

INYO COUNTY
BEHAVIORAL HEALTH
Mental Health Services

Mental Health Services Act
Community Services and Supports



Plan Update for Fiscal Year 2008-2009

POSTED
October 10, 2008

This MHSa CSS Plan Update is available for public review and comment through November 10, 2008. We welcome your feedback in writing or by phone at the following location:

Inyo County Mental Health
162 J Grove Street
Bishop, CA 93514

Phone 760-873-6533
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Thank you!

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MHSA Community Services and Supports Annual Update
Fiscal Year 2008/09

Per the California Department of Mental Health Information Notices No. 08-10 and 08-16, Inyo County Behavioral Health (ICBH) submits the following documentation as the Community Services and Supports Plan Update for Fiscal Year 2008-09:

A. Certification by the County Mental Health Director (Exhibit 1).

Please refer to Exhibit 1, attached.

B. Program Workplan Listing for FY 2008/09 (Exhibit 2).

Please refer to Exhibit 2, attached.

C. The total amount of new MHSA CSS funding required (Exhibit 3R).

Please refer to Exhibit 3R, attached.

D. Prudent reserve plan (Exhibit 4).

Inyo County Behavioral Health has implemented its local prudent reserve plan. The County has utilized unspent Unapproved CSS Funds from Fiscal Year 2005-06 (\$110,963), unspent Approved CSS One-Time Funds for Fiscal Year 2005-06 (\$55,371), and unspent Unapproved CSS Augmentation Funds for Fiscal Year 2007-08 (\$24,800) to initiate a local prudent reserve account. ICBH has obtained the State DMH approval to utilize these funds, totaling \$191,134, as the initial deposit into its local prudent reserve.

ICBH is requesting, with this CSS Plan Update, that unspent Unapproved CSS Funds from Fiscal Year 2006-07 (\$93,423) and unspent Unapproved CSS Funds from Fiscal Year 2007-08 (\$87,929) be allocated to our local prudent reserve. This additional deposit of \$181,352 will increase our prudent reserve to a total of \$372,486. Please refer to Exhibit 4, attached, for more information.

This additional deposit provides significant progress towards fulfilling the State DMH mandate that counties create a MHSA prudent reserve account. ICBH will continue to make deposits to its local prudent reserve as CSS funds are obtained and increases to the prudent reserve are required.

E. Budgets and budget narratives for each Workplan (Exhibits 5a and 5b).

Please refer to Exhibits 5a and 5b, and the budget narratives, attached.

F. Calculation to ensure that the limit of 20% for prudent reserve, Capital Facilities and Technological Needs, and Workforce Education and Training is not exceeded.

Not applicable.

G. A brief description of how the requirements of the Community Program Planning Process in Section 3300 of the CCR were met.

The planning process for our original Three-Year CSS Plan was comprehensive and included the input of over 380 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop a MHSA program that is well designed for our county. The overall goals of the CSS Plan are still valid and provide an excellent guide for expanding our CSS services in FY 08/09.

As this Update simply expands our original CSS Plan, we did not conduct a new, formal stakeholder planning process. However, we have discussed the utilization of these funds with our key stakeholders, and engaged them in the planning process for expanding our CSS services and throughout the development of this request. The proposed expansion was developed and approved by our MHSA Leadership Committee after reviewing our current programs, analyzing community needs based on past stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations.

H. Documentation of the local 30 day review process per Section 3315(a) of the CCR.

This proposed Plan Update has been posted for a 30-day public review and comment period beginning October 10, 2008. An electronic copy was posted on the County website with an announcement of the public review and comment period on October 10, 2008. Website information was emailed to all members of the Leadership Committee and comments were requested. A copy of the proposed Update was available in the Bishop Behavioral Health Clinic, Bishop Social Services office, Health and Human Services Administrative office, Health and Human Services Lone Pine office, and all County Libraries including Bishop, Big Pine, Independence, Lone Pine, Furnace Creek, and Shoshone branches.

A summary and analysis of any substantive recommendations and/or changes resulting from the public review process will be added to this Update after the public review and comment period.

I. When the update proposes a change in an existing program's population or service delivery, the following information should also be included:

- a. A brief description of the proposed program change and the proposed effective date.***

In our initial CSS Plan and allocation, we were obligated to spend the majority of the approved funds on direct services personnel and were not able to adequately fund our Full Service Partnership (FSP) program or fully cover the administrative costs associated with MHSA. The additional CSS funding in FY 2008-09 will be utilized to support and expand our Full Service Partnership program, while ensuring that the administrative infrastructure is in place to successfully sustain MHSA in our county.

Discussions with stakeholders and a review our data have identified our next priority for funding is to expand our FSP Program to include additional Transition Age Youth and Adult clients, as well as expand these services to the Older Adult population. We will continue to provide outreach and engagement and system development services to children and their families; in the future, we hope to expand our FSP program to include children, as funding allows.

In all age groups, we will continue to work to reduce ethnic disparities, outreaching to the Spanish-speaking community and the Native American population, as well as the lesbian, gay, bisexual, transgender, and questioning community. We will also expand our training efforts to increase our staff's understanding of consumer culture. Treatment will be culturally and linguistically appropriate and delivered in the client's community, when feasible.

Populations to be served through the expanded program:

The populations that will be served through our expanded FSP program are as follows:

- Transition Age Youth (TAY) (ages 16-25) who are at risk of juvenile hall incarceration or recidivism, and/or out-of-home placement, and who have a mental health disorder. We will also serve youth who are in out-of-home placement through Child Welfare Services who are aging out of the foster care system and need additional services and supports.
- Adults (ages 18-59) who are at risk of inpatient hospitalization or recidivism, and/or involvement with the criminal justice system, and who have a mental health disorder, or co-occurring mental health and substance abuse disorders. These individuals may also be at risk for homelessness.
- Older Adults (ages 60+) who are at risk of losing their independence and/or being institutionalized and/or losing their independent living situation due to mental health problems. These individuals may have significant underlying medical problems and/or co-occurring substance abuse issues.

Number of clients anticipated:

It is estimated that we will serve at least 35 clients through outreach and engagement activities and at least 20 clients through our System Development funds. We anticipate that we will serve a total of 20 FSP clients (9 TAY, 9 Adult, and 2 Older Adult) in FY 2008/09. As appropriate,

our FSP clients will reflect the race/ethnicity of our county, with a number of our FSP clients from the Latino and/or Native American communities.

Expanded services:

The increased 08/09 CSS funding will allow us to expand our Full Service Partnership program for TAY, Adults, and Older Adults, ensuring client-focused care and positive outcomes.

In order to provide ‘whatever it takes’ to support our FSP clients’ recovery, we will greatly increase the amount of money available for flex funds. These funds will allow us to cover client expenses such as health and dental care, and transportation. It will also allow us to help clients create independent living situations and pay initial costs, such as first month’s rent. We are developing a partnership with the local community college to support our FSP clients who want to pursue a higher education; with our flex funds, we will be able to support clients in paying for tuition, textbooks, and school supplies. We are excited about the opportunity to encourage our FSP clients to become more independent and meet their needs and personal goals.

Flex funds will also be used to ensure that FSP clients have access to housing. We will provide rent subsidies for those clients who would like to move to an independent setting; for those clients who require a more structured living situation, funds will be utilized to reserve two (2) transitional beds at Progress House, our county-run adult residential facility. Progress House is centrally located within walking distance of our Wellness Center, Health and Human Services, a grocery store, employment services, and local transportation services, which are available curbside. It is our goal for our FSP clients to live in the most independent, least restrictive housing possible. These transitional beds will help clients develop the independent living skills necessary for living successfully in the community.

We are also in the process of developing our Wellness Center site in Lone Pine, which is located in the southern portion of the county. Lone Pine is a community that is even more sparsely populated and rural than Bishop, and thus struggles with providing accessible resources. At the Bishop Wellness Center site, we had found that our consumers felt welcomed and empowered to take leadership in part due to the accessible and welcoming location within a centrally located trailer park. We hope to replicate this strategy at the Lone Pine site by immediately involving local consumers at the Wellness Center. We have obtained a site in Lone Pine in a home that is a block away from the main street in the center of town. We have furnished this site and are currently open one day per week. We are also planning a garden at the Lone Pine site, offering opportunities for communal meals and recovery activities. We will utilize flex funds to achieve these goals, as well as to furnish the site to be warm and welcoming.

Finally, we are continuing to look for ways to provide effective outreach to those in the far southeastern part of Inyo, the Death Valley area. We have found it necessary to proceed carefully as we attempt to engage this community in order that we are seen as helpful, not intrusive. Attempts to provide community “presentations” have not been well attended. We will continue to be part of community gatherings at least once per month to help to identify persons within the community who may, in turn, help us engage this isolated population.

Service delivery and new staffing:

This CSS funding provides the opportunity for us to hire one (1) additional full-time Case Manager. This position will be responsible for providing direct supportive services in a manner that is consistent with the vision and goals of MHSA. The Case Manager will work closely with our FSP clients in their residential settings and/or at convenient community locations, including our Wellness Centers. In addition, the Case Manager will be responsible for outreach and engagement activities and individual and group rehabilitative services to all CSS populations. The position will ensure that services are delivered in a manner that embraces the recovery model and are culturally and linguistically appropriate, when feasible.

We also plan to increase the hours of our Mental Health Nurse in order to facilitate our FSP program expansion to Older Adults. The Nurse will provide medication management services for both CSS and FSP clients, and ensure that services are delivered in a manner that embraces the recovery model. In addition, the Nurse will be available to offer medication support classes to teach clients to better manage their medications and learn about side effects. This position will also teach clients about nutrition and making healthy, low-cost meals. These additional nursing hours will help us to provide timely services to meet the needs of our clients.

In order to fully support our FSP clients, we also will utilize a portion of our CSS funds to expand our after-hours response program for these high-need clients. This funding will support our staff in meeting the 24/7 response requirements of MHSA. In this small, rural county, there are only a few staff who are available to be on call. This situation creates a high “burnout” factor for these staff.

In our initial CSS Plan, we allocated the majority of funds to support direct services staff without adequately addressing the need for infrastructure development. As a result, Mental Health Services has been forced to absorb costs associated with the implementation and maintenance of the MHSA program. In this Plan Update, we request that a portion of our expansion funds be used to ensure that administrative infrastructure costs are fully funded through MHSA. We plan to increase the hours of the Health and Human Services Fiscal Director and Administrative Analyst to perform their MHSA-related fiscal and administrative support activities. In addition, we also are requesting funds for expanding the hours of our Quality Improvement (QI) Coordinator to cover the costs of MHSA-related QI activities.

As we move towards an electronic health record, we are committed to ensuring that the recovery principles of MHSA are incorporated into the documentation system. We plan to fund a portion of the costs for one (1) IT Support Staff to assist us in our technological development activities, including the transition to electronic health records, maintaining the Network of Care, and implementing telemedicine and distance learning, as well as other upcoming projects and opportunities. We anticipate that these projects will be funded through the MHSA Workforce Education and Training and the MHSA Capital Facilities and Technology Components.

Note: While we are requesting a few additional positions for direct services in order to support our FSPs, we are not requesting that a majority of the funds be used in this regard because we heavily “loaded” these costs in our initial CSS Plan. We believe that with the ability to access

greatly increased flex funds and to incorporate current mental health staff in the provision of these services, we can accomplish the goal of expanding our Full Service Partnership program.

Effective date of the Program Expansion:

October – December 2008: We anticipate DMH approval of this Update and will commence hiring and training staff, developing and implementing program practices and service delivery strategies, and offering services to our target populations.

June 2009: By the end of Fiscal Year 2008-09, the expanded FSP program will be fully implemented. ICBH will have served at least 55 clients through Outreach & Engagement and System Development, and enrolled 20 clients in Full Service Partnerships.

Cost per FSP client for the expanded TAY program:

As we will be utilizing the additional funding to expand our FSP program, we have increased the estimated number of Full Service Partnership clients from that of FY 07/08. The resulting cost per client for the expanded FSP program is outlined below:

07/08 CSS Plan Request		08/09 CSS Plan Update Request	
07/08 Workplan Funding	\$395,671	08/09 Workplan Funding	\$630,911
FSP Allocation	\$198,000	FSP Allocation	\$315,956
Estimated FSP Clients – TAY	6	Estimated FSP Clients – TAY	9
Estimated FSP Clients – Adults	6	Estimated FSP Clients – Adults	9
		Estimated FSP Clients – Older Adults	2
Total FSP Clients	12	Total FSP Clients	20
Estimated Cost per FSP Client	\$16,500	Estimated Cost per FSP Client	\$15,798

Per MSHA regulations, we are required to allocate over 50% of our CSS funding to the FSP program. The estimated cost per FSP client has decreased for FY08/09 as a result of the higher number of estimated FSP clients to be served.

- b. For services/programs proposed for elimination, a brief description of the rationale for the elimination of any prior approved programs, if applicable, and the impact on the population to be affected by elimination.*

There are no MSHA CSS services or programs being eliminated in FY 2008-09.

J. For each new CSS program/service, a description of each proposed program or service.

There are no new MSHA CSS programs or services proposed for FY 2008-09.

Exhibit 1
Community Services and Supports
FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Inyo County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

All documents in the attached Community Services and Supports Plan Update are true and correct.

Date: _____ **Signature** _____
Local Mental Health Director

Executed at: _____ **Bishop, CA** _____

County: Inyo

Date: 8/25/2008

Workplans				Total Funds Requested				Funds Requested by Age Group			
No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult	
1.	1	System Transformation	E	\$315,956	\$251,964	\$62,991	\$630,911	\$55,061	\$238,576	\$232,834	\$104,440
2.							\$0				
3.							\$0				
4.							\$0				
5.							\$0				
6.							\$0				
7.							\$0				
8.							\$0				
9.							\$0				
10.							\$0				
11.							\$0				
12.							\$0				
13.							\$0				
14.							\$0				
15.							\$0				
16.							\$0				
17.							\$0				
18.							\$0				
19.							\$0				
20.							\$0				
21.							\$0				
22.							\$0				
23.							\$0				
24.							\$0				
25.							\$0				
26. a/ Workplans^{a/}				\$315,956	\$251,964	\$62,991	\$630,911	\$55,061	\$238,576	\$232,834	\$104,440
27. Optional 10% Operating Reserve^{b/}											
28. CSS Administration^{c/}							\$152,689				
29. CSS Capital Facilities Projects^{d/}											
30. CSS Technological Needs Projects^{d/}											
31. CSS Workforce Education and Training^{d/}											
32. CSS Prudent Reserve^{e/}							\$181,352				
33. Total Funds Requested							\$964,952				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

50.08%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

ICMH Note:

\$ 315,956
 \$ 15,798 Cost per FSP
20.00 Required FSP's

Exhibit 3R

Mental Health Services Act Community Services and Supports Funding Request for FY 2008/09

Date: 9/12/2008

County: Inyo

	Use of Funds	Source of Funds	
Total FY 2008/09 Funds Requested from line 33 of Exhibit 2	\$964,952		
		\$93,423	FY 06/07 CSS Unapproved Planning Estimates
		\$87,929	FY 07/08 CSS Unapproved Planning Estimates
		\$783,600	FY 08/09 CSS Planning Estimates*
			Unspent CSS Funds (Cash on Hand)
Total	\$964,952	\$964,952	

* Funds requested for lines 29, 30 and 31 on Exhibit 2 must be funded from the FY 08/09 CSS Planning Estimate.

**Mental Health Services Act (MHSA)
Request to Dedicate Funds to the
Community Services and Supports (CSS)
Local Prudent Reserve**

City/County: Inyo

Date: October 6, 2008

Approved CSS Component Amount	
CSS Plan Component Amount - <i>FY 07/08</i>	\$783,600
Maximum Prudent Reserve (50%)	\$391,800
Prudent Reserve	
Prudent Reserve Balance from Prior Approvals	\$191,134
Amount Requested to Dedicate to Prudent Reserve	
Approved Unspent One-time Funds	
CSS Unapproved Funds- <i>FY06/07 CSS Funds (\$93,423) & FY07/08 CSS unapproved funds (\$87,929)</i>	\$181,352
Total Request	\$181,352
Prudent Reserve Balance	\$372,486

I HEREBY request that the above amounts be dedicated to a local Prudent Reserve in accordance with Welfare and Institutions Code Section 5847(a)(7). Funds dedicated to the Prudent Reserve may not be accessed unless approved by the Department of Mental Health through an update to the Three-Year Program and Expenditure Plan. I certify that the County has complied with Title 9, California Code of Regulations Sections 3300 and 3315(b).

Signature _____

Name and Title _____ Gail Zwier, Director

**FY 2008/09 Mental Health Services Act Community Services and Supports
Administration Budget Worksheet**

County: Inyo

Fiscal Year: 2008-09

Date: 9/12/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSa Coordinator(s) - Behavioral Health Dir	\$17,248	\$20,534
b. MHSa Support Staff		
c. Other Personnel (list below)		
i. Quality Improvement Supervisor		\$20,874
ii. Adm. Analyst	\$16,459	\$23,904
iii. Fiscal Director		\$9,565
iv.		
v.		
vi.		
vii.		
d. Total Salaries		
e. Employee Benefits	\$33,726	\$46,887
f. Total Personnel Expenditures	\$67,433	\$121,764
2. Operating Expenditures	\$37,909	\$21,336
3. County Allocated Administration		
a. Countywide Administration (A-87)	\$14,137	\$26,486
b. Other Administration (provide description in budget narrative)		
c. Total County Allocated Administration	\$14,137	\$26,486
4. Total Proposed County Administration Budget	\$119,479	\$169,586
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)	\$2,439	\$16,898
b. Other Revenue		
2. Total Revenues	\$2,439	\$16,898
C. Non-Recurring Expenditures		
D. Total County Administration Funding Requirements	\$117,040	\$152,689

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 MHSa program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSa and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____

Local Mental Health Director or Designee

Executed at INYO , California

CSS Program and Expenditure Budget Narrative for FY 2008-09

Administration

The Behavioral Health Department FY08-09 County Budget is the basis for this CSS budget. The individual line items were projected by using an proportionate share of the department's average budgeted expenditures for each budget area. Amounts from the County Budget were aggregated into the same categories as those depicted in the CSS Budget Worksheet.

A. Expenditures

- 1. Personnel Expenditures** – Expenditures are based on current County Personnel Salary tables. Salary costs increased in FY08-09 by an average of 6% to provide for annual steps and COLA allowances. Employee salaries and benefits are 61.5% and 31.5% respectively.

MHSA Coordinator – This position has responsibility for the overall clinical and administrative functions of the local MHSA program components.

- 2. Operating Expenditures** – Overall operating expenditures increased an average of 35% for FY08-09. The two primary increases are due to 1) significant fuel cost increases for transportation and 2) the increase of CSS percentage of salaries to total clinic salaries, resulting in a higher proportionate share of operating expenses.
- 3. County Allocated Administration** - This expense represents the amount of Countywide Administration (A-87) allocated to MHSA programs. A-87 Allocations to CSS doubled for FY08-09, resulting in a significant increase primarily due to the ratio of the CSS percentage of salaries to total clinic salaries, resulting in a higher proportionate share of operating expenses.

- B. Revenues** - Medi-Cal revenue estimates have been included for Administration.

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Inyo Fiscal Year: 2008-09
 Program Workplan # 1 Date: 9/12/2008
 Program Workplan Name System Transformation Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 20
 Existing Client Capacity of Program/Service: _____ Prepared by: Gary C. Ernst
 Client Capacity of Program/Service Expanded through MHSA: 20 Telephone Number: 559-679-4579

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$1,500	\$91,000
b. Other Supports	\$11,499	\$39,900
2. Personnel Expenditures	\$195,994	\$482,425
3. Operating Expenditures	\$154,355	\$84,535
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$363,349	\$697,860
B. Revenues		
1. Existing Revenues	\$0	\$16,892
2. New Revenues		
a. Medi-Cal (FFP only)	\$4,747	\$36,906
b. State General Funds	\$1,691	\$13,150
c. Other Revenue		
d. Total New Revenue	\$6,438	\$50,056
3. Total Revenues	\$6,438	\$66,948
C. Total Funding Requirements	\$356,911	\$630,911

CSS Program and Expenditure Budget Narrative for FY 2008-09

System Transformation Program: Ages 0-60+

The following CSS Program Workplans and related budgets are being combined into one Program Workplan:

1. Children's Services Team
2. Transition Age Youth Services Team
3. Comprehensive Adult Services
4. Senior Program

The newly combined Program Work-plan # 1 & combined budget will now be referred to as the **System Transformation Program: Ages 0-60+**. The System Transformation Program consists of Full Service Partnerships, Systems Development services, and Outreach and Engagement activities during FY08-09.

The Department's FY08/09 County Budget is the basis for this MHSA budget. The individual line items were projected by using a proportionate share of the department's average budgeted expenditures for each budget area. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. Expenditures

1. **Client, Family Member, and Caregiver Support Expenditures** – Expenditures identified in this category include funds for activities such as transitional housing, rent subsidies, housing vouchers, food, transportation/travel, childcare, education/training and flex funds for other essential client and family member expenditures - \$130,900 for FY08-09.
2. **Personnel Expenditures** – Expenditures are based on current County Personnel Salary tables. Base CSS salary and benefit costs increased in FY 08-09 by 30% to provide for annual steps, promotions, COLA allowances, and the expansion of our CSS positions. Employee salaries and benefits are 61.5% & 33.5% respectively.

Mental Health Case Manager Coordinators – These positions will function as Case Managers responsible for ensuring that mental health services delivered to enrolled individuals and families are focused on individual needs. These positions provide intensive and frequent service contacts with the client, family, significant others, and community supports. They will be advocates for clients and provide assistance to help individuals gain access to needed services and to obtain positive outcomes. The Case Managers will help clients to maximize their achievement potential, resulting in the development of skills necessary for living independently whenever feasible. They will also assist individuals in preparing for and meeting goals for employment as desired. These positions help the service system to be sensitive to, respectful of, and responsive to the mental health needs of the client's system and family participants. These positions are a part of the clinic's current 24/7 crisis services rotation.

Mental Health Clinician - This position will be filled by a licensed/waivered clinician. The position is responsible for providing direct clinical services in a manner that is consistent with the vision and goals of MHSA. In addition, the position will be responsible for the implementation of outreach and engagement activities and individual and group services for seniors. This position will be assigned to deliver services off-site in a manner that is integrated with already existing activities at a community-based center or in the home in conjunction with a multidisciplinary Older Adult Team. The position will also ensure that services are delivered in a manner that embraces the recovery model.

Bilingual MH Clinician – This position will be a licensed clinician with bilingual skills. The position will function in a lead role with the non-professional and consumer staff at our proposed off-site centers. The position will provide direct services and assure that Comprehensive TAY and Adult Services at the off-site centers are delivered in a manner that meets the goals and vision of the MHSA. This position will be the primary clinical position for the facilitation of group activities at the off-site centers and other direct services delivery of a clinical nature. This position will work in close coordination with the Mental Health Director to assure that services delivered at the off-site centers are delivered in a manner that embraces the recovery model.

Personal Services Coordinators – These positions will provide case management assistance for individuals requiring intensive service contact. These positions will ensure that mental health services delivered in the MHSA program are focused on individual needs, resulting in developing skills to live independently, when possible, and gain employment, depending on the client's goals. They will be advocates for clients and provide a bridge to help access the service system to achieve positive outcomes. They will also advocate for recovery-based services and be responsive for requests for services 24/7.

Parent Partners – These positions are Parent Partners and Consumer/Family Members. These positions are dedicated to the provision of advocacy for families and their children involved in the MHSA program. These positions will ensure client and family engagement and support MHSA expansion. Parent Partners will also assist the service delivery system to be sensitive to, respectful of, and responsive to the mental health needs of children and their families; in addition, these positions will provide a smooth, seamless bridge to transition age youth services. These positions will also be assigned Personal Service Coordinator responsibility for access to the 24/7 system for children and their families.

Peer Mentors – These positions are filled by youth who have been consumers or can demonstrate an understanding of the issues that youth who experience severe emotional disorders encounter in their transition into adulthood. Through their own personal experiences, they will be familiar with community resources and know how to access them to help with transition to being an adult. They will be intimately involved with adolescents, families, significant others, and necessary community support systems to ensure successful transitions.

Registered Nurse – This position will focus on educating and ensuring that clients involved in the MHSA program are knowledgeable in areas of personal physical health care. The Nurse will ensure that the importance of physical health in delivery of behavioral health services is recognized. They will work with all program staff to make certain that the full needs of participants are recognized, including behavioral and physical needs. They will provide medication management services for clients and ensure that services are delivered in a manner that embraces the recovery model. They will also ensure that there is a focus on the age group appropriate health care needs of the populations served.

- 3. Operating Expenditures** – Overall operating expenditures increased an average of 35% for FY 08-09. The two primary increases are due to 1) significant fuel cost increases for transportation and 2) the ratio of the CSS percentage of salaries to total clinic salaries, resulting in a higher proportionate share of operating expenses.

B. Revenues

Revenues were based on prior FY 0708 year's data through March 31, 2008, with projections annualized. While the Medi-Cal and EPSDT billings have been on track, our new software system is still not able to provide individual staff clinical time reports to more accurately allocate revenues to the MHSA.