

COUNTY OF MENDOCINO



MENTAL HEALTH SERVICES ACT
COMMUNITY SERVICES AND SUPPORTS PLAN

UPDATE 2009-2010

OCTOBER 14, 2009

HEALTH AND HUMAN SERVICE AGENCY
MENTAL HEALTH SERVICES BRANCH



**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Mendocino

County Mental Health Director	Project Lead
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<p>Health & Human Services Agency Mental Health Branch 860 N. Bush Street Ukiah, CA 95482</p>	

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

Signature

Date

Title
Local Mental Health Director/Designee

Description of Community Program Planning and Local Review Processes MHSA FY 2009/2010 ANNUAL UPDATE

County Name: Mendocino

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input.

Mendocino County's approach in engaging all stakeholders in its' process of developing its Community Services and Support (CSS) Plan through the 2009/2010 Update has been accomplished through a variety of approaches, which include:

- 1) Work Plan Work Groups
- 2) MHSA Management Planning
- 3) Mental Health Board/MHSA Stakeholder meetings
- 4) County Mental Health website information
- 5) Public posting of the Update through the 30 day Local Review Process
- 6) Mental Health Board Public Hearing

1) Work Plan Work Groups

Each Work Plan has a work group that is comprised of stakeholder representatives, ie. consumers, non-governmental providers, County Mental Health staff, Mental Health Board members, and interested parties from the public. These work groups regularly meet to review the progress of the Work Plan, gather input from those receiving and providing services through the Work Plan, and to discuss ways to integrate more of the MHSA methodology into the broader Mental Health services being provided by the County.

2) MHSA Management Planning Group

This group is made up of the Health & Human Services Agency (HHSA) staff that deliver MHSA services, MHSA coordinator and fiscal staff, stakeholder representatives, and HHSA management. This group is responsible for budget administration, Plan development and implementation, and Plan evaluation.

3) Mental Health Board /MHSA Stakeholder meetings

Management provided for an ongoing dialog on the Updates' progress and its' inclusion of stakeholder input into the Plans' development through the Work Groups and Mental Health Board/Stakeholder joint meetings. The Update was on the agenda of the Mental Health Board on July 15, 2009 in Willits, an area of high concentration of under served and unserved populations. On June 3, 2009

the Mental Health Board/MHSA Stakeholders held a joint meeting for discussion and review of the Update. The required Public Hearing was held in Ukiah on September 2, 2009.

4) County Mental Health website information

In addition to the draft 2009/2010 Update being placed upon the public Mental Health website for public review, all Work Group and other relevant meeting times and places are posted for the purpose of encouraging public input.

All substantive responses to the Update, including those received anonymously, are posted on the website as well as included within this Update.

5) Public posting of the Update throughout the 30 day Local Review Process

Hard copies of the Update are available for public review at four locations, two in the Ukiah area, and in Ft. Bragg and Willits.

6) Mental Health Board Public Hearing

The Mental Health Board met on September 2, 2009. At the Board's meeting was the Public Hearing on the Mendocino County MHSA 2009/2010 CSS Plan Update.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

REDWOOD COAST REGIONAL CENTER TBA	JUVENILE JUSTICE COMMITTEE TBA	POLICY COUNCIL FOR YOUTH & CHILDREN KARIN WANDREI, EXECUTIVE DIRECTOR	NAMI DIANE ZUCKER, CHAIR NAMI MENDOCINO	COAST CONSUMER PEGGY CHAVES TEMPORARY SEAT T/8 APPT BY CLIENT COUNCIL
REDWOOD CHILDREN'S SERVICES CAMILLE SCHRAEDER, EXECUTIVE DIRECTOR	PUBLIC HEALTH ADVISORY BOARD CHRISTINE CLIBURN, COORDINATOR	ALLIANCE FOR RURAL COMMUNITY HEALTH CATHY FREY, EXECUTIVE DIRECTOR	LAYTONVILLE FAMILY RESOURCE CENTER MICHELE SCHOTT, EXECUTIVE DIRECTOR	TAY CONSUMER RAVEN PRICE TEMPORARY SEAT T/8 APPT BY CLIENT COUNCIL
CONSOLIDATED TRIBAL HEALTH PROJECT, INC. FREDERICK RUNDLET, EXECUTIVE DIRECTOR FRANK GONZALES, PhD CAROL ORTON, LCSW	HOMELESS SERVICES CONTINUUM OF CARE KATHLEEN STONE, COORDINATOR	ACTION NETWORK JAVIER CHAVEZ	MENDOCINO COUNTY OFFICE OF EDUCATION DAMON DICKENSON, ASSISTANT SUPERINTENDENT	INLAND CONSUMER LISA WARNER-CAREY TEMPORARY SEAT T/8 APPT BY CLIENT COUNCIL
NUUESTRA CASA SANTIAGO SIMENTAL, EXECUTIVE DIRECTOR	ROUND VALLEY INDIAN HEALTH CENTER JAMES RUSS, EXECUTIVE DIRECTOR	DSS/MH OLDER ADULT SYSTEM OF CARE SUSAN BRIDGE-MOUNT, SUPERVISOR	LAW ENFORCEMENT TBD	NORTH COUNTY CONSUMER EILEEN LOWERY TEMPORARY SEAT T/8 APPT BY CLIENT COUNCIL
PROJECT SANCTUARY DINA POLKINGHORNE, EXECUTIVE DIRECTOR	SAFE PASSAGE FAMILY RESOURCE CENTER LAURA WELTER, EXECUTIVE DIRECTOR	NUUESTRA ALIANZA DE WILLITS ALMA HERNANDEZ, DIRECTOR	PINOLLEVILLE VOCATIONAL REHABILITATION VAUGHN PENA, PROGRAM DIRECTOR	ANDERSON VALLEY RESOURCE CENTER TBA
FIRST 5 MENDOCINO COUNTY ANNE MCGAARD, EXECUTIVE DIRECTOR MAYA STUART	MCAVN LIBBY GUTHRIE, EXECUTIVE DIRECTOR	MENDOCINO COUNTY PROBATION DEPT. WESLEY M. FOREMAN, CHIEF PROBATION OFFICER	FORD STREET PROJECT VANESSA VACHON, ASSISTANT DIRECTOR	UKIAH/COAST COMMUNITY CENTER DAVID YOUSSEPOFF, EXECUTIVE DIRECTOR
COMMUNITY CARE DENNIS FAY, EXECUTIVE DIRECTOR	WILLITS COMMUNITY SERVICES & FOOD BANK SUSAN GRAVIER, EXECUTIVE DIRECTOR			

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Information related to the CSS Plan from DMH and the County was disseminated through Work Group meetings, Mental Health Board/MHSA Stakeholder meetings, the County Mental Health website, and other publicly posted meetings related to the MHSA Program. In addition the MHSA Stakeholder Group has information regularly disseminated to them via email, and U.S. Mail for those representatives that do not have email capacity.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

See Attachment A

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The 30 day stakeholder review began on July 28, 2009 and ended on August 28, 2009, with the Public Hearing occurring on September 2, 2009.

Report on FY2007/08 Community Services and Supports Activities
MHSA FY 2009/2010 ANNUAL UPDATE
Exhibit C

County Name: **Mendocino**

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

Work Plan 2
Children and Family Services Program
3 Full Service partnership slots

The Children and Family Services Workplan strives to address the unmet needs throughout Mendocino County, including the more remote areas of South Coast, Fort Bragg, Laytonville, Covelo and Anderson Valley. A variety of strategies are used; Parent Partners, wraparound, cultural specific treatments services for Latino and American Indian children and families; screening and services to very young children (ages 0-5), and coordination of respites services for families.

In partnership with First 5 Mendocino, medical providers have taken the lead for screening all 0-5 years resulting in more than 90 children receiving appropriate mental health treatment. No 0-5 year old is denied services because of lack of insurance or ability to pay.

To coordinate services for parents needing respite for children, a coordinator works within the Children's Social Services Division to stay on top of resources and work with individual families to meet their needs.

Bilingual therapy services are available through the Mental Health Department for individual families on a limited basis. Additional services are provided in Covelo, Anderson Valley and Laytonville through contract with an organization provider who travels to these more remote areas. Recruitment for additional bilingual/bicultural providers is pending resolution of the State and County budget. A longer-term strategy is that our largest Latino Family Center, Nuestra Casa, located here in Ukiah, can gain the capacity necessary to become organizational provider for the County.

Mendocino has a robust Parent Partner program, which has expanded services via contract with Family Resource Centers or community clinics. In the coming year all Parent Partners will participate in biannual trainings and quarterly support groups to further strengthen their capacity to meet the needs of families.

Through contract with Consolidated Tribal Health Project, a licensed clinical social worker continues to provide off-site outreach and engagement and counseling support to tribal members. This LCSW also provides services to individuals and groups incarcerated in our County jail. In partnership with Mendocino's Health & Human Services, Consolidated Tribal Health also hosted a 2-day cross-cultural training resulting in more 150 attendees from throughout the county.

Work Plan 3
Transitional Age Youth System of Care
24 Full Service Partnership Slots

Mendocino has implemented a Transition Age Young Adult System of Care built on the Children's System of Care firmly established for many years in our County. 24 TAY youth are served through full-service partnership in TAY Wellness Program or through our Transitional Housing Plus Program. In addition to individual therapy and rehab services, these young adults participate in services to gain independent living skills, permanent housing, access to employment and education or career development. Priority is given to youth transitioning from the foster care system, transitioning from Children's Mental Health and to those of Latino or American Indian ethnicity. These young adults access many of these services through our newly establish young adult resource center, Arbor on Main. Multiple community based-organizations, education partners, and County all work together under the leadership of Redwood Children's Services to support activities and events at the Arbor on Main. This provides active peer support in a learning and fun environment for our youth.

Students referred the clinical coach at our Mendocino Community College receive additional support to successfully navigate their college curriculum.

This past year the Children's and TAY workgroup have recommended that contractors be provided standardized templates to capture essential information regarding the population they are serving and how objective in their contracts have been met.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/2010 ANNUAL UPDATE

County Name: Mendocino

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

Work Plan 4 & 5 Work Plan Adult System of Care and the Older Adult System of Care Work Plan.

These two Work Plans provide services through out the 3,500 square miles of the County, which include the communities of Gualala and Point Arena (South Coast), Fort Bragg, Anderson Valley, Round Valley, Laytonville, Willits, and Ukiah.

Two of the most successful programs are wellness centers and the Homeless Outreach Program Expansion (HOPE Team). The wellness center concept is provided by a community based organization, Manzanita Services, Inc., serving the Ukiah and Willits area, and the County, which operates a center in Fort Bragg.

The County managed HOPE Team is a multi-disciplinary team made up of both mental health and social services staff, who provide wraparound services to Full Service Partners (FSP) and Outreach and Engagement services to homeless and at-risk of being homeless individuals.

The wellness center program provides a variety of services, teaching life skills, job assistance, coping skills, and general support of those clients normally not reached by traditional mental health programs. The program focuses on building connections with the community in an interactive way that teaches how relationships with others and community based agencies can enable the client to find their place in the local society and move to a more stable and safe environment. These centers also are a place where FSP clients can find the more intense services they may desire in a non-threatening manner, and without being stigmatized.

The HOPE Team works collaboratively with Manzanita Services and the County's wellness center in providing a holistic approach to the Recovery Model of encouraging the client, the community based organizations, and the County to work together in reaching the goals each client has set for themselves.

The Outreach and Engagement program has been very effective in reaching those individuals who have had difficulty in accessing mental health and other services that could lead to their recovery. Many of these clients are dual-diagnosed and have been unable or unwilling to reach out for assistance.

EXHIBIT C

This program has also made inroads into the American Indian and Latino communities through collaborating with local community based organizations such as Nuestra Casa and Consolidated Tribal Health Center, two organizations dedicated to their respective communities.

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name **Mendocino**

Work Plan Title **Children and Family services Program**

Population to Be Served

The Children and Families Services Program serves children of all ages, with a focus on the underserved 0-5 age group and underserved Latino and American Indian Children.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
263 Total
 Number of Clients By Funding Category
3 Full Service Partnerships
100 System Development
160 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal

Work Plan Description

The Children and Families Program will address unmet needs throughout the county utilizing a variety of strategies, including Parent Partners; wraparound services; culture specific treatment services for Latino and American Indian children and families; broad screening and assessment of very young children (ages 0-5); and coordination of Family Respite Services.

In partnership with First 5, Mendocino County has implemented Raise & Shine, a screening and assessment program for all 0-5 year olds. Children referred for mental health services, who do not have insurance or private resources are eligible through MHSA dollars for treatment. Last year over 90 children were referred and received treatment.

Family Respite Services are coordinated through a staff (partially funded with MHSA) located at Social Services and familiar with resources throughout the county. All families seeking respite are referred to this central resource. CSOC and/or MHSA funds can be used as a last resort for costs.

Bilingual and bicultural services have been expanded through contracts with organization providers who have been more successful than Mental Health in hiring bilingual/bicultural staff. These providers have also been able to provide services to our more remote areas. Mendocino County has launched a county-wide effort to provide a full spectrum of parenting classes and training through our Raise & Shine Program. Classes in both English and Spanish have been provided through our local college, through our Family Resource Centers and through our primary medical care providers. Through contract with Consolidated Tribal Health, an LCSW provides services to tribal members and families throughout the county. This LCSW also provides services to individuals and groups incarcerated at our county jail.

Mendocino's Parent Partner Program has been expanded through MHSA funds to provide services through Family Resource Centers in rural communities. Bicultural/bilingual parent partners links with our Family Resource Centers and tribal community to provide services to families in more remote areas. This program promises to be strengthened by MHSA support for biannual training and quarterly support groups in the coming year.

Because most of the needs for "wraparound" type services are met through our Children's System of Care Family Strengths Program, 12 Full Service Partnership slots were shifted to our TAY program. However, 3 slots are available for children on the coast who may not be eligible for Family Strengths but need the support of wraparound like services.



County Name **Mendocino**

Work Plan Title **Transitional Age Youth**

Population to Be Served

The Transitional Age Youth Program serves transitional age youth, with a special focus on those who are transitioning from the foster care system, pursuing educational goals, and seeking to enter the work environment. Based on identified needs and disparities, the program will reserve 25% of the Full Service Partnership slots for TAY's of Latino and American Indian ethnicity.

Work Plan Description

The TAY Wellness Program contains the initial components of a Transitional Age Youth System of Care. Building on the principles of resiliency and recovery, the proposed strategies seek to minimize risk factors and increase protective factors for TAYs by assisting them to:

- Develop healthy relationships with family, peers, mentors, employers, teachers, and counselors
- Access employment, education, and career or vocational development; obtain housing in supportive, clean, affordable, and productive environments;
- Access mental and physical health care;
- Learn healthy strategies for coping with stress and setbacks; and
- Be in control of their own lives

Intensive supportive housing is provided to 6 FSPs. The addition 18 FSP young adults are provided housing support, individual therapeutic services, case management and participate in activities at the community resource center, Arbor on Main.

Peer mentoring is provided to all young adults willing to participate in activities at the Arbor on Main. Though initiated to meet the needs of former foster youth, probation youth and youth involved in services through their school education plans, the community intention for this center is a welcoming environment for all young adults who will benefit from peer activities and support to meet their individual independent living, social and career goals.

Support to meet educational goals is also available through the college coach contracted to provide 15 hours per week to students or prospective students.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
74 Total
 Number of Clients By Funding Category
24 Full Service Partnerships
 _____ System Development
50 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name Mendocino

Work Plan Title Adult System of Care

Population to Be Served

The Adult System of Care (ASOC) is serving three distinct types of clients, 1) homeless, 2) clients at-risk of homeless, and (3) individuals with dual diagnosis. Specifically targeted populations of these aforementioned clients are of American Indian and Latino ethnicity. Additionally, the Forensic Mental Health Program is giving the highest priority to serving females of American Indian and Latino ethnicity.

The ASOC Work Plan employs four distinct strategies focused on integrating the Recovery Model into the provision of all mental health services throughout the ASOC. These strategies include 1) wraparound services, 2) client recovery resource center services, 3) forensic mental health services, and 4) other services needed to support the recovery of Full Service Partners.

Wraparound Full Service Partnership (FSP) Services are provided to 10 adults in the Willits and North County communities with co-occurring disorders, homelessness, or risk of homelessness. The approximate 35 remaining FSP clients throughout the County receive a variety of services aimed to support recovery from severe and chronic mental illness (SPMI). First priority for FSP's is given to unserved and underserved populations of American Indian and Hispanic ethnicity. Services include crisis support, transportation to medical appointments, linkage to counseling, and whatever additional supports clients need to recover from serious mental health issues.

Forensic Mental Health Program – Services are provided to individuals with mental illness who are incarcerated, on supervised release, on parole or probation, or at-risk of incarceration, as well as being homeless or at risk of becoming homeless. Priority is given to women of American Indian or Latino descent. The Plan is designed for the addition of a clinician/consumer to work with clients and FSP's specifically. In the absence of a clinician/consumer other MHSA staff have provided services to the participants of this program. In July, 2009, existing MH staff will provide FTE support for this program.

Client Recovery Resource centers (CRRRC's) are currently located in Ukiah, Willits, and Fort Bragg, the primary population centers within the County. The Ukiah and Willits centers are currently provided, through contract, by Manzanita Services, a community based organization; the center in Fort Bragg is provided by HNSA staff. These centers serve both FSP clients and also provide services for other individuals who have mental illness or mental health issues and are homeless or at-risk of homelessness. Services can include linkage to counseling, life skills training, meals, financial support, and assistance obtaining resources outside of the mental health system. The Adult Mental Health Recovery Services (AMHRS) case management team and the HOPE (Homeless Outreach Program Expansion) Team, a multi-departmental group of County Social Services and Mental Health staff, work in collaboration with these centers to help insure that MH clients in need of recovery support can take advantage of the services available through the CRRRC's.

Full Service Partnerships ASOC has dedicated spaces for 45 FSP clients who need broad range of support services. The FSP program provides specific services such as temporary housing, food, linkage to counseling, support for life skills development, education, and managing finances, and other services appropriate according to individual client needs. The above-mentioned HOPE Team supports FSP clients who are homeless or at risk of homelessness. This team provides a variety of wraparound services to clients enrolled in FSP's throughout the community. Additionally, a "Step Down and Home to Mendocino County Program" has been created to return clients formerly placed in out-of-county residential facilities to the local community. By doing so it allows the dedicated case manager to work with these FSP clients more closely, and to encourage and support their integration back into the community through the Recovery Model. The case manager assists in securing independent living arrangements, building job and life skills, and assistance in allowing clients to become more independent and secure. Clients are provided additional services in support of their recovery by participation in the activities of the Resource Center.

The overriding emphasis of the MHSA ASOC Work Plan is to address those individuals with serious mental health issues age 26 – 59 who desire to avail themselves of mental health and other services that will ultimately lead to more independence and a healthy lifestyle. As with all MHSA Work Plans special attention is given to the unserved and underserved populations of the County, which primarily are American Indian and Latino individuals. ASOC also works closely with transitioning those individuals from the Transitional Age Youth Plan and to the Older Adult System of Care Plan to ensure no individual client loses continuity in needed services or assistance.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
470 Total
Number of Clients By Funding Category
45 Full Service Partnerships
425 System Development
50 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
_____ Total
Number of Clients By Type of Prevention
_____ Early Intervention
_____ Indicated/Selected
_____ Universal

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name Mendocino

Work Plan Title Older Adult System of Care

The Older Adult System of Care (OASOC) program is serving a group of clients with many unique issues related to this aging population. In many cases more intense and closely monitored support is required than for clients within the other age groups. As with all Work Plans special attention has been given to our unserved and underserved populations, specifically within the American Indian and Latino communities. OASOC clients served through MHA funds are primarily: older adults who are living in the community, mostly in their own homes with or without a spouse or other caregiver, although most will be living alone; dealing with multiple mental health problems (e.g., dementia, prescription drug abuse, alcohol abuse), including the effects of under-diagnosis or misdiagnosis; and clients of both genders, although most are female. Although FSPs are available to older adults from all ethnic and cultural groups, the MHA Plan builds in outreach through community based organizations to address identified needs and disparities.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

133 Total

Number of Clients By Funding Category

11 Full Service Partnerships

73 System Development

49 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Work Plan Description

Mendocino County's Older Adult System of Care (OASOC) is designed to bring improvement to the quality of life for seriously mentally ill of this aging population through various components of the Work Plan. The Plan is made up of primarily three distinct components, 1) Senior Peer Counseling, 2) targeted unserved and underserved clients through ethnically sensitive community based organizations and staff, and 3) a Full Service Partnership program that addresses the unique needs of older adults.

Senior Peer Counseling – This program provides training by qualified staff and a private geriatric specialist to individuals who make weekly visits to over 20 OASOC clients. The program has successfully improved the mental health status of many frail, home-bound older adults by the outreach of the peer counselors.

Targeted Unserved and Underserved Clients - The gaps that have existed in terms of the diversity of clients served and communities reached is being overcome through our multi-pronged approach to this issue. The expansion and enhancements to the OASOC will provide a seamless system of services to meet serious unmet mental health needs of older adults within our unserved and underserved communities. OASOC's core staff in alliance with community based organizations dedicated to working in our two most prevalent underserved ethnic groups, American Indians and Latinos, will bridge some of these gaps identified within these communities. This component of our Plan is a significant part of our Outreach and Engagement strategy for this age group.

Full Service Partnership – The OASOC age group more than any others have the greatest need for the FSP program and the services provided. Services regularly provided by County staff under this program is transportation for medical treatment, assistance in support of independent living needs, financial assistance on an as needed basis for basic staples, transportation provided for quality of life needs, and various other assistance. The program provides greater one-on-one clinician interaction to ensure all mental health needs are met for the older client. The essential elements addressed in this program relate to engagement of family and friends of the consumer, focus on wellness and recovery, and integration of services other than mental health that enhance the client's overall condition.

As with all Work Plans there is a concerted effort to engage the unserved and underserved populations of this age group. The Plan specifically addresses the need for this by its' inclusion of a community based organization that works exclusively in the tribal communities, as well as another organization solely organized to provide support and assistance to the Latino community. These organizations participation in this Work Plan directly impact the needs of seniors in their respective communities.

**FY 2009/10 Mental Health Services Act
Summary Funding Request**

County: Mendocino

Date: 10/14/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/2010 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$2,361,000	\$925,900	\$450,000	\$692,400	\$181,400
2. Transfers ^{b/}	\$0				
3. Adjusted Planning Estimates	\$2,361,000	\$925,900	\$450,000	\$692,400	\$181,400
B. FY 2009/2010 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$2,361,000				
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$130,238				
b. Adjustment for FY 2008/09 ^{e/}					
c. Total Net Available Unspent Funds	\$130,238	\$0	\$0	\$0	\$0
3. Total FY 2009/2010 Funding Request	\$2,230,762	\$0	\$0	\$0	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates			\$225,000		
2. Unapproved FY 07/08 Planning Estimates		\$704,500	\$225,000	\$244,700	
3. Unapproved FY 08/09 Planning Estimates		\$221,400		\$493,300	\$181,400
4. Unapproved FY 09/10 Planning Estimates	\$2,361,000			\$692,400	\$181,400
5. Total Funding^{f/}	\$2,361,000	\$925,900	\$450,000	\$1,430,400	\$362,800

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

**FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

County: Mendocino

Date: 10/14/2009

CSS Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)		Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
2	Children & Families	E	\$188,552	\$0	\$126,302	\$62,250		\$188,552	\$345,955	\$1,242,409	\$222,882
3	Transitional Age Youth	E	\$345,955	\$279,384	\$47,671	\$18,900					
4	Adult System of Care	E	\$1,242,409	\$822,075	\$300,334	\$120,000					
5	Older Adult System of Care	E	\$222,882	\$158,020	\$40,862	\$24,000					
Subtotal: Work Plans ^{a/}			\$1,999,798	\$1,259,479	\$515,169	\$225,150	\$0	\$188,552	\$345,955	\$1,242,409	\$222,882
Plus County Administration			\$188,778								
Plus Optional 10% Operating Reserve			\$172,424								
Plus CSS Prudent Reserve ^{b/}											
Total MHSA Funds Required for CSS			\$2,361,000								

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

62.98%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

EXHIBIT G

**Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

County Mendocino **Date** October 14, 2009

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding **\$ 2,172,222** *
Enter the total funds requested from Exhibit E1 – CSS line 26.

2. Less: Non-Recurring Expenditures - 0
Subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration + 188,778
Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

4. Sub-total **2,361,000**
* Includes Optional Operating Reserve of \$172,424

5. Maximum Prudent Reserve (50%) **1,180,500**
Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

6. Prudent Reserve Balance from Prior Approvals **202,463**
Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update + 370,280
Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29. * ***From 07/08 Unspent funds:*** + 130,238

8. Prudent Reserve Balance **702,981**
Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50%
Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.
It is the intention of the County to request of DMH a deposit subsequent to the close of 2008/2009 of \$500,000 from 2008/2009 CSS Planning Funds. It is anticipated to have salary savings due to the inability in filling some staff positions and contract savings due to start up issues by some contractors.

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.

PUBLIC COMMENT
TO THE
MENDOCINO COUNTY
MENTAL HEALTH SERVICES ACT
2009/2010 PLAN UPDATE
Attachment A

COMMUNITY SERVICES AND SUPPORTS PLAN UPDATE 2009-2010

Mendocino County Mental Health Response to Substantive Comment

Mendocino County Mental Health's Branch has organized its Response to Substantive Comment by issue/concern referencing oral comments made at Public Hearing on September 2, 2009. There were no written responses to the public notice.

Issue/Concern I.

Notification process for public hearing, including use of acronyms can be a barrier for the client population

Response: Mendocino County followed the required process for 30-day public notice, including the public hearing. The community member who expressed concern was immediately provided with a printed copy of the report upon request. Staff has been advised to avoid unnecessary use of acronyms both in written and oral reports.

Issue/Concern II.

Several comments provided mostly by one individual, related to the lack of detail provided in the Community Services and Supports 09/10 Plan Update Document

Response: The Community Services and Supports 09/10 Plan Update was completed with all of the required information. Mental Health facilitates regularly scheduled Work Group meetings for each of the Work Plans and invites all community stakeholders to participate. During these meetings individual projects are reviewed, followed by discussion and recommendations for improvements. Summaries of these workgroups are then reported out at the quarterly joint Mental Health Advisory Board/Mental Health Services Act Stakeholder Committee Meetings.

Mental Health also conducts monthly Mental Health Services Act Management and Budget meetings. These meetings, facilitated by the Branch Directors, include participation by managers and supervisors involved in MHSA projects, a Mental Health Advisory Board representative and the Client Empowerment Coordinator. These meetings focus on budget and development of policies and procedures related to Full-Service Partnerships and other projects supported by MHSA funds.