RIVERSIDE COUNTY
MENTAL HEALTH SERVICES ACT

COMMUNITY SERVICES & SUPPORTS
THREE-YEAR PROGRAM AND
EXPENDITURE PLAN

December 30, 2005

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Riverside County
Mental Health Services Act
Community Services and Supports Plan

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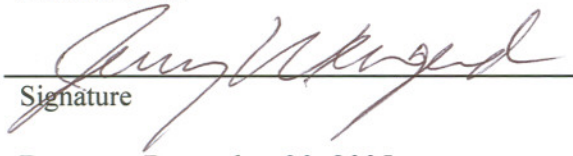
MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
Fiscal Years 2005-06, 2006-07, and 2007-08

County: Riverside Date: December 30, 2005

County Mental Health Director:

Jerry Wengerd
Printed Name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Riverside County Department of Mental Health
Mental Health Services Act
Community Services and Supports Plan Summary
Executive Summary

RCDMH has completed a broad planning process including a review of the strengths and weaknesses of the current system, identification of the community issues, needs and priority populations plus discussion of proposed strategies to address those needs and populations. This planning process has identified an overall vision for transformation of the Mental Health System over the next three years. This vision then is the basis for the MHSA plan being submitted. As other phases of the MHSA are added they will further enhance the system's ability to implement this vision. The plan that follows both expands core services for new populations and also expands the range of community-based services available to ensure a recovery-based approach. The Community Services and Support Plan is divided into 6 programs each with its own work plan. These include:

- Children's
- Transition Age Youth
- Adult
- Older Adult
- Peer Recovery and Support
- Outreach and Engagement

Although peer support and outreach are included in the other work plans, because of their pivotal role in transformation they are expanded and discussed in specific work plans.

HOW THE PLAN WAS DEVELOPED

- 81 community focus groups were held to receive input on services and needs. 879 individuals participated, 15 groups were held in Spanish.
- Public forums were held, 64 surveys and other written input was received.
- Committees with broad agency, consumer and family involvement were established to provide recommendations on populations to be served and services to be provided in each age group.
- The following mission and vision for a transformed system and the Community Services and Support Plan was drafted based on broad input and the committee's recommendations.

MISSION OF MENTAL HEALTH SERVICES

The mission for the transformation of Mental Health Services under the MHSA is that the residents of Riverside County facing the challenge of severe mental illness have a quality of life that includes a reduction or absence of symptoms, meaningful relationships, activities, and choices, stable housing and employment in supportive communities free of stigma.80

VISION FOR A TRANSFORMED MENTAL HEALTH SYSTEM

A transformed system would include all of the following characteristics:

- User-friendly, easily accessible services across the county.
- Welcoming and engaging from point of first contact, with "No Wrong Door."
- Services which are comprehensive, recovery focused and empowering
- Integrated Peer Support System with consumer and family involvement at all levels.
- Active and continuous outreach to unserved populations with special attention to disparities in service use.
- Sensitive, respectful, and responsive to client's culture, gender, age, sexual orientation, and ethnicity.
- Focused on the most effective clinical practices through a trained and supported workforce.
- Actively develops community partnerships, provide education to enhance community support and resources and to reduce stigma.
- Focused on consumer outcomes and utilizes feedback and evaluation to continually improve services.

PLAN FOR COMMUNITY SERVICES AND SUPPORTS

Building on the existing system, with a focus on transformation, the following is a summary of the draft plan:

A. Proposed Priority Populations of Seriously Mentally Ill

There was consistency across age groups of the populations who are priority to be served with two other populations tied only to a specific age group.

1. Homeless
2. Co-Occurring Disorders – Mental Illness and Substance Abuse
3. Juvenile Justice and Forensic populations.
4. Adult & Transition age utilizers of Hospital and Crisis Services.
5. High risk of hospitalization or institutionalization.
6. Co-Occurring Disorders Mental Illness and Health problems (Older Adults).
7. Very young children (0-5).

B. Proposed Services

Services recommended by the Planning Committees include the following:

1. Children:

   - Full service partnership based on evidence based practices.
   - Interagency Services Enhancements and Expansions.
   - Expanded outpatient services using specific evidence based practices.
   - Expansion of Parent Partners from 12 to 29 for outreach and support in communities and clinics.
   - Diagnostic Tool(s)
   - Crisis supports through Parent Partners, case managers, and psychiatric coverage.
   - Expanded Wraparound (no MHSA funding needed).

2. Transition Age Youth (Ages 16-25):

   - Three Integrated Service Recovery Centers
   - Three Peer Support and Resource Centers
   - Crisis Residential Program
   - Augmented Board & Care
   - Evidence based practices implemented in Children's outpatient clinics serves the 16-18 year olds also.

3. Adults:

   - Three Integrated Service Recovery Centers
   - Housing
     - Housing Development and Support
     - Crisis Residential Programs
     - Expanded Capacity of Specialized Residential Care Facilities
   - Three Mental Health Court Programs
   - Jail Mental Health Outreach
   - Expansion of Family Advocate Program
   - Peer Support/Resource Centers
   - Outreach
   - Expanded Outpatient and Case Management Services

4. Older Adults:

   - Infrastructure Changes – Designated Older Adult Managers and Supervisors.
   - Multidisciplinary – Mobile Outreach & Integrated Service Team
   - Peer & Family Support Services – Consumer and Family Advocates in each region plus Senior Peer Counseling.
   - Screening & Consultation in Public Health Clinics.
   - Augmented Board & Care

- Network of Care (Mental Health Website).
- Diagnostic Tool
- Training of staff, consumers, and Board & Care staff.

5. Peer Recovery/Support Services:

   - Three Consumer Operated Peer Support & Resource Centers.
   - Consumer Advocate Position in Administrative Budget.
   - Consumer/Family members on Mental Health Boards/Committees.
   - Peer Support to Clinics/Programs
   - Family Advocate Expansion
   - Educational Efforts
   - Hiring Consumers as Job Training

6. Outreach & Engagement:

   - General Community Outreach Strategies
   - Specific Targeted Ethnic Population Outreach Strategies
   - Outreach Coordinator

7. One Time Funds:

   - Request has been made for one-time funds to provide ongoing training and start up of programs. Additionally, $4.9 million has been requested to use under the CSS plan through FY 07/08 to provide a range of housing options for transition age, adults and older adult populations.

8. Administration:

   - Includes MHSA Administrative & Support Staff, Housing Development Unit Staff, Research Analyst, and Consumer Advocate.

RIVERSIDE COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)

THREE-YEAR PROGRAM AND EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
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Introduction

RCDMH has completed a broad planning process including a review of the strengths and weaknesses of the current system, identification of the community issues, needs and priority populations plus discussion of proposed strategies to address those needs and populations. This planning process has identified an overall vision for transformation of the Mental Health System over the next three years. This vision then is the basis for the MHSA plan being submitted. As other phases of the MHSA are added they will further enhance the system's ability to implement this vision. The plan that follows both expands core services for new populations and also expands the range of community-based services available to ensure a recovery-based approach. The Community Services and Support Plan is divided into 6 programs each with its own work plan. These include:

- Children's
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Although peer support and outreach are included in the other work plans, because of their pivotal role in transformation they are expanded and discussed in specific work plans.

Following is the mission and vision for a transformed system as identified through the community input process.

Mission of Mental Health Services

The mission for the transformation of Mental Health Services under the MHSA is that the residents of Riverside County facing the challenge of severe mental illness have a quality of life that includes a reduction or absence of symptoms, meaningful relationships, activities, and choices, stable housing and employment in supportive communities free of stigma.

Vision for a Transformed System

Out of the planning process has come the strategic goals for transforming the current system for the severely mentally ill into one that is accessible to all, responsive to needs, supportive, actively involves consumers and family members, is collaborative, culturally competent, focused on resilience and recovery and is accountable to consumers. The transformed system would ensure the following for adults and older adults with serious mental illness and children and youth with severe emotional disturbance.

A. A system that provides easy access to user-friendly information and to services across the county and across all groups.

B. A system that is welcoming and engaging from point of first contact and incorporates a "no wrong door" philosophy.

C. A system that promotes recovery by instilling hope, and promoting empowerment and resilience within treatment and support strategies that are comprehensive and that enable its consumers to have a quality of life with a reduction or absence of symptoms with stable housing, employment, meaningful relationships, activities and choices in supportive communities free of stigma.

D. A system that has integrated peer support systems into service delivery and ensures family and consumer involvement in all aspects of the department.

E. A system that actively and continually provides outreach to underserved and unserved seriously mentally ill priority populations and actively addresses disparities in service utilization.

F. A system that provides services that are sensitive to culture, gender, age, sexual orientation and ethnicity, and are respectful and responsive to consumer choice.

G. A system that focuses on provision of the most effective clinical practices through a properly trained, supervised and supported workforce that believes in and understands the process of recovery and consumer empowerment.

H. A system that actively develops community partnerships and provides education and support to collaborative agencies and the general community to enhance community supports and resources and to reduce stigma.

I. A system that focuses on consumer outcomes and accountability and utilizes feedback and evaluation mechanisms to continually improve services/outcomes thus ensuring accountability.

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

Section I: Planning Process

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

The initial planning process was twofold in that the Department facilitated broad based stakeholder membership in our planning Committee's and Workgroups in addition to maximizing Community participation in the input process. Consumer and family member participation in all committees, workgroups, and community input activities was mandatory. The Stakeholder Leadership Committee was established first to ensure that local MHSA process oversight was in place and those requirements and goals outlined in the MHSA were being adhered to. This committee meets the first Wednesday of each month ongoing throughout the entire planning process. Membership includes numerous public agencies, 4 consumers and 3 family members (See Appendix A for entire Stakeholder Leadership Committee membership).

In addition to the Stakeholder Leadership Committee each Wednesday a MHSA facilitation meeting was held to ensure a comprehensive planning process, diverse membership and participation in committee and workgroups, and promotion of community input and outreach activities. Included in these meetings are the Family Advocate Program, Family Liaison, Jefferson Transitional Program (consumer contractor), Ethnic Services Manager, Older Adult Services Supervisor, all Department Managers, Program Chief, Assistant Director, and the MHSA Planning Coordinator.

There were five main committees developed to do the basic planning and to receive and prioritize issues that were derived from the input and outreach activities. The committee's had the following consumer and family membership:

a. Children's (1 family advocate, 11 family members)
b. Adult (1 family advocate, 8 consumers, 5 family members)
c. Older Adult (7 consumers, 2 family members)
d. Housing (1 family advocate, 5 consumers, 1 family member)
e. Criminal Justice (3 consumers, 4 family members)

The total membership for these committees is summarized in the "MHSA Committee Matrix", (see Page 13).

Five additional workgroups were established to concentrate on specific areas of the planning process and to make recommendations to the main committees. These were time-limited groups with specialized members, consumers, and family members to target specific areas identified in the Community Planning process.

The workgroups were as follows:

- Juvenile Justice
- Transition Age Youth
- Crisis/Hospitalization
- Consumer/Family Supports
- Vocational Services

Membership requirements for these workgroups included three staff, three consumers, and three family members with the exception of the Consumer/Family Support Workgroup, which had six consumers, four family members, and no staff.

The actual planning structure for community input through the committees and workgroups is detailed in Appendix B, "MHSA Flow Chart". This includes the Mental Health Board and Stakeholder Leadership Committee.

As the planning structure was being developed as described above, the community input process was being implemented simultaneously. A Countywide, broad based community input plan was implemented to include all three Riverside County regions as well as culturally and diverse populations. In addition to the general community, efforts were also initially focused on consumers (County Mental Health and Private), family members of consumers, agencies (private non-profit and public), Hispanic communities, deaf/blind/disabled communities, gays and lesbian, and County Mental Health staff. All age categories were included in the input process.

With the assistance of the Family Advocate Program, Children's Services Family Liaison, Older Adult Services Supervisor, Jefferson Transitional Program, and Regional Managers the Community input process was promoted and implemented. Questions were developed that were asked of the community participants. To assist with the interpretation and consistency of the information standard questions were developed with the help of the Family Advocate and Children's Services Family Liaison.

In order to maximize the input a variety of opportunities were provided. They included community, specialty, agency, and staff focus groups, surveys, and public forums. In total the department conducted 102 focus groups with 1,127 participants. The regional breakdown was as follows: Western, 55 groups, Mid-County, 19 groups, and Desert, 28 groups. Fifteen of the 102 groups were provided in Spanish, attracting 124 participants. Seven of the community focus groups were for Older Adult consumers, and 82 persons attended. In addition there were 18 staff focus groups that were attended by 224. See below for more specific breakdown of the community groups, and Appendix C for a total focus group attendance summary.

COMMUNITY FOCUS GROUPS

A total of 81 MHSA focus groups were conducted between March 31, 2005 and May 21, 2005. In total, 879 individuals participated in the focus group sessions. Fifteen focus groups were conducted in Spanish. Consumers facilitated all consumer focus groups. Questions were asked on six topics: ACCESS TO SERVICES, FAMILY/CONSUMER INVOLVEMENT, EFFECTIVE SERVICES, INDIVIDUAL CARE PLAN, ACCOUNTABILITY, and CULTURAL COMPETENCY.

Consumer, Family, and Community Focus Group Attendance Breakdown

	# Of Groups	**# Of Attendants**	**Spanish-Speaking Groups**
Family Members of Children Consumers	12	52	4
Family Members of Adult Consumers	10	129	3
Youth Consumers	2	14	0
Adult Consumers	28	285	0
Older Adult Consumers	7	82	3
Community (All ages)	18	231	5
Agencies (Serving all ages)	4	86	0
TOTAL	**81**	**879**	**15**

SPECIALTY FOCUS GROUPS

Housing Providers: Three focus groups focused specifically on housing needs in Riverside County. A total of 24 people attended groups held throughout Riverside County.

County Mental Health Staff: A total of 224 County Mental Health staff attended a total of 18 focus groups. Questions were asked on five topics: CHALLENGES, SOLUTIONS, EFFECTIVENESS OF SOLUTIONS, BARRIERS, and LONG TERM STRATEGIES.

OTHER INPUT

Surveys: Paper Surveys were distributed as requested by the community and made available in English and Spanish. Additional surveys were mailed to such groups as NAMI and to the "Parent to Parent" support group. Surveys were also made available on the County Mental Health Website. A total of 64 surveys were received. Questions were asked on six topics: ACCESS TO SERVICES, FAMILY/ CONSUMER INVOLVEMENT, EFFECTIVE SERVICES, INDIVIDUAL CARE PLAN, ACCOUNTABILITY, and CULTURAL COMPETENCY.

A separate **Housing survey** was also distributed with 213 responders.

Community Forums: Four Community Forums were offered. Two were held in Riverside (one of which was available in Spanish), one in Mid-County, and one in the Desert Region with 65 persons in attendance.

Native American Population: Although there was some Native American perspectives shared through the Focus Group process (i.e. Bureau of Indian Affairs), the Department felt that the response was limited and required further outreach. Efforts included a meeting with Behavioral Health Representatives of Inland Health Inc. to discuss the Native American population in Riverside County, existing service continuum and mental health issues and needs. Discussions centered on services through the five existing health clinics, outreach/access, type of clients served or unserved, and barriers to service. Ongoing discussions will be facilitated to ensure an active interface with County clinics and responsiveness to the needs of Native Americans in the County.

Inland/Desert AIDS Project: Met with both programs. Reviewed and provided an update on the Riverside County MHSA planning process. Explored current services offered, number of clients served, service needs and access and barriers. Received a full needs assessment document that contains information about the needs of people living with HIV/AIDS in Riverside and San Bernardino Counties. Explored Mental Health needs of their population with serious mental illness.

E-Mail: Via the County Website any interested party could send an e-mail suggestion or provide feedback electronically to the planning process.

800#: An MHSA 800# was established to allow the community the opportunity to contact the Department. This provided access for individuals inquiring about the planning process, those in need of schedules or directions to activities, or to provide general feedback.

Open Forums: In an effort to provide the community with on-going opportunities to voice opinions, receive planning updates, or to ask questions about the Act, the Department offers a monthly open forum (third Thursday of each month, dates posted on the website).

PROMOTIONAL EFFORTS FOR COMMUNITY INPUT

To ensure meaningful involvement of consumers and family members in these opportunities an intensive promotional effort was implemented Countywide. Members of the MHSA facilitation meetings and County Clinic supervisors assisted in advertisement of Focus Groups and Community Forums. Outreach efforts included:

Focus Group flyers in both English and Spanish were distributed to County Clinics, Libraries, and Community Centers.

Phone Outreach to consumers and family members informing them of focus group and community forum schedules and locations.

Literature and flyers distributed through NAMI groups in Coachella, Mt. San Jacinto, Temecula, and Riverside. Notices were also posted in the NAMI quarterly newsletter.

Memorandums and e-mails to County Clinic staff to promote efforts with consumer and family members on their caseloads.

Flyers circulated to "Parent to Parent" Support Group members. Family Advocate has approximately 150 persons enrolled in Family-to-Family classes in the County. The class members were made aware of the focus groups and encouraged to participate. All families in the classes were also given information packets on MHSA.

Community Forums were published in all regions through a variety of regional newspaper releases and radio spots.

Website posting of Community Forums in English and Spanish.

Housing Focus Group flyers were sent out to over 150 provider stakeholders.

Mid-County Region did some specialized promotions to attract culturally diverse consumers to the Focus Groups. Included was distribution of flyers in Spanish and English through the Vocational Program; Flyers to Our Lady of the Valley Church which holds services in English, Spanish, and Vietnamese; and "Club Don't You Know" gay and lesbian club. Also, three bi-lingual staff members called Spanish-speaking consumers to invite them to the groups. Transportation was offered as needed by consumers.

Jefferson Transitional Program was awarded a contract to assist the Department with recruitment of consumers for the committees and workgroups, in addition to participation in the Focus Groups. Their contract included funding to assist in the reduction of barriers to participation including stipends, childcare, transportation, food costs, training and financial and emotional support as needed. This included a unique approach to supporting consumers with monthly Peer-to-Peer meetings in each region to provide more education, encouragement, and support.

Updates were also posted on the Department's website with opportunities to provide feedback through a survey (English or Spanish) or via e-mail.

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

As discussed in the Community Program Plan, invitations to participate in committee's and planning efforts were sent out to key local agencies. The Department entrusted each agency to designate a representative of their choice who would lend the most expertise to a particular area. The response from those agencies was impressive as typified by the Committee Participation Matrix below.

MHSA COMMITTEE PARTICIPATION MATRIX

	Children's Committee	Housing Committee	Adults	Older Adults	Criminal Justice
Board of Supervisors		X		X	
Child Care Consortium	X				
First 5 Commission	X				
City of Riverside		X			
Community Member	X		X		
Community Access Center	X				
Community Care Licensing		X			
Community Health Agency	X		X	X	
Consumers	(Family)	X	X	X	X
Contractor	X		X	X	
CSU-San Bernardino (MSW)				X	
County Counsel					X
Dept. of Housing & Community Outreach		X			
Dept. of Rehabilitation			X	X	
Director of Help Line			X		
District Attorney					X
DMH Staff	X	X	X	X	X
DPSS	X	X	X	X	
Economic Development Agency		X			
Fair Housing Counsel		X			
Faith Community			X		
Family	X	X	X	X	X
Family & Elder Care Center				X	
Family Services Association	X				
Fight Crime: Invest in Kids, CA	X				
HICAP				X	
Hospital Association			X		
IEHP	X				
Inland Caregiver Resource Center				X	
Inland Regional Center	X		X		
Juvenile Court	X				
LLU/LLU-MSW	X			X	
LTC Ombudsman				X	
Mental Health Board		X	X	X	X
NAMI				X	
Office of Education					
Office on Aging		X		X	
Police Dept.					X
Prevent Child Abuse-Riverside County	X				
Prime of Life				X	
Probation	X		X		X
Public Defender	X				X
Public Guardian			X	X	X
RCOE Bridges	X				
RCOE Head Start	X				
RCOE SELPA	X				
Riverside Adult Services Network				X	
Riverside Center for Behavioral Medicine				X	
Safe House	X				
Santa Rosa de Valle	X				
Sheriff's Dept.					X
SEIU Local 1997	X				
Superior Court					X
Veteran's Affairs		X	X	X	
Visiting Nurses Assoc. of Inland Counties				X	

In addition to the agencies involvement in the committee and planning process, several of the key agencies were also asked to participate in focus groups. The Department hosted four regional focus groups for agencies. They included one for DPSS Adult Protective Service staff, one for the Older Adult Care Team, and two for DPSS, Health Department, Probation, and Riverside County Office of Education. A total of 86 staff members participated in the Agency focus groups by providing valuable feedback into the department's planning efforts.

Other important outreach efforts involved non-profit agencies. The Department conducted two focus groups for these agencies including the "Area Executives Association" (non-profit agency administrators) and the Family Service Association of Riverside staff. 40 non-profit agency staff members participated in these focus groups.

In an attempt to outreach to the general public four Community Forums were held. Two were held in Western Region (one of which was offered in Spanish), one in the Mid-County Region, and one in the Desert Region. These forums were advertised through local and regional newspaper advertising, radio spots, and flyers. Sixty-five community members participated in the Community Forums and not only received an orientation to the MHSA but an opportunity to provide feedback and suggestions on services and need.

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

Program Chief (25%) has overall responsibility for overseeing MHSA Planning functions. Conducts MHSA planning facilitation meetings, chairs Stakeholder/Leadership Committee, and directs regional mangers as to necessary tasks and functions to meet goals of MHSA. Informs Mental Health Board and Director of any MHSA related updates.

Mental Health Services Managers (10%) assisted Program Chief in facilitating and directing MHSA outreach and planning activities. They were integral in the promotion of community input opportunities and establishing the committee and workgroup membership.

Administrative Manager II (5-10%) assists in accountability of MHSA expenditures and budget. Established necessary cost centers for tracking of MHSA expenses and accountability of billable staff time. Sits in on facilitation meetings as fiscal representative. Represents Department on relevant conference call activities such a Capital Facilities, Information Technologies and the annual planning estimate.

MHSA Coordinator (100%) facilitates MHSA planning activities including: Updating managers and committee's on most recent MHSA information, monitoring planning functions to ensure they are within the spirit of the Act, organizing and providing materials to committees as needed, updating website, coordinating trainings, responding

to public inquiries regarding MHSA, facilitating community forums, participation in conference calls, State workgroups and any MHSA meetings as needed.

Family Advocate (50%) participates in weekly facilitation meetings. Supported the involvement of Family Members in the committee, workgroup, and community input process. Organized and facilitated family focus groups and outreach activities as needed as well as a link to the local NAMI chapters.

Children's Services Family Liaison (50%) participates in weekly facilitation meetings. Supported the involvement of family members of child and adolescent consumers, and youth in the committee, workgroup, and community input process. Organized and facilitated focus groups and outreach activities as needed. Sits on the Children's Committee. Participation in MHSA training activities on both a local and State level.

Supervisor of Older Adult Services (20%) participates in weekly facilitation meetings. Supported the involvement of Older Adult Consumers and agencies in the committee, workgroup, and community input process. Sits on the Older Adult Committee.

Ethnic Services Coordinator (10%) participates in weekly facilitation meetings. Makes recommendations around cultural issues and outreach to ethnic minorities. Monitors planning process to ensure that all facets involve cultural sensitivity. Sits on Cultural Competency and Criminal Justice Committees.

Private Consultant (per diem) to act as facilitator to public forums, agency and staff focus groups. Was responsible for conducting 4 public forums (65 attendees), 2 agency focus groups (41 attendees), and 18 staff focus groups (224 attendees). A private consultant will be retained further in the process to analyze staff needs and population trending.

Research Specialist (50%) assisted in the organization and compilation of community focus group, specialty focus group, surveys, staff focus group, public forum, and survey information. Prepared respective summaries for each and then forwarded them to the planning committees to review all input.

Accountant II was put in place to assist the Administrative Manager to oversee budgetary responsibility of the planning process. This function has not yet been required 50% of the time as originally estimated.

Staff Analyst II, although originally proposed to provide program support and management analysis. This position was not funded until October and was not utilized at 50%.

Office Assistant III (100%) providing administrative support for MHSA planning activities. Receives 800# calls and MHSA related e-mails and ensures their response. Handles all clerical support for MHSA coordinator, scheduling of MHSA activities, and provides minutes for MHSA facilitation and Stakeholder Leadership Committee meetings.

Jefferson Transitional Program ($80,000 contract) was integral to participation of adult consumers in committee, workgroups, and the community input process. They recruited and supported consumers to be active committee members, provided training to consumers on being effective committee members, and on facilitating consumer run focus groups. Assisted the Department in reducing barriers to family and consumer participation by providing emotional support, training, education, and financial support (stipends, transportation costs, childcare, and food costs). They contacted 81 consumers to offer participation in the process, 45 were trained, and 30 are involved in committees and/or workgroups.

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

Prior to the initiation of the committee and community input process, two critical trainings needed to occur. First, a focus group facilitation training was necessary to ensure consistency and reliability in the focus group process. Secondly, a basic training regimen on MHSA was introduced to all committee members so they could not only understand their role in the process but also fully comprehend the vision and principles outlined in the Act. See following pages for a more specific and complete listing of the trainings provided thus far by the Department.

Focus Group Facilitation Training, presented by Nancy Taylor, Director of Leadership and Organizational Development, for the County. Two sessions were offered on March 30 and 31, 2005, with 40 facilitators receiving the training. The "facilitation basics" training included such topics as "the role of facilitator in effective meetings" "the role of the recorder", "basic communication skills", and "the purpose of the meeting". In addition to these areas focus group structure and process, rules, and prioritizing issues were covered. Presentation material including introductory remarks, overview of MHSA, and the MHSA fact sheets, and focus group questions were given to each facilitator so that all information presented to participants would be consistent.

Attendance included representation from all three regions, bilingual staff, and staff representing all age categories. Jefferson Transitional Program participated in the training to ensure consumer involvement in the process and consumer run focus groups. Other groups involved in the training included; Family Advocate Program, Parent Partners, Public Guardian, Regional Board members, NAMI members, Office on Aging, parents, family members, and consumers.

Jefferson Transitional Program (JTP) Consumer Training, on how to be an effective committee member presented by Susan Hoffman, Ashleigh Martinez, and Sue Moreland, JTP administrative staff. JTP contacted 81 consumers as identified by JTP and County Clinics and trained 45 of them. As a result 30 consumers trained by JTP are participating in committees or workgroups, and over 30 consumer-to-consumer focus groups were conducted.

The type of training provided by JTP was broken down into three categories:

a. **Orientation Conferences** (March 30-31, and April 1-6, 2005). Included information, education, and training on MHSA related topics. An explanation and description of the various ways for consumers to serve in the CSS planning process, and handbooks were given on "How We Can Change our World through Serving on Boards and Committees."

b. **Focus Group and Facilitation** (April 8 and 13, 2005.) Information was provided on overall structure, process, and purpose of focus groups. Handbooks were distributed on "Facilitation Basics" by Nancy Taylor. Training was also centered on the role of the facilitator and special techniques in dealing with possible difficulties involving audience participation.

c. **Review of the Community Services and Support Plan Draft and Technical Assistance Documents** (June 13, 2005). Review, discussion, and explanations on CSS plan draft, MHSA Vision and Purpose, and Technical Assistance Documents.

   See Appendix D for JTP training matrix and descriptions of each training module.

Committee Membership Training, presented by all five committee chairs starting in March 2005. The goal was to orient and educate each committee member on the parameters of the MHSA. This training was also provided to the Stakeholder Leadership Committee.

The following handouts and review materials were distributed:

- Data and Prevalence – Unmet Need
- MHSA Fact Sheets (including definitions of target populations)
- State Department of Mental Health Requirements (7/14/05)
- Evidence Based Practices (age specific)
- Recovery Vision (Wraparound for children)
- DMH Vision and Guiding Principles
- New Freedom Commission Report
- California Master Plan (pertinent sections)
- Cultural Competency
- System of Care Frameworks

Mental Health Board Training, presented by CIMH on 2/25/05. 16 Riverside County Mental Health Board (Board) members including regional Board members attended training. Training focused on responsibility of the Board as it relates to MHSA and holding public hearings on the Community Services and Support Plans.

Co-Occurring Disorders Training, presented by David Mee-Lee, M.D., M.S. on May 31, 2005. Topics included "Cultural Clashes in Co-Occurring Disorders" and "Clinical

Dilemmas in Assessment and Treatment." Attendance for the training was 262, and included consumers, family members, and mental health staff.

Recovery Training, presented by MHA Village, Mark Ragins, M.D., Catherine Bond, MFT, and John Travers, CPRP. Training was conducted on 6/28/05, and was attended by 197. The emphasis was to present the recovery model to as many committee members as possible in addition to consumers, family members, and County staff. The training provided an introduction to the Recovery Model including vision and principles, the four-stage developmental model, contrasts to the Medical Model, taking principles to practice, and self-help and peer support from a consumer perspective.

United Advocates for Children of California (UACC), understanding the Mental Health Act and learning to facilitate family focus groups. This training was held on 2/14/05 and emphasized ensuring diverse family member involvement in the local planning process and facilitation of focus groups. 20 parents/caregivers were invited and 12 parents registered, 8 attended along with 3 parent partners. Transportation was provided and childcare offered.

Older Adult Integrated System of Care Training, presented by Barbara Mitchell, MHSS, on basic orientation and education of the MHSA at Public Hearings held by Riverside County Office on Aging, in Banning and Indio, was attended by 47. CARE Team meetings in Moreno Valley and Hemet on 3/8, 4/5, and 4/27/05, and attended by 106.

County-Wide Housing Continuum of Care, presented by Maria Marquez on 4/21/05. Spoke and handed out MHSA materials to approximately 75 persons in attendance. Provided orientation and education on MHSA, updated planning process, and circulated flyers regarding upcoming focus groups for housing providers.

A Brand New Day, Introduction to the Planning Requirements for MHSA, offered by CIMH on 2/4/05. Attended by MHSA Coordinator, Family Advocate Program, and Older Adult Services Supervisor. To develop a better understanding of State requirements for the plan to plan, introduction to planning and process frameworks, and explore common challenges and effective process strategies.

The Mental Health Services Act: A New Vision for California, a California Mental Health Policy Forum presented on 2/10/05. Challenges of implementing MHSA, opportunities, transformation of systems, stigma issues, leadership in change, and a variety of MHSA related workshops. Attended by the Mental Health Director, Program Chief, fiscal management, regional managers, MHSA Coordinator, key clinic supervisors, family advocates, parent partners, family members, and consumers.

The Mental Health Services Act, presented by Donna Dahl, Program Chief on 5/18/05, to Mental Health Administrative personnel including human resources, fiscal, payroll, patients accounts, and program support. Outlined MHSA requirements and fact sheets,

updated local planning process, and provided opportunities for feedback and questions about the planning process. The presentation was attended by 33 staff members.

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.

March, 2005

Mental Health Board Members participated in a Saturday training to receive an orientation and education on their responsibility related to MHSA and associated public hearings.

September, 2005

Mental Health Board received additional information on public hearings, including legal requirements, timelines, MHSA requirements, and an overview of CIMH training on, "How to Conduct a Public Hearing."

The Board decided to hold a total of three public hearings in each of the regions in the County. Also, ground rules and parameters for conducting the hearings and the process for receiving input were established, along with timelines.

October, 2005

Department provided an overview of the Community Services and Support Draft, Three-Year Expenditure Plan, to the Mental Health Board, including programs and services being proposed for funding under MHSA.

November, 2005

The Stakeholder Leadership Committee reviewed the draft plan and provided input. They concurred that the plan and services were within the needs and services identified through the planning process as well as the MHSA guidelines and principles.

November 9, 2005

The 30-day Public Review period was initiated and copies were made available through the following methods:

- Newspaper advertisements announcing the review period, public hearing dates, and how to obtain a copy of the plan. Two cycles of advertising were conducted to ensure the Department made every effort possible to promote feedback on the plan. Advertisements ran the week of November 14, 2005, and the week of December 5, 2005 (each for at least a four-day period). The advertisements ran in four separate publications, in 9 editions per cycle, including a Spanish publication.

- Plan was posted on the County website at: http://mentalhealth.co.riverside.ca.us/mhsa.html. During the 30-day comment period, the website received 5,317 sessions, which is defined as an individual visitor conducting a series of clicks on the website. The extent of review of the MHSA plan however is unknown.

- In addition to the plan, the Department posted on the website an Introductory Letter, Executive Summary of the Plan, Feedback Form, list of where hard copies of the plan could be accessed, public hearing notices, and public hearing guidelines and agendas. These documents were all made available in English and Spanish. (See Appendix E and F.)

- Copies of the plan, introductory letters, feedback forms, and executive summaries were sent to all County libraries and every County Mental Health Clinic Countywide.

- Copies were mailed to all requesting persons and organizations expressing interest in reviewing the plan.

- Copies were made available to every individual that was involved in the MHSA planning committee process.

- Full presentations were made and plan summaries were provided to all 5 MHSA Planning Committees, 4 NAMI Chapters, and the Office on Aging Advisory Board.

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

See attached copies of public hearing notices, newspaper advertisements, guidelines, and agendas. Public hearings were conducted on December 13, 14, 15, 2005. Due to the geographic diversity of the County, one hearing was conducted in each of the three regions. (See Appendix F.)

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

During the 30-day Public Comment period, the Department accepted feedback from stakeholders through a variety of methods including Feedback Forms, e-mails, phone calls through the MHSA 800#, and written letters. Public testimony and written comments were also received during the three public hearings held regionally. The Department received approximately 50 written responses through the process described above. Each written comment was described in detail, discussed and reviewed by a committee of the Mental Health Board. Following are the public comments, the Department's analysis followed by the recommendations from the Mental Health Board committee ratified by the full Mental Health Board on January 4, 2006.

Summary of Substantive Comments

a. Co-Occurring Disorders: Although already addressed in the plan, there were repeated comments on the importance of integrated treatment approaches to Mental Illness and Substance Abuse Disorders. Comments centered on the need to emphasize actual training, intervention, and practices to be implemented.

b. School Collaborations: Emphasized need to include schools/education in ongoing planning process and as a significant partner to be considered in children's programs.

c. Evidence Based Practices: Encouragement to explore best practices in all programs, and more specifically, the Adult Work Plan. Suggestions were made to explore a variety of best practice models in other areas and states, with an emphasis on incorporating Recovery Models proposed by Dr. Mark Ragins at the "Village" in Long Beach.

d. Transportation: Multiple comments on the need for transportation that will allow for consumers to access mental health services.

e. Emergency Preparedness Plan: Suggestion that a specific plan be developed for the seriously mentally ill.

f. Housing: Repeated concerns over needs for extensive housing options, low-cost/affordable housing, housing vouchers, and/or supportive housing.

g. Informational: Several comments related to the dissemination of information about MHSA programs and implementation activities reaching the community, consumers, and family members.

h. Conditional Release Program: Request to fund services for individuals enrolled in the Conditional Release Program.

i. Deaf Community: Noted lack of resources and services for the deaf community in the CSS plan. Suggestion not only for provisions for sign language interpreters but to employ deaf clinical staff to better relate and treat members of the deaf community.

j. Suggestions that the County promote the current Gay/Lesbian Support Group for the mentally ill and services. Included would be transgender support groups as well.

k. Concerns over high cost of medications for those who are to receive services under the plan.

l. Recommendations for increases in services for Court Mandated Treatment for those with multiple hospitalizations.

m. Concern over the need to include a "No Wrong Door Policy."

n. Suggestions that Crisis Services need to be added such as Mobile Crisis Outreach, Crisis Hotlines, and more in-patient bed capacity especially in the Desert Region.

o. Would like to see more emphasis on Vocational/Employment services. Suggested that these features are not highlighted clearly in the plan. Also, emphasis should include benefits assistance counseling and entitlements.

p. Services to individuals with Developmental Disabilities and other physical disabilities not outlined in the plan. Also, services to individuals who have HIV/AIDS not specifically addressed in plan.

q. Multiple comments referencing the need to outreach to the Hispanic population. Suggestions included community and faith based outreach and identifying areas of isolation and difficulty accessing services.

r. Prevention/Anti-Stigma: There were some comments directed at the need for early prevention and anti-stigma strategies to be included in the plan.

Analysis of Substantive Comments

a. Co-Occurring Disorders: The area of Co-Occurring Disorders was clearly a priority need identified in all age categories during the planning process. This was reinforced by the public's commentary received on the Department's draft plan. In the analyzing need section of the plan, two key areas were identified: 1) Existing programs were unable to meet the needs of the co-occurring populations. 2) Co-Occurring Disorders were under identified.

   In analyzing the plan, Co-Occurring Substance Abuse Disorders was an integral part of all age specific work plans. However, in re-looking at the Adult Plan (FSP-03) the actual program description related to Co-Occurring Substance Abuse Disorders was a weakness and needs to be enhanced and more clearly stated.

b. School Collaborations: School based interventions did not surface as one of the significant priorities identified through the community planning process. However, in analyzing the needs of school age children, it is clear that outreaching to schools is critical to identification of children being unserved or underserved, in addition to Hispanic school children in need of services. School collaboration efforts could be more clearly stated in the Children's Integrated Services Work Plan (FSP-01).

c. Evidenced Based Practices: Research on best practice models were considered and incorporated into all work plans. Models such as Multidimensional Family Therapy, Multidimensional Treatment Foster Care, Wraparound, Cognitive Behavioral

Therapy, SMART Programs, and Integrated Recovery Service Center models are all embedded in the plan.

Trainings around Recovery Models, such as Dr. Mark Ragins', have already been conducted in the Department and will continue throughout implementation of the plan. In reviewing the public comments around practice models and training, many of these activities are included in one-time training expenditures. Therefore, to better represent the proposed models, the Department needs to have a dedicated one-time expenditure narrative to more clearly state the training.

d. Emergency Preparedness Plan: This was not a strategy included in the Department's plan and is not fundable under MHSA. However, the public suggestion is valid and can be explored in the County Disaster Preparedness Plan. No plan revision is necessary.

e. Transportation: In analyzing the plan, transportation needs of consumers was considered. Accommodations were built in for the purchase of vehicles and drivers in all regions.

   It was also determined through the analysis that transportation needs would be decreased through the implementation of outreach activities such as the mobile assessment for older adults, outreach to medical clinics, and integrated service approaches in the Recovery Centers.

f. Housing: Homelessness as a priority need surfaced amongst all four age categories. This priority is reinforced by departmental data analysis that reports one-third of all mentally ill individuals are homeless. There are an estimated 2,314 homeless Mentally Ill and 494 homeless with Co-Occurring Substance Abuse Disorders each day in Riverside County.

   Since Housing was a critical component to the Department's plan, there were concerns over the number of Public Comments received in this area. Thus the Board re-evaluated the description of the Housing component and determined that programs outlining housing strategies needed to be incorporated and described in more detail, specifically in the Comprehensive Integrated Services for Adults Work Plan (FSP-03).

g. Information: Comments centered around getting information to the community and consumers about MHSA programs. Although this was not required or written in the plan specifically, the Department acknowledges the importance. Although no plan revision are required, promotional and informational efforts through the website, network of care, and implementation groups and committees should be ongoing.

h. Conditional Release Program: In analyzing this need, the Department and the Board believes that providing services to individuals enrolled in the Conditional Release Program is not fundable under MHSA. Once discharged from the program and off

parole, individuals would be eligible for programs based on needs. Meanwhile the CSS Plan proposes to implement services to identify individuals in the jail system and with mental illness to bring them into the system.

i. Deaf Community: As indicated in the data analysis section of the plan, there are 10,939 deaf or hard of hearing mentally ill individuals in Riverside County. Estimates are that less than 100 individuals are receiving or have requested to receive services. There are sign language translation services available, but deaf clinical staff and training needs to be enhanced.

j. Gay/Lesbian Community: Public comments centered on outreach and promotional efforts of existing gay/lesbian support groups and networks. In analyzing the Outreach and Engagement Work Plan (OE-06), the Department acknowledges that outreach strategies could be expanded to ensure the needs of this population are met.

k. Medication Costs: Issue of high costs of medications for those receiving mental health services was raised. The plan doesn't address medication costs directly, but medication support services are included. The analysis determined that individuals need assistance in accessing benefits to cover medications, and the need for education on Medicare Part "D". Medication assistance and education on Part "D" already exists in the Department.

l. Court Mandated Treatment: In analyzing the needs for more Court Mandated Treatment options for repeatedly hospitalized individuals, the Department and the Board believes that these services are not covered through MHSA funding, and cannot be included in the plan.

m. "No Wrong Door Policy": The Department acknowledges the importance of making services user friendly, welcoming, engaging, and easily accessible. However, in reviewing the plan "No Wrong Door" was not specifically mentioned and needs to be included in revision of the Vision Statement.

n. Emergency Services (Mobile Crisis/Crisis Hotlines/In-Patient Beds): In analyzing the need for more emergency services, the Department reviewed the community planning and priority lists. Mobile Crisis Services did not surface as a top priority strategy, although Mobile Outreach is a critical component in the Older Adult Work Plan. Crisis Hotlines were not included as a new service, however, the Peer Support and Resource Centers will have warm-lines, and the Integrated Recovery Service Centers have 24/7 provisions built-in. Purchasing of in-patient beds is not an allowable expense through MHSA funding.

o. Vocational/Employment Services: The Department received multiple comments on the need to provide vocational training and employment opportunities in the plan. In review of the vocational component in the Adult Work Plan it was determined that the description lacked depth and understanding, although resources were sufficiently allocated to this area.

p. Developmental Disabilities, those with Physical Disabilities and HIV/AIDS: These populations did not specifically emerge as a priority in the community planning process, but the importance of making service provisions for those with severe mental illness among this population is essential. Mental health services did not surface as a high priority need in the Inland Empire HIV Planning Council 2005 Needs Assessment. Also a Department contract with Inland Aids Project was recently cancelled because it was not utilized by the agency for their clients. Also, Desert Aids has chosen not to contract to provide mental health services.

q. Hispanic Outreach: As clearly identified in the community planning process and the unmet need analysis, the Hispanic population remains largely unserved in receiving mental health services. Outreaching to the Hispanic population is essential and strategies in the Outreach and Engagement Work Plan must be expanded for this population.

r. Prevention/Anti-Stigma: Comments were received about the need for the Department to include Prevention and Anti-Stigma activities in the plan. However, the Department limited these strategies in the current plan, and will more specifically address these concerns and issues in later phases of the MHSA process.

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

Through the public review and comment process the Department received a multitude of suggestions and input on non-substantive changes that could be made to enhance the quality and clarity of the plan document. These suggestions mostly related to the improvement of grammar, spelling, and syntax that were all incorporated into revisions throughout the plan document. Also, the Department acknowledged through their own review and public comment that there were some errors in the Budget Exhibits. These errors related to excel formula errors that carried the wrong data into certain sections of the document. These errors were all corrected in the budget sections of the plan.

Following a review of all public comments to the plan plus the department's analysis and suggestions, the Riverside County Mental Health Board requested the following substantive changes be made to the plan. The Department agreed to do so.

a. Co-Occurring Disorders: Although already embedded in the plan, the Board felt that due to continual commentary on this topic that the Department needed to modify the Adult Work Plan (FSP-03) to more specifically describe the efforts to address the detection and treatment of Co-Occurring Substance Abuse Disorders.

b. School Collaboration: The Board acknowledged that although school based interventions were not listed as one of highest priority school collaborative efforts in plan implementation is critical. Therefore, the Board recommended that the

Children's Integrated Service Program (FSP-01) be revised with language around involving education and school collaboration in planning and implementation efforts.

c. Evidenced-Based Practices: Although Evidence-Based Practices were embedded in the four work plans by age category, the Board determined that the descriptions of training and best practices should be enhanced in a dedicated narrative for one-time funding and more clearly stated in the work plans.

d. Emergency Preparedness Plan for the Mentally Ill: Although this aspect is not funded under MHSA, the Board recommended to the Department to examine current County Emergency Preparedness Plans and to review other models for possible addition to the Emergency Plan. However, no revision to the CSS plan was requested.

e. Transportation: Accommodations do exist in the plan for transportation needs of consumers. This includes the purchase of cars, drivers, and payment for public transportation. Beyond this, the Board felt many of the outreach and engagement activities will actually decrease the needs for transportation. Efforts such as staff members located in Public Health Clinics and the Mobile Outreach in the Older Adult Work Plan will hopefully diminish the need for clients to be transported to the necessary services. However, the Department and the Board agreed that transportation clearly will be a continued need and as more funding becomes available it must be re-discussed.

f. Housing: Due to the overwhelming concern by the Stakeholders over the provision of Housing Options for the mentally ill, the Board determined that the Housing descriptions in the plan were inadequate. The Board requested that the Department revise the Comprehensive Adult Integrated Services Work Plan (FSP-03) to include a dedicated Housing Section that specifically describes all the programs that will be designated for housing.

g. Deaf Community: The Board concurred with the issues brought forth by the Deaf Community, and requested that the Department incorporate into the Outreach and Engagement Work Plan (OE-06), under General Community Outreach and Engagement, Section E, the need to recruit Deaf Clinicians into the Department.

h. Gay/Lesbian Outreach: Although not identified as a high priority issue in the planning process the Board agreed that promotion of services and supports is essential and needs to be incorporated in the Outreach and Engagement (OE-06) Work Plan. Transgender Support Groups should also be included in these promotional activities.

i. "No Wrong Door Policy": The Board agreed that this is an essential concept of transformation, and requested that the Department revise the "Vision Statement" in the plan introduction to reflect this concept.

j. Vocational/Employment Services: Although this component is included in the Integrated Recovery Service Centers, based on the number of comments in this area

the Board decided the plan inadequately describes this component. The Board requested that the Department revise the vocational component described in the Integrated Recovery Services Centers, (Comprehensive Integrated Services for Adults, FSP-03).

k. Developmentally Disabled/HIV/AIDS/Physical Disabilities: The Board would like the Department to address the needs of this population through the expansion of strategies in the Outreach and Engagement Work Plan (OE-06).

l. Hispanic Outreach: There were multiple comments about the need to outreach to the Hispanic Community so they may more easily access services. Several strategies for outreach were acknowledged and will be incorporated into outreach strategies. The Board would like the Outreach and Engagement Work Plan to be modified accordingly (OE-06).

PART II: COMMUNITY SERVICES AND SUPPORTS PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

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

1. List the major Community Issues identified through the Community Planning process, by age group. (* - Place an asterisk next to MHSA issues to be the focus for the next three years).

County/Community Issues Identified in the Public Planning process:

Children/Youth	Transition Age Youth	Adults	Older Adults
1. Increases in youth in the Juvenile Justice and Social Services systems.*	1. Difficulties in youth transitioning out of the Children's Mental Health System into the Adult System or out of the system completely.*	1. Homelessness*	1. Premature Institutionali-zation of Older Adults.*
2. Unaddressed Co-Occurring Mental Health and Substance Abuse Disorders in minors.*	2. Families and caregivers are not connected to appropriate support services (family burnout).*	2. Unaddresssed issues of adults with Co-Occurring Substance Abuse Disorders*	2. Homelessness*
3. Difficulties of youth in need of Mental Health services in making successful transition into adulthood.*	3. Negative impact on children of Transition Age Youth.	3. Increases in mentally ill adults in the Criminal Justice System.*	3. Untreated or inappropriately treated Co-Occurring Substance Abuse and Medical Illness Disorders.*
4. Homelessness*	4. Unaddressed Co-Occurring disorders in Transition Age Youth.*	4. Increases in adults using crisis and restrictive treatment settings (such as acute settings, out-patient crisis, IMD, state hospitals).*	4. Undetected Co-Occurring Substance Abuse Disorders.*
5. Unidentified serious emotional and behavioral issues among young children (ages 0-5).*	5. Homelessness*	5. Hispanic and other underserved cultures.*	5. Increases in Seriously Mentally Ill Older Adults being incarcerated.*
	6. Increased use of crisis and restrictive treatment services.*		

2. Please describe what the 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 the 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.)

As described in Part I, Section I, of this document, Riverside County conducted an extensive, broad-based, ethnically and culturally diverse community input process Countywide. The main goal was to elicit as much input from key constituency groups as possible including family members of consumers (both children/adults), adult and older adult consumers (both county run and non county run clinics), youth consumers, and general community stakeholders. Specialty groups were also targeted such as housing providers, agencies (DPSS, Probation, Education) in addition to our own County staff.

Important to note is that all focus group facilitators were mandated to participate in training prior to conducting any groups. This promoted increased reliability and consistency in how groups were conducted and how the input was gathered and translated. Focus Group facilitators utilized a "sticker elimination method" to prioritize issues as identified by the participants. Again the key areas of focus were to all four age categories in the areas of access, family/consumer involvement, effectiveness, individual care planning, accountability and cultural competency.

Once all the community input was collected from the focus groups, public forums, surveys, and the website feedback, it was forwarded to our research department for consolidation. Summaries were formulated by category (e.g. adult consumers, family members of children consumers) and themes identified and were prioritized by the community input. These summaries were then provided to each of our key committees (as identified in Part I, Section I) for the purpose of further prioritizing of the community issues and needs, priority populations, and strategies.

The main committees were developed with the intent of satisfying the elements and components outlined in the Mental Health Services Act. Committees were given specific "steps" to adhere to in the planning process. These steps included:

a. Education/Training of Committee Members in data/prevalence (unmet need), MHSA target populations and requirements, evidence based practices, recovery vision, New Freedom commission reports, Cultural Competency, System of Care frameworks.

b. Discussions on desired consumer outcomes.

c. Review of the current System and Assess Strengths and Weaknesses to include: Accessibility, consumer and family involvement, community partnerships, service array, cultural competency, and accountability and outcomes.

d. Identify the major community issues resulting from lack of mental health services that surfaced as a result of focus groups and community input and committee discussions.

e. Identify initial populations to be served within the major issues.

f. Identify the disparities in access for ethnic populations and how will the selection of the initial full service partnerships reduce disparities.

g. Identify strategies in priority order to serve the initial populations in addressing the major community issues. Peer support and family education and support services are required.

h. Review changes in the existing system to better meet the MHSA goals and/or to address the community issues.

i. Identify collaboration strategies to be developed or expanded to provide the needed services.

j. What outreach services and engagement activities are needed to reach those currently receiving little or no services (prioritize eliminating ethnic disparities)?

Realizing that committees had a very extensive and complex task, five additional workgroups were established to focus on specific areas emphasized in the Mental Health Services Act. The intent was to streamline a process that would enable the committees to receive feedback on very specialized topics more rapidly. The workgroups met for 3 to 4 weeks, for longer intensive sessions. They utilized a process similar to the committees in terms of looking at strengths and weaknesses, establishing priorities, and recommending strategies (discussing no cost/low cost strategies first). Then they prioritized recommendations to the committees using methods similar to the focus groups "Sticker Elimination Method".

The Workgroups focus is described below:

a. Crisis/Post Hospital – focused on how the department responds to people in crisis and what is needed to be responsive, helpful and effective. Also was to address issues of transition and follow-up after crisis or hospital services and continuity of care. Membership included hospital administration, Hospital Association, Mental Health and Quality Improvement staff, and consumer and family members.

b. Employment/Vocational – Evaluated existing service delivery system and identified vocationally related service gaps. Membership included consumer, family, and regional staff representation, community partners, Department of Rehabilitation and Community Colleges, and vocational service providers, Goodwill Industries and Jefferson Transitional.

c. Consumer/Family Supports- This included discussion of client and family involvement in planning, policy, service delivery and evaluation, and consumer operated services such as peer support programs, warm lines, self-help groups,

respite, education, and consumer provided advocacy. Membership made up of consumers and family members and facilitated by a consumer.

d. Transition Age Youth- Looked at existing services for TAY, service gaps/needs for TAY, and agencies collaboration issues. Membership included Office of Education, Juvenile Court Judge, Probation, Children's Case Management, parents of consumers, and Mental Health staff.

e. Juvenile Justice- Reviewed access in current system, identified service gaps/needs in Juvenile Justice System. Membership included law enforcement, probation, juvenile hall, SELPA, regional center, and parents of consumers.

As the workgroup summaries became available they were immediately forwarded to the respective committee to include in their planning process. This held true for the community input data from the Research Department as they also forwarded their summaries to the appropriate committee for dissemination to the members. This allowed the committees to complete the task of identifying the community issues, populations to be served, ethnic disparities and strategies based upon the results and priorities established during the planning process.

The Department acknowledges that several of the identified needs crossed over among age groups. These needs surfaced independently through the community input and committee processes described above. The identified needs that surfaced in multiple age categories were homelessness, co-occurring disorders, and mentally ill populations that surface through the juvenile or criminal justice system. Youth experiencing difficulties transitioning from Children's to Adult services appeared in both the youth/Children's/TAY planning process. Strategies will be designed in separate work plans to address these needs within each age group.

It was the role of the Stakeholder/Leadership Committee to monitor all aspects of the process outlined above. They reviewed the planning process to ensure broad and comprehensive community participation and ensure that community input was included and reflected in the plan and priority development.

3. Please describe the specific racial, ethnic, and gender disparities within the selected Community Issues for each age group.

A full Mental Health Community Needs analysis was developed by the Research Department and incorporated into the planning process. This detailed analysis can be reviewed in Appendix G, and a summary is provided in Section II, Part II of this document.

Riverside County anticipates there will be an increase in total population of 9.29% over the next three years. That population growth will include an increase in female population by 9.34%, and male population by 9.26%. There will be an increase in each ethnic group in Riverside County over the next three years as well. The largest

anticipated ethnic population growth is seen among the Hispanic population with an increase of 16.99%. The Asian and Pacific Islander population will also show dramatic growth with a percentage increase of 16.42%.

The community issues identified through the Community Planning process each have specific disparity factors to be considered. These disparities are described below.

Children/Youth

Overall population growth for children and youth will increase by 5.99% over the next three years. The largest youth population by race is Hispanic, followed by White, Black, and Asian/Pacific Islander. It is also important to note that the Hispanic population also represents the highest prevalence figure as well as the largest number of unserved children/youth. The Asian/Pacific Islander population has a total higher percentage of unserved clients but they also represent the lowest population total.

In addition to ethnic disparities, language was also considered in the analysis. Language most spoken among all age groups, including children, is English. Of children clients served in Riverside County, Spanish is the most common non-English language.

Another key factor in analyzing needs of children/youth is the ethnic breakdown in Riverside County's Public School System. The Hispanic population represents the highest enrolled population followed by White, Black, and Asian/Pacific Islander. This reinforces the fact that targeting Hispanic populations of youth, providing bilingual and bicultural services, will be critical to serving the needs of this population.

Increases in youth in the Juvenile Justice System and those with Co-Occurring Substance Abuse issues also surfaced predominately in the Community Needs Analysis. There was an increase of 20.19% in the average number of individuals incarcerated between the years of 2002 and 2005. In 2004 there were 3,492 youth in the three regional juvenile hall settings. The number of youth on probation in one year is estimated to total 4,200. Of those on probation, approximately 90% to 95% are also substance abusers, and the estimated number of co-occurring probation youth is 3,780 to 3,890. These findings are consistent with the community needs identified through the planning process.

Transition Age Youth (TAY)

Population figures for TAY will increase by 13.45% between 2005 and 2008. A total of 6,967 were identified as underserved, and the male population was identified as more underserved than female. The largest TAY population by race is Hispanic, followed by White. As with the children's population, Asian/Pacific Islander shows as a higher percentage of unserved, but they also have the smallest population figure. Hispanic continues to surface as the main racial disparity as it is estimated on prevalence data that 70% of the Hispanic TAY are not receiving mental health services.

The most frequently used language by TAY clients served is English, with Spanish being second. Figures identified in the Children's Section regarding juvenile justice, probation, and co-occurring substance disorders, overlay with community issues identified through the planning process for TAY.

The other key issues identified for both children and TAY was homelessness. Estimates are that of the 4,785 identified homeless per day in Riverside County that 1,046 of these are children.

Adult

Population projections for the next three years show an increase in the adult population by 10-20%. Prevalence data indicates that roughly 66% of adults suffering from serious mental illness are not receiving mental health services. Of the total number of unserved mentally ill individuals, the largest proportion in all age categories is the adult population.

Homelessness was the highest ranked community issue identified for adults. In 2005, the estimated number of homeless in Riverside County is 4,785 per day, 3,739 of which are adults. Gender breakdown for the homeless is 2,599 male, and 1,140 female. It is estimated that one-third of all homeless are mentally ill and that 40% of the homeless mentally ill are substance abusers.

This figure combined with the fact that 34% of the total clients served through Riverside County Department of Mental Health also carried a Co-Occurring Substance Abuse Disorder, is congruent with co-occurring substance abuse as a specified community issue. Also note that in Riverside County, the number of adults on probation in fiscal years 2003-04 was 13,762 and 2,495 of these adults were receiving substance abuse services. Riverside County also estimates that there are roughly 3,200 incarcerated adults per day.

The highest ethnic population in the adult population is Hispanic, followed by White, Black, and Asian/Pacific Islander. Prevalence figures indicate that per 38,000 mentally ill Hispanics remain unserved in Riverside County. Asian/Pacific Islander also rank high among the unserved, but have much lower overall population figures.

Transition Age Adults (55-59) make up 4% of the Riverside County's total population. The Department estimates that 63% of transitional age adults with mental illness go unserved. Concerns for this group lie in falling out of service between Adult and Older Adult Services. Outreach efforts are essential to ensure clients transition adequately between the two service continuums.

Older Adults

Along with Transition Age Youth, the Older Adult population will experience the greatest population growth (11.91%) over the next three years. Prevalence data suggests that 88% of Older Adults with mental illness do not receive necessary mental health

services. Many of the specific data categories related to homelessness, co-occurring disorders, and incarceration, overlay with the adult population. Older Adults represent the largest percentage of unmet needs of all four age categories.

In looking at racial ethnic breakdown, the largest population is White, followed by Hispanic, Black, and Asian/Pacific Islander. Important to note is that gender served in the Older Adult population, females almost doubled males in those served or who received mental health services.

The most prominent language among the Older Adult population served was English, followed by Spanish. The poverty level for Older Adults over the age of 65 total 18,012. Homeless figures are inclusive of the figures mentioned under the Adult population; however, the Older Adult Committee identified the need to outreach to homeless as a critical component. This is reinforced by the AB 2034 figures which indicate that the smallest proportion of clients served in the program are 60 years and older.

Undetected substance abuse and mental disorders was targeted as a community issue. This is reinforced by the fact that only1% of Older Adults receiving services through County Mental Health Clinics also are receiving drug/alcohol services. In relation to Older Adults populations being incarcerated, no specific data analysis was available. However, Older Adult Committee members were insistent that this need be included as the feeling was Older Adults were being arrested rather than linked to services. The example given was a dementia client being arrested.

Other Key Population of Interest

With a concern for those populations who face barriers to access mental health services one group of concern is the uninsured population. According to the 2003 California Health Survey, Riverside County has the sixth largest number of uninsured residents in the State. Within California, Riverside County is also the sixth largest County and makes up 4.4% of the total uninsured population. The uninsured rate for Riverside County is 6.14% of its total population.

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 you County/Community and how the issues are consistent with the purpose and intent of the MHSA.

Non-Applicable

Section II: Summary and Implications of Data Analysis

The following is a summary of Riverside County's Community Mental Health Needs Analysis. The full analysis is attached in Appendix G. This summary was developed to focus on key data useful for the Department's planning process.

CHART A

RCDMH Fiscal Year 2003-2004 Service Utilization by Race / Ethnicity

Children and Youth*	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	1,679	620	4,618	3,604	6,297	4,224	10,521	100.0%	538,995	100.0%
Race/Ethnicity										
African American	184	66	687	467	871	533	1,404	13.3%	36,655	6.8%
Asian Pacific Islander	37	12	69	56	106	68	174	1.7%	16,897	3.1%
Latino	588	226	1,514	1,188	2,102	1,414	3,516	33.4%	258,727	48.0%
American Indian	18	3	47	35	65	38	103	1.0%	3,539	0.7%
White	812	297	1,901	1,528	2,713	1,825	4,538	43.1%	204,572	38.0%
Other	40	16	400	330	440	346	786	7.5%	18,605	3.5%

Transition Age Youth*	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	223	108	4,184	3,116	4,407	3,224	7,631	100.0%	241,198	100.0%
Race/Ethnicity										
African American	23	15	641	400	664	415	1,079	14.1%	15,042	6.2%
Asian Pacific Islander	4	4	77	54	81	58	139	1.8%	12,881	5.3%
Latino	51	25	1,439	947	1,490	972	2,462	32.3%	114,438	47.4%
American Indian	3	0	34	25	37	25	62	0.8%	1,674	0.7%
White	140	63	1,859	1,581	1,999	1,644	3,643	47.7%	90,649	37.6%
Other	2	1	134	109	136	110	246	3.2%	6,514	2.7%

Adults*	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	96	69	10,867	11,371	10,963	11,440	22,403	100.0%	950,689	100.0%
Race/Ethnicity										
African American	22	20	1,418	1,394	1,440	1,414	2,854	12.7%	59,263	6.2%
Asian Pacific Islander	1	0	248	326	249	326	575	2.6%	43,079	4.5%
Latino	11	8	2,954	2,711	2,965	2,719	5,684	25.4%	347,162	36.5%
American Indian	0	0	104	107	104	107	211	0.9%	6,843	0.7%
White	59	40	5,957	6,513	6,016	6,553	12,569	56.1%	474,944	50.0%
Other	3	1	186	320	189	321	510	2.3%	19,398	2.0%

Older Adults**	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	3	3	600	1,009	603	1,012	1,615	100.0%	287,511	100.0%
Race/Ethnicity										
African American	1	2	52	78	53	80	133	8.2%	10,345	3.6%
Asian Pacific Islander	0	0	25	30	25	30	55	3.4%	7,280	2.5%
Latino	0	0	104	188	104	188	292	18.1%	37,622	13.1%
American Indian	0	1	3	5	3	6	9	0.6%	1,274	0.4%
White	2	0	403	686	405	686	1,091	67.6%	227,639	79.2%
Other	0	0	13	22	13	22	35	2.2%	3,351	1.2%

** NOTE: *TAY* population is included in *Adult* population total and *Children and Youth* population total

* Tables do not include those considered "unserved"

Unmet Need by Age Group

Some of the first data provided to planning committees focused on unmet need, or the estimated number of unserved mentally ill. According to California State Department of Mental Health FY03/04 estimates, 120,782 individuals are mentally ill in Riverside County. Riverside County data indicate that there were 34,539 clients served by the Department this same year. This indicates that the Department is currently serving only 29% of those in need.

Out of the total number of unserved mentally ill individuals, the largest proportion are in the adult age range (38%), followed by children (33%), then older adults (15%), and transition age youth (14%). These data were used to inform planning committees in discussions regarding how the funds should be distributed to providers of these various age groups.

In younger age ranges, males are significantly over represented among those served. Moving up through clients ages, in their 20s and 30s, the proportion of females increases. For clients in their 40s and 50s, males and females are similar in proportion among those served. Then in the older adult population, females are over represented. However, females are over represented in the older adult census population, as well.

Ethnic Disparities in Unmet Need

The greatest unmet need is in the Asian/Pacific Islander and Hispanic/Latino population. Out of all mentally ill Asian/Pacific Islanders, 85% of children remain unserved and 80% of adults remain unserved. Out of all mentally ill Hispanic/Latinos, 83% of children remain unserved and 78% of adults remain unserved. This translates into over 3,500 mentally ill Asian/Pacific Islanders and over 38,000 mentally ill Hispanic/Latinos who remain unserved in Riverside County.

These data dramatically highlight that in order to impact both unmet need and the total number of unserved clients, outreach activities need to focus on the Hispanic community. While there is a smaller total number of Asian/Pacific Islanders who remain unserved, there is an existing disparity in unmet need meaning that a smaller proportion of the mentally ill Asian/Pacific Islander community are served in comparison with other ethnic groups.

This pattern applies to all age groups both within the Asian/Pacific Islander population and Hispanic/Latino population.

There are more male Hispanics served than female Hispanics served in all age groups except for older adults suggesting outreach needs to particularly focus on female Hispanics. This gender difference does not appear to apply to the Asian/Pacific Islander population.

It is important to note that the census indicates a low number of Native Americans in the population. Other data suggests that there are many more in Riverside County. Additionally, it is felt that this population is under reported among Department data. Thus, the true need is unclear and needs to be further explored.

Language

25% of Riverside County's population is Spanish speaking, but only 5.5% of the Department's clients are Spanish speaking. These data may have accuracy problems regarding recording clients' language preferences. Regardless, these data suggest that outreach efforts to the Hispanic community will also require recruitment of bilingual staff and interpretation services.

Population Changes and Growth

Estimates suggest the Hispanic population will experience the greatest amount of growth. This reiterates the need for outreach to the Hispanic community and developing the departments' staff to meet their needs.

The age group that will experience the most growth is the Transition Age Youth range. However, needs of this group already are being met relatively well compared to other age groups.

Co-Occurring Disorders

In studies conducted by Riverside County DMH, it was concluded that Riverside Mental Health programs are not identifying co-occurring disorders at rates indicated by known prevalence estimates, and there are clients being served by the Department's substance abuse programs that are not appropriately diagnosed with a co-occurring disorder. Existing programs equipped to serve clients with co-occurring substance abuse disorders are able to serve only the smallest number that should be served according to prevalence estimates.

In other words, (1) existing programs are unable to meet the needs of the population with co-occurring disorders, and (2) co-occurring disorders are being under-identified. This suggests that more programs are needed for clients with co-occurring disorders and training is needed to help providers identify and treat individuals with co-occurring disorders

Homeless Population

Riverside County's local homeless census study conducted in 2005 concluded that there are 4,785 homeless per day in Riverside County. Riverside County's 2004/2005 Homeless Assessment found a total of 2,314 adults who suffer from both homelessness & a diagnosable symptom of mental illness. Examples of such mental illnesses include experiencing psychotic symptoms (21.9%), mood disorder/depressive symptoms (42.1%), and bipolar type symptoms (37.7%). In 2005, there is also an estimated 494 homeless with co-occurring mental illness and substance abuse each day.

In FY03/04, Riverside County Department of Mental Health served 199 homeless individuals as a part of the AB2034 program. Additionally, outreach activities resulted in contacts with 1,787 homeless. These initial contacts indicated that 1,322 individuals needed more extensive assessments and 529 of those individuals were eventually determined to need additional supportive and case management services. The homeless mentally ill have a need for a broader range of services than the general population of the mentally ill.

Schools

Riverside County school enrollment is 51% Hispanic, but clients served through AB2726 are disproportionately White. Hispanic children are more likely to drop out of school and make up the largest proportion of Riverside County's school drop out population. This suggests outreach and education is needed in schools to help identify Hispanic school children with a need for AB2726 services.

Deaf or Hard of Hearing Population

According to California Department of Social Services and the U.S. National Institute of Health, which conducted two independent surveys concluding similar prevalence estimates, 8.6% of the general population is deaf or hard of hearing. Therefore, based on the 2005 census, Riverside County is estimated to have a deaf or hard of hearing population totaling 160,956, which is 5% of the deaf and hard of hearing population in California.

Assuming that prevalence estimates for mentally ill in the general population apply to the mentally ill in the deaf or hard of hearing population, there are approximately 10,939 deaf or hard of hearing mentally ill in Riverside County. Existing data collection does not indicate which of the existing clients are deaf or hard of hearing. However, it is probably safe to conclude that less than 100 deaf or hard of hearing clients are currently being served based on requests and utilization of interpretation services.

Programs equipped to serve this population are needed, staff fluent in American Sign Language (ASL) are needed throughout programs, and training is needed for all staff regarding how to appropriately serve this population.

Exhibit 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:

FY 2005-06	Children and Youth: 30	Transition Age Youth: 44	Adult: 61	Older Adult: 30	Total: 165
FY 2006-07	Children and Youth: 195	Transition Age Youth: 266	Adult: 365	Older Adult: 163	Total: 989
FY 2007-08	Children and Youth: 195	Transition Age Youth: 266	Adult: 365	Older Adult: 163	Total: 989

PERCENT OF INDIVIDUALS TO BE FULLY SERVED:

Race/Ethnicity	% Unserved				% Underserved				% TOTAL
	% Male		% Female		% Male		% Female		
	% Total	% Non-English Speaking	% Total	% Non-English Speaking	% Total	% Non-English Speaking	% Total	% Non-English Speaking	
2005/06									
% African American	3%		3%		3%		3%		12%
% Asian Pacific Islander	0.75%		0.25%		0.75%		0.25%		2%
% Latino	9%	1.6% (18% of Latino Pop)	7.5%	1.4% (18% of Latino Pop)	9%	1.6% (18% of Latino Pop)	7.5%	1.4% (18% of Latino Pop)	33%
% Native American	0.25%		0.25%		0.25%		0.25%		1%
% White	12%		11%		12%		11%		46%
% Other	2%		1%		2%		1%		6%
Total Population	27%		23%		27%		23%		100%
2006/07									
% African American	4%		4%		2%		2%		12%
% Asian Pacific Islander	1%		1%		0%		0%		2%
% Latino	14%	2.8% (20% of Latino Pop)	13%	2.6% (20% of Latino Pop)	6%	1.2% (20% of Latino Pop)	5%	1.0% (20% of Latino Pop)	38%
% Native American	0.5%		0.5%		0%		0%		1%
% White	15%		14%		6%		6%		41%
% Other	2%		2%		1%		1%		6%
Total Population	36.5%		34.5%		15%		14%		100%
2007/08									
% African American	5%		5%		1%		1%		12%
% Asian Pacific Islander	1%		1%		0%		0%		2%
% Latino	18%	4.0% (22% of Latino Pop)	17%	3.7% (22% of Latino Pop)	4%	0.9% (22% of Latino Pop)	4%	0.9% (22% of Latino Pop)	43%
% Native American	0.5%		0.5%		0%		0%		1%
% White	15%		14%		4%		3%		36%
% Other	2%		2%		1%		1%		6%
Total Population	41.5%		39.5%		10%		9%		100%

PART II: COMMUNITY SERVICES AND SUPPORTS PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

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. Describe each of the populations in terms of age and situational characteristics.

Children and Youth

Full Service Partnerships (FSP) for children and youth will be provided through the Children's Integrated Service Program. There will be a broad range of integrated services and support systems for minors ages 0-18 years and their families.

As identified through the Department's extensive community input and planning process, and the Children's Committee prioritization process, the five highest ranked priority populations are listed below. These are the identified priority populations and it will be expected that some portion of these will be served as Full Service Partnerships.

a. Minors under the jurisdiction of the juvenile court (either wards or dependents) and their family/caregivers.

b. Minors who are dually diagnosed with serious mental illness and substance abuse (co-occurring disorders) and their family/caregivers.

c. Youth who are of transition age and continuing to need mental health services into adulthood; are becoming ineligible for funding due to adulthood; or moving out of the Mental Health System needing support to do this successfully (see the TAY Program).

d. Homeless 0-25 years old (see Housing Program).

e. 0-5 years old.

The highest ranked priority population, those with serious emotional disturbance under the jurisdiction of the juvenile court (wards and dependents) and their families, is a primary focus of the Children's FSP Programs. A significant subset of this highest ranked group, but not inclusive of all in this class, are those suffering from Co-Occurring Disorders. Prevention and Early Intervention (0-5 year olds) was also ranked as a high priority and expansion of effective evidence based models was thought to be imperative.

The Children's Committee was explicit in determining that all priority populations identified would have the family/caregiver as part of the support and treatment process. The mental health needs of this population will also be met within a transformed

supportive system that is culturally sensitive, family/consumer driven, supported through interagency collaboration and will be largely community based.

Transition Age Youth (TAY)

Through the Department's planning process and priority work of the TAY Workgroup, six priority populations were identified within the Transition Age Youth population (ages 16-25). The programs will serve TAY who have serious and persistent mental illness, and it will be expected that some portion of these will be served as Full Service Partnerships.

a. Youth transitioning out of the Children's System into the Adult System or out of care completely.
b. Family and caregivers of transition age youth.
c. Transition Age Youth with children.
d. Transition Age Youth with co-occurring disorders (substance use and mental illness).
e. Transition Age Youth who are homeless.
f. Transition Age Youth who are high utilizers of crisis services.

There is significant overlap between these populations and those identified in the Children's and Adult System of Care Committee process. Though all populations described above will be addressed in the Services to Youth in Transition Work Plan, the Committee process further prioritized the issues listed above and developed priority strategies to address the needs of these populations.

Adults

FSP for the Adult population, ages 25-59 with serious mental illness, will be provided through the Comprehensive Integrated Services for Adults Program. This group includes individuals with Co-Occurring Substance Abuse Disorders, along with Transition Age Youth (19-25) and Transition Age Adults (55-59). The Adult System of Care Committee established priority populations eligible to receive FSP services through the community planning process and prioritization. The following list of priority populations are ranked below and it will be expected that some portion of these will be served as Full Service Partnerships.

a. Unengaged homeless.
b. Co-Occurring Substance Abuse Disorders.
c. Forensic populations (those in correctional facilities, on probation or parole).
d. High users of services (those in acute inpatient services, outpatient crisis services, IMD's, state hospitals).
e. Hispanic populations and other underserved cultures.

Older Adults

The Older Adult priority population for FSP is an older adult who is 60 years and older with a serious mental illness that is unserved or is currently served with little services or is not receiving the appropriate mental health services due to lack of resources. The group includes individuals with Co-Occurring Substance Abuse i.e. alcohol, prescription abuse including opium derivates and/or Co-Occurring Health Conditions. There will also be some individuals who are identified in the Transition Age Adults (55-59), which fit the profile more closely of the Older Adult population. Through the planning process and prioritization, the Older Adult System of Care Committee established the priority populations to receive the FSP and other mental health services. These are the ranked populations and it will be expected that some of each of these priority populations will be served as Full Service Partnerships.

a. At risk of institutionalization.
b. Minority populations.
c. Homeless and/or risk of homelessness.
d. Co-Occurring health conditions with a decrease in their functional capabilities and unable to participate in community activities.
e. Co-Occurring substance abuse disorders (alcohol, prescription, and pain killers).
f. Victims of elder abuse and/or neglect.
g. Incarcerated.

The Older Adult Integrated System of Care will not only provide services to older adults but their families/caregivers as well. The program design is to provide a comprehensive range of service options that encourages utilization of the least restrictive alternatives as close as possible to the individual's original residency. Emphasis will be placed upon reducing the risk of institutionalization into Skilled Nursing Facilities and Residential Care Facilities for the Elderly. These older adults are also at risk of homelessness due to their lack of connection with the community. Within the minority older adult populations within Riverside County, the Hispanic population is significantly underserved. These populations will also be aggressively targeted through the FSP.

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

As previously mentioned in Section II of this plan, Riverside County held a rigorous community input and planning process. The starting point for establishing populations to be served came first through the prioritization of the community input. Again, input was facilitated through focus groups, public forums, surveys, and website input. This input was summarized in categorical reports that flowed up to the main MHSA Committees. The commitment was to translate the trends and priorities as accurately described by the community, being careful not to interpret it for the community. The Stakeholder/Leadership Committee ensured the community input and planning process maintained its integrity and held to the guidelines specified by MHSA. Committees then

continued to prioritize and narrow the scope of populations to be served using the criteria listed below:

a. Priority population criteria were identified in the MHSA planning process and community input process.

b. Committees narrowed populations to be served through a similar prioritization process used in the focus groups that involved consumers, family members, and key constituency groups comprising each committee.

c. Department of Mental Health's final guidelines outlined in the CSS Plan.

d. Ability to target racial/ethnic disparities as described in the planning process.

e. Prevalence Data/Needs in Riverside County.

f. Stakeholder/Leadership Committee oversight of the community planning process, ensuring integrity to the process was followed, and confirmation that populations to be served met the directions specified by the DMH final guidelines in the CSS Plan.

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

The initial populations that were chosen in each age group will not, in and of themselves, fully reduce ethnic disparities within Riverside County. However, a large segment of both the jail and forensic mental health populations is Hispanic males, then African American males. According to a homeless survey conducted in 2005, 48% of the homeless population is ethnically diverse. Therefore, it would seem to follow that targeting these population groups would result in a reduction in ethnic disparity within mental health services. We can also see that as you look at the younger age range that the trend for the County is to become increasingly ethnically diverse. However, the existing disparity in our service population indicates that unless we specifically implement strategies for engaging the groups that are disproportionately served, there will be limited reduction based solely on our chosen initial population groups.

To ensure that we reduce disparities through MHSA programming, Riverside County's Department of Mental Health has embedded strategies within each MHSA Work Plan to address ethnic and cultural disparities. Many of these strategies are outlined in the Outreach and Engagement Work Plan, under "Strategies for Ethnic Populations in Section IV."

All Mental Health programs designed under MHSA rely on direction and recommendations from the Ethnic Services Committee to improve and incorporate outreach, access, and services to diverse communities. Ongoing training efforts regarding cultural competency and serving culturally diverse populations will be held department wide. The Department maintains translation services contracts to address any linguistic

barriers for consumers and families receiving services, in addition to bilingual staff (See Section V, Assessing Capacity).

Efforts through the Human Resources Department include specialized recruitment strategies for bicultural and bilingual staff. All services being proposed as contracts, such as Peer Support and Resource Centers and Mentoring Program, will be expected to have bilingual staff and the capabilities to serve all culturally or ethnically diverse populations.

Evidence based models being proposed (such as Multidimensional Family Therapy and Multidimensional Treatment, Foster Care) have been demonstrated to be effective with ethnically diverse populations. Many of the outreach activities devised in work plans of all ages include services in the home or community in which the families or consumers live, which will have a positive impact on reducing barriers and increasing the access potential for culturally diverse populations. Outreach strategies to identify ethnic groups includes networking with organizations who work predominately with ethnic populations such as Indian Behavioral Health, faith based organizations, community organizations who work with Hispanic populations, and Public Health who provide low cost health services to minority populations.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section IV: Identifying Program Strategies

1. Completion of Exhibit 4 (Program Work Plan Summary), which specifies the strategies that will be used in each program.

All Riverside County strategies recommended for MHSA funding are in alignment with the list of potential strategies listed in the "Strategies" section identified by the State Department of Mental Health in the Three Year Program and Expenditure Plan Requirements. The narrative description in Section VI outlines in detail all the proposed strategies within each program to be funded through MHSA.

PART II: COMMUNITY SERVICES AND SUPPORTS PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section V: Assessing Capacity

1. Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the County

A Human Resources Cultural Competency Survey was conducted in May of 2005. The Survey gathered such information as staff ethnicity, languages spoken by staff members, and languages staff members can read and write.

From the Survey, it is revealed that overall staff ethnicity closely reflects that of Mental Health clients in Riverside County. However, the discrepancy between White and Hispanic groups is most prevalent when compared to staff breakdown versus Medi-Cal beneficiaries. Whites are over represented at 50.14% to 27.53% and Hispanics are under represented at 30.52% to 53.56%. It is interesting to note that although the staff diversity does not match that of Medi-Cal beneficiaries, it is a fair representation of the County and of the Medi-Cal beneficiaries that are using mental health services.

Comparison of Ethnicity Across Specified Populations Groups

	County	Medi-Cal	Mental Health Clients	Mental Health Staff
Other	3.26%	6.57%	6.53%	4.63%
Asian/P.I.	3.64%	3.09%	2.62%	3.54%
Hispanic	36.19%	53.56%	26.75%	30.52%
Black	5.97%	9.25%	13.54%	11.17%
White	50.95%	27.53%	50.56%	50.14%

The Survey data also provides a breakdown of bilingual staff by function and language. Responses to the Survey were analyzed to determine the percentage of employees that were bilingual overall and by function and language. A total of 33% of the staff members that responded to the Survey indicated that they could speak a language other than English. The majority was bilingual in Spanish and represented 26.25% of all employees. Of those that are bilingual, Spanish speakers represented 80%. The other top four other languages were Filipino/Tagalog, Arabic/Farsi, ASL, and German. Of those that would speak a language other than English, 56.82% were direct services staff, 30.30% were support services, and 12.12% were a part of administration/management.

According to the Cultural Profile and Cultural Education of Riverside County Contract Providers Survey 20% speak a language other than English. Of those, 65% speak Spanish. All participants were direct service providers. The following strengths will be utilized and limitations addressed through the CSS plan.

Strengths

a. Strong community network and strong history of collaborative efforts across agencies.
b. Broad connections made through MHSA planning.
c. Top management commitment and ongoing training of staff.
d. Clear strategies for outreach including ethnic outreach strategies.
e. Existing language line and bilingual staff in all sites.
f. Commitment to Evidence Based Practices and focus on those proven effective with ethnic populations.
g. Proposed participation in Cultural Competency Practice Development Team at CIMH.
h. Participation in Women's Mental Health Champions Project with focus on Women of Color.

Limitations

a. Limited network and longevity with some ethnic groups, African American women, and Native American population.
b. Lack of services located in predominately ethnic communities or in settings where ethnic groups tend to go regularly.
c. Shortage of bilingual/bicultural staff in certain classifications (psychiatrists, psychologists, clinical therapists, and nurses).

2. Compare and include assessment of the percentages of culturally, ethnically, 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 populations.

Staff Ethnicity by Function

	Administrative Management	Direct Services	Support Services
Other	3.51%	3.45%	6.67%
Asian/P.I.	5.26%	4.02%	2.22%
Hispanic	22.81%	28.74%	36.30%
Black	7.02%	10.34%	14.06%
White	61.40%	53.45%	40.74%

Throughout the Department, ethnic diversity of staff is increasing and is represented more in those staff functions that directly interact with clients. Direct services staff have more of a Hispanic presence in the Desert Region than the others, however, the most diverse language capabilities among direct service staff is in Western and Mid-

County Regions. Overall staff ethnicity closely reflects that of the counties Mental Health clients; however it is not representative of the Medi-Cal beneficiary population. When compared with the Medi-Cal population, there is a large discrepancy in the White and Hispanic populations with the White population being over-represented and the Hispanic population largely under-represented within the Mental Health direct service provider staff.

According to the data from the Staff Cultural Competency Survey, those employees that self-reported that they could read and write a language other than English represented 23.97% of total respondents. Of those that read and write a language other than English they represent:

Administration/Management	10.75%
Direct Services	60.22%
Support Services	29.03%

Spanish speakers make up 84% of the total that can read and write a language other than English. They are represented as follows:

Administration/management	10.25%
Direct Services	56.41%
Support Services	33.33%

Following Spanish is Tagalog/Filipino. Of those that read and write a language other than English, 4.3% are able to read and write Tagalog/Filipino. This group represents staff functions as follows:

Administration/management	20%
Direct Services	60%
Support Services	20%

Other languages that staff members can read and write are Arabic, Chinese, French, Hebrew, Italian, Korean, Polish, Sinhala, and Turkish**.**

The Department has adopted new Bilingual Pay and Certification Procedures that allow for determining staff proficiency in reading and writing in Spanish. Levels 2 and 3 of the certification test for the ability to read and write. This is a new procedure and therefore we expect that more testing will be taking place. Currently, our preliminary results are that 30 employees have tested and been certified at either Level 2 or Level 3. Of those 10% are Administration/Management, 63% Direct Services and 27% Support Services.

Table 83: Staff that Can Read and Write in Spanish by function According to new Bilingual Certification and Testing Procedure						
Staff Function	Level 2		Level 3		Combined	
	Nbr	%	Nbr	%	Nbr	%
Admin/Mgt	1	4.00%	2	40.00%	3	10.00%
Direct Support	16	64.00%	3	60.00%	19	63.33%
Support Services	8	32.00%	0	0.00%	8	26.67%
Total	25	100.00%	5	100.00%	30	100.00%

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

Following are the expended barriers and the plan to address them:

a. Hire sufficient numbers of staff to provide evidence-based and recovery-based services, which are cross culturally capable, including bilingual/bicultural staff.
Plan to include the following:

- Expanded MSW Student Intern Program.
- Close collaboration with Loma Linda University and California State University MSW programs.
- Expanded Human Resources capacity for recruitment efforts.
- Promotions at Job Fairs and expanded advertising.

b. Training Needs
Plan to include the following:

- Comprehensive training plan has already been drafted and will be revised and implemented immediately.
- Training plan has already begun such as Recovery and Co-Occurring Disorders.
- Immersion Program at The Village and on-site training by Village staff.
- Contracts with developers of evidence-based practices.

c. Hire, train and support clients and family members to provide services using recovery/wellness/resiliency models.
Plan to include the following:

- Pre-implementation training to provide training and education program that would be open to all interested around roles, expectations, and knowledge/skills for clients and family members who wish to be hired.
- Contract with qualified agencies to establish Recovery Centers that will provide peer-driven support, vocational services, consumer outreach and advocacy.

- Address and resolve internal administrative barriers to the effective use of Consumer Providers, Parent Partners and Family Advocates, including hiring a Consumer Advocate at the administrative level; establish the requirement that all programs have paid consumer and family support staff, develop uniform job classes, specifications, and pay scales.

d. Develop services to be provided in rural and poverty-impacted areas and in communities with Spanish-speaking populations where services are under-utilized. Plan to include the following:

- Expand our managed care network of providers in these areas.
- Co-locate staff in agencies currently operating in these geographic areas.
- Partner with agencies currently providing bilingual/bicultural services (health, social services, school districts, etc.) and either co-locate mental health staff, or contract with these providers to expand capacity for mental health services, develop collaborative partnerships in these impacted areas, and pilot the use of innovative outreach and recovery-oriented programs.

- Conduct consumer mapping to determine the areas with the highest concentration of consumers and then locate services in those areas.

e. Collaborate with other agencies and providers to reduce fragmentation of services, improve integrated services, and target services to create measurable outcomes: Plan to include the following:

- Co-locate County staff with other service providers.
- Implement our planned evidence-based practices, e.g., Mental Health Court, Recovery Centers, expanded Supported Employment opportunities and capacity, children's Wraparound, etc.
- Develop/Quality Improvement and Contract Monitoring standards of care for both County-run and contracted services that consistently monitor and encourage recovery, cultural competence, and evidenced-based programming and outcomes.

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

1. Exhibit 1 - Plan Face Sheet is attached (See Page 1)

2. Exhibit 2 – Program Work Plan Listing for each of three years (See Page 54, 55, 56)

   - **Fiscal Year 2005-2006:** The Program Work Plan Listing covers a 3-month period of program operations, anticipating an April 1, 2006 start date. The majority of the CSS funding in fiscal year 2005-2006 is in Full Service Partnership (FSP) at 58.42%. Requests for start-up and one-time funding are included in this listing for each program, and explained in the budget narrative section of Exhibit 5.

   - **Fiscal Year 2006-2007:** This represents the first full year of CSS program implementation. The majority of the CSS funding in this fiscal year is in FSP at 54.24%.

   - **Fiscal Year 2007-2008:** This represents the second full year of CSS program implementation. The majority of the CSS funding in this fiscal year is in FSP at 54.24%. There are no changes planned for the first two full years of CSS, pending assessment of service implementation and re-projection of Program Work Plan costs and revenues based on actual data. Any Fiscal Year CSS funding changes will be managed by reviewing planning data and service priorities and capacity for each program developed.

3. Exhibit 3 – Full Service Partnership Population Overview is attached (See Page 40)

4. Exhibit 4 – Program Work Plan Summary. There are a total of six (6) programs for each of three fiscal years presented in this document. (See Section VI) The program work plans include:

   - Children's Integrated Service Program
   - Services to Youth in Transition
   - Comprehensive Integrated Services for Adults
   - Older Adult Integrated System of Care
   - Peer Recovery/Support Services
   - Outreach and Engagement

5. Exhibit 5 – Budget and Staffing Detail Worksheets. A separate budget worksheet and budget narrative were prepared for each of the six (6) program work plans proposed for CSS, for each fiscal year from 2005-06 through 2007-08. Providers have not yet been determined, whether county or contract providers and budget numbers are based on best estimates for each program. (See Section VI in each separate work plan)

6. Exhibit 6 – Quarterly Progress Report – A separate quarterly progress report was prepared for each fiscal year showing the targeted number of individuals to be served for each age group category. (See Section VI in each separate work plan)

7. Exhibit 7 – Quarterly Cash Balance Report – Per DMH Letter 05-05 CSS Program and Expenditure Plan Requirements, the quarterly cash balance report will be submitted after plan approval. (See Page 270)

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2005-06

County: Riverside		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
FSP-01	**Children's Integrated Services**	**$ 1,546,125**	**$ 1,963,010**		**$ 3,509,135**	**$ 3,509,135**			
FSP-02	**Integrated Services for Youth in Transition**	**$ 1,889,030**	**$ 336,762**		**$ 2,225,793**		**$ 2,225,793**		
FSP-03	**Comprehensive Integrated Services for Adults**	**$ 3,856,116**	**$ 2,734,408**		**$ 6,590,524**			**$ 6,590,524**	
FSP-04	**Integrated Services for Older Adults**	**$ 1,889,198**	**$ 902,995**		**$ 2,792,193**				**$ 2,792,193**
SD-05	**Peer Recovery and Support Services**		**$ 511,498**		**$ 511,498**		**$ 214,829**	**$ 296,669**	
OE-06	**Outreach and Engagement**			**$ 85,227**	**$ 85,227**	**$ 21,307**	**$ 21,307**	**$ 21,307**	**$ 21,307**
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 9,180,469	**$ 6,448,674**	**$ 85,227**	**$ 15,714,370**	**$ 3,530,442**	**$ 2,461,929**	**$ 6,908,500**	**$ 2,813,500**
		58.42%	**41.04%**	**0.54%**		**22.47%**	**15.67%**	**43.96%**	**17.90%**

These amounts include one time funding requests.

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2006-07

County: Riverside		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
FSP-01	Children's Integrated Services	$ 1,990,670	$ 2,527,419		$ 4,518,090	$ 4,518,090			
FSP-02	Integrated Services for Youth in Transition	$ 1,533,977	$ 273,466		$ 1,807,443		$ 1,807,443		
FSP-03	Comprehensive Integrated Services for Adults	$ 3,034,584	$ 2,151,852		$ 5,186,436			$ 5,186,436	
FSP-04	Integrated Services for Older Adults	$ 1,400,032	$ 669,185		$ 2,069,216				$ 2,069,216
SD-05	Peer Recovery and Support Services		$ 845,992		$ 845,992		$ 355,317	$ 490,675	
OE-06	Outreach and Engagement			$ 247,588	$ 247,588	$ 61,897	$ 61,897	$ 61,897	$ 61,897
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 7,959,263	$ 6,467,914	$ 247,588	$ 14,674,765	$ 4,579,987	$ 2,224,657	$ 5,739,008	$ 2,131,113
		54.24%	44.08%	1.69%		31.21%	15.16%	39.11%	14.52%

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2007-08

County: Riverside		TOTAL FUNDS REQUESTED By Fund Type				FUNDS REQUESTED By Age Group			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
FSP-01	Children's Integrated Services	$ 1,990,670	$ 2,527,419		$ 4,518,090	$ 4,518,090			
FSP-02	Integrated Services for Youth in Transition	$ 1,533,977	$ 273,466		$ 1,807,443		$ 1,807,443		
FSP-03	Comprehensive Integrated Services for Adults	$ 3,034,584	$ 2,151,852		$ 5,186,436			$ 5,186,436	
FSP-04	Integrated Services for Older Adults	$ 1,400,032	$ 669,185		$ 2,069,216				$ 2,069,216
SD-05	Peer Recovery and Support Services		$ 845,992		$ 845,992		$ 355,317	$ 490,675	
OE-06	Outreach and Engagement			$ 247,588	$ 247,588	$ 61,897	$ 61,897	$ 61,897	$ 61,897
					$ -				
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					$ -				
					$ -				
		$ 7,959,263	$ 6,467,914	$ 247,588	$ 14,674,765	$ 4,579,987	$ 2,224,657	$ 5,739,008	$ 2,131,113
		54.24%	44.08%	1.69%		31.21%	15.16%	39.11%	14.52%

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Riverside	Fiscal Year: 2005/06/07	Program Work Plan Name: Children's Integrated Services Program
Program Work Plan #: FSP-01		Estimated Start Date: 4/06

Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Children's Integrated Services Program will be developed to provide a broad array of integrated services and support system of care for minors ages 0-18 and their families. See Program Summary of the Children's Integrated Services Work Plan for a complete program description.
Priority Population: *Describe the situational characteristics of the priority population*	Minors under the jurisdiction of the court, minors with co-occurring substance abuse disorders, transition age youth needing Mental health services, homeless (0-25 yrs. old), and youth (ages 0-5).

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
1) Full Service Partnership Program	☒	☐	☐	☒	☒	☐	☐
2) Interagency Service Enhancements and Expansions	☐	☒	☐	☒	☒	☐	☐
3) Evidenced Based Practice Models as Outpatient Enhancements and Expansions	☐	☒	☐	☒	☒	☐	☐
4) Family Involvement/Parent Partnerships	☐	☒	☐	☒	☒	☐	☐
5) Diagnostic Tool(s)	☐	☒	☐	☒	☒	☐	☐
6) Crisis and Psychiatry Services	☐	☒	☐	☒	☒	☐	☐
7) Wraparound Services (Not MHSA funded)	☐	☐	☐	☒	☒	☐	☐
	☐	☐	☐	☐	☐	☐	☐
(See Section 2 of the Children's Work Plan for complete description of all strategies listed above.)	☐	☐	☐	☐	☐	☐	☐

Children's Integrated Services Program
Work Plan

The Children's Integrated Service Program will implement a broad array of integrated services and a supportive system of care for minors ages 0-18 years and their families. Detailed below are specific characteristics of the priority population to be served and a complete narrative describing the strategies necessary to implement the program.

1. Populations to be served.

The Children's Integrated Services Program will be developed to provide a broad array of integrated services and a supportive system of care for minors ages 0-18 years and their families. The 5 highest ranked populations, identified through the planning process were:

a. Minors under the jurisdiction of the juvenile court (either wards or dependents) and their family/caregivers.
b. Minors who are dually diagnosed with serious mental illness and substance abuse (co-occurring disorders) and their family/caregivers.
c. Youth who are of transition age and continuing to need mental health services into adulthood; are becoming ineligible for funding due to adulthood; or moving out of the mental health system needing support to do this successfully (see the Services to Youth in Transition Program Work Plan).
d. Homeless 0-25 years old and their family/caregivers (see Housing Program).
e. 0-5 years old and their family/caregivers.

The Children's Planning Committee was explicit in its determination that in every population of minors identified, the family /primary caregiver is included as part of the support and/or treatment process. Because these particular populations were identified and prioritized by the Children's Committee, priorities labeled a, b, c, and e, above, will be the primary focus of the Integrated Services Program. Item c, will also be addressed specifically in the "Services to Youth in Transition" program. However strategies outlined within this program narrative and the existing Wraparound are applicable to the 16 to 18 year old age group and will be tailored to work closely with the TAY program. Priority d, will be addressed in the Housing Program described in the Adult Work Plan. However, because the family, whenever available, will always be a valued member of the treatment process and team, the Children's Integrated Service Program will work closely with the Housing Program to promote family safety and stability in the area of housing.

The highest ranked priority population, those with serious mental illness under the jurisdiction of the juvenile court (wards and dependents) and their families, is a primary focus of the Children's Integrated Service Program. As outlined within this narrative, the mental health needs of this population will be met within a transformed supportive system that is culturally sensitive, family/consumer driven, supported through interagency collaboration and largely community based. A significant subset of this first ranked grouping but not inclusive of all in this class, are those suffering from co-

occurring disorders (ranked # 2, priority population b.). The Children's Integrated Service Program will include strategies specifically for this group. While Prevention and Early Intervention will be addressed later in the MHSA, the youngest children were ranked high by the Children's Committee (ranked # 5, priority population e.). Thus, this population is served in the plan. Also, expansion of very effective evidence based models was thought an imperative. Incorporation of evidence based parenting for younger as well as early teenage populations that would enhance the support system for families of all children with or at risk of serious emotional or behavioral problems, is also a key to system transformation. Parents have consistently indicated that the parenting training generally available in the community has not been effective with this special needs population.

Additionally, outpatient treatment approaches will be added to the service array, particularly values driven evidence based practices that are specifically for the priority populations that were identified.

Finally, the major foundational underpinning of the Children's Integrated Service Program is the enhanced and transformed Parent Support Services that the MHSA supports and services that these funds will allow us to implement. This will be discussed in the Peer Support Work Plan but this area is so pivotal to transformational success, the specific strategies that will be developed or enhanced will be described within the Children's Integrated Service Program also.

The Children's Integrated Service Program is described by detailing the specific components that make up this program. These components were chosen as transformational because they enhance and expand the current community based services provided to children, youth and their families in this county.

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

There are 12 general child serving outpatient clinics throughout Riverside County, plus some specialty population clinics as well as multiple school sites where outpatient services are provided. An Assessment and Consultation Team, provides consultation to Child Protective Service Social Workers on site at Social Service offices. Clinics provide individual, group, and psychiatry services at the clinic sites and some provide community and in-home services. TBS and Case Management services are available Countywide. Additionally, some clinics have parents of past or current clients, hired as Parent Partners. The following strategies will address the needs of the priority populations and will add to the quality and array of services currently available. The program strategies that follow add new services for priority populations through full service partnerships and through enhancements to existing services to both serve more children and also provide services to underserved populations, In addition, a comprehensive children's system must include a range of family support to fully serve those children who have severe emotional disturbance.

Full Service Partnership Program

The Full Service Partnership Program being added will serve the most seriously emotionally disturbed minors in Riverside County. These are youth with externalizing behaviors and in or at highest risk of out of home placement. This population of youth clearly falls within the population that was ranked # 1 (a. under "Populations to be Served") in priority ranking. Minors in the Full Service Partnership Program will receive as needed, the full range of comprehensive mental health services and supports

Needs of minors in the Full Service Partnership Programs will be evaluated and comprehensively addressed through an individualized treatment plan. Clinicians assigned to case manage these minors will have caseloads no larger than 15 so intensive services can be provided and linkages established with Education and other agencies involved. 24-hour crisis support will be available to the minor and his/her family/ caregiver. Respite, mentorship, childcare, and transportation needs would be evaluated and addressed as part of the comprehensive approach. In addition, as outlined elsewhere in this plan, crisis stabilization, TBS, support groups, and parenting classes will be provided to the child and family based on client need and the client and family's desire for the service. Parent Partners will be involved on all teams and will provide Peer- to-Peer Supports as described later. Flexible funds already available in the Children's System will also be available as needed.

Following are the evidence based treatment practices chosen as core components of the Full Service Partnership Program. As described, one will serve those needing out-of-home placement, largely the foster care population, to avoid the need for higher level placement, and the other for youth at home or in a long term family environment at the highest risk of out-of-home placement. The two core evidence based practices chosen for these youth have also proven to be effective in treating co-occurring disorders of emotional disturbance and drug abuse which is also often a feature of the priority population.

a. Multidimensional Treatment Foster Care will be developed for wards and dependents as an alternative to group home placement. Selection of minors for these services will be determined collaboratively with Probation and/or Social Services. Selected minors will be at high risk of placement failure due to externalizing behaviors and/or co-occurring substance abuse problems. This treatment is effective for externalizing behaviors and co-occurring substance abuse disorders, which are major issues within social service and probation youth populations. This treatment assists the minor to attain and sustain a level of wellness that permits them to return home or to a long-term family like environment rather than a higher-level group home. When the minor's family is available and reunification is legally possible, this evidence-based practice includes the family in both family therapy and parent skills training. This approach utilizes a high level of interagency (schools, social services, probation) and community (skills training and peer monitoring) collaboration. Youth can be matched with a MTFC home that will meet specific cultural, gender or sexual orientation needs of the minor, which addresses strategies related to gender, culture

and sexual orientation. Resilience and wellness is developed and fostered by this approach's focus on skills training for the minor. Minors' ages 11 to 18 years have been successfully served. Due to these outstanding characteristics, this model is listed as "Effective," the highest ranking, in the CIMH listing of "Values-Driven Evidence-Based Practice Matrix." Three MTFC teams will be developed, one each in the three geographical regions of Riverside County. A team consists of 1-halftime Family Therapist, 1-halftime Individual Therapist, 1 FTE Behavioral Health Specialist as a Skills Trainer, part time Supervisor, part-time Clinician for daily telephone contact person/recruiter/trainer, and 1 Office Assistant. Each team will support 10 homes serving one youth in each home (45 minors per year). These homes will be recruited, certified and licensed in collaboration with Probation and Social Services who will work jointly with Mental Health in serving these minors.

b. Multidimensional Family Therapy will be another evidence-based practice, provided for the full service partnership populations within the social service and juvenile justice agencies. Selection of minors for these services will be determined collaboratively with Probation and/or Social Services. Selected minors will be at high risk of placement failure due to externalizing behaviors and/or co-occurring substance abuse problems. This intensive community based approach is effective for minors with serious externalizing behaviors and substance abuse problems. It is a model that includes the entire family to establish long lasting sustained change within the family system. This family based program is flexible yet effective. It fosters resilience by developing and promoting healing factors. This approach has proven effective for both males and females in urban as well as rural areas with documented success in African American as well as Hispanic youth. Due to these characteristics, this model also is listed as "Effective," the highest ranking, in the CIMH listing of "Values-Driven Evidence-Based Practice Matrix." It is effective in a broad age range from 11-18 year olds. Three teams will be established each with 1 Supervisor, 4 Clinical Therapists, 1 Parent Partner, 1 Behavioral Health Specialist, and 1 Office Assistant. Education and the Probation Officer/Social Worker will also be closely involved. 150 to 180 youth will be served Countywide annually.

Finally, as mentioned earlier, the supportive services of respite care, childcare and transportation will be developed and/or expanded to be a part of the array of service for Full Service Partnership minors. A brief description of each of these supportive services is included.

1. There currently is a successful respite program through a contract with Riverside County Office of Education (RCOE) and subcontracts with community providers. This program is family driven in that the family chooses to participate and chooses the provider they wish to provide the service. It requires a high level of collaboration with families, childcare providers, RCOE and County Mental Health. Satisfaction surveys indicate that respite care is highly valued by families within the system. During fiscal year 2004/2005 it served 145 children and/or their siblings. This program will be expanded to include the Full Service Partnership Program children and/or their siblings and is vital to sustain the integrity of families with children of

high need and high risk for out of home placement. This will provide necessary support to the increased capacity of the system and continue the system's focus on supporting families by reducing stress so they can keep their children at home.

2. Childcare availability will be developed at clinic sites. Parents and caregivers have long indicated and the Children's Committee corroborated that childcare is a barrier to families' full participation in treatment as well as in supportive and social activities. To address this barrier, the goal will be to provide time periods at each clinic site when appointments can be clustered for those needing care and supervision of children during clinical appointments and to have childcare available for family support or social events when needed.

3. Transportation will be expanded for families for whom services in their home are not indicated or available. This will also address social isolation by transporting families for service related support groups and social events as well as clinic visits. Three additional vans will be purchased and three drivers, one to serve the team in each geographical area of Riverside County. The size of the County and poor public transportation makes this necessary to reduce one significant barrier to service use.

Services described later in this plan will be provided to full service youth as needed but will also serve other youth.

Interagency Service Enhancements and Expansions

Interagency collaboration occurs at multiple levels between Mental Health, Social Services, Health Services, Juvenile Justice and the Regional Center to insure administrative collaboration as well as continuity of care for the minors served. Feedback during the planning process for the MHSA highlighted the need to support and expand this collaboration for minors with co-occurring disorders and that co- occurring disorders are not just substance abuse and mental illness but also mental health and physical health issues, mental health and developmental disabilities as well as mental health and learning disabilities. Beyond the full service partnership program the following Interagency Service Enhancements and Expansions will add to the quality and array of services currently available and enhance interagency collaboration for a broader range of youth. It is recognized that all of the priority populations identified are important. Due to the priority ranking of the populations identified, the primary focus will be on minors under the jurisdiction of the juvenile court (either wards or dependents) and their family/caregivers.

To address the needs of emotionally and behaviorally disturbed minors presenting in juvenile court, six enhancements are described that reflect the strategies of family preservation, follow-up services for children leaving Juvenile Hall and other detention facilities, and coordination and collaboration with Social Services.

a. Clinicians will be assigned to each of the three regionally located juvenile courts for consultation with social workers, probation officers, county counsel, and judges to

identify children and youth in need, determine the appropriate level of mental health care necessary to meet the minor and family needs and address barriers that are arising related to providing appropriate services for these minors. Referrals will be made and facilitated to assure prompt entry into these services. This is a system enhancement.

b. Although staff currently provides services in the Juvenile Halls and camps, support upon release to ensure linkage to outpatient services has been missing. Consequently, three probation liaison positions will be actively involved in interagency collaboration with aftercare Probation deputies and community partners to be certain that upon discharge from the three juvenile halls and the three probation run facilities, youth with serious emotional disturbance will receive the appropriate level of mental health services and other supports as necessary to achieve success, support/promote resilience and prevent re-offense. This case management service will be funded as a system enhancement.

c. As part of the Social Services Redesign process the Family-to-Family approach is being adopted in Riverside County. This approach is aimed at children who are at risk of removal from their homes due to neglect or abuse, so they can remain at home whenever possible, and when it is not, to keep children in their local community so they are not separated from their familiar surroundings and school. A key feature of the Family-to-Family process is Team Decision Making (TDM). This process convenes a team of the family's choice. These individuals who have interest in the minors, problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family. To support interagency coordination and collaboration with the Social Services Department, Mental Health has been a partner in planning for the Family-to-Family approach and also in the planning process for Team Decision Making. Mental Health will actively participate in the ongoing team decision-making process. 4.5 FTE's of additional clinician time will be added to insure active involvement in the TDM process and case management of those minors identified with serious emotional and behavioral problems. This strategy will allow for appropriate interventions that will prevent removal of minors from their homes whenever possible and prevent loss of placement or higher level (group home) placements. Due to this active involvement with the Social Service process, it is estimated that 50 minors per year will be identified that become part of the full service population. Other youth will be referred to appropriate services in or outside the system.

   As described in the following, expansion of Therapeutic Behavioral Services (TBS), expanded availability of staff with substance abuse treatment expertise to provide co-occurring disorder treatment and a mentorship service will round out this first cluster of system transformational enhancements for the Children's Integrated Services Program.

d. One additional TBS coordinator will coordinate TBS referrals and one additional Case Manager will open and case manage appropriate cases to enhance the services

provided to minors at risk of hospitalization or higher-level placements. This allows for more aggressive efforts to identify and serve wards and dependents. Expanded capacity will also serve some very high-risk minors specifically needing TBS services who are residing at home or with a permanent relative placement and may not have full scope Medi-Cal. Funds will be included in the existing TBS contracts. The expanded capacity will accommodate up to 10 minors a year needing this service but not having Medi-Cal and 15 additional minors having full service Medi-Cal, for a total expansion of 25 minors a year.

e. Training and supervision around treatment models identified as effective for co-occurring disorders (substance abuse and serious mental illness) will occur for Countywide clinic staff and three staff with substance abuse expertise will be added, also Countywide to the current interdisciplinary clinical teams. This will enhance services for minors diagnosed with co-occurring disorders and served within county clinics. The goal is to have at least one co-occurring treatment group available at each Children's Services clinic serving adolescents. These co-occurring groups would serve 50 minors Countywide. This is a system enhancement rather than a full service treatment population.

f. Mentoring provides children and youth with companionship from a positive role model, support, guidance, and assistance in successful integration and participation in normalizing child and youth activities. A mentorship service will be added to the array of services to foster resilience, positive peer interaction, and successful community integration. This will be achieved through a contracting process. Minors referred to this service will be those identified as needing a positive peer/role model. Additionally, these minors may be socially awkward or isolated and have a deficit in their social skills. Selected contractors will be those that are willing to train and employ young adults who are past or current consumers to mentor and support youth currently within the Mental Health System. A contract requirement will be that mentors will be culturally reflective of the communities they serve. Integrated into this strategy will be youth voice and feedback from youth participating in services. This contract is expected to serve 150-175 youth Countywide annually including full service partnership children and others.

Evidence Based Practice Models As Outpatient Enhancements/Expansion

Adding to the two evidence based practices described in the Full Service Partnership Program of the Children's Integrated Service Program, other specific evidence-based practices will be initiated within clinics plus existing successful evidence based practices will be expanded as strategies to meet the needs of other specific high need populations. The high need populations targeted for these services are minors who are any of the following:

- Experiencing depression.
- Victims of trauma/abuse.
- Experiencing Anger/Impulse Control Issues

- Very young (2-7 years), and experiencing serious behavior problems.

a. One evidence-based practice, chosen to promote Countywide system transformation, is Cognitive Behavioral Therapy (CBT). This treatment modality will improve treatment consistency and effectiveness in the treatment of depression and trauma, both of which are significant features within the social service and juvenile justice mentally ill populations. Selection of minors for CBT will be based on clinical history (trauma or depression), diagnosis as well as the choice of the child and family to participate. Training of existing and new county clinicians in the foundational approaches of CBT will be the first step. It will be followed by advanced training, also for existing and new county clinicians. The foundational trainings will also be made available to community and Mental Health Plan providers to facilitate transformation in those arenas also. CBT was listed as a SAMHSA model program with demonstrated success in all socioeconomic groups, among African American, Hispanic and White children, including those in urban and rural settings as well as those in between. The age range that will be addressed is 3 to 18 years. New clinicians will not be hired to implement this approach but rather existing staff will be trained. This approach will be available at every Riverside County Department of Mental Health (RCDMH) child-serving clinic Countywide. This is a system enhancement.

b. Aggression Replacement Training (ART) will be added to the service array. It is successful in juvenile justice, school and other settings. It will be made available for Juvenile Justice youth as well as for other youth within the mental health clinic and community settings. Selection of youth for this training will be a collaborative process with the child and family, social services and/or probation. This training teaches youth pro-social skills to replace aggression, alternatives when provoked and values that respect the rights of others. This approach is ranked as "Promising" in the CIMH listing of "Values-Driven Evidence-Based Practice Matrix." Families have long requested anger management for their children within this county. This "promising" model will address that need. Existing staff will be trained in ART as well as the three new Probation Liaisons. It is anticipated that at least 100 minors will complete ART each year. This is a system enhancement.

c. An additional evidence-based strategy in the Children's Integrated Service Program includes expansion of Parent-Child Interaction Therapy (PCIT) with treatment equipment to be purchased and installed at three additional treatment sites as well as the training and addition of three clinicians. This will expand the availability of this treatment approach particularly within the age 2 – 7 years for the dependent population within Social Services. RCDMH is recognized throughout California as having a very successful PCIT program. Currently there are nine locations Countywide, equipped to provide PCIT. Additionally, there is a strong collaboration and a referral process between 44 pediatricians and public health clinic offices in Riverside County who administer the Devereux Early Childhood Assessment (DECA) survey form. Based on the scoring of this screening for social emotional development, families are invited for further evaluation and possible inclusion of

themselves and their child in PCIT or other treatment modalities. Increased capacity generated by three additional clinicians, will enable the targeting and the inclusion of more foster children and their caregivers, or biological parents if reunification is possible. Three additional clinicians will increase the treatment capacity by 45 minors per year.

d. Finally, effective, practical, and helpful parenting training has long been identified by families and treatment staff and was also identified by the planning committee as being a significant gap in our service system. Consequently, implementation of evidence based parenting model Countywide both within the county system as well as among community providers is seen as a vital strategy for system transformation. Incredible Years is currently available but only on a limited basis. This may be one of the practices chosen. Decisions will be made as to the specific parenting models based on consultant expertise and community input from existing providers, parents and other interested parties. Two practices will be implemented within the first three years, one for children up to the age of 8 years and a second for those 9-13 years olds. These age categories are also flexible based on the minor's developmental stage. Social Services is collaborating closely with Mental Health to promote community participation and involvement in this transformation. They have committed to adding evidence based practice as a part of contract requirements, once training has been provided in these new practices, for future parent training contracts that they award. MHSA funds will be used to retrain county and contract providers in evidence based parenting. 20 trainings with the capacity of 10 families each will be provided each (200 participants) year. This is a system enhancement.

Family Involvement/Parent Partnerships

Currently within the Riverside County Children's Mental Health Service System there are 12 full time equivalents (FTE's) funded for Parent Partners employed as permanent County employees and assigned to children's clinics throughout the County. These individuals have had experience raising a child or grandchild with emotional or behavioral problems and have advocated for that child related to multiple agencies such as Education, Mental Health, Probation, Social Services, SSI, etc. Parent Partners welcome new families to the Mental Health System through an orientation process and work as part of the clinical team in the clinic where they are assigned. Parent Partner services are invaluable in promoting engagement from the first family contact, providing support and education to families and supporting the parent voice and full involvement in all aspects of their child's service planning and provision of services. Additionally, for the past 7 years, there has been a Parent Partner (Family Liaison) for administration. This parent provides the parent voice and perspective at the management and policy level to impact management decisions in Children's Mental Health.

An integral part of system transformation is the expanded involvement of parents at all levels of the Children's Integrated Service Program as well as a support to families who are parenting children with serious emotional problems but are not in the County Mental Health System. While Riverside County has been a leader in this area, employing parents

as support and service providers Countywide for the past 7 years, the department embraces the opportunity to expand and improve these activities through the MHSA. The number of Parent Partners will be increased, from 12 to 29. Two Parent Partners will serve in a lead capacity. Currently there is one Parent Partner for Administration. An additional position will be created, functioning in a lead capacity for supervision of the centralized Parent Support Program as described below.

The new Parent Partners will be utilized as follows:

a. A centralized unit of Parent Partners will be formed by joining (5) new Parent Partners into the current Parent Support Unit (a clinician and Volunteer Services Coordinator) to form what will be called the Parent Support Program. This program's activates support all the children's clinics. The Volunteer Services Coordinator, in addition to recruitment and coordination of volunteers, oversees the Parent Support Library, coordinates targeted ethnic outreach and representation at community events, coordinates the Thanksgiving Food Basket project, and is a key member of the Cultural Competence Committee. The Clinical Therapist coordinates and contract monitors the existing respite services, coordinates the Backpack-Back to School Supply project and Holiday Gift project, coordinates Children's Services training, and represents Children's Mental Health on a variety of collaborative and interagency boards and committees. In addition to expanding the existing functions, the newly formed Parent Support Program will develop and run a training curriculum for new parents being hired as Parent Partners throughout the system, provide training on parent partnerships and the parent's role and perspectives to existing clinic staff and staff as they are hired, provide community family support groups, provide and organize psycho educational and other community trainings, coordinate the quarterly publication of a parent newsletter in both Spanish and English (articles will be of interest to a culturally diverse population), expand access to the current Parent-to-Parent Telephone Support Line by providing support in Spanish as well as English, mentor and train parents as volunteers, coordinate special projects, participate in selected outreach and anti-stigma events, serve as back up to clinic Parent Partners, and coordinate the annual Parent Professional Partnership Summit. A lead Parent Partner, four additional Parent Partners and an office assistant, as well as a van will be added to existing Parent Support staff for these purposes. Each of the four Parent Partners will have a primary assignment from the activities described above. These assignments will be:

   - Support Groups, Childcare, and Transportation
   - Training
   - Outreach
   - Special Projects, Youth Involvement and Youth and Family Activities

   These new Parent Partners will also outreach to consumers in the adult system who have minor children to provide information, support and resources.

In addition, a half time grant writer will be hired to seek grants and other funding sources to continue expansion in the area of parent supports, parent empowerment and leadership.

b. Eight additional clinic Parent Partners (FTE's) will be hired to expand clinic based parent supports and to work as part of the clinical team out of each child serving clinic site in order to support new and existing families accessing services and to work on Full Service Partnership Teams. There will be at least one Parent Partner at each site and depending on clinic volume; most will have two Parent Partners. Whenever there are two Parent Partners at a clinic site, at least one will be bilingual Spanish speaking. Parent Partners, working out of clinic sites, will provide parent-to-parent support individually and in groups to youth and families within their clinic, and provide feedback to the clinic as well as be a part of the clinical team. They will provide services similar to existing Parent Partners as described earlier.

Diagnostic Tool

An additional enhancement to the Children's Integrated Service Program will be the introduction, training and use of the Computer-Diagnostic Interview Screening for Children (C-DISC) tool. Use of the C-DISC will promote more accurate diagnosis of minors (including co-occurring disorders), assist in identifying full service partnership clients and allow for better-informed choices for families as to which therapeutic approach(s) are most likely to be effective. This standardized diagnostic instrument was designed for youth ages 9-18 years and because of the voice assistance, does not require high-level reading skills. Under supervision, this tool is self administered by the minor at a computer terminal. All possible diagnosis is printed out and is used by the clinician in the intake assessment to determine an accurate diagnosis. This tool was created out of Columbia University and is highly tested and validated including for diverse populations. A parent version is expected to be released soon. It will provide a standardized assessment method (completed via computer by a parent) to be used for minors who do not have the skills to use the computer and will allow screening down to age 6. This tool will be implemented Countywide, initially with the youth completed C-DISC and when the new parent completed version becomes available, and it will be added. MHSA funds will be used for training, computer hardware and software as well as for the ongoing licensing fees for using the C-DISC.

Crisis and Psychiatry Services

Also, a vital service enhancement is expansion of Case Management at the Children's Evaluation Services Unit (CESU), Parent Partner availability at CESU, and access to 24-hour information and support out of the CESU and finally increasing Child Psychiatry time.

a. CESU provides crisis services as an alternative to hospitalization. The hospital diversion rate for the CESU is roughly 50%, which is significantly higher than emergency room diversion rates. Critical to the success in avoiding hospitalization is

access to information and support, and effective case management. The addition of two Parent Partners to the CESU clinical team who will work with children and their families, assist in resolving crisis, plan for crisis avoidance and link to the parent support system, will improve the outcomes for minors and families. Two additional clinicians for discharge planning at CESU will provide for more comprehensive case management services for CESU clients as well as expanded outreach to our existing adolescent psychiatric unit and surrounding hospitals serving Riverside County youth. These case managers will expedite appropriate discharges, insure appropriate linkages are made before discharge, and follow these referrals after discharge to ensure that linkage occurs. This will significantly increase the chances of reduced re-hospitalization and of stabilization at home. It is expected that 240 children and youth will be provided short-term case management a year. These case managers will also be pivotal, working directly with the parent partners to provide 24-hour telephone support to families in crisis or seeking information.

b. Finally, youth are at times faced with disruption in their medication programs due to shortage of physician time. Enhancements will fund an additional 20 hours of Child Psychiatry time to avoid these disruptions.

Wraparound Services

Currently there is a County operated SB163 Wraparound Program with the capacity of serving 28 youth in the Western Area of Riverside County. Mental Health is the lead agency for this program, which serves both Probation and IEP related youth who would otherwise be in placement. Education, Social Services and Public Health also participate on a Wraparound Steering Committee. There is a plan to expand this County run program by two additional teams to serve additional youth. The goal is for Wraparound services to reach Countywide for Probation and IEP identified youth. Additionally, DPSS is in discussion and tentatively planning to implement a Wraparound Program for dependent youth. No MHSA funding will be utilized to provide expanded Wraparound teams.

Narrative Summary-Advancement of MHSA Goals
Collaboration

As outlined in the above narrative of the Integrated Children's Services Program this proposal clearly reflects the goals of the Mental Health Services Act. The enhancements, expansions, new evidence based treatment models and parent supports reflect collaboration at multiple levels. Collaboration starts with parent involvement and extends to interdepartmental, interagency and community collaborations. Through the choice and implementation of new parenting training, choice of evidence based practices that are highly collaborative, enhancements that improve participation in the Social Service TDM groups, collaboration and consultation to juvenile courts and juvenile justice facilities and expansion of screening collaborations within community clinics and pediatrician offices, collaboration is inextricably ingrained in all service levels.

Cultural Competence

Cultural Competence is reflected in the selection of evidence-based practices, particularly Multidimensional Treatment Foster Care, and Multidimensional Family Therapy. Both have proven to be effective among African American and Hispanic populations. Additionally, a parent newsletter that is in both Spanish and English featuring articles of interest to a culturally diverse population and the goal of hiring multiethnic and bilingual Spanish speaking Parent Partners clearly reflects expected continual progress in the areas of cultural competence. Another example of cultural competency within the Children's Integrated Service Program is demonstrated by requiring the mentoring contractor to staff this service with individuals that culturally reflect the populations they serve.

A Family Driven System of Care for Children and Youth

A Family Driven System of Care for Children and Youth is clearly reflected in the "Family Involvement/Parent Partnerships" portion of the narrative. Parents have been an integral part of the service system for the past seven years. The development of Centralized Parent Support with Parent Partners in supervisory as well as administrative capacity will further establish parents within the system. Expansion to more than double the number of Parent Partners budgeted and working within the children's clinics will establish and insure parent involvement and voice at the service level and at each service site.

Wellness, Recovery and Resilience

Wellness, Recovery and Resilience are reflected throughout the enhancements, expansions and practices chosen. Examples of this include, Aggression Replacement Training which teaches pro-social skills and values that respect the rights of others. PCIT and evidence-based parenting practices focus on positive parent child interactions and identifying and building on each minor's individual strengths.

Integrated Service Experiences

Integrated Service Experiences are reflected in the many interagency expansions and enhancements that have been chosen. The "Interagency Service Enhancements and Expansions" section outlines the high level of integration that this program includes. The "Evidence-Based Practice models as Outpatient Enhancements/Expansions" section describes specific practices that are known for requiring a highly integrated approach. Specifically, consultation and work within the Juvenile Court, Probation Liaisons within Juvenile Halls and probation facilities, multi-agency and multidisciplinary participation in Team Decision-Making related to Social Service minors and the choice of Multidimensional Treatment Foster Care and Multidimensional Family Therapy all demonstrate a high level of service integration.

3. Describe any Housing or Employment Services to be provided.

No ongoing housing is directly provided through the Children's Integrated Services Program but these services are covered elsewhere in the Community Support and Services Work Plans for other age groups including TAY. Families in need will utilize the services described in those sections. Some emergency assistance, utility, and security deposits will be provided through the Children's program.

4. Full Service Partnership

The Children's Integrated Service Program will serve 195 consumers in Full Service Partnership annually, at an average annual cost of $17,316 per client, based on gross MHSA program cost.

5. Recovery Goals

This program promotes recovery and resiliency in children and youth in that wellness, recovery and resilience are reflected throughout the enhancements, expansions and practices chosen. Examples of this include Aggression Replacement Training, teaching pro-social skills and values that respect the rights of others. PCIT and evidence based parenting practices focus on positive parent child interactions and identifying and building on each minor's individual strengths. Staff will team with the child and family/care provider to collaboratively tailor services to meet the unique needs of the child and family. Additionally, staff and supervisors will be trained in resiliency and recovery principles. Supervisors will follow up these trainings by incorporating these principles in their staff performance reviews. Parent Partners, youth, as described in the Mentorship services and "Transition Age Youth Specialists" as described in the "Services to Youth in Transition" program, will work together with, or as part of clinical teams in children's clinics, to empower and support family resiliency.

6. Expanding Existing Programs

Descriptions of existing programs and how they will change under this proposal is covered in the body of the narrative. As indicated, 5 program enhancements will improve the existing service array. These are:

- Psychologists assigned to the juvenile courts
- Probation liaisons assigned to the three Juvenile Halls and 3 probation run facilities
- Clinicians assigned to Team Decision Making with Social Services
- Expansion of TBS to a small number of highest risk children and youth not on Medi-Cal
- Addition of staff skilled in substance abuse, training in co-occurring disorder treatment and added co-occurring treatment groups
- Mentorship Development

5 evidence-based practices will be added to the overall service expanding the array of available clinical interventions plus one existing practice will be expanded.
These are:

- Multidimensional Treatment Foster Care (full service partnership)
- Multidimensional Family Therapy (full service partnership)
- Cognitive Behavioral Therapy
- Aggression Replacement Training
- Parent Child Interaction Therapy – Expansion
- Parenting Training

Three supportive services will be initiated and/or expanded under the Full Service Partnership Program.
These are:

- Respite care expansion
- Childcare provided
- Transportation

There will be expansion in two areas of family involvement/partnership
These are:

- Expansion of the Parent Support Program
- Expansion of clinic Parent Partners

Additionally, a standardized diagnostic tool will be introduced to improve consistency and quality in the diagnostic process; crisis and psychiatry services will be expanded; and Wraparound Services will be expanded.

7. Services and Support provided by clients and/or family members.

The centralized Parent Support Services as well as the expansion of Parent Partners within the existing clinics as described in the "Family Involvement/Partnership" section, describe how family members, as service providers are an integral part of all of the components of the Children's Integrated Services Program. Parents are included in all levels of service planning, service implementation, training and administration to insure that families inform, shape and drive our service system. As indicated in the "Family Involvement/Parent Partnerships" section, family members hired as regular County employees will welcome, mentor, educate, support and encourage other parents whose children are in or entering the Mental Health Service System.

8. Collaboration Strategies

Collaboration strategies are summarized in the first paragraph under "Advancement of MHSA Goals" as well as throughout the program narrative. The transformative approaches selected require close and constant collaboration with other formal child serving agencies as well as others in the community that can contribute to a minor's success and resiliency. Close communication is necessary for the effectiveness of

evidence-based practices. For example in Multidimensional Treatment Foster Care and Multidimensional Family Therapy, it is critical that there is frequent and consistent communication and collaboration to monitor and maintain consistency related to youth participation and performance in school, terms of probation and peer association. With the highest ranked priority population being minors under the jurisdiction of the Juvenile Court and through the enhancements and practices chosen, collaboration with Social Services, Probation and Education are woven through all of the services provided.

9. Cultural/Linguistic Competency

Cultural Competence is reflected in the selection of evidence-based practices, particularly Multidimensional Treatment foster Care, and Multidimensional Family Therapy. Both have proven to be effective among African American and Hispanic populations. Additionally, the goals outlined in the hiring of multiethnic and bilingual Parent Partners clearly reflects expected continual progress in the areas of cultural competence. Another example of cultural competency within the Children's Integrated Service Program is contractually requiring the mentoring contractor to reflect the populations served within the mentor pool. The majority of the evidence-based and specialized supports and services are offered in the home or community in which the minor and family live, as opposed to being clinic-based. This promotes service delivery in a cultural and social context that is more meaningful to the family and minor.

10. Service/Support sensitive to sexual orientation, gender sensitivity, and reflect differing psychologies.

Specific evidence-based practices were chosen because they could be structured in a manner that is sensitive to sexual orientation and gender, and reflect the differing psychologies and needs of boys and girls. This is particularly highlighted in Multidimensional Treatment Foster Care. Because there is only one child per home, these homes will be carefully chosen to meet the needs of unique and diverse minors. Similar principles will be used in developing multidisciplinary treatment teams to capture and promote diversity. Training for staff will improve knowledge and heighten sensitivity in these areas

11. Individuals residing out-of-county.

Riverside County has historically devoted time and resources to insure that Riverside County children, placed out of this County receive the mental health services that they need. There is close collaboration and contractual agreements on a case-by-case basis with other counties to insure minors receive the necessary services and follow up. The collaborative and cooperative interagency activities outlined in the "Interagency Service Enhancements and Expansions" will assist in securing the best placement and the most appropriate services even if a child is placed out of County. The historic collaboration and follow-up will continue and be enhanced by the MHSA supports and services.

12. Strategies not listed in Section IV.

Non-applicable.

13. Timeline

The following activities will occur during the pre-implementation phase between January and April 1, 2006. Training will occur on or before April 1, 2006 and be on-going.

- Recruitment, hiring, and training of staff, to implement Full Partnership programs.
- Specialized Evidence-Based Practice Training for program staff.
- Families begin receiving service for Full Service Partnership Programs.
- Hiring completed for all Parent Partners.
- CESU staff will be hired for expansion.
- Implementation of Diagnostic Tool.

14. Program Budget

See Exhibit 5.

15. Quarterly Progress Report

See Exhibit 6.

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

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

Program Workplan #: FSP-01 | Date: 12/30/05

Program Workplan Name: Children's Integrated Services | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$8,050			$8,050
b. Travel and Transportation	$5,750			$5,750
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$2,300			$2,300
d. Employment and Education Supports	$4,600			$4,600
e. Other Support Expenditures (provide description in budget narrative)	$2,300			$2,300
f. Total Support Expenditures	$23,000	$0	$0	$23,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$808,154			$808,154
c. Employee Benefits	$319,687			$319,687
d. Total Personnel Expenditures	$1,127,841	$0	$0	$1,127,841
3. Operating Expenditures				
a. Professional Services	$31,156			$31,156
b. Translation and Interpreter Services	$3,332			$3,332
c. Travel and Transportation	$9,823			$9,823
d. General Office Expenditures	$21,203			$21,203
e. Rent, Utilities and Equipment	$174,337			$174,337
f. Medication and Medical Supports	$10,553			$10,553
g. Other Operating Expenses (provide description in budget narrative)	$49,263			$49,263
h. Total Operating Expenditures	$299,665	$0	$0	$299,665
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$130,000			$130,000
6. Total Proposed Program Budget	**$1,580,506**	**$0**	**$0**	**$1,580,506**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$270,816			$270,816
b. Medicare/Patient Fees/Patient Insurance	$6,584			$6,584
c. State General Funds	$173,584			$173,584
d. Other Revenue (Department of Rehabilitation)	$0			$0
e. Total New Revenue	$450,984	$0	$0	$450,984
3. Total Revenues	$450,984	$0	$0	$450,984
C. One-Time CSS Funding Expenditures	**$2,379,613**			**$2,379,613**
D. Total Funding Requirements	**$3,509,135**	**$0**	**$0**	**$3,509,135**
E. Percent of Total Funding Requirements for Full Service Partnerships				**44.1%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan # FSP-01 | Date: 12/30/05

Program Workplan Name Children's Integrated Services | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Provide direct supervision to teams.*		4.00	$16,342	$65,367
Clinical Therapist II	*Provide direct clinical services to groups, families and individuals.*		28.50	$13,652	$389,069
Behavior Health Specialist III	*Provide co-occurring disorder services and support.*		3.00	$9,998	$29,993
Behavior Health Specialist II	*Provide linkage, follow up, and aftercare support.*		9.00	$8,946	$80,517
Parent Partner	*Create a support system of education, advocacy and feedback.*	16.00	16.00	$7,063	$113,015
Community Services Assistant	*Provide child care and transportation services.*		4.50	$6,558	$29,509
Psychiatrist II	*Provide medication support services.*		0.50	$30,726	$15,363
Senior Clinical Psychologist	*Liaison to Juvenile Court.*		3.00	$14,392	$43,175
Grant Writer	*Identify expansion possibilities within Parent Partnership.*		0.50	$13,000	$6,500
Office Assistant II	*Provide clerical program support.*		6.00	$5,941	$35,646
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	16.00	75.00		$808,154
C. Total Program Positions		16.00	75.00		$808,154

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ 8,050
Estimated three months cost for clothing, food and hygiene support provided to children and their families.	
b. Travel and Transportation	$ 5,750
Estimated three months transportation cost to provide children and their families transportation to needed services.	
c. Housing	
i. Master Leases	
None	
ii. Subsidies	
None	
iii. Vouchers	
None	
iv. Other Housing	$ 2,300
Estimated three months client emergency rent and or utility payments.	
d. Employment and Education Supports	$ 4,600
Estimated three months cost to enable children to participate in education and special interest activities.	
e. Other Support Expenditures	$ 2,300
Estimated cost of other client support such as recreational fees, moving fees, health insurance payments, sports equipment and supplies.	
f. Total Expenditures	**$ 23,000**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 808,154
Estimated three months salaries for 75 new program FTEs, 16 of which are anticipated to be staffed by clients, family members and or caregivers.	
c. Employee Benefits	$ 319,687
Estimated three months county benefits costs.	
d. Total Personnel Expenditures	**$ 1,127,841**

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 31,156
Estimated three months cost for program consultants and other professional services.	
b. Translation and Interpreter Services	$ 3,332
Estimated three months cost for program related translation services.	
c. Travel and Transportation	$ 9,823
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 21,203
Estimated three months office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 174,337
Estimated three months cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 75 new program staff.	
f. Medication and Medical Supports	$ 10,553
Estimated three months cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 49,263
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 299,665**
4. Program Management	$ -
5. Estimated Total Expenditures when service provider is not known	**$ 130,000**
The Children's Integrated Services will be contracting out three of its programs. These program are the Respite Program, the Mentoring Program and the Therapeutic Behavioral Services (TBS) program. There will be an expansion of an existing contract for the respite (brief term child care) and the TBS programs to provide additional one to one assistance for a small number of children. Mentoring is a new program/contract where individuals will be recruited and paired with a child or youth for support encouragement and skill development.	
6. Total Proposed Program Budget	**$ 1,580,506**

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ 270,816
New program generated Medi-Cal revenue.	
b. Medicare/Patient Fees/Patient Insurance	$ 6,584
New program generated revenue.	
c. State General Funds	$ 173,584
New program generated revenue.	
d. Other Revenue	
None	
e. Total New Revenues	**$ 450,984**
3. Total Revenues	**$ 450,984**
One-Time CSS Funding Expenditures	
a. Start-Up Costs	$ 1,590,916
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles and implementing Electronic Health Records (EHR).	
b. Training and Consultation	$ 575,800
Estimated initial cost for training and consultation and support to implement several evidence based practises and fully implement the Parent Support Program (spread over the remaining two years). These training cost will support the Children's Integrated Service's Parent Support, Multidimensional Family Therapy, and the Multidimensional Treatment Foster Care programs.	
c. Housing	$ 212,897
The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.	
C. Total One-Time CSS Funding Expenditures	**$ 2,379,613**
See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.	
D. Total Funding Requirements	**$ 3,509,135**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-01
Program Work Plan Name:	Children's Integrated Services
Fiscal Year: 2005-06	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth	See Work Plan							30		30	
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	125	See Work Plan							125		125	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Actual	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

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

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

Program Workplan #: FSP-01 | Date: 12/30/05

Program Workplan Name: Children's Integrated Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 195 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 195 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$32,200			$32,200
b. Travel and Transportation	$23,000			$23,000
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$9,200			$9,200
d. Employment and Education Supports	$18,400			$18,400
e. Other Support Expenditures (provide description in budget narrative)	$9,200			$9,200
f. Total Support Expenditures	$92,000	$0	$0	$92,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$3,232,616			$3,232,616
c. Employee Benefits	$1,278,749			$1,278,749
d. Total Personnel Expenditures	$4,511,365	$0	$0	$4,511,365
3. Operating Expenditures				
a. Professional Services	$124,622			$124,622
b. Translation and Interpreter Services	$13,328			$13,328
c. Travel and Transportation	$39,290			$39,290
d. General Office Expenditures	$84,812			$84,812
e. Rent, Utilities and Equipment	$702,346			$702,346
f. Medication and Medical Supports	$37,213			$37,213
g. Other Operating Expenses (provide description in budget narrative)	$197,050			$197,050
h. Total Operating Expenditures	$1,198,661	$0	$0	$1,198,661
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$520,000			$520,000
6. Total Proposed Program Budget	**$6,322,026**	**$0**	**$0**	**$6,322,026**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$1,083,264			$1,083,264
b. Medicare/Patient Fees/Patient Insurance	$26,337			$26,337
c. State General Funds	$694,335			$694,335
d. Other Revenue (Department of Rehabilitation)	$0			$0
e. Total New Revenue	$1,803,936	$0	$0	$1,803,936
3. Total Revenues	$1,803,936	$0	$0	$1,803,936
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$4,518,090**	**$0**	**$0**	**$4,518,090**
E. Percent of Total Funding Requirements for Full Service Partnerships				**44.1%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan # FSP-01 | Date: 12/30/05

Program Workplan Name Children's Integrated Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 195 | *New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 195 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Provide direct supervision to teams.*		4.00	$65,367	$261,468
Clinical Therapist II	*Provide direct clinical services to groups, families and individuals.*		28.50	$54,606	$1,556,278
Behavior Health Specialist III	*Provide co-occurring disorder services and support.*		3.00	$39,991	$119,973
Behavior Health Specialist II	*Provide linkage, follow up, and aftercare support.*		9.00	$35,785	$322,068
Parent Partner	*Create a support system of education, advocacy and feedback.*	16.00	16.00	$28,254	$452,059
Community Services Assistant	*Provide child care and transportation services.*		4.50	$26,230	$118,036
Psychiatrist II	*Provide medication support services.*		0.50	$122,904	$61,452
Senior Clinical Psychologist	*Liaison to Juvenile Court.*		3.00	$57,566	$172,698
Grant Writer	*Identify expansion possibilities within Parent Partnership.*		0.50	$52,000	$26,000
Office Assistant II	*Provide clerical program support.*		6.00	$23,764	$142,584
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	16.00	75.00		$3,232,616
C. Total Program Positions		16.00	75.00		$3,232,616

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY 2006-07

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ 32,200
Estimated annual cost for clothing, food and hygiene support provided to children and their families.	
b. Travel and Transportation	$ 23,000
Estimated annual transportation cost to provide children and their families transportation to needed services.	
c. Housing	
i. Master Leases	
None	
ii. Subsidies	
None	
iii. Vouchers	
None	
iv. Other Housing	$ 9,200
Estimated annual client emergency rent and or utility payments.	
d. Employment and Education Supports	$ 18,400
Estimated annual cost to enable children to participate in education and special interest activities.	
e. Other Support Expenditures	$ 9,200
Estimated cost of other client support. Such as recreational fees, moving fees, health insurance payments, sports equipment and supplies.	
f. Total Expenditures	**$ 92,000**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 3,232,616
Estimated annual salaries for 75 new program FTEs, 16 of which are anticipated to be staffed by clients, family members and or caregivers.	
c. Employee Benefits	$ 1,278,749
Estimated annual county benefit costs.	
d. Total Personnel Expenditures	**$ 4,511,365**

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY 2006-07

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 124,622
Estimated annual cost for program consultants and other professional services.	
b. Translation and Interpreter Services	$ 13,328
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 39,290
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 84,812
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 702,346
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for 75 new program staff.	
f. Medication and Medical Supports	$ 37,213
Estimated annual cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 197,050
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 1,198,661**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 520,000**
The Children's Integrated Services will be contracting out three of its programs. These program are the Respite Program, the Mentoring Program and the Therapeutic Behavioral Services (TBS) program. There will be an expansion of an existing contract for the respite (brief term child care) and the TBS programs to provide additional one to one assistance for a small number of children. Mentoring is a new program/contract where individuals will be recruited and paired with a child or youth for support encouragement and skill development.	
6. Total Proposed Program Budget	**$ 6,322,026**

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY 2006-07

	Budget Amount	
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		
N/A		
b. Medicare/Patient Fees/Patient Insurance		
N/A		
c. Realignment		
N/A		
d. State General Funds		
N/A		
f. Grants		
N/A		
g. Other Revenue		
N/A		
h. Total Existing Revenues	**$**	**-**
2. New Revenues		
a. Medi-Cal (FFP only)	$	1,083,264
New program generated Medi-Cal revenue.		
b. Medicare/Patient Fees/Patient Insurance	$	26,337
New program generated revenue.		
c. State General Funds	$	694,335
New program generated revenue.		
d. Other Revenue		
None		
e. Total New Revenues	**$**	**1,803,936**
3. Total Revenues	**$**	**1,803,936**
C. One-Time CSS Funding Expenditures	**$**	**-**
D. Total Funding Requirements	**$**	**4,518,090**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-01
Program Work Plan Name:	Children's Integrated Services
Fiscal Year: 2006-07	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth	See Work Plan	50		75		75		75		195	
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	810	See Work Plan	210		310		310		310		810	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

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

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

Program Workplan #: FSP-01 | Date: 12/30/05

Program Workplan Name: Children's Integrated Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 195 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 195 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$32,200			$32,200
b. Travel and Transportation	$23,000			$23,000
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$9,200			$9,200
d. Employment and Education Supports	$18,400			$18,400
e. Other Support Expenditures (provide description in budget narrative)	$9,200			$9,200
f. Total Support Expenditures	$92,000	$0	$0	$92,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$3,232,616			$3,232,616
c. Employee Benefits	$1,278,749			$1,278,749
d. Total Personnel Expenditures	$4,511,365	$0	$0	$4,511,365
3. Operating Expenditures				
a. Professional Services	$124,622			$124,622
b. Translation and Interpreter Services	$13,328			$13,328
c. Travel and Transportation	$39,290			$39,290
d. General Office Expenditures	$84,812			$84,812
e. Rent, Utilities and Equipment	$702,346			$702,346
f. Medication and Medical Supports	$37,213			$37,213
g. Other Operating Expenses (provide description in budget narrative)	$197,050			$197,050
h. Total Operating Expenditures	$1,198,661	$0	$0	$1,198,661
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$520,000			$520,000
6. Total Proposed Program Budget	**$6,322,026**	**$0**	**$0**	**$6,322,026**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$1,083,264			$1,083,264
b. Medicare/Patient Fees/Patient Insurance	$26,337			$26,337
c. State General Funds	$694,335			$694,335
d. Other Revenue (Department of Rehabilitation)	$0			$0
e. Total New Revenue	$1,803,936	$0	$0	$1,803,936
3. Total Revenues	$1,803,936	$0	$0	$1,803,936
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$4,518,090**	**$0**	**$0**	**$4,518,090**
E. Percent of Total Funding Requirements for Full Service Partnerships				**44.1%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan # FSP-01 | Date: 12/30/05

Program Workplan Name Children's Integrated Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 195 | *New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 195 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Provide direct supervision to teams.*		4.00	$65,367	$261,468
Clinical Therapist II	*Provide direct clinical services to groups, families and individuals.*		28.50	$54,606	$1,556,278
Behavior Health Specialist III	*Provide co-occurring disorder services and support.*		3.00	$39,991	$119,973
Behavior Health Specialist II	*Provide linkage, follow up, and aftercare support.*		9.00	$35,785	$322,068
Parent Partner	*Create a support system of education, advocacy and feedback.*	16.00	16.00	$28,254	$452,059
Community Services Assistant	*Provide child care and transportation services.*		4.50	$26,230	$118,036
Psychiatrist II	*Provide medication support services.*		0.50	$122,904	$61,452
Senior Clinical Psychologist	*Liaison to Juvenile Court.*		3.00	$57,566	$172,698
Grant Writer	*Identify expansion possibilities within Parent Partnership.*		0.50	$52,000	$26,000
Office Assistant II	*Provide clerical program support.*		6.00	$23,764	$142,584
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	16.00	75.00		$3,232,616
C. Total Program Positions		16.00	75.00		$3,232,616

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY 2007-08

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ 32,200
Estimated annual cost for clothing, food and hygiene support provided to children and their families.	
b. Travel and Transportation	$ 23,000
Estimated annual transportation cost to provide children and their families transportation to needed services.	
c. Housing	
i. Master Leases	
None	
ii. Subsidies	
None	
iii. Vouchers	
None	
iv. Other Housing	$ 9,200
Estimated annual client emergency rent and or utility payments.	
d. Employment and Education Supports	$ 18,400
Estimated annual cost to enable children to participate in education and special interest activities.	
e. Other Support Expenditures	$ 9,200
Estimated cost of other client support. Such as recreational fees, moving fees, health insurance payments, sports equipment and supplies.	
f. Total Expenditures	**$ 92,000**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 3,232,616
Estimated annual salaries for 75 new program FTEs, 16 of which are anticipated to be staffed by clients, family members and or caregivers.	
c. Employee Benefits	$ 1,278,749
Estimated annual county benefit costs.	
d. Total Personnel Expenditures	**$ 4,511,365**

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY 2007-08

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 124,622
Estimated annual cost for program consultants and other professional services.	
b. Translation and Interpreter Services	$ 13,328
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 39,290
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 84,812
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 702,346
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for 75 new program staff.	
f. Medication and Medical Supports	$ 37,213
Estimated annual cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 197,050
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 1,198,661**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 520,000**
The Children's Integrated Services will be contracting out three of its programs. These program are the Respite Program, the Mentoring Program and the Therapeutic Behavioral Services (TBS) program. There will be an expansion of an existing contract for the respite (brief term child care) and the TBS programs to provide additional one to one assistance for a small number of children. Mentoring is a new program/contract where individuals will be recruited and paired with a child or youth for support encouragement and skill development.	
6. Total Proposed Program Budget	**$ 6,322,026**

Riverside County MHSA Community Services and Supports
Budget Narrative
Children's Integrated Services
Plan FSP- 01 - FY 2007-08

	Budget Amount	
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		
N/A		
b. Medicare/Patient Fees/Patient Insurance		
N/A		
c. Realignment		
N/A		
d. State General Funds		
N/A		
f. Grants		
N/A		
g. Other Revenue		
N/A		
h. Total Existing Revenues	**$**	**-**
2. New Revenues		
a. Medi-Cal (FFP only)	$	1,083,264
New program generated Medi-Cal revenue.		
b. Medicare/Patient Fees/Patient Insurance	$	26,337
New program generated revenue.		
c. State General Funds	$	694,335
New program generated revenue.		
d. Other Revenue		
None		
e. Total New Revenues	**$**	**1,803,936**
3. Total Revenues	**$**	**1,803,936**
C. One-Time CSS Funding Expenditures	**$**	**-**
D. Total Funding Requirements	**$**	**4,518,090**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-01
Program Work Plan Name:	Children's Integrated Services
Fiscal Year: 2007-08	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth	See Work Plan	75		75		75		75		195	
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	810	See Work Plan	310		310		310		310		810	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Riverside	Fiscal Year: 2005/06/07	Program Work Plan Name: Services to Youth in Transition
Program Work Plan #: FSP-02		Estimated Start Date: 4/06
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The program is designed to promote meaningful and successful transitions to the youth of Riverside County by reducing hospitalizations, reducing homelessness, reducing out-of-home placement, promoting independent living, decreasing isolation, and reducing incarceration.	
Priority Population: *Describe the situational characteristics of the priority population*	The program will serve youth ages 16-25 who have serious and persistent mental illness, those involved in the child welfare or juvenile justice systems, those with co-occurring disorders, those in the adult criminal justice system, those transitioning out of children's services, those coming out of group homes or institutions, and those frequently utilizing crisis services.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated Services Recovery Centers – Transition Age Youth	☒	☐	☐	☐	☒	☐	☐
Peer Support and Resource Centers*	☐	☐	☐	☐	☒	☐	☐
Crisis Residential Services	☐	☒	☐	☐	☒	☐	☐
Augmented Board and Care**	☐	☐	☐	☐	☒	☐	☐
Evidenced–Based Practice Model as Outpatient Enhancements/Expansion	☐	☒	☐	☐	☒	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
*Funded through Peer Recovery/Support Services work plan	☐	☐	☐	☐	☐	☐	☐
**Funded through Comprehensive Integrated Services for Adults Work Plan	☐	☐	☐	☐	☐	☐	☐
(See Section 2 of Transition Age Youth Work Plan for complete description	☐	☐	☐	☐	☐	☐	☐
of all strategies listed above.)	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

Services to Youth in Transition
Work Plan

The Services to Youth in Transition program is designed to promote meaningful and successful transitions to the youth of Riverside County by reducing hospitalizations, homelessness, and out-of-home placement, promoting independent living, decreasing isolation, and reducing incarceration. The priority populations to be served and strategies to be used are detailed below.

1. Populations to be served.

Through the Department's Planning Process, six priority populations were identified within the Transition Age Youth population (ages 16 to 25). These populations were identified as being unserved or underserved, necessitating development of new services or the enhancement of existing services. The priorities identified are as follows:

a. Youth transitioning out of the Children's System into the Adult System or out of care completely.
b. Family and caregivers of transition age youth.
c. Transition age youth with children.
d. Transition age youth with Co-Occurring Disorders (substance abuse and mental illness).
e. Transition age youth who are homeless.
f. Transition age youth who are high utilizers of crisis services.

There is significant overlap between these populations and those identified in the Children's Committee and in the Adult System of Care Committee process and this is reflected in the work plan for this population. Though all populations described above will be addressed in some way through the proposed program, the committee process further prioritized a-f and developed priority strategies to address the needs of these populations.

Priority Strategies

In order to facilitate successful transition for youth, their families and their caregivers, the planning process yielded several priority strategies. It is these strategies that make up the core of the proposed program.

- Integrated Services Recovery Centers
- Peer Support and Resource Centers
- Augmented Board and Care Services
- Crisis Residential Services
- Enhanced Services in Children's Programs

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

It is the goal of the Services to Youth in Transition Work Plan to promote meaningful and successful transitions for the youth, their families and their caregivers of Riverside County by reducing hospitalizations, reducing homelessness, reducing out-of-home placement, promoting independent living, decreasing isolation, and reducing incarceration. To achieve this, the proposed program combines innovative approaches to meeting the needs of these youth with complementary enhancements to existing structures to increase efficacy in promoting positive transitions. The proposed program is a complex combination of services reaching youth through the Adult and Children's Systems of Care throughout Riverside County.

Currently there are no specialized mental health service programs targeting transition age youth in Riverside County. Youth that seek services in the children's and adult systems are provided the full array of mental health services offered there. In the children's programs there are therapy groups that target youth and address the unique issues of youth in transition. Among the adult programs, Jefferson Wellness Program has traditionally provided transitional services for those youth who have persistent mental illness and need adult services. Services offered at this program include psychotherapy, medication monitoring, socialization, plus vocational services and supports. This service model is only offered in the Western Region of the county. Consumers can be concurrently referred to the adult outpatient clinics for services as well. These services are currently not specific to youth in transition in that they are similar to those provided to all adult consumers. Other services offered to youth in the adult system that are not specifically tailored to youth are case management and benefits assistance.

A community partner and contractor that provides specialty services targeting youth is Operation Safehouse. Operation Safehouse provides Emergency Shelter, Intervention and Outreach Services to Runaway, Homeless and other Youth in Crisis. They offer several programs to address the needs of these youth. The Transitional Living Program provides safe and adequate housing for youth (ages 18 to 21) and those aging out of the foster care system. Youth receiving mental health services can be referred to this program if certain criterion is met, though the supports offered through Safehouse are not extensive for those youth with mental illness. Homeless youth identified through Mental Health's Homeless Program are served there and emergency vouchers may be used to support them. Safehouse also operates a 24-hour facility which provides emergency shelter for up to two weeks for adolescents under the age of 18 who have run away from home. At this program, Safehouse works with the youth and family to secure reunification. RCDMH funds a portion of the therapeutic services offered at this facility. Youth receiving services from Mental Health Children's Clinics can be referred to the shelter if they have run away or cannot go home. However, those with severe mental health problems generally are not served. The mental health therapist/case manager works collaboratively with Safehouse, the youth and the family in achieving the goal of stabilization and reunification. Safehouse is currently developing a shelter in the Desert Region also.

Integrated Services Recovery Centers for Transition Age Youth (ISRC-TAY)

The Department proposes to establish three new full service partnership centers serving youth in transition. These Centers will work to successfully engage and support transition-age consumers on a path of recovery. These centers will serve unengaged youth in transition who are homeless or at risk of homelessness, youth who are high utilizers of crisis services, youth transitioning out of group home care, youth with co-occurring substance abuse disorders, youth in the criminal justice system, youth in the Mental Health Court, and youth in need of intensive services in order to make successful transition. These centers will seek to engage mentally ill youth in transition utilizing an intensive case management model to reduce homelessness, hospitalizations, need for residential care, substance abuse, and recidivism in the criminal justice system.

The intensive case management services will be available 24/7 with a staff (personal service coordinator) to consumer ratio of no more than 1:15. These services will promote and support the values of recovery and resilience for youth in transition. Services and supports available within the ISRC-TAY will include psychiatric services, vocational specialists, housing specialists, substance abuse counselors, peer support/mentorship, family education/advocacy, educational support, and benefits specialists. The ISRC-TAY staff will consist of a multidisciplinary team including professional and paraprofessional staff and employing consumers and family members. The staff, consumers and families/caregivers will have specific training and will focus on the unique needs of youth in transition. The program will serve this population out of a dedicated center. The IRSC-TAY program will collaborate with community resources and agencies to effectively and efficiently meet the vocational, educational, social and housing needs of this population in Riverside County.

The ISRC-TAY program will serve youth aging out of group home care or those with chronic and persistent mental illness transitioning to the adult mental health system. The team will provide for the unique intensive case management needs of this population in transition. The team will provide education and skill development necessary for these youth to become more independent. Some of the basic skills that will be developed through this service for this population are independent living skills (cooking, cleaning, etc.), budgeting and finances, work readiness (job-seeking, interview skills, etc.), education (GEDs, community college enrollment, etc.), and obtaining housing. The program's flexible funds will be used to support the development of such skills through purchasing items and services to support the youth. Such items and services could include appropriate job interview attire, bus passes, household utensils and appliances, college tuition and books, and security deposits for housing. Youth to be served will be referred through the Department's Children's Case Management, Children's and Adult Mental Health clinics, County Juvenile Probation and County Child Protective Services.

The ISRC-TAY program will also provide services to youth consumers referred through the Mental Health Court program. The Mental Health Court model (proposed in the Comprehensive Integrated Services for Adults Work Plan) is an interagency collaborative that includes the Riverside County Superior Court, District Attorney, Public Defender,

Sheriff, Probation and the Department of Mental Health. The goals are consistent with the Mental Health Services Act to reduce incarceration of those with mental illness through identifying, engaging and linking offenders with a serious mental health disorder to appropriate services in mental health. Upon referral from the Mental Health Court Program team, ISRC-TAY staff will perform assessments of consumer needs, determination of eligibility and seek to engage offenders who are eligible for services best suited to assist them in achieving their goals of recovery. The team will provide recommendations to the Mental Health Court and court officers. These recommendations would include initial service plans and linkage to needed services and resources, including program(s) and services that are recovery based and consumer driven. Involvement of family members, caregivers and other supports will be actively encouraged to facilitate successful outcomes in the Mental Health Court Program.

Other referral sources for the ISRC-TAY would include the Department's Homeless Outreach and Detention Outreach programs. These services are designed to identify potential consumers among those people who are homeless or involved in the adult criminal justice system. Referrals to ISRC-TAY would be appropriate for those consumers identified who are of transition age and have intensive service needs in order to reduce homelessness, recidivism in the criminal justice system, or institutional care.

Knowledge of and collaboration with the other components of the proposed Services to Youth in Transition is essential for the continuum of care. ISRC-TAY staff will interact closely with the other proposed program elements to meet the needs of their caseload. If a need arises for a Crisis Residential or Augmented Board and Care facility for an ISRC-TAY consumer, then it will be the responsibility of the personal service coordinator to refer to placement, serve the client in the residential program, and facilitate transitioning out of the program when completed. This process will include coordination with family members and caregivers as appropriate to facilitate progress. Additionally, youth in these facilities can be referred for the ISRC-TAY program as service need dictates.

Additional housing issues for youth will be addressed through collaboration with the Housing Development Unit proposed in the Adult Work Plan. For youth enrolled in the ISRC-TAY this service would assist in locating and accessing housing in the community. ISRC-TAY staff would provide educational and skill building groups that facilitate successful transitions to new housing.

In the planning process, Riverside County consumers and family members stressed the importance of assisting the family members and caregivers of youth in transition in making their own transitions. To facilitate this, the ISRC-TAY program staff will include paid Parent Partners whose role will be to provide supportive services, advocacy and education to caregivers and family members. Services will include caregiver support groups for consumers of the ISRC-TAY program, and for the supportive others of those not engaged in treatment or receiving services from the County clinics. They will also participate in the provision of other skill-building and education groups needed along with other department staff.

ISRC-TAY staff will also work closely with the Peer Support and Resource Centers (see Peer Recovery/Support Services Program Work Plan). These centers can be used as a step-down from ISRC-TAY services, but the services offered will also be used to facilitate successful transitions while in the ISRC-TAY program. Each Peer Support and Resource Center will be required to have a Transition Age Youth Specialist and other support staff that will be able to offer a variety of services to address vocational, educational, resource and referral, warm-line, anti-stigma and peer-to-peer support needs of youth across the system – including consumers of ISRC-TAY.

Additionally, the ISRC-TAY will seek to employ consumers in all aspects of the service array as appropriate, and utilize stipends to pay youth for providing supportive service to the program and the consumers. Supports provided will include youth consumers going to the Department's Children's Outpatient Clinics to provide education and support to children's staff and consumers to facilitate transitions on an as needed basis. These youth will also be available to educate and train community partners on the issues related to transition age youth, including the staff, clients and family members receiving service from Child Protective Services, Probation, and local schools.

Vocational Specialists will also be assigned to the ISRC-TAY program to provide vocational services such as job development and job coaching. These employees will also be serving to collaborate and coordinate services to youth with local community colleges and high schools in order to meet the educational, training and vocational needs of the youth.

Due to the complexity of benefits and entitlements available to youth in transition, a Benefits Specialist will be hired to facilitate applications by consumers for benefits/insurance, applying for driver's licenses/identification card, coordinate gathering of records, obtaining Social Security numbers, and provide training to ISRC-TAY and other clinic staff on benefits issues for this population. The Benefits Specialist will also provide training and education to consumers to increase their skills at negotiating insurance, benefits, etc.

In addition to the assigned caseload, personal service coordinators will be assigned one or more outpatient clinics within the adult or children's system for which they will act as liaisons and consultants on transition age youth issues. By participating in clinic case staffings when requested and being available for consultation, it is expected that there will be dissemination of knowledge on transition age issues and available resources to clinic staff that will be passed on to those consumers not served by the ISRC-TAY, but in need of less intensive transition services. This process is expected to minimize the need for intensive ISRC-TAY services by young consumers in the future.

Finally, to support youth in transition in accessing necessary resources and services transportation services will be provided, and dedicated psychiatric services will be available to the ISRC consumers.

266 youth will be served per year in full service partnership.

Peer Support and Resource Centers

The Peer Support and Resource Centers, regionally based, described and funded in the Peer Recovery/Support Services Work Plan, are consumer-operated support settings for mental health clients needing resources, knowledge, and experience to aid in recovery process from serious mental illness. These programs will function as a step down or transition for individuals in the County Mental Health System and for those no longer involved with specialty mental health services from the Children's, TAY and Adult system. Focus is on individuals in need of support and skill development necessary to pursue personal goals, recovery and self-sufficiency. These centers would be consumer driven and operated centers offering a variety of support services including vocational, educational, resource and referral, warm-line, anti-stigma and peer-to-peer support activities. Each center will have staff dedicated to these outcomes for youth in transition. Whenever possible and appropriate, these Transition Age Youth Specialists positions will be staffed with paid consumers who have the experience of personal transitions in the Mental Health System.

To meet the housing needs of youth this program will provide outreach and basic support to those in need of housing or those in need of support to be successful in their living situations. Through peer support and outreach a youth consumer will learn basic living skills, how to identify safe and affordable housing, and advocacy related to stigma and discrimination in housing.

Vocationally, youth will be supported through the Center educating them about interviewing skills, volunteering, job-seeking skills, entitlements/benefits, and stigma and discrimination in the workplace. The Center will also provide courses on leadership and self-esteem to develop interpersonal skills to assist with successful transitions related to employment. The Center will further assist in finding volunteer and paid positions for consumers, and support youth in the workplace to facilitate success in the workplace. The Centers will also work with the local community colleges and trade schools to have vocational resources available to consumers.

Other services to be offered through the Centers include peer-to-peer support groups for youth in transition with an emphasis on recovery and empowerment of the youth "voice" within the department and community; "Family to Family" support groups for the family members/caregivers to youth in transition; substance abuse recovery groups for consumers; education on mental illness, recovery, daily living skills and coping/stress management; consumer-run non-crisis telephone support; community integration and social/recreational activities; and community education and advocacy on issues related to mental illness and stigma. All aspects of services provided at the Centers will have a youth in transition component to recognize the unique needs of this population and their families/caregivers.

These services, available to all transition age youth consumers, can be accessed by the other programs described in the Services to Youth in Transition Proposal. The Peer

Support and Resource Centers can act as a "step down" from the intensive need programs such as the Integrated Services Recovery Center for Transition Age Youth (ISRC-TAY). As youth are no longer in need of the ISRC-TAY services, a transition to these centers would be a positive outcome. Additionally, for existing ISRC-TAY consumers, the Peer Support and Resource Centers offer services that are complementary with the emphasis on consumer-operated support and education.

The Peer Support and Resource Center is also a resource for youth transitioning out of traditional children's services (County clinics, Children's Case Management, etc.) or youth who present initially at the traditional adult program but are in need of a level of support less than those of ISRC-TAY consumers. Further, these centers can be a community resource for youth who choose not to engage in traditional mental health programs or the proposed programs in the Services to Youth in Transition program. In these cases, youth would be able to access the center's array of services to meet incidental needs that arise. If a youth with intensive transitional needs first becomes engaged in the Peer Support and Resource Center, then a referral can be made to the other services in the Services to Youth in Transition Program if needed.

Crisis Residential Services

The Department proposes to add two Crisis Residential Treatment Programs. This strategy aligns with the MHSA goals by providing community-based alternatives to acute inpatient admission and/or earlier discharge from acute or long-term institutional treatment to community-based services and support. The Comprehensive Integrated Services for Adults proposal includes the expansion of crisis residential beds for adult consumers. This proposal would include five beds for those youth 18 to 25 years of age who are high utilizers of crisis services (45 youth served per year). These facilities will provide specialized services and supports designed to meet the unique needs of youth in transition.

The primary goal of Crisis Residential Treatment for Transition Age Youth (CRT-TAY) Program is to stabilize youth in acute crises in order to eliminate or shorten the need for inpatient hospitalization. Activities in support of this goal include assessment, evaluation of self-sufficiency skills, wellness and recovery planning, rehabilitative counseling, case management, psychiatric and medication support, and linkage to community services for on-going support after the consumer exits the program. Interventions will focus on empowering consumers towards recovery and restoring their resilience; reducing the symptoms and effects of mental illness and any co-occurring substance abuse disorder; improving skills and reducing barriers to self sufficiency in the community; strengthening engagement in follow-up support in order to improve the quality of their life; maximizing opportunities for family and social supports participation in the recovery plan, and; instilling hope for long-term recovery. Treatment of co-occurring disorders shall be provided using integrated treatment as a standard of practice. Treatment will be multi-disciplined and include consumer providers. In this social rehabilitative setting, residents will use the therapeutic community, including peer support and the group living experience to develop the needed support and skills to over-come their current life

situation, crisis or stress. Services will provide intensive short-term treatment (average less than 14 days) at a licensed residential facility. CRT-TAY programs work with the individual to ensure appropriate levels of supports upon discharge including housing, mental health recovery, social, educational and vocational supports.

The Crisis Residential Facilities will be able to make referrals directly into the ISRC-TAY for youths with a need for the intensive level services offered. They will also accept referrals from the ISRC-TAY staff for crisis residential services. In both of these cases, the ISRC-TAY staff and facility staff will work together to facilitate stability and successful transitions to lower level of care.

Augmented Board and Care Services

Licensed Residential Care Facilities provide an important service to many consumers who need moderate to low levels of support in order to maintain residency in an unrestricted community setting. A number of youth, however, have complex needs that cannot be adequately supported in these regular licensed facilities. As a result these consumers remain in restrictive institutional settings for periods longer than necessary because community housing that provides the supports that they need, is unavailable. Furthermore, lack of access or failure to maintain housing stability frequently results in homelessness for the youth we serve. The Department proposes to add 18 beds for youth in transition to the number of the Augmented Board and Care (ABC) facilities that provide specialized supports for consumers with complex needs. This program would use funding to augment the basic Board and Care rate to allow for expanded and specialized services designed to address the needs of youth in transition until they can move to more permanent housing. 30 youth will be served per year.

In addition to those youth coming out of hospitals or group homes, this program would be available for youth receiving services through the ISRC-TAY, and would be a valuable resource in meeting the housing needs of the population served. Additionally, the ABC facilities will be a resource for the Crisis Residential Treatment Facilities as a “step down” resource. Youth receiving ABC services would also access the Peer Support and Resource Centers to learn skills, enhance education, and obtain support that will facilitate a successful transition to lower levels of care.

Evidence–Based Practice Models as Outpatient Enhancements/Expansion

The Children’s Integrated Services Program proposes to initiate several evidence-based treatment models that have also shown success in serving youth in transition ages 16-18. The following is a brief listing of those programs, which will also serve Youth in Transition.

Multidimensional Treatment Foster Care is an alternative to group home placement for youth who are Wards or Dependents of the Court. Services provided will assist the youth in attaining and sustaining a level of wellness that allows them to be at home or in a long-term family-like environment, rather than a group home.

Multidimensional Family Therapy is another proposed program which has been noted to be effective with youth up to age 18 who are involved in Child Welfare or Juvenile Justice Systems. This is a short-term, family-based program that has been shown to be effective at keeping youth in the community with their family rather than needing placement services through either the Child Welfare or the Juvenile Justice System.

Wraparound is a program that already exists in Riverside County and serves many youth in transition in partnership with local school districts and the Probation Department. The current program can serve up to 28 youth, many who are between the ages of 16 and 19. The Riverside Wraparound services are provided to youth who are eligible for or have been placed in Residential Care Level 10 or higher through probation or special education. Under this program, the youth are returned home rather than placement and intensive family services are provided utilizing the Wraparound Model. There is currently discussion with probation and the schools about expanding the program to other areas of the County.

Cognitive Behavioral Therapy is also proposed in the Children's Integrated Services Program, and has also been shown to be a model program for youth in transition. Provision of a foundational training to all existing and new children's clinical staff in the basics of Cognitive Behavioral Therapy will improve treatment consistency and effectiveness in traditional outpatient setting for children, youth, and families. This Children's Program proposal includes youth ages 16-18.

Currently, the Department has a task force working on an action plan for enhancement of services to Co-occurring Disordered (COD) populations who have both a serious substance abuse problem and a serious mental health problem. The COD plan utilizes information from the SAMSHA toolkit on integrated treatment. The COD plan includes activities such as staff training on motivational interviewing of cognitive behavioral approaches co-occurring treatment, development of a consistent model of group intervention, utilization of a screening tool, standardized assessment and co-location of substance abuse and mental health staff. The MHSA will provide additional staff and will support staff training to assist in this effort to integrate the treatment of mental health and substance abuse disorders.

3. Describe any Housing or Employment Services to be provided.

Under the proposed program, housing services for youth in transition will be offered at several levels. The Augmented Board and Care and Crisis Residential Services are part of the continuum of housing that is to be available. Both of these programs are expansions of existing services within the adult program which will now also be tailored to meet the needs of youth in transition. Additionally, the Department will have designated housing specialists to provide and develop housing resources. These housing specialists will work with the staff of the various elements of this proposal to help meet the housing needs of youth. The housing specialists will have the responsibility to centralize and coordinate the Department's effort to develop housing for the Department

as a whole, including the elements in this work plan. These specialists will work closely with TAY staff and consumers to identify housing needs specific to youth. Further, the staff of the Peer Support and Resource Centers and the Integrated Services Recovery Centers will provide on-going supportive and educational services, such as independent living skills groups, to increase the likelihood of successful housing outcomes for youth in transition. Also, in conjunction with the Housing Specialist, ISRC-TAY staff will be providing services in the community that will in part address housing issues including resource referrals and services to maintain a stable living environment, including flexible fund resources that can be used for emergency housing. The Housing Development Unit will focus on development of housing options for all ages including transition age youth,

As with Housing Services, Employment Services are spread across the proposed strategies. Vocational Specialists, job coaches, employment services coordinators, and Department of Rehabilitation counselors will be part of the ISRC-TAY programs and will have various roles in supporting employment for this population. This will include resource referral; providing education and support services that promote employment, and providing community-based support at a job site when appropriate. The staff of this program will work closely with the consumer and designated case manager to determine vocational needs and will provide needed training and education for job-readiness. They will also develop partnerships with employers in the community with jobs appropriate for youth and provide supports and services to employer and youth consumers in the workplace. The ISRC-TAY Flexible Fund will also be used to purchase items that will promote employment (i.e. work uniform). It will also be the responsibility of the vocational staff to coordinate and collaborate with the local high school and community colleges in accessing existing services and developing new services to meet the vocational needs of youth in transition.

In addition to these services it is planned that one-time funds will be utilized to expand housing capacity for youth in transition. These funds will provide help with first and last months rent plus short term or emergency housing.

4. Full Service Partnerships

The Services to Youth in Transition Program will serve 266 consumers in Full Service Partnership annually, at an average annual cost of $8,643 per client, based on gross MHSA program cost.

5. Recovery Goals

The array of services in these services to Youth in Transition proposal emphasizes the Recovery model values. The goal for the services is successful and meaningful transitions as determined by the consumer and family members. The consumer directs the services and chooses the desired outcomes for their treatment in all components proposed. Staff will be tailoring services to meet the unique needs of the individual consumer in a flexible and creative manner. Services as described will focus on skill

development and education to increase independence and coping, promote self-management of symptoms and improve mastery in the community.

Throughout the Services to Youth in Transition proposal, consumers are involved in the provision of services which has the effect of empowering the consumer and the peer. In the ISRC-TAY, not only will peer supports be utilized for this purpose, but Parent Partners will also provide services. These positions will be filled by parents and caregivers of mentally ill youth who, as part of the team, will participate in the planning and coordination of services, empower consumers and family members in the treatment process, and facilitate the family "voice" in Department decisions related to services for youth in transition.

Staff in these services, as well as in the adult system in Riverside County Department of Mental Health, will be trained in the Recovery Model. Supervisors will be trained and instructed to review employee performance from this framework. Training for providers and supervisors will be on-going to continue promoting the Recovery Model in the Department's System of Care for youth in transition.

6. Expanding Existing Programs

Currently, Riverside County has no specific Mental Health Programs for severely ill youth in transition. This population is served in the existing adult and children's programs. The program proposed here would expand and specialize services for youth in transition at some of these programs, but in other cases would create programs exclusively for youth. The proposed program would also promote the continuity of care as youth transition between the adult and children's systems, as well as provide a better continuum of care with specialty services for youth in transition.

In the Children's System (ages 16-19), the addition of evidence-based treatment models would expand and enhance outpatient services to include specific modalities that are known to be effective with youth in transition and will increase capacity to serve and improve access to treatment.

The ISRC-TAY will provide specialty services to the highest risk youth in transition. These programs have the specific purpose of decreasing the effects of mental illness, reducing hospitalization, promoting recovery and wellness, and ensuring successful and meaningful transitions. Additionally, these services will expand capacity and increase specialty services and access to care for those youth now served in the adult system.

In the housing arena the addition of Augmented Board and Care and Crisis Residential services with specialty services for youth in transition is an expansion of services. As described previously in this work plan, the only housing options currently available for youth with mental illness in transition are the shelter and transitional housing offered through Operation Safehouse. RCDMH funds a portion of the therapy services offered at the shelter, and mental health staff collaborates closely with Safehouse for youth accepted into either of these programs, but the services are not specifically designed for

youth with mental illness and are only available in the Western Region of the County. In addition, Riverside County has Board and Care facilities and limited Crisis Residential services that will accept youth 18 to 25 years old, but there are no specific enhancements or services to this population. This proposal would not only increase the capacity of these services, but they would include components that would specifically address the needs of youth in transition.

The Peer Support and Resource Centers are proposed new programs that add to the system peer provided services to address the needs of youth in transition. This program enhances peer support, empowerment and consumer participation in treatment in a new and expanded format within Riverside County.

7. Services and Support provided by clients and/or family members.

The Services for Youth in Transition programs has and will promote the values of Recovery and Wraparound by having consumers and family members participating in the planning, implementation and provision of new and expanded services throughout.

The Peer Support and Resource Centers described in more detail in the Peer Support/Resource Work Plan are consumer run service sites. Consumers and family members will be employed to provide support, education, training, advocacy, and referrals to consumers. These services will be complementary to other services provided by the Department, and will facilitate and promote recovery and empowerment.

In the Integrated Services Recovery Centers consumers and family members will be encouraged to participate in peer recovery and caregiver support programs. Parent Partners will be hired to provide support and education to family members and caregivers. Consumers will take on a variety of supportive roles within the Center for which stipends will be available for those who participate in these activities. One such supportive activity will be a Transition Age Youth Steering Committee that will be formed to guide the implementation of the IRSC-TAY and the development of other TAY services for the Department.

Additionally, it is the intent of Riverside County Department of Mental Health to promote the employment of consumers throughout specialized programs. In the Services to Youth in Transition Work Plan, consumers and caregivers would be hired into program support, paraprofessional and professional jobs within the proposed program elements when appropriate qualifications are met and program need dictates.

8. Collaboration Strategies

The Services to Youth in Transition program will require enhancement of existing collaborations with other agencies as well as the creation of new ones to meet the needs of this population. Collaborations will need to include both formal and informal partners to develop successful strategies for youth in transition.

One important collaboration will be with the Department of Rehabilitation (DR). There is already collaboration between the departments, with DR staff co-located at several mental health facilities across the County to facilitate vocational services to adult consumers. For this proposed program, these relationships will need to be enhanced. Mental Health will collaborate with DR to determine the most appropriate level of involvement with these program components and will seek to have DR consult on the development of vocational supports for youth in transition.

Housing is another area requiring collaboration. The Department has an existing Housing Committee that meets regularly to discuss the housing needs and strategies for people with mental illness. Participants include consumers, family members, Community Care Licensing, Department of Public Social Services, mental health staff, and other community based agency representatives. Transition age youth are already included in their discussions and their input is included in the planning process that led to this proposal. Additionally, the Department will have a Housing Development Unit with housing specialists (funded in the Administration budget) who will coordinate and collaborate with public and private community agencies to meet the needs of this population.

Collaborations will also be expanded with community colleges and local high schools to examine the educational and vocational needs of youth in transition. Available services through Disabled Student Services, Special Education Departments, County Schools and other specialty educational programs that promote positive vocational outcomes for youth will be reviewed to improve access for youth consumers, and new and innovative collaborative approaches intended to meet the educational and vocational needs of this population will be developed.

For Transition Age Youth under age 18, collaboration with Public Social Services/Child Protective Services (CPS), the Juvenile Courts, and the Probation Department will continue to be important. These agencies are represented on the Mental Health Advisory Board's Children's Committee. Children's Mental Health Managers currently meet quarterly with CPS management to discuss on-going and future collaborations/projects. Recent meetings have discussed MHSA implications and possible partnerships that are planned. Mental Health and Probation have several current collaborations, most notable being the presence of Mental Health at all juvenile detention facilities and Probation-run residential programs. The County's Wraparound program is also a collaboration with Probation. Mental Health Managers participate in monthly Juvenile Court/Probation meetings with the judges, Probation, District Attorney, Public Defender, and Juvenile Defense Counsel. With the proposed enhancements to Children's Services, more formalized structures will need to be established with these agencies as evidence-based practices are focused on youth in the child welfare or juvenile justice systems.

Building on the MHSA planning process, a Transition Age Youth Community Collaborative will be developed to involve consumers, family member/caregivers, and agencies that provide services to this population. The purpose of the Collaborative will be to become aware of resources available, coordination of resources, and development of

new strategies/partnerships to meet the needs of youth in transition. The membership will start with those who participated in the Transition Age Workgroup for MHSA planning. The participants in that group consisted of parents, mental health staff, County Office of Education, Juvenile Court Judge, Department of Public Social Services, Probation, Regional Center, and local Universities. Invitations will be extended to those plus local Community Colleges, Department of Rehabilitation, "specialists" identified in this proposed plan, and other agencies identified through the process. Youth specifically, will be recruited and stipends will be provided. This will ensure that youth and their families "drive" the development of any and all new services.

9. Cultural/Linguistic Competency

Riverside County Department of Mental Health strives for culturally competent service delivery in all programming. Strategies and enhancements are planned to reduce ethnic disparities and to ensure sensitivity and responsiveness to consumer age, gender, culture, ethnicity, language, physical disabilities, beliefs and lifestyles (See Outreach and Engagement Work Plan). Through on-going training of all staff in cultural competence and hiring linguistically and culturally diverse employees, a workforce is utilized to in part move toward cultural competence. The Department has a Cultural Competency Committee that advises and recommends changes to Mental Health programs to improve outreach, access and services for diverse populations. Additionally, the department maintains contractors who provide interpretation services in a wide selection of languages to address linguistic preferences of consumers and families.

The Department will acquire or develop assessment and treatment materials that are sensitive to race and culture, including availability in multiple language. The Department will monitor the cultural relevance and effectiveness of the programs proposed to ensure that outcomes and quality of care issues are consistent across all ethnic populations.

The Department will develop an advisory committee to include consumers and community agency representatives to enhance strategies for outreach and engagement of unserved and underserved ethnic populations and recommend service delivery models that will be most effective for diverse populations.

The evidence-based models proposed in Children's Services which serve TAY (Multidimensional Treatment Foster Care, Multidimensional Family Therapy, Wraparound) have been demonstrated to be effective with diverse populations. In Multidimensional Treatment Foster Care, the youth are matched with homes that meet the specific cultural needs of the youth. The majority of these services are offered in the home or community in which the consumer and family live (as opposed to clinic-based) which emphasizes services in a cultural and social context that is more meaningful to the consumer.

10. Service/Support sensitive to sexual orientation, gender sensitivity, and reflect differing psychologies.

All service delivery is to be sensitive to gender issues and the specialized needs of people who are gay, lesbian, bisexual and transgender. Females are underrepresented in the TAY population serviced in Riverside County. In an effort to make TAY services more relevant and accessible to potential female consumers, the Department will provide all service providers in the Services to Youth in Transition work plan with training in gender issues related to youth, with an emphasis on the specialized needs of girls/women in transition. The issue of underserved girls and women will also be addressed through the Department's participation in the Women's Mental Health Champions Project through which specific practices will be identified to enhance and establish specialized services for females. Currently, the department provides groups for adult and youth survivors of incest. Training will also be provided on a regular basis to all staff related to gay, lesbian, bisexual and transgender treatment issues.

11. Individuals residing out-of-county.

Services for Transition Age Youth are available to Riverside County residents. For Riverside County consumers residing outside of the County, they may contact the Central Access Team at 1-800-706-7500, to receive referrals for services in their area.

12. Strategies not listed in Section IV.

Non-applicable.

13. Timeline

Several activities will occur during the pre-implementation phase between January and April 1, 2006. Training will occur before April 1, 2006 and be on-going**.**

By April 1, the Department will identify service sites, recruit program staff, and begin necessary training for staff.

14. Program Budget

See Exhibit(s) 5

15. Quarterly Progress Report

See Exhibit 6

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

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

Program Workplan #: FSP-02 | Date: 12/30/05

Program Workplan Name: Integrated Services for Youth in Transition | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 44 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 44 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$0			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services	$0			$0
b. Translation and Interpreter Services	$0			$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$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
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$652,520			$652,520
6. Total Proposed Program Budget	**$652,520**	**$0**	**$0**	**$652,520**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$152,535			$152,535
b. Medicare/Patient Fees/Patient Insurance	$21,512			$21,512
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)	$26,612			$26,612
e. Total New Revenue	$200,659	$0	$0	$200,659
3. Total Revenues	$200,659	$0	$0	$200,659
C. One-Time CSS Funding Expenditures	**$1,773,932**			**$1,773,932**
D. Total Funding Requirements	**$2,225,793**	**$0**	**$0**	**$2,225,793**
E. Percent of Total Funding Requirements for Full Service Partnerships				**84.9%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan #: FSP-02 | Date: 12/30/05

Program Workplan Name: Integrated Services for Youth in Transition | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 44 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 44 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Supervise and coordinate activities of regional TAY staff.*		1.00		$0
Clinical Therapist II	*Provide intensive case management services and linkage to other services.*		3.00		$0
Behavior Health Specialist III	*Provide support and education to TAY families.*		3.00		$0
Behavior Health Specialist II	*Provide program support to TAY families.*		7.25		$0
Parent Partner	*Create a support system of education, advocacy and feedback.*	1.50	1.50		$0
Consumer Advocate	*Provide support and assistance to consumers.*	3.00	3.00		$0
Registered Nurse IV	*Provide case management, med support and education for program.*		1.50		$0
Psychiatrist II	*Provide med evaluation and support to TAY intensive services.*		0.75		$0
Office Assistant II	*Provide clerical support to TAY programs.*		3.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.50	24.00		$0
C. Total Program Positions		4.50	24.00		$0

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP-02 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ -
Estimated three months salaries for 2 new program FTEs	
c. Employee Benefits	$ -
Estimated three months county benefits costs	
d. Total Personnel Expenditures	**$ -**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP-02 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ -
None	
b. Translation and Interpreter Services	$ -
None	
c. Travel and Transportation	$ -
None	
d. General Office Expenditures	$ -
None	
e. Rent, Utilities and Equipment	$ -
None	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ -
None	
h. Total Operating Expenses	**$ -**
4. Program Management	$ -
5. Estimated Total Expenditures when service provider is not known	**$ 652,520**
The Integrated Services for Youth in Transition will be contracting all of its programs. These programs are the Integrated Services Recovery Centers (ISRC), Housing and the Crisis Residential Treatment Program. The ISRC will provide crisis support 24/7, psychiatric, vocational, housing, substance abuse, peer support, and family education services. Housing services consist of Augmented Board and Care services. The Crisis Residential program will provide intensive short-term treatment at a licensed residential facility.	
6. Total Proposed Program Budget	**$ 652,520**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP-02 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ 152,535
New program generated Medi-Cal revenue.	
b. Medicare/Patient Fees/Patient Insurance	$ 21,512
New program generated revenue.	
c. State General Funds	$ -
None	
d. Other Revenue	$ 26,612
Increased program funding from the Department of Rehabilitation	
e. Total New Revenues	**$ 200,659**
3. Total Revenues	**$ 200,659**
One-Time CSS Funding Expenditures	
a. Start-Up Costs	$ 599,711
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles and implementing Electronic Health Records (EHR).	
b. Training	$ 125,000
Estimated initial cost for training and consultation and support to implement Transition Age Youth programs (spread over the remaining two years).	
c. Housing	$ 1,049,221
The estimated cost to provide three years of housing to Transitional Age Youth. This will include short term housing, transitional housing and permanent housing. These funds will be used for short term lodging in shelter beds, motel vouchers, transitional housing, shared group housing, augmented residential care facilities, rental subsidies for permanent supportive housing, security deposits and other potential housing assistance.	
C. Total One-Time CSS Funding Expenditures	**$ 1,773,932**
See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.	
D. Total Funding Requirements	**$ 2,225,793**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-02
Program Work Plan Name:	Integrated Services for Youth in Transition
Fiscal Year: 2005-06	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth	See Work Plan							44		44	
	Adults											
	Older Adults											

	System Development		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

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

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

Program Workplan #: FSP-02 | Date: 12/30/05

Program Workplan Name: Integrated Services for Youth in Transition | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 266 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 266 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$0			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services	$0			$0
b. Translation and Interpreter Services	$0			$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$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
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$2,610,080			$2,610,080
6. Total Proposed Program Budget	**$2,610,080**	**$0**	**$0**	**$2,610,080**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$610,140			$610,140
b. Medicare/Patient Fees/Patient Insurance	$86,049			$86,049
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)	$106,448			$106,448
e. Total New Revenue	$802,637	$0	$0	$802,637
3. Total Revenues	$802,637	$0	$0	$802,637
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$1,807,443**	**$0**	**$0**	**$1,807,443**
E. Percent of Total Funding Requirements for Full Service Partnerships				**84.9%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan #: FSP-02 | Date: 12/30/05

Program Workplan Name: Integrated Services for Youth in Transition | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 266 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 266 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Supervise and coordinate activities of regional TAY staff.*		1.00		$0
Clinical Therapist II	*Provide intensive case management services and linkage to other services.*		3.00		$0
Behavior Health Specialist III	*Provide support and education to TAY families.*		3.00		$0
Behavior Health Specialist II	*Provide program support to TAY families.*		7.25		$0
Parent Partner	*Create a support system of education, advocacy and feedback.*	1.50	1.50		$0
Consumer Advocate	*Provide support and assistance to consumers.*	3.00	3.00		$0
Registered Nurse IV	*Provide case management, med support and education for program.*		1.50		$0
Psychiatrist II	*Provide med evaluation and support to TAY intensive services.*		0.75		$0
Office Assistant II	*Provide clerical support to TAY programs.*		3.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.50	24.00		$0
C. Total Program Positions		4.50	24.00		$0

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP- 02 - FY 2006-07

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	
None	
ii. Subsidies	
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ -
None	
c. Employee Benefits	$ -
None	
d. Total Personnel Expenditures	**$ -**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP- 02 - FY 2006-07

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ -
None	
b. Translation and Interpreter Services	$ -
None	
c. Travel and Transportation	$ -
None	
d. General Office Expenditures	$ -
None	
e. Rent, Utilities and Equipment	$ -
None	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ -
None	
h. Total Operating Expenses	**$ -**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 2,610,080**
The Integrated Services for Youth in Transition will be contracting all of its programs. These programs are the Integrated Services Recovery Centers (ISRC), Housing and the Crisis Residential Treatment Program. The ISRC will provide crisis support 24/7, psychiatric, vocational, housing, substance abuse, peer support, and family education services. Housing services consist of Augmented Board and Care services. The Crisis Residential program will provide intensive short-term treatment at a licensed residential facility.	
6. Total Proposed Program Budget	**$ 2,610,080**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP- 02 - FY 2006-07

		Budget Amount
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		
N/A		
b. Medicare/Patient Fees/Patient Insurance		
N/A		
c. Realignment		
N/A		
d. State General Funds		
N/A		
f. Grants		
N/A		
g. Other Revenue		
N/A		
h. Total Existing Revenues	**$**	**-**
2. New Revenues		
a. Medi-Cal (FFP only)	$	610,140
New program generated Medi-Cal revenue.		
b. Medicare/Patient Fees/Patient Insurance	$	86,049
New program generated revenue.		
c. State General Funds	$	-
New program generated revenue.		
d. Other Revenue	$	106,448
Increased program funding from the Department of Rehabilitation		
e. Total New Revenues	**$**	**802,637**
3. Total Revenues	**$**	**802,637**
C. One-Time CSS Funding Expenditures	**$**	**-**
D. Total Funding Requirements	**$**	**1,807,443**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-02
Program Work Plan Name:	Integrated Services for Youth in Transition
Fiscal Year: 2006-07	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth	See Work Plan	176		176		176		176		266	
	Adults											
	Older Adults											

	System Development		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	75	See Work Plan	50		50		50		50		75	

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

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

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

Program Workplan #: FSP-02 | Date: 12/30/05

Program Workplan Name: Integrated Services for Youth in Transition | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 266 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 266 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$0			$0
b. Travel and Transportation	$0			$0
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services	$0			$0
b. Translation and Interpreter Services	$0			$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$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
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$2,610,080			$2,610,080
6. Total Proposed Program Budget	**$2,610,080**	**$0**	**$0**	**$2,610,080**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$610,140			$610,140
b. Medicare/Patient Fees/Patient Insurance	$86,049			$86,049
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)	$106,448			$106,448
e. Total New Revenue	$802,637	$0	$0	$802,637
3. Total Revenues	$802,637	$0	$0	$802,637
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$1,807,443**	**$0**	**$0**	**$1,807,443**
E. Percent of Total Funding Requirements for Full Service Partnerships				**84.9%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan #: FSP-02 | Date: 12/30/05

Program Workplan Name: Integrated Services for Youth in Transition | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 266 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 266 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Supervise and coordinate activities of regional TAY staff.*		1.00		$0
Clinical Therapist II	*Provide intensive case management services and linkage to other services.*		3.00		$0
Behavior Health Specialist III	*Provide support and education to TAY families.*		3.00		$0
Behavior Health Specialist II	*Provide program support to TAY families.*		7.25		$0
Parent Partner	*Create a support system of education, advocacy and feedback.*	1.50	1.50		$0
Consumer Advocate	*Provide support and assistance to consumers.*	3.00	3.00		$0
Registered Nurse IV	*Provide case management, med support and education for program.*		1.50		$0
Psychiatrist II	*Provide med evaluation and support to TAY intensive services.*		0.75		$0
Office Assistant II	*Provide clerical support to TAY programs.*		3.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.50	24.00		$0
C. Total Program Positions		4.50	24.00		$0

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP- 02 - FY 2007-08

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	
None	
ii. Subsidies	
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ -
None	
c. Employee Benefits	$ -
None	
d. Total Personnel Expenditures	**$ -**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP- 02 - FY 2007-08

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ -
None	
b. Translation and Interpreter Services	$ -
None	
c. Travel and Transportation	$ -
None	
d. General Office Expenditures	$ -
None	
e. Rent, Utilities and Equipment	$ -
None	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ -
None	
h. Total Operating Expenses	**$ -**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 2,610,080**
The Integrated Services for Youth in Transition will be contracting all of its programs. These programs are the Integrated Services Recovery Centers (ISRC), Housing and the Crisis Residential Treatment Program. The ISRC will provide crisis support 24/7, psychiatric, vocational, housing, substance abuse, peer support, and family education services. Housing services consist of Augmented Board and Care services. The Crisis Residential program will provide intensive short-term treatment at a licensed residential facility.	
6. Total Proposed Program Budget	**$ 2,610,080**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Youth in Transition
Plan FSP- 02 - FY 2007-08

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	
N/A	
b. Medicare/Patient Fees/Patient Insurance	
N/A	
c. Realignment	
N/A	
d. State General Funds	
N/A	
f. Grants	
N/A	
g. Other Revenue	
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ 610,140
New program generated Medi-Cal revenue.	
b. Medicare/Patient Fees/Patient Insurance	$ 86,049
New program generated revenue.	
c. State General Funds	$ -
New program generated revenue.	
d. Other Revenue	$ 106,448
Increased program funding from the Department of Rehabilitation	
e. Total New Revenues	**$ 802,637**
3. Total Revenues	**$ 802,637**
C. One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 1,807,443**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-02
Program Work Plan Name:	Integrated Services for Youth in Transition
Fiscal Year: 2007-08	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth	See Work Plan	176		176		176		176		266	
	Adults											
	Older Adults											

	System Development		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	75	See Work Plan	50		50		50		50		75	

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Riverside	Fiscal Year: 2005/06/07	Program Work Plan Name: Comprehensive Integrated Services for Adults (CISA)
Program Work Plan #: FSP-03		Estimated Start Date: 4/06
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Seeks to achieve MHSA goals through a combination of program expansion, establishment of new full-service partnership programs and program enhancements throughout the Adult System of Care.	
Priority Population: *Describe the situational characteristics of the priority population*	Services for youth in transition from the Children's System of Care and Adults with SED/SMI. Integrated services will also be provided to individuals with co-occurring substance abuse disorders. Priority will be placed on unengaged homeless and frequent users of high cost restrictive treatment institutions who are underserved through the existing treatment strategies, and those referred through the Criminal Justice System, and Hispanic populations and other underserved cultures.	

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
1) Adult Integrated Services Recovery Centers	☒	☐	☐	☐	☒	☒	☐
2) Housing Programs	☐	☐	☐	☐	☐	☐	☐
- Housing Development and Support	☐	☒	☐	☐	☒	☒	☐
- Crisis Residential Programs	☐	☒	☐	☐	☒	☒	☐
- Expanded Capacity-Specialized Residential Care Facilities	☐	☒	☐	☐	☒	☒	☐
3) Mental Health Court Program	☐	☒	☐	☐	☒	☒	☐
4) Detention (Jail) Mental Health Outreach	☐	☒	☐	☐	☒	☒	☐
5) Peer Support and Resource Centers*	☐	☐	☐	☐	☒	☒	☐
6) Family Advocacy	☐	☒	☐	☐	☒	☒	☐
7) Outreach**	☐	☐	☐	☐	☒	☒	☐
8) Enhanced Outpatient Services	☐	☒	☐	☐	☒	☒	☐
(See Section #2 of CISA Work Plan for complete description of all strategies listed above.)	☐	☐	☐	☐	☐	☐	☐

*(funded through Peer Recovery/Support Services Work Plan Budget).
** (funded through Outreach & Engagement Work Plan Budget).

Comprehensive Integrated Services For Adults (CISA) Work Plan

The Comprehensive Integrated Services for Adults (CISA) seeks to achieve MHSA goals through a combination of program expansion, establishment of new full-service partnership programs and program enhancements throughout the Adult System of Care. All strategies are intended to be recovery oriented, incorporate cultural competence and evidence based practices, consumer and family members as staff and be provided in the community with a focus on resilience and self determination/sufficiency. All CISA services will collaborate closely with services and supports provided through the Peer Support and Resource Centers. The priority populations to be served are detailed below.

1. Populations to be served.

The Comprehensive Integrated Services for Adults (CISA) will be developed to provide a broad array of integrated services and a supportive system of care for adults with serious mental illness. This group includes individuals with co-occurring substance abuse disorders, along with transition age youth (19-25), and transition age adults (55-59). The Adult System of Care Committee identified through the planning process the following highest ranked priority populations to be served through the CISA. They are as follows:

a. Unengaged Homeless.
b. High Users of Services (those in acute in-patient settings, out-patient crisis services, IMD's, and State Hospitals).
c. Adults referred through the Criminal Justice System.
d. Hispanic populations and other underserved cultures.

It is important to note that although co-occurring substance abuse disorders was identified as a top priority population, it was not listed separately as it is a significant characteristic of all categories listed above.

Summary of Strategies

All the populations described above will be addressed through priority strategies identified through the committee process. The proposed strategies are described briefly below and in more detail in question #2 of this work plan.

a. Integrated Service Recovery Centers for Adults (Establish two new Full Service Partnership centers and expand an existing center).

These services expand the capacity of existing (AB2034) wellness and recovery services. In addition to attempting to serve adults who are homeless or at risk of homelessness, services will be provided to frequent users of restrictive institutional treatment and/or who are in contact with the criminal justice system as a result of

untreated or ineffectively treated mental illness including co-occurring disorders. Full Service Partnership Program elements will include integrated treatment of mental health and co-occurring substance abuse disorder, consumers and family members as part of the service delivery team providing, peer-to-peer outreach, support, family education and advocacy plus access to 24/7 support, educational, vocational and employment support and flexible funding to facilitate access to housing and other essential resources necessary to achieve the goals of recovery and resiliency.

b. Housing

The provision of safe, affordable, and supportive housing is a critical component of the CISA work plan. Reduction of homelessness will be addressed through key components listed below and described in detail under question #2 of this work plan.

- Housing Development and Support efforts
- Crisis Residential Treatment Programs
- Expanded Capacity-Specialized Licensed Residential Care Facilities

c. Mental Health Court Program

Dedicated Mental Health staff will provide specialized assessment, linkage and follow-up case management for consumers referred by the Mental Health Superior Court. Adults with serious mental illness would receive necessary treatment and avoid incarceration when determined appropriate. They will be linked to full service partnership Integrated Service Recovery Centers of the enhanced system of care outpatient services and Peer Support and Resource Centers.

d. Detention (Jail) Mental Health Outreach

Case management staff will be located at each of the county operated detention (jail) facilities. The goal would be to engage and link individuals to follow-up recovery based community supports, especially the Integrated Service Recovery Centers. These jail services would be exclusively for the purpose of facilitating discharge and re-integration into the community and would be offered on a voluntary basis as is required by the MHSA.

e. Peer Support and Resource Centers

Consumer operated centers offering a variety of support services including vocational, educational, resources and referrals, warm-line and peer-to-peer support activities.

f. Family Advocacy

These advocates will work with all services in the regions to ensure support and increased interface with families.

g. Outreach

This strategy provides outreach to adults with a serious mental illness who are homeless, high users of institutional treatment programs and those involved in the criminal justice system and underserved ethnic communities.

h. Enhanced Outpatient Services

Enhanced outpatient programs will serve to transform existing outpatient programs towards the MHSA goals of recovery and restoration of resilience. Elements include: integrated treatment of co-occurring substance abuse disorders, consumers and family as members of provider teams, peer-to-peer outreach and support, family education and advocacy, expanded case management support of consumers referred through the Mental Health Court Program and Detention Mental Health Service Programs and expansion of specialized benefit assistance. Services would be provided in collaboration with supports available through the Peer Support and Resource Centers.

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

Adult Integrated Service Recovery Centers

The Department proposes to establish two new Full Service Partnership centers and expand existing services system wide in order to serve an additional 365 consumers. Program participants will include adults and adults in transition. The programs will expand the capacity of existing (AB2034) wellness and recovery services. In addition to providing outreach to unengaged individuals who are *homeless or at risk of homelessness*, the programs will seek to engage consumers who have a history of cycling through acute or long-term *institutional treatment* settings without successfully being engaged or served through the outpatient system of care. The program will also serve consumers referred from the *Mental Health Court Program*.

Adult Integrated Service Recovery Centers align with the goals of MHSA by working to successfully engage and support consumers on a path of recovery that will break the cycle of homelessness, institutionalization and/or incarceration. Full-Service Partnership services will provide:

- Outreach to homeless, high users of institutional treatment centers, inmates in detention facilities and defendants in Mental Health Court.
- Services based on consumer's recovery goals and desires and provided by a team that envisions and embraces the principles of recovery and resilience.
- Personal Services Coordinators that will provide case management made possible by low (average 1:12) consumer to provider ratio.
- Support and crisis response 24/7.

- Services provided by a multi-disciplinary professional and paraprofessional team that includes consumer and family members.
- Integrated treatment of co-occurring mental health and substance abuse disorders (COD) using improved standards of practice.
- Peer outreach, education, mentorship, support and advocacy, including peer support for individuals with co-occurring disorders.
- Housing specialists to provide consultation and assistance to providers working with consumers to establish housing stability.
- Family Education and Advocacy.
- Access to educational and vocational support that includes the expansion of three Certified Adult Rehabilitation Facility (CARF) vocational programs.
- Flexible funding to respond and assist with the unique needs consumers encounter as they work to achieve their recovery, educational and vocational goals.
- Assistance in accessing medical care, and for coordination of services with primary care providers.
- Collaboration and coordination of services with community resources and agencies, especially veterans' services, faith based organizations and spiritual support, ethnic and cultural support groups, educational systems/services that assist transition age youth and also adults transitioning to older adult stages of development.
- Linkage and support to consumers transitioning to Peer Support and Recovery Centers as consumers succeed in achieving their recovery goals and require less intensive support.
- Employment Assistance/Vocational Services. Access to educational and vocational support services will be achieved through the expansion of three CARF facilities, and through the Peer Support and Resource Centers. Both are described in detail below:
- Advisory Board of consumers and family members will guide the initial development of the centers and continually provide feedback to the programs.

Vocational Services: A significant component of the Integrated Services Recovery Centers is the Vocational Services Program. Through a cooperative contract between the Department of Rehabilitation (DOR) and the Riverside County Department of Mental Health a Vocational Services Program will combine staff and resources to provide vocational rehabilitation services to chronically and severely mentally ill individuals in Riverside County.

The Department plans to provide Vocational Assessment and Employment services as described below. These services will assist job ready clients to obtain and retain competitive employment in their community.

Vocational Assessment Services: These services will assess client information related to abilities, skills, aptitudes, interests, and behaviors by reviewing records, conducting interviews, and administering aptitude and interest tests. Medical, psychological, social, and cultural aspects as well as assistive technical, housing,

and economic issues may be explored and incorporated into the vocational assessment.

Employment Preparation: Individuals will be prepared for job seeking activities by receiving services that include, but are not limited to: guidance in preparing an employment application, assistance with effectively interviewing for employment, training to enhance work-related social and communication skills, and instruction and/or support in developing other job seeking skills. Strategies such as role-playing, provision of relevant reading materials, and small, interactive groups to teach and enhance job-seeking skills will be utilized.

Job Development, Placement and Follow-up: Direct job development assistance will identify specific job openings that are appropriate for each individual based on his/her identified strengths and weaknesses and assist him/her in becoming employed by facilitating the process of acquiring a job. Mental Health staff will contact potential employers by phone or in person, provide client advocacy and facilitate a positive client-employer relationship.

Support and Job Coaching: Individuals will be assisted with retaining employment through the provision of a variety of vocationally related support services. Job coaching will be provided to assist individual clients with the support on or off the job, including teaching job tasks.

Supported Employment and Assistance: In addition to the Vocational Services in the Integrated Recovery Centers, consumers may receive assistance through the Peer Support and Resource Centers (described in SD-05, Peer Recovery and Support Work Plan). In that setting, training and employment readiness activities will be offered. This will include job interview preparedness, basic job skills, volunteerism or paid employment, assistance in job search for consumers, and enhancing leadership skills with the intent of developing independence through vocational training and opportunities.

Housing

The Department of Mental Health recognizes that safe, affordable and supportive housing is fundamental to reducing homelessness and recovery from mental illness. Establishing housing as a strategic priority is essential. The Department will develop a Housing Development Unit that will be funded within the Administration budget, since it is a program that will impact all ages. The Housing Development Unit will contain four positions: one Housing Developer and three Housing Specialists (one per region). This unit would work with housing providers and with consumers to develop both short and long term strategies for expanding housing resources for persons with mental illness. Housing development activities will focus on the full range of housing needs from licensed residential facilities to independent housing units.

The Department will address the pressing need for housing through a number of immediate and long-term initiatives described below:

Housing Development and Support

Riverside County recognizes that stable housing is the cornerstone of recovery. In order to support consumers of all age groups through the various stages of recovery there needs to be a continuum of housing resources and support. Housing must be safe and clean. Housing support must be provided with dignity and respect. Establishing a continuum of housing and supports consistent with the goals of MHSA to reduce homelessness will require collaborative efforts between the Department of Mental Health, developers, grantors of funding, financial institutions, housing providers, regulatory agencies, local planners, mental health teams, consumers and families.

The Department proposes to establish a Housing Development and Support Program that will seek to improve the quality and range of housing for consumers in recovery. The goals of the Housing Program will be:

- Increase housing across the continuum throughout the County for transition age youth, adults and older adults through a variety of contracts and partnerships for supported emergency, transitional and scattered site housing options. One time CSS funds have been designated to assist with housing development and support to consumers.
- Monitor housing contracts and outcomes.
- Partner with the HUD Continuum of Care to apply for grants to develop emergency, transitional and permanent supportive housing.
- Increase the number of facilities licensed to provide care and supervision to consumers through education, training and support.
- Provide proactive support of housing providers to promote quality services, serve as a liaison to regulatory agencies such as Community Care Licensing and provide support for overcoming barriers around establishing or providing housing because of stigma and fear (NIMBY).
- Develop affordable, permanent and supportive housing in all areas of the county in partnership with financial institutions; housing developers, community based housing organizations, public agencies and city planners.
- Provide training on a variety of topics that would assist providers and staff that provide supportive services. Examples of training would be: understanding mental illness, cultural competency, values and approaches consistent with recovery, co-occurring substance abuse disorders, issues of aging, etc.
- Employ housing specialists to provide consultation and support to personal services coordinators and the consumers they serve.

The Department will expand its housing development strategies as staff participate in state training around funding options and development strategies for housing.

Strategies to be explored and potentially developed are master leasing, rental subsidies, capital subsidies, and initial deposit assistance among others. Through the state sponsored training academies the cross agency housing experts (HUD, EDA, Social Services) will join Mental Health and will evaluate options. One time CSS money will then be used to support the selected activities. In some cases this will be for matching for other State, Federal and private funds. Two current department efforts are examples of projects, which will involve the Housing Development unit, current staff, and one time CSS money to develop housing.

- Safehaven Permanent Housing

  The Department is currently working with the Riverside County Department of Public Social Services program that serves as the County's HUD agency in assuming responsibility for a Federal HUD grant to establish a Safehaven and low demand 25 bed permanent housing program. The program will be established to provide low-demand permanent housing and 24/7 drop-in center for chronically homeless adults with a serious mental illness. This initiative will target hardest-to-reach homeless that have declined other types of assistance. The Department has an interest in establishing the Safehaven as a peer operated program and will seek to contract this service with a community-based provider. This program will require MHSA one-time housing funds to fulfill grant match-funds requirement and other identified funding gaps.

- Permanent Affordable Housing (Governor's Initiative)

  The Department is working with the County of Riverside Housing Authority and the Department of Public Social Services to develop a project that would qualify for funding from the Governor's Initiative to End Homelessness. The proposal will seek to leverage funding available from the Governor's Initiative with an existing approved Federal HUD Moderate Rehabilitation Supportive Housing grant for chronically homeless adults with mental illness. The project under consideration would rehabilitate up to three existing Housing Authority properties (40 two to four bedroom units) to establish permanent affordable supportive housing for homeless individuals who have a serious mental illness. The planning will also explore opportunities to provide support appropriate to specific age groups such as Transition Age Youth and/or Older Adults.

<u>Crisis Residential Treatment Program</u>

Currently, there is a Crisis Residential Treatment Program in the Mid-County Region which will continue. In addition, the Department proposes to expand Crisis Residential Treatment Programs within the Desert and Western regions. This strategy aligns with the MHSA goals by providing community-based voluntary alternatives to acute inpatient admission and/or earlier discharge from acute or long-term institutional treatment to community-based services and support.

The locations of these programs will also serve to insure access to this level of care in all areas of the county.

The primary goal of the Crisis Residential Treatment (CRT) Program is to stabilize clients in acute crises in order to eliminate or shorten the need for inpatient hospitalization. Activities in support of this goal include assessment, evaluation of self-sufficiency skills, wellness and recovery planning, rehabilitative counseling, case management, psychiatric and medication support, and linkage to community services for on-going support after the consumer exits the program. Services will be based on the values and principles of recovery. Interventions will focus on empowering consumers toward recovery and restoring their resilience; reducing the symptoms and effects of mental illness and any co-occurring substance abuse disorder; improving skills and reducing barriers to self sufficiency in the community; strengthening engagement in follow-up support in order to improve the quality of their life; maximizing opportunities for family and social supports participation in the recovery plan, and; instilling hope for long-term recovery. Integrated treatment shall be the standard of intervention for co-occurring disorders. Treatment teams will be multi-disciplinary and include consumer providers. In this social rehabilitative setting, residents will use the therapeutic community, including peer support and the group living experience, to develop the needed support and skills to overcome their current life situation, crisis or stress. Services will provide intensive short-term treatment (average less than 14 days) at a licensed residential facility. CRT programs will work with the individual to ensure appropriate levels of supports upon discharge including housing, mental health recovery, social, educational and vocational supports.

235 adults will be served by this program each year.

Expanded Capacity-Specialized Licensed Residential Care Facilities

As consumers recover, their need for specialized housing support decreases. However, during periods of increased symptoms or in order to assist in the transition from institutional settings to community based living they frequently need additional support in order to achieve housing stability. Licensed Residential Care Facilities provide an important service to many consumers who need moderate to low levels of support in order to maintain residency in an unrestricted community setting. A number of consumers, however, have complex needs that cannot be adequately supported at regular licensed facilities. As a result, these consumers remain in restrictive institutional settings for periods longer than necessary because community housing that provides the supports that they need, is unavailable. Furthermore, lack of access or failure to maintain housing stability frequently results in homelessness for the consumers we serve. The goals of MHSA and Riverside County seeks to insure that consumers with complex needs have access to adequate support in order to restore or establish housing stability and avoid hospitalization, long-term institutional stays and/or incarceration.

Riverside County currently contracts for Augmented Board and Care (ABC) beds in Western Region (30 beds) and in the Desert Region (56 beds). The Department proposes to expand the bed capacity of these existing facilities and add services to the Mid-County Region. The priority populations served through the expansion will be; transition age youth, consumers with co-occurring substance abuse disorders, consumers that require additional support for co-occurring physical health disorders and older adults. It is expected that 120 adults will be served by this program each year.

Services shall be consistent with the values and principles of the MHSA goals of recovery and resilience. ABC program activities shall include assistance with developing skills of self-sufficiency including those skills necessary to more effectively self manage behaviors that have contributed to hospitalizations, incarcerations, evictions and homelessness. Mental Health and co-occurring substance abuse recovery support will be provided on-site and/or in collaboration with the Department of Mental Health team of providers assisting the resident with recovery. Activities will also include Peer-to-Peer support and encourage residents to participate in supports available through the CISA/TAY programs, including the Integrated Service Recovery Centers and the Peer Support and Resource Centers. Some facilities will be developed or identified that provide qualified staff who will assist residents in effectively managing chronic health problems such as HIV/AIDS and diabetes and to insure that residents' mental health and physical health care needs are carefully coordinated and monitored.

Also, licensed adult residential care facilities and residential facilities for the elderly will be contracted to provide additional support to address the unique needs of the population they are contracted to serve.

Mental Health Court Program

Riverside County proposes to establish a Mental Health Court Program. The model is an interagency collaborative that includes the Riverside County Superior Court, District Attorney, Public Defender, Sheriff, Probation and Mental Health. The goals are consistent with the Mental Health Services Act to reduce incarceration of adults and TAY (18-59) with mental illness through identifying, engaging and linking offenders with a serious mental health disorder to Comprehensive Services for Adults (CISA) or Transition Age Youth (TAY) programs appropriate to the consumer's needs and goals of recovery. Depending on the needs and goals, services would be provided by full service partnership Adult or TAY Integrated Service Recovery Centers, Enhanced Outpatient programs and/or Peer Support and Resource Centers.

The strategy advances the goals of MHSA through the identification; outreach and engagement of individuals whose contact with the criminal justice system is related to an untreated or ineffectively treated mental illness and co-occurring substance abuse disorders. These individuals would be referred by the Riverside County Superior Court to the Mental Health Court Program outreach team for assessment and recommendations

for follow-up services. Consumers who are successfully engaged, and agree to participate in the program, will be linked by the Mental Health Court Program to one of the Integrated Service Recovery Centers or other appropriate community resources based on the consumer's needs and recovery goals. The program would be similar to the successful federally funded Mental Health Court program the Department participated in from January 2001 through December 2003.

Program priority would be offenders referred by the Mental Health Court, Deputy Public Defender and/or Deputy District Attorney who has been identified as a person who may be suffering from a serious mental health disorder and who might be eligible for alternative sentencing if their treatment and recovery needs can be met in a community based treatment program.

Mental Health Court Program Outreach, Linkage and Comprehensive Integrated Services for Adults/Transition Age Youth Coordination –Three Mental Health Court Program teams will perform assessments of consumer needs, determination of eligibility and seek to engage offenders who are eligible to those services best suited to assist them in achieving their goals of recovery. The team will provide recommendations to the Mental Health Court and court officers. These recommendations would include initial service plans, linkage to CISA/TAY program(s) (described earlier in this CSS plan) and services that are recovery based and consumer driven. Priority will be given to linking clients to Adult or TAY Integrated Service Recovery Centers. The team will also provide follow-up coordination between CISA/TAY personal service coordinators and the Mental Health Court. It is expected that 345 individuals will be served by this program each year. Programs that will provide services to consumers referred through the Mental Health Court Program will include:

- Adult Integrated Service Recovery Center – Full Service Partnership recovery based intensive case management that includes 24/7 support and access to supportive housing (see program details above).
- Transition Age Youth Integrated Service Recovery Center – Full Service Partnership recovery based intensive case management that includes 24/7 support and access to supportive housing (see Transition Age Youth program proposal).
- Enhanced Outpatient Services – Expanded case management support, including linkage to housing, for consumers engaged through the Mental Health Court Program. Based on his or her assessment and/or choice services will seek to achieve the consumer's goals of recovery through services provided by system of care outpatient programs. Consumers will be encouraged to concurrently participate in the full array of services and supports available through the Peer Support and Resource Centers.

Detention (Jail) Mental Health Outreach

The Department proposes to locate mental health case managers at each of the county operated detention facilities. The duties of the case managers will be to outreach to those inmates that have been identified and receiving services in the jail, to seek to engage the

individual in accepting community based support and assistance and to link the individual to follow-up services. This outreach will be for the purpose of facilitating the inmate's discharge and re-integration into the community, and will be completely voluntary in nature as is required by the MHSA. Priority will be given to linking all individuals in need of Full Service Partnership intensive case management support to one of the Adult or TAY Integrated Service Recovery Centers (refer to program detail above and TAY program proposal). Referrals will also be made to other mental health services and supports depending on the individual's choice, needs and goals. It is expected that 2,500 individuals will be provided these case management services each year.

Peer Support and Resource Centers

Incorporating consumer operated services into the continuum of services offered through MHSA programs is an essential component to the Recovery Vision. The Peer Support and Resource Centers are consumer operated centers that will aid consumers in the recovery process from serious mental illness.

These centers will provide a variety of support services necessary for consumers to step-down or transition from specialty mental health services in the County Mental Health system. Support services will include but are not limited to vocational, educational, resource and referral, warm-line, and peer-to-peer support activities. Consumer driven peer support will assist consumers in developing self-sufficiency through the valuing and mentoring of recovery and resiliency principles.

The Peer Support and Resource Centers are described in more depth and budgeted through the Peer Recovery and Support Services Work Plan (SD-05).

Family Advocacy

Family members of current or past mental health consumers will be hired as family advocates. They will be assigned to each region and provide orientation groups, face-to-face or phone support and coordinate with local self-help groups such as NAMI to accomplish this. The existing Family Advocate program will be expanded to increase access and level of support. These advocates will work with all services in their region to ensure support and increased interface with families. Please refer to Peer Recovery/Support Services Work Plan for more detail.

Outreach

Riverside County currently provides outreach to adults that are homeless or at risk of homelessness throughout the county. These services are funded by current AB2034 funds and a combination of federal homeless services grants. These services will be reorganized to support each of the three Adult Integrated Service Recovery Centers to provide street outreach to homeless unengaged adults. The Department has extensive experience in engaging individuals on the street, in parks and riverbeds, and along the highway and under bridges. Outreach includes feeding sites, shelters, access centers,

migrant camps, homeless encampments and other commercial locations where homeless individuals tend to congregate. Vouchers are available for temporary housing. The reorganization of services will be done in collaboration with MHSA outreach strategies that includes outreach to consumers upon release from jail and discharge from acute inpatient care. Peer providers will be included in outreach teams that work to engage and link eligible adults to one of the Adult Integrated Recovery Service Centers. Similarly, outreach will include underserved ethnic communities in partnership with community and faith based organizations that serve these communities. Peer supporters from the Peer Support and Resource Centers will have a primary role in outreach to underserved priority populations.

Enhanced Outpatient Services

Currently Outpatient Services for Adults are conducted at 11 sites throughout the County of Riverside. These sites offer assistance for individuals who are experiencing severe and persistent psychiatric problems. Services include urgent mental health care, intake assessments, initial medication evaluation and ongoing medication support, short-term psychotherapy and supportive counseling, family consultation, case management as well as linkage and advocacy.

A core value and vision of recovery and resilience is consumer choice. Additionally, the goals of MHSA include client driven services and increased access. Riverside County recognizes that transformation of our mental health system must include not only the introduction of new strategies but also the transformation of existing services in order to align them more closely with the MHSA principles of recovery and resilience. The Department accepts that not all consumers will choose to receive their support through full service partnership programs. Therefore, existing services must be enhanced and expanded in order to more effectively support consumers that have been ineffectively served and assist them in achieving their goals. It is expected that 315 adults will be served by the expansion of outpatient services each year.

<u>Components of Enhanced Outpatient Services will include</u>:

- Consumer members added to the service delivery team in each County clinic to provide outreach, peer-support, education and advocacy.
- Family members added to the service delivery team to provide family education, support, and advocacy.
- Case management follow-up for current or for new consumers identified through outreach efforts and new programs who are not needing full service partnership.
- Specialized benefit assistance to insure access to needed financial support or to assist consumers in navigating return-to-work incentives available to them.
- Self-driven consumer wellness and recovery planning in close collaboration with the supports available through the Peer Support and Resource Centers.
- Increased transportation services.
- Integrated treatment of co-occurring mental health and substance abuse disorders (COD) using improved standards of practice. Currently the Department has a task

force working on an action plan for enhancement of services to Co-occurring disordered (COD) populations who have both a serious substance abuse problem and a serious mental health problem. The COD plan utilizes information from the SAMSHA toolkit on integrated treatment. The COD plan includes activities such as staff training on motivational interviewing, and cognitive behavioral approaches for co-occurring treatment, development of a consistent model of group intervention, utilization of a screening tool, standardized assessment and co-location of substance abuse and mental health staff. The MHSA will provide additional staff and will support staff training to assist in this effort to integrate the treatment of mental health and substance abuse disorders. The new standards of practice will be expanded into all contract and county providers serving the COD population.

3. Describe any Housing or Employment Services to be provided.

Housing and Employment services are an important component within the Adult Plan. More detailed descriptions of these services can be found in the previous section (question #2).

Housing

As detailed previously, the MHSA funded housing program will be dedicated to expanding housing capacity across the continuum of supportive housing resources. The initial focus will be:

- Adding two Crisis Residential Treatment programs to serve as alternatives to acute or long term-institutional care.
- Expanding capacity of Augmented Board and Care facilities to provide specialized support to transition age youth, adults and older adults. Additionally, programs will be established to provide integrated support for persons with co-occurring substance abuse disorders and persons with co-occurring physical health disorders (e.g. HIV/AIDS, Diabetes).
- A centralized and coordinated effort to develop housing, especially permanent, affordable supportive housing. One time funds will be used to develop a range of housing options as described in the previous Housing Development Unit description.
- Training, education and support for housing providers/staff and mental health providers in order to promote safe and clean housing and to insure that services are provided with dignity and respect.

Employment

As detailed previously, access to educational and vocational support services will be achieved through supportive employment in the Peer Support and Resource Centers and through the expansion of three CARF facilities. These services will cover:

- Supported Employment and Assistance

- Vocational Services
- Vocational Assessment Services
- Employment Preparation
- Job Development, Placement and Follow-up
- Non-Supported Employment Job Coaching

4. Full Service Partnership

The Comprehensive Integrated Services for Adults (CISA) will serve 365 consumers in Full Service Partnership annually, at an average annual cost of $13,321 per client, based on gross MHSA program cost.

5. Recovery Goals

Fundamental to the advancement of the goals of recovery is close collaboration with consumers who are on the path of recovery and their family members. It is the richness of their challenges, struggle and success that will serve to teach and inspire mental health providers and other consumers about the value of recovery and resiliency. All new expanded or enhanced programs will include consumer and family members as peer members of service delivery teams. Peers and family members as supports, educators and advocates will be the standard. Their integration into all levels of service delivery will provide role models and mentors to other consumers and their contributions will help to restore hope and establish resiliency. The support and education available through Peer Support and Resource Centers will become an ongoing resource for mental health programs and contract providers seeking to recruit and hire consumers and family members to fill provider positions within the mental health system. The progression of recovery, resilience and hope will be visible as a living value.

Other key areas relevant to achieving the Recovery Goals in the adult system are the Housing and Employment components of the Work Plan. The Department included extensive housing programs and resources to ensure increases in the quality and range of housing options for consumers in recovery. These programs are described in detail in section #2 of this plan, under Housing Strategies, and also in the one-time narrative. The Department also acknowledges the importance of Employment opportunities, support and assistance through the development of the Vocational Services program in the Integrated Recovery Services Centers and the Peers Support and Resource Centers. The details of these programs are described in detail in the Integrated Recovery Service Center program narrative in section #2 of this Work Plan.

The Department envisions training as being essential to transforming a system that embraces recovery models and principles. Staff, supervisors, management, consumers, and family members, will receive training on the Recovery Model. Supervisors will be trained and instructed to review employee performance from this framework. Training for service providers and supervisors will be on-going to continue promoting the Recovery Model in the Departments System of Care for Adults.

6. Expanding Existing Programs

AB2034 Program – The current AB2034 program provides outreach, personal service coordination and intensive support to 150 consumers. These services include assistance with housing, benefits and linkage to educational and vocational support and other wraparound support strategies that promote recovery and resilience. It is a recovery-based model that includes consumers as members of the provider team. It is currently co-located at Jefferson Wellness Center that also operates one of three Vocational Co-operative Programs contracted with the State Department of Rehabilitation, provides benefit assistance, on-site adult education operated by the Department of Education, consumer Peer Alliance Liaison volunteers and various social supports. This program will be expanded through MHSA funding to serve not just unengaged homeless and at risk of homeless adults but to also engage through MHSA funding high service users that cycle through institutional treatment and consumers who are referred through the Mental Health Court Program. The two new Integrated Service Recovery Centers for Adults will follow this successful model.

Housing Program – AB2034 currently funds one housing position. This position is currently responsible for developing vendor contracts for system-wide scattered site emergency, transitional and permanent housing provided to AB2034 consumers and similar housing funded by Federal grants. It also monitors these contracts for quality of care. This program will be expanded to add housing specialists and a housing developer to focus on the acquisition of funds and the development of permanent, affordable, supportive housing. The Department will also seek additional funding for more staff to provide outreach, education and support for housing providers and mental health staff, as well as to develop initiatives to improve quality and insure services are provided in a manner that values recovery and resilience.

Crisis Residential Treatment Programs – The Department currently operates one Crisis Residential Treatment Program. Two additional programs are proposed to increase alternatives to acute inpatient admissions and to facilitate earlier discharge from acute settings.

Augmented Board and Care Programs - The Department currently contracts with two licensed adult residential facilities to provide additional support to adults whose need for support exceeds the ability of regular residential care facilities. These programs are routinely full which results in consumers remaining in more intensive levels of care (acute hospitals, Mental Health Rehabilitation Centers and IMDs) while they await housing in the community appropriate to their needs. Riverside County proposes to expand the capacity of this level of support and increase the quality of services provided through these programs. Additionally, the Department will seek to introduce specialty services for priority populations [Transition Age Youth, Co-Occurring (substance abuse) Disorders, Co-Occurring (physical health) Disorders and Older Adults].

Outpatient Services – Currently, co-occurring disorder groups are provided in some clinics. These services are expanding and changes in screening, assessment and treatment practices were already in process as previously described in the Enhanced Outpatient Services strategy. MHSA will assist in supporting training and limited expansion of staff.

Other outpatient service expansion includes:

- Peer providers to provide outreach, support and education.
- Family Advocates expanded to provide support and education.
- Benefit Assistance expanded to assist with the establishment of benefits and to provide consultation and education related to return-to-work incentives available through various disability entitlement programs.
- Additional case management support for unserved and underserved consumers.

7. Services and Support provided by clients and/or family members.

The Integrated Recovery Center , Family Advocate and Enhanced Outpatient programs described under question no. 2 include roles for consumers and families.

Depending on the program goals/design, consumers and families will provide a variety of services within mental health recovery based programs as a part of service delivery teams in new as well as existing services.

- *Consumer Advocate*: These positions within programs would facilitate Peer Support Groups, Recovery, Wellness Recovery and Action Planning groups, Co-occurring Disorder Peer Support groups, provide outreach to engage underserved and/or inappropriately served consumers, serve as a liaison to assist consumers in navigating the system of care, and provide advocacy and education.

- *Family Advocates*: These positions within the regions would facilitate family support and education groups, provide face-to-face and phone consultation and support, serve as a liaison to assist family members in navigating the system of care and provide advocacy and education.

- Consumers and family members would participate on panels selecting new contracted programs and would serve on advisory committees guiding the implementation of the Integrated Recovery and the Peer Support Centers.

Peer and family support providers from the Peer Support and Resource Centers would also be welcomed at County operated programs to augment services and provide consultation to the provider teams as well as to the consumers and families they support.

8. Collaboration Strategies

Beyond the involvement of consumers and family members the Department of Mental Health strengthened existing collaborations with a broad network of stakeholders in order to obtain input and direction related to MHSA program planning. Throughout the planning process, our collaborative partners have demonstrated their commitment to the success of MHSA programs and strategies. The following are the collaborative partnerships that will be essential for the implementation of CISA programs. The strategy will be to build on these partnerships, drawing on stakeholder expertise, input and potential contributions in order to develop, expand and improve services to consumers and their families.

Mental Health Court Programs		
Superior Court	District Attorney	Public Defender
Sheriff	Probation	Criminal Justice Committee
Consumers/Family	Community Health	Mental Health

Vocational Services		
Department of Education	Riverside Community College District	San Jacinto Community College District
College of the Desert	State Department of Rehabilitation	Jefferson Transitional Programs
Goodwill Industries	Workforce Development	Consumers/Families
Mental Health		

Housing Programs		
Department of Public Social Services	Riverside County Housing Authority	City of Riverside Homeless Program
DPSS Community Care Licensing	Economic Development Agency	HUD Continuum of Care Committee
Consumers/Family	Housing Developers	Shelter Providers
Palm Spring Housing Task Force	MHB Housing Committee	Group Home Operators and Contract Providers

9. Cultural/Linguistic Competency

Riverside County has an established priority of hiring qualified bilingual and bicultural employees whenever new employees are recruited. An effective existing strategy to recruit bilingual/bicultural staff is the Department's paid Professional Student Intern program that assists in developing qualified providers. Because of the MSW stipend program the Department has expanded the number of paid and unpaid positions available. Strategies such as this will continue as the Department seeks to identify bilingual/bicultural candidates in order to develop a workforce that is culturally competent and meets the needs of the communities we serve. This will include the

emerging workforce of peer/family service providers. While Riverside County's preferred approach is services provided by bilingual/bicultural providers, the Department insures services in the consumers' preferred language through the routine use of professional interpreters and language lines.

Additional strategies to insure culturally competent services will include developing standards for culturally competent assessments and service plans that can be evaluated for effective and relevant outcomes in the context of the consumer's ethnic and cultural background. Standards for culturally and linguistically competent services (that includes direct service, education, brochures and informational literature) will be applied to both county-operated and contract programs.

Riverside County will expand existing outreach strategies to engage homeless adults with serious mental illness. Expanded strategies will be outreach to concentrated ethnic communities such as settlement houses, tribal communities, migrant farm communities, and community and faith based organizations with an emphasis on those organized around ethnic and cultural affiliations (see Outreach and Engagement Work Plan). Ethnic and cultural outreach to engage underserved communities will also be done in concert with recommendations made by the Cultural Competence Services Committee and MHSA funded prevention and stigma reduction strategies as they are developed and implemented.

10. Service/Support sensitive to sexual orientation, gender sensitivity, and reflect differing psychologies.

In an approach similar to the provision of ethnic and culturally competent services, the Department will develop and implement strategies that insure services are provided in a manner that is sensitive to gender, sexual orientation and age issues across the lifespan. In early 2005 the Department supported the development of a consumer operated Gay, Lesbian, Bi-sexual and Transgender (GLBT) peer support group. Members of this group have joined Regional Mental Health Boards and provide input and advocacy regarding service provision to the GLBT community. The Department will continue to learn from this effort to capture opportunities to continue to improve services sensitive to gender and sexual orientation.

The Department has also developed a continuing education training plan that is inclusive of training on gender related issues across all age groups. This training is made available to both Department and contract provider employees.

11. Individuals residing out-of-county.

Adult Comprehensive Integrated Services are available to Riverside County residents meeting the criteria described under priority populations. For Riverside County residents living out of the County, they may access necessary services by contacting the Central Access Team at 1-800-706-7500 for referral information.

12. Strategies not listed in Section IV.

Non-applicable.

13. Timeline

For the Integrated Recovery Centers several phases of pre-implementation will be critical. Two of the three proposed centers will explore contracting services out. For the sites that will be contracted out, RFPs will be issued, a contractor selected, by April 1, 2006. Service sites, lease arrangement, and hiring of staff will all occur in the same timeframe.

Concurrently, April 1, 2006, Jefferson Wellness Center would expand their service capabilities by selecting a service site, building out the physical plant, making lease arrangements, hiring and training new staff.

The Crisis Residential Program will be contracted through the RFP process and a contractor will be selected by April 1, 2006. The contractor will locate a service site, remodel or renovate a site, and hire and train staff.

The Augmented Board and Care Program will be contracted through the RFP process by April 1, 2006.

Positions will be created for outpatient enhancements and recruitment completed by April 1, 2006 as well.

14. Program Budget

See Exhibit 5, Budget and Staff Details

15. Quarterly Progress Report

See Exhibit 6

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

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

Program Workplan #: FSP-03 | Date: 12/30/05

Program Workplan Name: Comprehensive Integrated Services for Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 61 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 61 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$1,503			$1,503
b. Travel and Transportation	$1,656			$1,656
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$42,869			$42,869
iv. Other Housing	$0			$0
d. Employment and Education Supports	$5,597			$5,597
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$51,625	$0	$0	$51,625
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$451,526			$451,526
c. Employee Benefits	$214,007			$214,007
d. Total Personnel Expenditures	$665,533	$0	$0	$665,533
3. Operating Expenditures				
a. Professional Services	$20,530			$20,530
b. Translation and Interpreter Services	$2,196			$2,196
c. Travel and Transportation	$6,473			$6,473
d. General Office Expenditures	$13,972			$13,972
e. Rent, Utilities and Equipment	$114,877			$114,877
f. Medication and Medical Supports	$6,130			$6,130
g. Other Operating Expenses (provide description in budget narrative)	$32,461			$32,461
h. Total Operating Expenditures	$196,637	$0	$0	$196,637
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$946,098			$946,098
6. Total Proposed Program Budget	**$1,859,894**	**$0**	**$0**	**$1,859,894**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$365,805			$365,805
b. Medicare/Patient Fees/Patient Insurance	$51,590			$51,590
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)	$145,888			$145,888
e. Total New Revenue	$563,283	$0	$0	$563,283
3. Total Revenues	$563,283	$0	$0	$563,283
C. One-Time CSS Funding Expenditures	**$5,293,913**			**$5,293,913**
D. Total Funding Requirements	**$6,590,524**	**$0**	**$0**	**$6,590,524**
E. Percent of Total Funding Requirements for Full Service Partnerships				**58.5%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan # FSP-03 | Date: 12/30/05

Program Workplan Name Comprehensive Integrated Services for Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 61 * | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 61 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Manager	*Provide collaboration and oversight to detention and adult services.*		2.00	$17,895	$35,772
Mental Health Services Supv-B	*Provide supervision for Adult program staff*		1.00	$15,713	$15,713
Secretary I	*Provide clerical support for program manager.*		2.00	$7,441	$14,874
Clinical Therapist II	*Provide clinical assessment, intervention and COD education.*		6.00	$13,127	$78,759
Registered Nurse IV	*Provide case management, med support and education for program.*		1.50	$12,855	$19,283
Psychiatrist II	*Provide med support, assessment consultation and education.*		0.43	$29,544	$12,704
Behavior Health Specialist II	*Coordinate personal services, support and education for clients.*		14.00	$8,602	$120,432
Consumer Advocate	*Provide support and assistance to consumers.*	12.00	12.00	$6,792	$81,501
Family Advocate	*Provide support to caregivers and family members.*	2.00	2.00	$6,792	$13,584
Community Services Assistant	*Provide peer/group support and transportation.*		3.00	$6,305	$18,916
Office Assistant II	*Provide clerical support to Adult Integrated services.*		7.00	$5,713	$39,988
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	14.00	50.93		$451,526
C. Total Program Positions		14.00	50.93		$451,526

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

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

Program Workplan #: FSP-03 | Date: 12/30/05

Program Workplan Name: Comprehensive Integrated Services for Adults - ISRC Contracted Staffing | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 61 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 61 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Provide supervision for Adult program staff*		2.00		$0
Clinical Therapist II	*Provide clinical assessment, intervention and COD education.*		4.00		$0
Behavior Health Specialist III	*Provide co-occurring disorder intervention, and education.*		2.00		$0
Registered Nurse IV	*Provide case management, med support and education for program.*		2.00		$0
Psychiatrist II	*Provide med support, assessment consultation and education.*		1.00		$0
Behavior Health Specialist II	*Coordinate personal services, support and education for clients.*		6.00		$0
Consumer Advocate	*Provide support and assistance to consumers.*	4.00	4.00		$0
Office Assistant II	*Provide clerical support to Adult Integrated services.*		4.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	25.00		$0
C. Total Program Positions		4.00	25.00		$0

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP-03 - FY2005-06
April 1, 2006 through June 30, 2006

		Budget Amount
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	$	1,503
Estimated three months cost for clothing, food and hygiene support provided to Adult Full Service Partnership clients.		
b. Travel and Transportation	$	1,656
Estimated three months transportation cost to provide clients transportation to needed services.		
c. Housing		
i. Master Leases	$	-
None		
ii. Subsidies	$	-
None		
iii. Vouchers	$	42,869
Estimated three months cost for providing emergency room and board to program clients.		
iv. Other Housing	$	-
None		
d. Employment and Education Supports	$	5,597
Estimated cost to provide Adult clients with living, vocational, budgeting, time management and other needed skills.		
e. Other Support Expenditures	$	-
None		
f. Total Expenditures	**$**	**51,625**
2. Personnel Expenditures		
a. Current Existing Personnel Expenditures		
None		
b. New Additional Personnel Expenditures	$	451,526
Estimated three months salaries for approximately 51 new program FTEs, 14 of which are anticipated to be staffed by clients, family members and or caregivers.		
c. Employee Benefits	$	214,007
Estimated three months county benefits costs		
d. Total Personnel Expenditures	**$**	**665,533**

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP-03 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
3. Operating Expenditures	
a. Professional Services Estimated three months cost for program trainers and other professional services.	$ 20,530
b. Translation and Interpreter Services Estimated three months cost for program related translation services.	$ 2,196
c. Travel and Transportation Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	$ 6,473
d. General Office Expenditures Estimated three months office supply cost for program staff. This includes postage, printing and other general supplies.	$ 13,972
e. Rent, Utilities and Equipment Estimated three months cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 51 new program staff.	$ 114,877
f. Medication and Medical Supports Estimated three months cost of unfunded client medical expenses.	$ 6,130
g. Other Operating Expenses. Estimated program overhead charges including liability, malpractice and property insurance.	$ 32,461
h. Total Operating Expenses	**$ 196,637**
4. Program Management	$ -
5. Estimated Total Expenditures when service provider is not known The Comprehensive Integrated Services for Adult program will be contracting out two (2) of the Integrated Service Recovery Centers (ISRC), two (2) Crisis Residential Treatment Programs and Augmented Board Care Services. The ISRC will provide intensive case management services 24/7. The ISRC will also provide psychiatric, vocational, housing, substance abuse, and family education services. The Crisis Residential programs will provide intensive short-term treatment at licensed residential facilities.	**$ 946,098**
6. Total Proposed Program Budget	**$ 1,859,894**

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP-03 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ 365,805
New program generated Medi-Cal revenue.	
b. Medicare/Patient Fees/Patient Insurance	$ 51,590
New program generated revenue.	
c. State General Funds	$ -
None	
d. Other Revenue	$ 145,888
Increased program funding from the Department of Rehabilitation	
e. Total New Revenues	**$ 563,283**
3. Total Revenues	**$ 563,283**
One-Time CSS Funding Expenditures	
a. Start-Up Costs	$ 1,827,994
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles and implementing Electronic Health Records (EHR).	
b. Training	$ 545,500
Estimated initial cost for training and consultation and support to implement adult programs (spread over the remaining two years).	
c. Housing	$ 2,920,419
The estimated cost to provide three years of housing to Adult clients. This will include short term housing, transitional housing and permanent housing. These funds will be used for short term lodging in shelter beds, motel vouchers, transitional housing, shared group housing, augmented residential care facilities, rental subsidies for permanent supportive housing, security deposits and other potential housing assistance.	
C. Total One-Time CSS Funding Expenditures	**$ 5,293,913**
See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.	
D. Total Funding Requirements	**$ 6,590,524**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-03
Program Work Plan Name:	Comprehensive Integrated Services for Adults
Fiscal Year: 2005-06	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth											
	Adults	See Work Plan							61		61	
	Older Adults											

	System Development		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	326	See Work Plan							326		326	

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

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

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

Program Workplan #: FSP-03 | Date: 12/30/05

Program Workplan Name: Comprehensive Integrated Services for Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 365 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 365 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$6,011			$6,011
b. Travel and Transportation	$6,623			$6,623
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$171,477			$171,477
iv. Other Housing	$0			$0
d. Employment and Education Supports	$22,389			$22,389
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$206,500	$0	$0	$206,500
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$1,806,096			$1,806,096
c. Employee Benefits	$856,030			$856,030
d. Total Personnel Expenditures	$2,662,126	$0	$0	$2,662,126
3. Operating Expenditures				
a. Professional Services	$82,118			$82,118
b. Translation and Interpreter Services	$8,782			$8,782
c. Travel and Transportation	$25,890			$25,890
d. General Office Expenditures	$55,886			$55,886
e. Rent, Utilities and Equipment	$459,508			$459,508
f. Medication and Medical Supports	$24,521			$24,521
g. Other Operating Expenses (provide description in budget narrative)	$129,844			$129,844
h. Total Operating Expenditures	$786,549	$0	$0	$786,549
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$3,784,391			$3,784,391
6. Total Proposed Program Budget	**$7,439,566**	**$0**	**$0**	**$7,439,566**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$1,463,220			$1,463,220
b. Medicare/Patient Fees/Patient Insurance	$206,360			$206,360
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)	$583,550			$583,550
e. Total New Revenue	$2,253,130	$0	$0	$2,253,130
3. Total Revenues	$2,253,130	$0	$0	$2,253,130
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$5,186,436**	**$0**	**$0**	**$5,186,436**
E. Percent of Total Funding Requirements for Full Service Partnerships				**58.5%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan #: FSP-03 | Date: 12/30/05

Program Workplan Name: Comprehensive Integrated Services for Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 365 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 365 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Manager	*Provide collaboration and oversight to detention and adult services.*		2.00	$71,579	$143,087
Mental Health Services Supv-B	*Provide supervision for Adult program staff*		1.00	$62,853	$62,853
Secretary I	*Provide clerical support for program manager.*		2.00	$29,763	$59,496
Clinical Therapist II	*Provide clinical assessment, intervention and COD education.*		6.00	$52,506	$315,036
Registered Nurse IV	*Provide case management, med support and education for program.*		1.50	$51,420	$77,130
Psychiatrist II	*Provide med support, assessment consultation and education.*		0.43	$118,177	$50,816
Behavior Health Specialist II	*Coordinate personal services, support and education for clients.*		14.00	$34,409	$481,726
Consumer Advocate	*Provide support and assistance to consumers.*	12.00	12.00	$27,167	$326,004
Family Advocate	*Provide support to caregivers and family members.*	2.00	2.00	$27,167	$54,334
Community Services Assistant	*Provide peer/group support and transportation.*		3.00	$25,221	$75,664
Office Assistant II	*Provide clerical support to Adult Integrated services.*		7.00	$22,850	$159,950
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	14.00	50.93		$1,806,096
C. Total Program Positions		14.00	50.93		$1,806,096

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

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

Program Workplan # FSP-03 | Date: 12/30/05

Program Workplan Name Comprehensive Integrated Services for Adults - ISRC Contracted Staffing | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 365 * | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 365 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Provide supervision for Adult program staff*		2.00		$0
Clinical Therapist II	*Provide clinical assessment, intervention and COD education.*		4.00		$0
Behavior Health Specialist III	*Provide co-occurring disorder intervention, and education.*		2.00		$0
Registered Nurse IV	*Provide case management, med support and education for program.*		2.00		$0
Psychiatrist II	*Provide med support, assessment consultation and education.*		1.00		$0
Behavior Health Specialist II	*Coordinate personal services, support and education for clients.*		6.00		$0
Consumer Advocate	*Provide support and assistance to consumers.*	4.00	4.00		$0
Office Assistant II	*Provide clerical support to Adult Integrated services.*		4.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	25.00		$0
C. Total Program Positions		4.00	25.00		$0

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP- 03 - FY 2006-07

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ 6,011
Estimated annual cost for clothing, food and hygiene support provided to Adult Full Service Partnership clients.	
b. Travel and Transportation	$ 6,623
Estimated annual transportation cost to provide clients transportation to needed services.	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ 171,477
Estimated annual cost for providing emergency room and board to program Clients.	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ 22,389
Estimated cost to provide clients with living, vocational, budgeting, time management and other needed skills.	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ 206,500**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 1,806,096
Estimated annual cost of salaries for approximately 51 new program FTEs, 14 of which are anticipated to be staffed by clients, family members and or caregivers.	
c. Employee Benefits	$ 856,030
Estimated annual county benefit costs	
d. Total Personnel Expenditures	**$ 2,662,126**

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP- 03 - FY 2006-07

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 82,118
Estimated annual cost for program trainers and other professional services.	
b. Translation and Interpreter Services	$ 8,782
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 25,890
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 55,886
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 459,508
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 51 new program staff.	
f. Medication and Medical Supports	$ 24,521
Estimated annual cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 129,844
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 786,549**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 3,784,391**
The Comprehensive Integrated Services for Adult program will be contracting out two (2) of the Integrated Service Recovery Centers (ISRC), two (2) Crisis Residential Treatment Programs and Augmented Board Care Services. The ISRC will provide intensive case management services 24/7. The ISRC will also provide psychiatric, vocational, housing, substance abuse, and family education services. The Crisis Residential programs will provide intensive short-term treatment at licensed residential facilities.	
6. Total Proposed Program Budget	**$ 7,439,566**

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP- 03 - FY 2006-07

	Budget Amount	
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		
N/A		
b. Medicare/Patient Fees/Patient Insurance		
N/A		
c. Realignment		
N/A		
d. State General Funds		
N/A		
f. Grants		
N/A		
g. Other Revenue		
N/A		
h. Total Existing Revenues	**$**	**-**
2. New Revenues		
a. Medi-Cal (FFP only)	$	1,463,220
New program generated Medi-Cal revenue.		
b. Medicare/Patient Fees/Patient Insurance	$	206,360
New program generated revenue.		
c. State General Funds	$	-
New program generated revenue.		
d. Other Revenue	$	583,550
Increased program funding from the Department of Rehabilitation		
e. Total New Revenues	**$**	**2,253,130**
3. Total Revenues	**$**	**2,253,130**
C. One-Time CSS Funding Expenditures	**$**	**-**
D. Total Funding Requirements	**$**	**5,186,436**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-03
Program Work Plan Name:	Comprehensive Integrated Services for Adults
Fiscal Year: 2006-07	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth											
	Transition Age Youth											
	Adults		244		244		244		244		365	
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	3515	See Work Plan	600		1304		1304		1304		3515	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

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

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

Program Workplan #: FSP-03 | Date: 12/30/05

Program Workplan Name: Comprehensive Integrated Services for Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 365 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 365 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	$6,011			$6,011
b. Travel and Transportation	$6,623			$6,623
c. Housing				
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$171,477			$171,477
iv. Other Housing	$0			$0
d. Employment and Education Supports	$22,389			$22,389
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$206,500	$0	$0	$206,500
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$1,806,096			$1,806,096
c. Employee Benefits	$856,030			$856,030
d. Total Personnel Expenditures	$2,662,126	$0	$0	$2,662,126
3. Operating Expenditures				
a. Professional Services	$82,118			$82,118
b. Translation and Interpreter Services	$8,782			$8,782
c. Travel and Transportation	$25,890			$25,890
d. General Office Expenditures	$55,886			$55,886
e. Rent, Utilities and Equipment	$459,508			$459,508
f. Medication and Medical Supports	$24,521			$24,521
g. Other Operating Expenses (provide description in budget narrative)	$129,844			$129,844
h. Total Operating Expenditures	$786,549	$0	$0	$786,549
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$3,784,391			$3,784,391
6. Total Proposed Program Budget	**$7,439,566**	**$0**	**$0**	**$7,439,566**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$1,463,220			$1,463,220
b. Medicare/Patient Fees/Patient Insurance	$206,360			$206,360
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)	$583,550			$583,550
e. Total New Revenue	$2,253,130	$0	$0	$2,253,130
3. Total Revenues	$2,253,130	$0	$0	$2,253,130
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$5,186,436**	**$0**	**$0**	**$5,186,436**
E. Percent of Total Funding Requirements for Full Service Partnerships				**58.5%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan # FSP-03 | Date: 12/30/05

Program Workplan Name Comprehensive Integrated Services for Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 365 * | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 365 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Manager	*Provide collaboration and oversight to detention and adult services.*		2.00	$71,579	$143,087
Mental Health Services Supv-B	*Provide supervision for Adult program staff*		1.00	$62,853	$62,853
Secretary I	*Provide clerical support for program manager.*		2.00	$29,763	$59,496
Clinical Therapist II	*Provide clinical assessment, intervention and COD education.*		6.00	$52,506	$315,036
Registered Nurse IV	*Provide case management, med support and education for program.*		1.50	$51,420	$77,130
Psychiatrist II	*Provide med support, assessment consultation and education.*		0.43	$118,177	$50,816
Behavior Health Specialist II	*Coordinate personal services, support and education for clients.*		14.00	$34,409	$481,726
Consumer Advocate	*Coordinate personal services, support and educatior*	12.00	12.00	$27,167	$326,004
Family Advocate	*Provide support to caregivers and family members.*	2.00	2.00	$27,167	$54,334
Community Services Assistant	*Provide peer/group support and transportation.*		3.00	$25,221	$75,664
Office Assistant II	*Provide clerical support to Adult Integrated services.*		7.00	$22,850	$159,950
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	14.00	50.93		$1,806,096
C. Total Program Positions		14.00	50.93		$1,806,096

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

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

Program Workplan # FSP-03 | Date: 12/30/05

Program Workplan Name Comprehensive Integrated Services for Adults - ISRC Contracted Staffing | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 365 * | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 365 | Telephone Number: 2007-08

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Supv-B	*Provide supervision for Adult program staff*		2.00		$0
Clinical Therapist II	*Provide clinical assessment, intervention and COD education.*		4.00		$0
Behavior Health Specialist III	*Provide co-occurring disorder intervention, and education.*		2.00		$0
Registered Nurse IV	*Provide case management, med support and education for program.*		2.00		$0
Psychiatrist II	*Provide med support, assessment consultation and education.*		1.00		$0
Behavior Health Specialist II	*Coordinate personal services, support and education for clients.*		6.00		$0
Consumer Advocate	*Provide support and assistance to consumers.*	4.00	4.00		$0
Office Assistant II	*Provide clerical support to Adult Integrated services.*		4.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	25.00		$0
C. Total Program Positions		4.00	25.00		$0

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP- 03 - FY 2007-08

		Budget Amount
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene	$	6,011
Estimated annual cost for clothing, food and hygiene support provided to Adult Full Service Partnership clients.		
b. Travel and Transportation	$	6,623
Estimated annual transportation cost to provide clients transportation to needed services.		
c. Housing		
i. Master Leases	$	-
None		
ii. Subsidies	$	-
None		
iii. Vouchers	$	171,477
Estimated annual cost for providing emergency room and board to program Clients.		
iv. Other Housing	$	-
None		
d. Employment and Education Supports	$	22,389
Estimated cost to provide clients with living, vocational, budgeting, time management and other needed skills.		
e. Other Support Expenditures	$	-
None		
f. Total Expenditures	**$**	**206,500**
2. Personnel Expenditures		
a. Current Existing Personnel Expenditures		
None		
b. New Additional Personnel Expenditures	$	1,806,096
Estimated annual cost of salaries for approximately 51 new program FTEs, 14 of which are anticipated to be staffed by clients, family members and or caregivers.		
c. Employee Benefits	$	856,030
Estimated annual county benefit costs		
d. Total Personnel Expenditures	**$**	**2,662,126**

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP- 03 - FY 2007-08

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 82,118
Estimated annual cost for program trainers and other professional services.	
b. Translation and Interpreter Services	$ 8,782
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 25,890
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 55,886
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 459,508
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 51 new program staff.	
f. Medication and Medical Supports	$ 24,521
Estimated annual cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 129,844
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 786,549**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 3,784,391**
The Comprehensive Integrated Services for Adult program will be contracting out two (2) of the Integrated Service Recovery Centers (ISRC), two (2) Crisis Residential Treatment Programs and Augmented Board Care Services. The ISRC will provide intensive case management services 24/7. The ISRC will also provide psychiatric, vocational, housing, substance abuse, and family education services. The Crisis Residential programs will provide intensive short-term treatment at licensed residential facilities.	
6. Total Proposed Program Budget	**$ 7,439,566**

Riverside County MHSA Community Services and Supports
Budget Narrative
Comprehensive Integrated Services for Adults
Plan FSP- 03 - FY 2007-08

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	
N/A	
b. Medicare/Patient Fees/Patient Insurance	
N/A	
c. Realignment	
N/A	
d. State General Funds	
N/A	
f. Grants	
N/A	
g. Other Revenue	
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ 1,463,220
New program generated Medi-Cal revenue.	
b. Medicare/Patient Fees/Patient Insurance	$ 206,360
New program generated revenue.	
c. State General Funds	$ -
New program generated revenue.	
d. Other Revenue	$ 583,550
Increased program funding from the Department of Rehabilitation	
e. Total New Revenues	**$ 2,253,130**
3. Total Revenues	**$ 2,253,130**
C. One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 5,186,436**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-03
Program Work Plan Name:	Comprehensive Integrated Services for Adults
Fiscal Year: 2007-08	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth											
	Adults	See Work Plan	244		244		244		244		365	
	Older Adults											

	System Development		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	3515	See Work Plan	1304		1304		1304		1304		3515	

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Riverside	Fiscal Year: 2005/06/07	Program Work Plan Name: Older Adult Integrated System of Care
Program Work Plan #: FSP-04		Estimated Start Date: 4/06
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	To provide a comprehensive range of service (See: Program Summary and Strategies in Section 1 and 2) options that encourages utilization of least restrictive alternatives as close as possible to the Older Adults original residency.	
Priority Population: *Describe the situational characteristics of the priority population*	The Older Adult target populations is an older adult who is 60 years and older with a serious mental illness that is not currently receiving services or is currently underserved with little or no services.	

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
1) Transformation of the Departmental Infrastructure	☐	☒	☐	☐	☐	☐	☒
2) Full Service Partnership Multidisciplinary Outreach and Integrated Services Team	☒	☐	☐	☐	☐	☐	☒
3) Peer and Family Support Systems	☐	☒	☐	☐	☐	☐	☒
4) Screening and Consultation in Public Health Clinics	☐	☒	☐	☐	☐	☐	☒
5) Housing	☐	☒	☐	☐	☐	☐	☒
6) Network of Care-(Mental Health Website)	☐	☐	☒	☐	☐	☐	☒
7) Diagnostic Tool (Funding Through One-Time Funding)	☐	☐	☐	☐	☐	☐	☒
8) Training – Staff, Consumers, Board/Care Operators	☐	☒	☐	☐	☐	☐	☒
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
(See Section #2 of Older Adult Integrated System of Care Work Plan for complete	☐	☐	☐	☐	☐	☐	☐
description of all strategies listed above.)	☐	☐	☐	☐	☐	☐	☐

Older Adult Integrated System of Care

Work Plan

The MHSA funding provides an opportunity for the development of an Older Adult Integrated System of Care providing integrated services, which includes a full-service partnership program and other supportive services. The OASOC Committee defined the value statement for the program as "We value self-determination and independence of our older adult and culturally diverse consumers. We value pursuit of quality of life." The Older Adult Integrated System of Care program strives to become a seamless system of services. Below is a description of the target population and the specific strategies identified by the Older Adult System of Care Committee.

1. Populations to be served.

The Older Adult System of Care Committee identified the Older Adult Priority Populations through the planning process. The population is defined as an older adult who is 60 years and older with a serious mental illness that is not currently receiving services or is currently underserved. Priority populations include:

a. At risk of institutionalization.
b. Minority Populations
c. Homeless and/or risk of homelessness.
d. Co-occurring health conditions with a decrease in their functional capabilities and unable to participate in community activities (homebound).
e. Co-occurring substance abuse disorders (alcohol, prescription, and pain killers).
f. Victims of Elder Abuse and/or Neglect
g. Incarcerated

The Older Adult System of Care Committee included all the priority populations in this document.

Summary of Strategies

The Older Adult System of Care Committee identified the following priorities for the development of the OASOC. The priorities were:

a. Transformation of the infrastructure and attitudinal change for the development of the Older Adult Integrated System of Care.

b. Integrated assessment teams that provide comprehensive services including mental health, social, substance abuse, trauma, with a focus on engagement of older clients and which can provide gender-and culture-specific assessments.

c. Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors.

d. Transformation of the infrastructure and attitudinal change for wellness/recovery models such as peer-to-peer support service and client-run services including peer counseling programs and programs which are inclusive of diverse ethnic providers to provide support and to increase client-member knowledge and ability to use needed mental health services and reduce disparities in care.

e. On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health care and mental health services: linkage of their clients to the full range of services.

f. Home care assistance, including training of caregivers and providers about enhancing the "therapeutic environment" of the home.

g. Integrated service teams and planning with social service agencies and the community providers to meet the complex needs of older adults.

h. Integrated substance abuse and mental health serve where client/members, receive substance abuse and mental health services simultaneously, not sequentially from one team with one service plan for one person.

i. Residential care facilities with therapeutic environments for older adults who cannot live independently, these include a supplemental rate of mental health services.

These strategies are incorporated into the programs described in detail below.

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

Currently, there is one specialty older adult outpatient clinic in one region of Riverside County. In the other two regions of the County, there is designated staff in three adult outpatient clinics. The designated mental health staff provide case management and rehabilitation services. There are a limited number of groups available at certain sites.

Building upon the concepts of recovery, resiliency, and habilitation within the priorities identified by the Older Adult Integrated System of Care Committee, services will be restructured programmatically and organizationally to include full service partnership service teams (which incorporate multi-disciplinary outreach and assessments), peer and family support services, screening and consultation in public health clinics; housing; Network of Care; a diagnostic tool and training.

The following program narrative description describes the components of the Older Adult System of Care Community Services and Support Plan to be funded by MHSA funding:

Transformation of the Departmental Infrastructure

It is essential that the departmental infrastructure be addressed to assure the Older Adult Integrated System of Care development. The Older Adult Mental Health Service Manager would provide oversight, direction, accountability, and advocacy throughout the development of the OASOC Program.

There is currently only one designated Older Adult Mental Health Service Supervisor (MHSS), who is located in the Western Region of the county. The other two regions have MHSS who are responsible for both Adult and Older Adult programs. Under the new infrastructure, designated Older Adult Mental Health Service Supervisors would provide supervision to the staff designated in each of the regions to serve older adults. The supervisors would also be utilized to develop and maintain collaborative and cooperative relationships with the other human service agencies and monitor provision of the services within the system of care.

Full Service Partnership Multidisciplinary Mobile Outreach and Integrated Service Teams

In order to provide full service partnerships, the Older Adult Integrated Service Program will develop three regionally based multidisciplinary mobile outreach and integrated service teams, which will be called the Older Adult Specialty Multidisciplinary Aggressive Response Treatment (SMART) Team. The SMART Team has two parts: mobile outreach/assessment and ongoing integrated services.

The mobile field-based multi-disciplinary teams would outreach to older adults, 60 years and older with a mental illness to provide a comprehensive assessment. This outreach will increase access to mental health services for this hard to reach population. This at risk population would be defined as at risk of institutionalization, often Spanish-speaking or other minority populations, homeless, medically compromised, at risk of abuse or abused, homebound, and/or substance abusing, who are currently not receiving mental health services. (These teams are based upon the GENESIS Model which is a promising model developed by Los Angeles County Department of Mental Health.)

The teams will include Clinical Therapists and registered nurses who are skilled in assessing the mental health, health, environmental and social needs of older adults. To address the specialized needs of the identified high-risk older adults who also are substance abusing, Substance Abuse Counselors will be added to SMART. The Substance Abuse Counselors would provide prevention, intervention, psycho-education, coordination and rehabilitation for these individuals within the mobile outreach model. This staff would intervene with older adults who are isolated, at risk of premature institutionalization, and substance abusing. A part-time pharmacist will be utilized to educate, collaborate with, and provide consultation for the older adults, who are vulnerable to medication misuse, about their prescribed, homeopathic, cultural folk, and over-the counter medications. Because of the populations expected to be served strong emphasis will be placed on hiring bilingual and bicultural staff.

Consumer and Family Advocates will be part of the team (See Peer and Family Support Services Section for more description.) Clinical Therapists and paraprofessionals will be added to the SMART Teams as Personal Services Coordinators to provide intensive case management services. Transportation assistants will be hired to provide transportation. Transportation is a major barrier to access for older adults.

Natural referrals to the team are Adult Protective Services, Office on Aging, Senior Centers, Community Health Agency, primary care physicians, gatekeepers, community members, medical emergency personal, fire and police, family members, and CARE Team Committees. (CARE Team Committees provide interagency coordination, collaboration and resource development to reduce the financial exploitation of dependent and/or older adults. Membership of the committee is composed of but not limited to Adult Protective Services, Mental Health, Public Guardian, Health, District Attorney, County Council, and Witness Protection Program.) Also, the teams could receive referrals from the Mental Health Court Program, or the Jail follow up service, from adult teams and from existing older adult mental health specialty staff.

The SMART Team will also reach out to other minority communities in their natural settings such as faith-based, community settlement houses, senior centers, and health education programs. Consumers will also be identified through the efforts described in the Outreach and Engagement Work Plan. Bilingual and bicultural staff will be hired whenever possible.

Upon completion of the assessment, the identified consumer may continue to receive services from the SMART Team through full service partnership or the integrated service team may refer the individual to other mental health services for ongoing care or be referred to other community based services. Current mental health services already available include case management, medication management services, crisis assessment, rehabilitation services, linkage to community resources, and short-term treatment (6–8 visits). The SMART Team would enhance existing system of services by providing crisis intervention and stabilization, health and mental health assessments, education, mobile home-based treatment services, intensive case management, consultation with primary care physicians and referrals to other service providers. The full services partnership SMART Teams would include peer and family advocates as part of the team, psycho-educational services, support and education to families, integration of substance abuse services into the treatment process, and flexible funding to assist the older adult in obtaining necessary resources to maintain them in the community and aid them in their recovery. Also, crisis support services would be provided 24 hours a day, seven days a week. Each identified older adult will have a Personal Services Coordinator to provide intensive case management services. The caseload will be low with a ratio of 1:13. If the older adult needs vocational services, he or she will be referred to the Certified Adult Rehabilitation Facility (CARF) vocational programs. Most older adults will come with benefits. However, if they are eligible for benefits and are currently not receiving benefits, they may be referred to the Benefits Specialists in the department. Assistance with housing will be provided by the services coordinators, by use of one time and flex

funds, by use of augmented board and care as described later and through the Department proposed Housing Development Unit (developer and housing specialists).

This program expects to provide assessment to 350 individuals and to serve 163 consumers a year in Full Service Partnership.

Peer and Family Support Services

As part of the transformation of the current mental health system serving older adults, there will also be family and peer support services available to enhance the SMART Teams and the existing departmental services. Services include information, support, and advocacy through one-time contact or through short term or ongoing services.

a. Older Adult Family Advocate

One of the family and peer support services is the addition of three Older Adult Family Advocates, who will assist caregivers and family members by providing support services. These services enable the older adult to remain in their current residence. These individuals will also assist with educating family members and caregivers about their family members' mental health issues. It would enable the family to be reassured and educated about the process and future of the mental health issues their family member is experiencing. In this population, family is defined as an individual who provides significant care and supervision to an older adult. They do not need to be blood related. A Family Advocate would be a member of each SMART Team.

In addition, these advocates would develop support groups for families and caregivers so they can support each other. Also, family and caregivers would be referred to the NAMI Family-to-Family Program, an educational program offered to families of mentally ill family members. This program would be modified to address issues of caring older adults.

b. Consumer Advocate

Another component of the family and peer support services is the Older Adult Consumer Advocate, who is a mental health consumer. These three individuals, again regionally based, would be utilized to provide advocacy, linkage and brokerage services, develop support groups, provide rehabilitation services, and assist with transportation to and from medical appointments with primary care physicians. These advocates will be utilized as a member of the SMART teams and for other underserved older adults.

c. Senior Peer Counseling

The third component of the family and peer support services is senior peer counseling. Senior peer counseling would be developed as part of the array of mental

health services to be provided within the OASOC. Within the program, senior peer counselors would serve at risk older adults with mental illness who are depressed, isolated, at risk of institutionalization, and homebound. These individuals are currently underserved and/or unserved within the current system. A Program Coordinator would be responsible for the recruitment and screening of the volunteers, distributing flyers concerning volunteer opportunities as a senior peer counselor, and providing support to them as volunteers. Clinical Therapists would train up to 60 seniors to provide one-to-one counseling and lead support groups. The peer counselors are volunteers, 55 and older who are not current mental health consumers. Qualifications that the department is looking for are nonjudgmental, empathic, and enthusiastic individuals who are aware of aging issues, and have a positive attitude toward aging. The senior peer counselors provide in-home counseling through emotional and social support to the target population. With careful screening and assessment, older adults identified by SMART may be referred for senior peer counseling services. Senior Peer Counselors may also refer to SMART or other existing mental health services under the supervision of the Clinical Therapist. Referrals may also come from any other parts of the older adult network of services. 150 –180 consumers will be served.

The benefit to the consumers receiving the services is to learn effective ways to adjust to change and develop improved coping skills, receive social support, decrease isolation, empowerment, increase connection to the community through referrals, provide opportunities for life review, and increase their self-awareness. The program is modeled after the Santa Monica Center for Healthy Aging Peer Counseling Program.

Screening and Consultation in Public Health Clinics

Older adults often first get identified with mental health problems through regular medical care. Thus there has been ongoing discussion between Public Health and Mental Health about the opportunities to co-locate staff at Public Health Clinics. With the MHSA funding, mental health staff would be located at 4-6 Public Health Clinics. Clinical Therapists would screen for mental illness and late life depression in older adults. These individuals frequently present with multiple illnesses, functional impairments, poor medication adherence, high utilization of medical service, increased risk for suicide, and death by complex medical illnesses. These individuals often remain untreated for their depression. The target population would be depressed, suicidal, substance abusing, functionally impaired, and medically compromised older adults 60 years and older. Clinical Therapists with Public Health Nurses would collaborate and screen for depression and other mental illnesses. Upon completion of the screening, the older adult could be referred to the SMART Team, other mental health services, or referred to community-based services. It is expected that at least 250 individuals will be served annually.

This initial effort would be the foundation for the evolution to the IMPACT Model of Collaborative Care Management of Late Life Depression in primary care settings.

Housing

Housing is a crucial element of the MHSA funding. The Housing Development Unit described in the Comprehensive Integrated Services for Adults Program, will develop housing initiatives including various housing development alternatives for older adults such as Single Room Occupancy, Residential Facilities for the Elderly, and Augmented Board and Care. One time funds will be used over the 3 years to expand available housing options.

The MHSA will fund the augmentation for 16 board and care beds for older adults. These individuals are unable to maintain in a standard Residential Facility for the Elderly (RFE). These individuals are identified due to their need to step down from IMD, to require more structure than board and care due to multiple hospitalizations, and due to a SMART Team assessment. These older adults are high risk for re-hospitalization, de-compensation, and higher level of care. The augmented board and care would provide a therapeutic environment, which includes a medical health supervision component as well as mental health treatment provided at the facility. 32 consumers will be served per year.

Network of Care – Mental Health

Riverside County is in the process of implementing the Network of Care for Mental Health. Currently the Office on Aging has the Network of Care for Older Adults. The two departments will work together to link these two programs so older/adults/family can access good information through either or both sites. Staff will be trained on the use of the program in each of the two agencies with specialty older adult mental health staff. No additional funding is needed for this link.

Diagnostic Tool

Three counties, Orange, San Diego, and Riverside, are working with Stephen Bartels, M.D., a psychiatrist and researcher from Dartmouth College, on the development of a diagnostic assessment tool that will go into a web-based virtual tool-kit. This tool should be available within 6-12 months and will be used in the multi-dimensional assessment (including mental health) of our Older Adult target populations. One time MHSA funds will be used to purchase the tool and train staff on its use.

Training

Training will become an intricate part of the MHSA implementation for the OASOC. There will be training for staff, consumers, and board and care operators.

a. Staff Training

   As we transform our system, staff will need to be trained to embrace the recovery and wellness movement. All new and current specialty older adult staff will be trained. Training will be ongoing and comprehensive. These trainings would focus on the

older adult's choice, ongoing involvement in developing the services, empowerment, dignity and respect, and feelings of hope. Also, all specialty mental health staff will be trained in cultural competencies for all linguistic and cultural populations within the older adult population. Regarding this population, additional trainings will focus on sensitivity to sexual orientation, gender-sensitivity and on services which reflect the different psychologies and needs of women and men. This will be accomplished through the department's training program. Speakers and trainers will be sought to educate the specialty older adult and other department staff. 4-6 trainings will be held for an estimated 400 people.

b. Consumer/Family Training

In addition to training for staff, specialized training for older adult and transition age adults would focus on older adult's illness self-management skills, education about mental illness, strengthening coping skills, and prevention of relapse. Emphasis would be placed upon building skills within the identified populations.

Family and caregivers would be referred to the NAMI Family-to-Family Program, an educational program offered to families of mentally ill family members. This program would be modified to address issues of older adults and would be provided to 40 family members of older adults per year.

c. Board and Care Training

Finally, training programs will be developed and provided to board and care operators, where current older adult consumers reside. The focus of the training would be to decrease the inappropriate use of after hour's resources namely police, paramedics, fire and emergency rooms. The trainings will be a series of ten sessions lasting from 1 ½ - 2 hours educating board and care staff about community resources, aging and mental health. The presentations will occur at the residential care facilities. The linguistic and cultural considerations of the board and care staff will be accommodated. Materials will be translated into primary language of the caregiver to maximize the learning. Six to eight trainings would be provided per year.

3. Describe any Housing or Employment Services to be provided.

In regard to housing initiatives, the MHSA would fund 16 augmented board and care beds for older adults. The augmented board and care has been proposed to provide a therapeutic environment, which includes medical supervision as well as mental health treatment at the augmented board and care. The board and care is for those individuals who cannot maintain in a Residential Facility for the Elderly without de-compensation requiring hospitalization and re-stabilization. One time funds would be used to expand housing options as described in the adult plan and the housing development unit also described in the adult plan would both develop new housing and identify existing available housing for older adults.

4. Full Service Partnership

Through the Multidisciplinary Mobile Outreach and Integrated Service Teams, the Older Adult Integrated Service Program will serve 163 consumers in Full Service Partnership annually, at an average annual cost of $13,134 per client based on gross MHSA program cost.

5. Recovery Goals for Older Adults

Focus of recovery for older adults deals with their quality of care issues. Utilizing the concepts of recovery and habilitation services, the older adult's quality of care can be greatly improved. Recovery is defined by the Older Adult Integrated System of Care Framework adopted by CIMH as "a personal process through which an individual can choose to change his or her goals, with the ultimate objective of living a healthy, satisfying, and hopeful life despite limitations and/or continuing effects caused by his or her mental illness." Habilitation by the same document is defined as "a strength-based approach to skills development that focuses on maximizing an individual's functioning." The services required by the older adult are unique to them.

The Older Adult Integrated System of Care would advance the goals of recovery for older adults. All older adult specialty staff will be trained about recovery and wellness with emphasis on self-management skills, strengthening coping skills, increased knowledge about mental illnesses, and values that are person-centered. Also, with the Older Adult Peer Advocates and Family Advocates, the older adult will have role models for recovery and wellness. See the introduction to question no. 2.

6. Expanding Existing Programs

There is one specialty older adult outpatient clinic in one region of Riverside County. In the other two regions of the County, there are designated staffs in three adult outpatient clinics. The specialty older adult mental health staff provide assessment, case management and rehabilitation services. There are a limited number of groups available at certain sites.

MHSA funding will add components to the Older Adult Integrated System of Care that do not exist currently because of the current limited services.

7. Services and Support provided by clients and/or family members.

There will be an Older Adult Consumer Advocate in each of the three regions. These individuals will be providing rehabilitation services and linkage and brokerage services. They are a crucial part of moving the OASOC Program from traditional mental health services to specialty mental health services with a recovery and wellness focus for this population.

Three Family Advocates will provide support to caregivers and family members who are facing issues around the mental illness of their family member. The Advocates will also run support groups for family members as well as assist the family in participating in the Family-to-Family Training Module.

This is discussed in more detail in the Section in question no. 2 – Family and Peer Support Services

8. Collaborative Strategies

Riverside County has several existing levels of interagency coordination occurring regarding the target population. The committees are summarized here:

a. The Older Adult Integrated System of Care Committee provides the forum for private profit and not for profit and public agencies to provide planning, and development of strategic plan and follow up monitoring. It also provides a report on Older Adult issues to the Mental Health Advisory Board. It is an interagency forum to coordinate service provision of the agencies serving Older Adults, including but not limited to Health Services, Adult Protective Services, and Office on Aging, Ombudsmen, interested community members, family/caregivers, and agencies providing services to the Older Adult community. This committee has been instrumental in the identification of strategies and proposed services for the development of the system of care. The committee has significant representation of consumers and family members. This committee will be involved in the ongoing monitoring of the development of the System of Care to assure the implementation of the proposed strategies/program.

b. The Curtailing Abuse Related to the Elderly (CARE) Team Committee is composed of community agencies in Riverside County. The Team meets monthly and focuses on dependent/elder fiduciary abuse. This interagency team provides the forum for interagency and resource development concerning dependent and/or older adults at risk for financial exploitation.

c. Through the efforts of the Integrated Home and Community Based Long Term Care (IHCBLTC) Work Team, the Network of Care for Older Adults was implemented at the Office on Aging. This workgroup, which was composed of private, non profit, public, consumers, and community members works to integrate, at the local level, the administration and funding of all medical, social and supportive services for disabled adults and seniors who are Medi-Cal eligible. This work team completed its work and the Office on Aging now has numerous committees, which continue to address these issues.

Through the proposed strategies, the involved human service agencies, Mental Health, Community Health, Department of Public Social Service, and Office on Aging will cooperate in a comprehensive delivery of human social services that will maximize

resource while reducing the possibility of the mentally ill older adults "falling through the cracks".

9. Cultural/Linguistic Competency

The OASOC Program has chosen a number of strategies to address culturally and linguistically diverse communities. Within this program, emphasis will be placed upon the Spanish speaking community, which is underrepresented in the older adult services within the Department. Staff will reach out to the Hispanic communities in naturally occurring locations such as faith-based e.g. Catholic Churches, community settlement houses, senior centers, and health education programs e.g. Diabetes Education Classes. As we hire new staff the department will hire linguistically and bicultural staff to be represented in each of the new components of the OASOC Program. Also, all specialty mental health staff will be trained in cultural competencies for all of ~~the~~ older adult ethnic population. The OASOC strategies will also work in concert with the efforts of the Department regarding overall ethnic outreach strategies described in the Outreach and Engagement Work Plan.

10. Service/Support sensitive to sexual orientation, gender sensitivity, and reflect differing psychologies.

All efforts will be made to assure that the OASOC provides sensitivity to gender, to sexual orientation, and to different psychological needs of women and men. Strategies described in the Outreach and Engagement Work Plan will attempt to address the issues of outreach to these groups. Currently, the Staff Development Unit sponsors training on gender issues within the older adult community which will continue.

See Section on Training in question no. 2.

11. Individuals residing out-of-county.

Older Adult Integrated Services are available to Riverside County residents meeting the criteria described under priority populations. For Riverside County residents living outside the County, they may access necessary services or referrals by contacting the Central Access Team at 1-800-706-7500 for referral information.

12. Strategies not listed in Section IV.

Non-applicable

13. Timeline

Activities described below will occur during the pre-implementation phase between January and April 1, 2006. Training will occur on or before April 1, 2006 and be on-going.

Recruitment and hiring of program staff, RFP process completed and contractors selected, and identification of program sites and space will be completed by April 1, 2006.

14. Program Budget

See Exhibit 5.

15. Quarterly Progress Report

See Exhibit 6.

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

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

Program Workplan #: FSP-04 | Date: 12/30/05

Program Workplan Name: Integrated Services for Older Adults | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$378,934			$378,934
c. Employee Benefits	$143,427			$143,427
d. Total Personnel Expenditures	$522,361	$0	$0	$522,361
3. Operating Expenditures				
a. Professional Services	$15,796			$15,796
b. Translation and Interpreter Services	$1,689			$1,689
c. Travel and Transportation	$4,980			$4,980
d. General Office Expenditures	$10,750			$10,750
e. Rent, Utilities and Equipment	$88,390			$88,390
f. Medication and Medical Supports	$4,717			$4,717
g. Other Operating Expenses (provide description in budget narrative)	$24,977			$24,977
h. Total Operating Expenditures	$151,300	$0	$0	$151,300
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$36,500			$36,500
6. Total Proposed Program Budget	**$710,160**	**$0**	**$0**	**$710,160**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$190,734			$190,734
b. Medicare/Patient Fees/Patient Insurance	$2,122			$2,122
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$192,855	$0	$0	$192,855
3. Total Revenues	$192,855	$0	$0	$192,855
C. One-Time CSS Funding Expenditures	**$2,274,888**			**$2,274,888**
D. Total Funding Requirements	**$2,792,193**	**$0**	**$0**	**$2,792,193**
E. Percent of Total Funding Requirements for Full Service Partnerships				**67.7%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan # FSP-04 | Date: 12/30/05

Program Workplan Name Integrated Services for Older Adults | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Manager	*Provide oversight/accountability for Older Adult Program county wide.*		1.00	$17,895	$17,877
Mental Health Services Supv-B	*Supervision for Older Adult program staff.*		2.00	$16,342	$32,684
Program Coordinator	*Recruitment of volunteers and program promotion.*		1.00	$9,046	$9,037
Secretary I	*Provide clerical support for program manager.*		1.00	$7,738	$7,731
Clinical Therapist II	*Provide clinical training, supervision, assessment.*		12.00	$13,652	$163,819
Pharmacist - Per Diem	*Provide pharmacy support to SMART program.*		0.75	$26,698	$20,024
Consumer Advocate	*Provide administrative level consumer advocacy.*	3.00	3.00	$7,063	$21,190
Family Advocate	*Provide support to caregivers and family members.*	3.00	3.00	$7,063	$21,190
Behavior Health Specialist III	*Provide support to older adults with co-occurring disorder issues.*		3.00	$9,998	$29,993
Behavior Health Specialist II	*Provide linkage, follow up, and aftercare support.*		2.00	$8,946	$17,893
Community Services Assistant	*Provide transportation support for the SMART program.*		3.00	$6,558	$19,673
Office Assistant II	*Provide clerical program support.*		3.00	$5,941	$17,823
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	34.75		$378,934
C. Total Program Positions		6.00	34.75		$378,934

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
All three years budgeted under one-time CSS funding.	
b. Travel and Transportation	$ -
All three years budgeted under one-time CSS funding.	
c. Housing	
i. Master Leases	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
ii. Subsidies	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
iii. Vouchers	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
iv. Other Housing	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 378,934
Estimated three months salaries for 34.75 new program FTEs, 6 of which are anticipated to be staffed by clients, family members and or caregivers.	
c. Employee Benefits	$ 143,427
Estimated three months county benefits costs	
d. Total Personnel Expenditures	**$ 522,361**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 15,796
Estimated three months cost for program trainers and other professional services.	
b. Translation and Interpreter Services	$ 1,689
Estimated three months cost for program related translation services.	
c. Travel and Transportation	$ 4,980
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 10,750
Estimated three months office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 88,390
Estimated three months cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 35 new program staff.	
f. Medication and Medical Supports	$ 4,717
Estimated three months cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 24,977
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 151,300**
4. Program Management	$ -
5. Estimated Total Expenditures when service provider is not known	**$ 36,500**
The integrated Services for Older Adults will be contracting out its augmented board and care services. These services will be provided through residential care facilities with therapeutic environments for older adults who cannot live independently.	
6. Total Proposed Program Budget	**$ 710,160**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ 190,734
New program generated Medi-Cal revenue.	
b. Medicare/Patient Fees/Patient Insurance	$ 2,122
New program generated revenue.	
c. State General Funds	$ -
None	
d. Other Revenue	$ -
None	
e. Total New Revenues	**$ 192,855**
3. Total Revenues	**$ 192,855**
One-Time CSS Funding Expenditures	
a. Start-Up Costs	$ 1,157,820
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles, implementing Electronic Health Records (EHR) and three years client flex funds.	
b. Training and Consultation	$ 313,500
Estimated initial cost for training and consultation and support to implement several evidence based practises and the diagnostic tools (spread over the remaining two years).	
c. Housing	$ 803,568
The estimated cost to provide three years of housing to older adult clients. This will include short term housing, transitional housing and permanent housing. These funds will be used for short term lodging in shelter beds, motel vouchers, transitional housing, shared group housing, augmented residential care facilities, rental subsidies for permanent supportive housing, security deposits and other potential housing assistance.	
C. Total One-Time CSS Funding Expenditures	**$ 2,274,888**
See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.	
D. Total Funding Requirements	**$ 2,792,193**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-04
Program Work Plan Name:	Integrated Services for Older Adults
Fiscal Year: 2005-06	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults	See Work Plan							30		30	
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	57	See Work Plan							57		57	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Actual	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

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

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

Program Workplan # FSP-04 | Date: 12/30/05

Program Workplan Name Integrated Services for Older Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 163 * | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 163 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$1,515,732			$1,515,732
c. Employee Benefits	$573,706			$573,706
d. Total Personnel Expenditures	$2,089,438	$0	$0	$2,089,438
3. Operating Expenditures				
a. Professional Services	$63,185			$63,185
b. Translation and Interpreter Services	$6,757			$6,757
c. Travel and Transportation	$19,921			$19,921
d. General Office Expenditures	$43,001			$43,001
e. Rent, Utilities and Equipment	$353,561			$353,561
f. Medication and Medical Supports	$18,868			$18,868
g. Other Operating Expenses (provide description in budget narrative)	$99,906			$99,906
h. Total Operating Expenditures	$605,199	$0	$0	$605,199
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$146,000			$146,000
6. Total Proposed Program Budget	**$2,840,637**	**$0**	**$0**	**$2,840,637**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$762,935			$762,935
b. Medicare/Patient Fees/Patient Insurance	$8,486			$8,486
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$771,421	$0	$0	$771,421
3. Total Revenues	$771,421	$0	$0	$771,421
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$2,069,216**	**$0**	**$0**	**$2,069,216**
E. Percent of Total Funding Requirements for Full Service Partnerships				**67.7%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan #: FSP-04 | Date: 12/30/05

Program Workplan Name: Integrated Services for Older Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 163 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 163 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Manager	*Provide oversight/accountability for Older Adult Program county wide.*		1.00	$71,579	$71,507
Mental Health Services Supv-B	*Supervision for Older Adult program staff.*		2.00	$65,367	$130,734
Program Coordinator	*Recruitment of volunteers and program promotion.*		1.00	$36,186	$36,150
Secretary I	*Provide clerical support for program manager.*		1.00	$30,954	$30,923
Clinical Therapist II	*Provide clinical training, supervision, assessment.*		12.00	$54,606	$655,275
Pharmacist - Per Diem	*Provide pharmacy support to SMART program.*		0.75	$106,792	$80,094
Consumer Advocate	*Provide administrative level consumer advocacy.*	3.00	3.00	$28,254	$84,761
Family Advocate	*Provide support to caregivers and family members.*	3.00	3.00	$28,254	$84,761
Behavior Health Specialist III	*Provide support to older adults with co-occurring disorder issues.*		3.00	$39,991	$119,973
Behavior Health Specialist II	*Provide linkage, follow up, and aftercare support.*		2.00	$35,785	$71,571
Community Services Assistant	*Provide transportation support for the SMART program.*		3.00	$26,230	$78,691
Office Assistant II	*Provide clerical program support.*		3.00	$23,764	$71,292
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	34.75		$1,515,732
C. Total Program Positions		6.00	34.75		$1,515,732

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY 2006-07

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
All three years budgeted under one-time CSS funding.	
b. Travel and Transportation	$ -
All three years budgeted under one-time CSS funding.	
c. Housing	
i. Master Leases	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
ii. Subsidies	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
iii. Vouchers	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
iv. Other Housing	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 1,515,732
Estimated annual salaries for 34.75 new program FTEs, 6 of which are anticipated to be staffed by clients, family members and or caregivers.	
c. Employee Benefits	$ 573,706
Estimated annual county benefit costs	
d. Total Personnel Expenditures	**$ 2,089,438**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY 2006-07

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 63,185
Estimated annual cost for program trainers and other professional services.	
b. Translation and Interpreter Services	$ 6,757
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 19,921
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 43,001
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 353,561
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for 35 new program staff.	
f. Medication and Medical Supports	$ 18,868
Estimated annual cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 99,906
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 605,199**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 146,000**
The integrated Services for Older Adults will be contracting out its augmented board and care services. Theses services will be provided through residential care facilities with therapeutic environments for older adults who cannot live independently.	
6. Total Proposed Program Budget	**$ 2,840,637**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY 2006-07

		Budget Amount
B. Revenues		
1. Existing Revenues		
a. Medi-Cal (FFP only)		
N/A		
b. Medicare/Patient Fees/Patient Insurance		
N/A		
c. Realignment		
N/A		
d. State General Funds		
N/A		
f. Grants		
N/A		
g. Other Revenue		
N/A		
h. Total Existing Revenues	**$**	**-**
2. New Revenues		
a. Medi-Cal (FFP only)	$	762,935
New program generated Medi-Cal revenue.		
b. Medicare/Patient Fees/Patient Insurance	$	8,486
New program generated revenue.		
c. State General Funds	$	-
None		
d. Other Revenue	$	-
None		
e. Total New Revenues	**$**	**771,421**
3. Total Revenues	**$**	**771,421**
C. One-Time CSS Funding Expenditures	**$**	**-**
D. Total Funding Requirements	**$**	**2,069,216**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-04
Program Work Plan Name:	Integrated Services for Older Adults
Fiscal Year: 2006-07	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults	See Work Plan	120		120		120		120		163	
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	472	See Work Plan	140		226		226		226		472	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

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

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

Program Workplan # FSP-04 | Date: 12/30/05

Program Workplan Name Integrated Services for Older Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 163 * | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 163 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$1,515,732			$1,515,732
c. Employee Benefits	$573,706			$573,706
d. Total Personnel Expenditures	$2,089,438	$0	$0	$2,089,438
3. Operating Expenditures				
a. Professional Services	$63,185			$63,185
b. Translation and Interpreter Services	$6,757			$6,757
c. Travel and Transportation	$19,921			$19,921
d. General Office Expenditures	$43,001			$43,001
e. Rent, Utilities and Equipment	$353,561			$353,561
f. Medication and Medical Supports	$18,868			$18,868
g. Other Operating Expenses (provide description in budget narrative)	$99,906			$99,906
h. Total Operating Expenditures	$605,199	$0	$0	$605,199
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$146,000			$146,000
6. Total Proposed Program Budget	**$2,840,637**	**$0**	**$0**	**$2,840,637**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$762,935			$762,935
b. Medicare/Patient Fees/Patient Insurance	$8,486			$8,486
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$771,421	$0	$0	$771,421
3. Total Revenues	$771,421	$0	$0	$771,421
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$2,069,216**	**$0**	**$0**	**$2,069,216**
E. Percent of Total Funding Requirements for Full Service Partnerships				**67.7%**

* Total Full Service Partnership clients served per year.

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

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

Program Workplan #: FSP-04 | Date: 12/30/05

Program Workplan Name: Integrated Services for Older Adults | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 163 * | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 163 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Services Manager	*Provide oversight/accountability for Older Adult Program county wide.*		1.00	$71,579	$71,507
Mental Health Services Supv-B	*Supervision for Older Adult program staff.*		2.00	$65,367	$130,734
Program Coordinator	*Recruitment of volunteers and program promotion.*		1.00	$36,186	$36,150
Secretary I	*Provide clerical support for program manager.*		1.00	$30,954	$30,923
Clinical Therapist II	*Provide clinical training, supervision, assessment.*		12.00	$54,606	$655,275
Pharmacist - Per Diem	*Provide pharmacy support to SMART program.*		0.75	$106,792	$80,094
Consumer Advocate	*Provide administrative level consumer advocacy.*	3.00	3.00	$28,254	$84,761
Family Advocate	*Provide support to caregivers and family members.*	3.00	3.00	$28,254	$84,761
Behavior Health Specialist III	*Provide support to older adults with co-occurring disorder issues.*		3.00	$39,991	$119,973
Behavior Health Specialist II	*Provide linkage, follow up, and aftercare support.*		2.00	$35,785	$71,571
Community Services Assistant	*Provide transportation support for the SMART program.*		3.00	$26,230	$78,691
Office Assistant II	*Provide clerical program support.*		3.00	$23,764	$71,292
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	34.75		$1,515,732
C. Total Program Positions		6.00	34.75		$1,515,732

* Total Full Service Partnership clients served per year.

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY 2007-08

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
All three years budgeted under one-time CSS funding.	
b. Travel and Transportation	$ -
All three years budgeted under one-time CSS funding.	
c. Housing	
i. Master Leases	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
ii. Subsidies	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
iii. Vouchers	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
iv. Other Housing	$ -
All three years budgeted under one-time CSS funding and current year housing contract.	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 1,515,732
Estimated annual salaries for 34.75 new program FTEs, 6 of which are anticipated to be staffed by clients, family members and or caregivers.	
c. Employee Benefits	$ 573,706
Estimated annual county benefit costs	
d. Total Personnel Expenditures	**$ 2,089,438**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY 2007-08

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 63,185
Estimated annual cost for program trainers and other professional services.	
b. Translation and Interpreter Services	$ 6,757
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 19,921
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 43,001
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
e. Rent, Utilities and Equipment	$ 353,561
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for 35 new program staff.	
f. Medication and Medical Supports	$ 18,868
Estimated annual cost of unfunded client medical expenses.	
g. Other Operating Expenses.	$ 99,906
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 605,199**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ 146,000**
The integrated Services for Older Adults will be contracting out its augmented board and care services. Theses services will be provided through residential care facilities with therapeutic environments for older adults who cannot live independently.	
6. Total Proposed Program Budget	**$ 2,840,637**

Riverside County MHSA Community Services and Supports
Budget Narrative
Integrated Services for Older Adults
Plan FSP- 04 - FY 2007-08

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	
N/A	
b. Medicare/Patient Fees/Patient Insurance	
N/A	
c. Realignment	
N/A	
d. State General Funds	
N/A	
f. Grants	
N/A	
g. Other Revenue	
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ 762,935
New program generated Medi-Cal revenue.	
b. Medicare/Patient Fees/Patient Insurance	$ 8,486
New program generated revenue.	
c. State General Funds	$ -
None	
d. Other Revenue	$ -
None	
e. Total New Revenues	**$ 771,421**
3. Total Revenues	**$ 771,421**
C. One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 2,069,216**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	FSP-04
Program Work Plan Name:	Integrated Services for Older Adults
Fiscal Year: 2007-08	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults	See Work Plan	120		120		120		120		163	
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	472	See Work Plan	226		226		226		226		472	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Riverside	Fiscal Year: 2005/06/07	Program Work Plan Name: Peer Recovery/Support Services
Program Work Plan #: SD-05		Estimated Start Date: 4/06
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Aligns with MHSA goals to increase client and family operated services. As an essential part of implementing the recovery vision Riverside County will ensure employment and utilization of consumers and family members in all aspects of its service delivery and in the administrative structures described in the strategies below.	
Priority Population: *Describe the situational characteristics of the priority population*	Services for Adults, Transition Age Youth, and Older Adults with SMI/SED. Individuals may also have Co-Occurring Substance Disorders. Services will be provided to all three regions and will target groups such as young adults, caregivers, gender specific, parents, Spanish speaking, and gay/lesbian.	

	Fund Type			Age Group			
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	FSP	Sys Dev	OE	CY	TAY	A	OA
1) Peer Support and Resource Centers – Consumer operated centers offering a variety	☐	☒	☐	☐	☒	☒	☒
of support services including vocational, educational, resources and referrals,	☐	☐	☐	☐	☐	☐	☐
warm line, anti-stigma and peer-to-peer support activities.	☐	☐	☐	☐	☐	☐	☐
2) Peer Support to Clinics/Programs – Employ consumers to provide peer support	☐	☒	☐	☒	☒	☒	☒
services, outreach, orientation, advocacy, support groups, resource/referral	☐	☐	☐	☐	☐	☐	☐
information to peers at Mental Health Clinics and Programs.	☐	☐	☐	☐	☐	☐	☐
3) Family Advocate Program Expansion – Expansion of existing Family Advocacy	☐	☒	☐	☐	☒	☒	☒
Program to dedicate one advocate per each of the three regions countywide.	☐	☐	☐	☐	☐	☐	☐
4) Consumer Advocate in Administration	☐	☒	☐	☐	☒	☒	☒
5) Consumer/Family Representatives on Boards and in Training	☐	☒	☐	☒	☒	☒	☒
6) Educational Efforts	☐	☒	☐	☐	☒	☒	☒
7) Hiring Consumers as Job Training	☐	☒	☐	☐	☒	☒	☐
(See Section #2 of Peer Recovery/Support Services Work Plan for complete description	☐	☐	☐	☐	☐	☐	☐
of all strategies listed above.)	☐	☐	☐	☐	☐	☐	☐

Peer Recovery and Support Services
Work Plan

Riverside County will implement a Peer Recovery and Support Services initiative to increase client and family operated services, ensure employment and utilization of consumers and family members in all aspects of its service delivery and in the administrative structures described in the strategies below.

1. Populations to be served.

Populations to be served in the new and expanded peer support services include Children, Adults, Older Adults, Transition Age Youth with SED/SMI, and their families. Individuals may also have Co-Occurring Substance Abuse Disorders or have any other disability. Services will be provided in all three regions of the County. Supports will also be targeted to groups such as dually diagnosed, young adults, caregivers, gender specific, parents, Spanish Speaking, gay/lesbian. A broad range of individuals and their family/caregivers will be provided one-time or ongoing support.

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

The transformation of services to a true recovery model requires strategies which shift services to be more inclusive of consumers and family members in both planning and provision of services. Therefore Riverside County Department of Mental Health plans to include consumers and family members as described in the plan. This includes county operated and contracted programs.

Peer Support and Resource Centers

A key component of Peer Recovery & Support Services to be provided includes consumer-operated support settings for mental health clients and their families needing support, resources, knowledge, and experience to aid in their recovery process from serious mental illness. Three Centers, regionally located, will function as a step down, transition and support for current clients and their families in the County Mental Health System and for those no longer involved with specialty mental health services. Focus is on individuals in need of support and skill development necessary to pursue personal goals, recovery and self-sufficiency. These Centers would be staffed by consumers and would offer a variety of support services including vocational, educational, resource and referral, warm-line, self-help support groups, anti-stigma and peer-to-peer support activities. Services will be offered 7 days a week and include evenings.

As previously stated, one of the methods Riverside County intends to use to increase client and family operated services is through the implementation of Peer Support and Resource Centers. This falls within the State Department of Mental Health's guiding principles that outlines, "increases in consumer operated services such as drop-in centers,

peer support programs, warm lines, crisis services, case management programs, self-help groups, family partnerships, parent/family education, and consumer provided training and advocacy services."

Within the spirit of MHSA, Riverside County sees the critical need to expand employment of consumers and family members in the mental health system, and perceives consumers and family members as experts in the areas of mental illness. Peer Support Centers provide consumer staff with meaningful work, to serve as role models for clients, and to share experiences and peer support in a sensitive manner by virtue of having "been there." This concept of leading by example and the philosophy to be implemented in the Peer Support and Resource Center is that those who have "been there" are often the best helpers.

Volunteers will also be recruited to provide a variety of peer support activities and functions at the Centers. An Advisory Board comprised of consumers and family members will be established to guide service and activity development at the Centers. Following is a list of the types of expected services in the Centers.

a. Employment Assistance: Offer training ground for employment readiness (interviewing, presenting oneself, preparing for interviews, basic job skills), volunteerism or paid employment, assistance in finding jobs for consumers and job coaching, and enhancing leadership skills with the intent of developing self-esteem and independence through vocational training and opportunities. Also assist with entitlement procedures, i.e. SSI, SSDI, GR benefits.

b. Education/Training: Content includes aspects of Recovery, working as a peer supporter and provider educator, "peer-to-peer", "In your Own Voice" living with mental illness, and Wellness Recovery Action Planning. A variety of skill building groups and workshops would be offered on and off site, focusing on daily living and coping skills to inspire hope for consumers and family members.

c. Structured Activity Groups.

d. Host peer support groups of interest to consumers and family members such as AA, NA, and "family-to-family" classes. Specialty groups for Spanish speaking individuals and transition age youth will also be provided.

e. Warm-Line: Consumer run non-crisis telephone intervention. Offer peer-to-peer support, system navigation, linkage to crisis services and information on a wide variety of mental health resources. Will be open until at least 9:00 pm daily, 7 days per week.

f. Community/Social Involvement: Offer a range of social activities and opportunities for community integration.

g. Anti-Stigma: Advocacy and education to consumers, professionals, behavioral health staff, and community members on mental illness. Anti-Stigma campaigns and speakers bureau may be included in later phases of MHSA development.

h. Housing Assistance: Assist consumers with exploring housing options and resources, locating affordable, safe, decent housing, and dealing with stigma and discrimination associated with consumers not being able to access housing.

i. Transitional Age Youth: Each center will have dedicated TAY Specialists. Whenever possible and appropriate these TAY Specialists positions will be staffed by consumers who have experiences of personal transitions in mental health services. These specialists will assist youth in transitioning from youth to adult services and receiving the necessary supports to transition to adulthood.

Peer Support in County Clinics/Programs

Consumer Advocates

The plan is to integrate consumers as paid staff into service delivery for all ages in County clinics and programs. Consumers will provide a variety of support services including but not limited to: outreach, orientation to services, advocacy and resource and referral. These are described in other work plans but are summarized here.

a. Outreach to help identify those targeted to be served such as the homeless and those in in-patient facilities and those who are unengaged but high frequency utilizers of mental health services.

b. Support and orientation groups for new clients/families coming into clinics and programs.

c. Education groups and support around concrete issues such as benefits, transportation, budgeting, shopping, and connection to community support and peer support as needed.

d. Organizes and facilitates peer recovery groups and participates as part of the service team.

e. Communicates and represents consumer's perspective within the system.

f. The current "Parent Partner" and Parent Support Program in Children's Services will expand to increase parent support in all children's service sites. This would include creating a lead "Parent Partner Supervisor," adding Parent Partners in each clinic and others for community support groups. The Parent Support Program and Parent Partners are detailed in the Children's Services program and budget.

g. Not only will TAY receive peer to peer supports through the Peer Support and Resource Centers, but the Department will seek to employ consumers for peer support activities as well as having youth consumers going to the Department's Children's Outpatient clinics to provide education and support to children's staff and transition age consumers.

h. Senior volunteer peer counselors will be recruited to provide one-to-one counseling and lead support groups for peers. They will be trained by Clinical Therapists on aspects of providing peer counseling. The senior peer counselors will provide in-home counseling through emotional and social support to the older adult population.

Family Advocate Program Expansion

The plan includes expansion of the existing Family Advocate Program to continue to have representation administratively and to assign one dedicated family advocate to each of the three regions.

a. Family Advocate services will be expanded by assigning an advocate to each of three regions so they are included in clinic operations such as orientation groups and they would provide support including direct phone connections from clinics to the Family Advocate Program with the goal of eventually having family advocates in each clinic. The current Family Advocate Program will continue it's networking with the NAMI groups, phone support and education for families whose loved one is not in the system. Will also work with the inpatient facilities to provide family information and support in those facilities.

b. Family Advocates who are responsible for support to caregivers and/or family members of older adults will be hired in all three of the regions. This service is incorporated in the Older Adult MHSA work plan and budget.

Consumer Advocate in Administration

There will be a Consumer Advocate hired that will report directly to the Mental Health Director. They would ensure appropriate training and support to the clinic's hired consumer advocates and network with the consumer support services in the County. This position would function at the policy and management level to ensure the consumer perspective is included in all policy decisions.

Consumer/Family Representatives on Boards and in Trainings

Consumers and family members will be aggressively recruited as volunteers and provided necessary support such as transportation and childcare to ensure involvement on key mental health committee's plus the Mental Health Board and Regional Boards. The Department wishes to ensure consumer/family voice within all committee structures and continue the extent of involvement shown in the MHSA planning process.

Educational Efforts

The Department will incorporate the NAMI provider course, law enforcement training, and other educational efforts in its training and staff development efforts. NAMI Family-to-family classes will continue to be consistently provided and trainees paid if needed to assure availability. These trainings will include consumers and family members as trainers.

Hiring Consumers as Job Training

Currently positions are being discussed which would be filled by consumers on a temporary basis to provide basic job skills and build experience for longer term work in or outside the system.

3. Describe any Housing or Employment services to be provided.

Providing employment opportunities to consumers and family members, and increasing consumer-operated services and support to consumers and family members are the main goals of the proposed services of the Peer Support Work Plan. As described earlier, there will be a range of supports for employment including skill building for employment readiness (interviewing, presentation, preparing for interviews, resume writing, basic job skills, job hunting). Also, actual employment opportunities occur through peer support centers, clinics and advocacy positions.

This work plan/program is not designed to pay for housing directly, but to provide information, assistance and support to those in need of housing. Outreach activities outlined in this program will include the homeless population. Also, basic housing support to explore housing options and resources will be included.

4. Full Service Partnership

Funding will be covered thru the General System Development Category, as it intends to provide services and support for consumers or family members served across the system. Although those in full service partnerships may utilize these programs, it is not a dedicated Full Service Partnership Program**.**

5. Recovery Goals

An essential part of creating hope, building resiliency, and creating wellness is the support peers can provide to each other and other families.

Through the Peer Recovery and Support Initiative, Riverside can offer a full spectrum of activities to promote Recovery and Resiliency. These activities include outreach, education, vocational, employment support, support groups, phone support, housing support, reducing barriers to involvement in peer support activities, and other peer supports. Employment and utilization of consumers and family members in all aspects of service delivery and the administrative structures within the County is an essential part of implementing the Recovery Vision.

These recovery values will be incorporated in all outcome measures developed for MHSA.

6. Expanding Existing Programs

The Peer Support Centers are new programs being implemented in all three regions. As previously described the advocate/peer programs will expand to serve more consumers in more sites and geographic locations. This will include newly created positions: Consumer Advocates, additional Family Advocates and Older Adult Advocates. As previously mentioned the "Parent Partner" and Support Program will be expanded as described in the Children's Services work plan. The Centers will function as a step down, transition and support for current clients and families of the County Mental Health System and for those no longer involved in Department services.

7. Services and Support provided by clients and/or family members:

This initiative was developed for the sole purpose of providing consumer driven and operated support services as a critical element in transformation. In each of the MHSA strategies previously described consumers and family member peer support activities are central. Consumers would be providing support services at clinics/programs, consumer run support centers, and through a variety of training, education, and advocacy efforts. Inclusion of consumers and family members in all aspects of Mental health services and structures is the goal.

8. Collaboration Strategies

Many of the outreach efforts will require community collaboration to identify unengaged clients such as homeless and high frequency utilizers. This would include outreach efforts on the streets and in jails, in-patient facilities, and IMD's. Also, interface with community resources such as public transportation, housing resources, community colleges, and benefits (SSI, VA, etc.) are areas where extensive collaboration will occur.

The Peer Support and Resource Centers will collaborate with community support groups, and host groups of interest to consumer and family members such as AA, NA, and current Family-to-Family classes. The Family Advocate Program will continue networking with the NAMI groups to provide information and support. The program will incorporate the NAMI provider educator courses, law enforcement training, and other education efforts in its future MHSA training and staff development efforts**.**

9. Cultural/Linguistic Competency

An integral part of providing peer support services is to ensure that the program strategies are culturally and linguistically appropriate. Cultural competences are required expectations of our contractors and are integrated throughout all aspects of the County Mental health services delivery system including MHSA programs.

The Peer Support and Resource Centers, although a contract service, will be held to strict cultural and linguistic standards. The expectation is that they will employ bilingual staff and have available necessary translation services. All services and supports are to match

the ethnic/linguistic features of the community. Training materials, brochures, and informational literature will be available in both English and Spanish. Support groups will be provided in Spanish, as will family groups and workshops as needed.

County run peer support services will employ bilingual staff in clinics and advocacy programs. All resource materials will be available in Spanish. Outreach efforts are proposed for expansion and will include recommendations by the Cultural Competency Committee geared at identifying unserved ethnic populations and needed support services. (See Outreach and Engagement Work plan)

Riverside County has a contract for translation services that will allow all linguistic disparities to be addressed and to receive necessary support services. Also, the Cultural Competency Committee and Plan have outlined several strategies to recruit and identify bilingual staff to incorporate in future MHSA funded programs.

10. Service/Support sensitive to sexual orientation, gender sensitive, and reflect differing psychologies.

Again, the Department's expectation of contract providers and county run programs is that utmost attention is paid to sexual orientation and gender sensitivity. On-going training and educational efforts will be provided to ensure staff sensitivity to sexual, gender, and cultural issues. Outreach to existing support networks already serving clients, such as gay/lesbian, or gender specific groups will be expanded for better linkage, mutual support and service development and collaborating in providing or hosting services in the Centers.

11. Individuals residing out-of-county.

Peer support and recovery services are available to Riverside County residents in or outside the county. For Riverside County consumers or their families residing outside of the County, they may contact the Central Access Team at 1-800-706-7500, to receive referrals for services in their area or can call any of the peer support services for information or support.

12. Strategies not listed in Section IV.

All strategies are listed.

13. Timeline

Implementation of the Peer Recovery and Support Services Plan will take place by April 1, 2006. Many activities will occur during pre-implementation including RFP for Peer Support Centers, staff, consumer and family member recruitment for peer support positions, and necessary training required to be peer supporters.

14. Program Budget

See Exhibit 5.

15. Quarterly Progress Report

See Exhibit 6.

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

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

Program Workplan #: SD-05 | Date: 12/30/05

Program Workplan Name: Peer Recovery and Support Services | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$211,498			$211,498
6. Total Proposed Program Budget	**$211,498**	**$0**	**$0**	**$211,498**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$300,000**			**$300,000**
D. Total Funding Requirements	**$511,498**	**$0**	**$0**	**$511,498**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

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

Program Workplan #: SD-05 | Date: 12/30/05

Program Workplan Name: Peer Recovery and Support Services | Page ____ of ____

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Clinical Therapist II	*Provide clinical support at Peer Centers.*		3.00		$0
Cons. Voc Act Coor	*Coordinate vocational activities at Peer Centers.*	1.50	1.50		$0
Cons. Housing Act. Coor.	*Coordinate housing services at Peer Centers.*	3.00	3.00		$0
TAY Specialist	*Provide peer support and advocacy for TAY Clients.*	3.00	3.00		$0
Social Activities Coor.	*Coordinate social activities at Peer Centers.*	1.50	1.50		$0
Office Assistant II	*Provide clerical support at Peer Centers.*	3.00	3.00		$0
Outreach Specialist	*Provide consumer outreach to ethnically diverse communities.*	3.00	3.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	15.00	18.00		$0
C. Total Program Positions		15.00	18.00		$0

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

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ -
None	
c. Employee Benefits	$ -
None	
d. Total Personnel Expenditures	**$ -**

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ -
None	
b. Translation and Interpreter Services	$ -
None	
c. Travel and Transportation	$ -
None	
d. General Office Expenditures	$ -
None	
e. Rent, Utilities and Equipment	$ -
None	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ -
None	
h. Total Operating Expenses	**$ -**
4. Program Management	$ -
5. Estimated Total Expenditures when service provider is not known	**$ 211,498**
The Riverside County Department of Mental Health will contract out the Peer Recovery and Support Services. This is a consumer-operated program. It will provide support settings for mental health clients and their families needing support, resources, knowledge and experience to aid their recovery process.	
6. Total Proposed Program Budget	**$ 211,498**

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. State General Funds	$ -
N/A	
d. Other Revenue	$ -
N/A	
e. Total New Revenues	**$ -**
3. Total Revenues	**$ -**
One-Time CSS Funding Expenditures	
a. Start-Up Costs	$ 300,000
Estimated cost of equipping new program staff and acquiring and/or expanding current office space. These costs will include workstations, computers, printers, telephones and vehicles.	
C. Total One-Time CSS Funding Expenditures	**$ 300,000**
See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.	
D. Total Funding Requirements	**$ 511,498**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	SD-05
Program Work Plan Name:	Peer Recovery and Support Services
Fiscal Year: 2005-06	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	300	See All Work Plans							300		300	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Actual	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

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

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

Program Workplan #: SD-05 | Date: 12/30/05

Program Workplan Name: Peer Recovery and Support Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 1,200 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Maria Mabey

Client Capacity of Program/Service Expanded through MHSA: 1,200 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$845,992			$845,992
6. Total Proposed Program Budget	**$845,992**	**$0**	**$0**	**$845,992**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$845,992**	**$0**	**$0**	**$845,992**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

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

Program Workplan #: SD-05 | Date: 12/30/05

Program Workplan Name: Peer Recovery and Support Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 1,200 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria Mabey

Client Capacity of Program/Service Expanded through MHSA: 1,200 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Clinical Therapist II	*Provide clinical support at Peer Centers.*		3.00		$0
Cons. Voc Act Coor	*Coordinate vocational activities at Peer Centers.*	1.50	1.50		$0
Cons. Housing Act. Coor.	*Coordinate housing services at Peer Centers.*	3.00	3.00		$0
TAY Specialist	*Provide peer support and advocacy for TAY Clients.*	3.00	3.00		$0
Social Activities Coor.	*Coordinate social activities at Peer Centers.*	1.50	1.50		$0
Office Assistant II	*Provide clerical support at Peer Centers.*	3.00	3.00		$0
Outreach Specialist	*Provide consumer outreach to ethnically diverse communities*	3.00	3.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	15.00	18.00		$0
C. Total Program Positions		15.00	18.00		$0

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

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY 2006-07

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ -
None	
c. Employee Benefits	$ -
None	
d. Total Personnel Expenditures	**$ -**

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY 2006-07

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ -
None	
b. Translation and Interpreter Services	$ -
None	
c. Travel and Transportation	$ -
None	
d. General Office Expenditures	$ -
None	
e. Rent, Utilities and Equipment	$ -
None	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ -
None	
h. Total Operating Expenses	**$ -**
4. Program Management	$ -
5. Estimated Total Expenditures when service provider is not known	**$ 845,992**
The Riverside County Department of Mental Health will contract out the Peer Recovery and Support Services. This is a consumer-operated program. It will provide support settings for mental health clients and their families needing support, resources, knowledge and experience to aid their recovery process.	
6. Total Proposed Program Budget	**$ 845,992**

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY 2006-07

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. State General Funds	$ -
N/A	
d. Other Revenue	$ -
N/A	
e. Total New Revenues	**$ -**
3. Total Revenues	**$ -**
C. One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 845,992**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	SD-05
Program Work Plan Name:	Peer Recovery and Support Services
Fiscal Year: 2006-07	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	1200	See All Work Plans	300		300		300		300		1200	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Actual	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

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

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

Program Workplan #: SD-05 | Date: 12/30/05

Program Workplan Name: Peer Recovery and Support Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 1,200 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Maria Mabey

Client Capacity of Program/Service Expanded through MHSA: 1,200 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$845,992			$845,992
6. Total Proposed Program Budget	**$845,992**	**$0**	**$0**	**$845,992**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$845,992**	**$0**	**$0**	**$845,992**
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

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

Program Workplan #: SD-05 | Date: 12/30/05

Program Workplan Name: Peer Recovery and Support Services | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 1,200 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria Mabey

Client Capacity of Program/Service Expanded through MHSA: 1,200 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Clinical Therapist II	*Provide clinical support at Peer Centers.*		3.00		$0
Cons. Voc Act Coor	*Coordinate vocational activities at Peer Centers.*	1.50	1.50		$0
Cons. Housing Act. Coor.	*Coordinate housing services at Peer Centers.*	3.00	3.00		$0
TAY Specialist	*Provide peer support and advocacy for TAY Clients.*	3.00	3.00		$0
Social Activities Coor.	*Coordinate social activities at Peer Centers.*	1.50	1.50		$0
Office Assistant II	*Provide clerical support at Peer Centers.*	3.00	3.00		$0
Outreach Specialist	*Provide consumer outreach to ethnically diverse communities.*	3.00	3.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	15.00	18.00		$0
C. Total Program Positions		15.00	18.00		$0

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

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY 2007-08

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ -
None	
c. Employee Benefits	$ -
None	
d. Total Personnel Expenditures	**$ -**

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY 2007-08

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ -
None	
b. Translation and Interpreter Services	$ -
None	
c. Travel and Transportation	$ -
None	
d. General Office Expenditures	$ -
None	
e. Rent, Utilities and Equipment	$ -
None	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ -
None	
h. Total Operating Expenses	**$ -**
4. Program Management	$ -
5. Estimated Total Expenditures when service provider is not known	**$ 845,992**
The Riverside County Department of Mental Health will contract out the Peer Recovery and Support Services. This is a consumer-operated program. It will provide support settings for mental health clients and their families needing support, resources, knowledge and experience to aid their recovery process.	
6. Total Proposed Program Budget	**$ 845,992**

Riverside County MHSA Community Services and Supports
Budget Narrative
Peer Recovery and Support Services
Plan SD- 05 - FY 2007-08

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. State General Funds	$ -
N/A	
d. Other Revenue	$ -
N/A	
e. Total New Revenues	**$ -**
3. Total Revenues	**$ -**
C. One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 845,992**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	SD-05
Program Work Plan Name:	Peer Recovery and Support Services
Fiscal Year: 2007-08	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	1200	See All Work Plans	300		300		300		300		1200	
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Actual	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Riverside	Fiscal Year: 2005/06/07	Program Work Plan Name: Outreach and Engagement
Program Work Plan #: OE-06		Estimated Start Date: 4/06
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The goal of the Outreach and Engagement Initiative is to support activities needed to identify populations that are currently unserved or reluctant to receive Mental Health Services and reduce ethnic disparities.	
Priority Population: *Describe the situational characteristics of the priority population*	Outreach and engagement activities for children, transition age youth, adults, and older adults with SMI/SED and their families. Individuals may also have co-occurring substance disorders. Services will be provided to all three regions and will target unserved and ethnically diverse communities.	

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
1) General Community Outreach and Engagement	☐	☐	☐	☐	☐	☐	☐
- Network of Care	☐	☐	☒	☒	☒	☒	☒
- Informational/Educational Materials	☐	☐	☒	☒	☒	☒	☒
- Outreach Efforts to Jails, Juvenile Hall, Hospital, Probation	☐	☐	☒	☒	☒	☒	☒
- Outreach to Gay/Lesbian/Bisexual/Transgender Organizations	☐	☐	☒	☒	☒	☒	☒
- Outreach to Deaf/Hard of Hearing Community	☐	☐	☒	☒	☒	☒	☒
- Inland AIDS/Community Health Agencies	☐	☐	☒	☒	☒	☒	☒
- Peer Support and Resource Center (Funded through Peer Recovery and Support	☐	☐	☐	☐	☒	☒	☒
Services (SD-05) Budget	☐	☐	☐	☐	☐	☐	☐
- Women's Mental Health Policy Council Champions Project	☐	☐	☒	☒	☒	☒	☒
2) Specific Outreach and Engagement for Ethnic Population	☐	☐	☐	☐	☐	☐	☐
- Outreach Coordinator	☐	☐	☒	☒	☒	☒	☒
- Targeted Networking With Organizations Who Work Predominantly With Ethnic Populations	☐	☐	☒	☒	☒	☒	☒
o Indian Behavioral Health Community Events	☐	☐	☒	☒	☒	☒	☒
o Faith Based Organizations	☐	☐	☒	☒	☒	☒	☒
o Community Organizations (Hispanic)	☐	☐	☒	☒	☒	☒	☒
o Public Health Clinics/Low Cost Health Services	☐	☐	☒	☒	☒	☒	☒
- Community Events	☐	☐	☒	☒	☒	☒	☒

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		Page 2
County: Riverside	Fiscal Year: 2005/06/07	Program Work Plan Name: Outreach and Engagement
Program Work Plan #: OE-06		Estimated Start Date: 4/06
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The goal of the Outreach and Engagement Initiative is to support activities needed to identify populations that are currently unserved or reluctant to receive Mental Health Services and reduce ethnic disparities.	
Priority Population: *Describe the situational characteristics of the priority population*	Outreach and engagement activities for children, transition age youth, adults, and older adults with SMI/SED and their families. Individuals may also have co-occurring substance disorders. Services will be provided to all three regions and will target unserved and ethnically diverse communities.	

	Fund Type			Age Group			
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	FSP	Sys Dev	OE	CY	TAY	A	OA
- Recruitment, Training, and Practice Change	☐	☐	☒	☒	☒	☒	☒
- Ethnic Members on Boards and Committees	☐	☐	☒	☒	☒	☒	☒
- Advisory Committee	☐	☐	☒	☒	☒	☒	☒
- Identification of Target Areas	☐	☐	☒	☒	☒	☒	☒
- Monitoring Progress	☐	☐	☒	☒	☒	☒	☒
(See Section #2 of Outreach and Engagement Work Plan for complete description							
of all strategies listed above.)							

Outreach and Engagement
Work Plan

Outreach and Engagement activities are included in each of the programs proposed by Riverside County for MHSA. These activities identify individuals in the priority populations to be served in the proposed programs. The goal of this Outreach and Engagement Initiative is to support activities needed to identify populations that are currently unserved or reluctant to receive mental health services and to reduce ethnic disparities and barriers.

Currently, the Department serves about 29% of those in need in the community. As services become more available it is important to focus on appropriate ways to target the highest need individuals. The Outreach and Engagement Initiative will include both general community outreach and outreach geared toward ethnic populations specifically. The goal is to provide information and reduce barriers to access and utilization especially for unserved populations. The Department believes, and the community input process stressed, that the following values are essential in our transformation to being an accessible and engaging service system.

a. Respect
b. Understanding
c. Support
d. Inclusion
e. Opportunity
f. Acceptance

Implementing these basic values plus offering hope, quality services and information is key to the Department's efforts at reaching and engaging unserved populations.

1. Population to be served.

The population to be served under the Outreach and Engagement Initiative include children, transition age youth, adults, and older adults with serious mental illness or serious emotional disturbances and their families. Individuals may also have co-occurring substance abuse disorders. Activities will occur across the County and will target unserved populations with special focus on ethnically diverse communities.

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

In order to reach and engage unserved populations, there needs to be outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Currently activities are very limited.

General Community Outreach and Engagement

a. Network of Care

This will address all age categories. The Department is revising the existing County Mental Health Website to include a wide range of easily accessible resources and referral information about mental health services, plus educational information about mental illness and recovery and wellness. Expansion will include implementation of Network of Care beyond the existing Department website. This user friendly website will include translated materials with access phone numbers. Posting of educational trainings and peer and family employment opportunities will also occur. Network of Care also provides a broad range of information through a library link. The Department is also currently working with the 211 agency to ensure good linkage.

b. Informational/Educational Materials

Brochures, handouts and training/educational materials will be developed for distribution for all outreach activities. Materials will include service directories, access phone numbers, warm-lines, peer support activities and the services of the Peer Support and Resource Centers. All materials will be culturally and linguistically appropriate for populations being targeted while promoting recovery and resiliency.

c. All the proposed CSS programs have outreach efforts in collaboration with agencies and the courts plus jails, juvenile halls, hospitals, Probation and the general community (especially through peer and family advocates) as described in each CSS program. This includes homeless outreach.

d. Aggressive follow-up will occur with Gay/Lesbian/ Bisexual/Transgender service organization groups to determine good strategies for engagement of needy individuals and promotion of existing support groups.

e. Aggressive outreach will occur with the deaf community to identify those in need while specific recruitment occurs to hire or contract with deaf clinicians. Meetings will be held with the Riverside School for the Deaf and the local Community Access Center to develop a recruitment plan for hiring deaf clinical staff utilizing the deaf network that they have contact with. Positions already funded under the MHSA will be designated as “hard to recruit” thus, allowing incentives to be available. If a deaf clinician is identified who does not wish to work full time, the Department will contract for any available hours. In the meantime, one current staff who signs will be utilized and paid overtime to work directly with any new deaf clients.

f. Additional meetings will be held with Inland Aids and Community Health Agency to better address barriers to service for those who have HIV/AIDS. The 2005 needs assessment by the Inland Empire HIV Planning Council indicates that 12.9% of those with AIDS needed help with mental health problems. Discussion will be held to

determine how many have severe mental health problems and barriers to them receiving treatment.

g. The Peer Support and Resource Centers will have targeted efforts to reach out to ethnic populations also.

h. The Department will participate in the Women's MH Policy Council Champions Project, which will increase information, knowledge and skills in reaching and serving females of all ages.

Specific Outreach and Engagement Strategies for Ethnic Populations

According to both the 2003-2004 Unmet Needs Study and the Medi-Cal penetration and Retention Report (December 2004) there is a large disparity in the usage of mental health services within our Hispanic population groups. The recent MHSA Planning Process conducted 15 Spanish-speaking focus groups and based upon the needs mentioned there and in the public hearing the Department is proposing strategies to help bridge those gaps and thereby increase the usage of mental health services by the ethnically diverse communities we serve.

As indicated in the analysis of the mental health needs in Riverside County, the greatest unmet need in ethnic populations is in the Hispanic population. The discrepancy appears greatest among females, although the need crosses all ages and both genders. In addition, a large percentage of the Hispanic population is Spanish speaking requiring attention to language barriers. Further the Hispanic population will experience the greatest amount of growth. Thus although outreach efforts will be made toward all ethnic groups, intensive effort must be made to identify and engage Hispanic populations.

Data also indicates that the Pacific Islander population is small but has large unmet needs. Some populations like the Native American population has unmet needs as do all populations and to address cultural barriers specific efforts must be made targeting all these groups with a strong emphasis on the Hispanic population.

Later phases of the MHSA such as prevention/early intervention will allow for extensive anti-stigma campaigns which will help address ethnic disparities in services but within the Community Services and Support Plan there are targeted efforts planned to help identify and engage currently unserved ethnic populations. These efforts will be incorporated into the current Cultural Competency Plan and will work in concert with activities identified there. However, the CSS both provides an opportunity to expand those efforts and requires the addressing of ethnic disparities. Following then are efforts planned to outreach and engage ethnic populations:

The expectation is that all outreach efforts will provide Spanish language materials and identify ethnic and other underserved populations with specific efforts made to reach Hispanic populations.

a. Outreach Coordinator

To ensure a consistent, focused effort a full-time Outreach Coordinator will be hired. This clinically trained person will work closely with the Cultural Competence Committee, the Department's management team and with currently identified staff plus specific staff identified in children and adult services, to do targeted outreach thus ensuring a focused strategy to address ethnic disparities in service access and utilization particularly among the Hispanic population. Clerical support will be hired to help organize materials and activities.

b. Targeted Networking With Organizations Who Work Predominantly With Ethnic Populations

Initially efforts will focus on building strong relationships and clearly understanding the needs of all ethnic groups in the county so longer term strategies can be developed. MHSA planning only started this effort.

1) Indian Behavioral Health

The Department has had two meetings with representatives from Indian Health, Inc. (Behavioral Health Services) to establish relationships and work jointly as needed to provide information on mental health services to the Native American population. Meetings will be ongoing through the implementation phases of the plan to further identify service needs and address access issues and to ensure the mental health needs of Native American populations are adequately and appropriately met.

2) Faith Based Organizations

There will be focus on outreach to faith-based organizations especially those that are Spanish speaking and/or those primarily serving ethnic groups. Staff will meet with church leaders and provide information on services, NAMI trainings, parent supports, warm-lines, support groups, and access information. Other strategies would be to offer specific tours of our service sites, hold a bilingual reception, sponsor or provide speakers for training, and provide education on mental health issues. The NAMI chapters will be included in these efforts whenever possible.

3) Community Organizations Who Work with Hispanic Populations

Organizations will be identified and active networks will be established with key leaders so information about services can be provided and strategies developed to connect into neighborhoods potentially through volunteers and community events.

Spanish materials will be created that give specific and detailed directions on how to access services. This will include access phone numbers, types of questions

they will be asked, how to make an appointment, how to refill medications, are just a few of the suggestions.

4) Public Health Clinics and Low Cost Health Services

Information will be provided in all needed languages for health clinic clients and staff including basic information on mental health problems and how to access services. Recognizing that ethnic populations often access their health providers for mental health problems this interface is especially important.

c. Community Events

Although targeted events in ethnic neighborhoods will occur, general community events are also opportunities to reach a wide diversity of people with information and resources. The first step is providing good information to the community. A conference on mental health issues will be held to increase the visibility of services and engage the broader community in discussion about mental health. Specific efforts will be made in this conference to address ethnic issues.

d. Recruitment, Training and Practice Change

Once individuals and families connect with the Department then engagement is essential. Thus numerous efforts to ensure an appropriately trained staff that are increasingly bilingual and bicultural is important.

1) Cultural Competency Training

Department efforts will focus on training of current staff on ethnically appropriate services. Also, the Department has requested to participate in the California Institute for Mental Health's Culturally Competent Practices Project. The Department has participated in the initial meetings and will continue to pursue these practices through Department resources even if not selected as a pilot county.

2) Recruitment

The Department will continue its 20/20 program and will continue to focus on recruitment of bilingual/bicultural staff in all positions including Office Assistants, Parent Partners, Family Advocates and all clinical staff. Additionally the MSW Stipend Program will be fully utilized to bring on minority MSW students who will, upon graduation, be knowledgeable about the Department and can be hired into full time positions. Intern positions are being increased with MFT programs as well. Currently there is bilingual pay which can act as an incentive in recruitment. More extensive recruitment efforts include job fairs at universities and advertising through ethnic media sites is for planning or in place.

Workshops were provided at the Youth Anti-Stigma Conference in November to encourage youth to consider careers in mental health. The Cultural Competency Committee is developing additional ideas for recruitment of minority staff. Other options are being explored currently such as immersion programs, hiring incentives and longevity bonuses particularly around the bicultural, bilingual Hispanic recruitment.

3) Ethnic Treatment Providers

Focused recruitment will help to identify providers for the Managed Care network who work in minority neighborhoods and who serve predominantly minority populations. The initial priority is Hispanic organizations but Native American providers will also continue to be explored.

4) Language Line

The current Language Line, which provides immediately available translation, will continue although recruitment of permanent bilingual staff is the goal especially in the county's threshold language of Spanish. The line would then be used only for non-threshold languages.

e. Ethnic Members on Boards and Committees

The Department will aggressively recruit ethnic minority representatives to sit on all Mental Health Boards and Committees to ensure the needs of those communities are consistently heard.

f. Advisory Committee

An Advisory Committee of ethnic organizations will be established which will advise the Department on the strategies which will best provide information and outreach into ethnic populations. The Committee will also be able to help identify members for Boards and Committees.

g. Identification of Target Areas

Thorough mapping of the county will occur to identify areas in which to focus outreach efforts to maximize contact into ethnic neighborhoods. The managers for the regions will then be able to better connect and outreach to specific groups in their geographic area of responsibility.

h. Monitoring Progress

Outcomes, client demographics and admissions will be monitored to track ongoing progress in service access/utilization and outcomes for minority populations. Quality

Improvement activities will, among other things, focus on review of charting to meet standards for culturally competent practices.

3. Describe any Housing or Employment Services to be provided.

Housing and employment services are not directly funded under the Outreach and Engagement Initiative. The goal under this plan is to outreach and identify unserved individuals and engage them in mental health services which include supportive housing and employment opportunities.

4. Full Service Partnership

Funding for this initiative will be covered under the Outreach and Engagement category, as it intends to implement a series of activities needed to reach unserved populations. Those identified in outreach efforts may then be eligible to access the full partnership programs designed under MHSA.

5. Recovery Goals

All Outreach and Engagement staff will receive training on the Recovery Model and Principles. The Department envisions staff transformation to Recovery principles as being critical to the success and effectiveness of Outreach and Engagement activities. Recovery modeled programs have proved successful with people with dual diagnosis, homeless, jail diversion, non-compliant individuals, and individuals lacking "insight." By reaching out to the communities and neighborhoods, providing consumer and family member outreach activities, the Department hopes to more successfully engage individuals not receiving services and support them in partnering in their own recovery.

6. Expanding Existing Programs

The Department has had an identified ethnic services coordinator with multiple other responsibilities and a Cultural Competence Committee made up of Department staff which meets once a month. Some health fairs have been attended to provide information and all trainers are asked to incorporate cultural competence into training. The Outreach and Engagement Work Plan provides a major expansion of outreach efforts with full time staff and specific strategies that fully incorporate broad collaborative efforts to identify and implement effective outreach practices and improve engagement in services.

7. Services and Support provided by clients and/or family members.

As previously mentioned, consumers and family operated services are key to transformation of the Department Mental Health System. Consumers and family members will conduct Outreach and Engagement through the Peer Support and Resource Centers, peer support activities in clinics, and the Family Advocacy Programs. The Department has established a goal of including consumers and family members in all

aspects of mental health services and structure including Outreach and Engagement where community volunteers will also be utilized.

8. Collaboration Strategies

The community collaboration efforts are similar to those described in the Peer Recovery and Support Services Work Plan. Many of the outreach efforts will require community collaboration to identify unengaged clients such as homeless and high frequency utilizers. This would include outreach on the streets and targeted neighborhoods, in-patient facilities, jails, and IMD's. Also outreach requires linkage with community support groups of interest to consumer and family members such as AA, NA, and Family-to-Family. Networking efforts with NAMI groups and law enforcement agencies will also be a part of the outreach efforts. The Department will also aggressively work to increase networks with providers such as Indian Health Services, Inland Aids Project, gay and lesbian groups and the deaf community. As previously discussed a key partner is also health providers who often are the point of first contact for individuals with mental health problems.

9. Cultural/Linguistic Competency

The Cultural Competence Committee will be expanded to include representatives from all regions so strategies identified in the committee and information brought forth from other staff can improve the overall efforts. Multiple means to identify cultural practices and to increase bilingual capability is described in the previous sections. Translated materials are being widely distributed for ease in access. Hiring bilingual and bicultural staff that are culturally and linguistically competent is the key to the success of the outreach and engagement activities. Training materials, brochures, and other informational literature will be available in both English and Spanish. Riverside has a contract for translation services that will allow all linguistic disparities to be addressed. Outreach efforts will concentrate on recommendations by the Ethnic Services Committee focused on outreach and engagement to unserved ethnic populations.

10. Service/Support sensitive to sexual orientation, gender sensitivity, and reflect differing psychologies.

Ongoing staff training and educational efforts will be focused on sexual, gender, and cultural issues necessary to engage and appropriately serve diverse populations. Outreach efforts will target existing support networks, such as gay/lesbian, or gender specific groups, to clearly understand and identify barriers that inhibit any of these groups from receiving necessary mental health services and support. The Department has been accepted to participate in the Women's Mental Health Champions Project through the Women's Mental Health Policy Council which will help the Department focus on better understanding the specialized service needs of females and proven service models. Staff have been identified in each region to network and initiate these identified practices plus expand sensitivity to women's unique issues in service delivery.

11. Individuals residing out-of-county.

Outreach and Engagement activities will focus on Riverside County residents. For Riverside County consumers residing out of the County who are needing to engage and access services they may contact the Central Access Team at 1-800-706-7500. Individuals can also receive information on resources and referrals by accessing the Department's county website or the future Network of Care website.

12. Strategies not listed in Section IV.

Non-applicable.

13. Timeline

Identification and recruitment of Outreach and Engagement staff and training will begin in February 2006. Target areas for outreach activities will be identified and implementation will occur following the recruitment and training phase. Outreach and Engagement will be provided ongoing throughout the three-year expenditure period.

14. Program Plan

See Exhibit 5.

15. Quarterly Progress Report

See Exhibit 6.

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

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

Program Workplan #: OE-06 | Date: 12/30/05

Program Workplan Name: Outreach and Engagement | Page ____ of ____

Type of Funding: 3. Outreach and Engagement | 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: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 50 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$24,510			$24,510
c. Employee Benefits	$8,947			$8,947
d. Total Personnel Expenditures	$33,457	$0	$0	$33,457
3. Operating Expenditures				
a. Professional Services	$8,512			$8,512
b. Translation and Interpreter Services	$410			$410
c. Travel and Transportation	$2,819			$2,819
d. General Office Expenditures	$9,439			$9,439
e. Rent, Utilities and Equipment	$5,661			$5,661
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$1,600			$1,600
h. Total Operating Expenditures	$28,441	$0	$0	$28,441
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$61,897**	**$0**	**$0**	**$61,897**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$23,330**			**$23,330**
D. Total Funding Requirements	**$85,227**	**$0**	**$0**	**$85,227**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

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

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

Program Workplan #: OE-06 | Date: 12/30/05

Program Workplan Name: Outreach and Engagement | Page ____ of ____

Type of Funding: 3. Outreach and Engagement | 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: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 50 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Outreach Coord. (MHSS)	*Coordinate outreach activities county wide.*		1.00	$16,342	$16,342
Office Assistant III	*Provide clerical support to Outreach program.*		1.00	$8,168	$8,168
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	2.00		$24,510
C. Total Program Positions		0.00	2.00		$24,510

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

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 24,510
Estimated three months salaries for 2 new program FTEs.	
c. Employee Benefits	$ 8,947
Estimated three months county benefit costs	
d. Total Personnel Expenditures	**$ 33,457**

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 8,512
Estimated three months cost for program trainers and other professional services including development and maintenance of Network of Care web site.	
b. Translation and Interpreter Services	$ 410
Estimated three months cost for program related translation services.	
c. Travel and Transportation	$ 2,819
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 9,439
Estimated three months office supply cost for program staff. This includes postage, printing, educational supplies, other general supplies.	
e. Rent, Utilities and Equipment	$ 5,661
Estimated three months cost of program rent, utilities, building maintenance, equipment rent and communications services for 2 new program staff.	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ 1,600
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 28,441**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ -**
None	
6. Total Proposed Program Budget	**$ 61,897**

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY2005-06
April 1, 2006 through June 30, 2006

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ -
None	
b. Medicare/Patient Fees/Patient Insurance	$ -
None	
c. State General Funds	$ -
None	
d. Other Revenue	$ -
None	
e. Total New Revenues	**$ -**
3. Total Revenues	**$ -**
One-Time CSS Funding Expenditures	
a. Capital Purchases	$ 13,330
Estimated cost of equipping new program staff and acquiring and/or expanding current office space. These costs will include workstations, computers, printers, telephones and vehicles.	
b. Training and Materials	$ 10,000
Estimated cost for staff training on cultural competence (spread over the remaining two years).	
C. Total One-Time CSS Funding Expenditures	**$ 23,330**
See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.	
D. Total Funding Requirements	**$ 85,227**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	OE-06
Program Work Plan Name:	Outreach and Engagement
Fiscal Year: 2005-06	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults											

	System Development		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Actual**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	50	See All Work Plans							50		50	

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

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

Program Workplan #: OE-06 | Date: 12/30/05

Program Workplan Name: Outreach and Engagement | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$98,039			$98,039
c. Employee Benefits	$35,787			$35,787
d. Total Personnel Expenditures	$133,826	$0	$0	$133,826
3. Operating Expenditures				
a. Professional Services	$34,047			$34,047
b. Translation and Interpreter Services	$1,641			$1,641
c. Travel and Transportation	$11,276			$11,276
d. General Office Expenditures	$2,754			$2,754
e. Rent, Utilities and Equipment	$22,645			$22,645
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$41,399			$41,399
h. Total Operating Expenditures	$113,762	$0	$0	$113,762
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$247,588**	**$0**	**$0**	**$247,588**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$247,588**	**$0**	**$0**	**$247,588**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

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

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

Program Workplan #: OE-06 | Date: 12/30/05

Program Workplan Name: Outreach and Engagement | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Outreach Coord. (MHSS)	*Coordinate outreach activities county wide.*		1.00	$65,367	$65,367
Office Assistant III	*Provide clerical support to Outreach program.*		1.00	$32,672	$32,672
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	2.00		$98,039
C. Total Program Positions		0.00	2.00		$98,039

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

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY 2006-07

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 98,039
Estimated annual salaries for 2 new program FTEs.	
c. Employee Benefits	$ 35,787
Estimated annual county benefit costs	
d. Total Personnel Expenditures	**$ 133,826**

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY 2006-07

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 34,047
Estimated annual cost for program trainers and other professional services including development and maintenance of the Network of Care web site.	
b. Translation and Interpreter Services	$ 1,641
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 11,276
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 2,754
Estimated annual office supply cost for program staff. This includes postage, printing, educational supplies, other general supplies.	
e. Rent, Utilities and Equipment	$ 22,645
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for 2 new program staff.	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ 41,399
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 113,762**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ -**
None	
6. Total Proposed Program Budget	**$ 247,588**

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY 2006-07

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ -
None	
b. Medicare/Patient Fees/Patient Insurance	$ -
None	
c. State General Funds	$ -
None	
d. Other Revenue	$ -
None	
e. Total New Revenues	**$ -**
3. Total Revenues	**$ -**
C. One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 247,588**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	OE-06
Program Work Plan Name:	Outreach and Engagement
Fiscal Year: 2006-07	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Actual	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	600	See All Work Plans	150		150		150		150		600	

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

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

Program Workplan #: OE-06 | Date: 12/30/05

Program Workplan Name: Outreach and Engagement | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: (951) 358-4554

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		$0		$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$98,039			$98,039
c. Employee Benefits	$35,787			$35,787
d. Total Personnel Expenditures	$133,826	$0	$0	$133,826
3. Operating Expenditures				
a. Professional Services	$34,047			$34,047
b. Translation and Interpreter Services	$1,641			$1,641
c. Travel and Transportation	$11,276			$11,276
d. General Office Expenditures	$2,754			$2,754
e. Rent, Utilities and Equipment	$22,645			$22,645
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$41,399			$41,399
h. Total Operating Expenditures	$113,762	$0	$0	$113,762
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$247,588**	**$0**	**$0**	**$247,588**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue (Department of Rehabilitation)				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$247,588**	**$0**	**$0**	**$247,588**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

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

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

Program Workplan #: OE-06 | Date: 12/30/05

Program Workplan Name: Outreach and Engagement | Page ____ of ____

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

Proposed Total Client Capacity of Program/Service: 600 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Maria T. Mabey

Client Capacity of Program/Service Expanded through MHSA: 600 | Telephone Number: (951) 358-4554

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Outreach Coord. (MHSS)	*Coordinate outreach activities county wide.*		1.00	$65,367	$65,367
Office Assistant III	*Provide clerical support to Outreach program.*		1.00	$32,672	$32,672
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	2.00		$98,039
C. Total Program Positions		0.00	2.00		$98,039

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

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY 2007-08

	Budget Amount
A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$ -
None	
b. Travel and Transportation	$ -
None	
c. Housing	
i. Master Leases	$ -
None	
ii. Subsidies	$ -
None	
iii. Vouchers	$ -
None	
iv. Other Housing	$ -
None	
d. Employment and Education Supports	$ -
None	
e. Other Support Expenditures	$ -
None	
f. Total Expenditures	**$ -**
2. Personnel Expenditures	
a. Current Existing Personnel Expenditures	
None	
b. New Additional Personnel Expenditures	$ 98,039
Estimated annual salaries for 2 new program FTEs.	
c. Employee Benefits	$ 35,787
Estimated annual county benefit costs	
d. Total Personnel Expenditures	**$ 133,826**

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY 2007-08

	Budget Amount
3. Operating Expenditures	
a. Professional Services	$ 34,047
Estimated annual cost for program trainers and other professional services including development and maintenance of the Network of Care web site.	
b. Translation and Interpreter Services	$ 1,641
Estimated annual cost for program related translation services.	
c. Travel and Transportation	$ 11,276
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
d. General Office Expenditures	$ 2,754
Estimated annual office supply cost for program staff. This includes postage, printing, educational supplies, other general supplies.	
e. Rent, Utilities and Equipment	$ 22,645
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for 2 new program staff.	
f. Medication and Medical Supports	$ -
None	
g. Other Operating Expenses.	$ 41,399
Estimated program overhead charges including liability, malpractice and property insurance.	
h. Total Operating Expenses	**$ 113,762**
4. Program Management	
5. Estimated Total Expenditures when service provider is not known	**$ -**
None	
6. Total Proposed Program Budget	**$ 247,588**

Riverside County MHSA Community Services and Supports
Budget Narrative
Outreach and Engagement
Plan OE - 06 - FY 2007-08

	Budget Amount
B. Revenues	
1. Existing Revenues	
a. Medi-Cal (FFP only)	$ -
N/A	
b. Medicare/Patient Fees/Patient Insurance	$ -
N/A	
c. Realignment	$ -
N/A	
d. State General Funds	$ -
N/A	
f. Grants	$ -
N/A	
g. Other Revenue	$ -
N/A	
h. Total Existing Revenues	**$ -**
2. New Revenues	
a. Medi-Cal (FFP only)	$ -
None	
b. Medicare/Patient Fees/Patient Insurance	$ -
None	
c. State General Funds	$ -
None	
d. Other Revenue	$ -
None	
e. Total New Revenues	**$ -**
3. Total Revenues	**$ -**
C. One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 247,588**

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

Estimated/Actual Population Served

County: Riverside	
Program Work Plan #:	OE-06
Program Work Plan Name:	Outreach and Engagement
Fiscal Year: 2007-08	
(please complete one per fiscal year)	

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child/Youth											
	Transition Age Youth											
	Adults											
	Older Adults											
	System Development		**Qtr 1**		**Qtr 2**		**Qtr3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
	Total Number to be served	Services/Strategies	Actual	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	600	See All Work Plans	150		150		150		150		600	

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

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

Date: 12/30/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		1.00	$17,895
b. MHSA Support Staff		3.00	$27,195
c. Other Personnel (list below)			
i. Housing Developer		1.00	$17,895
ii. Housing Specialist I (Behavioral Health Specialist II)		3.00	$26,839
iii. Client Affairs Advocate	1.00	1.00	$10,577
iv. Research Specialist I		1.00	$11,388
v.			
vi.			
vii.			
d. Total FTEs/Salaries	1.00	10.00	$111,788
e. Employee Benefits			$43,907
f. Total Personnel Expenditures			$155,695
2. Operating Expenditures			
a. Professional Services			$5,603
b. Travel and Transportation			$1,257
c. General Office Expenditures			$2,713
d. Rent, Utilities and Equipment			$22,307
e. Other Operating Expenses (provide description in budget narrative)			$6,303
f. Total Operating Expenditures			$38,184
3. County Allocated Administration			
a. Countywide Administration (A-87)			$312,428
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			$312,428
4. Total Proposed County Administration Budget			**$506,306**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			**$54,324**
D. Total County Administration Funding Requirements			**$560,630**

COUNTY CERTIFICATION

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

Date: 1-10-06

Signature _____
Local Mental Health Director

Executed at Riverside, California August 1, 2005

Riverside County MHSA Community Services and Supports
Budget Narrative
Administration Budget
FY2005-06
April 1, 2006 through June 30, 2006

	Buget Amount
A. Expenditures	
1. Personnel Expenditures	$ 111,788
Estimated three months salaries for 10 new program FTEs, 1 of which is anticipated to be staffed by client, family member and or caregiver.	
Employee Benefits	$ 43,907
Estimated three months county benefits costs.	
d. Total Personnel Expenditures	**$ 155,695**
2. Operating Expenditures	
a. Professional Services	$ 5,603
Estimated three months cost for program consultants and other professional services.	
b. Travel and Transportation	$ 1,257
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
c. General Office Expenditures	$ 2,713
Estimated three months office supply cost for program staff. This includes postage, printing and other general supplies.	
d. Rent, Utilities and Equipment	$ 22,307
Estimated three months cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 10 new program staff.	
e. Other Operating Expenses.	$ 6,303
Estimated program overhead charges including liability, malpractice and property insurance.	
f. Total Operating Expenses	**$ 38,184**
3. County Allocated Administration	
a. Countywide Administration (A-87)	$ 312,428
Estimated department administrative overhead costs and countywide administration costs to support the proposed MHSA programs for three months.	
b. Other Administration	$ -
c. Total County Allocated Administration	$ 312,428
4. Total Proposed County Administration Budget	**$ 506,306**

Riverside County MHSA Community Services and Supports
Budget Narrative
Administration Budget
FY2005-06
April 1, 2006 through June 30, 2006

	Buget Amount
B. Revenues	
1. New Revenues	
a. Medi-Cal (FFP only)	$ -
None	
b. Other Revenue	$ -
None	
2. Total Revenues	**$ -**
One-Time CSS Funding Expenditures	
a. Start-Up Costs	$ 54,324
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones and vehicles.	
C. Total One-Time CSS Funding Expenditures	**$ 54,324**
D. Total Funding Requirements	**$ 560,630**

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

County(ies): Riverside

Fiscal Year: 2006-07

Date: 12/30/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		1.00	$71,579
b. MHSA Support Staff		3.00	$108,779
c. Other Personnel (list below)			
i. Housing Developer		1.00	$71,579
ii. Housing Specialist I (Behavioral Health Specialist II)		3.00	$107,355
iii. Client Affairs Advocate	1.00	1.00	$42,309
iv. Research Specialist I		1.00	$45,550
v.			
vi.			
vii.			
d. Total FTEs/Salaries	1.00	10.00	$447,151
e. Employee Benefits			$175,628
f. Total Personnel Expenditures			$622,779
2. Operating Expenditures			
a. Professional Services			$17,651
b. Travel and Transportation			$9,789
c. General Office Expenditures			$10,852
d. Rent, Utilities and Equipment			$89,229
e. Other Operating Expenses (provide description in budget narrative)			$25,213
f. Total Operating Expenditures			$152,734
3. County Allocated Administration			
a. Countywide Administration (A-87)			$1,249,722
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			$1,249,722
4. Total Proposed County Administration Budget			**$2,025,235**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			**$0**
D. Total County Administration Funding Requirements			**$2,025,235**

COUNTY CERTIFICATION

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

Date: 1-10-06

Signature _____

Local Mental Health Director

Executed at Riverside, California

August 1, 2005

Riverside County MHSA Community Services and Supports
Budget Narrative
Administration Budget
FY 2006-07

	Budget Amount
A. Expenditures	
1. Personnel Expenditures	$ 447,151
Estimated annual salaries for 10 new program FTEs, 1 of which is anticipated to be staffed by client, family member and or caregiver.	
Employee Benefits	$ 175,628
Estimated annual county benefits costs.	
d. Total Personnel Expenditures	**$ 622,779**
2. Operating Expenditures	
a. Professional Services	$ 17,651
Estimated annual cost for program consultants and other professional services.	
b. Travel and Transportation	$ 9,789
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
c. General Office Expenditures	$ 10,852
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
d. Rent, Utilities and Equipment	$ 89,229
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 10 new program staff.	
e. Other Operating Expenses.	$ 25,213
Estimated program overhead charges including liability, malpractice and property insurance.	
f. Total Operating Expenses	**$ 152,734**
3. County Allocated Administration	
a. Countywide Administration (A-87)	$ 1,249,722
Estimated department administrative overhead costs and countywide administration costs to support the proposed MHSA programs for full year.	
b. Other Administration	$ -
c. Total County Allocated Administration	$ 1,249,722
4. Total Proposed County Administration Budget	**$ 2,025,235**

Riverside County MHSA Community Services and Supports
Budget Narrative
Administration Budget
FY 2006-07

	Budget Amount
B. Revenues	
1. New Revenues	
a. Medi-Cal (FFP only)	$ -
None	
b. Other Revenue	$ -
None	
2. Total Revenues	**$ -**
One-Time CSS Funding Expenditures	
None	$ -
C. Total One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 2,025,235**

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

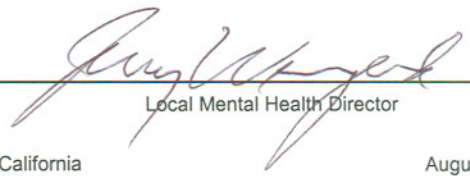
County(ies): Riverside Fiscal Year: 2007-08

Date: 12/30/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		1.00	$71,579
b. MHSA Support Staff		3.00	$108,779
c. Other Personnel (list below)			
i. Housing Developer		1.00	$71,579
ii. Housing Specialist I (Hehavioral Health Specialist II)		3.00	$107,355
iii. Client Affairs Advocate	1.00	1.00	$42,309
iv. Research Specialist I		1.00	$45,550
v.			
vi.			
vii.			
d. Total FTEs/Salaries	1.00	10.00	$447,151
e. Employee Benefits			$175,628
f. Total Personnel Expenditures			$622,779
2. Operating Expenditures			
a. Professional Services			$17,651
b. Travel and Transportation			$9,789
c. General Office Expenditures			$10,852
d. Rent, Utilities and Equipment			$89,229
e. Other Operating Expenses (provide description in budget narrative)			$25,213
f. Total Operating Expenditures			$152,734
3. County Allocated Administration			
a. Countywide Administration (A-87)			$1,249,722
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			$1,249,722
4. Total Proposed County Administration Budget			**$2,025,235**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			**$0**
D. Total County Administration Funding Requirements			**$2,025,235**

COUNTY CERTIFICATION

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

Date: 1-18-06 Signature 

Local Mental Health Director

Executed at Riverside, California August 1, 2005

Riverside County MHSA Community Services and Supports
Budget Narrative
Administration Budget
FY 2007-08

	Budget Amount
A. Expenditures	
1. Personnel Expenditures	$ 447,151
Estimated annual salaries for 10 new program FTEs, 1 of which is anticipated to be staffed by client, family member and or caregiver.	
Employee Benefits	$ 175,628
Estimated annual county benefits costs.	
d. Total Personnel Expenditures	**$ 622,779**
2. Operating Expenditures	
a. Professional Services	$ 17,651
Estimated annual cost for program consultants and other professional services.	
b. Travel and Transportation	$ 9,789
Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	
c. General Office Expenditures	$ 10,852
Estimated annual office supply cost for program staff. This includes postage, printing and other general supplies.	
d. Rent, Utilities and Equipment	$ 89,229
Estimated annual cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 10 new program staff.	
e. Other Operating Expenses.	$ 25,213
Estimated program overhead charges including liability, malpractice and property insurance.	
f. Total Operating Expenses	**$ 152,734**
3. County Allocated Administration	
a. Countywide Administration (A-87)	$ 1,249,722
Estimated department administrative overhead costs and countywide administration costs to support the proposed MHSA programs for full year.	
b. Other Administration	$ -
c. Total County Allocated Administration	$ 1,249,722
4. Total Proposed County Administration Budget	**$ 2,025,235**

Riverside County MHSA Community Services and Supports
Budget Narrative
Administration Budget
FY 2007-08

	Budget Amount
B. Revenues	
1. New Revenues	
a. Medi-Cal (FFP only)	$ -
None	
b. Other Revenue	$ -
None	
2. Total Revenues	**$ -**
One-Time CSS Funding Expenditures	
None	$ -
C. Total One-Time CSS Funding Expenditures	**$ -**
D. Total Funding Requirements	**$ 2,025,235**

One Time Funding Summary
Fiscal Year 2005-2006

This summary is provided to help clarify the intended use of One Time Funding. These allocations are included in the detailed budget worksheets and narrative sections within the individual work plans.

One-time funding is being requested by the Department to support efforts to expand and transform the mental health programs and services according to the requirements of the MHSA. Activities that will benefit from one-time funding will include housing, training, system improvement funding, start up costs, training and administration.

HOUSING **$4,986,105**

Riverside County recognizes that stable housing is the cornerstone of recovery. In order to support consumers of all age groups through the various stages of recovery there needs to be a continuum of housing resources and support. Housing must be safe and clean. Housing support must be provided with dignity and respect. Establishing a continuum of housing and supports consistent with the goals of MHSA to reduce homelessness will require collaborative efforts between the Department of Mental Health, developers, grantors of funding, financial institutions, housing providers, regulatory agencies, local planners, mental health teams, consumers and families.

Through the MHSA Riverside County Department of Mental Health proposes to establish a Housing Development and Support Program detailed in the CSS Adult Work Plan. This unit will focus full time on development of housing options including both short and long term strategies for transition age, adult, and older adult populations. Housing to be developed includes short term, transitional, and permanent housing. One-time funds will assist with this development as it is used for start up or for leveraging or matching other State and Federal funds. Other options such as master leasing and rental subsidies will be fully explored. Emergency shelter vouchers will be expanded and security and utility deposits made available. Local work with Economic Development Agency and Social Services has already identified a 25 bed permanent housing opportunity that will require one-time funds to fulfill grant requirements. As these opportunities are identified, funding must be available to help ensure success. As the local housing coalition agencies attend the State sponsored training academics along with mental health staff all housing options will be fully evaluated and creative solutions developed.

START UP COSTS **$5,489,771**

One-time funds that have been budgeted for start up costs will be requested in the beginning stages of implementation. These funds will be necessary to support the program development and implementation for County and contract providers.

- **Information Technology Improvements:** One-time funds will be used to develop Electronic Health Records, which will be an important piece of the new Information System that will be purchased in the near future. Computers and laptops will be purchased to support new staff and allow programs to add consumer tools such as computer assisted diagnostic testing.
- **Capital and Equipment Purchases:** To support the Department in the planned MHSA development and expansion, one-time funds will be used to purchase such things as vehicles, office equipment and furniture.
- **Building Improvements:** Costs such as clinic building improvements will be part of the CSS one-time funds used for start up activities.
- **Contractor Start-Up:** Contractors may be assisted to purchase equipment or assist with tenant improvements to keep ongoing operation costs down.

TRAINING **$1,569,800**

Training will become an integral part of the MHSA implementation. All training will be open for consumers and family members to attend. There will be training targeted to staff, consumers, family members and contract providers. The Department will be rolling out the majority of the training within the beginning stages of the implementation. As the majority of staff becomes trained, funds will be requested as needed to keep staff up to date and to train any new staff members. One-time funds have been requested in the amount of $1,569,800 for training needed to implement the recovery vision and to implement the proposed evidence based practices.

Overall Program Training
One-time funds have been allocated within each age groups budget for training staff in concepts, philosophies, and practices that support MHSA driven system transformation process. The types of training that will be conducted are:

- **Wellness and Recovery**: As we transform our system, staff will need to be trained to embrace the recovery and wellness movement. All new and current specialty staff will be trained in philosophies similar to those that can be found in Ragins' Village Model. Training will be ongoing and comprehensive. These trainings would focus on the consumer's choice, ongoing involvement in developing the services, empowerment, dignity and respect, and feelings of hope. Recovery modeled programs have proved successful with people with dual diagnosis, homeless, jail diversion, non-compliant individuals, and individuals lacking "insight." Supervisors will be trained on how to supervise staff to these models and be instructed to review employee performance from a recovery framework.

- **Cultural Competency**: All specialty Mental Health staff will be trained in cultural competencies for all linguistic and cultural populations within the consumer population. This will be accomplished through the Department's training program. Speakers and trainers will be sought to educate Department staff. Department efforts will focus on training of current staff on ethnically appropriate services. The Department has requested to participate in California Institute for Mental Health's Culturally Competent Practices Project. The Department has participated in the initial meetings and will continue to pursue these practices through Department resources even if not selected as a pilot county.

- **Gender and Sexuality Issues:** Staff will be trained in gender appropriate practices related to youth, adults and older adults. Training will also be provided on a regular basis to all staff related to gay, lesbian, bisexual and transgender treatment issues.

- **Identification and Treatment of Co-Occurring Disorders**: Staff will be trained in motivational interviewing, family-based substance abuse interventions, structural interventions that employ cognitive behavioral approaches and 12 step recovery groups.

- **Peer Services**: Staff will be trained on working with consumer and family members as team members, consumers, and family members will receive training on the role of peer support. Supervisors will be trained on issues in supervising consumers and family members as team members.

Program Specific Training

The MHSA CSS Programs have allocated one-time funding for training. The trainings listed below are representative of the program-specific topics that would be covered. These trainings will usually support the strategies that are targeted to that program's particular age group.

Children's: Types of trainings that will be conducted within the Children's program are based on evidence-based models which will serve to promote system transformation within:

- Parent Support Expansion
- Multidimensional Family Therapy
- Multidimensional Treatment Foster Care
- Evidence Based Practices in Parenting
- Parent Child Interactive Training
- Cognitive Behavioral Therapy
- Aggression Replacement Training

More information on these trainings can be found within the Narrative Section of the Children's Work Plan.

Transitional Age Youth: Training offered that will be specific to this age group will be:

- **Needs of Youth in Transition:** The staff, consumers and families/caregivers will have specific training and will focus on the unique needs of youth in transition. This will include specialized training on transition age young women.

- **Benefits for TAY:** Due to the complexity of benefits and entitlements available to youth in transition, a Benefits Specialist will provide training to ISRC-TAY and other clinic staff on benefits issues for this population. The Benefits Specialist will also provide training and education to consumers to increase their skills at negotiating insurance, benefits, etc.

Older Adult: Training programs will be developed and provided to board and care operators, where current older adult consumers reside. The focus of the training would be to decrease the inappropriate use of after hours resources namely police, paramedics, fire and emergency rooms. The trainings will be a series of ten sessions lasting from 1½ - 2 hours educating board and care staff about community resources, aging and mental health. The presentations will occur at the residential care facilities. The linguistic and cultural considerations of the board and care staff will be accommodated. Materials will be translated into primary language of the caregiver to maximize the learning. Six to eight trainings would be provided.

Adult: Training offered that will be specific to this age group will be:

- **Housing Training:** Education and support for housing providers/staff and mental health providers in order to promote safe and clean housing and to insure that services are provided with dignity and respect. This training on a variety of topics would assist housing providers and staff that provide supportive services. Examples of training would be: understanding mental illness, cultural competency, values and approaches consistent with recovery, co-occurring substance abuse disorders, issues of aging, etc.

- **Consumer/Family Training:** In addition to training for staff, specialized training for the adult consumers and their families would focus on illness self-management skills, education about mental illness, strengthening coping skills, and prevention of relapse. Emphasis would be placed upon building skills within the identified populations.

ADMINISTRATION – START UP **$54,325**

Research mapping, a computer system and printer plus 5 FTE start up costs will be funded from this section of the CSS One Time budget.

QUARTERLY DISTRIBUTION OF FUNDS

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
FY 2005/06				2,596,744	2,596,744
FY 2006/07	1,460,721	1,460,721	1,585,721	1,585,721	6,092,884
FY 2007/08	790,093	790,093	915,093	915,093	3,410,372

Total One-Time CSS Funding **$12,100.00**

EXHIBIT 7

CASH BALANCE QUARTERLY REPORT

(Form attached, data to be provided at the end of the first quarter that services are provided.)

Mental Health Services Act Cash Balance Quarterly Report

County Riverside
MHSA Component Comm. Services and Supports

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

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

COUNTY CERTIFICATION

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

Signature _____

Name and Title _____

E-Mail Address _____

Telephone Number _____

Appendices

Appendix A	Stakeholder Leadership Committee Membership
Appendix B	MHSA Flow Chart
Appendix C	Focus Group Attendance Summary
Appendix D	Jefferson Transitional Program Consumer Training Matrix
Appendix E	Documents Posted on Department's MHSA Website
Appendix F	Public Hearing Documentation
Appendix G	Mental Health Community Needs Analysis

Appendix A

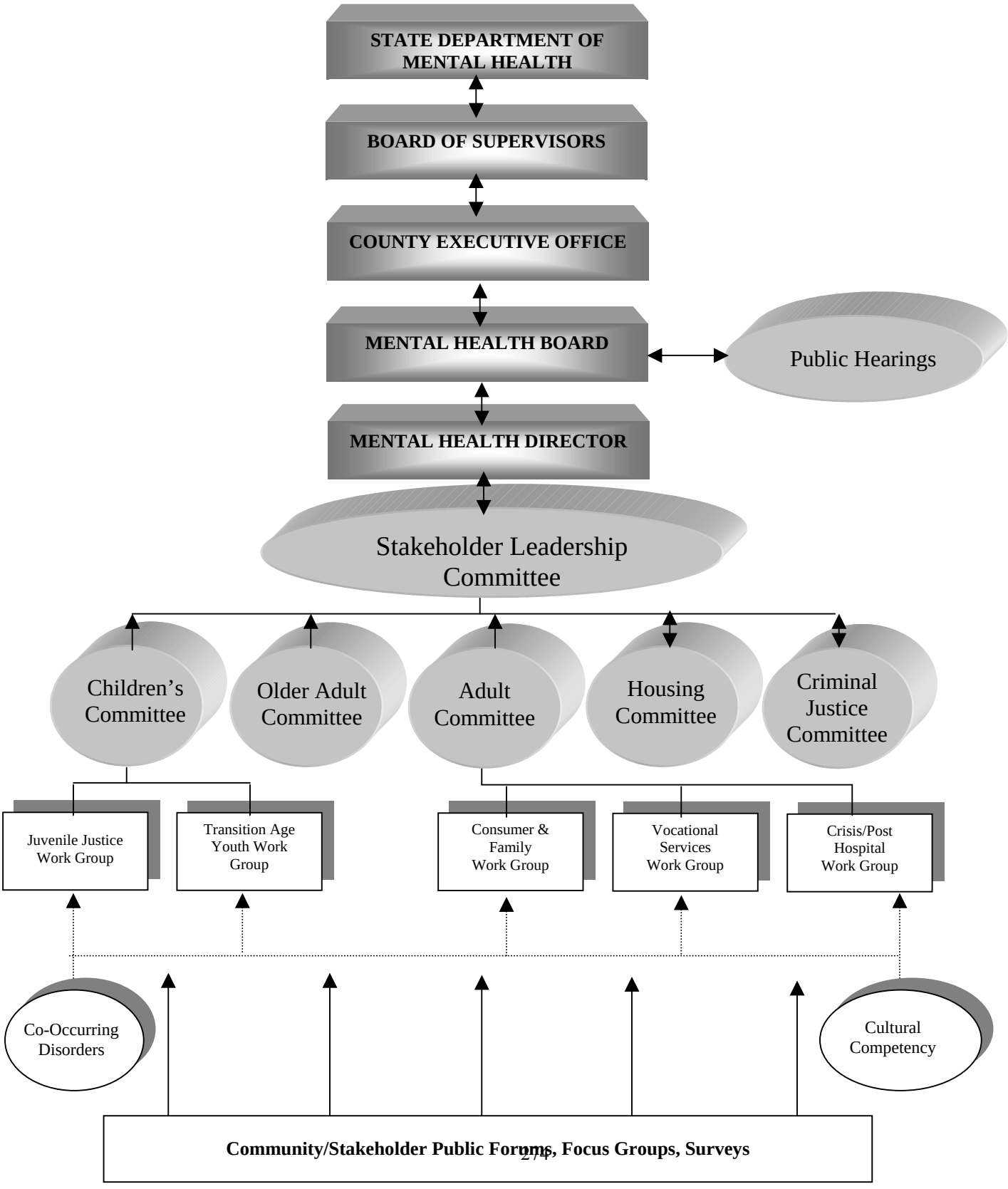
Stakeholder Leadership Committee

Membership

Riverside County, Department of Mental Health, Clinical Staff
Community Health Agency/Public Health
Consumer, Desert Region
Consumer, Mid-County Region
Consumer, Older Adults
Consumer, Western Region
Contract Provider
Department of Public Social Services
Riverside County, Executive Office
Family Member, Children's Services
Family Member, Adult Services
LIUNA (employee union)
Riverside County, Department of Mental Health, Management Staff
Mental Health Board Chair
Probation
Riverside County, Office of Education
Riverside County, Department of Mental Health, Program Chief
SEIU (employee union)
Sheriff's Department
Supervisor Jeff Stone's Office
Supervisor Marion Ashley's Office
Riverside County, Department of Mental Health, Supervisory Staff

Staff Support: MHSA Coordinator

Appendix B
Riverside County Mental Health Services Act
Flow Chart



Appendix C

FOCUS GROUP ATTENDANCE SUMMARY

Consumer, Family, and Community Focus Group Attendance Breakdown

	# Of Sessions	# Of Attendants	Spanish-Speaking
Family Members of Children Consumers	12	52	4
Family Members of Adult Consumers	10	129	3
Youth Consumers	2	14	0
Adult Consumers	28	285	0
Older Adult Consumers	7	82	3
Community (All ages)	18	231	5
Agencies (Serving all ages)	4	86	0
TOTAL	**81**	**879**	**15**

Specialty Focus Groups

	# Of Sessions	# Of Attendants	Spanish-Speaking
Housing Providers	3	24	0
County MH Staff	18	224	0
Sub Total	**21**	**248**	**0**

Regional Attendance Summary

	Western	Mid-County	Desert
Consumer, Family, & Community	44	15	22
Specialty	11	4	6
Total	55	19	28

Total Focus Group and Attendance Summary

	# of Sessions	# of Attendants	Spanish Speaking
Total	102	1127	15

Appendix D

Jefferson Transitional Program Consumer Training Matrix

Jefferson Transitional Programs Training Activities Matrix March 15 thru June15, 2005

TRAINING EVENT	PRESENTER	DESCRIPTION OF TRAINING	NUMBER ATTENDED	FUNCTION	DATE
Description Orientation and Participation Seminar	Susan J. Hoffman	Information, education and training seminar on Description and related topics[1]	14*	A C D	March 30,2005
Description Orientation and Participation Seminar	Susan J. Hoffman/ Ashleigh Martinez	Information, education and training seminar on Description and related topics[1]	14*	A C D	March 31,2005
Description Orientation and Participation Seminar	Ashleigh Martinez	Information, education and training seminar on Description and related topics[1]	12*	A C D	April 1, 2005
Description Orientation and Participation Seminar	Ashleigh Martinez	Information, education and training seminar on Description and related topics[1]	5*	A C D	April 6, 2005
Focus Group and Facilitator Training	Ashleigh Martinez/ Sue Moreland	Information, education and training on focus group process and focus group facilitation. [2]	15*		April 8, 2005
Focus Group and Facilitator Training	Ashleigh Martinez	Information, education and training on focus group process and focus group facilitation. [2]	8*		April 13, 2005
Description Orientation and Participation Seminar	Ashleigh Martinez	Information, education and training seminar on Description and related topics[1]	4*	A C D	May 5, 2005
DESCRIPTION CSS the processes and data analysis required	Ashleigh Martinez	Review of the CSS May 18, 2005 Draft and Technical Assistance Document [3]	13*		June 13,2005

*The number of attendees does not reflect the number invited. Also, due to cross trainings, dropouts and those who chose not to participate after the trainings, the #'s shown are not an indication of the # currently participating.

DETAIL SUMMARIES

An orientation of JTP, it's staff, necessary office logistics etc, and services available was offered to each participant on their initial visit to the agency.

The **Orientation Conferences** were held Jefferson Transitional Programs in Riverside. Each conference lasted 7 to 8 hours and provided both Breakfast and Lunch.

[1] - The information, education and training on MHSA related topics included the following:

a) Hand outs on MHSA and the CSS planning process.

b) An explanation and description of the various ways for consumers to serve in the CCS planning process.

c) Each attendee received a hand book *"How We Can Change our World through Serving on Boards and Committees"* co-written by consumer Susan J Hoffman and published by NAMI Texas.

d) Comprehensive education and training committees, including: general structure, common processes and how committees function as a whole

e) What commitment of committee service would entail (ie.,opportunities and responsibilities)

The **Focus Group and Facilitation** trainings were held at JTP. Classes lasted 7 to 8 hours with both breakfast and lunch provided.

[2]-The information, education and training on focus group process and focus group facilitation covered included the following materials and activities:

a) Basic information and hand outs on MHSA and the CSS planning process.
b) Information and training on overall structure, process and purpose of a focus group
c) Hand book on Facilitation Basis by Nancy Taylor
d) Information, education and training on the role of a facilitator and special techniques in dealing with possible difficulties involving audience participation.
e) Comprehensive education and training on the roles and responsibilities of individual committee members

The **Review of the CCS and Technical Assistance** was provided to all consumers working on the various MHSA committees and work groups. The training was held at the suggestion of the RCMH Planning Coordination Committee. It's intention was to offer consumers a more in-depth understanding of CSS requirements in order to prepare them for the continuing work on their prospective committees.

[3] - The **CSS and Technical Assistance** training consisted of the following:

a) a copy of the latest CSS draft
b) a copy of the correlating Technical Assistance Document
c) a copy of MHSA vision and purpose
d) the development of the CSS was discussed (including the many meetings, discussion groups and stakeholder input)
e) review, explanation and discussion of the following :
   1) P2, of the CCS around the expected contributions of each county.
   2) P3,4,5 & 6 including the General Requirements and The Essential Elements
   3) P7 & 8 on The Three Types of Transformation Funding Available.
   4) Section I - and the required process involved in Identifying Community Issues
   5) Section II - and the required process of Analyzing the Mental Health needs of the Community and MHSA definitions of the Underserved, Underserved and Fully Served.
   6) Section III - The requirement of identifying Initial Full-Service Populations and the required processes involved in making that decision.

Appendix E

Documents Posted on Department's MHSA Website

COUNTY OF RIVERSIDE

Department of Mental Health

JERRY WENGERD, Director

November 9, 2005

Dear Stakeholder and Interested Community Member:

The Riverside County Department of Mental Health is completing its planning for the Community Services and Supports (CSS) component of the Mental Health Services Act (MHSA). We are pleased to announce that the CSS DRAFT Plan is now available for 30-day public review.

The CSS component is the second of six to be released by the State Department of Mental Health and represents $16.7 million. These CSS services and supports are designed to enhance mental health services for children and youth with serious emotional disturbances and for transition age youth, adults, and older adults with serious mental illness.

The CSS DRAFT Plan is the result of a broad planning process that included a review of the strengths and weaknesses of the current system, identification of the community issues, needs and priority populations plus discussion of proposed strategies to address those needs and populations. This review helped to identify an overall vision for transformation of the Mental Health System over the next three years. This vision is what drove the proposed services in the CSS DRAFT Plan. Age specific MHSA committees with community, agency, consumer and family representation determined the priorities for funding.

The goal is to transform the current system into one that is accessible to all, responsive to needs, supportive, actively involves consumers and family members, is collaborative, integrated, culturally competent, focused on resilience and recovery. This plan expands services for new populations and also expands the range and intensity of services available to ensure a recovery-based approach.

We invite you to review the draft of the CSS Plan over the next 30 days and provide us with your comments. The draft CSS Plan, Executive Summary and a CSS feedback form are available on the Department of Mental Health website at:

http://mentalhealth.co.riverside.ca.us/mhsa.html.

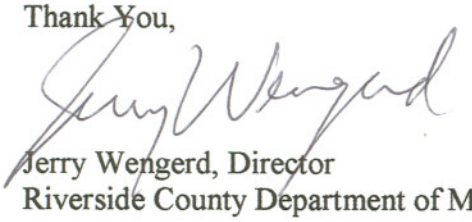
Hard copies will also be made available at designated sites, which will include outpatient clinics and community centers. A list of these sites will be available on the website or you can call (800) 479-4800. Comments may be made via email or mailed. In addition, there will be three Public

Hearings held by the Mental Health Board in order to receive comments from all interested persons. There will be one in each region and they will be held in early December. Check the website indicated above for times, dates and locations.

The comment period will end the day after the last Public Hearing. Riverside County Department of Mental Health staff will then finalize the plan and seek final approval from the Mental Health Board and the Board of Supervisors. The final CSS Plan will be submitted to the State Department of Mental Health after the Board of Supervisors review and approval. The State Department Mental Health then has up to three months to review and approve the plan; implementation can then begin immediately.

We look forward to your participation in assuring that the CSS Plan addresses unmet mental health needs in our community and moves us closer to transforming our mental health system.

Thank You,



Jerry Wengerd, Director
Riverside County Department of Mental Health

CONDADO DE RIVERSIDE

Departamento de Salud Mental

JERRY WENGERD, Director

9 de noviembre del 2005

Estimados Proveedores de Servicios y Miembros Interesados de la Comunidad:

El Departamento de Salud Mental del Condado de Riverside está finalizando su planificación para los Servicios Comunitarios y Servicios de Apoyo (CSS por sus siglas en inglés), uno de los componentes del Decreto de Servicios de Salud Mental conocido por sus siglas en inglés como MHSA. Nos complace anunciar que el Borrador del Plan CSS se encuentra actualmente disponible por 30 días para revisión pública.

El componente CSS es el segundo de seis que ha sido publicado por el Departamento Estatal de Salud Mental y representa $16.7 millones. Los servicios del CSS y los servicios de soporte están diseñados para mejorar los servicios de salud mental para niños y jóvenes que padecen de disturbios emocionales severos, para los jóvenes que están pasando por la etapa de transición de edad, y para adultos y ancianos que padecen de serias enfermedades mentales.

El Borrador del Plan CSS es el resultado de un proceso extenso de planificación, el cual incluyó un análisis de los aspectos buenos y de las debilidades del sistema actual de salud mental, la identificación de los problemas que surgen en la comunidad por la falta de servicios, la identificación de las necesidades de los usuarios de salud mental, y la identificación de los grupos de usuarios de salud mental que recibirán prioridad para recibir servicios. El proceso de planificación también incluyó discusiones acerca de las estrategias propuestas para resolver las necesidades de servicios que afrontan esos grupos de prioridad. Este análisis ayudó a identificar una visión completa para la transformación del Sistema de Salud Mental durante los siguientes tres años. Esta visión fue usada como la guía para proponer los servicios descritos en el Borrador del Plan CSS. Comités compuestos por representantes de la comunidad, agencias, usuarios de servicios de salud mental y familiares de usuarios de salud mental, fueron asignados a planificar para edades específicas y estos comités fueron los que decidieron cuales serían las prioridades para la distribución de los fondos.

La meta es la de transformar el sistema actual a uno que sea accesible a todas las personas, que responda a las necesidades, que apoye a los usuarios de servicios, que activamente involucre a los usuarios y a sus familiares, que sea colaborador, que sea integrado, que sea competente en cuestiones de cultura, y que esté enfocado en la recuperación. Este plan expande los servicios para nuevos grupos de usuarios y también expande la serie e intensidad de los servicios disponibles para garantizar servicios enfocados en la recuperación.

Lo invitamos a revisar el Borrador del Plan CSS en los siguientes 30 días para que nos provea sus comentarios. El Borrador del Plan CSS, el Resumen Ejecutivo y el formulario de comentarios, se encuentran disponibles en la siguiente dirección electrónica del Departamento de Salud Mental:

http://mentalhealth.co.riverside.ca.us/mhsa.html.

Usted también podrá encontrar copias del Borrador del plan CSS en ciertos lugares designados, los cuales incluyen las clínicas de salud mental de tratamiento externo y en centros comunitarios. Una lista de estos lugares estará disponible en el sitio electrónico del Departamento de Salud Mental o también puede llamar al (800) 479-4800. Se pueden hacer comentarios por medio de mensajes electrónicos o por correo. Además, La Mesa Directiva de Salud Mental celebrará tres Audiencias Públicas para recibir comentarios de las personas interesadas. Habrá una audiencia en cada una de las tres regiones del condado. Las audiencias tendrán lugar al principio de diciembre. Conéctese al sitio electrónico del Departamento de Salud Mental para que obtenga la hora, las fechas, y los lugares de las audiencias públicas.

El período de los comentarios terminará el día después de la última Audiencia Pública. Después de esto, los empleados del Departamento de Salud Mental del Condado de Riverside terminarán el plan y pedirán la aprobación final de éste de la Mesa Directiva de Salud Mental y de la Mesa Directiva del Condado de Riverside. El Plan final CSS será enviado al Departamento Estatal de Salud Mental después de que la Mesa Directiva del Condado de Riverside lo haya revisado y aprobado. Después de esto el Departamento Estatal de Salud Mental tiene hasta tres meses para repasar y aprobar el plan; la implementación del mismo podrá comenzar inmediatamente.

Esperamos su participación para asegurar que el Plan CSS resuelva las necesidades de salud mental en nuestra comunidad y para que nos acerque a la transformación del sistema de salud mental.

Atentamente,

Jerry Wengerd, Director
Departamento de Salud Mental del Condado de Riverside

Riverside County Department of Mental Health
Mental Health Services Act
Community Services and Supports Plan Summary
Executive Summary

WHAT THE MENTAL HEALTH SERVICES ACT (MHSA) REQUIRES

The MHSA, a ballot measure, was passed in November 2004 to expand mental health service funding for a comprehensive, community based mental health system for seriously ill individuals. Community Services and Supports is one of the six components to be implemented. The others are planning, prevention, innovations, capital and technology and education/training. The MHSA requires five elements be included in any plan for a transformed mental health system. These include:

- Community Collaboration
- Cultural Competence
- Client/Family Driven
- Wellness and Recovery Focused
- Integrated Services

$16.7 million of MHSA funding is available each year to the County for community services and support to children and youth, transition age youth, adults and older adults. All four age groups must be served and ethnic disparities addressed.

HOW THE PLAN WAS DEVELOPED

- 81 community focus groups were held to receive input on services and needs. 879 individuals participated, 15 groups were held in Spanish.
- Public forums were held, 64 surveys and other written input was received.
- Committees with broad agency, consumer and family involvement were established to provide recommendations on populations to be served and services to be provided in each age group.
- The following mission and vision for a transformed system and the Community Services and Support Plan was drafted based on broad input and the committee's recommendations.

MISSION OF MENTAL HEALTH SERVICES

That the residents of Riverside County facing the challenge of severe mental illness have a quality of life that includes a reduction or absence of symptoms, meaningful relationships, activities, and choices, stable housing and employment in supportive communities free of stigma.

VISION FOR A TRANSFORMED MENTAL HEALTH SYSTEM

A transformed system would include all of the following characteristics:

- User-friendly, easily accessible services across the county.
- Welcoming and engaging from point of first contact.
- Services which are comprehensive, recovery focused and empowering
- Integrated Peer Support System with consumer and family involvement at all levels.
- Active and continuous outreach to unserved populations with special attention to disparities in service use.
- Sensitive, respectful, and responsive to client's culture, gender, age, sexual orientation, and ethnicity.
- Focused on the most effective clinical practices through a trained and supported workforce.
- Actively develops community partnerships, provide education to enhance community support and resources and to reduce stigma.
- Focused on consumer outcomes and utilizes feedback and evaluation to continually improve services.

PLAN FOR COMMUNITY SERVICES AND SUPPORTS

Building on the existing system, with a focus on transformation, the following is a summary of the draft plan:

A. Proposed Priority Populations of Seriously Mentally Ill

There was consistency across age groups of the populations who are priority to be served with two other populations tied only to a specific age group.

1. Homeless
2. Co-Occurring Disorders – Mental Illness and Substance Abuse
3. Juvenile Justice and Forensic populations
4. Adult & Transition age utilizers of Hospital and Crisis Services.
5. High risk of hospitalization or institutionalization.
6. Co-Occurring Disorders Mental Illness and Health problems (Older Adults)
7. Very young children (0-5)

B. Proposed Services

Services recommended by the Planning Committees include the following:

1. Children - $5.07 Million of MHSA funds per year.

    - Expanded outpatient services using specific evidence based practices (540 to be served per year).
    - Expanded case management & co-occurring treatment (175 to be served per year).
    - Juvenile Justice consultation, linkage and follow-up.
    - Family Supports – Respite (100 served), Mentorship (175 served), Child Care in clinics and Transportation.
    - Expansion of Parent Partners from 12 to 29 for outreach and support in communities and clinics.
    - Crisis supports through Parent Partners, case managers, and psychiatric coverage.
    - Expanded Wraparound (no MHSA funding needed).

2. Transition Age Youth (Ages 16-25) - $1.85 Million of MHSA funds per year:

    - Three Integrated Service Recovery Centers (266 to be served per year).
    - Three Peer Support and Resource Centers (264 to be served per year).
    - Crisis Residential Program (45 to be served per year).
    - Augmented Board & Care, 18 beds (30 to be served per year).
    - Evidence based practices implemented in Children's outpatient clinics serves the 16-18 year olds also.

3. Adults - $5.49 Million of MHSA funds per year:

    - Outreach
    - Three Mental Health Court programs (345 to be served per year).
    - Jail Mental Health Follow-up (2500 to be served per year).
    - Integrated Service Recovery (365 to be served per year).
    - Expansion of Family Advocate Program.
    - Crisis Residential Program (235 to be served per year).
    - Augmented Board & Care - 82 beds (120 to be served per year).
    - Expanded Outpatient and Case Management Services (315 to be served per year).

4. Older Adults - $2.34 Million of MHSA funds per year:

    - Infrastructure Changes – Designated Older Adult Managers and Supervisors.
    - Multidisciplinary – Mobile Outreach & Integrated Service Team (350 provided assessment per year and 163 provided ongoing services).
    - Peer & Family Support Services – Consumer and Family Advocates in each region plus Senior Peer Counseling (150 to be served by peer counseling).
    - Screening & Consultation in Public Health Clinics (250 to be served per year).
    - Augmented Board & Care (32 to be served per year).
    - Training of staff, consumers, and Board & Care staff (6 trainings to be held per year).

5. Peer Recovery/Support Services - $846,000 of MHSA Funds per year:

    - Three Consumer Operated Peer Support & Resource Centers (1200 served per year).
    - Consumer Advocate Position in Administrative Budget.
    - Consumer/Family members on Mental Health Boards/Committees.

6. Outreach & Engagement - $265,000 of MHSA Funds per year:

    - General Community Outreach Strategies
    - Specific Targeted Ethnic Population Outreach Strategies.
    - Outreach Coordinator

7. One Time Funds:
    - Request has been made for one time funds to provide ongoing training and start up of programs. Additionally, $4.9 million has been requested to use under the CSS plan through FY 07/08 to provide a range of housing options for transition age, adults and older adult populations.

8. Administration - $844,000 of MHSA Funds per year:
    - Includes MHSA Administrative & Support Staff, Housing Development Unit Staff, Research Analyst, and Consumer Advocate.

Departamento de Salud Mental del Condado de Riverside
Decreto de Servicios de Salud Mental
Borrador del Plan de Servicios Comunitarios y de Apoyo
Resumen Ejecutivo

QUÉ REQUIERE EL DECRETO DE SERVICIOS DE SALUD MENTAL (MHSA)

El Decreto de Servicios de Salud Mental conocido por sus siglas en ingles como MHSA es una medida electoral que fue aprobada en Noviembre del 2004 con el propósito de extender los fondos para lograr un sistema amplio de servicios de salud mental en la comunidad para las personas que sufren de enfermedades mentales severas. Los Servicios Comunitarios y de Soporte es uno de los seis componentes que debe ser implementado. Los otros componentes son, planificación, prevención, innovación, capital y tecnología, y educación/entrenamiento.

El MHSA requiere que se incluyan cinco elementos en cualquier plan para lograr la transformación del sistema de salud mental. Estos elementos incluyen:

- Colaboración con la Comunidad
- Capacidad Cultural
- Servicios Dirigidos por el cliente/la familia
- Enfoque en Bienestar y Recuperación
- Integración de Servicios

Cada año, el Condado tendrá disponibles $16.7 millones para Servicios Comunitarios y de Soporte para niños menores, jóvenes en la etapa de la edad de transición, adultos y ancianos. Todos estos cuatro grupos de edad tienen que ser servidos y las desigualdades en servicios a grupos étnicos deben de corregirse.

CÓMO SE DESARROLLÓ EL PLAN

- Se llevaron a cabo 81 reuniones en la comunidad con grupos de enfoque para recibir sugerencias acerca de los servicios actuales y de los servicios que se necesitan. 879 personas participaron en estos grupos. 15 reuniones se celebraron en español.
- Se llevaron a cabo audiencias públicas. Se llevaron a cabo 64 encuestas, y se recibieron sugerencias por escrito.
- Se establecieron comités incluyendo amplia participación de agencias, usuarios de servicios de salud mental y familiares de usuarios para que dieran sus recomendaciones acerca de los grupos que deben de recibir servicios y acerca de los servicios que se les deben de proveer a cada uno de los cuatro grupos de edad descritos anteriormente.
- La siguiente misión y visión para lograr la transformación del sistema junto con el plan de Servicios Comunitarios y de Soporte fueron escritos basándonos en una variedad de sugerencias y recomendaciones de los comités.

LA MISIÓN DE LOS SERVICIOS DE SALUD MENTAL

- Que los residentes del Condado de Riverside que afrontan el desafío de enfermedades mentales severas tengan una calidad de vida que incluya una reducción o eliminación de síntomas, estrechas relaciones, actividades, opciones, vivienda y empleo estables en una comunidad sin estigma y que les brinde apoyo.

LA VISION PARA TRASFORMAR EL SISTEMA DE SALUD MENTAL

Un sistema trasformado incluirá todas las siguientes características:

- Un sistema con servicios accesibles y fácil de usar por todo el condado.
- Un sistema acogedor y atractivo desde el primer punto de encuentro.
- Un sistema que proveerá servicios amplios y enfocados en la recuperación y en dar el poder al consumidor.
- Un sistema integrado que incluirá apoyo de compañeros con participación del usuario y de sus familiares en todos los niveles
- Un sistema que tratara activa y continuamente de alcanzar a grupos no servidos con atención especial a eliminar las desigualdades en el uso de servicios.
- Un sistema sensible y respetuoso a la cultura, género, edad, orientación sexual, y etnicidad del usuario de servicios.
- Un sistema enfocado en las prácticas clínicas más eficaces usando personal bien capacitado y apoyado.
- Un sistema que desarrollara activamente alianzas en la comunidad, proveerá educación para aumentar el apoyo comunitario y los recursos para reducir el estigma.
- Un sistema que se enfocara en los resultados del usuario y usara evaluaciones y recomendaciones para mejorar los servicios continuamente.

PLAN DE LOS SERVICIOS COMUNITARIOS Y DE SOPORTES

Mejorando el sistema existente y con enfoque en la trasformación, el siguiente es un resumen del Borrador del Plan:

A. Prioridad propuesta de los grupos con enfermedades mentales severas.

Los comités de planificación coincidieron en los grupos y subgrupos en cada categoría de edad que se les dará prioridad para recibir servicios

1. Personas con enfermedades mentales que viven en la calle.
2. Personas que padecen de doble diagnóstico: Enfermedad Mental y Abuso de Substancias químicas
3. Personas (menores y adultos) con antecedentes penales
4. Personas (adultos y jóvenes en etapa de edad de transición) que utilizan frecuentemente los servicios externos de crisis y hospitales psiquiátricos.

5. Personas que corren alto riesgo de ser hospitalizados o institucionalizados.
6. Ancianos con doble diagnóstico de trastornos mentales y problemas de salud
7. Niños pequeños (de 0 a 5 años)

B. Servicios Propuestos

Los servicios recomendados por los Comités de Planificación incluyen lo siguiente:

1. Menores - $5.07 Millones de los fondos de MHSA por año.

    - Expansión de servicios que están basados en evidencia científica para pacientes no hospitalizados (servicios cada año a 540 pacientes no hospitalizados).
    - Expansión de servicios de manejo de casos y de tratamiento para pacientes que sufren de doble diagnóstico (servicios cada año a 175 pacientes no hospitalizados).
    - Servicios de consulta a personal que trabaja con menores en correccionales juveniles, y conexión y continuación con servicios para los menores con antecedentes penales.
    - Servicios de apoyo a familiares de pacientes, tales como periodos de descanso (servicios cada año a 100 familias), servicios de Mentor (servicios cada año a 175 menores), servicios de transporte y de guardería en las clínicas.
    - Aumento del actual número de Padres Aliados de 12 a 29 para atraer y proveer apoyo a los padres en las comunidades y en las clínicas.
    - Apoyo a padres en crisis usando Padres Aliados, personal encargado del manejo de casos, y cobertura psiquiátrica.
    - Aumento de servicios multiples (Wraparound) (no se necesitan fondos del MHSA para este servicio)

2. Jóvenes en Etapa de Edad de Transición (este grupo incluye las edades de 16 a 25 años) - $1.85 Millones de los fondos del MHSA por año:

    - Tres Centros de Recuperación con Servicios Integrados (servicios cada año a 266 personas).
    - Tres Centros de Compañeros de Apoyo y Recursos (servicios cada año a 264 personas).
    - Programa Residencial de Crisis (servicios cada año a 45 personas).
    - Aumento de subsidio a Casas de Hospedaje y Supervisión, 18 camas (servicios cada año a 30 personas).
    - Implementación de tratamientos basados en evidencia científica en las clínicas de servicios externos para niños (estas clínicas también prestan servicios a adolescentes de 16-18 años).

3. Adultos - $5.49 Millones de los fondos del MHSA por año.

    - Estrategias para atraer y retener a los posibles usuarios
    - Tres programas de Cortes Judiciales de Salud Mental (servicios cada año a 345 personas).
    - Seguimiento de servicios de Salud Mental en las cárceles (servicios cada año a 2500 personas).
    - Servicios Integrados de Recuperación (servicios cada año a 365 personas).
    - Expansión del Programa conocido por el nombre Aliado de la Familia.
    - Programa Residencial de Crisis (servicios cada año a 235 personas).
    - Aumento de subsidio a Casas de Hospedaje y Supervisión – 82 camas (servicios cada año a 120 personas).
    - Expansión de servicios externos de salud mental y Servicios de Manejo de Casos (servicios cada año a 315 personas).

4. Ancianos - $2.34 Millones de los fondos del MHSA por año:

    - Cambios de la Infraestructura. Estos cambios incluirán la asignación de un administrador y varios supervisores al programa de los Ancianos.
    - Servicios Multidisciplinarios. Estos servicios incluirán la creación de un Equipo Móvil de Servicios Integrados y de Atracción y Retención de posibles usuarios (servicios de evaluación cada año a 350 personas y servicios continuos a 163 personas).
    - Servicios de Apoyo de Compañero al Usuario y de apoyo a los Familiares del usuario. Esto requiere la asignación de Aliados del Usuario y Aliados de la Familia en cada región, y el use de Compañeros Ancianos para Consejería (servicios a 150 ancianos a través de Compañeros Ancianos de Consejeria).
    - Evaluación y Consulta en las Clínicas de Salud Publica (servicios a 250 ancianos por año).
    - Aumento de subsidio a Casas de Hospedaje y Supervisión (servicios a 32 ancianos por año).
    - Capacitación de empleados del Departamento de Salud Mental, de usuarios, y de los empleados de las casas de hospedaje y supervisión (6 entrenamientos por año).

5. Compañeros de Apoyo/Servicios de Apoyo - $846,000 de los fondos del MHSA por año).

    - Tres Centros de Recursos y Compañeros de Apoyo administrados por usuarios de servicios (servicios a 1200 personas por año).
    - Posición de Aliado del Usuario en el Presupuesto Administrativo.
    - Usuarios/Miembros de Familia en la Mesa Directiva de Salud Mental/Comités.

6. Estrategias para Atraer y Retener Posibles Usuarios- $265,000 de los fondos del MHSA por año):

- Estrategias de Atracción y Retención para la comunidad en general.
- Estrategias de Atracción y Retención específicamente diseñadas para la Población Étnica.
- Coordinación de Estrategias de Atracción y Retención.

7. Fondos Para Gastos Únicos:

    - Se han solicitado fondos para gastos únicos para proveer capacitación continua y para iniciar programas. Adicionalmente, se han solicitado $4.9 millónes de dólares para ser usados bajo el plan CSS desde el presente año fiscal hasta el año fiscal 2007/2008 para proveer una variedad de viviendas a jóvenes en etapa de edad de transición, a adultos y a ancianos.

8. Administración - $844,000 de los fondos del MHSA por año:

    - Incluye Empleados Administrativos y Auxiliares, empleados para la Unidad de Desarrollo de Vivienda, Analistas de Investigación, y Aliados del Usuario.

Departamento de Salud Mental del Condado de Riverside
Decreto de los Servicios de Salud Mental
Servicios Comunitarios y Servicios Colaterales Plan de 3 años

Formulario de Comentarios

Por favor envíe este formulario antes del 16 de diciembre del 2005. Puede enviar el formulario por medio de la cadena electrónica a la siguiente dirección: http://mentalhealth.co.riverside.ca.us/mhsa.html o tambien puede enviarlo por correo a la siguiente dirección: Departamento de Salud Mental del Condado de Riverside, MHSA Evaluaciones CSS, PO Box 7549, Riverside, CA 92513.

¿Cuáles son las cosas buenas del plan? Por favor identifique el programa y el grupo de edad, si aplica.

¿Qué preocupaciones tiene usted acerca del plan? Por favor identifique el programa y el grupo de edad, si aplica.

¿En qué región vive Usted?
- ☐ Desierto (Banning, Indio, Blythe, etc.)
- ☐ Centro del Condado (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- ☐ Oeste (Corona, Riverside, Moreno Valley, etc.)

¿A qué grupo pertenece Usted?
- ☐ Consumidor de servicios de salud mental
- ☐ Pariente de un consumidor
- ☐ Empleado del condado
- ☐ Departamento policial
- ☐ Educación
- ☐ Servicios humanos
- ☐ Comunidad general

¿Cuál es su género?
- ☐ Masculino
- ☐ Femenino
- ☐ Otro(a)

¿Cuál es su etnicidad?
- ☐ Americano Africano/Moreno
- ☐ Indio Americano/Americano Nativo
- ☐ Asiático /Islas Pacíficas
- ☐ Caucásico/Blanco
- ☐ Hispano/Latino/Chicano
- ☐ Otro(a). Por favor especifique.:

¿Cuál es su edad?
☐ 0-17 años ☐ 18-24 años ☐ 25-59 años ☐ 60+ años

	Muy Satisfecho	*Más o menos Satisfecho*	*Satisfecho*	*No Satisfecho*	*Muy Insatisfecho*
¿En general, que piensa del plan?	☐	☐	☐	☐	☐

Riverside County Department of Mental Health
Mental Health Services Act
Community Services and Supports 3-Year Plan

Feedback Form

Please submit this form by December 16, 2005. Forms can be submitted online at http://mentalhealth.co.riverside.ca.us/mhsa.html or mailed to: Riverside County Department of Mental Health, MHSA CSS Evaluations, PO Box 7549, Riverside, CA 92513.

What do you feel are the strengths of the plan? Please identify the program and age group, if applicable.

What concerns do you have about the plan? Please identify the program and age group, if applicable.

What region do you live in?
- ☐ Desert (Banning, Indio, Blythe, etc.)
- ☐ Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- ☐ Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?
- ☐ A consumer of mental health services
- ☐ A family member of a consumer
- ☐ County Employee
- ☐ Law Enforcement
- ☐ Education
- ☐ Human Services
- ☐ General Community

What is your gender?
- ☐ Female
- ☐ Male
- ☐ Other

What is your ethnicity?
- ☐ African American/Black
- ☐ American Indian/Native American
- ☐ Asian/Pacific Islander
- ☐ Caucasian/White
- ☐ Hispanic/Latino/Chicano
- ☐ Other. Please specify:

What is your age?
☐ 0-17 yrs ☐ 18-24 yrs ☐ 25-59 yrs ☐ 60^{+} yrs

	Very Satisfied	*Somewhat Satisfied*	*Satisfied*	*Unsatisfied*	*Very Unsatisfied*
Overall, how do you feel about the plan?	☐	☐	☐	☐	☐

Appendix F

Public Hearing Documentation

ATTENTION RIVERSIDE COUNTY RESIDENTS

NOTICE OF PUBLIC HEARINGS

BEFORE THE RIVERSIDE COUNTY MENTAL HEALTH BOARD REGARDING THE MENTAL HEALTH SERVICES ACT COMMUNITY SERVICES AND SUPPORTS DRAFT PLAN

Public Hearings have been scheduled for December 13, 14, and 15, 2005 before the Riverside County Mental Health Board regarding the MHSA Community Services and Supports Draft Plan. A list of the dates, times and locations of these hearings are provided in this notice. The purpose of these hearings is to gather comments on the plan. The Mental Health Services Act (MHSA), was passed by California voters in November 2004 as Proposition 63. This CSS component is the second of six to be released by the State Department of Mental Health. These CSS services and supports are designed to enhance mental health services for children and youth with serious emotional disturbances and for transition age youth, adults, and older adults with serious mental illness.

Copies of the Draft CSS Plan were provided to Riverside County Department of Mental Health's outpatient clinics and local libraries that are listed in this notice. The plan is also available on the internet at RCDMHs website at http://mentalhealth.co.riverside.ca.us/mhsa.html

Any person wishing to comment on the CSS Draft Plan may do so in writing prior to the public hearings, or may appear and be heard at the location and times stated in the notice. All comments received by December 16, 2005 will be submitted to the Mental Health Board and will be considered with any oral testimony prior to preparing the final version of the CSS Plan for approval by the Board of Supervisors. Please send all written correspondence to: MHSA CSS Feedback, Riverside County Department of Mental Health, PO Box 7549, Riverside, CA 92513.

Be advised that, as a result of the public hearings and comments, the CSS Plan may be amended in whole or in part.

SCHEDULE OF PUBLIC HEARINGS

Tuesday, December 13, 2005
6:00-8:00 p.m.
Workforce Development
44-199 Monroe St, Rm 402
Indio, CA 92201

Wednesday, December 14, 2005
6:00-8:00 p.m.
Simpson Center
305 E Devonshire Ave
Hemet, CA 92543

Thursday, December 15, 2005
6:00-8:00 p.m.
Workforce Development
1153 Spruce St, Conference Rm 1
Riverside, CA 92507

LOCATIONS WHERE PLAN CAN BE VIEWED

The Draft Community Services and Supports Plan may be viewed at the following locations:

Riverside County Library
Anza Branch
57430 Mitchell Road
Anza, CA 92539

Palo Verde Valley District Library
125 W Chanslorway
Blythe, CA 92225

Riverside County Library
Calimesa Branch
974 Calimesa Blvd.
Calimesa, CA 92320

Riverside County Library
Canyon Lake Branch
31516 Railroad Canyon Road
Canyon Lake, CA 92587

Riverside County Library
Cathedral City Branch
33520 Date Palm Dr.
Cathedral City, CA 92234

Riverside County Library
Coachella Branch
1538 Seventh
Coachella, CA 92236

Riverside County Library
Corona/El Cerrito Branch
7581 Rudell Rd.
Corona, CA 92881

Riverside County Library
Desert Hot Springs Branch
1691 West Drive
Desert Hot Springs, CA

Riverside County Library
Glen Avon Branch
9244 Galena
Riverside, CA 92509

Riverside County Library
Highgrove Branch
690 W Center St
Riverside, CA 92507

Riverside County Library
Idyllwild Branch
54185 Pinecrest
Idyllwild, CA 92549

Riverside County Library
Indio Branch
200 Civic Center Mall
Indio, CA 92201

Riverside County Library
La Quinta Branch
78-275 Calle Tampico
La Quinta, CA 92253

Riverside County Library
Lake Elsinore Branch
600 W Graham
Lake Elsinore, CA 92530

Riverside County Library
Lakeside Branch
32593 Riverside Dr.
Lake Elsinore, CA 92530

Riverside County Library
Lake Tamarisk Branch
43880 Lake Tamarisk
Desert Center, CA 92239

Riverside County Library
Mecca Branch
65250 Coahuilla
Mecca, CA 92254

Riverside County Library
Mission Trail Branch
34303 Mission Trail
Wildomar, CA 92595

Riverside County Library
Norco Branch
3954 Old Hamner Rd.
Norco, CA 92860

Riverside County Library
Nuview Branch
29990 Lakeview Ave
Nuevo, CA 92567

Riverside County Library
Palm Desert Branch
73-300 Fred Waring Dr.
Palm Desert, CA 92260

Riverside County Library
Paloma Valley
31375 Bradley Rd
Menifee, CA 92584

Riverside County Library
Perris Branch
163 E. San Jacinto
Perris, CA 92570

Riverside County Library
Rubidoux Branch
5763 Tipton
Riverside, CA 92509

Riverside County Library
Riverside Central Branch
381 Mission Inn Ave
Riverside, CA

Riverside County Library
San Jacinto Branch
500 Idyllwild Dr
San Jacinto, CA 92583

Riverside County Library
Sun City Branch
26982 Cherry Hills Blvd
Sun City, CA 92586

Riverside County Library
Temecula Branch
41000 County Center Dr
Temecula, CA 92591

Riverside County Library
Thousand Palms Branch
72-715 La Canada Way
Thousand Palms, CA 92276

Riverside County Library
Valle Vista Branch
25757 Fairview Ave
Hemet, CA 92544

Riverside County Library
Woodcrest Branch
17024-C Van Buren
Riverside, CA 92504

Banning Mental Health Services
1330 W. Ramsey Street, Ste 100
Banning, CA 92220

Blythe Mental Health Services
1297 W. Hobsonway
Blythe, CA 92225

Cathedral Canyon Clinic
68-615 Perez Road, Suite 6A
Cathedral City, CA 92234

Family, Adolescent, and Children's Treatment of Corona (FACT)
1195 Magnolia Ave.
Corona, CA 92879

Hemet Mental Health Services
650 N. State Street
Hemet, CA 92543

Indio Mental Health Services
47-825 Oasis Street
Indio, CA 92201

Moreno Valley Children's Interagency Program (CHIPS)
23119 Cottonwood Ave., Bldg. A, Ste 110
Moreno Valley, CA 92553

Mt. San Jacinto Children's Services
950 Ramona Blvd., Suite 2
San Jacinto, CA 92582

Mt. San Jacinto Vocational/ Educational Services Program
950 Ramona Blvd., Suite 3
San Jacinto, CA 92582

Perris Mental Health Services
1688 N. Perris Blvd., Suites L7-L11
Perris, CA 92571

Adult Mental Health Services
Central Clinic/Older Adult Services
6355 Riverside Ave.
Riverside, CA 92506

Adult Mental Health Services - Blaine Clinic
769 Blaine Street, Ste. B
Riverside, CA 92507

Jefferson Wellness Center and Adult System of Care
1827 Atlanta Ave., Ste D-3
Riverside, CA 92507

Jefferson Transitional Programs
1495 Columbia Ave. Bldg 3
Riverside, CA 92507-2101

For additional information, please visit http://mentalhealth.co.riverside.ca.us/mhsa.html or call 1-800-479-4800

Mental Health Services Act
Community Services and Supports Plan

You are invited by the Riverside County Department of Mental Health and the Mental Health Board to attend

PUBLIC HEARINGS

Indio
December 13, 2005
6:00-8:00 p.m.
Workforce Development
44-199 Monroe St., Rm 402
Indio, CA 92201

Hemet
December 14, 2005
6:00-8:00 p.m.
Simpson Center
305 E Devonshire Ave
Hemet, CA 92543

Riverside
December 15, 2005
6:00-8:00 p.m.
Workforce Development
1153 Spruce St,
Conference Room 1
Riverside, CA 92507

These public hearings are being held to gather comments on the draft plan for the Community Services and Supports (CSS) component of the Mental Health Services Act.

The Mental Health Services Act (MHSA), Proposition 63, was passed by California voters in November 2004. The CSS component is the second of six to be released by the State Department of Mental Health and represents $16.7 million. These CSS services and supports are designed to enhance mental health services for children and youth with serious emotional disturbances and for transition age youth, adults, and older adults with serious mental illness.

Please join us at one of the listed public hearings to learn more about the plan and to voice your opinion.

Language interpretation is available,
Call (800)479-4800 by December 9, 2005.

For more information

Visit
http://mentalhealth.co.riverside.ca.us/mhsa.html
or call (800)479-4800.

County of Riverside Department of Mental Health PO Box 7549 Riverside, CA 92513

Decreto de Servicios de Salud Mental
Plan de Servicios Comunitarios y Auxiliares

Esta invitado por el Departamento de Salud Mental Del Condado de Riverside y la Mesa Directiva de Salud Mental a asistir nuestra

AUDIENCIA PÚBLICA

Indio
13 de Diciembre del 2005
6:00-8:00 p.m.
Desarrollo de Fuerza Laboral
44-199 Monroe St., Salón 402
Indio, CA 92201

Hemet
14 de Diciembre del 2005
6:00-8:00 p.m.
Centro Simpson
305 E Devonshire Ave
Hemet, CA 92543

Riverside
15 de Diciembre del 2005
6:00-8:00 p.m.
Desarrollo de Fuerza Laboral
1153 Spruce St,
Salón de Conferencia 1
Riverside, CA 92507

Estas audiencias públicas están tomando lugar para obtener comentarios acerca Del Borrador del Plan para los servicios comunitarios y de Apoyo (CSS), el componente del Decreto de Servicios de Salud Mental.

El Decreto de Servicios de Salud Mental (MHSA por sus siglas en inglés), La Proposición 63, fue aprobada por los votantes de California en Noviembre del 2004. El componente CSS es la segunda parte de seis que publicada por el Departamento Estatal de Salud Mental y representa $16.7 millones. Los servicios CSS y de apoyo han sido diseñados para mejorar los servicios de salud mental para los niños y jovencitos que padecen serios trastornos emocionales y los jóvenes de edad transitoria, adultos, y ancianos que padecen serias enfermedades mentales.

Por favor únase con nosotros en una de las audiencias publicas para aprender mas acerca del plan y para darnos su opinión.

Proveeremos interpretación en español. También tendremos servicios de interpretación en otros idiomas, llame al (800) 479-4800 Antes del 9 de Diciembre del 2005.

Para más información

Visite a
http://mentalhealth.co.riverside.ca.us/mhsa.html
O llame (800)479-4800.

Riverside County
MENTAL HEALTH BOARD
Mental Health Services Act (MHSA)
Community Services and Supports
Draft Plan

PUBLIC HEARING

AGENDA

Indio	Hemet	Riverside
December 13, 2005	December 14, 2005	December 15, 2005
6:00-8:00 p.m.	6:00-8:00 p.m.	6:00-8:00 p.m.
Workforce Development	Simpson Center	Workforce Development
44-199 Monroe St., Rm 402	305 E Devonshire Ave	1153 Spruce St, Conference Rm 1
Indio, CA 92201	Hemet, CA 92543	Riverside, CA 92507

6:00 p.m. until 8:00 p.m.

Time	Agenda Item	Person(s) Responsible
6:00	CALL TO ORDER	Board Member
6:01	INTRODUCTIONS	All
6:03	REVIEW OF AUTHORITY FOR PUBLIC HEARING	Board Members MH Staff
6:08	REVIEW GROUND RULES	Board Members
6:13	PURPOSE OF PUBLIC HEARING A. Public Hearing to Receive Public Comments B. Review Agenda C. Review Next Steps	Board Members MH Staff
6:23	OVERVIEW OF RIVERSIDE COUNTY'S MHSA COMMUNITY SERVICES AND SUPPORTS DRAFT PLAN	Board Members MH Staff
6:40	PUBLIC COMMENT PERIOD	Public
7:55	CLOSING REMARKS	Board Member
8:00	ADJOURNMENT	Board Member

The Public Hearing is accessible to people with disabilities. For further accommodations, please call Jane McCoy at 951-358-4603.

MEETING REGULATIONS FOR
MHSA PUBLIC HEARINGS
12/13/05, 12/14/05 and 12/15/05

These hearings are focused exclusively on the draft Community Services and Supports Plan. All testimony must address its contents only. To assure that every person who wishes to address the plan has an opportunity to do so, these guidelines will drive the meeting.

1. THE PUBLIC HEARING will start and end on time.

2. COURTESY AND RESPECT for the time and opinions of others is required.

3. PERSONS WISHING TO TESTIFY must sign in and will be called in order.

4. EACH SPEAKER must address a specific section, heading and page number in each comment. Every speaker may be allowed a maximum of **3 minutes;** however, the time may be decreased to allow input from all speakers.

5. COMMENTS ARE LIMITED to expressions of support, opposition, suggested changes, additions, or deletions that pertain to specific sections, heading, and page number items.

6. FOCUSED, CONSTRUCTIVE CRITICISM will be accepted; unfocused, negative personal or professional comments or opinions will not be allowed.

7. OFF-TOPIC STATEMENTS will not be given time; the Chair will stop the speaker in the event of inappropriate comments.

8. ANY SPEAKER providing a written record of his/her verbal comments made during the hearing should provide a copy to assure that the information is recorded accurately. This copy will not be returned.

9. DISCUSSION about the planning process will not be considered. Proposed legislative changes or advocacy for proposed legislation will not be accepted, nor will general concerns about California's mental health system. Those comments must be addressed to the appropriate state legislative bodies or departments.

10. WRITTEN TESTIMONY in lieu of personal presentation at the hearing will be accepted until 4 p.m. on 12/16/05 in order to be considered. Written comments can be submitted to:

    MHSA CSS Feedback
    Riverside County Department of Mental Health
    PO Box 7549
    Riverside, CA 92513

REGLAMENTOS PARA LAS AUDIENCIAS PÚBLICAS
DEL DECRETO DE SERVICIOS DE SALUD MENTAL
12/13/05, 12/14/05 Y 12/15/05

Estas audiencias se enfocan exclusivamente en El Borrador del Plan de Servicios Comunitarios y de Apoyo. Todo testimonio tiene que ser, solamente, acerca del contenido del plan Para asegurar que cada persona que desee hablar sobre el plan tenga oportunidad de hacerlo, las siguientes reglas se aplicaran:

1. LA AUDIENCIA PÚBLICA comenzará y terminara a su debido tiempo.

2. Se requiere CORTESÍA Y RESPETO hacia el tiempo y la opinión de los demás.

3. LAS PERSONAS QUE DECEAN HABLAR, tienen que registrar su nombre y serán llamados en orden.

4. CADA ORADOR tiene que hablar de una sección específica, título y número de página en cada comentario. A todo orador se le otorgará un máximo de **3 minutos**; sin embargo, el periodo de tiempo puede disminuir para permitir sugerencias de todos los oradores.

5. LOS COMENTARIOS SON LIMITADOS a expresiones de apoyo, oposición, y artículos con número de página.

6. CRÍTICAS CONSTRUCTIVAS Y ENFOCADAS serán aceptadas; no se aceptarán los comentarios u opiniones sin enfoque, que sean personalmente negativos, ni opiniones o comentarios profesionales.

7. Tampoco se les dará tiempo para hacer DECLARACIONES AGENAS AL TEMA; el presidente parará al orador si hace comentarios inapropiados.

8. CUALQUIER ORADOR que provea información escrita de sus comentarios verbales durante la asamblea debe proveer una copia para asegurar que la información se registre debidamente. No se regresará dicha copia.

9. No consideraremos las DISCUSINES relativas al proceso de planificación. Tampoco se aceptarán propuestas de cambios legislativos ni de ser partidario de la legislatura propuesta, ni se permitirá hablar de asuntos generales del sistema de salud mental de California. Esos comentarios deben dirigirse a la debida entidad o departamento estatal legislativo.

10. EL TESTIMONIO ESCRITO en lugar de una presentación personal en la asamblea, será aceptado hasta las 4 p.m. el 16 de diciembre del 2005, para que el mismo sea considerado. Los comentarios escritos pueden someterse a:

    MHSA CSS Comentarios
    Departamento de Salud Mental del Condado de Riverside
    PO Box 7549
    Riverside, CA 92513

Agency solicits suggestions

SPENDING : Prop. 63, passed in 2004, will bring Riverside County more than $16 million a year.

BY DOUGLAS E. BEEMAN
THE PRESS-ENTERPRISE

Riverside County's cash-starved mental health system will get a $16.7 million-a-year infusion from the state's new Mental Health Services Act.

About 20 members of the public had a few suggestions Thursday night on how that should be spent: More culturally sensitive services for deaf clients and lots more residential services for the mentally ill countywide.

Thursday's meeting was the last of three hearings held this week to take public comments on Riverside County's proposed mental health services plan.

The plan spells out how the county intends to improve mental health services with money raised by Prop. 63, which voters approved in November 2004. Prop. 63, known as the Mental Health Services Act, adds 1 percent onto the tax bill of Californians who earn $1 million or more. The county hopes to begin implementing its plan in April.

MENTAL HEALTH SERVICES PLAN

Riverside County's Mental Health Department will take suggestions and comments until 10 a.m. today.
PHONE: (800) 479-4800
E-MAIL: mhsa@co.riverside.ca.us

About 120,000 Riverside County residents have serious mental illnesses, but only about 30,000 are being served by the county's Department of Mental Health, said Donna Dahl, the department's program director. Over the last several years, county mental health services have been cut by about 20 percent because of funding shortfalls, she told the Riverside audience Thursday night.

Several speakers urged the county to put money into residential services to help mentally ill people who are hospitalized because there's nowhere else to take them or who would otherwise be homeless.

One speaker, Tom Frost, urged the county to put as much money as possible directly into services for the mentally ill.

"If we don't touch the people who actually are ill, we haven't done anything," he said. "It changes your whole life if someone gets mentally ill and gets hung up in the system."

Dahl said the county's plan earmarks about $4.9 million for crisis residential care and to expand board and care homes for the mentally ill.

That's a small amount of money to cover a huge need, she said in an interview after the meeting.

The county is proposing to expand its mental health court so more mentally ill people can be diverted into treatment instead of jail; expand services for youths who end up in the juvenile hall or the juvenile court system; create a mobile outreach team to provide assessments and services to mentally ill older adults; and expand outpatient services for children.

Reach Douglas E. Beeman at (951) 368-9549 or dbeeman@pe.com

Expanded mental health plan up for view

A proposed mental health services plan designed to expand services to adults and children in Riverside County is available for review at public libraries and mental health clinics throughout the county. A copy is also on the Internet at mentalhealth.co.riverside.ca.us/mhsa.html

The plan is required as part of Prop. 63, the mental health services act approved by voters in November 2004.

Riverside County's mental health board will hold public hearings on the plan on Dec. 13 in Indio at the county's workforce development office, 44199 Monroe St., Room 402; on Dec. 14 in Hemet at the Simpson Center, 305 E. Devonshire Ave.; and on Dec. 15 in Riverside, at the county's workforce development office, 153 Spruce St., conference room 1. Hearings are scheduled from 6 to 8 p.m. at each location.

Information: (800) 479-4800.

—Douglas E. Beeman
dbeeman@pe.com

Appendix G

Mental Health Services Act
Community Services and Supports

Appendix: Mental Health Community Needs Analysis

Riverside County Department of Mental Health

October 31, 2005

Population Assessment

Population of Riverside County[1]

Year	Total Population	% Change
2000	1,553,902	-
2001	1,616,704	4.04%
2002	1,682,408	4.06%
2003	1,758,719	4.54%
2004	1,815,394	3.22%
2005	**1,871,587**	**3.10%**
2006	1,929,377	3.09%
2007	1,986,790	2.98%
2008	**2,045,620**	**2.96%**

Population of Riverside County Department of Mental Health (RCDMH) Clients Served[2]

Year	Total RCDMH Clients	% Change
02-03	**34,121**	**-**
03-04	34,539	1.23%
04-05	**32,305**	**- 6.47%**

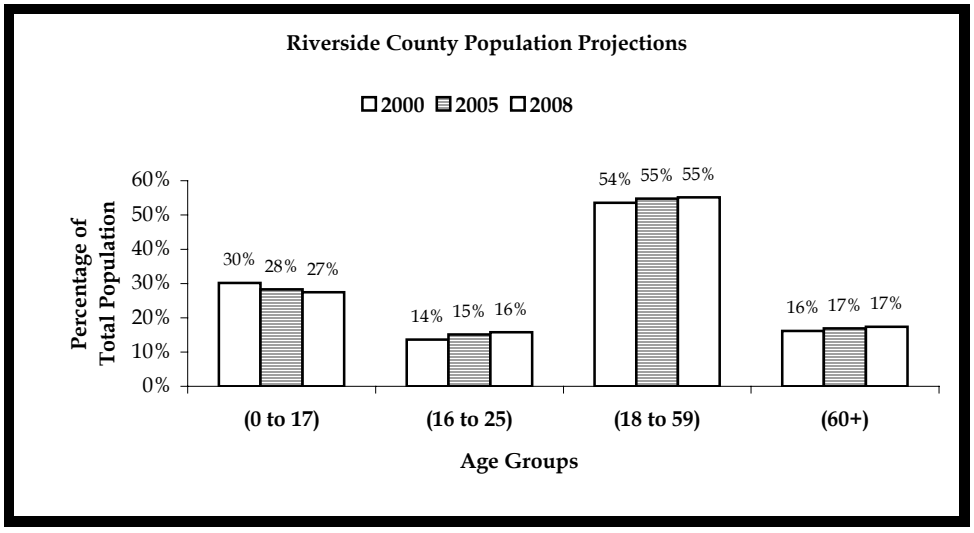
There will be an <u>increase</u> of 9.29% in Riverside County population from year 2005 to year 2008. For those served by RCDMH, there was previously a decrease of 5.32% in clients from the Fiscal Year 02-03 to Fiscal Year 04-05. Further, for Fiscal Year 2004 – 2005, the total RCDMH client population represents 1.73% of the total 2005 Riverside County population.

[1] State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004.
[2] Riverside County's Data Management System, *Who We Serve.*

Riverside County Population by Age[1]

Year	Children (0 to 17)	% Change	Transitional (16 to 25)	% Change	Adults (18 to 59)	% Change	Older Adults (60 & up)	% Change
2000	469,628	-	212,083	-	832,541	-	251,733	-
2001	480,818	2.38%	225,049	6.11%	871,407	4.67%	264,479	5.06%
2002	491,971	2.32%	239,461	6.40%	911,865	4.64%	278,572	5.33%
2003	507,291	3.11%	254,233	6.17%	955,662	4.80%	295,766	6.17%
2004	518,756	2.26%	269,236	5.90%	990,482	3.64%	306,156	3.51%
2005	**530,207**	**2.21%**	**283,222**	**5.19%**	**1,024,267**	**3.41%**	**317,113**	**3.58%**
2006	541,247	2.08%	297,989	5.21%	1,059,772	3.47%	328,358	3.55%
2007	551,729	1.94%	310,877	4.32%	1,093,372	3.17%	341,689	4.06%
2008	**561,959**	**1.85%**	**322,419**	**3.71%**	**1,128,783**	**3.24%**	**354,878**	**3.86%**

Population growth projections from 2005 to 2008 throughout Riverside County are estimated at 9.3%. The number of children between 0 and 17 years old are projected to increase by 5.99%. The transitional age youth population between 16 and 25 years old are projected to increase by 13.48%. The adult population between 18 and 59 years old will increase by 10.20%. The older adult population (60 years and older) will increase by 11.91%. The greatest population increase within age groups is projected for the transitional age youth and older adult population. Therefore, although adults make up the greatest proportion in the population, Riverside County will expect to serve a greater proportion of transitional age youth and older adults in the coming years.



From 2000 to 2008, out of the total population, the greatest increase is seen in transitional age youth (+0.63%).

[1] State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004.

RCDMH Clients by Age[2]

Year	Children (0 to 17)	% Change	Transitional (16 to 25)	% Change	Adults (18 to 59)	% Change	Older Adults (60 & up)	% Change
02-03	**10,233**	**-**	**7,454**	**-**	**22,348**	**-**	**1,540**	**-**
03-04	10,521	2.81%	7,631	2.37%	22,403	0.25%	1,615	4.87%
04-05	**9,847**	**- 6.41%**	**7,298**	**- 4.36%**	**20,899**	**- 6.71%**	**1,559**	**- 3.47%**

There was a decrease in RCDMH clients from fiscal year 2002-2003 to fiscal year 2004-2005. There were 3.77% fewer children served, 2.09% fewer transitional age youth served, 6.48% fewer adults served, and 1.23% fewer older adults served.

For fiscal year 2004-2005, out of the total Riverside County population, RCDMH served 1.86% of children, 2.58% of all transitional age youth, 2.04% of all adults, and 0.49% of all older adults.

Riverside County Population by Gender[1]

	Female	% Change	Male	% Change
2000	780,247	-	773,655	-
2001	811,802	4.04%	804,902	4.04%
2002	844,882	4.07%	837,526	4.05%
2003	883,465	4.57%	875,254	4.50%
2004	912,037	3.23%	903,357	3.21%
2005	**940,348**	**3.10%**	**931,239**	**3.09%**
2006	969,528	3.10%	959,849	3.07%
2007	998,469	2.99%	988,321	2.97%
2008	**1,028,158**	**2.97%**	**1,017,462**	**2.95%**

RCDMH Clients by Gender[2]

Year	Female	% Change	Male	% Change
02-03	**16,398**	**-**	**17,723**	**-**
03-04	16,676	1.70%	17,863	0.79%
04-05	**15,468**	**-7.24%**	**16,837**	**-5.74%**

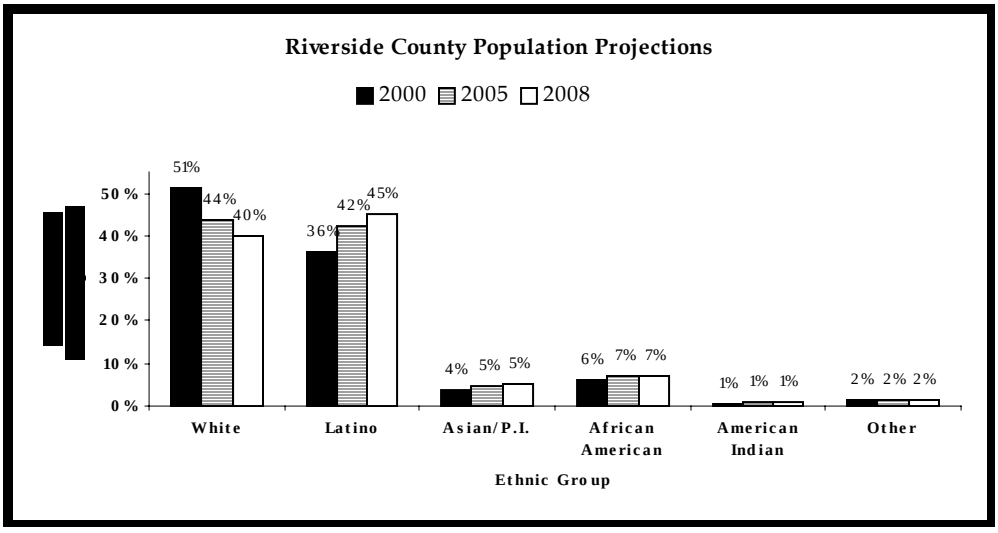
In contrast to a 9.34% increase in females and a 9.26% in males in the Riverside County population, there was a decrease of RCDMH clients from fiscal year 2002-2003 to fiscal year 2004-2005. Female clients decreased by 5.67% and male clients decreased by 4.99%. For fiscal year 2004-2005, RCDMH served 1.64% of females in Riverside County and 1.81% of males in Riverside County.

[2] Riverside County's Data Management System, *Who We Serve.*
[1] State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050.* Sacramento, CA, May 2004.
[2] Riverside County's Data Management System, *Who We Serve.*

Riverside County Population by Ethnicity[1]

	White	% Change	Latino	% Change	Asian	% Change	African American	% Change	American Indian	% Change	Other	% Change
2000	796,892	-	565,714	-	60,815	-	94,332	-	10,633	-	25,516	-
2001	801,726	0.61%	608,980	7.65%	66,314	9.04%	101,083	7.16%	11,635	9.42%	26,966	5.68%
2002	806,860	0.64%	654,345	7.45%	72,087	8.71%	107,967	6.81%	12,618	8.45%	28,531	5.80%
2003	813,062	0.77%	706,139	7.92%	79,536	10.33%	117,077	8.44%	13,825	9.57%	29,080	1.92%
2004	815,154	0.26%	748,101	5.94%	84,534	6.28%	122,970	5.03%	14,953	8.16%	29,682	2.07%
2005	**816,723**	**0.19%**	**790,878**	**5.72%**	**89,218**	**5.54%**	**128,911**	**4.83%**	**15,581**	**4.20%**	**30,276**	**2.00%**
2006	818,310	0.19%	834,711	5.54%	94,266	5.66%	134,969	4.70%	16,220	4.10%	30,901	2.06%
2007	818,936	0.08%	879,442	5.36%	98,949	4.97%	141,085	4.53%	16,861	3.95%	31,517	1.99%
2008	**819,521**	**0.07%**	**925,243**	**5.21%**	**103,872**	**4.98%**	**147,304**	**4.41%**	**17,508**	**3.84%**	**32,172**	**2.08%**

From 205 to 2008, across all age groups, projections indicate the greatest increase will be within the Latino population (16.99%). The Asian & Pacific Islander population is also projected to show a dramatic growth (16.42%).



From 2000 to 2008, looking at the proportion of individuals out of the total Riverside County population, all ethnic groups show an increase, with exception to the White ethnic group (a decrease of 3.58% from 2005 to 2008). The greatest increase is seen in the Hispanic ethnic group from 2005 to 2008 (2.97%).

[1] State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004.

RCDMH Clients by Ethnicity[2]

Year	White	% Change	Latino	% Change	Asian/PI	% Change	African American	% Change	American Indian	% Change	Other[3]	% Change
02-03	**18,521**	**-**	**9,155**	**-**	**741**	**-**	**4,368**	**-**	**291**	**-**	**1,045**	**-**
03-04	18,198	-1.74%	9,491	3.67%	804	8.50%	4,391	0.53%	323	11.00%	1,332	27.46%
04-05	**16,410**	**-9.83%**	**8,975**	**-5.44%**	**749**	**-6.84%**	**3,998**	**-8.95%**	**265**	**-17.96%**	**1,908**	**43.24%**

There was a decrease of RCDMH clients for each ethnic group except for the 'Other'[3] group category from the Fiscal Year 02-03 to Fiscal Year 04-05. The Other category increased by 43.24% (perhaps a function of individuals identifying with more than one ethnicity, which would be included in this category). The greatest decrease was seen with American Indian clients with a decrease of 17.96% (perhaps a function of how clients' ethnicity are identified). For Fiscal Year 2004 – 2005, White RCDMH clients represented 2.01% of 2005 Riverside County White population, Hispanic RCDMH clients represented 1.13% of 2005 Riverside County Hispanic population, Asian/Pacific Islander RCDMH clients represented 0.84% of 2005 Riverside County Asian/Pacific Islander population, and African American RCDMH clients represented 3.10% of 2005 Riverside County African American population.

[2] Riverside County's Data Management System, *Who We Serve.*

[3] The Other ethnic category includes multi-race, unknown, and those not categorized.

RCDMH Clients by Primary Diagnosis[2]

Children by Primary Diagnosis
Fiscal Year 2003-2004

	Asian		Black		Latino		Amer. Indian		Other		White		Total
Schizophrenia	3	1.7%	55	3.9%	91	2.6%	3	2.9%	6	0.8%	109	2.4%	267
Bipolar Mood Disorders	2	1.1%	11	0.8%	24	0.7%	3	2.9%	5	0.6%	144	3.2%	189
Major Depression	10	5.7%	57	4.1%	215	6.1%	5	4.9%	52	6.6%	203	4.5%	542
Anxiety	11	6.3%	54	3.8%	168	4.8%	3	2.9%	38	4.8%	212	4.7%	486
ADHD & Disruptive Behavior	**45**	**25.9%**	**434**	**30.9%**	**880**	**25.0%**	**17**	**16.5%**	**215**	**27.4%**	**1,255**	**27.7%**	**2,846**
Other Disorders of Childhood	6	3.4%	43	3.1%	91	2.6%	3	2.9%	24	3.1%	155	3.4%	322
Adjustment Disorders	28	16.1%	215	15.3%	703	20.0%	15	14.6%	204	26.0%	745	16.4%	1,910
Substance Use Disorders	0	0.0%	10	0.7%	59	1.7%	1	1.0%	4	0.5%	60	1.3%	134
Other Disorders[4]	**69**	**39.7%**	**525**	**37.4%**	**1,285**	**36.5%**	**53**	**51.5%**	**238**	**30.3%**	**1,655**	**36.5%**	**3,825**
Total	174	100%	1,404	100%	3,516	100%	103	100%	786	100%	4,538	100%	10,521

Among children diagnosed and served in fiscal year 2003-2004, all ethnic groups show a high proportion of child clients diagnosed with ADHD & Disruptive Behavior or 'Other' Disorder. The third most common diagnosis across all ethnic groups is Adjustment Disorders.

[2] Riverside County's Data Management System, *Who We Serve.*
[4] Other Disorders include Dissociative, Eating, Impulse, Manic, Mood, Organic, Personality, Sex/Gender, Sleep, Somatoform, and Other diagnoses.

Transitional Age Youth by Primary Diagnosis
Fiscal Year 2003-2004

	Asian		Black		Latino		Native		Other		White		Total
Schizophrenia	**35**	**25.2%**	**243**	**22.5%**	373	15.2%	8	12.9%	24	9.8%	518	14.2%	**1,201**
Bipolar Mood Disorders	3	2.2%	25	2.3%	46	1.9%	1	1.6%	5	2.0%	214	5.9%	294
Major Depression	8	5.8%	66	6.1%	204	8.3%	3	4.8%	28	11.4%	258	7.1%	567
Anxiety	2	1.4%	33	3.1%	81	3.3%	3	4.8%	11	4.5%	130	3.6%	260
ADHD & Disruptive Behavior	22	15.8%	143	13.3%	300	12.2%	5	8.1%	39	15.9%	416	11.4%	925
Other Disorders of Childhood	1	0.7%	7	0.6%	27	1.1%	1	1.6%	2	0.8%	37	1.0%	75
Adjustment Disorders	19	13.7%	158	14.6%	**442**	**18.0%**	**12**	**19.4%**	**32**	**13.0%**	**545**	**15.0%**	**1,208**
Substance Use Disorders	3	2.2%	38	3.5%	144	5.8%	5	8.1%	5	2.0%	178	4.9%	373
Other Disorders[4]	**46**	**33.1%**	**366**	**33.9%**	**845**	**34.3%**	**24**	**38.7%**	**100**	**40.7%**	**1,347**	**37.0%**	**2,728**
Total	139	100%	1,079	100%	2,462	100%	62	100%	246	100%	3,643	100%	7,631

Among transitional age youth, the most common diagnoses across all ethnic groups fall into the 'other' category (see footnote for definition). However, the second most common diagnosis differs across ethnic groups. Asian and Black transitional age youth clients were more often diagnosed with Schizophrenia. Hispanic, American Indian, White, and other ethnicities (including mixed ethnicity) transitional age youth clients were more often diagnosed with an Adjustment Disorder.

[4] Diagnoses in the 'Other' category include Dissociative, Eating, Impulse, Manic, Mood, Organic, Personality, Sex/Gender, Sleep, Somatoform, and Other diagnoses.

Adults by Primary Diagnosis

Fiscal Year 2003-2004

	Asian		African American		Latino		American Indian		Other		White		Total
Schizophrenia	**228**	**39.7%**	**1,170**	**41.0%**	1,639	28.8%	**69**	**32.7%**	90	17.6%	3,482	27.7%	**6,678**
Bipolar Mood Disorders	19	3.3%	99	3.5%	189	3.3%	6	2.8%	41	8.0%	1,008	8.0%	1,362
Major Depression	82	14.3%	268	9.4%	654	11.5%	26	12.3%	85	16.7%	1,374	10.9%	2,489
Anxiety	28	4.9%	98	3.4%	268	4.7%	8	3.8%	39	7.6%	565	4.5%	1,006
ADHD & Disruptive Behavior	8	1.4%	67	2.3%	154	2.7%	3	1.4%	14	2.7%	228	1.8%	474
Other Disorders of Childhood	1	0.2%	1	0.0%	14	0.2%	1	0.5%	0	0.0%	29	0.2%	46
Adjustment Disorders	56	9.7%	311	10.9%	824	14.5%	25	11.8%	65	12.7%	1,254	10.0%	2,535
Substance Use Disorders	13	2.3%	95	3.3%	254	4.5%	9	4.3%	6	1.2%	524	4.2%	901
Other Disorders[4]	140	24.3%	745	26.1%	**1,688**	**29.7%**	64	30.3%	**170**	**33.3%**	**4,105**	**32.7%**	**6,912**
Total	575	100%	2,854	100%	5,684	100%	211	100%	510	100%	12,569	100%	22,403

Among adult clients served in fiscal year 2003-2004, Asian/Pacific Islander, African American, and American Indian adult clients were most often diagnosed with Schizophrenia. Hispanic, White, and Other adult clients were most often diagnosed with 'other' disorders.

Schizophrenia was the second most common diagnosis for Hispanic, White, and Other adult clients.

[4] Other Disorders include Dissociative, Eating, Impulse, Manic, Mood, Organic, Personality, Sex/Gender, Sleep, Somatoform, and Other diagnoses.

Older Adults by Primary Diagnosis
Fiscal Year 2003-2004

	Asian		Black		Latino		Native		Other		White		Total
Schizophrenia	**23**	**41.8%**	**65**	**48.9%**	**114**	**39.0%**	**5**	**55.6%**	**10**	**28.6%**	**373**	**34.2%**	**590**
Bipolar Mood Disorders	4	7.3%	8	6.0%	13	4.5%	0	0.0%	4	11.4%	109	10.0%	138
Major Depression	7	12.7%	12	9.0%	46	15.8%	3	33.3%	9	25.7%	182	16.7%	259
Anxiety	6	10.9%	3	2.3%	14	4.8%	0	0.0%	0	0.0%	42	3.8%	65
ADHD & Disruptive Behavior	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other Disorders of Childhood	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	1
Adjustment Disorders	0	0.0%	6	4.5%	17	5.8%	0	0.0%	4	11.4%	64	5.9%	91
Substance Use Disorders	0	0.0%	3	2.3%	3	1.0%	0	0.0%	0	0.0%	19	1.7%	25
Other Disorders[4]	15	27.3%	36	27.1%	85	29.1%	1	11.1%	8	22.9%	301	27.6%	446
Total	55	100%	133	100%	292	100%	9	100%	35	100%	1,091	100%	1,615

For older adult clients served in fiscal year 2003-2004, Schizophrenia was the most common diagnosis regardless of ethnicity.

[4] Other Disorders include Dissociative, Eating, Impulse, Manic, Mood, Organic, Personality, Sex/Gender, Sleep, Somatoform, and Other diagnoses.

UNMET NEED
Unserved Population

In Riverside County, the concept of Unmet Need has been championed as a measure of equitable distribution of resources and a means for establishing priorities for expansion of services.

Unmet Need is calculated based on the difference between the estimated prevalence of mentally ill individuals and those actually served. Estimations of the prevalence of mentally ill individuals include the prevalence percentages including the number of youth with a serious emotional disorder (SED) and adults with a serious mental illness (SMI). These percentages are applied to Riverside County's Census[5]. The clients served include all clients who received a single service from RCDMH. The difference between the estimations of prevalence and those served represent Unmet Need.

Our concept of Unmet Need corresponds with the State's category of 'Unserved' individuals.

The table on the following page was distributed to the full range of planning committees for the purposes of establishing a common understanding of Unmet Need within the County.

[5] California, Department of Mental Health. Retrieved September 2005. Prevalence Rates of Mental Disorders, Updated October 2004. http://www.dmh.ca.gov/SADA/SDA-Prevalence_Rates.asp

RCDMH Unmet Needs FY 2003-2004					
Total Pop	Riverside County Population Total[A]	RCDMH Clients Served[B]	Prevalence Total [A]	Unmet Needs[C]	% of Unmet Needs[D]
All ages	1,777,195	34,539	120,782	86,243	71.40%
Youth total	**538,995**	**10,521**	**40,649**	**30,128**	**74.12%**
Age					
00-05	170,939	741	13,082	12,341	94.34%
06-11	193,777	3,304	14,465	11,161	77.16%
12-17	174,278	6,476	13,103	6,627	50.58%
Gender					
Male	275,684	6,297	20,828	14,531	69.77%
Female	263,311	4,224	19,821	15,597	78.69%
Ethnicity					
White	204,572	4,511	14,309	9,798	68.48%
Black	36,655	1,391	2,877	1,486	51.66%
Asian/Pacific Is.[F]	16,897	179	1,228	1,049	85.43%
Native/Other/Multi[F]	22,143	952	1,653	701	42.39%
Hispanic	258,727	3,488	20,582	17,094	83.05%
Adult total	**1,238,200**	**24,018**	**80,132**	**56,114**	**70.03%**
Age					
18-20	77,401	2,183	7,815	5,632	72.07%
21-24	86,349	2,387	6,586	4,199	63.76%
25-34	234,856	5,593	15,095	9,502	62.95%
35-44	278,496	6,199	22,112	15,913	71.97%
45-54	202,425	4,724	10,639	5,915	55.60%
55-59	71,162	1,317	3,643	2,326	63.85%
60+	287,512	1,615	14,247	12,632	88.66%
Gender					
Male	609,108	11,566	31,302	19,736	63.05%
Female	629,093	12,452	48,830	36,378	74.50%
Ethnicity					
White	702,583	13,672	43,637	29,965	68.67%
Black	69,608	2,983	4,401	1,418	32.22%
Asian/Pacific Is.[F]	50,359	633	3,089	2,456	79.51%
Native/Other/Multi[F]	30,866	767	2,061	1,294	62.78%
Hispanic	384,784	5,963	26,946	20,983	77.87%
Marital status					
Married	736,194	4,199	34,369	30,170	87.78%
Sep/Wid/Div	242,456	6,317	25,585	19,268	75.31%
Single	259,552	11,718	20,178	8,460	41.93%
Education					
Grades 00-11	318,182	8,675	28,137	19,462	69.17%
HS graduate	735,487	8,942	46,769	37,827	80.88%
College grad	184,531	624	5,224	4,600	88.06%

** Prevalence includes the number of youth who have serious emotional disturbances (SED) and the number of

A - California Department of Mental Health, Prevalence Webpage (http://www.dmh.ca.gov/SADA/SDA-

B - RCDMH, Research & Evaluation FY 03-04 Who We Serve Internal Database Pull (9/22/04)

C - (2004 Prevalence Total) - (RCDMH FY 03-04 Total Clients Served)

D - ((2004 Prevalence Total) - (RCDMH FY 03-04 Total Clients Served)) / (2004 Prevalence Total)

F - Ethinicty Category Breakdown:

Asian/P.I. Include: Asian-Non Hispanic & Pacific Island-Non Hispanic

Native/Other/Multi Include: Native-Non Hispanic, Multi-Non Hispanic, & Other-Non Hispanic

H - Prevalence rate calculated by obtaining weighted average:

Asian/Pacific Is. = (weighted average of Asian & Pacific Is.)

Native/Other/Multi = (weighted average of Native, Other, and Multi)

The following is an in-depth analysis of unmet need within various populations in the County.

Unmet Need (Unserved) – By Age Group

RCDMH Unmet Need (Unserved) FY 2003-2004					
Total Pop	**Riverside County Population Total**	**RCDMH Clients Served**	**Prevalence Total**	**2004 Unserved**	**% Unserved**
All ages	1,777,195	34,539	120,796	86,257	71.41%
Children	538,995	10,521	40,638	30,117	74.11%
TAY	234,856	7,631	15,101	7,470	49.47%
Adults	950,689	22,403	65,911	43,508	66.01%
Older Adults	287,512	1,615	14,247	12,632	88.66%

Children < 18 years

Among youth between the ages of 0 and 17 years, the 2004 Riverside County total prevalence of SED youth is 40,638. On the other hand, Riverside County Department of Mental Health served a total of 10,521 youth, so the unserved population total is 30,117. Over 74% of SED youth did not receive mental health services.

Transitional Age 16-25 years

The population between the ages of 16 and 25 years make up the transitional age youth. The 2004 Riverside County total prevalence of SED and SMI transitional age youth is 15,101. Riverside County Department of Mental Health served a total of 7,631 clients between the ages of 16 and 25 years of age. Over 61% of the transitional age youth suffering from an SED or an SMI did not receive mental health services.

Adults 18-59 years

The 2004 Riverside County total prevalence of SMI adults between the ages of 18 and 59 years is 65,911. Riverside County Department of Mental Health served a total of 22,403 adults. Over 66% of adults suffering from an SMI did not receive mental health services.

Older Adults 60+ years

The 2004 Riverside County total prevalence of SMI older adults at the age of 60 years or older is 14,247. Riverside County Department of Mental Health served a total of 1,615 older adults. Over 88% of older adults suffering from an SMI did not receive mental health services. This percentage is the greatest amongst the remaining four age groups.

Unmet Need (Unserved) – by Ethnicity

Special attention is paid to any racial ethnic disparities to recognize barriers the general population may face when accessing mental health services. Efforts in cultural and linguistic competency will be made to ensure services are comparably accessible to all ethnicity groups within Riverside County.

Unmet Need (Unserved) – White Population by Age Group

RCDMH White Population Unmet Need (Unserved)
FY 2003-2004

	2004 White Population Total	RCDMH Total Served	Prevalence Total	2004 Unserved	% Unserved
Total	907,156	18,198	57,930	39,732	68.59%
Children	204,572	4,537	14,300	9,763	68.27%
TAY	90,649	3,643	5,808	2,165	37.28%
Adults	474,944	12,570	29,494	16,924	57.38%
Older Adults	227,639	1,091	14,136	13,045	92.28%

Children < 18 years

The percentage of White children who were unserved is over 68%. Of the estimated SED White youth prevalence of 14,300, a total of 9,763 White children between the ages of 0 and 17 years did not receive mental health services.

Transitional Age 16-25 years

The percentage of White transitional age youth who were unserved is over 37%. Of the estimated 5,808 total prevalence, 2,165 White children and adults between the ages of 16 and 25 years did not receive mental health services.

Adults 18-59 years

The percentage of White adults who were unserved is over 57%. Of the estimated SMI, White adult prevalence of 29,494, a total of 16,924 White adults did not receive mental health services.

Older Adults 60+ years

The percentage of White older adults who were unserved is over 92%. Of the estimated SMI, White older adult prevalence of 14,136, a total of 13,045 White older adults did not receive mental health services.

Unmet Need (Unserved) – African American Population by Age Group

RCDMH African American Population Unmet Need (Unserved) FY 2003-2004					
	2004 African American Population Total	**RCDMH Total Served**	**Prevalence Total**	**2004 Unserved**	**% Unserved**
Total	106,263	4,391	7,303	2,912	39.87%
Children	36,655	1,404	2,877	1,473	51.21%
TAY	15,042	1,079	1,037	-42	-4.10%
Adults	59,263	2,854	3,771	917	24.33%
Older Adults	10,345	133	654	521	79.66%

Children < 18 years

The percentage of African American children who were unserved is over 51%. Of the estimated SED African American youth prevalence of 2,877, a total of 1,473 African American children between the ages of 0 and 17 years did not receive mental health services.

Transitional Age 16-25 years

RCDMH served a greater percentage of African American transitional age youth in fiscal year 2003-2004. Of the estimated 1,037 total prevalence, 1,079 African American children and adults between the ages of 16 and 25 years received mental health services.

Adults 18-59 years

The percentage of African American adults who were unserved is over 24%. Of the estimated SMI, African American adult prevalence of 3,771, a total of 917 African American adults did not receive mental health services.

Older Adults 60+ years

The percentage of African American older adults who were unserved is over 79%. Of the estimated SMI, African American older adult prevalence of 654, a total of 521 African American older adults did not receive mental health services**.**

Unmet Need (Unserved) – Latino Population by Age Group

RCDMH Latino Population Unmet Need (Unserved) FY 2003-2004					
	2004 Latino Population Total	**RCDMH Total Served**	**Prevalence Total**	**2004 Unserved**	**% Unserved**
Total	643,511	9,491	47,530	38,039	80.03%
Children	258,727	3,516	20,595	17,079	82.93%
TAY	114,438	2,462	8,246	5,784	70.14%
Adults	347,162	5,683	24,301	18,618	76.61%
Older Adults	37,622	292	2,634	2,342	88.91%

Children < 18 years

The percentage of Hispanic children who were unserved is over 82%. Of the estimated SED Hispanic youth prevalence of 20,595, a total of 17,079 Hispanic children between the ages of 0 and 17 years did not receive mental health services.

Transitional Age 16-25 years

The percentage of Hispanic transitional age youth who were unserved is over 70%. Of the estimated 8,246 total prevalence, 5,784 Hispanic children and adults between the ages of 16 and 25 years did not receive mental health services.

Adults 18-59 years

The percentage of Hispanic adults who were unserved is over 76%. Of the estimated SMI, Hispanic adult prevalence of 24,301, a total of 18,618 Hispanic adults did not receive mental health services.

Older Adults 60+ years

The percentage of Hispanic older adults who were unserved is over 88%. Of the estimated SMI, Hispanic older adult prevalence of 2,634, a total of 2,342 Hispanic older adults did not receive mental health services.

Unmet Need (Unserved) – Asian/Pacific Islander Population by Age Group

RCDMH Asian/P.I. Population Unmet Need (Unserved)
FY 2003-2004

	2004 Asian/P.I. Population Total	RCDMH Total Served	Prevalence Total	2004 Unserved	% Unserved
Total	67,255	804	4,317	3,513	81.38%
Children	16,897	174	1,228	1,054	85.84%
TAY	12,881	139	815	676	82.94%
Adults	43,079	575	2,643	2,068	78.25%
Older Adults	7,280	55	446	391	87.66%

Children < 18 years

The percentage of Asian / Pacific Islander children who were unserved is over 85%. Of the estimated SED Asian / Pacific Islander youth prevalence of 1,228, a total of 1,054 Asian / Pacific Islander children between the ages of 0 and 17 years did not receive mental health services.

Transitional Age 16-25 years

The percentage of Asian / Pacific Islander transitional age youth who were unserved is over 82%. Of the estimated 815 total prevalence, 676 Asian / Pacific Islander children and adults between the ages of 16 and 25 years did not receive mental health services.

Adults 18-59 years

The percentage of Asian / Pacific Islander adults who were unserved is over 78%. Of the estimated SMI, Asian / Pacific Islander adult prevalence of 2,643, a total of 2,068 Asian / Pacific Islander adults did not receive mental health service

Older Adults 60+ years

The percentage of Asian / Pacific Islander older adults who were unserved is over 87%. Of the estimated SMI, Asian / Pacific Islander older adult prevalence of 446, a total of 391 Asian / Pacific Islander older adults did not receive mental health services.

Unmet Need (Unserved) – American Indian/Alaskan Native Population by Age Group

RCDMH American Indian/Alaskan Native Population Unserved FY 2003-2004					
	2004 American Indian/Alaskan Native Population Total	**RCDMH Total Served**	**Prevalence Total**	**2004 Unserved**	**% Unserved**
Total	10,135	323	566	243	42.93%
Children	3,077	103	240	137	57.08%
TAY	1,456	62	79	17	21.52%
Adults	5,950	211	275	64	23.27%
Older Adults	1,108	9	51	42	82.35%

Children < 18 years

The percentage of American Indian/Alaskan Native children who were unserved is over 57%. Of the estimated SED American Indian/Alaskan Native youth prevalence of 240, a total of 137 American Indian/Alaskan Native children between the ages of 0 and 17 years did not receive mental health services.

Transitional Age 16-25 years

The percentage of American Indian/Alaskan Native transitional age youth who were unserved is over 21%. Of the estimated 79 total prevalence, 17 American Indian/Alaskan Native children and adults between the ages of 16 and 25 years did not receive mental health services.

Adults 18-59 years

The percentage of American Indian/Alaskan Native adults who were unserved is over 23%. Of the estimated SMI, American Indian/Alaskan Native adult prevalence of 275, a total of 64 American Indian/Alaskan Native adults did not receive mental health service.

Older Adults 60+ years

The percentage of American Indian/Alaskan Native older adults who were unserved is over 82%. Of the estimated SMI, Asian / Pacific Islander older adult prevalence of 51, a total of 42 American Indian/Alaskan Native older adults did not receive mental health services.

To be consistent with estimates for other ethnic groups, the estimates on this page are based on US Census.

SEE PAGE 30 FOR ADDITIONAL DATA AND ANALYSIS RELATING TO THIS POPULATION.

Unmet Need (Unserved) – 'Other'[6] Population by Age Group

RCDMH 'Other' Population Unmet Need (Unserved) FY 2003-2004					
	2004 Other Population Total	**RCDMH Total Served**	**Prevalence Total**	**2004 Unserved**	**% Unserved**
Total	41,354	1,332	3,061	1,729	56.49%
Children	18,605	787	1,377	590	42.83%
TAY	6,514	246	482	236	48.96%
Adults	19,398	510	1,437	927	64.51%
Older Adults	3,351	35	248	213	85.87%

Children < 18 years
The percentage of Other children who were unserved is over 42%. Of the estimated SED Other youth prevalence of 1,377, a total of 590 Other children between the ages of 0 and 17 years did not receive mental health services.

Transitional Age 16-25 years
The percentage of Other transitional age youth who were unserved is over 48%. Of the estimated 482 total prevalence, 236 Other children and adults between the ages of 16 and 25 years did not receive mental health services.

Adults 18-59 years
The percentage of Other adults who were unserved is over 64%. Of the estimated SMI, Other adult prevalence of 1,437, a total of 927 Other adults did not receive mental health services.

Older Adults 60+ years
The percentage of Other older adults who were unserved is over 85%. Of the estimated SMI, Other older adult prevalence of 248, a total of 213 Other older adults did not receive mental health services.

ANOTHER WAY TO LOOK AT UNMET NEED

The figure on the following page was provided to the department's MHSA Leadership Committee to inform decisions regarding distribution of resources.

Out of the total number of unserved mentally ill individuals, the largest proportion are in the adult age range (38%), followed by children (33%), then older adults (15%), and transition age youth (17%). These data were used to inform planning committees in discussions regarding how the funds should be distributed to providers of these various age groups.

[6] The Other ethnic category includes multi-race, unknown, and those not categorized.

Children (0 - 15 Years)	483,206	8,047	36,444	28,397	77.92%
Transitional Youth (16 - 25 Years)	241,198	7,631	19,994	12,363	61.83%
Adults (26 - 59 Years)	765,280	17,246	50,112	32,866	65.59%
Older Adults (60+ Years)	287,512	1,615	14,247	12,632	88.66%

A - Based on 2000 U.S. Census Data with 15% increase for 2004.

B - RCDMH, Research & Evaluation FY 03-04 Who We Serve Internal Database Pull (9/22/04).

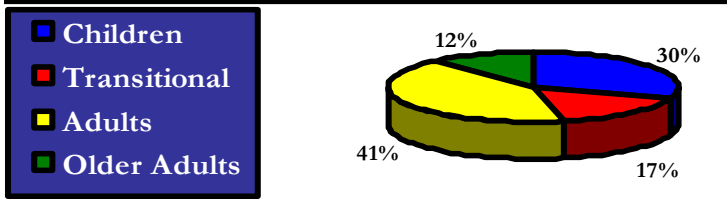
C - Based on 2000 Prevalence (California Department of Mental Health, Prevalence web page) with 15% increase for 2004.

Prevalence includes the number of youth who have serious emotional disturbances (SED) and the number of adults who have serious emotional illnesses (SMI).

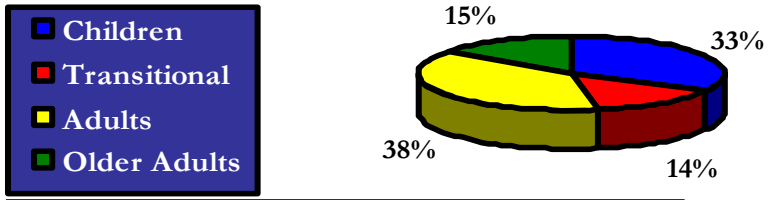
D - (2004 Prevalence Total) - (RCDMH FY 03-04 Total Clients Served).

E - [(2004 Prevalence Total) - (RCDMH FY 03-04 Total Clients Served)] / (2004 Prevalence Total).

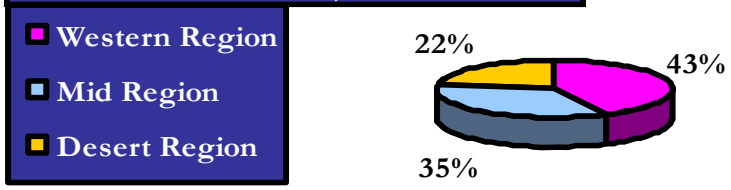
Percentage of Prevalence by Age Group (Prevalence Total 2004 Estimate = 120,849)[C]



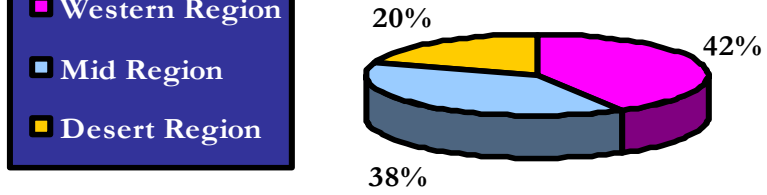
Percentage of Unmet Needs by Age Group (2004 Unmet Needs Needs = 86,310)[D]



Percentage of Prevalence by Region (Prevalence Total 2004 Estimate = 120,849)[C]



Percentage of Unmet Needs by Region (2004 Unmet Needs Needs = 86,310)[D]



Key Populations of Interest

Population groups specific to Riverside County are highlighted in this section to bring awareness to the types of potential client population groups that are most likely to apply for mental health services.

Riverside County Uninsured Rates [7]

Uninsured Population		
	Uninsured	**Total Population 1/1/2005[8]**
Los Angeles County	690,000	10,226,506
Orange County	225,000	3,056,865
San Diego County	222,000	3,051,280
San Bernardino County	135,000	1,946,202
Alameda County	110,000	1,507,500
Riverside County	108,000	1,758,719
Santa Clara County	104,000	1,759,585

With a concern for those populations who face barriers to access mental health services, one group of concern is the uninsured population. According to the 2003 California Health Survey and the California Department of Finance, Riverside County is estimated to have both the 6th largest population in California and the 6th largest uninsured population in California. The average uninsured rate for California is 6.93%. Riverside County's uninsured rate totals 5.94%.

Riverside County & RCDMH Client Medi-Cal Beneficiaries

Medi-Cal Population	
2005 Beneficiary Profiles for Riverside County[9]	**287,799**
FY 2002-2003 Medi-Cal Beneficiaries Served by RCDMH[10]	17,372
FY 2003-2004 Medi-Cal Beneficiaries Served by RCDMH	18,137
FY 2004-2005 Medi-Cal Beneficiaries Served by RCDMH	**17,285**

In fiscal year 2004-2005, RCDMH served 6.01% of Riverside County's 2005 population who are Medi-Cal eligible.

[7] U.S. Census Bureau. *Population Most Likely to Apply for Services.* 2003 California Health Interview Survey.
[8] State of California, Department of Finance, *E-1 City / County Population Estimates, with Annual percent Change,* January 2004 and 2005. Sacramento, California, May 2005.
[9] State of California, California, Department of Health Services, Medi-Cal Beneficiary Profiles by County data by county of eligibility, age, gender, aid category, ethnicity, language, Medicare, and plan type, January 2005. Sacramento, CA, July 2005.
[10] *Riverside County Data Management System, Who We Serve data.*

Population Under 200% Poverty in the Riverside County[11]

Population under 200% poverty (including Medi-Cal)	
2000	519,004
2005	630,590
2005 Poverty Prevalence	55,388

Identified as a population group most likely to be represented within clients served by community mental health, there was an increase of 21.50% from 2000 to 2005 of individuals living under the 200% poverty level in Riverside County. For Riverside County's poverty population, the 2005 prevalence of those suffering from an SED or SMI totals 55,388.

2004 Riverside County Poverty Population by Age[12]

2004 Riverside County Poverty by Age	
Age Group	Estimated Poverty Total
0-17 yrs	105,388
16-24 yrs	45,759
18-64 yrs	135,166
65+ yrs	18,012

Adults between the ages of 18 and 64 have the greatest proportion of population living below the poverty level.

Riverside County - Language Spoken at Home[13]

Riverside County - Persons (Age 5+) by Language Spoken at Home		
	Language	Total
Most Common	English	957,094
Most Common Non-English	Spanish	394,322
Second Most Common Non-English	Tagalog	11,927

In 2000, the most common language spoken at home in Riverside County was English. The most common non-English language was Spanish, which was consistent with all but one county in California (San Francisco – Chinese). The second most common non-English language was Tagalog**.**

[11] U.S. Census Bureau, updated to reflect the 2005 population.
[12] U.S. Census Bureau, *B17001. Poverty Status in the Past 12 Months by Sex by Age – Universe Population for whom Poverty Status is Determined.* 2004 Community Survey, September 2005.
[13] California, Department of Finance, Demographic Research Unit, *Summary File-3 Analyses*. Sacramento, California, April 2005.

RCDMH Language of Clients Served[14]

RCDMH Language of Clients Served Fiscal Year 2003-2004			
	Most Common	Most Common Non-English	Second Most Common Non-English
Children	English	Spanish	Tagalog
N	9,055	541	27
TAY	English	Spanish	Thai
N	7,053	273	10
Adults	English	Spanish	Vietnamese
N	20,263	1,235	45
Older Adults	English	Spanish	Laotian
N	1,401	125	9

Across all four age groups, English is the most common language and Spanish is the most common non-English language preferred by RCDMH clients served in fiscal year 2003-2004. The second most common non-English language differs across all four age groups. Older adults prefer Laotian, adults prefer Vietnamese, transitional age youth prefer Thai, and children prefer Tagalog.

It is important to note that there are inconsistencies across the department regarding how these data are noted and recorded. These statistics confuse the distinction between clients who prefer a particular language with those who are fluently bilingual and confuse the distinctions between unilingual and bilingual clients.

Incarcerated in Riverside County[15]

Incarcerated in Riverside County	
Average Per Day in 2005	3,200

Riverside County has the 8th largest jail system in California and the 26th largest in the nation. In 2004, 54,000 arrestees were booked, which is an increase of 2.4% from 2003. Riverside County's current average headcount totals 3,200 inmates per day. With full capacity at 3,358 beds, Riverside County is forced to manage the inmate population by releasing inmates prior to completion of sentence dates. Current efforts are underway to confirm estimated state average projections that Riverside County's jail needs will exceed the 3,358 beds to total 4,136 in 2005. This total is projected to continue to grow.

[14] *Riverside County Data Management System, Who We Serve data.*
[15] Riverside County's Sheriff's Department, *2004/2005 Budget: average headcount over January 2005, February 2005, and March 2005*.

Riverside County's Juveniles in a Juvenile Justice Facility[16]

Riverside County Juveniles in Juvenile Justice Facilities			
Juvenile Halls	Calendar Year 2003	Calendar Year 2004	% Change
Riverside Juvenile Hall	1,939	1,668	-13.98%
Indio Juvenile Hall	785	707	-9.94%
Southwest Juvenile Hall	1,184	1,117	-5.66%
Van Horn Youth Center	67	77	14.93%
Twin Pines Ranch	127	137	7.87%
Desert Youth Academy	26	40	53.85%

Riverside County Juveniles on Probation

Riverside County Youth Probation Fiscal Year 2003-2004	
Estimated Total Youth on Probation within a Year	4,200
Estimated Total Youth Substance Abusers	3,780 - 3,990[17]

Facility Population Breakdown on 1 Typical Day	
Riverside Juvenile Hall	193
Indio Juvenile Hall	138
Southwest Juvenile Hall	99
Van Horn Youth Center	44
Twin Pines Ranch	70
CYA	200

In Riverside County, the number of youth on probation in one year is estimated to total 4,200. Of those on probation, probation administrators approximate that 90% to 95% are also substance abusers.

Riverside County Adult Probation[18]

Riverside County Adult Probation Fiscal Year 2003-2004	
Total Adults on Probation within a Year	13,762
Co-occurring Adults on Probation	2,495

In Riverside County, the number of adults on probation in fiscal year 2003-2004 totals 13,762. According to the Substance Abuse and Crime Prevention Act (SACPA) Program, there were a total of 2,495 adults receiving services for substance abuse services. The SACPA Program services those non-violent drug offenders who use, possess, or transport illegal drugs for personal use and receive drug treatment rather than incarceration[19].

[16] Riverside County Probation Department, July 2005.
[17] Riverside County Juvenile Hall, August 2005. Estimate 90% to 95% of youth on probation are substance abusers.
[18] Riverside County Department of Mental Health, Research & Evaluation. *Proposition 63 SACPA Report, FY 03-04.* March 2005.
[19] California Department of Mental Health. *Substance Abuse and Crime Prevention Act of 2000 (Prop. 36).* http://www.adp.cahwnet.gov/SACPA/prop36.shtml. September 2005.

Co-Occurring Population[20]

Riverside County Co-occurring Population by Age
Existing Caseloads September 2005[21]

	MH Clients Who Are **NOT** Receiving Drug/Alcohol Services	MH Clients Receiving Drug/Alcohol Services
Total	9,023 98.3%	152 1.7%
Children	2,067 99.6%	8 0.4%
TAY	1,396 98.1%	27 1.9%
Adults	6,251 97.9%	137 2.1%
Older Adults	705 99.0%	7 1.0%

In September 29, 2005, there were 9,175 Mental Health outpatient episodes open in Riverside County mental health clinics for 30 days or more that had received services within the last 60 days. The above table examines these clients who are open to RCDMH (does not include contract providers) to see how many were open at any Substance Abuse providers (includes contract providers). Of the four age groups, adults show the highest proportion of mental health clients also receiving drug/alcohol services.

Riverside County Co-occurring Population by Ethnicity
Existing Caseloads September 2005
~ CHILDREN ~

	MH Clients Who Are **NOT** Receiving Drug/Alcohol Services	MH Clients Receiving Drug/Alcohol Services
White	1,013 99.8%	2 0.2%
African American	244 99.6%	1 0.4%
Hispanic	704 99.3%	5 0.7%
Asian/P.I.	42 100%	0 0%
American Indian	28 100%	0 0%0
Other	57 100%	0 0%

For the children age group, the Hispanic ethnic group showed the greatest percentage of mental health clients also receiving drug/alcohol services.

[20] Riverside County Department of Mental Health, Co-Occurring Task Force
[21] Riverside County's Data Management System, *Clients Receiving Both MHS & DAS, September 2005.*

Riverside County Co-occurring Population by Ethnicity Existing Caseloads September 2005 ~ TAY ~		
	MH Clients Who Are **NOT** Receiving Drug/Alcohol Services	MH Clients Receiving Drug/Alcohol Services
White	744 97.6%	18 2.4%
African American	178 98.9%	2 1.1%
Hispanic	406 98.3%	7 1.7%
Asian/P.I.	38 100%	0 0%
American Indian	16 100%	0 0%
Other	21 100%	0 0%

For the transitional age youth group, the White ethnic group showed the greatest percentage of mental health clients also receiving drug/alcohol services.

Riverside County Co-occurring Population by Ethnicity Existing Caseloads September 2005 ~ ADULTS ~		
	MH Clients Who Are **NOT** Receiving Drug/Alcohol Services	MH Clients Receiving Drug/Alcohol Services
White	3,652 97.6%	90 2.4%
African American	721 98.2%	13 1.8%
Hispanic	1,554 97.9%	34 2.1%
Asian/P.I.	230 99.1%	2 0.9%
American Indian	43 100%	0 0%
Other	75 98.7%	1 1.3%

For the adult age group, the White ethnic group showed the greatest percentage of mental health clients also receiving drug/alcohol services.

Riverside County Co-occurring Population by Ethnicity Existing Caseloads September 2005 ~ OLDER ADULTS ~		
	MH Clients Who Are **NOT** Receiving Drug/Alcohol Services	MH Clients Receiving Drug/Alcohol Services
White	445 99.3%	3 0.7%
African American	56 98.2%	1 1.8%
Hispanic	155 98.1%	3 1.9%
Asian/P.I.	35 100%	0 0%
American Indian	5 100%	0 0%
Other	11 100%	0 0%

For the older adult age group, the African American ethnic group showed the greatest percentage of mental health clients also receiving drug/alcohol services.

Transitional Age ADULTS (TAA**)**

RCDMH Unserved FY 2003-2004					
Total Pop	**Riverside County Population Total**	**RCDMH Clients Served**	**Prevalence Total**	**2004 Unserved**	**% Unserved**
All ages	1,777,195	34,539	120,796	86,257	71.41%
TAA	71,088	1,312	3,634	2,322	63.90%

Transitional age adults are between the ages of 55 and 59. Bordering between the adult and older adult population, concerns lie with the prospect for this age group to successfully transition between adult and older adult services. Outreach efforts are needed to ensure those clients receiving adult services continue to receive services once in the older adult age group. In 2004, Riverside County's transitional age adult group made up 4.0% of the Riverside County's total population. Of the total number of clients served by Riverside County Department of Mental Health, 3.8% were between 55 and 59 years of age. In fiscal year 2003-2004, over 63% of the transitional age adult population was unserved.

Riverside County's American Indian Population

US Census concludes that there are 10,135 American Indians in Riverside County. However, this estimate may not adequately represent this population. Other estimates[22] suggest that there are 39,800 American Indians in Riverside County. This means that American Indians make up somewhere between 0.57% and 2.24% of the population.

California State Department of Mental Health prevalence estimates indicate that approximately 5.6% of American Indians have a mental illness. This means that there are between 566 and 2,223 mentally ill American Indians in Riverside County.

In FY04/05 RCDMH served 265 American Indians, so unmet need would indicate that between 301 and 1,958 unserved mentally ill American Indians in Riverside County.

[22] Indianz.com. Retrieved September 2005. American Indian population on the rise in U.S. Friday, August 12, 2005. http://indianz.com/News/2005/009803.asp

Homeless in Riverside County

Homeless in Riverside County[23]
2005

Per Day	Children Per Day	Adult Males	Adult Females
4,785	1,046	2,599	1,140

Homeless & Mentally Ill[24]
2005

Adults Per Day
2,314

Psychotic Symptoms	Mood Disorder/Depressive Symptoms	Bipolar Type Symptoms
21.9%	42.1%	37.7%

Homeless & Co-occurring Substance Abuse Disorder[25]
2005

Estimated Adults Per Day
494

Riverside County's local homeless census study conducted in 2005 concluded that there are 4,785 homeless per day in Riverside County. Riverside County's 2004/2005 Homeless Assessment[24] found a total of 2,314 adults who suffer from both homelessness & a diagnosable symptom of mental illness. Examples of such mental illnesses include experiencing psychotic symptoms (21.9%), mood disorder/depressive symptoms (42.1%), and bipolar type symptoms (37.7%). In 2005, there is also an estimated 494 homeless with co-occurring mental illness and substance abuse.

Riverside County AB 2034 Program
Fiscal Year 2004-2005

	White	African American	Latino	Asian/P.I.	American Indian	Other	Total
TAY	13	14	4	0	0	0	31
Adults	110	54	24	1	0	4	193
Older Adults	2	3	0	0	1	0	6

In relation to the homeless population, Riverside County's AB 2034 Program assists the homeless mentally ill to manage their illness and get them back to work, volunteer, or school. The program assists individuals in accessing appropriate services to meet the needs (such as emergency food, clothing, shelter, medical services) and provide transportation to the identified resource locations. The program ensures that the Mental Health system of care meets all of their identified needs, including but not limited to housing, outpatient vocational counseling. In fiscal year 2004-2005, a total of 6 older adults, 193 adults, and 31 transitional age youth received AB 2034 services.

[23] Riverside County Department of Social Services, 2005 Homeless Census
[24] County of Riverside, 2004/2005 Homeless Assessment (www.homeless-research.com).
[25] Riverside County Department of Social Services, June 2002 Estimation: Over 40% of homeless mentally ill also suffer from a dual diagnosis problem of alcohol and drug abuse

Foster Care in Riverside County

Riverside County
Group Home & Foster Family Agency (FFA) Population

	June 2005	FY 04/05 Total	FY 04/05 Avg.
Total # Of Placements	**2,016**	**20,987**	1,749
Group Home	**651**	**6,039**	504
FFA	**1,365**	**14,948**	1,245

Suicide Deaths by Age[26]

Riverside County Resident
Self-Inflicted Injury Data
2002 & 2003

		Children	TAY	Adults	Older Adults
Self-inflicted Fatal Injuries					
	2001	2	23	133	46
	2002	5	14	103	43
	2003	3	27	119	47
Self-Inflicted Non-Fatal Hospitalized Injuries					
	2001	197	351	931	65
	2002	301	472	1,150	75
	2003	289	442	1,180	59

Of interest is the total number of self-inflicted injury data for Riverside County residents. Transitional age youth, adults, and older adults show an increase of self-inflicted fatal injuries from 2002 to 2003. Across these two years, children show a decrease of self-inflicted fatal injuries. Self-inflicted non-fatal injuries have decreased from 2002 to 2003 for children, transitional age youth, and older adults. Adults show an increase of self-inflicted non-fatal injuries from 2002 to 2003**.**

[26] California Department of Health Services. EPICenter, California Injury Data Online: Fatal & Non-Fatal Data. October 2005.

Riverside County School Enrollment[27]
Fiscal Year 2004-2005

	White	African American	Latino	Asian /P.I.	American Indian	Other	Total
Frequency	127,285	29,519	197,127	18,029	2,709	6,295	380,964
Percent	33.4%	7.7%	51.7%	4.8%	0.7%	1.7%	100.0%

A total of 380,964 children were enrolled into Riverside County Public School System in fiscal year 2004-2005. Hispanic children make up the largest proportion (51.7%) of children in the school system.

Riverside County School Enrollment & Dropout Rates[28]
Fiscal Year 2003-2004
Grades 7 through 12

	White	African American	Latino	Asian /P.I.	American Indian	Other	Total
Enrollment Total	63,932	14,044	76,493	7,628	1,180	1,201	164,478
Dropout Frequency	596	239	1,360	113	14	16	2,338
Dropout Rate	0.9%	1.7%	1.8%	1.5%	1.2%	1.3%	1.4%

Hispanic children showed the highest enrollment and dropout numbers across ethnic groups. The overall dropout rate for Riverside County schools is 1.4%. Hispanic children have the highest dropout rate across all ethnic groups (1.8%).

Riverside County School
Enrollment & Graduation Rate
Fiscal Year 2003-2004
Grade 12

	Total
Grade 12 Enrollment Total	21,643
Graduates	19,024
Graduate Rate	88%

Of the 21,643 students enrolled in the 12th grade at a Riverside County public school, 88% graduated in fiscal year 2003-2004**.**

[27] California Department of Education, Educational Demographics Unit. *California Public Schools – County Report.* Prepared: 9/18/05. Enrollment totals cover grades kindergarten through 12

[28] California Department of Education, Educational Demographics Unit. *California Public Schools – County Report.* Prepared: 9/18/05. Dropout totals cover grades 7 through 12.

Riverside County AB 2726 Program[29]
Fiscal Year 2004-2005

	White	African American	Latino	Asian /P.I.	American Indian	Other	Total
Children	762	140	416	33	16	30	1,397
TAY	190	24	72	8	3	3	300

In relation to education, the AB 2726 program provides specialized mental health services for emotionally disturbed school-age children that interfere with his or her learning ability. In fiscal year 2004-2005, a total of 1,397 children received AB 2726 services and 300 transitional age youth received AB 2726 services.

Riverside County's Hmong Population

Riverside County's Hmong population is located in a concentrated area in the city of Temecula. Attention is brought to this population because of concerns for access to services. The state of California has the greatest Hmong population in the United States (65,059). Riverside County has a total of 696 Hmong residents.

Hmong Population
2000

	Hmong Population Total[30]
United States	169,428
California	65,095
Riverside County	696

In general, the Southeast Asian population has often been diagnosed with post-traumatic stress disorder as a result of being victims of wars. Social, cultural and communication barriers largely influence the health of the Southeast Asian population living in America. Although RCDMH does not have a specific category for Hmong clients served, the total number of Southeast Asian clients served in fiscal year 2003-2004 totals 439.[31] This represents 1.3% of the RCDMH's total population served**.**

[29] *Riverside County Data Management System, Who We Serve data.*
[30] U.S. Census Bureau. *Census 200 Summary File 1 (SF 1) 100-Percent Data.*
[31] RCDMH Southeast Asian population served include Vietnamese, Laotian, Cambodian, Filipino, and other Southeast Asian clients.

Riverside County's Deaf and Hard of Hearing Population

In the state of California, there are only two schools that provide comprehensive educational programs to the deaf and hard of hearing pupils between the ages of 3 and 22. These two schools are located in the city of Riverside and the city of Fremont[32]. In Riverside, the California School for the Deaf is a component of the California Department of Education, Division of State Special Schools.

Deaf or Hard of Hearing Population
2005

	Population[33]	% of Population[34]	Deaf and Hard of Hearing Population
California	36,854,224	8.6%	3,169,463
Riverside	1,871,587	8.6%	160,956

According to California Department of Social Services, the U.S. National Institute of Health conducted two independent surveys and both agree that 8.6% of the general population was deaf or hard of hearing.[28] Therefore, based on the 2005 population total, Riverside County is estimated to have a deaf or hard of hearing population total of 160,956, which is 5% of the deaf and hard of hearing population in California.

It is unknown as to how many people in the Riverside County population are both deaf and suffering from a mental illness. However, due to the high count of the deaf population in Riverside County, interests lie in examining the possible mental health needs of this group.

[32] California Department of Education. Last Modified: Wednesday, March 02.2005. http://www.cde.gov/sp/ss/sd/index.asp. Retrieved: September 2005.
[33] State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050.* Sacramento, CA, May 2004.
[34] California Department of Social Services. *Frequently Asked Questions About Deaf Issues.* http://www.dss.cahwnet.gov/cdssweb/Frequently_198.htm. Retrieved: September 2005.

CHART A

RCDMH Fiscal Year 2003-2004 Service Utilization by Race / Ethnicity

Children and Youth*	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	1,679	620	4,618	3,604	6,297	4,224	10,521	100.0%	538,995	100.0%
Race/Ethnicity										
African American	184	66	687	467	871	533	1,404	13.3%	36,655	6.8%
Asian Pacific Islander	37	12	69	56	106	68	174	1.7%	16,897	3.1%
Latino	588	226	1,514	1,188	2,102	1,414	3,516	33.4%	258,727	48.0%
American Indian	18	3	47	35	65	38	103	1.0%	3,539	0.7%
White	812	297	1,901	1,528	2,713	1,825	4,538	43.1%	204,572	38.0%
Other	40	16	400	330	440	346	786	7.5%	18,605	3.5%

Transition Age Youth*	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	223	108	4,184	3,116	4,407	3,224	7,631	100.0%	241,198	100.0%
Race/Ethnicity										
African American	23	15	641	400	664	415	1,079	14.1%	15,042	6.2%
Asian Pacific Islander	4	4	77	54	81	58	139	1.8%	12,881	5.3%
Latino	51	25	1,439	947	1,490	972	2,462	32.3%	114,438	47.4%
American Indian	3	0	34	25	37	25	62	0.8%	1,674	0.7%
White	140	63	1,859	1,581	1,999	1,644	3,643	47.7%	90,649	37.6%
Other	2	1	134	109	136	110	246	3.2%	6,514	2.7%

Adults*	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	96	69	10,867	11,371	10,963	11,440	22,403	100.0%	950,689	100.0%
Race/Ethnicity										
African American	22	20	1,418	1,394	1,440	1,414	2,854	12.7%	59,263	6.2%
Asian Pacific Islander	1	0	248	326	249	326	575	2.6%	43,079	4.5%
Latino	11	8	2,954	2,711	2,965	2,719	5,684	25.4%	347,162	36.5%
American Indian	0	0	104	107	104	107	211	0.9%	6,843	0.7%
White	59	40	5,957	6,513	6,016	6,553	12,569	56.1%	474,944	50.0%
Other	3	1	186	320	189	321	510	2.3%	19,398	2.0%

Older Adults*	Fully Served		Underserved or Inappropriately Served		Total Served		Total Served		County Population	
	Male	Female	Male	Female	Male	Female	Number	%	Number	%
TOTAL	3	3	600	1,009	603	1,012	1,615	100.0%	287,511	100.0%
Race/Ethnicity										
African American	1	2	52	78	53	80	133	8.2%	10,345	3.6%
Asian Pacific Islander	0	0	25	30	25	30	55	3.4%	7,280	2.5%
Latino	0	0	104	188	104	188	292	18.1%	37,622	13.1%
American Indian	0	1	3	5	3	6	9	0.6%	1,274	0.4%
White	2	0	403	686	405	686	1,091	67.6%	227,639	79.2%
Other	0	0	13	22	13	22	35	2.2%	3,351	1.2%

* Tables do not include those considered "unserved"

CHART A: RCDMH Ethnic Disparities Narrative

Fully Served by Age Group

Children and Youth*	Fully Served				
	Male	Female	Total Served	% Males Fully Served	% Females Fully Served
TOTAL	1,679	620	10,521	16.0%	5.9%
Race/Ethnicity					
African American	184	66	1,404	13.1%	4.7%
Asian Pacific Islander	37	12	174	21.3%	6.9%
Latino	588	226	3,516	16.7%	6.4%
American Indian	18	3	103	17.5%	2.9%
White	812	297	4,538	17.9%	6.5%
Other	40	16	786	5.1%	2.0%

For Riverside County, few key programs are considered to be fully serving its clients. For children between the ages of 0 and 17, the following three programs make up the 2,299 fully served children in Riverside County. More male children were fully served than female children. Asian/Pacific Islander children make up the greatest proportion of fully served male and female children.

Preschool Services

Through local First Five funding, Riverside County Department of Mental Health added several programs as a part of the Early Childhood Initiative: the Preschool 0-5 Program, the FACT of Corona/Children's Center of the Inland Counties Program, the Incredible Kids Program, and the Mt. San Jacinto 0-5/VIP Tots Program. In addition, the State First Five Commission funded a small grant in eight counties including Riverside. The purpose of the Early Childhood Initiative is to enhance early childhood development from the prenatal stage to age five by supporting programs addressing the needs of young children and their families. Since its implementation in the year 2000, Riverside County has served a total of 902 clients between the ages 0 and 5 years in all four Early Childhood Initiative programs. General findings reveal an improvement from intake to follow-up as a result of services provided.

AB 2726

The AB 2726 program provides specialized mental health services for emotionally disturbed school-age children. This program guarantees services and free treatment to every child with problems that interfere with his or her learning ability or the learning capabilities of others. In the 2004-2005 fiscal year, a total of 1,397 youth under the age of 18 years received AB 2627 services.

Wraparound

Wraparound services provide families individualized, community-based interventions. Services are designed to support selected families in achieving a stable family life, increasing personal and community safety, improving education, promotion emotional and physical health, establishing appropriate family interaction and recreation**,** and attending to legal issues. Wraparound and families work together to identify the family's strengths and needs. Providers, with family's guidance, 1) organize unique, culturally sensitive services in the home and community, and 2) persist unconditionally toward the family's successful adjustment in the home and community. In the 2003 – 2004 fiscal year, a total of 17 clients received Wraparound services.

Transition Age Youth*	Fully Served				
	Male	Female	Total Served	% Males Fully Served	% Females Fully Served
TOTAL	223	108	7,631	2.9%	1.4%
Race/Ethnicity					
African American	23	15	1,079	2.1%	1.4%
Asian Pacific Islander	4	4	139	2.9%	2.9%
Latino	51	25	2,462	2.1%	1.0%
American Indian	3	0	62	4.8%	0.0%
White	140	63	3,643	3.8%	1.7%
Other	2	1	246	0.8%	0.4%

For the transitional age youth group, a total of 331 clients were considered fully served. More male clients were fully served for transitional age youth than female clients. American Indian transitional age youth make up the greatest proportion of fully served male clients and Asian/Pacific Islander transitional age youth make up the greatest proportion of fully served female clients. The following three programs fully serve the transitional age group**.**

Homeless Program (AB 2034)

The Homeless AB 2034 program assists the homeless mentally ill to manage their illness and get them back to work, volunteer, or school. The program assists individuals in accessing appropriate services to meet the needs (such as emergency food, clothing, shelter, medical services) and provide transportation to the identified resource locations. The program ensures that the Mental Health system of care meets all of their identified needs, including but not limited to housing, outpatient services, and vocational counseling.

In fiscal year 2004-2005, a total of 32 clients between the ages of 16 and 25 years received AB 2034 services.

Wraparound

In the 2003-2004 fiscal year, the Wraparound program provided services to 20 Transitional Age Youth.

AB 2726

The AB2726 program also served clients between the ages of 16 and 25 years, providing specialized mental health services for emotionally disturbed school-age children. In the 2004-2005 fiscal year, a total of 300 transitional age youth received AB 2627 services.

Adults*	Fully Served				
	Male	Female	Total Served	% Males Fully Served	% Females Fully Served
TOTAL	96	69	22,403	0.4%	0.3%
Race/Ethnicity					
African American	22	20	2,854	0.8%	0.7%
Asian Pacific Islander	1	0	575	0.2%	0.0%
Latino	11	8	5,684	0.2%	0.1%
American Indian	0	0	211	0.0%	0.0%
White	59	40	12,569	0.5%	0.3%
Other	3	1	510	0.6%	0.2%

A total of 165 adults were fully served in the following two programs. More male adults were fully served than female adults. African American adults make up the greatest proportion of fully served male and female adults.

Wraparound

In the 2003-2004 fiscal year, 9 adults received services from the Wraparound program.

Homeless Program (AB 2034)

In addition to serving the homeless mentally ill between the ages of 16 and 25, the AB 2034 program serves a greater proportion of clients between the ages of 18 and 59 years. In fiscal year 2004-2005, a total of 181 adults received AB 2034 services.

Older Adults*	Fully Served				
	Male	Female	Total Served	% Males Fully Served	% Females Fully Served
TOTAL	3	3	1,615	0.2%	0.2%
Race/Ethnicity					
African American	1	2	133	0.8%	1.5%
Asian Pacific Islander	0	0	55	0.0%	0.0%
Latino	0	0	292	0.0%	0.0%
American Indian	0	1	9	0.0%	11.1%
White	2	0	1,091	0.2%	0.0%
Other	0	0	35	0.0%	0.0%

A total of 6 older adult clients were fully served in the Homeless AB 2034 program. The same number of male older adults and female older adults were served. African American clients make up the greatest proportion of fully served older male adults and American Indian clients make up the greatest proportion of fully served older female adults.

Homeless Program (AB 2034)

The AB 2034 program serves a smaller proportion of clients between the ages of 60 years older. In fiscal year 2004-2005, a total of 8 older adults received AB 2034 services.

Underserved or Inappropriately Served by Age Group

Children and Youth*	Underserved or Inappropriately Served				
	Male	**Female**	**Total Served**	**% Males Underserved**	**% Females Underserved**
TOTAL	4,618	3,604	10,521	43.9%	34.3%
Race/Ethnicity					
African American	687	467	1,404	48.9%	33.3%
Asian Pacific Islander	69	56	174	39.7%	32.2%
Latino	1,514	1,188	3,516	43.1%	33.8%
American Indian	47	35	103	45.6%	34.0%
White	1,901	1,528	4,538	41.9%	33.7%
Other	400	330	786	50.9%	42.0%

A total of 8,222 youth were underserved or inappropriately served. More male youth than female youth were underserved. A greater proportion of Other youth were underserved for male and female youth clients.

Transitional Age Youth*	**Underserved or Inappropriately Served**				
	Male	**Female**	**Total Served**	**% Males Underserved**	**% Females Underserved**
TOTAL	4,184	3,116	7,631	54.8%	40.8%
Race/Ethnicity					
African American	641	400	1,079	59.4%	37.1%
Asian Pacific Islander	77	54	139	55.4%	38.8%
Latino	1,439	947	2,462	58.4%	38.5%
American Indian	34	25	62	54.8%	40.3%
White	1,859	1,581	3,643	51.0%	43.4%
Other	134	109	246	54.5%	44.3%

A total of 7,300 transitional age youth were underserved. More male than female transitional age youth were underserved. African American transitional age youth make up the greatest proportion of underserved male underserved clients and Other transitional age youth make up the greatest proportion of female underserved clients.

Adults*	Underserved or Inappropriately Served				
	Male	Female	Total Served	% Males Underserved	% Females Underserved
TOTAL	10,867	11,371	22,403	48.5%	50.8%
Race/Ethnicity					
African American	1,418	1,394	2,854	49.7%	48.8%
Asian Pacific Islander	248	326	575	43.1%	56.7%
Latino	2,954	2,711	5,684	52.0%	47.7%
American Indian	104	107	211	49.3%	50.7%
White	5,957	6,513	12,569	47.4%	51.8%
Other	186	320	510	36.5%	62.7%

A total of 22,238 adults were underserved. More female adults were underserved than male adults. Hispanic adults make up the greatest proportion of underserved male adults and other adults make up the greatest proportion of underserved female adults.

Older Adults*	Underserved or Inappropriately Served				
	Male	Female	Total Served	% Males Underserved	% Females Underserved
TOTAL	600	1,009	1,615	37.2%	62.5%
Race/Ethnicity					
African American	52	78	133	39.1%	58.6%
Asian Pacific Islander	25	30	55	45.5%	54.5%
Latino	104	188	292	35.6%	64.4%
American Indian	3	5	9	33.3%	55.6%
White	403	686	1,091	36.9%	62.9%
Other	13	22	35	37.1%	62.9%

A total of 1,609 older adults were underserved. More female older adults were underserved than male older adults. Asian/Pacific Islander older adults make up the greatest proportion of undeserved older male adults and Hispanic older adults make up the greatest proportion of underserved older female adults.