JERRY A. WENGERD, DIRECTOR



Reply to:

Riverside County Department of Mental Health 4095 County Circle Drive Riverside, CA 92503 (951) 358-4522

May 9, 2006

Ms. Iris Frazier County Operations Section 1600 9<sup>th</sup>. Street, Room 100 Sacramento, CA 95814

Dear Iris:

Enclosed is Riverside County's response to your request for additional information and revisions to the Community Services and Supports, three-year expenditure plan. Each response is broken out and tabbed by work plan for easier reading and access. You requested two IT Forms be completed, one for the C-Disc in the Children's Work Plan and one for the EHR in the one-time funding request. The C-Disc was already completed and sent to you for review, and the EHR IT form is available for your review in Appendix "A" of this document. All other requested exhibits are referenced in the revision narratives and available for review in the appendix section of this document.

Thank you for your thorough review of our CSS Plan, and we look forward to your response to this revision. If you have any further questions, I can be reached at (951) 358-4522 at any time.

Respectfully submitted,

Bill Brenneman, MHSA Coordinator

Riverside County, Department of Mental Health

bb:ah Enclosure

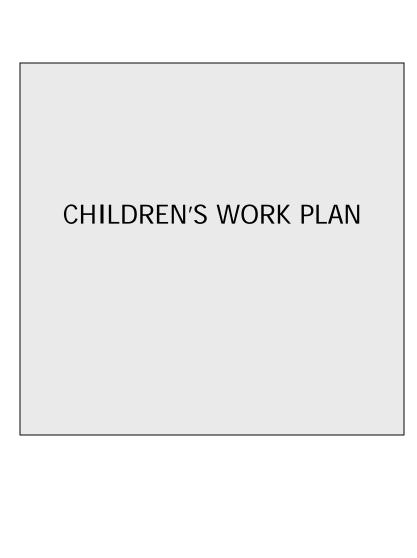
# **RIVERSIDE COUNTY**

# COMMUNITY SERVICES AND SUPPORTS

# THREE-YEAR EXPENDITURE PLAN

**REVISION** 

5/9/06



# **Riverside County Community Services and Supports Plan**

<u>Work Plan #1 Children's Integrated Services Program</u> – Additional Information requested.

a. Please provide the critical implementation dates to the timeline (page 74) as requested on page 41 of the CSS Requirements.

2005-2006	
March-June	Recruitment of Mental Health Services Supervisors
	Recruitment of program staff and parent partners.
	Identification of program space for new staff and programs.
	Release Request for Proposals (Respite, Mentoring, TBS)
May	Incredible years training.
June	Purchase equipment and supplies.
July	Award contract services (RFP)
	Begin implementation and training in Evidenced Based Practice Models.
AugDec.	On-going training, implementation, program evaluation and refinement.
2006	
	On-going training, implementation, program assessment,
	evaluation and refinement.
2007	
	On-going training, implementation, program assessment,
	evaluation and refinement.
2008	
	On-going training, implementation, program assessment, evaluation and refinement.

b. In year one \$1,590,916 of one-time funding is requested for equipment, office space, vehicles and implementing Electronic Health Records (page 79). Please provide more detail regarding the proposed expenses in each of these areas. In order for the DMH IT Section to review the Electronic Health Records portion of your request, you need to complete the four page DMH IT form. This form can be submitted at any time to the County Liaison.

The following are proposed expenses for \$1,590,916 one-time start-up costs for Children:

Electronic Health Record - \$340,000

Riverside County's IT Department completed the requested IT form for Electronic Health Records under one-time funding. For more detailed information, see Appendix "A" to review the EHR IT form.

### Costs of equipping new employees - \$499,875

This includes desk/work stations, computer/printer, and telephone set-up, for a total \$6,665 per FTE for 75 new MHSA staff.

# Building improvement & furniture - \$339,041

Estimated tenant improvement on office space to accommodate MHSA staff and furniture costs for client activity rooms.

# Copiers and faxes - \$58,500

Includes five copiers and faxes for MHSA programs.

# Conference equipment - \$103,500

Estimated cost for conference equipment in eight (8) programs/sites.

The equipment will allow for communication, training, and coordinated staffing for the Multidimensional Foster Care and Family Therapy programs, with the programs being spread regionally throughout the County and with a variety of agencies and clinicians involved, the need to teleconference is essential to the success of the program.

# Vehicles - \$250,000

Estimated costs for ten (10) vehicles. These vehicles would be serving the following programs:

- 1. Parent Support Expansion (1 Vehicle) 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 activities support all the children's clinics. The vehicle would be used for transportation of both staff and clients to support the role of parent support in the provision of services.
- 2. **Multidimensional Family Therapy (3 Vehicles)** 150 to 180 youth will be served annually by 3 separate teams Countywide.
- 3. **Multidimensional Treatment Foster Care (3 Vehicles)** This program plans to serve 45 minors per year. One vehicle designated per region, which will provide travel to 10 homes per region.
- 4. Children's Transportation (3 Vans) Transportation will be expanded in clinics serving expanded populations. This is 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 hired under System Development, one to serve 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.

Sub-total: \$1,590,916

Add: Diagnostic Tool (C-DISC) \$80,000 – see attached IT form (Appendix "B") for details. This was removed from the System Improvement funding request and added to "Other One-Time" start-up funding per DMH directive.

Total Revised Start-Up Costs: \$1,670,916

(Note: See Appendix "B" - Revised Budget Worksheet 5a, FSP-01, Fiscal Year 2005-06).

c. In year one, \$575,800 of one-time funding is requested for training (page 79). Please provide more specific information that identifies the type of training to be provided, the estimated number of people who will receive the training, and the provider, if known.

The Children's Integrated Service Program has identified 7 key areas of training that will be funded through the one-time funding request and are necessary to implement the CSS Plan. Two (2) of those areas, Multi-Dimensional Foster Care and Multidimensional Family Therapy are the evidence based practices chosen as core components of the Full Service Partnership Program.

As requested listed below are the types of training, provider, and attendee's.

# 1. **Multidimensional Family Therapy**

Provider: University of Miami School of Medicine through the CIMH

development team will train the following staff:

Audience: (3) Mental Health Services Supervisor's

(9) Clinical Therapists

(3) Behavioral Health Specialists

(3) Parent Partners

#### 2. Multidimensional Treatment Foster Care

Provider: Therapeutic Foster Care Inc., through a CIMH development

Team will train the following staff:

Audience: (1) Mental Health Services Supervisor

(4) Clinical Therapists

(6) Half-Time Clinical Therapists

(3) Behavioral Health Specialists

#### 3. Cognitive Behavioral Therapy

Provider: California Institute for Mental Health and Dr. Joan Asarnow

(UCLA) and Dr. Maggie Rea (UC Davis).

Audience: Will train a team of 3-5 clinicians and a Supervisor from each

General child serving outpatient clinic.

# 4. Incredible Years (Parenting)

Provider: Incredible Years, 1411 8<sup>th</sup> Ave. West, Seattle, WA.

Audience: Will train 25 Staff from Mental Health and CBO's

# 5. Older Age Children (Parenting)

Provider: Not yet selected, and number of staff still to be determined.

Audience: Clinic staff who will provide parent training.

# 6. **Aggression Replacement Therapy**

Provider: CIMH Development Team with Education and Training

Alternatives.

Audience: Will train 12 Probation and Mental Health staff and

supervisors plus travel costs.

Additional 2-Day booster training, plus travel costs.

After the development team process there will be a "train the trainer" for approximately 5 additional staff.

#### 7. **Co-Occurring Disorders Treatment**

Provider(s): Not yet selected.

Audience: Will train integrated treatment staff from all child serving

clinics.

d. The diagnostic tool and related training was originally requested as separate start-up funding in the amount of \$80,000. However, because the diagnostic tool specifically relates to this work plan, it was indicated that funding for this should be requested as one-time funding in conjunction with the plan. Therefore, the budget and budget narratives will need to be modified to include the diagnostic tool.

The C-DISC was removed from the System Improvement Funding request and moved to the "other one-time expenditures" in the Children's Integrated Services

Work Plan. The Exhibit 5 worksheets (budgets and budget narrative) were modified to reflect the change and are available in Appendix "B" of this document. Also attached in Appendix "B" is the IT Form request for the C-DISC. Full descriptions and uses of the tool are included in that document.

e. The work plan identifies hiring three Senior Clinical Psychologists as probation liaisons (page 63). Please define the percentage of duties specific to MHSA.

The highest ranked priority population identified in the planning process for Children was wards and dependents-those under the jurisdiction of the Juvenile Court. Currently there are no mental health staff specifically identified to liaison with Probation around Probation youth who are in need of linkage to mental health services, therefore 100% of the time would be dedicated to MHSA activities. These duties will include interagency collaboration with aftercare Probation Deputies and community partners to be certain that upon discharge from the three juvenile halls and three probation run facilities, and for other Probation youth, that those with serious emotional disturbance will receive the appropriate level of mental health services and supports to achieve success, support/promote resilience and prevent reoffense.

f. The work plan discusses using MHSA funds to expand TBS. Please explain how the funds are being utilized to expand and/or transform services rather than fund existing programs.

There are currently non funded coordination and consultation duties related to TBS that will be expanded through MHSA. Two positions will be added; one TBS case manager and one case coordinator. The case manager will be case carrying and serving youth who otherwise would not be served. The case coordinator will provide outreach and will coordinate required activities on the new cases referred through MHSA and expand the services by roughly 24 additional cases at any one time. The expanded capacity will allow a focus on minors at risk of hospitalization or higher-level placement who do not have Medi-Cal funding and consequently without the MHSA would not quality for TBS service.

# TRANSITION AGE YOUTH WORK PLAN

# Work Plan #2 Services to Youth in Transition – Additional information requested.

- a. The housing description of this work plan (page 102) states there will be housing specialists to provide and develop housing resources, but only specifically discusses Augmented Board and Care. Crisis Residential Housing Services are listed under System Development on Exhibit 4 (page 93). Housing expenses must be for Full Service Partnerships and are not funded under System Development (CSS Requirements, page 8). Additionally, \$1,049,221 is requested in year 1 for housing (page 113). Please provide the following information:
  - 1) A more thorough work plan description that discusses the housing that will be made available in addition to Augmented Board and Care, including detailed information that the housing expenses are for Full Service Partnerships;

In response to the state's concern over the TAY Housing plan, the following expanded descriptions will clarify the service and expenditure plans. First, note that the Department received a directive from DMH regarding the use of housing funds prior to developing this revision. The following definitions were provided by Carol Hood in an email around the differences in System Development and FSP housing uses.

"System Development is for mental health services. Housing is not an allowable expense under System Development. It is allowable as part of the full continuum of community services under Full Service Partnerships and as part of the necessities of daily living that can be provided under Outreach and Engagement. We have allowed <a href="Crisis Residential Treatment">Crisis Residential Treatment</a> under System Development because it's a mental health treatment rather than housing."

Based on this clarification, the Department reorganized the TAY Housing plan accordingly. Crisis Residential Treatment and Augmented Board & Care will remain as System Development funded mental health service programs and will not be included as a part of housing. Keep in mind that MHSA is only funding the augmented rate for expanded and specialized services to board and care homes, and is not directly paying for beds through MHSA. Therefore, the Augmented Board and Care qualifies as a mental health service, not a housing program, as defined by DMH.

TAY will continue to offer a wide variety of housing options, although Crisis Residential Treatment and Augmented Board and Care will not be categorized as housing. These mental health services are viewed as an integral aspect and support service in the housing continuum. In conjunction with strategies built into the Adult Work Plan, but dedicated to TAY, housing services for TAY will include the following housing services for Full-Service Partnerships:

# **Housing Development**

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.

### Housing

- a. The Department and the City of Riverside are working jointly on a Safehaven. The plan is to have 26 beds attached as transitional housing. A HUD grant will provide funding for support and operating costs. However, preliminary estimates are that \$750,000 is needed for building acquisition, improvements, and the portion of lease cost not funded by HUD. The site has already been identified by the City. \$150,000 of one-time TAY Housing funds will be allocated to the development of 5 dedicated transitional beds for TAY, in addition to 21 adult beds.
- b. The Department is targeting the development of 45 (36 Adult, 9 TAY) housing units (15 in each of 3 regions) under the Governor's Housing Initiative for FSP consumers. The Department will work with developers to secure development funding by establishing a capital reserve designed to ensure that funds are protected and committed for future costs of operating this housing project. \$129,600 of TAY funding is estimated to be needed for this capital reserve and \$43,560 for supportive services, for the development of 9 dedicated TAY Housing Units.

#### **Housing Supports and Expanded Capacity**

The Department plans to use one-time funding to develop, expand capacity, and provide housing service supports to create the best possible housing options for its consumers. By developing housing options and expanding capacity over the first two years, the Department anticipates significant reductions in the cost of inpatient and IMD services. These cost reduction savings will then be utilized to sustain the housing programs after the initial two year period.

a. The Department plans to recruit and provide supportive services to assist landlords who are willing to rent one or more apartments at scattered sites.

The supports include identifying sites, resolving problems, intervening when the landlord has questions and concerns, assisting consumers to understand requirements for apartment living and continuous recruitment of new landlords to participate. \$43,560 is needed for this service. Additionally, transitional rental subsidies and supports of \$164,160 for TAY will be providing the Department flexibility to provide rental assistance and housing supports (e.g. guaranteed rents) to landlords that would help to remove barriers to access for FSP consumers who can not afford the full cost of the rent. The initial target is to create 11 TAY scattered site apartment units available for FSP consumers. Because of the size of the county, it is important to provide support in scattered sites so consumers chose where to live or can remain in their neighborhoods close to family or other supports, and not have to move to designated multiple unit sites.

- b. Some consumers are able to identify housing but are unable to afford the move in costs. Thus, additional funding is needed to provide expanded one-time assistance for FSP consumers. This includes utility deposits, first and last month's rent, security deposits, and furnishings. \$50,000 for TAY will be budgeted for this.
- c. The Department plans to expand supportive services to board and care homes including training focused on improving quality of care and expanding capacity of facilities to serve mental health consumers. \$47,000 will be dedicated for TAY.

# **Mental Health Services and Supports (for Housing)**

a. Augmented Board and Care bed costs will not be funded through MHSA one-time costs. The Department plans to dedicate \$164,259 of on-going funds and \$94,900 of one-time funds, for expansion and enhancements of mental health services in Board and Cares to 23 TAY at any point in time. These licensed 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. 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.

In addition to those youth coming out of hospitals or groups 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.

b. Crisis Residential Services are funded through the on-going CSS System Development funds as a mental health service. 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 into 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 the Crisis Residential Treatment for Transition Age Youth (CRT-TAY) Program is to stabilize youth in acute crisis 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 supports, 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 cooccurring 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 will be provided using integrated treatment as a standard of practice. Treatment 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 over-come their current life.

#### 2) A corrected Exhibit 4;

The original Exhibit 4 under the definition provided by DMH was correct and does not require modification. Crisis Residential Treatment and Augmented Board and Care are now considered mental health services under System Development Funding.

# 3) A more detailed budget narrative that breaks down specifically how the one-time housing funds will be expended. (see Appendix "C")

With the revision of Housing and one-time expenditures, the TAY one-time Housing Budget was modified from \$1,049,221 to \$722,780. The changes include the following:

- a. Moved \$90,000 from TAY one-time Housing to TAY one-time start-up costs for the development and expanded capacity for Augmented Board and Cares. See #1 of this revision section for details around Augmented Board and Cares.
- b. Moved \$180,000 from TAY one-time Housing to Peer Support start up costs. See (SD-05) Work Plan Revision on page 33. In review the Department determined that start-up costs for the development of three separate peer centers was drastically under-funded. Therefore, the decision to move one-time funding from TAY to Peer Support was made. Keep in mind that the peer centers will include TAY specialists and housing supports for TAY population.
- c. Moved \$50,000 from TAY one-time Housing to Outreach and Engagement one-time training costs. See (OE-06) Outreach and Engagement Work Plan Revision on page 35 for details of these expenditures.
- d. Moved \$6,441 from TAY one-time Housing to Adult one-time housing costs. This will assist in development and expanded capacity of housing supports for Adult and TAY populations that can share these resources. See Adult (FSP-03) Work Plan revision for details.

The detailed narrative regarding TAY one-time Housing funds can be found in Section #1 of TAY Revision. In brief summary, one-time Housing funds will be utilized as follows:

#### Housing

<u>Safehaven</u> - \$150,000, for the development of at least 5 transitional beds for TAY <u>Governor's Initiative</u> (housing units), for the development of 9 dedicated housing units for TAY, housing support and expanded capacity.

# Housing Support and Expanded Capacity

<u>Scattered Apartments</u> - \$164,160 for rental assistance, housing supports for TAY population. This will fund 11 sites for TAY.

<u>Move-In Costs</u> - \$50,000 will be dedicated for first and last months rent, deposits, and furnishings.

# Mental Health Services (Housing Supports)

\$94,900 will be for development and expanded capacity of TAY Augmented Board and Care. By increasing capacity the Department will actualize savings in IMD costs over the first two years of implementation that will then be used to sustain programs after that initial period.

b. The cost per client of \$8,643 (page 103) is significantly lower than the cost per client for the children's program, which is \$17,316 (page 71). Please explain the variation in the cost for this full service partnership.

The Program budget for Children's is over \$900,000 more than TAY. The difference is mostly related to staffing cost, as Children's has more overall staff and clinicians which means increased operating expenses. Children's also is serving fewer clients at a higher cost. Both of those factors are accounted for in part because the emphasis on Evidence Based Practices in the Children's Program, which require very high staff to client ratio. Also, TAY strongly relied more on paraprofessionals in their plan. Another factor is that TAY will emphasize community partnerships to meet needs, particularly vocational services. Community Colleges, Department of Rehabilitation and other partners will become supports and service providers to assist in reaching stability and self sufficiency. Also note that the TAY housing costs (beyond the one-time funding) were allocated within the Adult Work Plan therefore lowering overall costs.

- c. In year one \$125,000 is requested for training (page 113). Please provide more specific information that identifies the type of training to be provided, who will receive the training, and the provider, if known.
  - 1. Recovery Model: Vision and Principles Training

This workshop describes a four-state developmental model of recovery as well as exploring the culture, programming, and infrastructure domains of a recovery based system. The focus is on the integration as well as transformation of effective roles and practices into a recovery-based system as well as on how the consumer perspective can inform and improve our practices.

Provider: Mark Ragins, M.D. Medical Director and Staff Psychiatrist for

the MHA Village Integrated Service Agency in Long Beach is

the trainer.

Audience: Trained will be a countywide audience of all TAY serving

staff, plus consumers, family members, and other community

stakeholders.

#### 2. **Gender Issues**

Training will be on gender issues related to youth.

Provider: To be determined.

Audience: Countywide audience of all TAY serving staff, plus

consumers, family members, and other community

stakeholders.

#### 3. Transition Needs of Females

Training will emphasize the specialized needs of girls/women in transition

Provider: To be determined.

Audience: Countywide audience of all TAY serving staff, plus

consumers, family members, and other community

stakeholders.

In conjunction with the Children's Integrated Service Program, the following trainings will also be provided:

4. **Multidimensional Family Therapy** – This program has been chosen to serve both the needs of Children and Younger Transition Age Youth. Therefore, the training will benefit both age groups.

Provider: University of Miami School of Medicine through the CIMH

development team.

Audience: This training will be for Mental Health Services Supervisors,

Clinical Therapists, Behavioral Health Specialist, and Parent Partners countywide who will be providing Multidimensional

Family Therapy services to the TAY population group.

# 5. Multidimensional Treatment Foster Care (MTFC)

Staff involved in this program will receive training on providing this evidence-based practice. In MTFC 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.

Provider: Therapeutic Foster Care Inc., through a CIMH development

team.

Audience: Training provided to Supervisors, Clinicians, Behavioral

Health Specialists, and Parent Partners, who will be providing

MTFC services to the TAY population.

#### 6. **Cognitive Behavioral Therapy**

Existing and new county clinicians will be trained in the foundational approaches of 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. This will be followed by

advanced training, also for existing and new county clinicians. The foundational trainings will also be made available to the 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. This approach will be available at every Riverside County Department of Mental Health (RCDMH) TAY-serving clinic Countywide.

Provider: California Institute for Mental Health and Dr. Joan Asarnow

(UCLA) and Dr. Maggie Rea (UC Davis).

Audience: A team of 3-5 clinicians and a Supervisor from each of the 12 general TAY serving outpatient clinics.

# 7. Aggression Replacement Therapy (ART)

Training will be provided to staff in this evidence-based practice that teaches youth pro-social skills to replace aggression, alternatives when provoked and values that respect the rights of others.

Provider: CIMH Development Team with Education and Training

Alternatives

Audience: Existing staff will be trained in ART as well as the new

Probation Liaisons who will then be providing these services to

both children and younger TAY population group.

# 8. **Co-Occurring Disorders Treatment**

This training will include topics such as motivational interviewing, and family-based substance abuse interventions that employ cognitive behavioral approaches.

Provider: Has not been selected.

Audience: Countywide to all TAY serving staff.

d. In year one, \$599,711 of one-time funding is requested for equipment, office space, vehicles and implementing Electronic Health Records (page 113). Please provide more detail regarding the proposed expenses in each of these areas. In order for DMH IT Section to review the Electronic Health Records portion of your request, you need to complete the four page DMH IT form. This form can be submitted at any time to the County Liaison.

The TAY one-time start-up costs originally requested for \$599,711 have been revised upward to \$689,711. The \$90,000 increase came from TAY one-time housing budget

and will be used for contractor start-up costs associated with the development of and expansion of Augmented Board and Care for TAY. (Note: See Appendix "C" – Revised Budget Worksheet 5a, FSP-02, Fiscal Year 2005-06)

The following are proposed expenses for \$689,711 one-time start-up funding for TAY:

# Electronic Health Record \$120,000

Riverside County's IT Department completed the requested IT form for Electronic Health Records under one-time funding. For more detailed information see Appendix "A" to review the EHR IT form.

# Contractor Start-Up \$569,711

Contractor start-up costs, such as tenant improvement on office space and client activity rooms, computers/printers, telephone set-up and other one-time costs to open three (3) new Integrated Services Recovery Centers and for providing mental health services for eighteen (18) Augmented Board and Care beds for Transition Age Youth.

# ONE-TIME (REVISED COST) SUMMARY (TAY)

TAY revised one-time costs are as follows:

Start-up	689,711
Training	125,000
Housing	722,780
	1,537,491

(Note: See Appendix "C" – Revised Budget Worksheet 5a, FSP-02, Fiscal Year 2005-06)

# e. The timeline (page 108) is vague. Please provide a more detailed plan including all critical implementation dates (CSS Requirements, page 41).

Integrated Services Recovery Centers (Desert/Mid-County)	
<u> </u>	
2005	
April-May	Release Request for Proposal
	Non-mandatory bidders meeting.
May-July	Schedule Cognitive Behavior Therapy and TAY women's issues
	training.
June	Contractor Selected
	Board of Supervisors approval.
	Contract Awarded
July-Dec.	Begin implementation.
2006	
	On-going training, program assessment,
	evaluation and refinement.
2007	
	On-going training, program assessment,
	evaluation and refinement.
2008	
	On-going training, program assessment,
	evaluation and refinement.

Integrated Services Recovery Centers (Western)		
2005		
March-May	Identify program space.	
	Recruitment of Mental Health Services Supervisor	
	Recruitment of program staff.	
June	Complete hiring process.	
July-Aug.	Begin implementation	
	*(within 3 months of start-up schedule Cognitive Behavioral Therapy and	
	TAY women's issues trainings.	
2006	-	
	On-going training, program assessment,	
	evaluation and refinement.	
2007		
	On-going training, program assessment,	
	evaluation and refinement.	
2008		
	On-going training, program assessment,	
	evaluation and refinement.	
•	and Care and Crisis Residential Treatment will be provided through contracts	
described in the Ac	dult Integrated Services Work Plan.	



# <u>Work Plan #3 Comprehensive Integrated Services for Adults</u> – Additional information requested.

a. Please provide the critical implementation dates to the timeline (page 146) as requested on page 41 of the CSS Requirements.

2005	
April-May	Release Request for Proposals
	(Integrated Services Recovery Centers, Augmented Board and Care,
	Services, and Crisis Residential Services)
	Recruitment of Mental Health Services Managers and Supervisors,
	program staff, and consumer and family advocates.
	Identify program space.
İ	Begin recovery orientated trainings.
June	Complete hiring process.
	Contracts Awarded
July-Aug.	Begin program implementation and on-going training.
AugDec.	On-going implementation, program assessment, evaluation and refinement.
2006	
	On-going training, program assessment,
	evaluation and refinement.
2007	
	On-going training, program assessment,
	evaluation and refinement.
2008	
·	On-going training, program assessment,
l	evaluation and refinement.

b. In year one, \$1,827,994 of one-time funding is requested for equipment, office space, vehicles and implementing Electronic Health Records (page 152). Please provide more detail regarding the proposed expenses in each of these areas. In order for DMH IT Staff to review the Electronic Health Records portion of your request, you need to complete the four page DMH IT form. This form can be submitted at any time to the County Liaison.

The Adult one-time funding start-up costs originally requested for \$1,827,994 have been revised upward to \$2,057,994. The changes include:

- a) Moved \$130,000 from Adult one-time Housing to Adult one-time startup for enhanced and expanded capacity for Augmented Board and Cares.
- b) Moved \$100,000 from Older Adult one-time start-up costs, to Adult one-time contractor (ISRC) start-up costs. This was originally budgeted as Older Adult flexible funding. Older Adult flexible funding is now budged under on-going operations for FSP-04.

The following are proposed expenses for \$2,057,994 one-time start-up costs for Adult:

#### Electronic Health Record \$370,000

Riverside County's IT Department completed the requested IT form for Electronic Health Records under one-time funding. For more detailed information see Appendix "A" to review the EHR IT form.

# Costs of equipping new employees \$326,251

This includes desk/work stations, computer/printer, and telephone set-up, for a total \$6,665 per FTE for approximately 49 new MHSA employees.

# Building improvement & furniture \$249,719

Estimated tenant improvement on existing office space to accommodate MHSA staff, and furniture costs for client activity rooms at four (4) clinic locations/programs.

# Copiers and faxes \$107,000

Nine copiers and ten faxes for five (5) MHSA locations/programs.

# Conference equipment \$6,400

Estimated cost for conference equipment for one (1) program/site. The equipment's primary use will be for coordination of housing and training activities between regionally diverse programs and staff. With housing coordinators and services spread throughout all regions of the County, teleconferencing will enable communication and training between all areas of the County including Blythe.

#### Contractor Start-Up \$523,624

Contractor start-up costs, such as tenant improvement on office space and client activity rooms, computer/printer, telephone set-up and other one-time costs to open two (2) new Integrated Services Recovery Centers for Adults and two (2) new Crisis Residential programs and for providers to begin offering mental health services for twenty six (26) Augmented Board and Care beds for MHSA.

#### Vehicles \$475,000

Estimated cost for nineteen (19) vehicles for the purpose of client transportation for programs in the Adult Work Plan. These will be utilized to support client participation in services that are targeted to their wellness and recovery goals. This includes assistance accessing medical services, vocational services, housing opportunities, community supports and resources, entitlements, and transport to and from mental health service programs. 365 clients will be served under Full

Service Partnership and 3,515 under System Development on an annual basis by the programs outlined in the Adult Work Plan.

# ONE-TIME (REVISED COSTS) SUMMARY (ADULT)

Adult revised one-time costs are as follows:

Start-up	2,057,994
Training	550,500
Housing	2,831,728
	5,440,222

(Note: See Appendix "D" – Revised Budget Worksheet 5a, FSP-03, Fiscal Year 2005-06)

c. In year one, \$545,500 of one-time funding is requested for training (page 152). Please provide more specific information that identifies the type of training to be provided, who will receive the training, and the provider if known.

The Adult one-time training costs originally requested for \$545,500 were increased by \$5,000 coming from Adult one-time housing costs. This allows for on-going consumer training costs for peer specialist and consumer employment curriculum. (Note: See Appendix "D" – Revised Budget Worksheet 5a, FSP-03, Fiscal Year 2005-06)

The \$550,500 one-time training costs for Adult will include the following:

# 1. Recovery Model: Vision and Principles Training

This training is open for staff, consumers and the community. The workshop describes a four-stage developmental model of recovery as well as exploring the culture, programming, and infrastructure domains of a recovery based system. The focus is on the integration as well as transformation of effective roles and practices into a recovery-based system as well as on how the consumer perspective can inform and improve our practices.

Provider: Mark Ragins, M.D. Medical Director and Staff Psychiatrist for the MHA Village Integrated Service Agency in Long Beach

Audience: Countywide audience.

# 2. Other Wellness and Recovery Focused Trainings

Staff will be trained to embrace the recovery and wellness movement. They will be trained in philosophies that can be found in Ragins' Village Model. Focus will be on consumer choice, consumer involvement in developing services, consumer empowerment, dignity and respect.

Provider: Some trainings that are being scheduled are: Encouraging Motivation and Hope in Self and Others and Building Consumer Capacity for Employment by Bruce Anderson; Ethics by Wayne Munchel of the Village; Making Employment Work for Adults in Recovery from Mental Illness by Paul Barry of the Village, etc.

Audience: All training will be open to staff, consumers, and family members.

# 3. Co-Occurring Disorders Treatment

This training will be for staff involved in the treatment of adults and include topics such as motivational interviewing, and family-based substance abuse interventions that employ cognitive behavioral approaches.

Provider: Has not yet been selected.

Audience: Countywide to all Adult-serving clinics.

#### 4. Gender Issues

Training will be on gender issues related to adults.

Provider: To be determined.

Audience: Countywide audience of all Adult-serving clinics.

# 5. Cognitive Behavioral Therapy

Existing and new county clinicians will be trained in the foundational approaches of 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 mentally ill populations. This will be followed by advanced training, also for existing and new county clinicians. The foundational trainings will also be made available to the community and Mental Health Plan providers to facilitate transformation in those arenas also.

Provider: To be determined.

Audience: Countywide audience to all Adult-serving clinics

# 6. Evidence Based Practices Implementation Resource Kits (SAMSHA TOOLKITS)

The Department is committed to the implementation of evidenced based practices and is currently reviewing the materials described in the SAMSHA Toolkits. The Department has retained a consultant who is assisting with the review, facilitating discussions, and coordinating and implementation of 6 evidenced based practices. Each regional program manager has also reviewed the toolkits in preparation for the implementation of the practices. Below are a list of the six toolkits and practices that are to be integrated in the Department Service Delivery

Countywide. Illness Management and Recovery is slated to be the first practice implemented in the Department.

- 1. Illness Management and Recovery
- 2. Supportive Employment
- 3. Assertive Community Treatment
- 4. Family Psycho education
- 5. Medication Management Approaches in Psychiatry
- 6. Co-Occurring Disorders: Integrated Dual Diagnosis Treatment

### 7. Peer Support Training/Peer Employment Training:

Meta Services of Arizona developed this highly successful 70-hour training program. People who receive mental health services are trained to be peer providers in a wide range of recovery-oriented programs. In this course participants learn about peer support, how to further their own recovery, how to be a good employee, and how to teach others how to recover. Participants are also taught leadership and role modeling skills. Subjects covered in this training are: recovery, peer support, meaning and purpose at work, personal skill development through emotional intelligence, developing self esteem and managing self talk, telling your story of recovery, cultural awareness and the importance of maintaining a recovery environment, recovery from substance abuse, strategies for successful employment including ethics and boundaries, communication skills, recovery from trauma and developing resilience, dealing with intense situations and symptoms, conflict resolution, partnering and social change. Riverside County has already completed one series of the course under System Improvement funding. Participants were enthusiastic about the training and upcoming MHSA employment opportunities for peer support specialists.

### 8. Family to Family

The **NAMI Family-to-Family Education Program** consists of a series of 12 classes for family members and significant others of persons with serious mental illnesses (schizophrenia, depression, manic-depression/bipolar disorder, panic disorder, and obsessive compulsive disorder/OCD). The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively. These classes represent a new concept and curriculum. In this model, the course teachers are family members and the course has been designed and written by experienced family member/mental health professionals.

The NAMI Family-to-Family Education Program is appropriate for parents, siblings, spouses, adult children, and significant others of persons with severe and persistent psychiatric disabilities. Individuals who are themselves suffering from one of the major mental illness may attend the course if their present condition is stable AND they are managing the primary caregiving of their ill family member. Over 60,000 family members in the United States (nearly 800 in Riverside County) have completed this course.

- d. Housing expenses are listed under System Development on Exhibit 4 (page 127). Housing expenses must be for Full Service Partnerships and are not funded under System Development (CSS Requirements, page 8). Although, the housing development and supports are described on pages 133-136, the budget narrative for the \$2,920,419 of one-time funding requested (page 152) does not specifically discuss how the funds will be expended. Please provide the following:
  - 1) A detailed budget narrative that specifically describes how the housing funds will be expended; and 2) A detailed explanation that indicates that housing funds will be for Full Service Partnerships.

The Adult one-time Housing Budget originally requested for \$2,920,419 has been revised downward to \$2,831,728. The changes are as follows:

- a. Moved \$130,000 from Adult one-time Housing to Adult one-time start-up for development and expanded capacity for Augmented Board and Cares.
- b. Moved \$5,000 from Adult one-time Housing to Adult one-time training costs. This will allow for on-going consumer training costs for peer specialist and consumer employment curriculum.
- c. Added \$6,441 from TAY one-time Housing to Adult one-time Housing for mutually shared programs and supports.
- d. Added \$39,868 from Older Adult one-time Housing to Adult one-time Housing support for development and expanded Board and Care capacity.

Note (see Appendix "D" – Revised Budget Worksheet 5a, FSP-03, and Fiscal Year-06).

The \$2,831,728 Adult one-time housing budget will be expended as follows:

The Department of Mental Health has long recognized the need for housing for the severely mentally ill. Low rent housing is very lacking in the county and rents have gone up significantly (7% last year and projected to rise another 5% this year). The community planning process highlighted housing as a significant need in the county. Thus, the Department is pursuing several strategies to address housing needs for Full Services Partnership consumers.

#### **Housing**

a. The Department and the City of Riverside are working jointly on a Safehaven. The plan is to have 26 beds (21 Adult, 5 TAY) attached as transitional housing. A HUD grant will provide funding for support and operating costs. However, preliminary estimates are that \$750,000 (\$600,000 Adult, \$150,000 TAY) is needed for building acquisition, improvements, and the portion of lease cost not funded by HUD. The site has already been identified by the City.

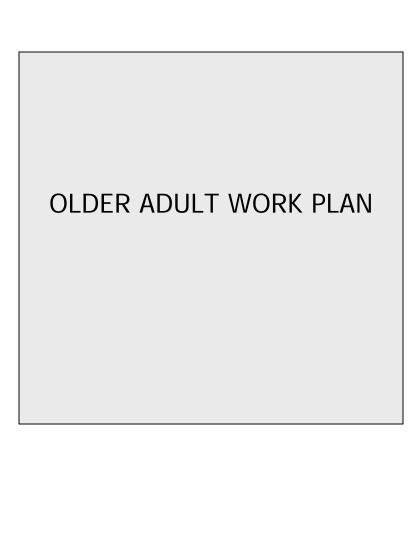
b. The Department is targeting the development of 45 (36 Adult, 9 TAY) housing units (15 in each of 3 regions) under the Governor's Housing Initiative for FSP consumers. The Department will work with developers to secure development funding by establishing a capital reserve designed to ensure that funds are protected and committed for future costs of operating this housing project. \$648,000 (\$518,400 Adult, \$129,600 TAY) is estimated to be needed for this capital reserve and \$217,800 (\$174,240 Adult/\$43,560 TAY) for supportive services.

# Housing Supports and Expanded Capacity

The Department plan to use one-time funding to develop, expand capacity, and provide housing service supports to create the best possible housing options for its consumers. By developing housing options and expanding capacity over the first two years, the Department anticipates significant reductions in the costs of inpatient and IMD services. These cost reduction savings will then be utilized to sustain the housing programs after the initial two year period.

- a. The Department plans to recruit and provide supportive services to assist landlords who are willing to rent one or more apartments at scattered sites. The supports include identifying sites, resolving problems, intervening when the landlord has questions and concerns, assisting consumers to understand requirements of apartment living and continuous recruitment of new landlords to participate. \$217,800 (\$174,240 Adult/\$43,560 TAY) is needed for this. Additionally, transitional rental subsidies and supports \$820,800 (\$656,640 Adult, \$164,160 TAY) will be providing the Department flexibility to provide rental assistance and housing supports (e.g. guaranteed rents) to landlords that would help to remove barriers to access FSP consumers who can not afford the full cost of the rent. The target is to create 57 (46 Adult, 11 TAY) scattered site apartment units available for FSP consumers. Because of the size of the county, it is important to provide support in scattered sites so consumers chose where to live or can remain in their neighborhoods close to family or other supports, and not have to move to designated multiple unit sites.
- b. Some consumers are able to identify housing but are unable to afford the move in costs. Thus, additional funding is needed to provide expanded one-time assistance for FSP consumers. This includes utility deposits, first and last month's rent, security deposits, and furnishings. \$190,608 (\$140,608 Adult, \$50,000 TAY) will be budgeted for this.
- c. The Department plans to expand supportive services to board and care homes including training focused on improving quality of care and expanding capacity of facilities to serve mental health consumers. \$235,000 (\$188,000 Adult, \$47,000 TAY).

- d. The bed costs for Augmented Board and Care bed costs will not be funded through MHSA one-time costs. The Department plans to dedicate \$235,750 (21 beds) of on-going funds and \$379,600 (26 beds) of one-time funds, for expansion and enhancements of mental health services in board and cares to 47 Adults at any point in time. This mental health service enhancement within the board and setting is viewed as an integral aspect, and support for people in the housing continuum.
- 3) A revised Exhibit 4. As previously described in the TAY Work Plan revision, the original Exhibit "4" is correct. This is based on DMH opinion that Crisis Residential Treatment and Augmented Board and Care are considered a mental health service, meaning they can remain in System Development funding. Again, the MHSA funds towards Augmented Board and Care are for the enhanced mental health services not bed costs.



# <u>Work Plan #4 Integrated Services for Older Adults</u> - Additional information requested.

a. The timeline (page 179) is very vague. Please provide a more detailed plan including all critical implementation dates (CSS Requirements, page 41).

2005	
March-June	Recruitment of Mental Health Services Manager and Supervisors, program staff, and consumer and family advocate positions. Release Request for Proposal for Augmented Board & Care Contract
July	Complete hiring process.  Award Contractor  Obtain equipment and supplies.  Continue staff training and train/educate Public Health staff.  Program implementation.
AugDec.	On-going training, implementation, program evaluation and refinement.
2006	
	On-going training, program assessment, evaluation and refinement.
2007	
	On-going training, program assessment, evaluation and refinement.
2008	
	On-going training, program assessment, evaluation and refinement.

b. The budgets for years 1-3 (pages 181, 187, 193) do not include any flexible funding. The narrative which describes services the contractor will provide does not specifically address providing flexible funding either. Please consider whether flexible funding needs to be added to the budget and provide a written explanation. If these funds are added, please submit revised budgets. If the contractor will provide for these expenditures, please indicate this.

The Older Adult one-time start-up (for flex funding) in original submission has been moved to Adult one-time for contractor start-up for ISRC.

Flexible funding for Older Adult has been added in Year 2 utilizing the additional \$178,027 MHSA CSS Planning estimate (DMH Letter 06-03) that was not included in our original budget submission. For Year 3, flexible funding of \$178,027 for Older Adult has also been added utilizing a portion of the additional \$1,170,114 MHSA CSS Planning estimate (DMH Letter 06-03). (Note: See Appendix "D" – Revised Budget Worksheet 5a, FSP-04, FY 2005-06). The remaining \$992,087 Planning estimate for Year 3 will be adjusted during the annual budget update.

The flexible funds for Older Adults include estimated costs for providing clothing, food and hygiene supports, transportation, housing vouchers and other flexible funding needs for the Older Adult FSP clients.

c. In year one, \$1,157,820 of one-time funding is requested for equipment, office space, vehicles and implementing Electronic Health Records (page 185). Please provide more detail regarding the proposed expenses in each of these areas. In order for the DMH IT Section to review the Electronic Health Records portion of your request, you need to complete the four page DMH IT form. This form can be submitted at any time to the County Liaison.

The Older Adult one-time start-up funding of \$1,157,820 has been reduced down to \$1,057,820. The \$100,000 was moved to Adult one-time contractors (ISRC) start-up. After budgeting on-going Older Adult flexible funding in current operations, this freed up \$100,000 of Older Adult one-time start-up that was shifted to Adult one-time contractor (ISRC) start-up costs.

The following are proposed expenses for the \$1,057,820 Older Adult one-time start-up funding.

#### Electronic Health Record \$170,000

Riverside County's IT Department completed the requested IT form for Electronic Health Records under one-time funding. For more detailed information see Appendix "A" to review the EHR IT form.

Diagnostic Tool (Bartels) \$150,000 – This is a collaborative Best Practice Training Project between Orange, San Diego, and Riverside County to develop a web based Steven Bartels' Performance Outcome Measures instrument. The collaborative would work with Dartmouth College. The instrument has not been developed in a web version. This Best Practice Training Project is the development, training, and piloting of this instrument in the three counties in collaboration with CIMH.

# Contractor Start-Up costs \$80,000

Contractor start-up costs, such as tenant improvement on office space and client activity rooms, and cost of equipping new staff to operate 16 augmented board and care beds for older adults.

# Costs of equipping new employees \$239,078

This includes desk/work stations, computer/printer, and telephone set-up, for a total \$6,665 per FTE for approximately 36 new MHSA employees.

#### Building improvement & furniture \$199,042

Estimated tenant improvement on office space to accommodate MHSA staff, and furniture costs for client activity rooms at three (3) clinic locations/programs.

# Copiers and faxes \$46,800

Include four copiers and faxes for three MHSA locations/programs.

### Conference equipment \$22,900

Estimated costs for conference equipment for three programs/sites. The equipment will be utilized to conduct training and staffing between each of three regions providing Older Adult services. This includes Indio, Hemet, Riverside, Blythe, Coachella Valley, San Jacinto, and Perris.

#### Vehicles \$150,000

Estimated costs for six (6) vehicles to assist older adult clients in accessing medical services, housing opportunities, community supports and resources, entitlements, and transportation to and from mental health service programs. These vehicles will also be used for mobile outreach and assessment purposes. 163 older adult clients will be served under Full Service Partnerships and 472 through System Development on an annual basis through programs outlined in the Older Adult Work Plan.

# ONE-TIME (REVISED) COST SUMMARY (OLDER ADULT)

Older Adult revised one-time costs are as follows:

Start-up	1,057,820
Training	313,500
Housing	763,700
	2,135,020

(Note: See Appendix "D" – Revised Budget Worksheet 5a, FSP-04, FY 2005-06)

d. In year one, \$313,500 of one-time funding is requested for training (page 185). Please provide more specific information that identifies the type of training to be provided, who will receive the training, and the provider, if know.

## 1. Recovery Model: Vision and Principles Training

This training is open for staff, consumers and the community. The workshop describes a four-stage developmental model of recovery as well as exploring the culture, programming, and infrastructure domains of a recovery based system. The focus is on the integration as well as transformation of presently effective roles and practices into a recovery-based system as well as on how the consumer perspective can inform and improve our practices.

Provider: Mark Ragins, M.D., Medical Director and Staff Psychiatrist for the

MHA Village Integrated Services Agency in Long Beach.

Audience: Countywide audience.

# 2. Other Wellness and Recovery Focused Trainings

As we transform our system, staff will need to be trained to embrace the recovery and wellness movements. 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.

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.

# 3. Co-Occurring Disorders Treatment

This training will be for staff involvement in the treatment of older adults and include topics such as motivational interviewing, and family-based substance abuse interventions that employ cognitive behavioral approaches.

Provider: Has not yet been selected.

Audience: Countywide to all Old Adult-serving clinics.

# 4. Gender Issues

Training will be on gender issues related to older adults and will focus on sensitivity to sexual orientation, gender-sensitivity and on services which reflect the different psychologies and needs of women and men.

Provider: Speakers and trainers will be sought to educate the specialty older

adult and other department staff.

Audience: 4-6 trainings will be held for an estimated 400 people.

### 5. Genesis Program

Provider: Training will be arranged and conducted by the Genesis staff from Los

Angeles County within the first two-months of implementation.

Audience: The training will be required of all staff providing services for the Full

Service Partnership Mobile Outreach and Integrated Services Teams.

Services will be provided to all three regions.

# 6. Older Adult and Transition Age Adult Specialized 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.

Provider: Family and caregivers would be referred to the NAMI Family-to-Family Program, an educational program offered to families of mentally ill

family members.

Audience: This program would be modified to address issues of older adults and would be provided to 40 family members of older adults per year.

# 7. Board and Care Training

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.

Provider: To be determined. The trainings will be a series of ten sessions lasting

from 1 ½ to 2 hours educating board and care staff about community

resources, aging and mental health.

Audience: The presentations will occur at the residential care facilities. The

linguistic and cultural considerations of the board of care staff will be accommodated. Materials will be translated into the primary language of the caregiver to maximize the learning. Six to eight

trainings will be provided per year.

#### 8. Peer Training

The program is modeled after the Santa Monica Center for Healthy Aging Peer Counseling Program.

Provider: Possible provider would be the Santa Monica Center for Healthy

Aging.

Audience: Up to 60 seniors would be trained to provide one-to-one counseling

and lead support groups.

e. On Exhibit 4, housing is listed under System Development (page 168). Housing expenses must be for Full Service Partnerships and are not funded under System Development (CSS Requirements, page 8). In year one, \$803,568 of one-time funding was requested for various housing (page 185). Please provide the following:

1) A detailed budget narrative that specifically describes how the housing funds will be expended; 2) A detailed explanation that indicates that housing funds will be for Full Service Partnerships;

The Older Adult one-time housing budget originally requested for \$803,568 has been revised downward to \$763,700. The change was moving \$39,868 to

Adult one-time housing for development of housing supports and expanded capacity.

As originally discussed in the Older Adult Work Plan; the emphasis on housing centered on the development of housing initiatives and housing alternatives for Older Adults. As was the case in the Adult/TAY work plans, Augmented Board and Care services was an integral part of the housing plan. Again, as previously described in the Adult/TAY revision, the Department will continue to fund a service augmentation in Augmented Board and Care as a mental health service under System Development funding. Therefore, Exhibit "4" does not require correction, and can be submitted in its original form. The Department plans to dedicate \$401,500 of start-up funding to Augmented Board and Care, which will provide expanded and enhanced mental health services to 22 individuals at any point in time. The Department will re-classify these programs as a mental health service as opposed to a housing program per DMH directive. After two years these services will be funded through reductions in IMD costs.

Below is a more detailed account of proposed Housing to be offered to Older Adults:

# **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, scattered apartments, and respite.

In addition to the Housing Development Unit the Department is pursuing several strategies to address housing needs for Full Service Partnership consumers.

#### Scattered Apartments

The Department plans to recruit and provide supportive services to assist landlords who are willing to rent one or more apartments at scattered sites. The supports include resolving problems, intervening when the landlord has questions and concerns, assisting consumers to understand requirements of apartment living and continuous recruitment of new landlords to participate. Additionally, rental assistance (\$187,200) will be provided to FSP consumers who can not afford the full cost of the rent. The target is to create 13 scattered site apartment units available for FSP consumers. Because of the size of the county, it is important to provide support in scattered sites so consumers chose where to live or can remain in their neighborhoods close to family or other supports, and not have to move to designated low cost sites.

#### • Move-in Costs

Some consumers are able to identify housing but are unable to afford the move in costs. Thus, additional funding is needed to provide expanded one-time assistance for FSP consumers. This includes utility deposits, first and last month's rent, security deposits, and furnishings. \$35,000 will be budgeted for this.

## • Respite

The Older Adult Respite Care Program will provide relief for members of our community who care for mentally ill older adults so they may continue their caregiver responsibilities, and maintain the consumer in the current living situation. Respite care will offer friendship, safety, and companion-level assistance with activities and outings (if appropriate) as well as needed respite for family caregivers. Support and stress management opportunities will also be explained to assist caregivers in developing coping strategies. Respite visits will be arranged at times convenient to both the caregiver and family requesting the service. Although respite is not housing per se it is a necessary support to ensure that seniors can remain in their current living situation.

The role of the Respite care giver will be:

- Oversee the safety of the older adult while the caregiver is away (without providing medical assistance or personal care).
- o Provide companionship.
- Offer support and encouragement to the older adult and the caregiver.
- o Act as a link with the community and with the Personal Services Coordinators for further resource options.

\$140,000 will be needed to provide this service

2) **Exhibit "4".** A corrected Exhibit "4" is not required as Augmented Board and Care will remain as a mental health service under System Development funding and not for the purchase of beds.

# PEER RECOVERY AND SUPPORT SERVICES

# Work Plan #5 Peer Recovery and Support Services – Additional information requested.

a. The timeline (page 207) is vague. Please provide a more detailed plan including all critical implementation dates (CSS Requirements, page 41).

Peer Support and R	Resource Centers - Consumer operated centers offering a variety of support services
including vocationa	I, educational, resources and referrals, warm-line, anti-stigma and peer-to-peer
support activities.	These centers will be provided through a contract provider.
2005	
April	Release Request for Proposal
	Non-mandatory bidders meeting.
May	Deadline for proposals.
June	Contractor Selected
July	Board of Supervisors approval.
	Contract Awarded
July-Dec.	Begin implementation and outreach.
2006	
	On-going implementation.
	Program assessment, contract monitoring, performance evaluation,
	program refinement and associated outreach activities to attract
	eligible consumers.
2007	
	On-going implementation.
	Program assessment, contract monitoring, performance evaluation,
	program refinement and associated outreach activities to attract
	eligible consumers.
2008	
	On-going implementation
	Program assessment, contract monitoring, performance evaluation,
	program refinement and associated outreach activities to attract
	eligible consumers.

Peer Support to Clier	nts/Programs - Hiring Consumer Advocates as paid staff in service delivery for
all ages in county clin	nics and programs.
2005	
March-June	Recruitment
	Pre-employment job skills training.
	Complete hiring process.
July-Dec.	Integration into county clinics and programs
	Continued on-going training.
	On-going support.
2006	
	On-going training.
	Support services, program evaluation and refinement.
2007	
	On-going training.
	Support services, program evaluation and refinement.
2008	
	On-going training.
	Support services, program evaluation and refinement.

Family Advocate Exp	pansion and Consumer Advocate in Administration - Expand Family
Advocate Program a	nd hire Consumer Advocate.
2005	
March-June	Recruitment of potential candidates.
	Complete hiring process.
July-Dec.	Integration into service delivery in regions.
2006	
	On-going program evaluation and refinement.
2007	
	On-going implementation, program evaluation, and refinement.
2008	
	On-going program evaluation and refinement.

Consumer/Famil	y Representatives on boards, in trainings, and educational efforts.
2005	
April-June	Volunteer Recruitment
	Support services in place.
	Training schedules/topics.
July-Dec.	Integration into MHSA planning/oversight infrastructure.
2006	
	On-going implementation.
	Support services, program evaluation and refinement.
2007	
	On-going implementation.
	Support services, program evaluation and refinement.
2008	
	On-going implementation.
	Support services, program evaluation and refinement.

### b. One-time costs of \$300,000 (page 213) are requested in year one for various items. Please provide a more detailed breakdown of the expenses.

The Peer Support one-time start-up costs originally requested for \$300,000 have been revised upwards to \$480,000. The \$180,000 increase came from TAY one-time housing budget. The \$180,000 increase came from TAY one-time Housing funds and will be utilized for on-going training and outreach efforts. The Peer Centers will include TAY specialist and Housing supports for TAY population.

(see revised Exhibit 5a, for Work Plan SD-05, for Year 2005-06, in Appendix "D")

#### Contractor Start-Up \$300,000

Contractor start-up costs such as tenant improvement on office space and client activity rooms, and costs of equipping contract staff, to open three (3) new consumer-operated Peer Recovery and Support Services Centers. By assisting with tenant improvements on a one-time basis ongoing lease costs will be reduced.

Riverside County includes here a revised request for \$480,000 (instead of \$300,000) as Start-Up Funding for the Peer Support and Resource Centers. The rationale for the request stems from the recognition that the awarded contractor will need to start-up three separate peer centers, one in each region and \$300,000 is insufficient to do so. This will allow \$100,000 for start-up costs for each regional peer center, and an additional \$180,000 (\$30,000 per center) for Education, Training, and Outreach over the 2 remaining years.

The funds will assist in purchasing program space, leases, and any renovation costs associated with the physical plant. In addition to space will be the acquisition of work stations, computers, printers, telephones, and any necessary vehicles required to operate the centers and to get consumers to the programs. Funding these up front will reduce the costs over time including the rent.

Also, it is anticipated that the selected contractor will incur recruitment costs associated with identifying and hiring consumers to work in the peer operated centers. Training will also be an essential component for consumers employed at the peer centers, and included in one-time costs. One-time funding can assist the contractor in expanding their administrative infrastructure necessary to expand services to include these regional peer centers.

The additional contract funds will also expand education/training which will include 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.

# OUTREACH AND ENGAGEMENT

#### Work Plan #6 Outreach and Engagement – Additional information requested.

a. The timeline (page 237) is very vague. Please provide a more detailed plan including all critical implementation dates (CSS Requirements, page 41).

2005						
March-June	Recruit and hire Outreach Coordinator					
	Recruit and hire Office Assistant					
	Hiring process for positions completed.					
	Obtain equipment, supplies, program materials.					
July-Dec.	Begin community outreach and engagement strategies outlined in work plan.					
2006						
	On-going implementation, program evaluation, and program refinement.					
2007						
	On-going implementation, program evaluation, and program refinement.					
2008						
	On-going implementation, program evaluation, and program refinement.					

b. No flexible funds are included in years 1-3 (pages 238, 244, 250) in this outreach and engagement plan. Please consider whether flexible funding should be included and submit adjusted budgets and narratives.

No flexible funds are budgeted in Outreach and Engagement (OE-06) due to the fact that client outreach is incorporated in each individual work plan (by age category). Flexible funds are budgeted within each work plan budget. However, funding has been added for Outreach and Engagement as described in the next section.

c. One-time costs of \$13,330 (page 242) are requested in year one for various items. Please provide a more detailed breakdown of the expenses.

The original outreach one-time training costs of \$10,000 have been revised upward to \$60,000. The increase of \$50,000 came from the TAY housing one-time budget.

(see revised Exhibit 5a, for work plan OE-06, for Fiscal Year 2005-06, in Appendix "D")

Within the Outreach and Engagement Work Plan, the Department requested \$13,330 of start-up expenses under one-time funding. More specifically, the Department will be hiring an Outreach Coordinator to oversee and facilitate outreach functions described in the Work Plan OE-06. One-time funds will be utilized to acquire or expand office space to house this service. Included will be work stations, computers, printers, and telephones for a total \$6,665 per FTE for two (2) new MHSA staff.

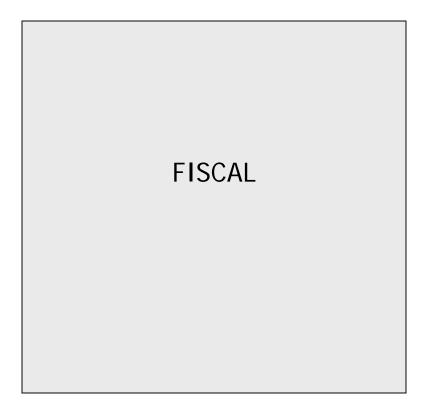
An additional \$50,000 of Other one-time funds will be utilized to facilitate outreach activities beyond staff and capital equipment. This includes the development of brochures, handouts, educational materials, and service directories in English and Spanish. Costs also include community outreach efforts associated with reaching out to ethnically diverse populations, homeless, deaf, gay/lesbian/transgender, and HIV/AID communities.

## SUMMARY ONE-TIME (REVISED) OUTREACH/ENGAGEMENT COSTS

Outreach and Engagement revised one-time costs are as follows:

Start-up	13,330
Training	60,000
Housing	0
	73,330

(see revised Exhibit 5a, for Work Plan OE-06, for Fiscal Year 2005-06, in Appendix "D")



#### **Independent Fiscal Review**

As mentioned earlier in this letter, the Department has engaged a fiscal consultant to review all county fiscal detail. The Fiscal Analysis (Attachment B) identifies several budget concerns, summarized below, that need to be addressed. Please respond to all identified issues in the attachment, unless you have already responded as a result of the questions asked above. In preparing your response, consider if exhibits, budgets and/or narratives need to be modified to reflect the changes.

a. A more detailed breakout of the one-time costs is necessary in order to determine the appropriateness of the costs (Addressed earlier in this letter.)

See earlier responses.

b. Work plan #2 should have some EPSDT State General Fund revenue. Adjust budgets as necessary.

The TAY Work Plan (FSP 2) revenue has been increased by \$61,688 for year 2005-06 and \$272,216 for years 2006-07 and 2007-08 to account for estimated EPSDT revenue. This increase was offset by increased work plan expenses.

See attached revised Exhibit 5c - Mental Health Services Act Community Services and Supports Administration Budget Worksheet and budget narrative for program work plan # FSP 2 for fiscal years 2005-06, 2006-07 and 2007-08. (see Appendix "B" for FSP 2 Budget, and Appendix "D" for Administration Budget).

c. There should be Medi-Cal FFP revenue to off-set some of the costs in the administrative budget. Please adjust budgets as necessary.

Additional Medi-Cal FFP revenue has been budgeted in the Administrative Budget in the amount of \$343,674 for both 2006-07 and 2007-08. This additional revenue was used to offset increased costs of the Crisis Residential Program in the Adult Work Plan FSP 3.

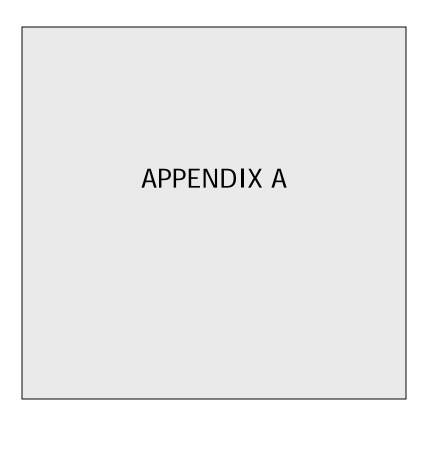
See attached revised Exhibit 5c- Mental Health Services Act Community Services and Supports Administrative and Adult FSP-03 (5a) Budget Worksheet and budget narrative for fiscal year 2006-07 and 2007-08. (see Appendix "D")

d. No cost of living increases are included for years 2 and 3. Please adjust budgets as necessary. In year 2 cost of living increase is already included in the budget. There is no cost of living increase expected in year 3 based on union contracts. Any future changes will be addressed through annual updates.

#### **Other**

#### **Revised Planning Estimates**

The Department plans to revise the CSS Plan Budget to include the revised planning estimates for year three during the annual update. The reason it was not included initially was due to the fact that revised planning estimates were released after the Department submitted their plan to the State. The Department plans to fully utilize the year three funding allocation described in DMH Letter 06-03, Attachment 1. (Except for flexible funding already budgeted and described in Older Adult Work Plan and Budget for year 2.)





#### MHSA CSS Other One-Time Funding Request For A Mental Health Information Technology Project

Date:	May 4, 2006
County:	Riverside County
IT Project Title:	Electronic Health Record  If more than one IT project, please complete one funding request for each project.
New system Extend the nu	umber of users of an existing system nctionality of an existing system
<ul><li>Supports the</li><li>Supports the</li></ul>	r more boxes that describe overall IT project objective(s). Client and Services Information (CSI) System MHSA Full Service Partner Data Collection and Reporting (DCR) System

#### 1) Overview of Solution or Product

Please provide a clear description of the solution that this funding will support.

The goal is to improve system clinical functionality by integrating the Electronic Health Record software solution into a core behavioral health information system. The core elements of the Electronic Health Record solution include: Clinical and Medication History, Assessment, Treatment Plans, Progress Notes, Medication Administration Record, Outcome Measurement, Quality Management Tracking, Discharge Plans, and Health Record Tracking.

### 2) Relationship to MHSA CSS Plan: How Does this Solution Benefit Mental Health Consumers and Families?

Describe how this solution supports your county's MHSA plans. Site specific plan sections.

The use of Electronic Health Records technology is part of the transformation change to the Mental Health Care System to help ensure decisions are made on the best patient information available, information is better managed, and the best decisions are made in the care of the patient. An integrated Electronic Health Records System can promote high quality, coordinated services by helping psychiatrists and other physicians, psychologists, social workers, nurses, personal service coordinators, and other health and human service providers communicate vital health information clearly, confidentially, and when it is needed.

The other important advantage for Riverside's consumers and family members is that this technology provides the means to overcome geographical distances that often hinder access to care. Enhancing communication between informed consumers and health care professionals improve their discussions about treatment options and more knowledgeable decisions. Electronic Health Records allows a variety of care providers to interact seamlessly and safely in a real time manner to enhance the quality of treatment and care to the consumer.

#### 3) Relationship to County IT Strategic Plan

Describe how this solution is incorporated in your county's IT Strategic Plan.

The county recently completed the requirements definition phase of the Request for Proposal for a new Behavioral Health Information System (BHIS). The goal of Riverside County is to purchase a new fully integrated BHIS that includes the Electronic Health Record component. The integrated BHIS will replace two separate third-party vendor software solutions with vendor and county developed data interface programs. Implementation of the E.H.R. will also eliminate the need for custom standalone software solutions developed by providers.

#### 4) Interfaces to Other Systems

Describe how this solution will interface with other systems, including systems in other county agencies, if applicable.

An integrated BHIS should contain the core software components to support the key business processes and standard practices, and as noted above will replace two separate third-party software products and the *data interface* between the two. However, for the new BHIS, the following partial list of linkages and interfaces have been defined: system interface to the State for all required state reporting (CSI/DIG, MEDS, CalOMS); interfaces with other practice management systems; interface to third-party pharmacy management systems; link to external referral resource databases; Medication Database Linkages where drug formulary, drug interaction/drug allergy information, and drug education materials from third-party databases can be easily accessed; ability to incorporate third-party outcome measurement data; and the ability to interface to the county's Financial Accounting System.

#### 5) Hardware and Software

List the hardware and software that this solution or product will use.

It is the intent of Riverside County to implement an Electronic Health Record solution within the framework of the new BHIS. The hardware and network requirements will be defined by the software vendor selected. Based on knowledge of the BHIS solutions available, the BHIS will be a web-based application that requires multiple Microsoft Windows Servers, Microsoft SQL Server software for the database engine, along with industry standard presentation and reporting tools. The user desktop requirements will require standard Microsoft Internet browser capability. The business application software solution/product is unknown at this time.

#### 6) Security Management

Explain the security management that this solution or product will use. Note HIPAA compliance.

Physical and hardware security – the Department's "Facility Access Controls" Policy requires that the county safeguard the facility and equipment from unauthorized physical access, tampering and theft. The Department will continually assess potential risks and vulnerabilities to ePHI and develop, implement and maintain appropriate safeguards to ensure compliance with the HIPAA Security Rule requirements. Restricted login procedures will ensure access to the program by authorized users.

**Software security** – The County's "Enterprise Security Policy A-58" requires review and approval by technical support staff for all software installed. Restricted login procedures will ensure access to the program by authorized users.

Protected Health Information security - as addressed in Riverside County Department of Mental Health Policy #239 "Confidentiality/Privacy Disclosure of Individually Identifiable Health Information" and Policy #249 "Physical Safeguards for Confidential Information", PHI created, maintained, used or disclosed includes paper and/or electronic records, is kept private. Confidential information is only created, maintained, used, or disclosed for the purpose of performing job related duties, and shall be safeguarded. These policies and procedures have been put in place to protect confidential client information from unauthorized use and/or disclosure.

#### 7) One-Time and On-Going Costs

List the one-time and on-going costs associated with this solution. List the totals for hardware, software, consultants, staffing to be paid for by this request and any matching totals paid by non-MHSA sources.

One-Time Costs: Information gathered through a variety of sources, i.e. CBS Coalition RFP project, other counties experience with new system implementation, and vendor conferences, the anticipated cost for a new BHIS for Riverside County is approximately \$3.5 - \$4.0 million. This cost includes hardware, software fees, consulting through all implementation activities, and training. The **Electronic Health Record** one-time expense is expected to be in the range of \$700,000-\$800,000.

**Maintenance Costs**: will be determined once vendor selection is made, initial estimates range between \$200,000 and \$250,000 per year for the Electronic Health Record.

#### 8) Specific Objectives to be Accomplished with this Funding Request

List the specific objectives that this funding will accomplish for this solution.

- 1. Improve the quality, access, equity, coordination, and efficiency of care by using a full integrated Electronic Health Records System.
- 2. Decrease geographic boundaries that hinder access to care and availability of patient information for those in remote areas or in underserved populations.
- 3. Increase coordination and communication between segments of the mental health system that allows for them to interact in a seamless and safe manner.

#### 9) Schedule of Activities

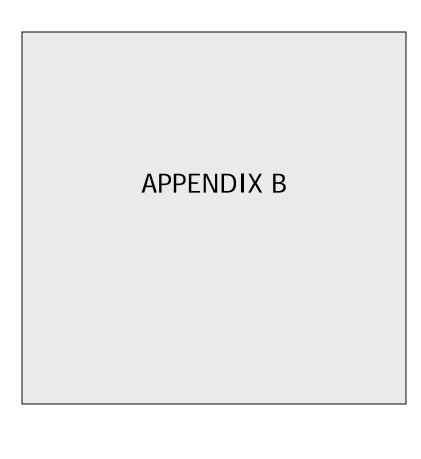
Provide the schedule of activities for this solution.

The project plan for implementation of the new BHIS is:

- Request for Proposal requirements definition document to be completed in May 2006.
- 2. RFP Release June 2006
- 3. RFP Vendor Response July 2006
- 4. RFP Vendor Bid Review and Vendor Demo August 2006
- 5. RFP Vendor Selection and Contract Negotiations September 2006
- 6. Begin new system implementation September/October 2006
  - a. Migrate core client tracking, billing, and state reporting functions to new system phase 1, estimate 6 months
  - Implement clinical function (Electronic Health Record included) in phase 2 – estimate 6 months

### County Approvals for a Mental Health IT Project Using MHSA Funding

Then	5/5/06	Submitter
Signature	Date	
BILL BRENNEMAN	5/5/06	
Printed Name	Title	MH Chief Information Officer
Rosie Whitehead		(or in small counties, the person designated as responsible for Mental Health IT issues)
Signature	Date	
Kosie Whitehead Printed Name	5/5/06 Title	
Rosie Whitehead Signature	5/5/06 Date	MH HIPAA Security Officer
Rosie Whitehead Printed Name	5/5/06 Title	
Signature J	5 A-Ab Date	MH Director
Printed Name	5/5/ Title	





#### MHSA CSS Other One-Time Funding Request For A Mental Health Information Technology Project

Date:	April 18, 2006
County:	Riverside County
IT Project Title:	Computerized Diagnostic Interview Schedule for Children (C-DISC)  If more than one IT project, please complete one funding request for each project.
New system Extend the nu	umber of users of an existing system anctionality of an existing system
<ul><li>Supports the</li><li>Supports the</li></ul>	r more boxes that describe overall IT project objective(s). Client and Services Information (CSI) System MHSA Full Service Partner Data Collection and Reporting (DCR) System system functionality used to collect and report client information

#### 1) Overview of Solution or Product

Please provide a clear description of the solution that this funding will support.

The C-DISC is a comprehensive, structured interview that covers 36 mental health disorders for children and adolescents, using DSM-IV criteria. The instrument is the most widely used and studied mental health interview that has been tested in both clinical and community populations. Parallel youth and caretaker interviews are available, that are suitable for children aged 9-17 years, and for caretakers of youth 6-17 years old. One version of the C-DISC is lay interviewer administered, while another is self-administered using computerized voice files. Both produce a series of reports including a diagnostic report that indicates endorsed symptoms, criteria and diagnoses. These reports can be used by a clinician as part of a more thorough assessment.

Benefits of the C-DISC: Describes current and changing patient characteristics, points to unsuspected comorbidity, points to good or inappropriate practices, generates reliable diagnoses for reporting purposes, assesses baseline impairment and severity to measure treatment benefit, and provides triage referral to specialized services. Covers disorders including Anxiety, Mood, Behavior, Substance Abuse, and others such as Anorexia Nervosa and Bulimia.

### 2) Relationship to MHSA CSS Plan: How Does this Solution Benefit Mental Health Consumers and Families?

Describe how this solution supports your county's MHSA plans. Site specific plan sections.

A clear theme identified through Riverside County's MHSA planning process for Children's Services was the need for a good, thorough, adequate, and complete assessment. The Children's Committee acted on this feedback and included in their proposed strategies the need for a more comprehensive diagnostic tool. The C-DISC was proposed as it will address the needs of all target populations (except 0-5 ages) and improve the entire children's mental health system as a whole. It will assist in the areas of diagnosing Co-Occurring Disorders and provide mental health screenings not only in County Clinics but for youth in schools, foster care, and the juvenile justice system. The top two priority populations to be served under the Children's Integrated Services Program are minors under the jurisdiction of the courts (wards and dependents), and minors with co-occurring disorders. Both these populations will be served under the Full Service Partnership programs described in the Children's Work Plan as Multidimensional Treatment Foster Care and Multidimensional Family Therapy.

Use of the C-DISC will promote more accurate diagnosis of minors (including co-occurring disorders), assist in identifying Full Service Partnerships clients and allow for better-informed choices for families as to which therapeutic approach(s) are most likely to be effective. Under supervision, the tool is administered by the minor at a computer terminal, and with the voice feature high level reading skills are not required. The tool was created out of Columbia University and is highly tested and validated including for diverse populations. A parent version is expected soon that will allow for standardized assessment method (completed via computer by a parent) to be used for minors who do not have good computer skills and will allow for screenings 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, it will be added. MHSA funds will be used for training, computer hardware, software, and on-going licensing fees.

#### 3) Relationship to County IT Strategic Plan

Describe how this solution is incorporated in your county's IT Strategic Plan.

The C-DISC use will begin in standalone mode with possible future interface to the county's new Behavioral Health Information System. The county's current systems are mainly administrative and used by support staff to enter data for consumer client/tracking, State reporting and billing purposes. It is the goal of Riverside County to improve their system clinical functionality and move towards an integrated Electronic Health Record.

#### 4) Interfaces to Other Systems

Describe how this solution will interface with other systems, including systems in other county agencies, if applicable.

At initial implementation, there will be **no** electronic interface requirements to other systems. The intent is to use the C-DISC program to generate a report to file in the consumer's chart. Data required by existing electronic client systems will be entered manually.

#### 5) Hardware and Software

List the hardware and software that this solution or product will use.

Hardware – 15 PC Windows XP workstations, 5 mobile laptops with CD-ROM, sound card, pointing device, headset and microphone.

Software – Self-administered Youth Voice DISC, Self-administered Parent Voice DISC. Purchase includes site license, 2-year technical support, manual and CD's.

#### 6) Security Management

Explain the security management that this solution or product will use. Note HIPAA compliance.

Physical and hardware security – the Department's "Facility Access Controls" Policy requires that the county safeguard the facility and equipment from unauthorized physical access, tampering and theft. The Department will continually assess potential risks and vulnerabilities to ePHI and develop, implement and maintain appropriate safeguards to ensure compliance with the HIPAA Security Rule requirements. Restricted login procedures will ensure access to the program by authorized users.

Software security – The County's "Enterprise Security Policy A-58" requires review and approval by technical support staff for all software installed. Restricted login procedures will ensure access to the program by authorized users.

Protected Health Information security - as addressed in Riverside County Department of Mental Health Policy #239 "Confidentiality/Privacy Disclosure of Individually Identifiable Health Information" and Policy #249 "Physical Safeguards for Confidential Information", PHI created, maintained, used or disclosed includes paper and/or electronic records, is kept private. Confidential information is only created, maintained, used, or disclosed for the purpose of performing job related duties, and shall be safeguarded. These policies and procedures have been put in place to protect confidential client information from unauthorized use and/or disclosure.

#### 7) One-Time and On-Going Costs

List the one-time and on-going costs associated with this solution. List the totals for hardware, software, consultants, staffing to be paid for by this request and any matching totals paid by non-MHSA sources.

The costs associated with the C-DISC represent training, materials, licensing and software fees, and computers. See below breakdown of estimated costs:

#### 1. Training Cost (New York) \$6100 total

\$ 2,400 (\$600 per day for two days each trained to be trainers by Columbia University)

\$1500 Overnight Accommodations (\$250 per night, 2 persons, 3 nights)

\$1200 Air fare (2 round trip tickets, \$600 each)

\$ 400 Meals (\$50 per day for 4 days)

\$ 400 Ground Transportation (airport shuttle and taxi/bus service)

\$ 200 Airport Parking

#### 2. Cost of Training Staff - \$10,000

(includes training, sites, refreshments, salaries, lost productivity for 75 staff)

#### 3. Cost for Materials - \$13,900

Youth Voice DISC (license and software) - \$4500\* Parent Voice DISC (license and software) - \$4500\* Miscellaneous materials, manuals, and forms - \$4,900

#### 4. Computers - \$50,000

20 Computers to necessary specifications - \$2500 each

Total Cost - \$80,000

(\*on-going cost, licensing and software renewal every two years)

#### 8) Specific Objectives to be Accomplished with this Funding Request

List the specific objectives that this funding will accomplish for this solution.

Provide a rapid, systematic, and valid mental health assessment tool for clinical settings serving children, including Juvenile Justice, that were traditionally underserved. Through more accurate assessment provide more efficient treatments and program placements. Promote more accurate diagnosis (including co-occurring disorders) to minors and their families/caretakers. Will assist in the identification of minors who would most benefit from Full Service Partnership programming,

#### 9) Schedule of Activities

Provide the schedule of activities for this solution.

Upon receiving state approval and funding, the following activities will occur:

- 1. Order hardware and software
- 2. Train trainers
- 3. Install hardware and software
- 4. Train county staff
- 5. Implement use of the C-DISC solution

### County Approvals for a Mental Health IT Project Using MHSA Funding

	Frem	_	4/1	8/06	Submitter
	Signature		Da	te	
	BILL BREI	UNEMAN	MHSA	COORDINATOR	
	Printed Name	)	Titl	le	MH Chief Information Officer
4	) Signature	itehead	H)	/18/06	(or in small counties, the person designated as responsible for Mental Health IT issues)
K	Sie Whit Printed Name	ehead Ir	n form Titl		logy Officer
4	Signature	itehad	<i>∠-i  </i> Da		MH HIPAA Security Officer
+	Printed Name	tehead I	<del>hforn</del> Titl	nation Technie	ology Officer
	Signature	1/2 of	, 4- Da	/ <i>f</i> ~ <i>0\</i> /	MH Director
1	Jern 1 Ve Printed Name	ingerd	J) Titl	e de la companya de l	

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

County(ies): Riverside			2005-06	
Program Workplan # _	FSP-01		Date:	4/19/06
Program Workplan Name	Children's Integrated Services		F	Page of
Type of Funding _	1. Full Service Partnership		Months of Operation	3
Pro	posed 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 Capacit	y of Program/Service Expanded through MHSA:	30	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	30	I e	elephone Number:	(951) 358-4554
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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				\$(
ii. Subsidies				\$(
iii. Vouchers				\$0
iv. Other Housing	\$2,300			<u>\$2,30</u>
d. Employment and Education Supports	\$4,600			\$4,60
e. Other Support Expenditures (provide description in budget narrative)	\$2,300			\$2,30
f. Total Support Expenditures	\$23,000	\$0	\$0	\$23,00
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$0		\$(
b. New Additional Personnel Expenditures (from Staffing Detail)	\$808,154			\$808,154
c. Employee Benefits	\$319,687			\$319,68
d. Total Personnel Expenditures	\$1,127,841	\$0	\$0	\$1,127,84°
3. Operating Expenditures				
a. Professional Services	\$31,156			\$31,150
b. Translation and Interpreter Services	\$3,332			\$3,332
c. Travel and Transportation	\$9,823			\$9,82
d. General Office Expenditures	\$21,203			\$21,20
e. Rent, Utilities and Equipment	\$174,337			\$174,33
f. Medication and Medical Supports	\$10,553			\$10,55
g. Other Operating Expenses (provide description in budget narrative)	\$49,263			\$49,263
h. Total Operating Expenditures	\$299,665	\$0	\$0	\$299,669
4. Program Management				
a. Existing Program Management				\$(
b. New Program Management				<u>\$</u> (
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	\$1,580,50
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$(
b. Medicare/Patient Fees/Patient Insurance				\$(
c. Realignment				\$(
d. State General Funds				\$(
e. County Funds				\$(
f. Grants				
g. Other Revenue				<u>\$</u> (
h. Total Existing Revenues	\$0	\$0	\$0	\$(
2. New Revenues				
a. Medi-Cal (FFP only)	\$270,816			\$270,810
b. Medicare/Patient Fees/Patient Insurance	\$6,584			\$6,584
c. State General Funds	\$173,584			\$173,584
d. Other Revenue (Department of Rehabilitation)	<u>\$0</u>			\$1
e. Total New Revenue	\$450,984	\$0	\$0	\$450,98
3. Total Revenues	\$450,984	\$0	\$0	\$450,98
C. One-Time CSS Funding Expenditures	\$2,459,613			\$2,459,61
D. Total Funding Requirements	\$3,589,135	\$0	\$0	\$3,589,13
<u> </u>		\$0	\$0	
E. Percent of Total Funding Requirements for Full Service Partnerships  * Total Full Service Partnership clients served per year.				44.1

<sup>\*</sup> 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:	4/19/06
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
Clie	ent Capacity of Program/Service Expanded through MHSA:	30	Telephone Number:	(951) 358-4554

Classification	Function	Client, FM & CG FTEsal	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
_					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 \$0
	Total New Additional Positions	16.00	75.00		\$808,154
C. Total Program Positions		16.00	75.00		\$808,154

<sup>\*</sup> 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
١		all towns		
A.		nditures		
		ent, Family Member and Caregiver Support Expenditures  Clothing, Food and Hygiene	\$	8,050
	a.	Estimated three months cost for clothing, food and hygiene support provided to	ļφ	0,050
		children and their families.		
	h	Travel and Transportation	\$	5,750
	ν.	Estimated three months transportation cost to provide children and their families	"	0,700
		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.	١.	
	d.	Employment and Education Supports	\$	4,600
		Estimated three months cost to enable children to participate in education and		
		special interest activities.	<b> </b>	0.000
	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.	١,	
	T.	Total Expenditures	\$	23,000
	2 Po	rsonnel Expenditures		
		Current Existing Personnel Expenditures		
	u.	None		
	b.	New Additional Personnel Expenditures	\$	808,154
		Estimated three months salaries for 75 new program FTEs, 16 of which are		232, . 3 .
		anticipated to be staffed by clients, family members and or caregivers.		
	C.	Employee Benefits	\$	319,687
		Estimated three months county benefits costs.	-	
L	d.	Total Personnel Expenditures	\$	1,127,841

## Riverside County MHSA Community Services and Supports Budget Narrative

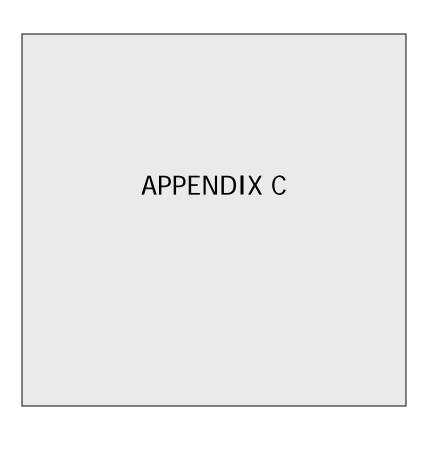
# Children's Integrated Services Plan FSP- 01 - FY2005-06 April 1, 2006 through June 30, 2006

	$oxed{\bot}$	Budget Amount
3. Operating Expenditures  a. Professional Services  Estimated three months cost for program consultants and other professional services.	\$	31,15
<ul> <li>b. Translation and Interpreter Services</li> <li>Estimated three months cost for program related translation services.</li> </ul>	\$	3,33
c. Travel and Transportation Estimated travel cost for program staff. This includes mileage reimbursement and meals and lodging reimbursement when appropriate.	\$	9,82
d. General Office Expenditures  Estimated three months office supply cost for program staff. This includes postage, printing and other general supplies.	\$	21,20
e. Rent, Utilities and Equipment  Estimated three months cost of program rent, utilities, building maintenance, equipment rent and communications services for approximately 75 new program	\$	174,33
staff.  f. Medication and Medical Supports  Estimated three months cost of unfunded client medical expenses.	\$	10,55
g. Other Operating Expenses. Estimated program overhead charges including liability, malpractice and property insurance.	\$	49,26
h. Total Operating Expenses	\$	299,66
4. Program Management	\$	-
5. Estimated Total Expenditures when service provider is not known	\$	130,00
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.	O	
6. Total Proposed Program Budget	\$	1,580,50

## 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

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) New program generated Medi-Cal revenue.  b. Medicare/Patient Fees/Patient Insurance N/A  c. State General Funds N/A  f. Grants N/A  f. Grants N/A  g. Other Revenue N/A  h. Total Existing Revenues  2. New Revenues  a. Medi-Cal (FFP only) New program generated Medi-Cal revenue.  b. Medicare/Patient Fees/Patient Insurance New program generated revenue.  c. State General Funds New program generated revenue.  d. Other Revenue  None  e. Total New Revenues  3. Total Revenues  3. Total Revenues  4. 450,984  One-Time CSS Funding Expenditures a. Start-Up Costs Estimated insulation Estimated insulation Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation Estimated insulat 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 The estimated insulation Estimated insulation and support to implement several evidence based practises and fully implement the Parent Support Willtidimensional Family Therapy, and the Multidimensional Treatment Foster Care programs.  c. Housing The estimated ost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticlipated timing of one-time expenditur					Budget
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None e. Total New Revenues 3. Total Revenues  \$ 450,984  One-Time CSS Funding Expenditures a. Start-Up Costs  Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  \$ 2,459,613					
e. Total New Revenues 3. Total Revenues  One-Time CSS Funding Expenditures  a. Start-Up Costs  Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  \$ 2,459,613					
3. Total Revenues \$ 450,984  One-Time CSS Funding Expenditures  a. Start-Up Costs  Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  c. Total One-Time CSS Funding Expenditures  \$ 2,459,613			11010		
One-Time CSS Funding Expenditures  a. Start-Up Costs  Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  \$ 2,459,613					
a. Start-Up Costs	_	3.	Total Revenues	\$	450,984
a. Start-Up Costs			- Time 000 F - 1 II - 1 F - 1 - 1 II - 1		
Estimated cost of equipping new program staff and acquiring and or expanding current office space. These costs will include workstations, computers, printers, telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.		On		Ф	4 070 040
current office space. These costs will include workstations, computers, printers, telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  5. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.			·	\$	1,670,916
telephones, vehicles, C-Disc diagnostic tool, and implementing Electronic Health Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  5. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.					
Records (EHR).  b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.					
b. Training and Consultation 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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.					
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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.				Φ.	F7F 000
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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.			b. Training and Consultation  Estimated initial cost for training and consultation and support to implement	\$	575,800
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 The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.			•		
the Children's Integrated Service's Parent Support, Multidimensional Family Therapy, and the Multidimensional Treatment Foster Care programs.  c. Housing The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.					
Therapy, and the Multidimensional Treatment Foster Care programs.  c. Housing  The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.					
c. Housing The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.					
The estimated cost to provide three years of emergency assistance which include utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.				\$	212 807
utility and security deposit assistance.  C. Total One-Time CSS Funding Expenditures  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.				Ψ	212,001
C. Total One-Time CSS Funding Expenditures \$ 2,459,613  See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.					
See attached Section VI - One-Time Expenditure Narrative for anticipated timing of one-time expenditures.		To		¢	2 450 612
	0.				
			·		



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

County(ies): _	Riverside	Fiscal Year:		2005-06
Program Workplan # _	FSP-02		Date:	4/19/06
Program Workplan Name	Integrated Services for Youth in Transition		F	Page of
Type of Funding _	Full Service Partnership		Months of Operation	3
Pro	posed 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 Capacit	y of Program/Service Expanded through MHSA:	44	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	44	16	elephone Number:	(951) 358-4554
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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			<u>\$(</u>
d. Employment and Education Supports	\$0			\$(
e. Other Support Expenditures (provide description in budget narrative)	\$0			<u>\$(</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$(
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$0		\$(
b. New Additional Personnel Expenditures (from Staffing Detail)	\$0			\$(
c. Employee Benefits	<u>\$0</u>			<u>\$(</u>
d. Total Personnel Expenditures	\$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			\$(
e. Rent, Utilities and Equipment	\$0			\$(
f. Medication and Medical Supports	\$0			\$(
g. Other Operating Expenses (provide description in budget narrative)	\$0			<u>\$(</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$(
4. Program Management				
a. Existing Program Management				\$(
b. New Program Management				<u>\$(</u>
c. Total Program Management		\$0	\$0	\$(
5. Estimated Total Expenditures when service provider is not known	\$733,027			\$733,02
6. Total Proposed Program Budget	\$733,027	\$0	\$0	\$733,02
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$(
b. Medicare/Patient Fees/Patient Insurance				\$(
c. Realignment				\$1
d. State General Funds				\$(
e. County Funds				\$(
f. Grants				
g. Other Revenue				<u>\$</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$(
2. New Revenues				<b>*</b>
a. Medi-Cal (FFP only)	\$171,354			\$171,354
b. Medicare/Patient Fees/Patient Insurance	\$21,512			\$21,512
c. State General Funds	\$61,688			\$61,68
d. Other Revenue (Department of Rehabilitation)	\$26,612	00	00	\$26,61 \$284.46
e. Total New Revenue	\$281,166	\$0	\$0	\$281,16
3. Total Revenues	\$281,166	\$0	\$0	\$281,16
C. One-Time CSS Funding Expenditures	\$1,537,491			\$1,537,49
D. Total Funding Requirements	\$1,989,352	\$0	\$0	\$1,989,35
E. Percent of Total Funding Requirements for Full Service Partnerships				84.9%

<sup>\*</sup> 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		2005-06	
Program Workplan #	FSP-02		Date:	4/19/06
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
Clien	t Capacity of Program/Service Expanded through MHSA:	44	Telephone Number:	(951) 358-4554

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
_					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 s	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	n.	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
					<u>\$0</u>
		4.50	04.00		
	Total New Additional Positions	4.50	24.00		\$0

<sup>\*</sup> 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 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): _	Riverside	Fiscal Year:		2006-07
Program Workplan # _	FSP-02		Date:	4/13/06
Program Workplan Name _	Integrated Services for Youth in Transition		F	Page of
Type of Funding 1	I. Full Service Partnership		Months of Operation	12
Pro	posed 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 Capacit	y of Program/Service Expanded through MHSA:	266	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	266	Te	elephone Number:	(951) 358-4554
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract	Total
A. Expenditures			Providers	
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$0			\$0
b. Travel and Transportation	\$0			\$0
c. Housing	ΨΟ			Ψ
i. Master Leases	\$0			\$0
ii. Subsidies	\$0			\$0
iii. Vouchers	\$0			\$0
iv. Other Housing	\$0			<u>\$(</u>
d. Employment and Education Supports	\$0			\$(
e. Other Support Expenditures (provide description in budget narrative)	\$0			<u>\$(</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$(
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$0		\$(
b. New Additional Personnel Expenditures (from Staffing Detail)	\$0			\$(
c. Employee Benefits	<u>\$0</u>			<u>\$(</u>
d. Total Personnel Expenditures	\$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)	<u>\$0</u>			<u>\$(</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$(
4. Program Management				
a. Existing Program Management				\$
b. New Program Management				<u>\$</u>
c. Total Program Management		\$0	\$0	\$
5. Estimated Total Expenditures when service provider is not known	\$2,932,109			\$2,932,10
6. Total Proposed Program Budget	\$2,932,109	\$0	\$0	\$2,932,10
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$(
b. Medicare/Patient Fees/Patient Insurance				\$
c. Realignment				\$
d. State General Funds				\$
e. County Funds				\$
f. Grants				
g. Other Revenue				<u>\$</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$
2. New Revenues	000= 115			#00= · ·
a. Medi-Cal (FFP only)	\$685,418			\$685,41
b. Medicare/Patient Fees/Patient Insurance	\$86,049			\$86,04
c. State General Funds	\$246,751			\$246,75
d. Other Revenue (Department of Rehabilitation)	\$106,448	00	00	\$106,44
e. Total New Revenue	\$1,124,665	\$0	\$0	\$1,124,66 \$1,124,66
3. Total Revenues	\$1,124,665	\$0	\$0	\$1,124,66
C. One-Time CSS Funding Expenditures				\$
D. Total Funding Requirements	\$1,807,443	\$0	\$0	\$1,807,44
E. Percent of Total Funding Requirements for Full Service Partnerships * Total Full Service Partnership clients served per year.				84.99

#### **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:_	4/13/06
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
Clier	nt Capacity of Program/Service Expanded through MHSA:	266	Telephone Number:	(951) 358-4554

Classification	Function	Client, FM &	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 s	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. I	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 \$0
	Total New Additional Positions	4.50	24.00		\$0
C. Total Program Positions		4.50	24.00		\$0

<sup>\*</sup> 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 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): _	Riverside		Fiscal Year:	2007-08	
Program Workplan # _	FSP-02		Date:	4/13/06	
Program Workplan Name	Integrated Services for Youth in Transition		F	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 Capacit	y of Program/Service Expanded through MHSA:	266	Telephone Number:	(951) 358-4554	

Client Capacity of Program/Service Expanded through MHSA:	266	To	elephone Number:	(951) 358-4554
	County Mental	Other	Community	
	Health	Governmental	Mental Health	Total
	Department	Agencies	Contract Providers	
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$0			\$0
b. Travel and Transportation	\$0			\$0
c. Housing	ΨΟ			ΨΟ
i. Master Leases	\$0			\$0
ii. Subsidies	\$0			\$0
iii. Vouchers	\$0			\$0
iv. Other Housing	\$0			<u>\$0</u>
d. Employment and Education Supports	\$0			\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)	\$0			\$0 \$0
f. Total Support Expenditures  f. Total Support Expenditures	\$0	\$0	\$0	\$0 \$0
2. Personnel Expenditures	ΨΟ	ΨΟ	ΨΟ	ψ
a. Current Existing Personnel Expenditures (from Staffing Detail)		\$0		\$0
b. New Additional Personnel Experiditures (from Staffing Detail)	\$0	\$0		\$0
c. Employee Benefits	\$0 \$0			\$0 <u>\$0</u>
d. Total Personnel Expenditures	\$0 \$0	\$0	\$0	\$0 \$0
3. Operating Expenditures	φυ	Φ0	φυ	φυ
a. Professional Services	\$0			\$0
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation d. General Office Expenditures	\$0 \$0			\$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)	<u>\$0</u> \$0	\$0	<b>\$</b> 0	<u>\$0</u> \$0
h. Total Operating Expenditures  4. Program Management	Φ0	Φ0	\$0	Φ
				\$0
a. Existing Program Management				
b. New Program Management		\$0	\$0	<u>\$0</u> \$0
c. Total Program Management  5. Estimated Total Expenditures when service provider is not known	\$2,022,100	<del>\$0</del>	φυ	\$2,932,109
6. Total Proposed Program Budget	\$2,932,109 <b>\$2,932,109</b>	\$0	\$0	\$2,932,109
B. Revenues	\$2,332,103	\$0	40	φ2,932,103
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	0.0	0.0		<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				<b>.</b>
a. Medi-Cal (FFP only)	\$685,418			\$685,418
b. Medicare/Patient Fees/Patient Insurance	\$86,049			\$86,049
c. State General Funds	\$246,751			\$246,751
d. Other Revenue (Department of Rehabilitation)	\$106,448			\$106,448
e. Total New Revenue	\$1,124,665	\$0	\$0	\$1,124,665
3. Total Revenues	\$1,124,665	\$0	\$0	\$1,124,665
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.				

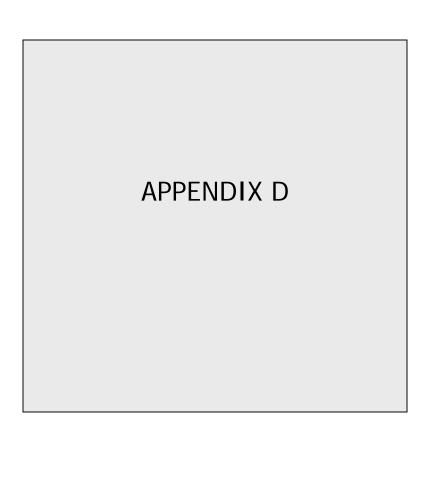
County(ies):	Riverside		Fiscal Year:	2007-08
Program Workplan #	FSP-02		Date:_	4/13/06
Program Workplan Name	Integrated Services for Youth in Transition			Page of
Type of Funding 1. F	ull Service Partnership		Months of Operation_	12
	Proposed Total Client Capacity of Program/Service:	266 *	New Program/Service or Expansion _	New
	Existing Client Capacity of Program/Service:	0	Prepared by: _	Maria T. Mabey
Clien	t Capacity of Program/Service Expanded through MHSA:	266	Telephone Number:	(951) 358-4554

Classification	Function	Client, FM &	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 s	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. I	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 \$0
	Total New Additional Positions	4.50	24.00		\$0
C. Total Program Positions		4.50	24.00		\$0

<sup>\*</sup> 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.



County(ies):	Riverside		Fiscal Year:	2005-06
Program Workplan #	FSP-03		Date:	4/19/06
Program Workplan Name	Comprehensive Integrated Services for Adults		F	Page of
Type of Funding	1. Full Service Partnership		Months of Operation	3
Pro	pposed 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 Capac	ty of Program/Service Expanded through MHSA:	61	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	61	Te	elephone Number:	(951) 358-4554
	County Mental Health	Other Governmental	Community Mental Health	Total
	Department	Agencies	Contract Providers	
A. Expenditures				
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			<u>\$0</u>
d. Employment and Education Supports	\$5,597			\$5,597
e. Other Support Expenditures (provide description in budget narrative)	\$0			<u>\$0</u>
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)	<u>\$32,461</u>			\$32,461
h. Total Operating Expenditures	\$196,637	\$0	\$0	\$196,637
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
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				<u>\$0</u>
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)	<u>\$145,888</u>			<u>\$145,888</u>
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	\$5,440,222			\$5,440,222
D. Total Funding Requirements	\$6,736,833	\$0	\$0	\$6,736,833
E. Percent of Total Funding Requirements for Full Service Partnerships				

County(ies):	Riverside		Fiscal Year:	2005-06
Program Workplan #	FSP-03		Date:_	4/19/06
Program Workplan Name	Comprehensive Integrated Services for Adults			Page of
Type of Funding	1. Full Service Partnership		Months of Operation_	3
Pro	posed 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 Capaci	ty of Program/Service Expanded through MHSA: _	61	Telephone Number: _	(951) 358-4554

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
J					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		<u>\$0</u> \$0
	Total outlett Existing Fositions	0.00	0.00		ΨΟ
B. New Additional Positions					
Mental Health Services Manager	Provide collaboration and oversight to detention and a	adult services. I	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 ed		6.00	\$13,127	\$78,759
Registered Nurse IV	Provide case management, med support and education		1.50	\$12,855	\$19,283
Psychiatrist II	Provide med support, assessment consultation and en		0.43	\$29,544	\$12,704
Behavior Health Specialist II	Coordinate personal services, support and education		14.00	\$8,602	\$120,432
Consumer Advocate	Provide support and assistance to consumers.	12.00 2.00	12.00 2.00	\$6,792 \$6,792	\$81,501 \$13,584
Family Advocate  Community Services Assistant	Provide support to caregivers and family members.	2.00	3.00	\$6,792 \$6,305	\$13,584 \$18,916
Office Assistant II	Provide peer/group support and transportation.  Provide clerical support to Adult Integrated services.		7.00	\$5,713	\$39,988
Office Assistant II	1 Tovide defical support to Addit Integrated services.		7.00	ψ5,715	\$0 \$0
					\$0
					\$0 \$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	14.00	50.93		\$451,526
C. Total Program Positions		14.00	50.93		\$451,526

<sup>\*</sup> 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.

County(ies):	Riverside		Fiscal Year:	2005-06
Program Workplan #	FSP-03		Date:_	4/19/06
Program Workplan Name Co	omprehensive Integrated Services for Adults - ISRC	Contracted Staf	fing	Page of
Type of Funding 1.	Full Service Partnership	*	Months of Operation_	3
Propos	sed 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	of Program/Service Expanded through MHSA:	61	Telephone Number:	(951) 358-4554

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
3					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 ed	ducation.	4.00		\$0
Behavior Health Specialist III	Provide co-occurring disorder intervention, and educa	ntion.	2.00		\$0
Registered Nurse IV	Provide case management, med support and education	on for program.	2.00		\$0
Psychiatrist II	Provide med support, assessment consultation and en	ducation.	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
					<u>\$0</u>
	Total New Additional Positions	4.00	25.00		\$0
C. Total Program Positions		4.00	25.00		\$0
* Total Full Sorvice Partnershir	- P C I	4.00	25.00		\$0

<sup>\*</sup> 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.

County(ies):	Riverside		Fiscal Year:	2006-07
Program Workplan #	FSP-03		Date:	4/19/06
Program Workplan Name	Comprehensive Integrated Services for Adults		F	Page of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pro	pposed 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 Capac	ty of Program/Service Expanded through MHSA:	365	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	365	I e	elephone 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	\$0			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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			<u>\$(</u>
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	<u>\$856,030</u>			\$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)	<u>\$129,844</u>			<b>\$129,84</b> 4
h. Total Operating Expenditures	\$786,549	\$0	\$0	\$786,549
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$4,128,064			\$4,128,064
6. Total Proposed Program Budget	\$7,783,239	\$0	\$0	\$7,783,239
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				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$1,540,024			\$1,540,024
b. Medicare/Patient Fees/Patient Insurance	\$217,192			\$217,192
c. State General Funds	\$0			\$0
d. Other Revenue (Department of Rehabilitation)	<u>\$583,550</u>			<u>\$583,550</u>
e. Total New Revenue	\$2,340,766	\$0	\$0	\$2,340,766
3. Total Revenues	\$2,340,766	\$0	\$0	\$2,340,766
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$5,442,473	\$0	\$0	\$5,442,473
E. Percent of Total Funding Requirements for Full Service Partnerships				58.5%

<sup>\*</sup> Total Full Service Partnership clients served per year.

County(ies):	Riverside		Fiscal Year:	2006-07
Program Workplan #	FSP-03		Date:_	4/19/06
Program Workplan Name	Comprehensive Integrated Services for Adults			Page of
Type of Funding	1. Full Service Partnership		Months of Operation_	12
Prop	osed Total Client Capacity of Program/Service:	365 *	New Program/Service or Expansion_	New
	Existing Client Capacity of Program/Service:	0	Prepared by:_	Maria T. Mabe
Client Canacity	of Program/Service Expanded through MHSA:	365	Telephone Number:	(051) 358-455

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 e	ducation.	6.00	\$52,506	\$315,036
Registered Nurse IV	Provide case management, med support and educat	ion for program.	1.50	\$51,420	\$77,130
Psychiatrist II	Provide med support, assessment consultation and e	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
					<u>\$0</u>
	Total New Additional Positions	14.00	50.93		\$1,806,096
C. Total Program Positions		14.00	50.93		\$1,806,096

<sup>\*</sup> 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.

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
Pro	oposed 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 Capac	ity of Program/Service Expanded through MHSA:	365	Telephone Number:	(951) 358-4554

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 ed	ucation.	4.00		\$0
Behavior Health Specialist III	Provide co-occurring disorder intervention, and educate	tion.	2.00		\$0
Registered Nurse IV	Provide case management, med support and education		2.00		\$0
Psychiatrist II	Provide med support, assessment consultation and ed		1.00		\$0
Behavior Health Specialist II	Coordinate personal services, support and education		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
					<u>\$0</u>
	Total New Additional Positions	4.00	25.00		\$0
C. Total Program Positions		4.00	25.00		\$0

<sup>\*</sup> 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.

County(ies):	Riverside		Fiscal Year:	2007-08
Program Workplan #	FSP-03		Date:	4/19/06
Program Workplan Name	Comprehensive Integrated Services for Adults		F	Page of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pro	pposed 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 Capac	ty of Program/Service Expanded through MHSA:	365	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	365	16	elephone Number:	(951) 358-4554
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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			<u>\$(</u>
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	<del></del>	, ,		<del>,</del> ,,,,,,,
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	ψ100,040	ΨΟ	Ψ	ψ1 00,040
a. Existing Program Management				\$0
b. New Program Management				<u>\$(</u>
c. Total Program Management		\$0	\$0	\$(
Estimated Total Expenditures when service provider is not known	\$4,128,064	ΨΟ	<del>Q</del> O	\$4,128,064
6. Total Proposed Program Budget	\$7,783,239	\$0	\$0	\$7,783,239
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$(
c. Realignment				\$0
d. State General Funds				\$(
e. County Funds				\$(
f. Grants				
g. Other Revenue				<u>\$(</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$(
2. New Revenues		<b>\$</b>	<b>4</b> 5	
a. Medi-Cal (FFP only)	\$1,540,024			\$1,540,024
b. Medicare/Patient Fees/Patient Insurance	\$217,192			\$217,192
c. State General Funds	\$0			\$(
d. Other Revenue (Department of Rehabilitation)	\$583,55 <u>0</u>			\$583,550
e. Total New Revenue	\$2,340,766	\$0	\$0	\$2,340,766
3. Total Revenues	\$2,340,766	\$0	\$0	\$2,340,766
C. One-Time CSS Funding Expenditures	Ψ2,540,700	\$0	\$0	
	<b>PE 440 477</b>			\$0
D. Total Funding Requirements	\$5,442,473	\$0	\$0	\$5,442,473
E. Percent of Total Funding Requirements for Full Service Partnerships  * Total Full Service Partnership clients served per year.				58.5%

<sup>\*</sup> Total Full Service Partnership clients served per year.

County(ies):	Riverside		Fiscal Year:	2007-08
Program Workplan #	FSP-03		Date:	4/19/06
Program Workplan Name	Comprehensive Integrated Services for Adults			Page of
Type of Funding	1. Full Service Partnership		Months of Operation_	12
Prop	oosed 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	y of Program/Service Expanded through MHSA:	365	Telephone Number: _	(951) 358-4554

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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 e	education.	6.00	\$52,506	\$315,036
Registered Nurse IV	Provide case management, med support and educate	tion for program.	1.50	\$51,420	\$77,130
Psychiatrist II	Provide med support, assessment consultation and e	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 education	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.	ı	7.00	\$22,850	\$159,950
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	14.00	50.93		\$1,806,096
C. Total Program Positions		14.00	50.93		\$1,806,096

<sup>\*</sup> 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.

County(ies):	Riverside		Fiscal Year:	2007-08
Program Workplan #	FSP-03		Date:	4/19/06
Program Workplan Name	Comprehensive Integrated Services for Adults - I	SRC Contracted Staf	fing	Page of
Type of Funding	1. Full Service Partnership		Months of Operation_	3
Pro	posed 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 Canacit	v of Program/Service Expanded through MHSA:	365	Telephone Number:	2007-08

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
3					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 <u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0 \$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 e	ı ducation.	4.00		\$0
Behavior Health Specialist III	Provide co-occurring disorder intervention, and education	ation.	2.00		\$0
Registered Nurse IV	Provide case management, med support and educate	ion for program.	2.00		\$0
Psychiatrist II	Provide med support, assessment consultation and e	education.	1.00		\$0
Behavior Health Specialist II	Coordinate personal services, support and education		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
	Total New Additional Positions	4.00	05.00		<u>\$0</u> \$0
	Total New Additional Positions	4.00	25.00		
Total Program Positions     * Total Full Service Partnership	- Boots - consideration	4.00	25.00		\$0

<sup>\*</sup> 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.

County(ies):	Riverside		Fiscal Year:	2005-06
Program Workplan #	FSP-04		Date:	4/19/06
Program Workplan Name	Integrated Services for Older Adults		F	Page of
Type of Funding	1. Full Service Partnership		Months of Operation	3
Pro	posed 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 Capaci	ty of Program/Service Expanded through MHSA:	30	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	30	Te	elephone Number:	(951) 358-4554
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures			Floviders	
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$7,000			\$7,000
b. Travel and Transportation	\$5,000			\$5,000
c. Housing	ψ3,000			ψ5,000
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers	\$6,000			\$6,000
iv. Other Housing	* - 7,			<u>\$0</u>
d. Employment and Education Supports	\$2,000			\$2,000
e. Other Support Expenditures (provide description in budget narrative)	* ,,,,,,,,,			<u>\$0</u>
f. Total Support Expenditures	\$20,000	\$0	\$0	\$20,000
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	\$10,796			\$10,796
b. Translation and Interpreter Services	\$1,689			\$1,689
c. Travel and Transportation	\$2,980			\$2,980
d. General Office Expenditures	\$10,750			\$10,750
e. Rent, Utilities and Equipment	\$75,390			\$75,390
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	\$131,300	\$0	\$0	\$131,300
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
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				<u>\$0</u>
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	\$2,135,020			\$2,135,020
D. Total Funding Requirements	\$2,652,325	\$0	\$0	\$2,652,325
		ΨU	φυ	

Total Full Service Partnership clients served per year.

County(ies):	Riverside	Fiscal Year:		2005-06	
Program Workplan # _	FSP-04		Date:_	4/19/06	
Program Workplan Name _	Integrated Services for Older Adults			Page of	
Type of Funding 1	. Full Service Partnership		Months of Operation_	3	
Prop	osed 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 <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
3					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Services Manager	Provide oversight/accountability for Older Adult Prog	ram 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 disc	order 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 progra	am.	3.00	\$6,558	\$19,673
Office Assistant II	Provide clerical program support.		3.00	\$5,941	\$17,823
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	6.00	34.75		\$378,934
C. Total Program Positions		6.00	34.75		\$378,934

<sup>\*</sup> 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.

County(ies):	Riverside		Fiscal Year:	2006-07
Program Workplan #	FSP-04		Date:	4/19/06
Program Workplan Name	Integrated Services for Older Adults		F	Page of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pro	posed 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 Capaci	ty of Program/Service Expanded through MHSA:	163	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	163	10	elephone Number:	(951) 358-4554
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$62,755			\$62,755
b. Travel and Transportation	\$44,825			\$44,825
c. Housing	\$0			
i. Master Leases	\$0			\$0
ii. Subsidies	\$0			\$0
iii. Vouchers	\$53,790			\$53,790
iv. Other Housing	\$0			\$0
d. Employment and Education Supports	\$17,930			\$17,930
e. Other Support Expenditures (provide description in budget narrative)	<u>\$0</u>			<u>\$0</u>
f. Total Support Expenditures	\$179,300	\$0	\$0	\$179,300
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	\$2,000,100	40	40	Ψ2,000,100
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	ψ000,100	ΨΟ	ΨΟ	ψ000,100
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0 \$0
Estimated Total Expenditures when service provider is not known	\$146,000	ΨΟ	ΨΟ	\$146,000
6. Total Proposed Program Budget	\$3,019,937	\$0	\$0	\$3,019,937
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				Ψ
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0 \$0
2. New Revenues	φυ	ΨΟ	ΨΟ	φυ
	¢677 504			¢677 504
a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance	\$677,521 \$7,536			\$677,521 \$7,536
c. State General Funds	\$0			
d. Other Revenue (Department of Rehabilitation)	\$0			\$0
		00	00	\$695.057
e. Total New Revenue	\$685,057	\$0	\$0	\$685,057 \$685,057
3. Total Revenues	\$685,057	\$0	\$0	\$685,057
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$2,334,880	\$0	\$0	\$2,334,880
E. Percent of Total Funding Requirements for Full Service Partnerships  * Total Full Service Partnership clients served per year.				67.7%

<sup>\*</sup> Total Full Service Partnership clients served per year.

County(ies):	Riverside		Fiscal Year:	2006-07
Program Workplan #	FSP-04		Date:_	4/19/06
Program Workplan Name_	Integrated Services for Older Adults			Page of
Type of Funding 1	. Full Service Partnership		Months of Operation_	12
Propo	sed Total Client Capacity of Program/Service:	163	* New Program/Service or Expansion_	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Maria T. Mabe
Client Canacity	of Program/Service Expanded through MHSA:	163	Telephone Number	(951) 358-455

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
A. Guirent 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 \$0
	Total outlone Existing Feetitorie	0.00	0.00		ΨΟ
B. New Additional Positions					
Mental Health Services Manager	Provide oversight/accountability for Older Adult Prog	ram 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 disc	order 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 progra	am.	3.00	\$26,230	\$78,691
Office Assistant II	Provide clerical program support.		3.00	\$23,764	\$71,292
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	6.00	34.75		\$1,515,732
C. Total Program Positions	n diente conted per veer	6.00	34.75		\$1,515,732

 <sup>\*</sup> 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.

County(ies):	Riverside		Fiscal Year:	2007-08
Program Workplan # _	FSP-04		Date:	4/19/06
Program Workplan Name	Integrated Services for Older Adults		F	Page of
Type of Funding	1. Full Service Partnership		Months of Operation	12
Pro	posed 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 Capacit	y of Program/Service Expanded through MHSA:	163	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	163	To	elephone Number:	(951) 358-4554
	County Mental	Other	Community	
	Health	Governmental	Mental Health	Total
	Department	Agencies	Contract Providers	
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$62,755			\$62,755
b. Travel and Transportation	\$44,825			\$44,825
c. Housing	, , , , , ,			,
i. Master Leases	\$0			\$0
ii. Subsidies	\$0			\$0
iii. Vouchers	\$53,790			\$53,790
iv. Other Housing	\$0			<u>\$0</u>
d. Employment and Education Supports	\$17,930			\$17,930
e. Other Support Expenditures (provide description in budget narrative)	\$0			<u>\$0</u>
f. Total Support Expenditures	\$179,300	\$0	\$0	\$179,300
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	<u>\$573,706</u>			\$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)	<u>\$99,906</u>			\$99,906
h. Total Operating Expenditures	\$605,199	\$0	\$0	\$605,199
4. Program Management		•		
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	<u> </u>
5. Estimated Total Expenditures when service provider is not known	\$146,000			\$146,000
6. Total Proposed Program Budget	\$3,019,937	\$0	\$0	\$3,019,937
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				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$677,521			\$677,521
b. Medicare/Patient Fees/Patient Insurance	\$7,536			\$7,536
c. State General Funds	\$0			\$0
d. Other Revenue (Department of Rehabilitation)	\$0			<u>\$0</u>
e. Total New Revenue	\$685,057	\$0	\$0	\$685,057
3. Total Revenues	\$685,057	\$0	\$0	\$685,057
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$2,334,880	\$0	\$0	\$2,334,880
E. Percent of Total Funding Requirements for Full Service Partnerships	<b>\$2,004,000</b>	40	40	
* Total Full Service Partnership clients served per year.				67.7%

County(ies):	Riverside		Fiscal Year:	2007-08
Program Workplan #	FSP-04		Date:_	4/19/06
Program Workplan Name	Integrated Services for Older Adults			Page of
Type of Funding 1	Full Service Partnership		Months of Operation_	12
Propo	sed Total Client Capacity of Program/Service:	163	* New Program/Service or Expansion_	New
	Existing Client Capacity of Program/Service:	0	Prepared by:_	Maria T. Mabe
Client Canacity	of Program/Service Expanded through MHSA:	163	Telephone Number:	(951) 358-455

Classification Function Client, FM & CG FTEs OF TOTAL Number of FTEs Overtime per FTE Overt	
Total Current Existing Positions 0.00 0.00	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Total Current Existing Positions 0.00 0.00	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0 \$0
	\$0 \$0 \$0 \$0
	\$0 \$0 \$0
	\$0 \$0
	\$0
	<u>\$0</u>
	\$0
IB. New Additional Positions	- 40
The state of the s	
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 \$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
	<u>\$0</u>
Total New Additional Positions 6.00 34.75	1,515,732
C. Total Program Positions 6.00 34.75	1,515,732

 <sup>\*</sup> 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.

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
P	roposed 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 Cana	city of Program/Service Expanded through MHSA:	300	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	300	Т	elephone 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				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
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				<u>\$0</u>
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)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
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				<u>\$0</u>
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)				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$480,000			\$480,000
D. Total Funding Requirements	\$691,498	\$0	\$0	\$691,498

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 FTEsal	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	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		<u>\$0</u> \$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 Social Activities Coor.	Provide peer support and advocacy for TAY Clients.  Coordinate social activities at Peer Centers.	3.00	3.00		\$0 \$0
Office Assistant II	Provide clerical support at Peer Centers.	1.50 3.00	1.50 3.00		\$0 \$0
Outreach Specialist	Provide consumer outreach to ethnically diverse communities.	3.00	3.00		\$0
Cuttodon opecialist	Trovide consumer outreach to enhically diverse communities.	3.00	3.00		\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Name Additional BusiName	45.00	40.00		<u>\$0</u>
	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.

County(ies):	Riverside		Fiscal Year:	2005-06
Program Workplan #	OE-06		Date:	4/19/06
Program Workplan Name	Outreach and Engagement			Page of
Type of Funding	3. Outreach and Engagement		Months of Operation	3
Р	roposed 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 Cana	city of Program/Service Expanded through MHSA:	50	Telephone Number:	(951) 358-4554

Client Capacity of Program/Service Expanded through MHSA:	50	Т	elephone 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				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)	<u>\$0</u>			<u>\$0</u>
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	<u>\$8,947</u>			\$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				<u>\$0</u>
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				ΨΟ
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	<u>\$0</u>
2. New Revenues	ΨΟ	ΨΟ	ΨΟ	ΨΟ
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 <u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	<u>\$0</u>
3. Total Revenues	\$0	\$0	\$0	\$0
		\$0	\$0	
C. One-Time CSS Funding Expenditures	\$73,330	**		\$73,330
D. Total Funding Requirements	\$135,227	\$0	\$0	\$135,227
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

County(ies):	Riverside		Fiscal Year:	2005-06
Program Workplan #	OE-06		Date:_	4/19/06
Program Workplan Name	Outreach and Engagement			Page of
Type of Funding 3.	Outreach and Engagement		Months of Operation_	3
Propos	sed 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 Canacity	of Program/Service Expanded through MHSA:	50	Telephone Number:	(951) 358-4554

Classification	Function	Client, FM & CG FTEs <sup>al</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	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	
Office Assistant III	Provide clerical support to Outreach program.		1.00	\$8,168	
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Total				<u>\$0</u>
	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.

County(ies):	Riversio	e	Fiscal Year:	2006-07
		8	Date:	4/19/06

N N	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)			\$343,674
b. Other Revenue			2.
2. Total Revenues			\$343,674
C. Start-up and One-Time Implementation Expenditures	THE STATE OF		\$0
D. Total County Administration Funding Requirements			\$1,681,561

#### **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:	\$ 15/06		Signature My Marced	,
			Local Mental Health Director	
	Executed at	Riverside	, California	August 1, 2005

County(ies):	Riverside	Fiscal Year:	2007-08	
		Date:	4/19/06	

	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	129, 4876		\$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)			\$343,674
b. Other Revenue			
2. Total Revenues			\$343,674
C. Start-up and One-Time Implementation Expenditures			\$0
D. Total County Administration Funding Requirements			\$1,681,561

## **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:	5/5/06

Signature Local Mental Health Director

Executed at	Riverside	. California	/ / / / / / / / / / / / / / / / / / /	
Executed at	Kiveiside	, Calliornia	, , , , , , , , , , , , , , , , , , ,	August 1, 2005