Specialist are set at the current full-time permanent staff mid-point of steps 1 and 2 of the current salary range. The SAFE Case Manager, Consumer/Family Partners and the Vocational costs were set by quotes from contractors for existing similar services:

.25	Drug and Alcohol Specialist
1.0	MH Therapist III (Adult Case Manager for General Case Reduction).
0.0	SAFE Case Manager
1.5	Consumer/Family Partners
.50	Vocational Manager
.50	Vocational Specialist
.25	Geriatric Specialist

Operating Expenditures:

Operating costs below are budgeted based on 1.25 FTEs of known County positions and the .25 FTE of the Geriatric Specialist. In addition, \$25,000 of Network of Care annual maintenance has been included in the Professional Services line item. Other budgeted operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Mileage Reimbursement - 10,000 miles annually for the Adult Case Manager and 10,000 miles annually for the Consumer and Family Partners. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month.

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

#### Estimated Total Expenditures when Provider is Unknown:

The following amounts are included in this line item as the provider is unknown at this time:

Geriatric Specialist (.25 FTEs) - \$20,278, annually

Geriatric Specialist Operating Costs – 3,375, annually

Consumer and Family Partner Mileage - \$6,000, annually

SAFE Case Manager (1.0 FTE) - \$55,000, annually

Peer to Peer training/employment - \$32,000, annually

Family to Family training/employment - \$12,000, annually

Consumer and Family Partners (1.5 FTEs) - \$96,250, annually

Vocational/Employment Services (2.0 FTEs) - \$80,000, annually

#### CSS One-Time Funding:

This funding is used for start-up costs for County and contractor positions or other one-time costs.

Notebook Computers and Software - \$1,500 per FTE. (5.0 FTEs x \$1,500=\$7,500)

Employee Setup, Desk, Office Equipment - \$500 per FTE. (5.0 FTEs x \$500=\$2,500)

Adult Housing Stipend Capitalization of 6 beds for 3 years - \$210,168

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$2,940.

Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs.

Allocation=\$1,547.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet						
County(ies):	San Luis Obispo			Fiscal Year:	2006-07	
Program Workplan #	5			Date:	12/11/05	
Program Workplan Name	Client Family Wellness and Recovery			Page __1__ of __1__		
Type of Funding	2. System Development			Months of Operation	12	
	Proposed Total Client Capacity of Program/Service:	480		New Program/Service or Expansion	New	
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison	
	Client Capacity of Program/Service Expanded through MHSA:	480		Telephone Number:	(805) 788-2135	
			County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>						
<b>1. Client, Family Member and Caregiver Support Expenditures</b>						
	a. Clothing, Food and Hygiene	\$0				\$0
	b. Travel and Transportation					\$0
	c. Housing					
	i. Master Leases					\$0
	ii. Subsidies	\$61,870				\$61,870
	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	\$61,870	\$0	\$0		\$61,870
<b>2. Personnel Expenditures</b>						
	a. Current Existing Personnel Expenditures (from Staffing Detail)					\$0
	b. New Additional Personnel Expenditures (from Staffing Detail)	\$65,753				\$65,753
	c. Employee Benefits	\$31,344				\$31,344
	d. Total Personnel Expenditures	\$97,097	\$0	\$0		\$97,097
<b>3. Operating Expenditures</b>						
	a. Professional Services			\$26,500		\$26,500
	b. Translation and Interpreter Services					\$0
	c. Travel and Transportation	\$6,360				\$6,360
	d. General Office Expenditures	\$2,253				\$2,253
	e. Rent, Utilities and Equipment	\$6,095				\$6,095
	f. Medication and Medical Supports					\$0
	g. Other Operating Expenses (provide description in budget narrative)	\$9,540				\$9,540
	h. Total Operating Expenditures	\$24,248	\$0	\$26,500		\$50,748
<b>4. Program Management</b>						
	a. Existing Program Management					\$0
	b. New Program Management					\$0
	c. Total Program Management		\$0	\$0		\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>		\$349,698				\$349,698
<b>6. Total Proposed Program Budget</b>		\$532,912	\$0	\$26,500		\$559,412
<b>B. Revenues</b>						
<b>1. Existing Revenues</b>						
	a. Medi-Cal (FFP only)					\$0
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. Realignment					\$0
	d. State General Funds					\$0
	e. County Funds					\$0
	f. Grants					\$0
	g. Other Revenue					\$0
	h. Total Existing Revenues	\$0	\$0	\$0		\$0
<b>2. New Revenues</b>						
	a. Medi-Cal (FFP only)	\$46,755				\$46,755
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. State General Funds	\$14,327				\$14,327
	d. Other Revenue					\$0
	e. Total New Revenue	\$61,083	\$0	\$0		\$61,083
<b>3. Total Revenues</b>		\$61,083	\$0	\$0		\$61,083
<b>C. One-Time CSS Funding Expenditures</b>		\$3,116				\$3,116
<b>D. Total Funding Requirements</b>		\$474,946	\$0	\$26,500		\$501,446
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>						

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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	5			Date:	12/11/05
Program Workplan Name	Client Family Wellness and Recovery			Page _1_ of _1_	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	480		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	480		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.25	\$50,215	\$12,554
MH Therapist III (Step 1-2)	<i>Case Manager</i>		1.00	\$53,199	\$53,199
Safe Case Manager	<i>Contracted SAFE Case Manager</i>		1.00		\$0
Client/Family Partners	<i>Resource Navigators</i>		1.50		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.50		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.50		\$0
MH Therapist IV	<i>Geriatric Specialist</i>		0.25		\$0
	<b>Total New Additional Positions</b>	0.00	5.00		\$65,753
<b>C. Total Program Positions</b>		0.00	5.00		\$65,753

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 5  
Client Family Wellness and Recovery  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures:

Community Housing – 8 beds at \$608 per month totaling \$58,368, annually.

Personnel:

Total FTEs for this program are 5.0. The provider of SAFE Case Management, Consumer/Family Partners, Vocational Services (Manager plus Specialist) and the Geriatric Specialist is undecided at this time. County staff will provide the Drug and Alcohol Specialist and the Adult Case Manager. County FTEs for these known positions are 1.25. Salaries and benefits budgets for County staff positions and the Geriatric Specialist are set at the current full-time permanent staff mid-point of steps 1 and 2 of the current salary range. The SAFE Case Manager, Consumer/Family Partners and the Vocational costs were set by quotes from contractors for existing similar services:

.25	Drug and Alcohol Specialist
1.0	MH Therapist III (Adult Case Manager for General Case Reduction).
1.0	SAFE Case Manager
1.5	Consumer/Family Partners
.50	Vocational Manager
.50	Vocational Specialist
.25	Geriatric Specialist

Operating Expenditures:

Operating costs below are budgeted based on 1.25 FTEs of known County positions and the .25 FTE of the Geriatric Specialist. In addition, \$25,000 of Network of Care annual maintenance has been included in the Professional Services line item. Other budgeted operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Mileage Reimbursement - 10,000 miles annually for the Adult Case Manager and 10,000 miles annually for the Consumer and Family Partners. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month.

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

#### Estimated Total Expenditures when Provider is Unknown:

The following amounts are included in this line item as the provider is unknown at this time:

Geriatric Specialist (.25 FTEs) - \$20,278, annually

Geriatric Specialist Operating Costs – 3,375, annually

Consumer and Family Partner Mileage - \$6,000, annually

SAFE Case Manager (1.0 FTE) - \$55,000, annually

Peer to Peer training/employment - \$32,000, annually

Family to Family training/employment - \$12,000, annually

Consumer and Family Partners (1.5 FTEs) - \$96,250, annually

Vocational/Employment Services (2.0 FTEs) - \$80,000, annually

#### CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$2,940.



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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	5			Date:	12/11/05
Program Workplan Name	Client Family Wellness and Recovery			Page __ 1 __ of __ 1 __	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	480		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	480		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Drug and Alcohol Spec III (1-2)	<i>Drug and Alcohol Specialist</i>		0.25	\$53,228	\$13,307
MH Therapist III (Step 1-2)	<i>Case Manager</i>		1.00	\$56,391	\$56,391
Safe Case Manager	<i>Contracted SAFE Case Manager</i>		1.00		\$0
Client/Family Partners	<i>Resource Navigators</i>		1.50		\$0
Vocational Service Manager	<i>Vocational Services Manager</i>		0.50		\$0
Vocational Service Specialist	<i>Vocational Services Specialist</i>		0.50		\$0
MH Therapist IV	<i>Geriatric Specialist</i>		0.25		\$0
	<b>Total New Additional Positions</b>	0.00	5.00		\$69,698
<b>C. Total Program Positions</b>		0.00	5.00		\$69,698

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 5  
Client Family Wellness and Recovery  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures:

Community Housing – 8 beds at \$608 per month totaling \$58,368, annually.

Personnel:

Total FTEs for this program are 5.0. The provider of SAFE Case Management, Consumer/Family Partners, Vocational Services (Manager plus Specialist) and the Geriatric Specialist is undecided at this time. County staff will provide the Drug and Alcohol Specialist and the Adult Case Manager. County FTEs for these known positions are 1.25. Salaries and benefits budgets for County staff positions and the Geriatric Specialist are set at the current full-time permanent staff mid-point of steps 1 and 2 of the current salary range. The SAFE Case Manager, Consumer/Family Partners and the Vocational costs were set by quotes from contractors for existing similar services:

.25	Drug and Alcohol Specialist
1.0	MH Therapist III (Adult Case Manager for General Case Reduction).
1.0	SAFE Case Manager
1.5	Consumer/Family Partners
.50	Vocational Manager
.50	Vocational Specialist
.25	Geriatric Specialist

Operating Expenditures:

Operating costs below are budgeted based on 1.25 FTEs of known County positions and the .25 FTE of the Geriatric Specialist. In addition, \$25,000 of Network of Care annual maintenance has been included in the Professional Services line item. Other budgeted operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Mileage Reimbursement - 10,000 miles annually for the Adult Case Manager and 10,000 miles annually for the Consumer and Family Partners. County rate of 60 cents per mile includes automobile depreciation.

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month.

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

#### Estimated Total Expenditures when Provider is Unknown:

The following amounts are included in this line item as the provider is unknown at this time:

Geriatric Specialist (.25 FTEs) - \$20,278, annually

Geriatric Specialist Operating Costs – 3,375, annually

Consumer and Family Partner Mileage - \$6,000, annually

SAFE Case Manager (1.0 FTE) - \$55,000, annually

Peer to Peer training/employment - \$32,000, annually

Family to Family training/employment - \$12,000, annually

Consumer and Family Partners (1.5 FTEs) - \$96,250, annually

Vocational/Employment Services (2.0 FTEs) - \$80,000, annually

#### CSS One-Time Funding:

None.

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

County(ies):		San Luis Obispo		Fiscal Year:	2005-06
Program Workplan #		6		Date:	12/11/05
Program Workplan Name		Latino Outreach and Services		Page <u> 1 </u> of <u> 1 </u>	
Type of Funding		3. Outreach and Engagement		Months of Operation	3
		Proposed Total Client Capacity of Program/Service:	500	New Program/Service or Expansion	New
		Existing Client Capacity of Program/Service:	0	Prepared by:	Brian Davison
		Client Capacity of Program/Service Expanded through MHSA:	500	Telephone Number:	(805) 788-2135
			<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>
					<b>Total</b>
<b>A. Expenditures</b>					
<b>1. Client, Family Member and Caregiver Support Expenditures</b>					
		a. Clothing, Food and Hygiene			\$0
		b. Travel and Transportation			\$0
		c. Housing			
		i. Master Leases			\$0
		ii. Subsidies			\$0
		iii. Vouchers			\$0
		iv. Other Housing			\$0
		d. Employment and Education Supports			\$0
		e. Other Support Expenditures (provide description in budget narrative)			\$0
		f. Total Support Expenditures	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>					
		a. Current Existing Personnel Expenditures (from Staffing Detail)			\$0
		b. New Additional Personnel Expenditures (from Staffing Detail)	\$0		\$0
		c. Employee Benefits			\$0
		d. Total Personnel Expenditures	\$0	\$0	\$0
<b>3. Operating Expenditures</b>					
		a. Professional Services			\$0
		b. Translation and Interpreter Services			\$0
		c. Travel and Transportation			\$0
		d. General Office Expenditures			\$0
		e. Rent, Utilities and Equipment			\$0
		f. Medication and Medical Supports			\$0
		g. Other Operating Expenses (provide description in budget narrative)			\$0
		h. Total Operating Expenditures	\$0	\$0	\$0
<b>4. Program Management</b>					
		a. Existing Program Management			\$0
		b. New Program Management			\$0
		c. Total Program Management		\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>			\$55,578		\$55,578
<b>6. Total Proposed Program Budget</b>			\$55,578	\$0	\$55,578
<b>B. Revenues</b>					
<b>1. Existing Revenues</b>					
		a. Medi-Cal (FFP only)			\$0
		b. Medicare/Patient Fees/Patient Insurance			\$0
		c. Realignment			\$0
		d. State General Funds			\$0
		e. County Funds			\$0
		f. Grants			\$0
		g. Other Revenue			\$0
		h. Total Existing Revenues	\$0	\$0	\$0
<b>2. New Revenues</b>					
		a. Medi-Cal (FFP only)	\$17,223		\$17,223
		b. Medicare/Patient Fees/Patient Insurance			\$0
		c. State General Funds	\$5,008		\$5,008
		d. Other Revenue			\$0
		e. Total New Revenue	\$22,231	\$0	\$22,231
<b>3. Total Revenues</b>			\$22,231	\$0	\$22,231
<b>C. One-Time CSS Funding Expenditures</b>			\$26,484		\$26,484
<b>D. Total Funding Requirements</b>			\$59,831	\$0	\$59,831
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>					

<b>EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet</b>						
County(ies):	San Luis Obispo			Fiscal Year:	2005-06	
Program Workplan #	6			Date:	12/11/05	
Program Workplan Name	Latino Outreach and Services			Page __ 1 __ of __ 1 __	0	
Type of Funding	3. Outreach and Engagement			Months of Operation	3	
	Proposed Total Client Capacity of Program/Service:			500	New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:			0	Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:			500	Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>	
<b>A. Current Existing Positions</b>						
						\$0
	<b>Total Current Existing Positions</b>	0.00	0.00			\$0
<b>B. New Additional Positions</b>						
						\$0
Mental Health Therapist IV	<i>Cultural Compliance Analyst</i>		0.25			\$0
Bilingual/bicultural Specialists	<i>Bilingual/bicultural Outreach and Engagement</i>		2.00			\$0
	<b>Total New Additional Positions</b>	0.00	2.25			\$0
<b>C. Total Program Positions</b>						
		0.00	2.25			\$0

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 6  
Latino Outreach and Services  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

None

Personnel:

All personnel costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Total FTEs for this program are 2.25. The provider of the Cultural Compliance Analyst (.25 FTE) and the Bilingual/bicultural Outreach and Engagement Specialists (2.0 FTEs) is undecided at this time. Salaries and benefits budget for the Cultural Compliance Analyst is set at the current full-time County Therapist IV salary at the mid-point of steps 1 and 2 of the current salary range. The bilingual/bicultural Outreach and Engagement Specialists costs were set by quotes from contractors for existing similar services:

.25 Cultural Compliance Analyst (\$20,278)  
2.0 Bilingual/bicultural Outreach and Engagement Specialists (\$110,000 and includes associated position operating costs)

Operating Expenditures:

All operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile, which includes automobile depreciation.

Operating costs described below are applied to the .25 FTE of Cultural Compliance Analyst services.

General Office Expense – Based on historical average of \$700 annually per FTE (\$175).

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE (\$250).

Communication Charges - Cell phones and pagers are \$800 annually per FTE (\$200).

Computer Hardware and Software Maintenance Support – \$800 annually per FTE (\$200).  
Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$450).  
Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually (\$300).  
Insurance – Set at historical average of \$1,000 per FTE, annually (\$250).  
Countywide Overhead – Actual cost is \$6,200 per FTE, annually (\$1,550).

Contractor services with operating costs included:  
Bilingual Outreach Therapy Services (\$50,160)  
Spanish Speaking Therapist Services (\$30,000)  
Latino Outreach Marketing (\$2,500)

Estimated Total Expenditures when Provider is Unknown:

The provider is currently unknown for all program costs. Details of these costs are presented in the paragraphs above.

CSS One-Time Funding:

This funding is used for start-up costs for County and contractor positions or other one-time costs.

One automobile - \$20,000  
Notebook Computers and Software - \$1,500 per FTE. (2.25 FTEs x \$1,500=\$3,375)  
Employee Setup, Desk, Office Equipment - \$500 per FTE. (2.25 FTEs x \$500=\$1,125)  
New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$1,300.  
Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$684.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet							
County(ies):	San Luis Obispo			Fiscal Year:	2006-07		
Program Workplan #	6			Date:	12/11/05		
Program Workplan Name	Latino Outreach and Services			Page <u> 1 </u> of <u> 1 </u>			
Type of Funding	2. System Development			Months of Operation	12		
	Proposed Total Client Capacity of Program/Service:			500	New Program/Service or Expansion	New	
	Existing Client Capacity of Program/Service:			0	Prepared by:	Brian Davison	
	Client Capacity of Program/Service Expanded through MHSA:			500	Telephone Number:	(805) 788-2135	
				County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>							
<b>1. Client, Family Member and Caregiver Support Expenditures</b>							
	a. Clothing, Food and Hygiene			\$0			\$0
	b. Travel and Transportation						\$0
	c. Housing						
	i. Master Leases						\$0
	ii. Subsidies						\$0
	iii. Vouchers						\$0
	iv. Other Housing						\$0
	d. Employment and Education Supports						\$0
	e. Other Support Expenditures (provide description in budget narrative)						\$0
	f. Total Support Expenditures			\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>							
	a. Current Existing Personnel Expenditures (from Staffing Detail)			\$0			\$0
	b. New Additional Personnel Expenditures (from Staffing Detail)			\$0			\$0
	c. Employee Benefits			\$0			\$0
	d. Total Personnel Expenditures			\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>							
	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			\$0			\$0
	f. Medication and Medical Supports			\$0			\$0
	g. Other Operating Expenses (provide description in budget narrative)			\$0			\$0
	h. Total Operating Expenditures			\$0	\$0	\$0	\$0
<b>4. Program Management</b>							
	a. Existing Program Management						\$0
	b. New Program Management						\$0
	c. Total Program Management				\$0	\$0	\$0
	<b>5. Estimated Total Expenditures when service provider is not known</b>			\$235,652			\$235,652
	<b>6. Total Proposed Program Budget</b>			\$235,652	\$0	\$0	\$235,652
<b>B. Revenues</b>							
<b>1. Existing Revenues</b>							
	a. Medi-Cal (FFP only)						\$0
	b. Medicare/Patient Fees/Patient Insurance						\$0
	c. Realignment						\$0
	d. State General Funds						\$0
	e. County Funds						\$0
	f. Grants						\$0
	g. Other Revenue						\$0
	h. Total Existing Revenues			\$0	\$0	\$0	\$0
<b>2. New Revenues</b>							
	a. Medi-Cal (FFP only)			\$73,026			\$73,026
	b. Medicare/Patient Fees/Patient Insurance						\$0
	c. State General Funds			\$21,235			\$21,235
	d. Other Revenue						\$0
	e. Total New Revenue			\$94,261	\$0	\$0	\$94,261
	<b>3. Total Revenues</b>			\$94,261	\$0	\$0	\$94,261
<b>C. One-Time CSS Funding Expenditures</b>				\$11,378			\$11,378
<b>D. Total Funding Requirements</b>				\$152,769	\$0	\$0	\$152,769
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>							

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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	6			Date:	12/11/05
Program Workplan Name	Latino Outreach and Services			Page __ 1 __ of __ 1 __	0
Type of Funding	3. Outreach and Engagement			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	500		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	500		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist IV	<i>Cultural Compliance Analyst</i>		0.25		\$0
Bilingual/bicultural Specialists	<i>Bilingual/bicultural Outreach and Engagement</i>		2.00		\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	2.25		\$0
<b>C. Total Program Positions</b>		0.00	2.25		\$0

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 6  
Latino Outreach and Services  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures:

None

Personnel:

All personnel costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Total FTEs for this program are 2.25. The provider of the Cultural Compliance Analyst (.25 FTE) and the Bilingual/bicultural Outreach and Engagement Specialists (2.0 FTEs) is undecided at this time. Salaries and benefits budget for the Cultural Compliance Analyst is set at the current full-time County Therapist IV salary at the mid-point of steps 1 and 2 of the current salary range. The bilingual/bicultural Outreach and Engagement Specialists costs were set by quotes from contractors for existing similar services:

.25	Cultural Compliance Analyst (\$20,278)
2.0	Bilingual/bicultural Outreach and Engagement Specialists (\$110,000 and includes associated position operating costs)

Operating Expenditures:

All operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile, which includes automobile depreciation.

Operating costs described below are applied to the .25 FTE of Cultural Compliance Analyst services.

General Office Expense – Based on historical average of \$700 annually per FTE (\$175).

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE (\$250).

Communication Charges - Cell phones and pagers are \$800 annually per FTE (\$200).

Computer Hardware and Software Maintenance Support – \$800 annually per FTE (\$200).

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$450).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually (\$300).

Insurance – Set at historical average of \$1,000 per FTE, annually (\$250).

Countywide Overhead – Actual cost is \$6,200 per FTE, annually (\$1,550).

Contractor services with operating costs included:

Bilingual Outreach Therapy Services (\$50,160)

Spanish Speaking Therapist Services (\$30,000)

Latino Outreach Marketing (\$2,500)

#### Estimated Total Expenditures when Provider is Unknown:

The provider is currently unknown for all program costs. Details of these costs are presented in the paragraphs above.

#### CSS One-Time Funding:

This funding is used for start-up costs for County and contractor positions or other one-time costs.

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$1,300.

Latino Outreach Media Blitz - \$10,000



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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	6			Date:	12/11/05
Program Workplan Name	Latino Outreach and Services			Page __1__ of __1__	0
Type of Funding	3. Outreach and Engagement			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	500		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSAs:	500		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist IV	<i>Cultural Compliance Analyst</i>		0.25		\$0
Bilingual/bicultural Specialists	<i>Bilingual/bicultural Outreach and Engagement</i>		2.00		\$0
	<b>Total New Additional Positions</b>	0.00	2.25		\$0
<b>C. Total Program Positions</b>					
		0.00	2.25		\$0

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 6  
Latino Outreach and Services  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures:

None

Personnel:

All personnel costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Total FTEs for this program are 2.25. The provider of the Cultural Compliance Analyst (.25 FTE) and the Bilingual/bicultural Outreach and Engagement Specialists (2.0 FTEs) is undecided at this time. Salaries and benefits budget for the Cultural Compliance Analyst is set at the current full-time County Therapist IV salary at the mid-point of steps 1 and 2 of the current salary range. The bilingual/bicultural Outreach and Engagement Specialists costs were set by quotes from contractors for existing similar services:

.25	Cultural Compliance Analyst (\$20,278)
2.0	Bilingual/bicultural Outreach and Engagement Specialists (\$110,000 and includes associated position operating costs)

Operating Expenditures:

All operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile, which includes automobile depreciation (\$6,000)

Operating costs described below are applied to the .25 FTE of Cultural Compliance Analyst services.

General Office Expense – Based on historical average of \$700 annually per FTE (\$175).

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE (\$250).

Communication Charges - Cell phones and pagers are \$800 annually per FTE (\$200).

Computer Hardware and Software Maintenance Support – \$800 annually per FTE (\$200).

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$450).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually (\$300).

Insurance – Set at historical average of \$1,000 per FTE, annually (\$250).

Countywide Overhead – Actual cost is \$6,200 per FTE, annually (\$1,550).

Contractor services with operating costs included:

Bilingual Outreach Therapy Services (\$50,160)

Spanish Speaking Therapist Services (\$30,000)

Latino Outreach Marketing (\$2,500)

#### Estimated Total Expenditures when Provider is Unknown:

The provider is currently unknown for all program costs. Details of these costs are presented in the paragraphs above.

#### CSS One-Time Funding:

None.



<b>EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet</b>					
County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	7			Date:	12/11/05
Program Workplan Name	Enhanced Crisis Response and Aftercare			Page __ 1 __ of __ 1 __	0
Type of Funding	2. System Development		Months of Operation		3
	Proposed Total Client Capacity of Program/Service:	1,050		New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:	850		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	200		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
Mental Health Therapist II	<i>Aftercare Specialist</i>		1.00	\$11,396	\$11,396
	<b>Total New Additional Positions</b>	0.00	1.00		\$11,396
<b>C. Total Program Positions</b>		0.00	1.00		\$11,396

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 7  
Enhanced Crisis Response and Aftercare  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

None

Personnel:

Total FTEs for this program are 1.0 for an Aftercare Specialist. Other enhancements to crisis services will be reached through contract:

1.0 Aftercare Specialists – MH Therapist II (\$67,742)

Operating Expenditures:

Contract operating costs are within the *Estimated total expenditures when the provider is Unknown* line item.

Operating costs described below are applied to the 1.0 FTE of the Aftercare Specialist.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown:

The provider is currently unknown for contracted costs.

Contractor services with operating costs included:

Doubling of those available to respond to Crisis calls 24/7 (\$250,000)  
Crisis follow-up to those not 5150 (\$100,000)

#### CSS One-Time Funding:

This funding is used for start-up costs for County and contractor positions or other one-time costs.

Three automobiles, one for Aftercare Specialist, two for Crisis response –  
(3x\$20,000=\$60,000)

Notebook Computers and Software - \$1,500 per FTE. (1.0 FTEs x \$1,500=\$1,500)

Employee Setup, Desk, Office Equipment - \$500 per FTE. (1.0 FTEs x \$500=\$500)

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$2,557.

Crisis Intervention Training (CIT) for Law Enforcement - \$7,000

Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs.

Allocation=\$1,346.

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

County(ies):		San Luis Obispo		Fiscal Year:	2006-07
Program Workplan #		7		Date:	12/11/05
Program Workplan Name		Enhanced Crisis Response and Aftercare		Page <u> 1 </u> of <u> 1 </u>	
Type of Funding		2. System Development		Months of Operation	12
		Proposed Total Client Capacity of Program/Service:	1,050	New Program/Service or Expansion	Expansion
		Existing Client Capacity of Program/Service:	850	Prepared by:	Brian Davison
		Client Capacity of Program/Service Expanded through MHSA:	200	Telephone Number:	(805) 788-2135
		<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>A. Expenditures</b>					
<b>1. Client, Family Member and Caregiver Support Expenditures</b>					
a. Clothing, Food and Hygiene			\$0		\$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
<b>2. Personnel Expenditures</b>					
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$0		\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$45,582		\$45,582
c. Employee Benefits			\$23,490		\$23,490
d. Total Personnel Expenditures			\$69,072	\$0	\$69,072
<b>3. Operating Expenditures</b>					
a. Professional Services			\$0		\$0
b. Translation and Interpreter Services			\$0		\$0
c. Travel and Transportation			\$6,360		\$6,360
d. General Office Expenditures			\$1,802		\$1,802
e. Rent, Utilities and Equipment			\$4,876		\$4,876
f. Medication and Medical Supports			\$0		\$0
g. Other Operating Expenses (provide description in budget narrative)			\$7,632		\$7,632
h. Total Operating Expenditures			\$20,670	\$0	\$20,670
<b>4. Program Management</b>					
a. Existing Program Management					\$0
b. New Program Management					\$0
c. Total Program Management				\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>			\$373,735		\$373,735
<b>6. Total Proposed Program Budget</b>			\$463,477	\$0	\$463,477
<b>B. Revenues</b>					
<b>1. Existing Revenues</b>					
a. Medi-Cal (FFP only)					\$0
b. Medicare/Patient Fees/Patient Insurance					\$0
c. Realignment					\$0
d. State General Funds					\$0
e. County Funds					\$0
f. Grants					\$0
g. Other Revenue					\$0
h. Total Existing Revenues			\$0	\$0	\$0
<b>2. New Revenues</b>					
a. Medi-Cal (FFP only)			\$100,513		\$100,513
b. Medicare/Patient Fees/Patient Insurance					\$0
c. State General Funds			\$29,227		\$29,227
d. Other Revenue					\$0
e. Total New Revenue			\$129,741	\$0	\$129,741
<b>3. Total Revenues</b>			\$129,741	\$0	\$129,741
<b>C. One-Time CSS Funding Expenditures</b>			\$2,710		\$2,710
<b>D. Total Funding Requirements</b>			\$336,446	\$0	\$336,446
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>					

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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	7			Date:	12/11/05
Program Workplan Name	Enhanced Crisis Response and Aftercare			Page _1_ of _1_	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	1,050		New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:	850		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	200		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist II	<i>Aftercare Specialist</i>		1.00	\$45,582	\$45,582
					\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$45,582
<b>C. Total Program Positions</b>		0.00	1.00		\$45,582

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 7  
Enhanced Crisis Response and Aftercare  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures: None.

Personnel:

Total FTEs for this program are 1.0 for an Aftercare Specialist. Other enhancements to crisis services will be reached through contract:

1.0 Aftercare Specialists – MH Therapist II (\$67,742)

Operating Expenditures:

Contract operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Operating costs described below are applied to the 1.0 FTE of the Aftercare Specialist.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 / FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown:

The provider is currently unknown for contracted costs.

Contractor services with operating costs included:

Doubling of those available to respond to Crisis calls 24/7 (\$250,000)

Crisis follow-up to those not 5150 (\$100,000)

CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$2,557.



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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	7			Date:	12/11/05
Program Workplan Name	Enhanced Crisis Response and Aftercare			Page _1_ of _1_	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	1,050		New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:	850		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	200		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist II	<i>Aftercare Specialist</i>		1.00	\$45,582	\$45,582
					\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$45,582
<b>C. Total Program Positions</b>		0.00	1.00		\$45,582

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 7  
Enhanced Crisis Response and Aftercare  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures: None.

Personnel:

Total FTEs for this program are 1.0 for an Aftercare Specialist. Other enhancements to crisis services will be reached through contract:

1.0 Aftercare Specialists – MH Therapist II (\$67,742)

Operating Expenditures:

Contract operating costs are within the *Estimated Total Expenditures When the Provider is Unknown* line item.

Operating costs described below are applied to the 1.0 FTE of the Aftercare Specialist.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 / FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown:

The provider is currently unknown for contracted costs.

Contractor services with operating costs included:

Doubling of those available to respond to Crisis calls 24/7 (\$250,000)

Crisis follow-up to those not 5150 (\$100,000)

CSS One-Time Funding:

None.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet						
County(ies):	San Luis Obispo			Fiscal Year:	2005-06	
Program Workplan #	8			Date:	12/11/05	
Program Workplan Name	Mentally Ill Probationers Program (MIPS)			Page ___1___ of ___1___		
Type of Funding	2. System Development			Months of Operation	3	
	Proposed Total Client Capacity of Program/Service:			50	New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:			25	Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:			25	Telephone Number:	(805) 788-2135
				County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers
						Total
<b>A. Expenditures</b>						
<b>1. Client, Family Member and Caregiver Support Expenditures</b>						
	a. Clothing, Food and Hygiene					\$0
	b. Travel and Transportation					\$0
	c. Housing					
	i. Master Leases					\$0
	ii. Subsidies					\$0
	iii. Vouchers					\$0
	iv. Other Housing					\$0
	d. Employment and Education Supports					\$0
	e. Other Support Expenditures (provide description in budget narrative)					\$0
	f. Total Support Expenditures			\$0	\$0	\$0
<b>2. Personnel Expenditures</b>						
	a. Current Existing Personnel Expenditures (from Staffing Detail)					\$0
	b. New Additional Personnel Expenditures (from Staffing Detail)			\$12,547		\$12,547
	c. Employee Benefits			\$5,945		\$5,945
	d. Total Personnel Expenditures			\$18,492	\$0	\$0
<b>3. Operating Expenditures</b>						
	a. Professional Services					\$0
	b. Translation and Interpreter Services					\$0
	c. Travel and Transportation			\$1,500		\$1,500
	d. General Office Expenditures			\$425		\$425
	e. Rent, Utilities and Equipment			\$1,150		\$1,150
	f. Medication and Medical Supports					\$0
	g. Other Operating Expenses (provide description in budget narrative)			\$1,800		\$1,800
	h. Total Operating Expenditures			\$4,875	\$0	\$0
<b>4. Program Management</b>						
	a. Existing Program Management					\$0
	b. New Program Management					\$0
	c. Total Program Management				\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>						
						\$0
<b>6. Total Proposed Program Budget</b>				<b>\$23,367</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Revenues</b>						
<b>1. Existing Revenues</b>						
	a. Medi-Cal (FFP only)					\$0
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. Realignment					\$0
	d. State General Funds					\$0
	e. County Funds					\$0
	f. Grants					\$0
	g. Other Revenue					\$0
	h. Total Existing Revenues			\$0	\$0	\$0
<b>2. New Revenues</b>						
	a. Medi-Cal (FFP only)			\$4,673		\$4,673
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. State General Funds					\$0
	d. Other Revenue					\$0
	e. Total New Revenue			\$4,673	\$0	\$0
	<b>3. Total Revenues</b>			<b>\$4,673</b>	<b>\$0</b>	<b>\$0</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$2,834</b>		<b>\$2,834</b>
<b>D. Total Funding Requirements</b>				<b>\$21,528</b>	<b>\$0</b>	<b>\$0</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>						

<b>EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet</b>					
County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	8			Date:	12/11/05
Program Workplan Name	Mentally Ill Probationers Program (MIPS)			Page __1__ of __1__	0
Type of Funding	2. System Development			Months of Operation	3
	Proposed Total Client Capacity of Program/Service:	50		New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:	25		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	25		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
Mental Health Therapist III	<i>MH Therapist</i>		1.00	\$12,547	\$12,547
					\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$12,547
<b>C. Total Program Positions</b>					
		0.00	1.00		\$12,547

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 8  
Mentally Ill Probationers Expansion  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

None

Personnel:

This program has 1.0 FTE of a Mental Health Therapist III which doubles the resource currently serving this population.

1.0 MH Therapist III (\$73,967)

Operating Expenditures:

Operating costs described below are applied to the 1.0 FTE of the MH Therapist III.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown:

None.

CSS One-Time Funding:

This funding is used for start-up costs for County and contractor positions or other one-time costs.

Notebook Computers and Software - \$1,500 per FTE. (1.0 FTEs x \$1,500=\$1,500)  
Employee Setup, Desk, Office Equipment - \$500 per FTE. (1.0 FTEs x \$500=\$500)  
New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$547.  
Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$288.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet						
County(ies):	San Luis Obispo			Fiscal Year:	2006-07	
Program Workplan #	8			Date:	12/11/05	
Program Workplan Name	Mentally Ill Probationers Program (MIPS)			Page <u> 1 </u> of <u> 1 </u>		
Type of Funding	2. System Development			Months of Operation	12	
	Proposed Total Client Capacity of Program/Service:			50	New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:			25	Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:			25	Telephone Number:	(805) 788-2135
				County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers
						Total
<b>A. Expenditures</b>						
<b>1. Client, Family Member and Caregiver Support Expenditures</b>						
	a. Clothing, Food and Hygiene			\$0		\$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
<b>2. Personnel Expenditures</b>						
	a. Current Existing Personnel Expenditures (from Staffing Detail)			\$0		\$0
	b. New Additional Personnel Expenditures (from Staffing Detail)			\$53,199		\$53,199
	c. Employee Benefits			\$25,206		\$25,206
	d. Total Personnel Expenditures			\$78,405	\$0	\$78,405
<b>3. Operating Expenditures</b>						
	a. Professional Services			\$0		\$0
	b. Translation and Interpreter Services			\$0		\$0
	c. Travel and Transportation			\$6,360		\$6,360
	d. General Office Expenditures			\$1,802		\$1,802
	e. Rent, Utilities and Equipment			\$4,876		\$4,876
	f. Medication and Medical Supports			\$0		\$0
	g. Other Operating Expenses (provide description in budget narrative)			\$7,632		\$7,632
	h. Total Operating Expenditures			\$20,670	\$0	\$20,670
<b>4. Program Management</b>						
	a. Existing Program Management					\$0
	b. New Program Management					\$0
	c. Total Program Management				\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>						
						\$0
<b>6. Total Proposed Program Budget</b>				<b>\$99,075</b>	<b>\$0</b>	<b>\$99,075</b>
<b>B. Revenues</b>						
<b>1. Existing Revenues</b>						
	a. Medi-Cal (FFP only)					\$0
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. Realignment					\$0
	d. State General Funds					\$0
	e. County Funds					\$0
	f. Grants					\$0
	g. Other Revenue					\$0
	h. Total Existing Revenues			\$0	\$0	\$0
<b>2. New Revenues</b>						
	a. Medi-Cal (FFP only)			\$19,815		\$19,815
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. State General Funds			\$0		\$0
	d. Other Revenue					\$0
	e. Total New Revenue			\$19,815	\$0	\$19,815
<b>3. Total Revenues</b>				\$19,815	\$0	\$19,815
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$580</b>		<b>\$580</b>
<b>D. Total Funding Requirements</b>				<b>\$79,840</b>	<b>\$0</b>	<b>\$79,840</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>						

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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	8			Date:	12/11/05
Program Workplan Name	Mentally Ill Probationers Program (MIPS)			Page _1_ of _1_	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	50		New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:	25		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	25		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist III	<i>MH Therapist</i>		1.00	\$53,199	\$53,199
	<b>Total New Additional Positions</b>	0.00	1.00		\$53,199
<b>C. Total Program Positions</b>		0.00	1.00		\$53,199

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 8  
Mentally Ill Probationers Expansion  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures:       None

Personnel:

This program has 1.0 FTE of a Mental Health Therapist III which doubles the resource currently serving this population.

1.0     MH Therapist III (\$73,967)

Operating Expenditures:

Operating costs described below are applied to the 1.0 FTE of the MH Therapist III.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown: None.

CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$547.



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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	8			Date:	12/11/05
Program Workplan Name	Mentally Ill Probationers Program (MIPS)			Page _1_ of _1_	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	50		New Program/Service or Expansion	Expansion
	Existing Client Capacity of Program/Service:	25		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	25		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist III	<i>MH Therapist</i>		1.00	\$56,391	\$56,391
					\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$56,391
<b>C. Total Program Positions</b>		0.00	1.00		\$56,391

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 8  
Mentally III Probationers Expansion  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures: None

Personnel:

This program has 1.0 FTE of a Mental Health Therapist III which doubles the resource currently serving this population.

1.0 MH Therapist III (\$73,967)

Operating Expenditures:

Operating costs described below are applied to the 1.0 FTE of the MH Therapist III.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown:

None.

CSS One-Time Funding:

None.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet						
County(ies):		San Luis Obispo		Fiscal Year:		2005-06
Program Workplan #		9		Date:		12/11/05
Program Workplan Name		Community School Mental Health Services		Page <u> 1 </u> of <u> 1 </u>		
Type of Funding		2. System Development		Months of Operation		3
		Proposed Total Client Capacity of Program/Service:		50	New Program/Service or Expansion	New
		Existing Client Capacity of Program/Service:			Prepared by:	Brian Davison
		Client Capacity of Program/Service Expanded through MHSA:		50	Telephone Number:	(805) 788-2135
				<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>
						<b>Total</b>
<b>A. Expenditures</b>						
<b>1. Client, Family Member and Caregiver Support Expenditures</b>						
a. Clothing, Food and Hygiene						\$0
b. Travel and Transportation						\$0
c. Housing						
i. Master Leases						\$0
ii. Subsidies						\$0
iii. Vouchers						\$0
iv. Other Housing						\$0
d. Employment and Education Supports						\$0
e. Other Support Expenditures (provide description in budget narrative)						\$0
f. Total Support Expenditures				\$0	\$0	\$0
<b>2. Personnel Expenditures</b>						
a. Current Existing Personnel Expenditures (from Staffing Detail)						\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$12,547		\$12,547
c. Employee Benefits				\$5,945		\$5,945
d. Total Personnel Expenditures				\$18,492	\$0	\$18,492
<b>3. Operating Expenditures</b>						
a. Professional Services						\$0
b. Translation and Interpreter Services						\$0
c. Travel and Transportation				\$1,500		\$1,500
d. General Office Expenditures				\$425		\$425
e. Rent, Utilities and Equipment				\$1,150		\$1,150
f. Medication and Medical Supports						\$0
g. Other Operating Expenses (provide description in budget narrative)				\$1,800		\$1,800
h. Total Operating Expenditures				\$4,875	\$0	\$4,875
<b>4. Program Management</b>						
a. Existing Program Management						\$0
b. New Program Management						\$0
c. Total Program Management					\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>						
						\$0
<b>6. Total Proposed Program Budget</b>				<b>\$23,367</b>	<b>\$0</b>	<b>\$23,367</b>
<b>B. Revenues</b>						
<b>1. Existing Revenues</b>						
a. Medi-Cal (FFP only)						\$0
b. Medicare/Patient Fees/Patient Insurance						\$0
c. Realignment						\$0
d. State General Funds						\$0
e. County Funds						\$0
f. Grants						\$0
g. Other Revenue						\$0
h. Total Existing Revenues				\$0	\$0	\$0
<b>2. New Revenues</b>						
a. Medi-Cal (FFP only)				\$3,951		\$3,951
b. Medicare/Patient Fees/Patient Insurance						\$0
c. State General Funds						\$0
d. Other Revenue						\$0
e. Total New Revenue				\$3,951	\$0	\$3,951
<b>3. Total Revenues</b>				<b>\$3,951</b>	<b>\$0</b>	<b>\$3,951</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$2,834</b>		<b>\$2,834</b>
<b>D. Total Funding Requirements</b>				<b>\$22,250</b>	<b>\$0</b>	<b>\$22,250</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>						

<b>EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet</b>					
County(ies):	San Luis Obispo			Fiscal Year:	2005-06
Program Workplan #	9			Date:	12/11/05
Program Workplan Name	Community School Mental Health Services			Page __ 1 __ of __ 1 __	0
Type of Funding	2. System Development			Months of Operation	3
	Proposed Total Client Capacity of Program/Service:	50		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	50		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
	<b>Total Current Existing Positions</b>	0	0		0
<b>B. New Additional Positions</b>					
					\$0
Mental Health Therapist III	<i>MH Therapist</i>		1.00	\$12,547	\$12,547
	<b>Total New Additional Positions</b>	0.00	1.00		\$12,547
<b>C. Total Program Positions</b>		0.00	1.0		\$12,547

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 9  
Community School Mental Health Services  
Budget Narrative  
FY 2005-06**

**Funding Period:** 3 months from April 1, 2006, to June 30, 2006.

Client Support Expenditures:

None

Personnel:

This program has 1.0 FTE of a Mental Health Therapist III providing direct services to youth at the community schools. These youth are SED that are not 3632 eligible and have been un-served.

1.0 MH Therapist III (\$73,967)

Operating Expenditures:

Operating costs described below are applied to the 1.0 FTE of the MH Therapist III.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 per FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown:

None.

CSS One-Time Funding:

This funding is used for start-up costs for County and contractor positions or other one-time costs.

Notebook Computers and Software - \$1,500 per FTE. (1.0 FTEs x \$1,500=\$1,500)

Employee Setup, Desk, Office Equipment - \$500 per FTE. (1.0 FTEs x \$500=\$500)

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$547.

Recovery and Strength Based Treatment All Staff Training – Estimated \$10,000 for all programs. Allocated based on program cost as percentage of all program costs.

Allocation=\$288.

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

County(ies):		San Luis Obispo		Fiscal Year:	2006-07	
Program Workplan #		9		Date:	12/11/05	
Program Workplan Name		Community School Mental Health Services		Page <u> 1 </u> of <u> 1 </u>		
Type of Funding		2. System Development		Months of Operation	12	
		Proposed Total Client Capacity of Program/Service:	50	New Program/Service or Expansion	New	
		Existing Client Capacity of Program/Service:	0	Prepared by:	Brian Davison	
		Client Capacity of Program/Service Expanded through MHSA:	50	Telephone Number:	(805) 788-2135	
			<b>County Mental Health Department</b>	<b>Other Governmental Agencies</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<b>A. Expenditures</b>						
<b>1. Client, Family Member and Caregiver Support Expenditures</b>						
a. Clothing, Food and Hygiene			\$0			\$0
b. Travel and Transportation						\$0
c. Housing						
i. Master Leases						\$0
ii. Subsidies						\$0
iii. Vouchers						\$0
iv. Other Housing						\$0
d. Employment and Education Supports						\$0
e. Other Support Expenditures (provide description in budget narrative)						\$0
f. Total Support Expenditures			\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>						
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$53,199			\$53,199
c. Employee Benefits			\$25,206			\$25,206
d. Total Personnel Expenditures			\$78,405	\$0	\$0	\$78,405
<b>3. Operating Expenditures</b>						
a. Professional Services			\$0			\$0
b. Translation and Interpreter Services			\$0			\$0
c. Travel and Transportation			\$6,360			\$6,360
d. General Office Expenditures			\$1,802			\$1,802
e. Rent, Utilities and Equipment			\$4,876			\$4,876
f. Medication and Medical Supports			\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)			\$7,632			\$7,632
h. Total Operating Expenditures			\$20,670	\$0	\$0	\$20,670
<b>4. Program Management</b>						
a. Existing Program Management						\$0
b. New Program Management						\$0
c. Total Program Management				\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>						
						\$0
<b>6. Total Proposed Program Budget</b>			<b>\$99,075</b>	<b>\$0</b>	<b>\$0</b>	<b>\$99,075</b>
<b>B. Revenues</b>						
<b>1. Existing Revenues</b>						
a. Medi-Cal (FFP only)						\$0
b. Medicare/Patient Fees/Patient Insurance						\$0
c. Realignment						\$0
d. State General Funds						\$0
e. County Funds						\$0
f. Grants						\$0
g. Other Revenue						\$0
h. Total Existing Revenues			\$0	\$0	\$0	\$0
<b>2. New Revenues</b>						
a. Medi-Cal (FFP only)			\$16,753			\$16,753
b. Medicare/Patient Fees/Patient Insurance						\$0
c. State General Funds			\$0			\$0
d. Other Revenue						\$0
e. Total New Revenue			\$16,753	\$0	\$0	\$16,753
<b>3. Total Revenues</b>			<b>\$16,753</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,753</b>
<b>C. One-Time CSS Funding Expenditures</b>			<b>\$580</b>			<b>\$580</b>
<b>D. Total Funding Requirements</b>			<b>\$82,901</b>	<b>\$0</b>	<b>\$0</b>	<b>\$82,901</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>						

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

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	9			Date:	12/11/05
Program Workplan Name	Community School Mental Health Services			Page __1__ of __1__	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	50		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	50		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist III	<i>MH Therapist</i>		1.00	\$53,199	\$53,199
					<u>\$0</u>
	<b>Total New Additional Positions</b>	0.00	1.00		\$53,199
<b>C. Total Program Positions</b>		0.00	1.00		\$53,199

**San Luis Obispo County Behavioral Health Services - Mental Health  
Program No. 9  
Community School Mental Health Services  
Budget Narrative  
FY 2006-07**

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Annual Cost Increases: Increase item amounts described below by 6.0% for cost of living increase.

Client Support Expenditures: None

Personnel:

This program has 1.0 FTE of a Mental Health Therapist III providing direct services to youth at the community schools. These youth are SED that are not 3632 eligible and have been un-served.

1.0 MH Therapist III (\$73,967)

Operating Expenditures:

Operating costs described below are applied to the 1.0 FTE of the MH Therapist III.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 / FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown: None.

CSS One-Time Funding:

New Program Start-up Training - \$19,000 for all programs. Allocated based on program cost as percentage of all program costs. Allocation=\$547.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet						
County(ies):	San Luis Obispo			Fiscal Year:	2007-08	
Program Workplan #	9			Date:	12/11/05	
Program Workplan Name	Community School Mental Health Services			Page __1__ of __1__		
Type of Funding	2. System Development			Months of Operation	12	
	Proposed Total Client Capacity of Program/Service:			50	New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:			0	Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:			50	Telephone Number:	(805) 788-2135
				County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers
						Total
<b>A. Expenditures</b>						
<b>1. Client, Family Member and Caregiver Support Expenditures</b>						
	a. Clothing, Food and Hygiene			\$0		\$0
	b. Travel and Transportation					\$0
	c. Housing					
	i. Master Leases					\$0
	ii. Subsidies			\$0		\$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
<b>2. Personnel Expenditures</b>						
	a. Current Existing Personnel Expenditures (from Staffing Detail)					\$0
	b. New Additional Personnel Expenditures (from Staffing Detail)			\$56,391		\$56,391
	c. Employee Benefits			\$26,718		\$26,718
	d. Total Personnel Expenditures			\$83,109	\$0	\$83,109
<b>3. Operating Expenditures</b>						
	a. Professional Services			\$0		\$0
	b. Translation and Interpreter Services			\$0		\$0
	c. Travel and Transportation			\$6,742		\$6,742
	d. General Office Expenditures			\$1,910		\$1,910
	e. Rent, Utilities and Equipment			\$5,169		\$5,169
	f. Medication and Medical Supports			\$0		\$0
	g. Other Operating Expenses (provide description in budget narrative)			\$8,090		\$8,090
	h. Total Operating Expenditures			\$21,910	\$0	\$21,910
<b>4. Program Management</b>						
	a. Existing Program Management					\$0
	b. New Program Management					\$0
	c. Total Program Management				\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>						
						\$0
<b>6. Total Proposed Program Budget</b>				<b>\$105,019</b>	<b>\$0</b>	<b>\$105,019</b>
<b>B. Revenues</b>						
<b>1. Existing Revenues</b>						
	a. Medi-Cal (FFP only)					\$0
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. Realignment					\$0
	d. State General Funds					\$0
	e. County Funds					\$0
	f. Grants					\$0
	g. Other Revenue					\$0
	h. Total Existing Revenues			\$0	\$0	\$0
<b>2. New Revenues</b>						
	a. Medi-Cal (FFP only)			\$17,758		\$17,758
	b. Medicare/Patient Fees/Patient Insurance					\$0
	c. State General Funds			\$0		\$0
	d. Other Revenue					\$0
	e. Total New Revenue			\$17,758	\$0	\$17,758
<b>3. Total Revenues</b>				\$17,758	\$0	\$17,758
<b>C. One-Time CSS Funding Expenditures</b>						
						\$0
<b>D. Total Funding Requirements</b>				<b>\$87,261</b>	<b>\$0</b>	<b>\$87,261</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>						

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

County(ies):	San Luis Obispo			Fiscal Year:	2007-08
Program Workplan #	9			Date:	12/11/05
Program Workplan Name	Community School Mental Health Services			Page __ 1 __ of __ 1 __	0
Type of Funding	2. System Development			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	50		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	50		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries, Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
Mental Health Therapist III	<i>MH Therapist</i>		1.00	\$56,391	\$56,391
					\$0
	<b>Total New Additional Positions</b>	0.00	1.00		\$56,391
<b>C. Total Program Positions</b>		0.00	1.00		\$56,391

**San Luis Obispo County - Behavioral Health Services - Mental Health  
Program No. 9  
Community School Mental Health Services  
Budget Narrative  
FY 2007-08**

**Funding Period:** 12 months from July 1, 2007, to June 30, 2008.

Annual Cost Increases: Increase item amounts described below by 12.36% for two-year cost of living increases at 6% per annum.

Client Support Expenditures: None

Personnel:

This program has 1.0 FTE of a Mental Health Therapist III providing direct services to youth at the community schools. These youth are SED that are not 3632 eligible and have been un-served.

1.0 MH Therapist III (\$73,967)

Operating Expenditures:

Operating costs described below are applied to the 1.0 FTE of the MH Therapist III.

Mileage Reimbursement - 10,000 miles annually set at the County rate of 60 cents per mile that includes automobile depreciation (\$6,000).

General Office Expense – Based on historical average of \$700 annually per FTE.

Training Cost – Estimated total training cost for one three day training @ \$1,000 / FTE.

Communication Charges - Cell phones and pagers are \$800 annually per FTE.

Computer Hardware and Software Maintenance Support – \$800 annually per FTE.

Rents and Leases (Office Space) – Set at 100 square feet per FTE. Cost estimated at \$1.50/square foot/month (\$1,800).

Computer Network Support – Actual cost from County ITD department is \$1,200 per FTE, annually.

Insurance – Set at historical average of \$1,000 per FTE, annually.

Countywide Overhead – Actual cost is \$6,200 per FTE, annually.

Estimated Total Expenditures when Provider is Unknown: **None.**

CSS One-Time Funding: **None.**



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

*This program, Countywide Outreach and Education Campaign, will operate only in FY 2006-07*

County(ies):	San Luis Obispo			Fiscal Year:	2006-07
Program Workplan #	10			Date:	12/11/05
Program Workplan Name	Countywide Outreach and Ed. Campaign			Page __1__ of __1__	0
Type of Funding	3. Outreach and Engagement			Months of Operation	12
	Proposed Total Client Capacity of Program/Service:	1,000		New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0		Prepared by:	Brian Davison
	Client Capacity of Program/Service Expanded through MHSA:	1,000		Telephone Number:	(805) 788-2135
<b>Classification</b>	<b>Function</b>	<b>Client, FM &amp; CG FTEs<sup>a/</sup></b>	<b>Total Number of FTEs</b>	<b>Salary, Wages and Overtime per FTE<sup>b/</sup></b>	<b>Total Salaries. Wages and Overtime</b>
<b>A. Current Existing Positions</b>					
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					
					\$0
	<b>Total New Additional Positions</b>	0.00	0.00		\$0
<b>C. Total Program Positions</b>		0.00	0.00		\$0

**San Luis Obispo County - Behavioral Health Services - Mental Health  
Program No. 10  
Countywide Outreach and Education Campaign  
Budget Narrative  
FY 2006-07**

*This program will only operate in FY 2006-07, and utilizes one time funding.*

**Funding Period:** 12 months from July 1, 2006, to June 30, 2007.

Client Support Expenditures:

None

Personnel:

None.

Operating Expenditures:

None.

Estimated Total Expenditures when Provider is Unknown:

None.

CSS One-Time Funding:

This program is a one-year outreach and education program with two components:

1. A Countywide media blitz for mental health outreach and education - \$35,000.
2. In Your Own Voice Community Outreach effort - \$10,800

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

County(ies): San Luis Obispo

Fiscal Years: 05-06, 06-07, 07-08

Date: 12/20/05

<b>** All management and support costs are shown in the relevant CSS program budget **</b>	<b>Client, Family Member and Caregiver FTEs</b>	<b>Total FTEs</b>	<b>Budgeted Expenditures</b>
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSA Coordinator(s)			\$0
b. MHSA Support Staff			\$0
c. Other Personnel (list below)			\$0
d. Total FTEs/Salaries	0.00	0.00	\$0
e. Employee Benefits			\$0
f. Total Personnel Expenditures			\$0
<b>2. Operating Expenditures</b>			
a. Professional Services			\$0
b. Travel and Transportation			\$0
c. General Office Expenditures			\$0
d. Rent, Utilities and Equipment			\$0
e. Other Operating Expenses			\$0
f. Total Operating Expenditures			\$0
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$0
b. Other Administration			\$0
c. Total County Allocated Administration			\$0
<b>4. Total Proposed County Administration Budget</b>			<b>\$0</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Other Revenue			
<b>2. Total Revenues</b>			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			<b>\$0</b>
<b>D. Total County Administration Funding Requirements</b>			<b>\$0</b>

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHPA 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: 12/20/05

Signature \_\_\_\_\_  
Local Mental Health Director

Executed at San Luis Obispo, California



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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 1
Program Work Plan Name: Children's FSP
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth	Foster youth with multiple placements; chronic use of MH system; juvenile justice involvement	0		0		0		4			4
TAY											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 1
Program Work Plan Name: Children's FSP
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>								
Child/Youth	Foster youth with multiple placements; chronic use of MH system; juvenile justice involvement	5		10		10		10		10	
TAY											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 1
Program Work Plan Name: Children's FSP
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth	Foster youth with multiple placements; chronic use of MH system; juvenile justice involvement	10		10		10		10		20	
TAY											
Adults											
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 2
Program Work Plan Name: Transition Age Youth FSP
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
Transition Age Youth	Multiple foster placements; aging out of foster care; dual diagnosed; chronic use of MH system; juvenile justice involvement; recently diagnosed	0		0		0		6		6	
Adults											
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 2
Program Work Plan Name: Transition Age Youth FSP
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>								
Child/Youth											
Transition Age Youth	Multiple foster placements; aging out of foster care; dual diagnosed; chronic use of MH system; juvenile justice involvement; recently diagnosed	15		20		20		20		20	
Adults											
OA											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 2
Program Work Plan Name: Transition Age Youth FSP
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
Transition Age Youth	Multiple foster placements; aging out of foster care; dual diagnosed; chronic use of MH system; juvenile justice involvement; recently diagnosed	20		20		20		20		30	
Adults											
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 3
Program Work Plan Name: Adult FSP
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults	Risk of involuntary institutionalization; dual diagnosed; chronic use of MH system; justice system involvement; homeless	0		0		0		8			
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 3
Program Work Plan Name: Adult FSP
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>								
Child/Youth											
TAY											
Adults	Risk of involuntary institutionalization; dual diagnosed; chronic use of MH system; justice system involvement; homeless	20		24		24		24		24	
OA											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 3
Program Work Plan Name: Adult FSP
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults	Risk of involuntary institutionalization; dual diagnosed; chronic use of MH system; justice system involvement; homeless	24		24		24		24		36	
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 4
Program Work Plan Name: Older Adult FSP
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults	Chronic use of MH system; justice system involvement; homebound homeless; presenting at primary care provider	0		0		0		5		5	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 4
Program Work Plan Name: Older Adult FSP
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults	Chronic use of MH system; justice system involvement; homebound homeless; presenting at primary care provider	12		12		12		12		12	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 4
Program Work Plan Name: Older Adult FSP
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults	Chronic use of MH system; justice system involvement; homebound homeless; presenting at primary care provider	12		12		12		12		18	
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 5
Program Work Plan Name: Client & Family Wellness and Recovery
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>								
Child/Youth											
TAY											
Adults											
OA											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
80	Vocational training, placement; housing; co-occurring treatment; mentoring and support groups; system navigators; case management; Network of Care	0		0		0		80		80	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
20	Outreach to seniors	0		0		0		20		20	

**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT  
Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 5
Program Work Plan Name: Client & Family Wellness and Recovery
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
480	Vocational training, placement; housing; co-occurring treatment; mentoring and support groups; system navigators; case management; Network of Care	480		480		480		480		480	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
80	Outreach to seniors	20		20		20		20		80	

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 5
Program Work Plan Name: Client & Family Wellness and Recovery
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>								
Child/Youth											
TAY											
Adults											
OA											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
730	Vocational training, placement; housing; co-occurring treatment; mentoring and support groups; system navigators; case management; Network of Care	580		630		680		730		730	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
80	Outreach to seniors	20		20		20		20		80	

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 6
Program Work Plan Name: Latino Outreach & Services
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
20	Bilingual/bicultural treatment services	0		0		0		20		20	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
100	Outreach to unserved communities and populations	0		0		0		100		100	

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 6
Program Work Plan Name: Latino Outreach & Services
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
50	Bilingual/bicultural treatment services	20		20		20		20		50	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
600	Outreach to unserved communities and populations	150		150		150		150		600	

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 6
Program Work Plan Name: Latino Outreach & Services
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
60	Bilingual/bicultural treatment services	30		30		30		30		60	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
600	Outreach to unserved communities and populations	150		150		150		150		600	

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 7
Program Work Plan Name: Enhanced Crisis Response and Aftercare
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
125	Expand mobile crisis; add aftercare follow up; add discharge support	0		0		0		125		125	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 7
Program Work Plan Name: Enhanced Crisis Response and Aftercare
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
900	Expand mobile crisis; add aftercare follow up; add discharge support	225		225		225		225		900	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 7
Program Work Plan Name: Enhanced Crisis Response and Aftercare
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
900	Expand mobile crisis; add aftercare follow up; add discharge support	225		225		225		225		900	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 8
Program Work Plan Name: Mentally Ill Probationers Program
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
10	Expand MIPs program	0		0		0		10		10	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 8
Program Work Plan Name: Mentally Ill Probationers Program
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
25	Expand MIPs program	25		25		25		25		25	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 8
Program Work Plan Name: Mentally Ill Probationers Program
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
35	Expand MIPs program	25		25		25		25		35	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 9
Program Work Plan Name: Community School Mental Health Services
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

<b>Full Service Partnerships</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Age Group</b>	<b>Description of Initial Populations</b>	<b>Target</b>	<b>Actual</b>								
Child/Youth											
TAY											
Adults											
OAs											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								
10	Provide school based MH services to unserved and/or unidentified youth with SED	0		0		0		10		10	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 9
Program Work Plan Name: Community School Mental Health Services
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
OAs											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
40	Provide school based MH services to unserved and/or unidentified youth with SED	15		30		40		40		40	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 9
Program Work Plan Name: Community School Mental Health Services
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
OAs											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
50	Provide school based MH services to unserved and/or unidentified youth with SED	40		40		40		40		50	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 10
Program Work Plan Name: Countywide Outreach & Education Campaign
Fiscal Year: 2005-06 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
0	Outreach to underserved populations and communities; promotion of services; education	0		0		0		0		0	

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 10
Program Work Plan Name: Countywide Outreach & Education Campaign
Fiscal Year: 2006-07 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
1000	Outreach to underserved populations and communities; promotion of services; education; In Our Own Voice program	250		250		250		250		1000	

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

**Estimated/Actual Population Served**

County: San Luis Obispo
Program Work Plan #: 10
Program Work Plan Name: Countywide Outreach & Education Campaign
Fiscal Year: 2007-08 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual								
Child/Youth											
TAY											
Adults											
OA											
System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual								
400	In Our Own Voice program	100		100		100		100		400	

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

County San Luis Obispo County Date 12/08/05  
 MHSA Component Local Planning (FY 04-05 only) Fiscal Year 2005-06  
 Quarter 1st (July - Sept)

<b>A. Cash Flow Activity</b>	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	\$0
2. Quarterly advance from State DMH (insert as positive number)	<u>\$127,581</u>
3. Total cash available (sum of lines 1 and 2)	\$127,581
4. Actual expenditures (insert as a negative number)	(\$90,745)
5. Adjustments of prior quarters (insert as negative or positive number, as appropriate)	-
6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report)	\$36,836
<b>B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)</b>	
1. Anticipated one-time expenditures to be incurred during quarter	
<b>C. Cash on Hand for On-Going Operations</b>	\$36,836

### COUNTY CERTIFICATION

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

Signature *Signed copy has been mailed and faxed per T. Konarski s direction*  
 Name and Title Brian Davison, CFO, SLO County Behavioral Health  
 E-Mail Address bdavison@co.slo.ca.us  
 Telephone Number (805) 788-2135

## APPENDIX A: Survey Instruments

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MENTAL HEALTH SERVICES ACT  
COMMUNITY SURVEY  
PLEASE COMPLETE BY JUNE 30, 2005

Thank you for helping the County of San Luis Obispo improve its public mental health services. Your responses will be used to create services that meet diverse needs, reduce the impacts of untreated illness, and promote wellness. Please know that your answers are anonymous.

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1) Overall, how would you rate the mental health care now available in San Luis Obispo County?

Excellent  Good  Fair  Poor  Don't Know

2) Have you heard of the public, County-run agency called Mental Health Services?

No

Yes: 2a) Which of the following best describes your overall impression of the County Mental Health agency?

Very Positive  Somewhat Positive  Somewhat Negative  Very Negative  No impression

2b) What are the reasons for your rating in Question 2a?

~~3) Listed below are words/phrases used to describe people with mental illness. CHECK ALL that best describe your view of persons with mental illness:~~

- Treatable  Not treatable  Productive  Need public assistance  Discriminated against  
 Misunderstood  
 Need support / guidance  Dangerous  Not dangerous  Can be cured  Not curable  
 Abused  
 Other: \_\_\_\_\_

4) What are the problems/barriers that prevent some people from seeking or receiving mental health care?

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5) What is the best way(s) to provide information and awareness to the community about mental illness and mental health services? (Check all that apply)

- Advertisements  Public service announcements  Presentations  In School  Classes  
 Web site  Booth at community events  Through churches  Special section in phone book  
 Other: \_\_\_\_\_

6) How can the County improve its mental health services?

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7) In what ways could County Mental Health ensure that services are sensitive to people's age, gender, cultural and ethnic background, language, religious beliefs and lifestyle?

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8) Have you, or someone in your household, experienced a severe emotional or mental health problem such as serious depression, anxiety, thought disturbances, erratic behavior or other emotional problem?

- Yes, self       Yes, someone in household       Yes, self & someone in household       No

9) Has an emotional or mental health problem impacted you or someone in your household in a serious way such as: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Unable to work                   | <input type="checkbox"/> Suicide or thoughts of suicide    |
| <input type="checkbox"/> Unable to attend regular school  | <input type="checkbox"/> Alcohol or other drug abuse       |
| <input type="checkbox"/> Trouble in school                | <input type="checkbox"/> Self-destructive behavior         |
| <input type="checkbox"/> Criminal activity/legal problems | <input type="checkbox"/> Homelessness                      |
| <input type="checkbox"/> Hospitalization                  | <input type="checkbox"/> Removal of person from their home |
| <input type="checkbox"/> Institutionalization             | <input type="checkbox"/> Other impacts, write in:          |
| <input type="checkbox"/> Family problems                  | _____  |

10) If Yes to Question 8 or 9: Have you or someone in your household ever tried to get help for an emotional or mental health problem?

- Yes, self     Yes, someone in household     Yes, self & someone in household     No

11a) If Yes to Question 10: Did you seek help from (check all that apply):	11b) If No to Question 10: Why didn't you/household member seek help? (check all that apply)
<input type="checkbox"/> County Mental Health Services <input type="checkbox"/> Private mental health professional <input type="checkbox"/> Your primary care provider <input type="checkbox"/> Clergy <input type="checkbox"/> Teacher / school counselor <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cannot afford services <input type="checkbox"/> Not aware of services/providers <input type="checkbox"/> Could not find a physician/therapist <input type="checkbox"/> Takes too long to get in with a treatment provider <input type="checkbox"/> Don't want to be labeled <input type="checkbox"/> Transportation problem <input type="checkbox"/> Work or school conflicts <input type="checkbox"/> Afraid <input type="checkbox"/> No family support <input type="checkbox"/> Could not get services in my language <input type="checkbox"/> Was refused services <input type="checkbox"/> Other: _____

12) If you or someone in your household received help from County Mental Health, how would you rate that care:

- Excellent     Good     Fair     Poor

13) If you or someone in your household sought help from County Mental Health but DID NOT receive it, why were services not received: \_\_\_\_\_

14) Any other comments or suggestions regarding mental health care in SLO County?

\_\_\_\_\_

\_\_\_\_\_

What City Do You Live In?	Gender (optional)	Age (optional)	Ethnicity (optional)
Write In:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> < 18 <input type="checkbox"/> 45-54 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> Over 64 <input type="checkbox"/> 35-44	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino/Chicano <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Other: _____

**Thank you for time! Please return to staff, or fax to: 784-9922, or mail to: 1530-C Monterey, SLO 93401**

For more information about the Mental Health Services Act, contact 781-4719 or email at [MHSA-SLO@charter.net](mailto:MHSA-SLO@charter.net) or visit [www.opinionstudies.com/MHSA.html](http://www.opinionstudies.com/MHSA.html)



Condado de San Luis Obispo

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Por favor tome el tiempo para responder a estas preguntas.  
Sus respuestas nos ayudan a mejorar los servicios de salud mental.

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1) ¿Cual es su opinión de los servicios de salud mental que el Condado de San Luis Obispo ofrece?

- Excelente     Buena     Regular     Mala     No se

2) ¿Ha oído de la Agencia de Salud Mental del Condado?

No

Sí: 2a) ¿Cual es su opinión de la Agencia de Salud Mental del Condado:

- Muy Positiva     Algo Positiva     Algo Negativa     Muy Negativa     Ninguna

2b) ¿Cuáles son las razones para su opinión?

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3) ¿Cuál es su opinión de las personas con problemas de salud mentales? (Marque todos los que se apliquen)

- Necesitan ayuda pública     Sufren discriminación     Estan mal entendidas     Necesitan apoyo y guía  
 Son peligrosas     No son peligrosas     Pueden ser curadas     No pueden ser curadas     Son abusadas

Otra opinión: \_\_\_\_\_

4) ¿Cuáles son los problemas que afectan a las personas que buscan o reciben cuidado de salud mental?

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5) ¿Cual es la mejor manera de educar a la comunidad acerca de la salud mental y los servicios de salud mental? (Marque todos los que se apliquen)

- Anuncios     Presentaciones     En la escuela     Clases     Internet     Información en eventos de comunidad      
Iglesias     Información en el directorio telefónico     Otra manera: \_\_\_\_\_

6) ¿Cómo puede el Condado mejorar sus servicios de salud mental?

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7) ¿Cómo puede el Condado ayudar a la comunidad Latina?

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8) ¿Usted, o alguien en su hogar, ha tenido un problema de salud mental como depresión, ansiedad, trastorno mental, comportamiento irregular u otros problemas emocionales?

- Sí, yo mismo     
  Sí, alguien en mi hogar     
  Sí, yo y alguien en mi hogar     
  No

9) ¿Le ha afectado a usted, o a alguien en su hogar, un problema emocional o de salud mental de una manera tal como.... (Marque todos los que apliquen)

- |   |   |
|---|---|
| <input type="checkbox"/> Han estado incapaces de trabajar | <input type="checkbox"/> Suicidio o pensamientos de suicidio        |
| <input type="checkbox"/> Dificultad en la escuela         | <input type="checkbox"/> Alcohol o otro abuso de droga              |
| <input type="checkbox"/> Problemas legales                | <input type="checkbox"/> Comportamiento destructivo                 |
| <input type="checkbox"/> Hospitalización                  | <input type="checkbox"/> Le tocó vivir en la calle                  |
| <input type="checkbox"/> Institucionalización             | <input type="checkbox"/> Deseo de remover a una persona de su hogar |
| <input type="checkbox"/> Problemas familiares             | <input type="checkbox"/> Otro impacto, describa:                    |
- 

10) ¿Ha buscado usted, o alguien en su hogar, ayuda para un problema emocional o de salud mental?

- Sí, yo mismo     
  Sí, alguien en mi hogar     
  Sí, yo y alguien en mi hogar     
  No

11a) ¿Ha buscado ayuda de (marque todos los que se apliquen):	11b) ¿Si no ha buscado ayuda usted u otro miembro de su familia por que no han buscado? (marque todos los que se apliquen)
<input type="checkbox"/> Servicios del Condado para la Salud Mental <input type="checkbox"/> Profesional privado de salud mental <input type="checkbox"/> Un médico <input type="checkbox"/> Alguien de la iglesia <input type="checkbox"/> Maestro o consejero de la escuela <input type="checkbox"/> Otro: _____	<input type="checkbox"/> No necesitamos <input type="checkbox"/> No pude pagar los servicios <input type="checkbox"/> No estoy informado de los servicios <input type="checkbox"/> No pude encontrar un médico/consejero <input type="checkbox"/> Toma mucho tiempo para conseguir una cita con un consejero <input type="checkbox"/> No quiero ser clasificado como enfermo <input type="checkbox"/> Problemas de transporte <input type="checkbox"/> Conflictos de trabajo o escuela <input type="checkbox"/> Temor <input type="checkbox"/> No tengo apoyo familiar <input type="checkbox"/> No pude encontrar servicios en mi idioma <input type="checkbox"/> No pude encontrar servicios que respeten mi cultura <input type="checkbox"/> Me negaron servicios <input type="checkbox"/> Otra razón: _____

12) Si usted, o alguien en su hogar, recibio ayuda de la Agencia de Salud Mental, ¿Cual es su opinión de los servicios:

- Excelente       Buena       Regular       Mala

13) Si usted, o alguien en su hogar, buscó ayuda de la Agencia de Salud Mental pero NO la recibio, por favor explique por qué no la recibio:

\_\_\_\_\_

14) ¿Tiene otros comentarios sobre los servicios de salud mental en el Condado de San Luis Obispo?

\_\_\_\_\_  
\_\_\_\_\_

¿En que ciudad vive?	Sexo	Edad	
Escriba:	<input type="checkbox"/> Mujer <input type="checkbox"/> Varon	<input type="checkbox"/> < 18 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> Mas de 64

**¡Gracias por su tiempo! Por favor regrese esta forma al personal, o envíelo por fax a 784-9922, o por correo a 1530-C Monterey, SLO 93401.**



## Mental Health Services Act *Service Provider Survey*

Thank you for completing the following survey and helping County Mental Health identify the mental health services issues and needs in our community.

We realize it is a lengthy survey; however, the task at hand is very important and your input essential. Your answers and comments will help improve the current system and determine the best use of future MHSA funds.

As you complete this survey, please bear in mind key requirements designated by the State Department of Mental Health (DMH):

- The majority of funding is for Community Services and Supports (formally “System of Care”). This funding must be used to serve youth with serious emotional disorders and adults with severe mental illness. This target population is defined by DMH as: persons with a mental health diagnosis, functional impairment in life skills, and at risk of school/job/community failure or homelessness.
- Community Services and Supports funding must serve all four target age groups: children/youth; transition age youth; adults; and older adults.
- DMH has specified the targeted populations and “approved” services. These are listed in this survey; you are asked to select the focal populations and services most needed in our county.

Your responses will be used to craft the county’s mental health services over the next three years and beyond, and create systems that are client and family driven, culturally competent, and wellness and recovery-focused.

Thank you for your time and thoughtfulness.

Dale Magee, Coordinator  
MHSA Community Program Planning

Robyn Letters, Principal  
Opinion Studies

*This survey is also available on line at [www.opinionstudies.com/MHSA.html](http://www.opinionstudies.com/MHSA.html)*

**Mental Health Services Act**  
**SERVICE PROVIDER Survey**

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PLEASE RETURN BY JUNE 30, 2005

Fax to: 805-784-9922

Mail to: 1530-C Monterey, San Luis Obispo, 93401

Take this survey on line at: [www.opinionstudies.com/MHSA.html](http://www.opinionstudies.com/MHSA.html)

For questions or comments, contact 805-462-1986 or [MHSA-SLO@charter.net](mailto:MHSA-SLO@charter.net)

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**1. What type of agency or organization do you work or volunteer for:**

- County Mental Health     Mental Health Provider, private or non-profit     Mental Health Advocacy  
 Human Services, gov't     Human Services, private or non-profit     Health Care Provider     Education  
 Law Enforcement / Justice System     Faith Organization     Other: \_\_\_\_\_

**2. What is your job title / role:** \_\_\_\_\_

**3. What population(s) of persons with mental illness or serious emotional disorders do you serve? (check all that apply)**

- Children/youth (0-16)  
 Transition age youth (16-25)  
 Adults (18 and over)  
 Older Adults (60 +)

**4. What is your overall impression of County Mental Health Services?**

- Very Positive     Somewhat Positive     Somewhat Negative     Very Negative     No Opinion

**5. What are the reasons for your rating in Question #4?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Based on your experience, what services offered by County Mental Health are most effective/helpful?**

\_\_\_\_\_  
\_\_\_\_\_

**7. In your opinion, how can County Mental Health improve its current services?**

\_\_\_\_\_  
\_\_\_\_\_

**8. In your experience, what are the reasons that persons with mental illness do not receive treatment through County Mental Health?**

- Do not know of County Mental Health  
 Prefer private provider option  
 Elect not to receive any treatment  
 Transportation problem  
 Location of services – not convenient location  
 Hours of services – not able to access  
 Do not meet medical necessity – type of illness/problem, qualifying diagnosis  
 Do not meet financial qualifications  
 Limited or no bilingual services  
 Shortage of needed services or programs  
 Other: \_\_\_\_\_

**9. In what ways can County Mental Health ensure that services are sensitive and responsive to clients' age, gender, cultural background, beliefs and lifestyle?**

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**10. What are the greatest consequences or issues resulting from untreated mental illness?**

Select Up To <b>THREE</b> per age group	Children/Youth (0-16)	Transition Age Youth (16-25)	Adults (18-60)	Older Adult (60+)
• Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Inability to be in a regular school environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Inability to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Institutionalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Involuntary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Legal System Involvement/Jail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Out-of-home placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other, write in: _____				
• No Opinion / Unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. What are the most underserved populations of persons with serious emotional disorders or severe mental illness (age, gender, ethnicity, socio-economic, geographic, disability, populations with specific issues, etc.)?**

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**12. What prevention, early intervention or innovative services and programming should be provided/?**

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**13. What is the single most important change and/or improvement you would like made to County Mental Health?**

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**14. Do you believe there is existing funding and capacity to improve County Mental Health *without* Mental Health Services Act funds?**

Yes       No

If Yes, please provide a brief explanation:

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**15. The Mental Health Services Act (MHSA) requires individualized, ``whatever it takes`` services to selected populations. What are the FIVE populations that should receive these intensive services?**

- Children/youth with serious emotional disorders and their families who are uninsured.
- Children/youth with serious emotional disorders in the juvenile justice system
- Children/youth with serious emotional disorders in foster care.
- Children/youth in foster care placed out of county.
- Children/youth so underserved that they are at risk of out-of-county placement.
- Healthy Families enrollees with serious emotional disorders.
- Transition age youth (16-25) who have serious emotional disorders who are homeless, or at imminent risk of being homeless.
- Transition age youth who are aging out of youth mental health, child welfare and/or juvenile justice systems.
- Transition age youth who have experienced a first episode of major mental illness.
- Adults with co-occurring substance abuse disorder who are not being served and are homeless or involved in the criminal justice system.
- Adults who are so underserved that they are at imminent risk of homelessness, criminal justice involvement or institutionalization.
- Older adults with serious mental illness, who are not currently being served and have a reduction in personal functioning, are homeless and/or at risk of institutionalization, hospitalization and emergency room services.
- Older adults who are isolated and not seeking treatment.
- Older adults who are so underserved that they are at risk of any of the above.
- Other, please write in: \_\_\_\_\_

**16. Listed below are services that County Mental Health provides or could provide in the future to: PERSONS OF ALL AGES with serious emotional disorders or severe mental illness.**

**Please select the services that you consider the most important to provide.**

**(These are *intergenerational* services that are in addition to the services listed in Questions 17-20)**

**Select up to SIX total services from either column.**

Current Services	Potential New Services
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>24 hour mobile crisis</b></li> <li><input type="checkbox"/> <b>24 hour phone line</b></li> <li><input type="checkbox"/> <b>Psychiatric hospitalization / stabilization services</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Crisis services: <b>stabilization unit</b></li> <li><input type="checkbox"/> Crisis <b>residential housing</b></li> <li><input type="checkbox"/> <b>In-home respite services</b> for families who are housing and supporting a family member with mental illness.</li> <li><input type="checkbox"/> <b>On-site services in primary care clinics</b> to reach minority clients and families and others populations who may be more responsive to services in this setting; linkage for these families a range of services.</li> <li><input type="checkbox"/> <b>On-site services in faith-based communities</b> to reach minority clients and families and others who may be more responsive to services in this setting; linkage for these families to a range of services.</li> <li><input type="checkbox"/> <b>Education</b> for clients, family, caregivers regarding illness, treatment and the nature of medications, benefits and side effects.</li> <li><input type="checkbox"/> <b>Clinical services that are integrated</b> with overall service planning and support housing, employment, education goals, or other client-selected goals that are client/family-driven and reflect cultural competency, collaboration, wellness and recovery.</li> <li><input type="checkbox"/> <b>Increased mobile crisis capacity</b></li> <li>Other: _____</li> </ul>

**17. Listed below are services that County Mental Health provides or could provide in the future to: CHILDREN and YOUTH with serious emotional disorders.**

**Please select services that you consider the most important to provide. Select up to SIX total services from either column.**

- This age group is not my focus / I am not familiar with services to this age group (please skip to Question 18)

Current Services	Potential New Services
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>SAFE multi-agency system of care</b> – collaboration and coordination of services to children at risk of school, home, community failure, and their families</li> <li><input type="checkbox"/> <b>Clinic-based outpatient therapy</b> – individual, group and family</li> <li><input type="checkbox"/> <b>Classroom-based</b> day treatment intensive services – therapeutic and educational program</li> <li><input type="checkbox"/> <b>Services to youth who are in out of home placements</b>, hospitalized or are in the process of being transferred from one mental health placement to another</li> <li><input type="checkbox"/> <b>Community-based outreach</b>, intensive mental health services</li> <li><input type="checkbox"/> <b>Juvenile Hall services</b> – all minors screened. Assessed when indicated. Individual and group therapy, crisis intervention; referrals</li> <li><input type="checkbox"/> <b>Early mental health intervention-detection and prevention</b> of emotional, behavioral, learning and school adjustment problems for grades K-6.</li> <li><input type="checkbox"/> <b>Mobile crisis</b></li> <li><input type="checkbox"/> Parent Partner program – <b>support, outreach and referrals for parents</b>, family members and caregivers.</li> <li><input type="checkbox"/> <b>Hospital stabilization</b></li> <li><input type="checkbox"/> <b>Therapeutic Behavior Services (TBS)</b> – in home behavior modification program</li> <li><input type="checkbox"/> <b>Abused children s treatment program (ACTS)</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Family support and consultation</b>; self help groups. Could be operated by family members. Training, information and referral, support groups, outreach, and advocacy.</li> <li><input type="checkbox"/> <b>Single</b> service plan across systems whose services are needed by youth and their families.</li> <li><input type="checkbox"/> <b>Interagency service planning/monitoring</b> teams which <b>include families</b></li> <li><input type="checkbox"/> <b>Outreach and screening services that proactively identifies children</b> showing symptoms of serious emotional disorders and provides easy and immediate access to mental health services when needed.</li> <li><input type="checkbox"/> <b>Home and school based</b> services and supports.</li> <li><input type="checkbox"/> <b>Mentoring</b>, one to one coach or advisor</li> <li><input type="checkbox"/> Family preservation services (<b>intensive in-home services</b>; multi-agency coordinated; family driven)</li> <li><input type="checkbox"/> On-site <b>services in juvenile hall</b>.</li> <li><input type="checkbox"/> On-site <b>services in child welfare emergency placements</b></li> <li><input type="checkbox"/> <b>Childcare</b></li> <li><input type="checkbox"/> <b>Transportation</b></li> <li><input type="checkbox"/> <b>Respite services</b> for children, youth and parents</li>   <li><input type="checkbox"/> Other:  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/></li> </ul>

**18. Listed below are services that County Mental Health provides or could provide in the future to:  
TRANSITIONAL AGE YOUTH with serious emotional disorders or severe mental illness**

**Please select services that you consider the most important to provide.  
Select up to SIX total services from either column.**

- This age group is not my focus / I am not familiar with services to this age group (please skip to Question 19)

Current Services	Potential New Services
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>SAFE multi-agency system of care</b> – collaboration and coordination of services to children at risk of school, home, community failure, and their families</li> <li><input type="checkbox"/> <b>Clinic-based outpatient therapy</b> – individual, group and family</li> <li><input type="checkbox"/> <b>Classroom-based</b> day treatment intensive services – therapeutic and educational program</li> <li><input type="checkbox"/> <b>Services to youth who are in out of home placements</b>, hospitalized or are in the process of being transferred from one mental health placement to another</li> <li><input type="checkbox"/> <b>Community-based outreach</b>, intensive mental health services</li> <li><input type="checkbox"/> <b>Juvenile Hall services</b> – all minors screened. Assessed when indicated. Individual and group therapy, crisis intervention; referrals</li> <li><input type="checkbox"/> <b>Mobile crisis</b></li> <li><input type="checkbox"/> Parent Partner program – <b>support, outreach and referrals for parents</b>, family members and caregivers.</li> <li><input type="checkbox"/> <b>Hospital stabilization</b></li> <li><input type="checkbox"/> <b>Therapeutic Behavior Services (TBS)</b> – in home behavior modification</li> <li><input type="checkbox"/> <b>Vocational</b> – private provider, such as Growing Grounds</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Seamless linkages</b> with both the youth and adult mental health systems using a <b>single personal service coordinator</b>.</li> <li><input type="checkbox"/> <b>Integrated substance abuse and mental health services</b> from one team with one plan for one person.</li> <li><input type="checkbox"/> <b>Supportive housing</b>; congregate housing, independent scattered site housing, or at home with parents/caregivers with support services.</li> <li><input type="checkbox"/> <b>Transitional and temporary housing</b> while youth are waiting for a more permanent housing opportunity.</li> <li><input type="checkbox"/> <b>Integrated assessment teams and service planning</b> which identifies needs in the areas of mental health services, health services, education, job training, employment, housing, socialization and independent living skills; including <b>cultural specific assessments</b>.</li> <li><input type="checkbox"/> Classes regarding what youth need to know for <b>successful living</b> in the community; Independent Living Programs</li> <li><input type="checkbox"/> <b>Supportive employment</b> including readiness and development of job options.</li> <li><input type="checkbox"/> <b>Supportive education services</b>; skill building classes/groups</li> <li><input type="checkbox"/> <b>Trauma-informed</b> services for young women</li> <li><input type="checkbox"/> <b>Youth and family-run services</b> including peer support, self-help groups and mentoring programs</li> <li><input type="checkbox"/> <b>Services to assist families</b> in supporting youth during this period.</li> <li><input type="checkbox"/> <b>Development of housing options</b> including: temporary housing/shelter; transitional housing while youth are waiting for a more permanent housing opportunity</li> <li><input type="checkbox"/> <b>Transportation</b> (including acquisition of driver’s licenses)</li> <li><input type="checkbox"/> <b>Recreation</b> programs that foster structure, peer relationships, conflict resolution; with appropriate role models</li> <li><input type="checkbox"/> Other: _____ _____</li> </ul>

**19. Listed below are services that County Mental Health provides or could provide in the future to:  
ADULTS with severe mental illness.**

**Please select services that you consider the most important to provide.  
Select up to SIX total services from either column.**

This age group is not my focus / I am not familiar with services to this age group (skip to Question 20)

Current Services	Potential New Services
<ul style="list-style-type: none"> <li><input type="checkbox"/> Socialization rehab – <b>county-provided</b></li> <li><input type="checkbox"/> Socialization rehab – <b>private provider</b></li> <li><input type="checkbox"/> <b>Mobile crisis</b></li> <li><input type="checkbox"/> <b>Homeless outreach</b>, provide for immediate needs in healthcare, food, clothing and shelter.</li> <li><input type="checkbox"/> <b>Assessment</b></li> <li><input type="checkbox"/> Individual and group <b>therapy</b></li> <li><input type="checkbox"/> <b>Psychiatric services</b></li> <li><input type="checkbox"/> <b>Medication services</b> (evaluation, administration and monitoring)</li> <li><input type="checkbox"/> <b>Rehabilitation services</b>, both individual and group</li> <li><input type="checkbox"/> <b>Vocational program</b>/services including Growing Grounds Farm and vocational counseling</li> <li><input type="checkbox"/> <b>Housing programs</b>, including board and care, transitional, supportive, TBRA (Tenant Based Rental Assistance) and Section 8</li> <li><input type="checkbox"/> <b>Psychiatric hospital services</b></li> <li><input type="checkbox"/> <b>Psychological testing</b></li> <li><input type="checkbox"/> <b>Jail</b> psychiatric services</li> <li><input type="checkbox"/> MIPS (Mentally Ill Probationers' Services), a collaborative program for <b>mentally ill probationers</b></li> <li><input type="checkbox"/> <b>Co-occurring disorders</b> treatment (dually diagnosed substance abuse and mental illness)</li> <li><input type="checkbox"/> <b>Intensive case management</b></li> <li><input type="checkbox"/> <b>Conditional Release Program</b> (CONREP)</li> <li><input type="checkbox"/> <b>Cal Works</b> assessment and treatment</li> <li><input type="checkbox"/> <b>Peer support groups</b></li> <li><input type="checkbox"/> <b>Family support</b> group and advocacy</li> <li><input type="checkbox"/> <b>IMDs, locked residential treatment</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Integrated service agencies</b> which provide and/or <b>broker all services</b> that a client needs</li> <li><input type="checkbox"/> <b>Integrated substance abuse and mental health services</b> from one team with one plan for one person.</li> <li><input type="checkbox"/> <b>Supportive housing</b>; congregate housing, independent scattered site housing, at home with parents/caregivers with support.</li> <li><input type="checkbox"/> Wellness Recovery Action Planning –individual system for monitoring and responding to symptoms to <b>achieve the highest possible levels of wellness</b>, including looking at each client's needs and wants for home, job, friendship and family with the focus on life improvement.</li> <li><input type="checkbox"/> <b>Integrated assessment teams and service planning</b> which identifies needs in the areas of mental health services, health services, education, job training, employment, housing, socialization and independent living skills; including <b>cultural specific assessments</b>.</li> <li><input type="checkbox"/> <b>Supportive employment</b> including readiness and development of job options.</li> <li><input type="checkbox"/> <b>Supportive education services</b>; skill building classes/groups</li> <li><input type="checkbox"/> <b>Trauma-informed</b> services for women</li> <li><input type="checkbox"/> <b>Integrated services with law enforcement</b>, probation and courts for the purpose of <b>crisis response</b>, alternatives to jail for those with serious mental illness and/or establish mental health courts.</li> <li><input type="checkbox"/> Assertive community treatment (ACT) teams; provides comprehensive, locally based treatment to people with serious and persistent mental illnesses through highly individualized services. Clients receive the <b>multidisciplinary, round-the-clock staffing of a psychiatric unit within the comfort of their own home and community</b>.</li> <li><input type="checkbox"/> <b>24 hour, 7 day a week response by Personal Service Coordinators</b> to clients, family members, law enforcement or landlords to reduced incidents of hospitalization, incarceration, and/or eviction.</li> <li><input type="checkbox"/> <b>Peer supportive services</b> and client and family run services</li> <li><input type="checkbox"/> Classes regarding what clients need to know for <b>successful living in the community</b></li> <li><input type="checkbox"/> <b>Family support</b>, education, and consultation services, parenting support, self-help groups and mentoring.</li> <li><input type="checkbox"/> <b>Client advocacy</b> on criminal justice and child welfare issues.</li> <li><input type="checkbox"/> <b>Development of housing options</b> including: temporary housing/shelter; transitional housing while waiting for a more permanent housing opportunity</li> <li><input type="checkbox"/> <b>Transportation</b></li> <li><input type="checkbox"/> <b>Respite housing</b></li> </ul> <p>Other: _____</p>

20. Listed below are services that County Mental Health provides or could provide in the future to:

**OLDER ADULTS with severe mental illness.**

Select services that you consider the most important to provide. Select up to SIX total services from either column.

This age group is not my focus / I am not familiar with services to this age group

Current Services	Potential New Services
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Crisis services</b></li> <li><input type="checkbox"/> <b>Assessment</b></li> <li><input type="checkbox"/> <b>Psychiatric services</b></li> <li><input type="checkbox"/> <b>Medication services</b> (evaluation, administration and monitoring)</li> <li><input type="checkbox"/> <b>Case management</b></li> <li><input type="checkbox"/> <b>Rehabilitation services</b></li> <li><input type="checkbox"/> Older Adult <b>Socialization Day Program</b></li> <li><input type="checkbox"/> Section 8 Housing</li> <li><input type="checkbox"/> <b>Psychiatric hospital services</b></li> <li><input type="checkbox"/> <b>Homeless outreach</b> and case management</li> <li><input type="checkbox"/> <b>Jail services</b></li> <li><input type="checkbox"/> <b>Co-occurring disorders</b> treatment</li> <li><input type="checkbox"/> <b>IMDs, locked residential treatment</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Outreach</b> to older adults in their homes, and through community <b>sites that are the natural gathering places</b> for older adults.</li> <li><input type="checkbox"/> <b>Integrated service teams</b> and planning with social service agencies and other community providers to meet the complex needs of older adults</li> <li><input type="checkbox"/> <b>Mobile services</b> to reach older adults who cannot access clinics and other services.</li> <li><input type="checkbox"/> <b>Integrated service agencies</b> which provide and/or <b>broker all services</b> that a client needs</li> <li><input type="checkbox"/> <b>Integrated substance abuse and mental health services</b> from one team with one plan for one person.</li> <li><input type="checkbox"/> <b>Supportive housing</b>; congregate housing, independent scattered site housing, or at home with caregivers with support services.</li> <li><input type="checkbox"/> Wellness Recovery Action Planning –individual system for monitoring and responding to symptoms to <b>achieve the highest possible levels of wellness</b>, including looking at each client’s needs and wants for home, job, friendship and family with the focus on life improvement.</li> <li><input type="checkbox"/> <b>Integrated assessment teams and service planning</b> which identify needs in mental health services, health services, education, job training, employment, housing, socialization and independent living skills; including <b>cultural specific assessments</b>.</li> <li><input type="checkbox"/> On-site <b>services in primary care health clinics</b> to reduce barriers to access and increase integration of physical health care and mental health services; linkage of these clients to a range of services.</li> <li><input type="checkbox"/> Education and coordination of primary care providers to increase coordination and <b>integration of mental health and primary care services</b></li> <li><input type="checkbox"/> <b>Peer supportive services</b> and client and family run services</li> <li><input type="checkbox"/> Supportive and independent <b>employment or personal growth opportunities</b></li> <li><input type="checkbox"/> <b>Special services</b> such as: senior centers; senior legal aid; adult day care; geriatric assessment centers; private caregiver resource centers; multi-services senior programs; senior volunteer programs; senior nutrition centers</li> <li><input type="checkbox"/> <b>Culturally-specific</b> social or community groups</li> <li><input type="checkbox"/> Provide <b>support to community self help groups</b> (grief/loss, Hospice, cancer, Alzheimer’s, substance abuse)</li> <li><input type="checkbox"/> Other: _____</li> </ul>

Thank you for your time.

If you would like to provide further information, attach additional pages.

## APPENDIX B: PUBLIC HEARING DOCUMENTS

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### NOTICE OF AVAILABILITY FOR PUBLIC REVIEW And NOTICE OF PUBLIC HEARING San Luis Obispo County Mental Health Services Act

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#### NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

- WHO: San Luis Obispo County Behavioral Health Services Department
- WHAT: Notice is being given that the Community Services and Supports Plan outlining the recommendations for use of the Mental Health Services Act (formally Proposition 63) funds is available for public review and comment from November 6 through December 7, 2005.
- HOW: To review the Community Services and Supports Plan, please visit [www.opinionstudies.com/MHSA.html](http://www.opinionstudies.com/MHSA.html) or call (805) 781-1104. Comments must be received no later than December 7, 2005.

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#### NOTICE OF PUBLIC HEARING

- WHO: San Luis Obispo County Mental Health Board
- WHAT: Notice is being given that the SLO County Mental Health Board will be holding a Public Hearing to receive comments regarding the proposed Mental Health Services Act Community Services and Supports Plan.
- WHEN: Thursday, December 8, 2005, 5:00p.m. – 6:30p.m.
- WHERE: The hearing will be held at San Luis Obispo City-County Library, 995 Palm Street, San Luis Obispo, CA

FOR FURTHER INFORMATION: Please contact Luise Cannoles in the San Luis Obispo County Behavioral Health Services Department, (805) 781-1104

Legal Notices here



**MENTAL HEALTH BOARD OF SAN LUIS OBISPO COUNTY AND  
SAN LUIS OBISPO COUNTY BEHAVIORAL HEALTH SERVICES**

**MENTAL HEALTH SERVICES ACT  
COMMUNITY SERVICES AND SUPPORTS PLAN  
PUBLIC HEARING  
DECEMBER 8, 2005**

**AGENDA**

- I. Call to Order and Introductions  
*Rae Belle Gambs, Chairwoman, Mental Health Board*
- II. Review the Authority for the Public Hearing  
*Norma Hoffman, Mental Health Board*
- III. Review of Hearing's Purpose, Agenda, and Ground Rules  
*Dale Magee, MHSA Coordinator*
- IV. Overview of the CSS Plan, Planning Process, and Next Steps  
*Dale Magee*
- V. Public Comments
- VI. Closing Remarks  
*Rae Belle Gambs*

## **MHSA Welfare and Institution Code 5848**

- (a) A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of such plans.
- (b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft plan and annual updates at the close of the 30-day comment period required by subsection (a). Each adopted plan and update shall include any substantive written recommendations for revisions. The adopted plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.

### **Ground Rules for this Public Hearing**

- This hearing is an opportunity for the community to give comment on the draft CSS Plan
- The Mental Health Board's role is to receive the input, ask clarifying questions and assure that all people have an opportunity to be heard
- This hearing is not a place for discussion of the merits of the comments or suggestions
- Audience members are asked fill out a request to speak card and will be called on for their comments
- Each speaker has up to three minutes for his/her comments
- A person may speak two times
- Following this hearing, Mental Health Board members will provide their input and final recommendations to County Behavioral Health Services
- County Behavioral Health Services may or may not incorporate the public and Mental Health Board's recommendations

### **FOR FURTHER INFORMATION ABOUT THE MHSA:**

San Luis Obispo County's planning process: [www.opinionstudies.com/MHSA.html](http://www.opinionstudies.com/MHSA.html)

Statewide MHSA information: [www.dmh.ca.gov](http://www.dmh.ca.gov)

Contact County Behavioral Health Services 805-781-4719

**San Luis Obispo County  
MENTAL HEALTH SERVICES ACT  
CSS Plan Dated November 5, 2005  
Public Hearing December 8, 2005**

**Comment Form**

If you need additional space, please use the back of this sheet

1. What are the strengths of the CSS Plan?

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2. What concerns do you have about the CSS Plan?

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3. Do you have other comments?

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*Your answers to the section below are **OPTIONAL AND VOLUNTARY**, but will help us in evaluating this process as we strive to obtain input from a variety of groups.*

• With which group(s) are you most associated?

- Consumer
- Family member
- Mental health provider
- Social services
- Law enforcement
- Justice system
- Education
- Public health
- Medical provider
- Faith based group
- Specific ethnic group
- Other: \_\_\_\_\_

• Your Age:  < 18    18-24    25-34    35-44    45-54    55-64    Older than 64

• Gender:    Female    Male

• Race / Ethnicity: \_\_\_\_\_

• What city do you live in? \_\_\_\_\_

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If you would like to be added to the MHSA mailing list please provide:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Thank you for your feedback and for attending tonight s public hearing***