

# **INYO COUNTY MENTAL HEALTH**

## **Mental Health Services Act Community Services and Supports**



## **Three-Year Program and Expenditure Plan**

Fiscal Year 2005-06

Fiscal Year 2006-07

Fiscal Year 2007-08

March 5, 2006

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

County: Inyo County Date: March 6, 2006

**County Mental Health Director:**

Gail Zwier, Ph.D.  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Mailing Address: 162 J Grove Street  
Bishop, CA 93514  
\_\_\_\_\_

Phone Number: 760-873-6533 Fax: 760-873-3277

E-mail: gzwier@qnet.com

Contact Person: Gail Zwier

Phone: 760-873-6533

Fax: 760-873-3277

E-mail: gzwier@qnet.com

**Inyo County Behavioral Health Services  
Three-Year Mental Health Services Act Community Services and Supports Plan**

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## **Executive Summary**

We are very enthusiastic about having the opportunity to rebuild and restructure our Mental Health Services program to better serve our community. This funding provides the opportunity to reach out to people we have never served before, to help individuals from diverse communities access mental health services for the first time, and to actively involve consumers and family members in both planning and service delivery. Services will be consumer and family-driven with a focus on wellness, recovery, and resiliency. Access to services will be a high priority for the MHSA services, with improved access to services for unserved and underserved populations including access for those persons who are Latino and American Indian.

Inyo County's proposed Mental Health Services Act (MHSA) Three-Year Program and Expenditure Community Services and Supports Plan is grounded in the vision and ideas of hundreds of stakeholders who participated in the MHSA planning process. The MHSA planning process included an extensive community outreach process that involved over 380 community members. The full MHSA Plan is posted on the County's website at [http://inyocounty.us/MHSA\\_CSSplan](http://inyocounty.us/MHSA_CSSplan).

Inyo County's plan embraces the vision of positive system transformation, as well as the essential elements of the Mental Health Services Act: community collaboration; cultural competence; client/family-driven mental health system; a wellness, recovery, and resilience focus; self-directed care; and integrated services. These populations in Inyo County include persons who are Latino and American Indian and other individuals who are from unserved and under served populations.

A component of the MHSA Plan is to develop wellness centers for specialized services and group activities. We hope to have space identified for activities 3 days per week in the Bishop area; 1-2 days per week in Lone Pine; and at least once per month in Tecopa to serve the diverse areas of the county.

### **Outcomes**

Inyo County's plan will make a difference for seriously emotionally disturbed children and youth, and seriously mentally ill adults and older adults, and their families. We believe that Inyo County's recent planning process has the potential to facilitate our mental health system reform and to reach beyond the programs that are directly funded through our annual MHSA budget of \$ 373,705. Among the anticipated outcomes resulting from Inyo County's transformation include:

- Equity and access for unserved populations through culturally sensitive and effective services
- Meaningful use of time and capabilities (school, work, social, and community activities)
- Reduced homelessness and increased access to safe and adequate permanent housing
- A network of supportive relationships

- Timely access to needed help, including in times of crisis
- Reduction in incarceration to jails and juvenile hall
- Reduction in involuntary services and institutionalization, and fewer out-of-home placements

### **Program Strategies**

Inyo County's proposed plan contains four program strategies. Planning participants, under the direction of the Leadership Committee, members of the Stakeholder's Planning Committee, and members of the Mental Health Board, had the difficult task of prioritizing the strategies selected for this Plan. There was strong support for the strategies outlined in this Plan. These four program strategies fall into the three broad approaches that are outlined in Exhibit 4 and in the full plan. These broad approaches include:

**Outreach and Engagement** activities which will increase access to services for historically unserved populations and communities; and

**System Development** strategies which will increase the cultural competence of the system, expand its use of evidence based practices, and expand its capacity to utilize peer mentors, personal service coordinators, and parent partners as providers of services. System Development funds will be used to develop the core Wellness Center services; and

**Full Service Partnerships** which will use over 50% of the MHSA funding in Year III and provide intensive support for at least three Transition Age Youth and three Adults most in need of comprehensive services and access to 24/7 support.

These program strategies outline plans for developing full service partnerships and expanded outreach and engagement activities. Strategies for all four age groups include outreach and engagement activities and system development and expansion to help improve our existing system. These programs will serve historically unserved and underserved seriously emotionally disturbed (SED) children, adolescents, and transition age youth as well as seriously mentally ill (SMI) adults and older adults. Services will also be available to persons with co-occurring alcohol and other drug and/or medical conditions. Increased access and engagement to reduce disparities in access for ethnic/ racial/ linguistic underserved communities is a consistent focus across program strategies. Other areas of focus include the involvement of peers, youth, consumers, and parent partners as integral members of the service delivery system. Continually improving the cultural competence of staff throughout the system will be a component of each program.

We plan to develop consumer friendly Wellness Centers to improve access to services. These centers will offer a range of services that are consumer focused and recovery based. This will help us to transform the mental health services system. These centers will also offer culturally competent services to our diverse populations. The vision for these centers will be to provide education, support, and recovery in a safe environment

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for our clients. We hope to have space identified for activities 3 days per week in the Bishop area; 1-2 days per week in Lone Pine; and at least once per month in Tecopa to serve the diverse areas of the county.

## **Full Service Partnerships (FSP)**

### **Transition Age Service Team (FSP) Ages 16-25**

The Transition Age Youth (TAY) Service Team will provide culturally sensitive services to youth and families who are historically unserved or underserved. These services will be youth-and family-centered, strength-based, needs-driven, and will utilize best practice models of service delivery. The program will initially utilize general system development funds and eventually full service partnership funds to improve services for youth and families. This will help to change our service delivery model and build transformational programs and services.

The Transition Age Team will help reduce ethnic disparities and provide education and advocacy services and values-driven, evidence-based practices to address each youth and family's needs. These services will offer integrated services for youth and families. Initially, System Development funds will be used to develop the core services and to offer outreach services to youth who are currently unserved or underserved. By Year II, youth will be identified for full service partnership (FSP).

Youth with co-occurring disorders (mental health and substance abuse) will be a priority for services. We will provide Full Service Partnership services to at least one (1) Transition Age Youth in Year II and an additional two (2) will be served in Year III, for a total of three (3) individuals served in Full Service Partnership by the end of Year III.

The FSP will help identified youth and their families achieve their desired outcomes through the delivery of individualized family-driven mental health services and supports. The TAY will have access to the Wellness Centers for some specialized TAY services and group activities. In addition, services will be delivered in the individual's community to provide 'whatever it takes' to help these youth transition to adulthood, develop resiliency skills, and live successfully in the community. These may include flex funds for clothing, rent stipends, transportation vouchers, group memberships, etc.

A range of services will be available based upon the youth and family's needs and desired outcomes. Services will be voluntary and client-directed, strength-based, employ wellness and recovery principles. Services will also address both immediate and long-term needs and will be delivered in a timely manner that is sensitive to the cultural needs of the youth and family. Bilingual, bicultural Peer Mentors and a Case Manager will be hired, whenever possible.

<p><b>Transition Age Services Team:</b>          This program will serve up to 3 FSP TAY and their families by the end of the third year. This program will use a Children’s System of Care / Wraparound approach including 24/7 response. The staffing will include one Services Coordinator, two part-time Peer Mentors, and a bilingual Service Provider to provide intensive rehabilitation services, supportive housing and education, Alcohol and Drug interventions, and vocational assistance to achieve positive outcomes.</p>	<p><b>Staffing:</b>          .75 FTE Case manager III/Services Coordinator          .25 FTE Peer Partner/Mentor          .50 FTE Peer Partner/Mentor          .13 FTE Bilingual Direct Services Provider</p>
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**Adult Service Team (FSP) Ages 18-59**

The Adult Service Team will provide culturally sensitive services to adults who are seriously mentally ill and who are unserved or underserved. These services will be client-directed, strength-based, needs-driven, and utilize best practice models of service delivery. The program will initially utilize general system development funds and eventually full service partnership funds to improve services for adults. This will help to change our service delivery model and build transformational programs and services.

The Adults Service Team will utilize the Wellness Centers to help reduce ethnic disparities and provide peer support, education and advocacy services. Further, they will use values-driven, evidence-based practices to address each person’s special needs and mental health. These services will emphasize recovery and resilience and offer integrated services for clients and families. Initially, System Development funds will be used to develop the core services and offer outreach services to engage persons who are currently unserved.

By Year II, individuals will be identified for full service partnership (FSP). The FSP will help identified individuals achieve their desired outcomes through the delivery of individualized client/family-driven mental health services and supports. These services will provide ‘whatever it takes’ to help these individuals recover and live successfully in the community. Activities will include wellness recovery action planning, peer-led self-help/support groups, supported employment, anti-stigma events, and housing support. We may develop tele-psychiatry services at the center. Therapeutic and support groups will be available.

We will provide Full Service Partnership services to at least one (1) Adult in Year II and an additional two (2) will be served in Year III, for a total of three (3) Adults served in Full Service Partnership by the end of Year III.

Services will be voluntary and client-directed, strength-based, employ wellness, resiliency, and recovery principles, and address both immediate and long-term housing

needs. These services will be delivered in a timely manner that is sensitive to the cultural needs of the individual. Bilingual, bicultural Personal Service Coordinators will be hired, whenever possible.

<p><b>Adult Service Team:</b>                  This program will serve up to 3 FSP adults by the end of the third year. This program will use a recovery model with 24/7 response available to help resolve issues. The staffing will include one Services Coordinator, two part-time Personal Services Coordinators, and a bilingual Service Provider to provide intensive provide intensive rehabilitation services, supportive housing and education, Alcohol and Drug interventions, and vocational assistance to achieve positive outcomes.</p>	<p><b>Staffing:</b>                  .75 FTE Case manager III/ Coordinator                  .25 FTE Personal Service Coordinator/Advocacy                  .25 FTE Personal Service Coordinator/ Advocacy                  .13 FTE Bilingual Direct Services Provider</p>
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**Outreach and Engagement & System Development Programs**

**Children’s Services Team Ages 0-17**

The CSS Children’s Services Team will enhance existing services to provide family-based mental health services to children and families who are unserved or underserved. These services will be family-centered, strength-based, needs driven, and utilize best practice models of service delivery. The program will initially utilize general system development funds and eventually full service partnership funds (by Year IV) to improve services for children and families. This will help to change our service delivery model and build transformational programs and services.

The Children’s Services Team will help reduce ethnic disparities and provide education and advocacy services and values-driven, evidence-based practices to address each child and family’s needs. Integrated services will be offered for clients and families. System Development funds will be used to develop the core services and to offer outreach services to engage persons who are currently unserved. These services will help identified children and their families achieve their desired outcomes through the delivery of individualized family driven mental health services and supports.

A range of services will be available based upon the child and family’s needs and desired outcomes. Staff will be trained to offer evidence-based practices to improve our outcomes for children and families. Services will be voluntary, client-directed, and strength-based. Services will employ wellness and resiliency principles, and will be delivered in a timely manner that is sensitive to the cultural needs of the individual. Bilingual, bicultural Parent Partners will be hired, whenever possible.

<p><b>Children’s Services Team:</b> This program will use a Children’s System of Care/Wraparound approach to serving children and their families. The staffing will include a Case Manager who will serve as the Coordinator, as well as a quarter-time Parent Partners to provide intensive mental health services, linkage to services, and parenting education to achieve positive outcomes.</p>	<p><b>Staffing:</b> .25 FTE Case Manager III/ Coordinator .25 FTE Parent Partner/Advocacy/outreach</p>
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**Senior Program Ages 60+**

The Senior Program will initially provide outreach and engagement activities throughout the county in order to identify Older Adults who need mental health services. The Senior Program will serve adults 60 years of age and older, who are at risk of losing their independence and being institutionalized due to mental health problems. These individuals may have underlying medical problems and diagnosable, co-occurring substance abuse issues. Priority will be given to underserved rural populations of older adults, especially those of varying ethnic and multicultural backgrounds.

The program will offer comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. They will then be linked to resources within the community including our outpatient mental health clinic services.

This program will develop service alternatives for older adults who have been unserved and underserved in this community. Services will be voluntary, client-directed and strength-based. Services will employ wellness and recovery principles, address both immediate and long-term needs of program members, and will be delivered in a timely manner that is sensitive to the cultural needs of the population served.

<p><b>Senior Program Ages 60+:</b> This program will provide outreach and engagement services to identify older adults in the community who need mental health services. System development funds will be used to expand services to the high risk population and help them obtain positive outcomes.</p>	<p><b>Staffing:</b> .25 FTE Case Manager III/Coordinator .25 FTE Personal Services Coordinator/Advocacy .25 FTE Mental Health Clinician</p>
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**System Transformation and Effectiveness Strategies**

Throughout the MHSA outreach and planning process, participants addressed the need to transform many aspects of the mental health system to truly embrace a wellness and recovery philosophy and increase access and effectiveness for persons who are from

unserved ethnic populations. These populations in Inyo County include persons who are from unserved ethnic populations.

Elements critical to system transformation include: a focus on recovery and resiliency; increased capacity for all ages; hiring bilingual/bicultural staff; training for staff, clients, and family members, and hiring consumers, parent partners, and peer mentors. Implementation of evidence based and culturally competent practices will be a priority across all program areas. All populations served by the mental health programs will benefit from improved services which focus on recovery and outcomes.

### **System-Wide Training**

The following training has been provided or will be provided to staff and community partners:

- Integrated services program development
- Co-occurring alcohol, other drug, and psychiatric disorders for all providers and all ages
- Consumer and peer-based services and supports
- Wellness and recovery
- Discussions of strategies for transforming the mental health service system
- Training and continuing education and support for consumers and family/parent partners/peer mentors
- Consumer-led services
- Client empowerment
- Discussion on evidence-based practices and the integration of these practices into our CSS Plan development
- Culturally-competent treatment approaches
- Collaboration between service systems
- Sexual orientation and gender-focused service training for all providers
- Family support and education training
- Cognitive behavioral approaches
- Other evidence based practices as resources permit

### **Planning Process**

Inyo County's MHSA Community Services and Supports planning process was designed to facilitate meaningful participation from a broad range of stakeholders including members of historically unserved and underserved communities. A structured planning process involved the Stakeholder Planning Committee, a Leadership Committee and the Mental Health Board. All meetings were open to the public.

The Stakeholder Planning Committee met initially to plan strategies to gather consumer, family member and community input. They were key in gathering this information. They also met to review the results of planning efforts; stakeholder input; survey responses; local service utilization data; descriptions of existing community services and supports;

summaries of best practice research; and community meetings. They brought this information forward to the Leadership Committee.

The Leadership Committee was comprised of over 20 members, including consumers, family members, the community partners, agency staff, and allied agencies. The Leadership Committee met four times to review data and discuss priorities for services. This provided the opportunity to discuss information and provide input into the planning process and prioritization of target populations, focus issues, and identify high priority strategies for each age group. This planning culminated in a meeting to finalize the priorities, program strategies, and budget, which reflected the recommendations of the committees and planning process.

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

### **Section 1.1 Planning Process**

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

Implementation of the Mental Health Services Act (MHSA) in Inyo County was undertaken to ensure the participation of a broad range of stakeholders throughout this remote county. From the beginning of the planning process, particular emphasis was placed on encouraging and promoting the active involvement of consumers and family members in the entire process. At the onset of the planning process, there were no organized consumers groups in Inyo County. The first task was therefore to gather a group of consumers and family members to lead the planning process.

The planning process was initiated with the formation of a Stakeholders Planning Committee (SPC). Mental Health staff members were asked to encourage current consumers and family members to become part of the SPC. The eight-member SPC included four consumers (one consumer needed to leave the group due to employment stressors), three family members, and the Behavioral (Mental) Health Director. After gaining knowledge and training on the intent of MHSA, this committee was responsible for:

- Identifying and targeting diverse populations across the county
- Organizing and conducting stakeholder and focus group meetings
- Soliciting individual input via a mental health needs survey
- Assisting in the formation of the Leadership Committee (LC) in which they also fully participated

The committee further brainstormed ideas to reach unserved and underserved persons in the community and how best to gain input. All community meetings and focus groups were co-facilitated by at least two members of the SPC, including at least one consumer and/or family member. Members of the SPC were compensated for their time and participation in all planning activities through the receipt of gift cards commensurate to time invested in the project. The SPC has been integral to the planning of the CSS and is committed to remain involved through implementation of the CSS Plan and other components of the MHSA.

Reports from the SPC were made monthly to the Mental Health Board, including the Quality Improvement Committee. All Mental Health Board QIC meetings are held at Progress House, the local Adult Residential Treatment facility. Residents of the

Progress House, who are also consumers, attended these meetings, gave input, and were apprised of the planning of the MHSA.

A determined effort was also made to facilitate the inclusion of Spanish-speaking residents by hiring Christina Palomo (SPC member) as the Bilingual Consumer Advocate. She was actively involved as an interpreter in all community meetings. Christina Palomo also scheduled meetings where Latino participants would be present, including during Spanish-speaking church gatherings. She further met with a bilingual health care provider to gain input. In addition, she conducted door-to-door interviews with Latino community members who were reluctant to attend the general meetings because of language limitations. The MH needs survey was translated into Spanish for those people who were not bilingual. Information was also dispensed during interviews on a local Spanish language television show.

The SPC identified 35 persons to target for the Leadership Committee, including 14 consumers and family members. The Leadership Committee (LC) has been responsible for assessing the data (generated at Stakeholder meetings, through written surveys, and from specific focus groups), determining the most urgent Mental Health needs of the county, and then proposing appropriate solutions based on the available funding. The first Leadership Committee meeting was held on September 22, 2005. The meeting was attended by 22 persons. Thirteen attendees were consumer/family members. The second LC meeting was held on October 19, 2005. Again, 22 persons attended the meeting. On this occasion, 10 participants were consumer/family members. In this meeting, the focus was to identify the unserved and underserved persons in Inyo County by age group. Challenges to provide services in the sparsely populated southern portion of the county were also identified. A third meeting was held on December 6, 2005. Twenty persons attended this meeting; 8 were consumer/family members. After a lively discussion, the difficult decisions were made, prioritizing the populations most in need of outreach, engagement, and Full Service Partnerships. A proposal was also made to prioritize strategies to address ethnic disparity regardless of age groups chosen.

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

Geographically, Inyo County is one of the largest counties in California with a widely dispersed population of 18,500 permanent residents. As a result, the MHSA planning process had to be designed to facilitate and obtain meaningful participation from a broad range of stakeholders throughout this remote county. In addition, the process was designed to obtain input from stakeholders who have been historically unserved in the mental health system and from underserved communities.

Stakeholder meetings were held in various communities across the county. The initial public meeting was held in the largest community, Bishop, in January 2005. Subsequent public meetings were held in Lone Pine, Independence, Tecopa, Round Valley, and Big Pine. This ensured that a community meeting was held within each

town and community region in the county regardless of size. With the exception of the Tecopa meeting, all community meetings were held in the evening. Tecopa is in the southeastern portion of the county of Inyo and has only a handful of families and individuals who reside in this area, which includes Death Valley National Park. The Tecopa meeting was combined with another community forum that was of high interest to the residents of the community in hopes of increasing attendance.

The community meetings were widely advertised in the local newspaper, on two local radio stations, and through fliers placed throughout the community and at the mental health clinic sites. During the course of each meeting, Gail Zwier (Behavioral Health Director) explained the goals of the MHSA and the process by which the county would develop its MHSA plan. Duane Blume (family member) then facilitated the group process. Participants were divided into small groups for discussion of problems that they felt needed to be addressed and SPC members recorded the ideas that were generated. The meetings concluded with each group reporting on the needs that they had identified and the entire audience individually voting for the five most critical problems that they felt needed to be addressed. In addition, each participant was asked to fill out a survey form. In total, 125 people attended these meetings.

In addition to the community groups, targeted focus groups were held. Approximately 225 persons attended these meetings. The focus groups involved the following populations and organizations:

- Mental Health clients and families
- Children and youth clients and families
- Salvation Army Sunday breakfast participants
- Inyo Mono Advocates for Community Action (IMACA)
- Connections Program Home visitors
- Owens Valley Career Development Center (Tribal TANF)
- Seniors at several community senior centers
- Inyo Ministerial Association
- Local childcare providers
- Local medical doctors
- Public Health
- Consumer groups of Alcohol and Drug services
- Narcotic Anonymous groups
- Juvenile Center youth and staff members
- School Superintendents
- Law enforcement
- Juvenile Justice
- Judges
- Behavioral Health Staff
- Child Protective Services staff

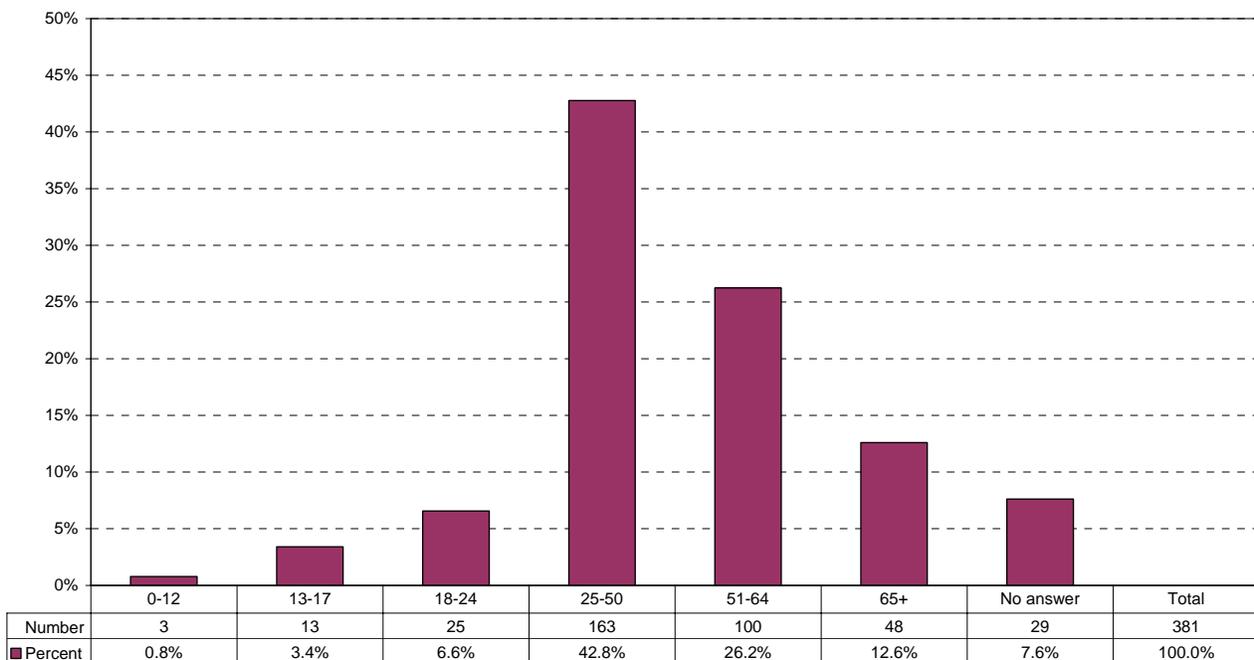
In addition, strategies were developed to obtain input from individuals who did not attend the public or focus group meetings. These included:

- Door-to-door interviews in some communities
- Interviews with persons awaiting court appearance
- Interviews with child care providers
- Distribution of surveys to all teachers in Inyo County schools
- Placing surveys in the Toiyabe Health Clinics (American Indian services)
- Placing surveys at the Rural Health Clinic serving a large Medi-Cal population
- Distribution of surveys at a Powwow celebration
- Distribution of surveys at a local community college function.
- Providing an information booth during the local Mule Days celebration
- Interviewing high school students during a health fair
- Interviewing previously served consumers by telephone

The following data illustrate the number of individuals who completed a survey and information generated from the focus groups.

Figure 1 shows that 381 individual surveys were completed. Most of the respondents (75%) were between the ages of 18 and 64. Four (4) percent were 0-17 years and 13% were 65 or older. Seven (7) percent did not answer this specific question.

**Figure 1**  
**Inyo County MHSA Survey Results as of July 2005**  
**Number and Percent of Survey Respondents by Age**  
**N=381**



The race/ethnicity of the respondents closely resembles the county population (Figure 2). Sixty four percent (64%) were Caucasian, fifteen percent (15%) were Latino, and eight percent (8%) were American Indian. Ten percent (10%) did not respond to this question.

**Figure 2**  
**Inyo County MHSA Survey Results as of July 2005**  
**Number and Percent of Survey Respondents by Race/Ethnicity**  
**N=381**

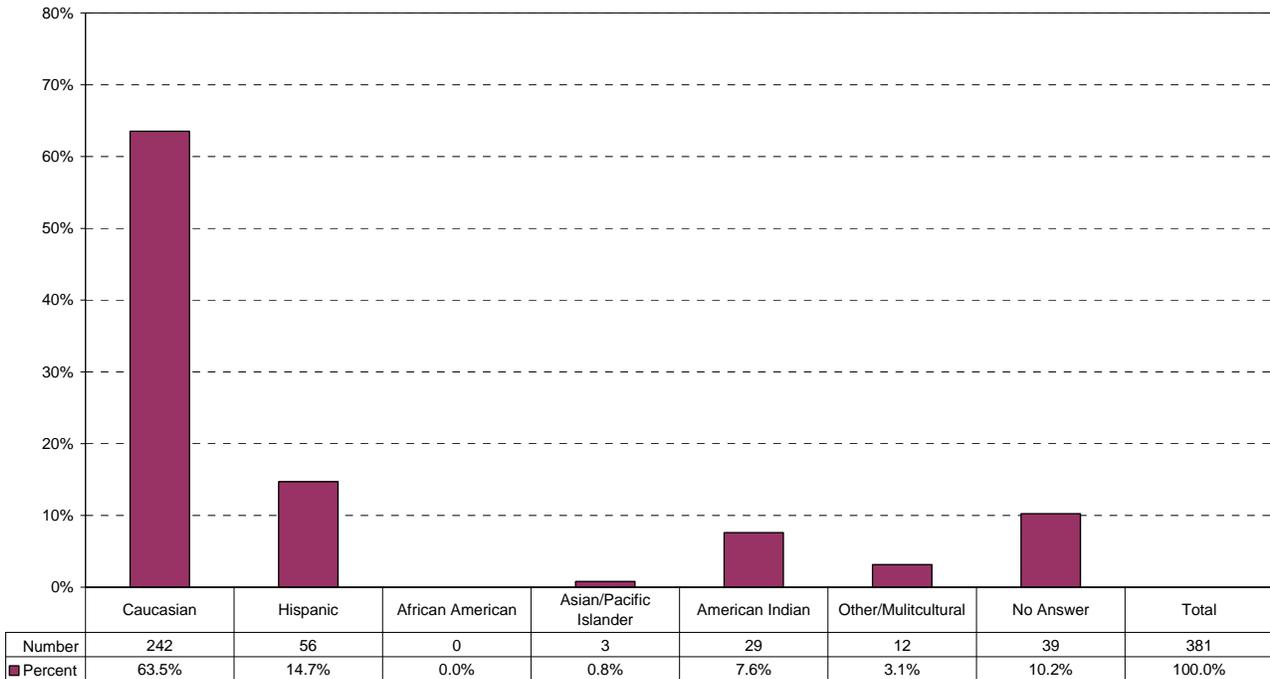
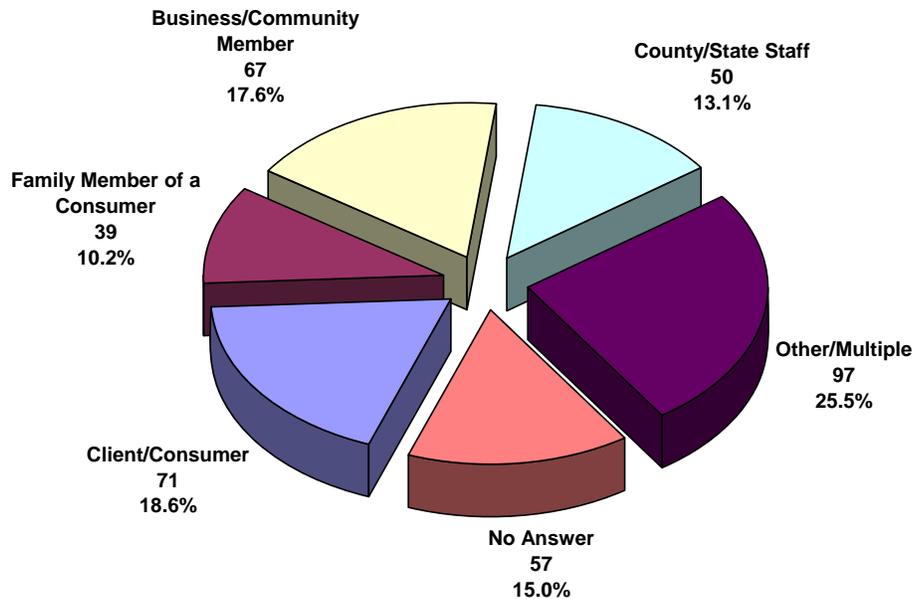


Figure 3 shows that 71 participants (19%) identified themselves as consumers; 39 respondents (10%) were family members; sixty seven (18%) were community/business members; fifty (13%) were county and state staff; and 97 (25.5%) were identified in more than one category. Fifty seven (15%) respondents chose not to answer this question.

**Figure 3**  
**Inyo County MHSA Survey Results as of July 2005**  
**Number and Percent of Survey Respondents by Self Identified Group**  
**Affiliations**  
**N=381**



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

The SPC, under the leadership of Gail Zwier, Inyo County Behavioral Health Director, included the following members: Consumers: Leslie Booker, Aleta Bodine, Diane Bailey, and Christina Palomo (Bilingual Consumer Advocate); and Family Members: Debra Breazeale, Sharon Partridge, and Duane Blume. The SPC was assisted in this process by Nancy Callahan, IDEA Consulting. Heidi Garcia and Kathy McKinley provided clerical planning support. Inyo County Mental Health Case Managers, DB Mattovich and Tim Topass, provided transportation to community and Leadership Committee meetings to ensure the ability of consumers to participate.

The SPC met on a biweekly basis over a seven-month period and has continued to meet at least monthly. Members of the SPC were present at all public meetings. Individual members were involved in all of the solicitations from the smaller focus

groups and individual contacts. To date, five of the seven consumer/family members of the SPC have each spent between 75 and 150 hours in participation in the planning process. They have received incentives for participation in the process. The SPC reviewed the results of each of the public and focus group meetings and made revisions in methods of presentation and information dispersal as needed. In addition, Christina Palomo, in the newly formed paid position of Consumer Advocate, has spent about 400 hours in the planning process to date.

The SPC initially posted a Request for Proposals (RFP) to employ a facilitator in the planning process, but ultimately chose to continue the process within the SPC group. Family Member, Duane Blume volunteered his time and has participated on the SPC, as well as in the organization of the data and writing of the plan. He has spent between 100 and 200 hours in this process. The Behavioral Health (Mental) Health Director has acted as the Coordinator of the process and has spent a quarter of her time in the planning of the MHSA. Nancy Callahan from IDEA Consulting has assisted with the collection and analysis of required data and in the writing of the plan. Gary Ernst has assisted in the generation of budget documents.

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

Engaging consumers, family members, and other community members who historically do not participate in community mental health planning processes is an important first step for developing meaningful family and consumer driven services. The next critical step is to provide them with the kind of support, information, and training that allows them to participate as equal partners in work groups. This includes participation as Stakeholders Planning Committee members and Leadership Committee members who are versed in reviewing data and participating fully in planning activities. The many agency partners that collaborate with the Mental Health program or deliver other services to mental health clients also need further training. These partners may not be as knowledgeable on issues related to the delivery of mental health services. They may also need education regarding the principles and values of the MHSA and its intent to transform how services are delivered.

On February 17, 2005, training which focused on the MHSA and the Recovery Model was held for the newly-formed Stakeholder Planning Committee and Mental Health Board members. Persons also attended the meeting from Toiyabe Indian Health Services, the local senior programs, and persons connected with the schools.

In addition to the initial focus groups and training, virtually every meeting conducted during this process blended education and training of stakeholders with priority-setting that ultimately guided the development of this Plan. Training topics included:

- Overview of the Mental Health Services Act
- Discussion and guidance in understanding outcomes measures

- Discussion and explanation of the concept of Full Service Partnerships
- Consumer and peer-based services and supports
- Wellness and recovery
- Discussion of strategies for transforming mental health services
- Consumer-led services
- Client empowerment
- Culturally-competent treatment services
- Collaboration between service systems

To facilitate these discussions and trainings, data was shared on the number of clients currently served by age, race/ethnicity, and gender; the range of services currently offered; and the current collaboration between agencies.

The planning and training activities have resulted in achieving two critical goals:

1. Development of a core group of stakeholders who are knowledgeable of the current mental health system, the MHSA, and the opportunity to transform how those services are delivered, and
2. Creation of a plan generated by those stakeholders to produce a sense of ownership and authorship.

Behavioral Health staff members also participated in numerous discussions related to planning for the MHSA. Several Quality Improvement staff meetings focused discussion on the training topics listed above. Staff members then provided support for consumer participation in the MHSA planning and implementation.

Further training has also been pursued and scheduled to increase knowledge around the recovery model, employment of consumers, benefits counseling, housing issues, cultural competence, and measuring outcomes.

This process has helped to orient stakeholders and to improve their abilities to make key recommendations and decisions. These training experiences, in turn, will result in a Community Services and Support Plan that will be implemented with enthusiasm. These training activities will continue throughout the development, implementation, and evaluation activities of the MHSA.

## SECTION II. PLAN REVIEW

### Section 1.2 Plan Review

- 1) *Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.*  
Response will be documented following the public comment and hearing period.
- 2) *Provide documentation of the public hearing by the mental health board or commission.*  
Response will be documented following the public comment and hearing period.
- 3) *Provide the summary and analysis of any substantive recommendations for revisions.*  
Response will be documented following the public comment and hearing period.
- 4) *If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.*  
Response will be documented following the public comment and hearing period.

**PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS**

**Section 2.1 Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports**

*Please answer each of the following questions pertaining to how community issues resulting from a lack of community services and supports were identified in the public planning process.*

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

Stakeholder input identified the following issues, by age group, as well as a number of suggestions for addressing the issues. The suggestions for addressing the issues are presented in parentheses.

Children/Youth	TAY	Adults	Older Adults
1. *Child, peer, and family problems (Parent Child Interactive Therapy; Parenting support groups and classes)	1. *Need for local out-of-home placement services (Services to transition youth back to the community following out-of-home placement)	1. *Ability to manage independence (Supportive employment; Benefits counseling; Supportive housing services to maintain independent living, transportation)	1. *Isolation (Outreach to older adults; Mental health services to homebound older adults)
2. *Need for local out-of-home options such as respite (Mental health services for foster children and those in other placements)	2. *Skills development to live independently (Vocational assistance; Support services to maintain independent living)	2. *Housing issues (Supportive housing services; homeless services)	2. *Housing issues (Assistance to remain living independently in the community)
3. School issues include inability to be in mainstream school, school failure, and after school issues (After-school programs)	3. Resolving teenage problems	3. Mental health services for parents of adopted or foster care children	3. *Mental health services at the senior center
4. Need for counseling for children exposed to drugs	4. *Substance abuse services for dual diagnosis clients	4. *Family relationship development	4. Transportation to services
5. Involvement in juvenile justice	5. * Community Wellness center	5. *Substance abuse services for dual diagnosis clients	5. *Substance abuse services for dual diagnosis client
	6. *Youth, peer, and family problems (Managing behavior; Family relationship development), child welfare involvement	6. *Wellness centers for classes, services, and supports	6. *Support services to maintain independent living
	7. Involvement in Juvenile Justice	7. Involvement in legal system, jail	7. Ability to manage independence

- 2) *Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including it in each.).*

The Stakeholders Planning Committee and the Leadership Committee collaborated to develop a list of criteria to apply to the ideas/issues compiled from the various focus groups and survey results. The information from the stakeholders was analyzed and used to prioritize the issues. Those ideas that have been selected for implementation in Inyo County met the following criteria:

- Identified as a high priority by stakeholders, as noted by the number of responses in favor of the idea, or by the number of responses citing the issue;
- Consistent with the identified unserved and underserved populations;
- Consistent with the prevalence need in Inyo County;
- Address the cultural needs of the individual and community;
- Consistent with the needs of children and youth with serious emotional disturbance, and adults and older adults with serious mental illness; and
- Consistent with the focus and intent of the Mental Health Services Act.

Several issues were selected for more than one age group, including coordinated mental health and substance abuse services for dual diagnosis clients and independent living skills. Although each age group is unique, some issues are relevant to multiple populations and can be addressed through similar strategies. Each of the issues that were selected for multiple age groups met the criteria listed above and was indicated as relevant to the stakeholders.

The Leadership Committee considered issues related to untreated mental illness identified by State DMH, but primarily devoted time to considering which un/underserved populations were in greatest need and which strategies could best address their needs and contribute to the transformation of the mental health system. The primary issues discussed included:

- Which un/underserved populations should be served by MHSA funding, as well as Full Service Partnerships?
- What outreach and engagement strategies should be implemented?
- What transformational structures, strategies, and supports were most important to improving the quality of life of the consumers within each age group?
- What strategies and supports were likely to meet the cultural needs of the community at large and in the smaller communities in southern Inyo County?

Ongoing Leadership Committee meetings were comprised of consumers, family members, community leaders, County Department Heads or staff, Mental Health

Board members, and staff from other community organizations. Representatives from cultural communities were encouraged to attend. The Leadership Committee met three times following the initial community meetings, focus groups, and collection of data to review MHSA activities. This provided the LC an opportunity to comment and give feedback on the process, and provide oversight and input throughout the planning process. This planning culminated in a meeting at which LC members reviewed the needs identified through prior input and planning. They distilled those concerns into a set of priorities reflecting the recommendations of stakeholders and planning groups.

In addition to the global criteria described above, the work groups and Leadership Committee identified the following issues and factors which led to the foci of MHSA Services for this three-year plan. Overall, the stakeholder focus groups were encouraged to discuss issues and to suggest positive outcomes and strategies for addressing the issues. As a result, we will present both issues and suggested strategies in this section.

### **Children/Youth**

1. Child, peer, and family problems were issues identified throughout the community planning process and included the need for bilingual parenting support and classes for parents with young children who may be involved with Child Protective Services or other high-risk families. Discussions for utilization of evidence-based practices identified Parent Child Interactive Therapy (PCIT) as a possible evidence-based practice for developing parenting skills for individuals with young children. Employing this evidence-based practice would not be duplicating already existing parenting classes in the community and would offer a higher level of intensive parenting skills development focused on tailored services to families experiencing the most serious issues. Providing services to this population would address disparities and increase access for young children and families who are Latino.
2. Out-of-home placement issues revolved around delivering mental health services for children and youth at risk of out-of-home placement, and for those returning from out-of-home placement. This issue includes the need for mental health services for families who are involved in family preservation and family reunification services. Supporting and enhancing the CSOC program would decrease out-of-home placement, facilitate shorter stays in out-of-home placement, and assure comprehensive, effective array of support services. These goals would be accomplished through additional staff time and the employment of a parent in the capacity of a part-time Parent Partner. Another strategy would be the development of a ‘buddy system’ for children in out-of-home placement. This program would pair a youth/peer mentor in the community with the child in placement to provide support and to encourage a relationship which could continue when the child returns to the community.

## Transition Age Youth (TAY)

1. Out-of-home placement and youth returning to the community after they turn 18 years were identified as areas of concern. At the present time, there is a lack of local support options for youth emancipating from care/treatment. There is concern that youth are “falling through the cracks” or ending up in the justice system when they turn 18 years of age. Further, they are dropping out of the treatment system prematurely. There is also a concern that safe housing is not available for them when they age out of their placement settings. There is a need for mental health support services to help youth develop independent living skills and help them access housing, education, and job opportunities in the community. Developing a ‘buddy system’ for children in out-of-home placement would pair a youth in the community with the child in placement to provide support and to encourage a relationship which could continue when the child returns to the community. Transition age youth are currently unserved/underserved. The development of services for this population would reduce disparities and enhance services for Latino, American Indian, and other youth returning from out-of-home placements.
2. Ability to manage independence is a challenge for most transition age youth. Supportive mental health services help youth develop independent living skills and achieve goals in employment, education, stable living situation, and personal and community functioning. Assisting youth to secure benefits, when needed, was a concern identified as a priority support service to target for development. A wellness center for youth to access support groups, peer mentors, life skills training, and other meaningful activities would promote wellness and provide a non-traditional setting for service delivery. This type of setting would have a greater chance of acceptance by transition age youth compared to the traditional clinic setting. A special emphasis will be to engage Latino youth in participating in these services to help reduce disparities for this population.
3. Substance abuse services for dual diagnosis clients are an ongoing and growing need for Transition Age Youth with serious mental illness. Services specific to these co-occurring disorders will provide both mental health services and substance abuse services together to address the combined needs of these youth. It was identified that treatment accessibility for youth with substance abuse problems is very limited in the community. Services tailored to address both issues in an integrated service delivery package do not currently exist. Developing services which are culturally relevant and sensitive will be a priority.
4. A Community Wellness Center was identified as a supportive environment with a recovery focus that is offered in an alternative setting to the traditional clinic for transition age youth. The center would allow youth to access support groups, peer mentors, life skills training, and other meaningful activities to promote

wellness and provide a non-traditional setting for service delivery. This type of setting would have a greater chance of acceptance by transition age youth compared to the traditional clinic setting. A special emphasis will be to engage Latino youth in participating in these services to help reduce disparities for this population.

5. Youth and family problems included offering programs to help youth and families manage behavior and develop family relationships. A component of this is to expand transition age services to the 21-25 population. There is also an identified need for a program that would be comforting to and supportive of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. There is no organized, visible therapeutic support system for youth adjusting to gay/transgender identities. A need for support that focuses on the development of coping skills to deal with feelings of alienation, heightened levels of self consciousness, and low self esteem has been identified.

## Adults

1. Independent living and the development of independent living skills that help to ensure success is a challenge for many adults, and even more so for individuals with serious mental illnesses. Supportive mental health services which help adults develop independent living skills and achieve success in employment, education, stable living situations, and personal and community functioning was identified as a key area for new service development. Assisting adults to secure benefits and providing individuals with assistance to secure those benefits can be critical to their stability in the community. Developing wellness centers will allow people to gather and provide places within the community for adults to develop these important life skills. It also allows adults to participate in support and life skills promoting groups, while interacting with other consumers as support persons. Wellness centers would be an important component of the adult system of care services. Creating a culturally inviting environment that fosters participation in basic life skills classes and activities would promote wellness. It will offer an environment that reflects the cultural diversity of this community and help to reduce service disparities to Latinos, and other race/ethnicity groups, males, females, and different age groups.
2. Housing support highlights a need for safe, low-income housing with access to public transportation and supportive services to help an individual remain in an independent living situation. This includes the need for mental health support services to aid adults who have been in residential care settings to develop independent living skills and to help them access housing in the community. Very few adults receive housing support through the mental health program. We plan to pursue various funding sources to help provide this resource in our community. A program to provide in-home support clients would bolster the ability of these adults to live independently. These services will help to reduce

disparities by expanding services to Latinos, American Indians, and other race/ethnicity groups.

3. Family relationship development is an important component of recovery and independent living. Groups will be conducted to promote healthy communication skills between family members. Activities will provide opportunities to build healthy family relationships. These services will be designed to embrace diverse cultures to help reduce disparities.
5. Substance abuse services for dual diagnosis clients are an ongoing and growing need for adults with serious mental illness. Currently, treatment availability for adults with substance abuse problems is at best fairly small and treatment services provided in an integrated service package for individuals with diagnoses of mental illness and substance abuse is further limited. Services specific to these co-occurring disorders will provide both mental health services and substance abuse services together to address the combined needs of these adults. These services will be tailored to meet the needs of different age groups, cultural groups, and genders to help reduce disparities and achieve positive outcomes.
4. Wellness Centers provide a supportive environment with a recovery focus that is offered in an alternative setting to the traditional clinic for adults. The concepts of recovery and resilience will provide the foundation to develop independent living skills and achieve outcomes in employment, education, stable living situations, and personal and community functioning. Providing support, advocacy, and assistance for adults who are having difficulty securing benefits, when needed, is an important component. Participation in basic skills classes and activities would promote wellness. Offering these supportive services in a wellness center environment promotes engagement and empowers clients to exercise choices to participate and select services in a manner not encumbered with the traditional structure of hourly appointments in the office. The wellness centers will enable us to reduce disparities between different age groups, genders, and cultures. Group activities will be designed to meet individual needs and will be culturally and linguistically appropriate to those individuals receiving services.

## **Older Adults**

1. Isolation and the fear of loss of independence is an ongoing issue for older adults with mental illness. Many older adults are homebound and not able or motivated to initiate access to care. There are also issues of loneliness, isolation, and depression that have developed due to factors such as losing a spouse or a change of lifestyle brought about by physical or financial limitations. There is a need to develop integrated, multi-modal services for individuals with co-occurring serious physical illness and mental illnesses. Partnering with physical health care providers and other accepted older adult service providers (Senior Centers and local senior services programs), and co-locating mental health services with

these already existing recognized and accepted providers is a way to outreach to this population. In our community, some of these providers are also the primary providers for the predominant ethnic minority population here. Many Latino individuals and families utilize these providers and often are identified as appropriate to receive mental health services. Providing services within existing programs will help to reduce disparities and meet the needs of individuals in the community.

2. Housing issues frequently arise for older adults with serious mental illness. Supportive mental health services which help older adults maintain independent living skills also help individuals to continue living at their current level of functioning. Assisting adults to secure needed benefits, and simply helping them to complete forms, is an important component to living independently. Offering services which help clients maintain their independent living situations will help to reduce disparities by meeting the needs of individuals in the community. Many older adults, especially from diverse communities, face barriers to mental health services because of the stigma of mental illness. By offering services which help them to access benefits and routine daily living skills, barriers to mental health services will be reduced.
3. Mental Health Services at the Senior Center would help to reduce the stigma of mental health services for those individuals who are not ready to accept that they could benefit from receiving mental health services. By offering services as a component of other Center activities, individuals are more likely to initiate discussions of issues that may be affecting their lives. Promoting easier access by offering mental health services in an environment already utilized by this population would promote utilization of mental health services in a non-threatening manner that could help these individuals maintain or improve current levels of functioning. The Senior Center provides culturally appropriate services and provides an excellent opportunity to conduct outreach and engagement activities to older adults. These co-located services provide the opportunity for older adults to get to know staff, and subsequently access services, to reduce disparities.
5. Substance abuse services for dual diagnosis clients are an ongoing and growing concern for older adults with serious mental illness. Individuals from the "baby boomer" generation grew up in an era of significant proliferation of illegal drugs. Some of these aging baby boomers might still struggle with their inability to maintain drug-free lifestyles. Older adults might also be at risk for the abuse of prescription medications and alcohol. Prescription medication abuse and unhealthy levels of alcohol use are sometimes the treatment of choice for individuals suffering from social isolation, depression, and poor adjustments to deteriorating physical health. Services specific to these co-occurring disorders will combine both mental health services and substance abuse services together to address the multiple needs of these older adults.

- 3) *Please describe the specific racial, ethnic, and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.*

Our analysis of disparities in Inyo County begins with the State DMH website data regarding prevalence projections as factored by 200% of poverty. However, as acknowledged in the DMH Letter No: 05-02, 200% of poverty is not an adequate predictor of need in counties, as it does not reflect the need for mental health services or the amount of services required by different individuals. In addition to the prevalence data, we also provide comparisons between the percent of the population projected and population served. This information helps to estimate the number of unserved persons in the county. Further analysis of unserved and underserved populations is shown in Chart A.

The information provided by the State DMH prevalence projections has specific limitations for analyzing prevalence rates with the MHSA Transition Age Youth (TAY) and older adult age groups. The prevalence data defines TAY as 18-25 years, while the MHSA TAY ages range from 16-25. The prevalence data uses 65+, while MHSA uses 60+. In addition, the DMH data provide the prevalence estimates only by age and ethnicity separately. However, overall this data provides a beginning point for assessing service disparities.

Following a discussion of the prevalence data in comparison to utilization data, a narrative analysis of data from other sources will be used to describe other factors which reveal disparities in populations in the county (throughout this narrative, data sources are identified).

Figure 4 shows the State DMH prevalence data, which predicts the number of persons in Inyo County who are below 200% of poverty (2004) and who have a need for mental health services (Column A). This data is shown by gender, age, race/ethnicity, and language. Column B shows the number of the Inyo County mental health clients (2004/05). Column C shows the percent of total mental health clients in Inyo County. Column D shows a comparison of the prevalence estimates to the number of clients served. This data is also shown by gender, age, and race/ethnicity.

For example, in Inyo County, it is estimated that 524 persons have an income below the poverty level and have a need for mental health services. In Fiscal Year 2004/05, we served 493 persons. This information illustrates that we are serving 94.1% of the estimated number of individuals needing services.

This prevalence data helps to examine the possible unserved populations in the county. Regarding gender, we are serving 112.1% of the expected number of males

and 82.8% of the females. For children 0-17 we are serving 87.7% of the estimated number predicted. The number of transition age youth is difficult to compare because there are different age groups used in the comparison. As noted above, the prevalence estimates show the 18-25 population, while the mental health data shows ages 16-25. The prevalence data does not include 16 and 17 year olds.

However, the prevalence data for transition age youth shows that we are serving are over a third as many youth as predicted. In FY 2004/05, we served 80 transition age youth (in comparison to the predicted 55 TAY expected). This shows 145.5% of the expected number of clients.

For adults, we are serving about the same number as expected. In FY 2004/05, we served 301 adults. The prevalence data shows 293 expected clients. This shows that we served 102.7% of the expected number of clients.

Older adults are considered underserved, with only 71.0% of the estimated number of older adults receiving mental health services. Forty-nine older adults were served, compared to the estimated 69 expected number of clients.

The prevalence data shows differences in service utilization and expected rates regarding the different race/ethnicity groups. Caucasians were 'appropriately-served' with 113.7% of the expected number receiving mental health services. Latinos were 'underserved', with 28.9% of the expected number receiving mental health services. American Indians were 'underserved' with 75.9% of the expected number served. Other race/ethnicities were 'appropriately served', with 205.6% of the expected number of clients receiving mental health services.

The African American and Asian/Pacific Islander data have extremely small numbers of individuals represented in the Inyo County population, in the prevalence data, and in the numbers served. For Asian/Pacific Islanders, 5 individuals were expected to be served and 6 individuals received services (120%). For African Americans, no individuals were expected to be served, and no African Americans accessed mental health services.

**Figure 4  
Inyo County  
Prevalence Rates**

		A		B		C		D	
		Prevalence Estimates <200% poverty 2004		Mental Health Consumers FY 2004/05		Percent of Total Mental Health Consumers FY 2004/05		Percent of Mental Health Consumers served compared to the prevalence estimates FY 2004/05	
<b>Total</b>		<b>524</b>	<b>100.0%</b>	<b>493</b>		<b>100.0%</b>		<b>94.1%</b>	
<b>Gender Distributions</b>									
<b>Male</b>		199	38.0%	223		45.2%		112.1%	
<b>Female</b>		326	62.2%	270		54.8%		82.8%	
<b>Age Distributions</b>									
<b>Children</b>	<b>00-17</b>	163	31.1%	143		29.0%		87.7%	
<b>Transition Age Youth</b>	<b>18-25</b>	55	10.5%						
Transition Age Youth	16-25			80		16.2%		145.5%	
<b>Adults</b>	<b>18-64</b>	293	55.9%						
Adults	18-59			301		61.1%		102.7%	
<b>Older Adults</b>	<b>65+</b>	69	13.2%						
Older Adults	60+			49		9.9%		71.0%	
<b>Race/Ethnicity Distributions</b>									
<b>Caucasian</b>		328	62.6%	373		75.7%		113.7%	
<b>African American</b>		0	0.0%	0		0.0%		0.0%	
<b>Asian/Pacific Islander</b>		5	1.0%	6		1.2%		120.0%	
<b>Latino</b>		114	21.8%	33		6.7%		28.9%	
<b>American Indian</b>		58	11.1%	44		8.9%		75.9%	
<b>Other</b>		18	3.4%	37		7.5%		205.6%	
<b>Language Distributions (not available for prevalence subpopulation analysis)</b>									
		Total Population >5 years old		Mental Health Consumers					
<b>English Only</b>		14,960	88.2%	519					
<b>Non -English</b>		2,002	11.8%	17					
	<i>Spanish</i>	1,565		16					
	<i>Other</i>	437		1					
<b>Total Population&gt;5 years old</b>		<b>16,962</b>	<b>100.0%</b>						

In addition to using the prevalence data, we examined data regarding homeless status, disability status, seasonal and migrant farm workers, school drop out rates, probation, and child welfare data. A brief discussion of this data follows.

- At any point in time in 2004, there were approximately 25 homeless individuals in Inyo County (Data Source: Inyo County). The Federal Task Force on Homelessness and Severe Mental Illness estimates that 33% of those that are homeless have a serious mental illness (SMI), and of these, 40-60% have a co-occurring substance abuse disorder. In Inyo County, this would result in almost 8 homeless individuals per year who require mental health/co-occurring disorder services. While this population is mostly adult, there may be some transition age youth and older adults in the homeless population.
- There are approximately 1,652 individuals in Inyo County with a sensory, physical, mental or self-care disability (Data Source: Inyo County 2000 Census Data). The breakdown by age group is listed below. Prevalence assumptions from the U.S. Surgeon General’s Report are that 9-13% of children have a serious emotional disturbance and 5.4% of adults and older adults have a SMI. These percentages were applied to calculate the number who are projected to need mental health services.

<b>Age</b>	<b>Population with a Disability</b>	<b>Prevalence Estimate</b>	<b>Individuals to be Served</b>
5-20	203	@ 13%=	26
21-64	658	@ 5.4%=	36
65+	791	@ 5.4%=	43

- Inyo County has a significant number of seasonal workers who work at the local ski resort, Mammoth Mountain, and other recreational facilities. We will develop outreach and engagement strategies to improve access to this underserved population.
- It is estimated that there are 207 youth in grades K-12 who speak Spanish (Data Source: California Department of Education). This represents 6.3% of all youth enrolled in K-12. The outreach and engagement activities will also strive to engage this group of students.

### **Children and Youth**

There are racial and ethnic disparities that cut across the issues of peer and family problems, out-of-home placement, school drop out rates, and involvement in the child welfare and juvenile justice systems.

The population of Inyo County is 71.6% Caucasian, 14.3% Latino, 1.2% Asian, 9.9% American Indian, and 2.9% other ethnic groups. For children ages 0-17, the proportion is higher, with 24.7% of all children identified as Latino. The California Data Book indicates that 13.7% of Inyo County children live below the federal poverty level. Children from low income families who are not eligible for Medi-Cal are more likely to be uninsured and, therefore, their medical and mental health needs are more likely to be untreated. Some disparities for children and youth are outlined below.

- According to the California Department of Finance, there were 3,783 youth ages 0-17 residing in Inyo County in 2004.
- In Inyo County, at any point in time, there are 10.3% or 389 children/youth that are uninsured (Data Source: California Data Book). Using the Surgeon General's prevalence forecasts, this data suggests that at least 50 children/youth in Inyo County are uninsured but require mental health services.
- By grade 12, 7.7% of Inyo County Latinos have dropped out of school, compared to 5.3% for Caucasian youth (Data Source: California Department of Education).
- Of Inyo County youth ages 12-17 years old, 9.0% reported feeling "*downhearted and sad*" for "*most of the time*" according to the California Health Interview Summary. Ten percent reported feeling sad "*some of the time*".

### **Transition Age Youth (TAY)**

Transition Age Youth, especially those who are ages 18-24, are underserved. We have found that there is a disproportionate representation of Latino and American Indian transition age youth (TAY) in county criminal or juvenile justice systems. Latino and American Indian TAY are at an increased risk of foster care placement and other out-of-home placements.

- According to the California Department of Finance, there were 2,648 youth ages 16-25 residing in Inyo County in 2004.
- By grade 12, 7.7% of Inyo County Latinos have dropped out of school, compared to 5.3% for Caucasian youth (Data Source: California Department of Education).

### Probation Department Data

- Based on the most recent available data, the Average Monthly Census in 2003, 26.8% of the youth placed in Inyo County juvenile hall were receiving mental health services. Of these youth, 10.5% of the youth were receiving psychotropic medications while in juvenile hall (Data Source: California Department of Mental Health). In the last two years, however, there has been a concerted effort to provide needed services in the Juvenile Center and the number of services provided has increased significantly. The number of face-

to-face contacts made with youth at the Center has increased by 20% from 2004 to 2005. All youth are now screened for high-risk mental health issues and any minor with risk indicators is assessed within 24 hours. Despite this increase, the perceived need for further mental health services in the Center is great. Statewide, 41% of youth placed in Juvenile Hall received mental health services and 16% were receiving psychotropic medications while in juvenile hall.

- In Inyo County, from 1996-2001, 1 youth aged 0-24 committed suicide. (Data Source: Inyo County).
- The National Comorbidity Survey Replication, reported in the June 2004 issue of Archives of General Psychiatry, focused on studying the prevalence of mental health need in those 18 and above, and found that mental disorders “gain the strongest foothold” by attacking youth—50% of all cases start by age 14 and 75% by age 24.
- In FY 2004/05, there were 16 youth who were in out-of-home placement through Inyo County Child Welfare Services.
- Of Inyo County adolescents (12-17 years old), 5.5% reported binge drinking in the past month (5 or more drinks at one time) (Data Source: California Health Interview Survey 2003). Statewide, 6.3% adolescents reported binge drinking in the past month.

#### Lesbian, Gay, Bisexual, Transgender, Questioning

- There are limited resources in this community to meet the needs of individuals who are lesbian, gay, bisexual, transgender, or questioning (LBGTQ). There is also a perceived “risk” in the identification of oneself as part of this group. There is a need for creative support for these individuals as well as a need to assist these individuals in forming their cultural identities.

### **Adults**

There are disparities in services for Latino adults. This disparity in access was shown by the prevalence data. This data shows that only 28.9% of Latinos are served in the population. Similarly, only 75.9% of American Indians are served compared to the expected rate.

- According to the California Department of Finance, there were 9,863 adults (ages 18-59) residing in Inyo County in 2004.
- At any point in time in 2000, 90 adults were in the Inyo County jail system (Data Source: U.S. Census 2000). The U.S. Department of Justice estimates that 16% of jail inmates have serious mental illness (N=14). Of these individuals, 40-60% also have a co-occurring substance abuse disorder. The local Sheriff’s department has identified that a substantial number of the individuals in the

criminal justice system have substance abuse problems and exhibit signs of mental illness.

- In Inyo County, at any point in time, there are 17.2% or 1,696 adults (ages 18-64 years) who are uninsured (Data Source: California Health Interview Survey 2003). Using the Surgeon General's prevalence forecasts, this calculation suggests that at least 92 adults in Inyo County are uninsured and require mental health services.
- According to the California Health Interview Survey 2001, 17% of Inyo County respondents (ages 18-64 years) needed help for an emotional/mental health problem and only 8% of respondents visited a health professional regarding an emotional/mental health problem.

### Older Adults

As with the other age groups, there is a need for culturally appropriate service providers to meet the cultural needs of the community, including the needs of the Latino and American Indian older adult communities. Cultural barriers may limit access due to culture-bound behaviors and preferences that require bilingual/bicultural service providers to address these issues, particularly in the context of behaviors related to mental illness. Concerns about stigma and non-acceptance of the concept of mental illness are issues that impede access to treatment for any culture, but especially for older adults. This becomes even more of a barrier when an individual is confronted with treatment options that are not culturally acceptable.

- According to the California Department of Finance, there were 4,784 older adults (ages 60 and older) residing in Inyo County in 2004.
- A few older adults are found in the Inyo unserved homeless population and are among the disabled population that is unserved.
- Few older adults access public mental health services, especially persons who are uninsured. Developing outreach and engagement strategies for improving access to the older adult population is a priority of the MHSA.

4) *If you selected any community issues that are not identified in the "Direction" section above, please describe why these issues are more significant for your county/community and how the issues are consistent with the purpose and intent of the MHSA.*

Not applicable.

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**Section 2.2 Analyzing Mental Health Needs in the Community**

- 1) *Using the information from population data for the county and any available estimates of unserved populations; provide a narrative analysis of the unserved population in your county by age group. Specific attention should be paid to racial ethnic disparities.*

To understand the racial, ethnic, and gender disparities regarding mental health services, we analyzed historic service utilization data to better understand patterns of service use across different populations. Data was examined to determine who is served and who is underserved. This data provided an overview of service utilization in comparison to the general population and the Medi-Cal eligible population to help understand existing service patterns and access to services. Service utilization data by age, race/ethnicity groups, and gender was reviewed to help understand race/ethnicity and gender disparities.

Below is a summary for each age-group which outlines the community issues selected for implementation, and how these issues relate to stakeholder concerns regarding the un/underserved populations.

Approximately 13.7% of the Inyo County population is Latino and 7% percent of the mental health client population is Latino. The Medi-Cal beneficiary population in Inyo County is 22.5% Latino. The county mental health program continues to look for ways to improve access to this population. It continues to be difficult to recruit licensed bilingual personnel in this county, and alternatives must continue to be explored.

The prevalence data also revealed that fewer Latinos and American Indians are served than predicted. The prevalence data predicts that 21.8%, or 114, Latinos need mental health services. However, only 33 were served. This shows an estimated 81 unserved Latinos in the county. For American Indians, the prevalence data predicts that 58 American Indians need mental health services. However, only 44 were served by Inyo County Mental Health. This shows an estimated 14 unserved American Indians in the county.

Using this same data, there were 20 unserved youth and 20 unserved older adults. This data shows the unduplicated count of clients served but does not address the total number of services clients receive. The next section of this plan will address the estimated need of mental health clients and how many are fully served.

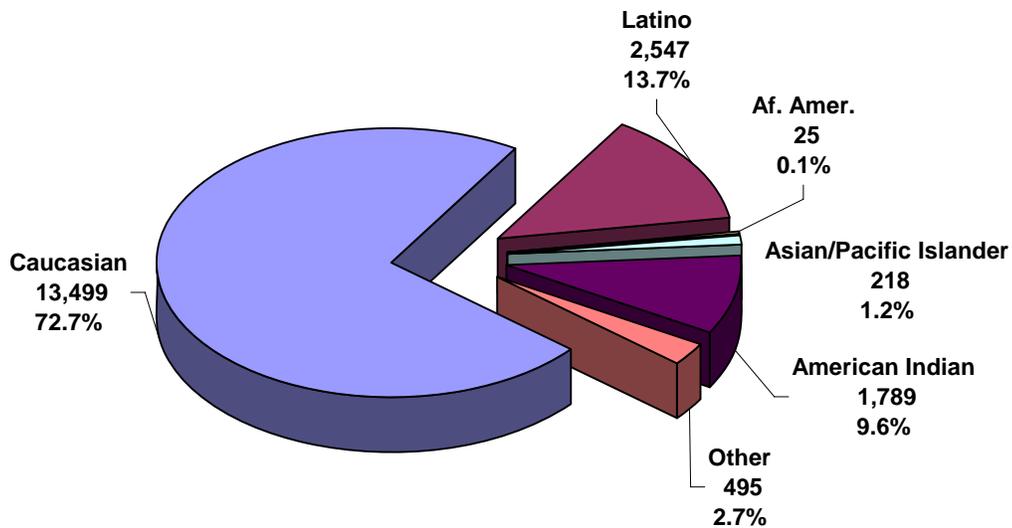
2) Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/ inappropriately served, by age group, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity. (Transition Age Youth may be shown in a separate category or as part of Children and Youth or Adults.)

A discussion of the county population by demographic indicators will be discussed, followed by Chart a, showing the underserved and fully served populations. Several factors impact the number of persons who need MHSA mental health services. We have examined a number of different variables which help to determine the unserved, underserved, and fully served populations in our county.

Inyo County’s updated county population assessment data is shown below. Figure 5 shows the number and percent of persons in Inyo County by race/ethnicity. This data were obtained from the California Department of Finance and show that 72.7% is Caucasian, 13.7% of the county is Latino, less than one percent is African American, 1.2% is Asian/Pacific Islander, 9.6% is American Indian, and other ethnic groups comprise 2.7% of the population.

**Figure 5**  
**Inyo County Residents by Race/Ethnicity**  
**FY 2003/2004**  
**N = 18,573**

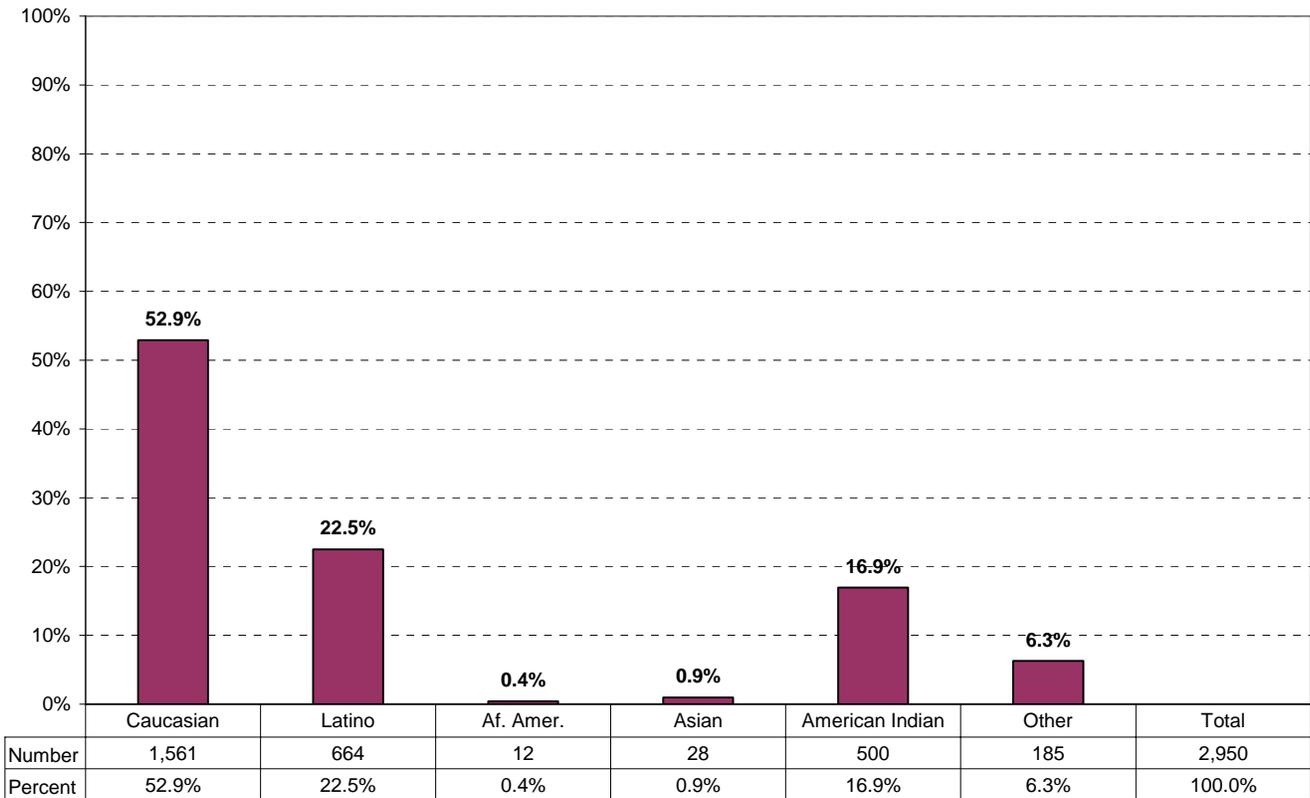
(Source: California Department of Finance - 2004)



The number and percent of Medi-Cal beneficiaries in Inyo County by race/ethnicity for FY 2002/03 are shown in Figure 6. This data is obtained from the California Department of Mental Health and shows that 52.9% is Caucasian and 22.5% of the beneficiary population is Latino. African Americans and Asian/Pacific Islanders are less than one percent of the beneficiary population. American Indians make up 16.9% of the beneficiary population and other ethnic groups comprise 6.3% of the Medi-Cal beneficiary population.

**Figure 6**  
**Inyo County Medi-Cal Beneficiaries by Race/Ethnicity**  
**FY 2002/03**

(Source: California Department of Mental Health)



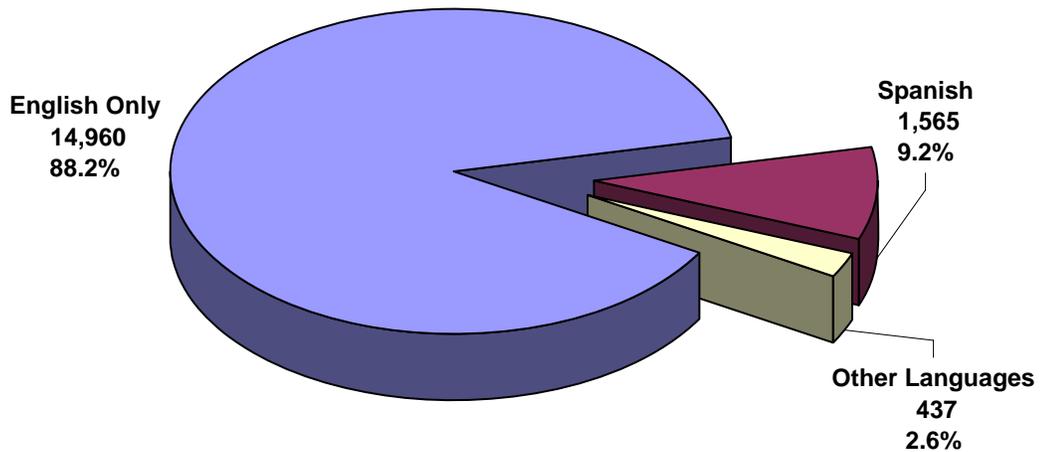
These two figures show that 13.7% of the Inyo County general population is Latino and 22.5% of the Medi-Cal beneficiary population is Latino. African Americans in the general population represent only 0.1% and are 0.4% of the Medi-Cal population. Asian/Pacific Islanders are 1.2% of the general population and 0.9% of the Medi-Cal population. American Indians represent 9.6% of the general population and 16.9% of the Medi-Cal population. Other race/ethnicity groups represent 2.7% of the general population and 6.3% of the Medi-Cal beneficiary population.

Population by Primary Language

Eighty-eight percent of Inyo County residents ages five and older speak only English at home as shown in Figure 7. Nine percent of Inyo County residents speak Spanish at home, while 2.6% speak other languages.

**Figure 7**  
**Inyo County Residents by Language Spoken at Home**  
**Ages 5 years and Older**  
**N = 16,962**

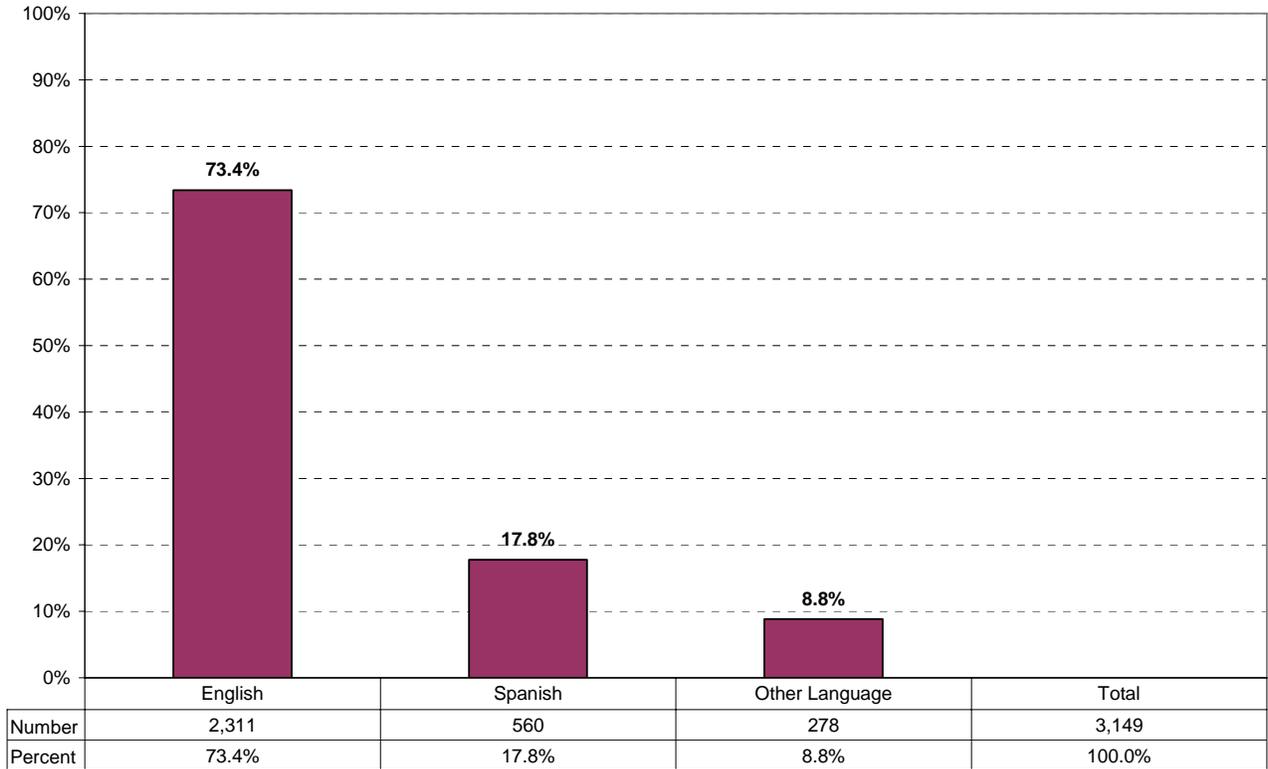
(Source: Census 2000 Summary File 3 (SF 3) Sample Data)



The primary language for Inyo County Medi-Cal beneficiaries in October 2004 are shown in Figure 8. Almost three-quarters (73.4%) of beneficiaries have a primary language of English, 17.8% have a primary language of Spanish, and 8.8% were Other or unspecified languages.

**Figure 8**  
**Inyo County Medi-Cal Beneficiaries by Primary Language**  
**October 2004**

(Source: California Department of Mental Health *Medi-Cal Beneficiaries by Primary Language Report*)



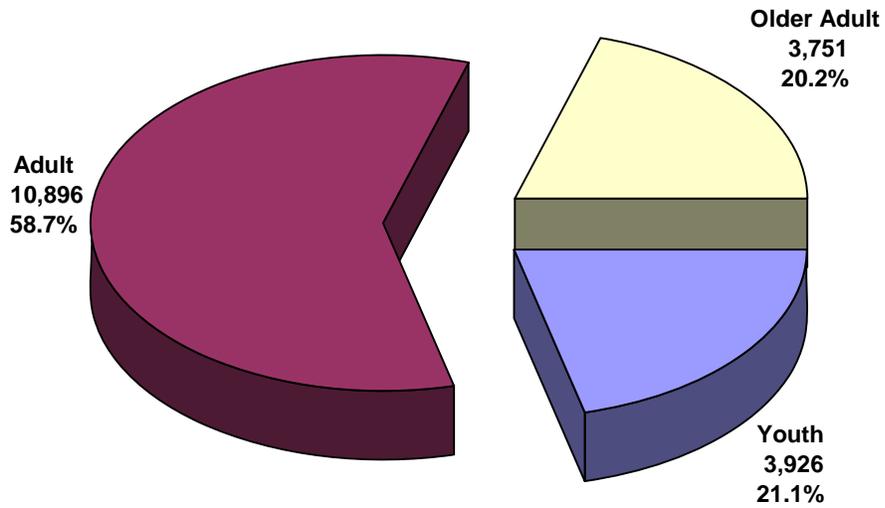
Population by Age

The breakdown of Inyo County residents by age is shown in Figure 9. This data is obtained from the California Department of Finance and shows that 21.1% of the county's general population are youth (ages 0-17), 58.7% are adults (ages 18-64), and 20.2% are older adults (ages 65+).

**Figure 9**  
**Inyo County Residents by Age**  
**FY 2004**

**N = 18,573**

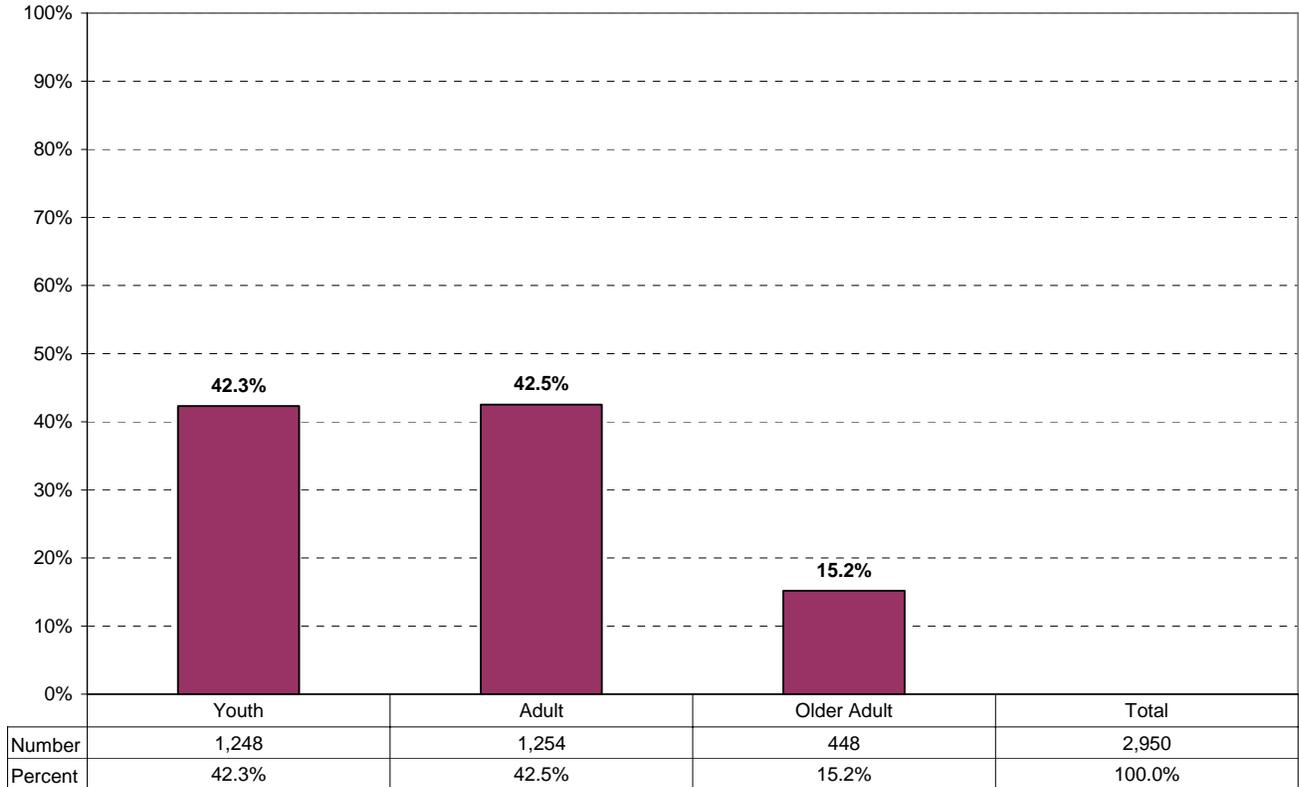
(Source: California Department of Finance - 2004)



The number and percent of Medi-Cal beneficiaries in Inyo County by age for FY 2002/03 are shown in Figure 10. Forty-two percent (42.3%) are 0-17 years of age, 42.5% are 18-64, and 15.2% are ages 65 and older.

**Figure 10**  
**Inyo County Medi-Cal Beneficiaries by Age**  
**FY 2002/03**

(Source: California Department of Mental Health)



Children and youth ages 0-17 represent 21.1% of the general population and 42.3% of the Medi-Cal beneficiary population.

Diagnosis

Clients receiving mental health services in Inyo County had the following types of psychiatric diagnoses:

**Total Number of Mental Health Clients in FY 04/05 (includes Crisis Services)**

	Youth (0-17)	Transition Age (16-25)	Adults (18-59)	Older Adults (60+)	Total Clients
ADHD	31	7	5		36
Anxiety	10	3	29	7	46
Bipolar	15	11	44	7	66
Conduct Disorder	52	22	23	4	79
Depression/Mood Disorder	36	50	155	24	215
Schizophrenia/Psychotic	1	2	68	11	80
Deferred			1		1
Other	4	5	5	4	13
<b>Total Clients</b>	<b>149</b>	<b>100</b>	<b>330</b>	<b>57</b>	<b>536</b>

The mix of diagnoses is representative of most public mental health systems. The most prevalent diagnosis was Depression and Mood Disorder. A range of Conduct Disorders, including Adjustment Disorders with Disturbance of Conduct, is the most common diagnosis for children and youth. For TAY, 50% of the youth have Depression. The majority of adults have depression. The second most prevalent diagnosis for adults was Schizophrenia. The primary diagnosis for Older Adults is depression. In addition, a number of older adults have Schizophrenia.

Crisis and Inpatient Utilization (Fiscal Year 2004/05)

Additional information from the overall analysis of our utilization data includes:

- Approximately 161 people utilized crisis services. Of the 27 youth who received Crisis Services, 23 were Caucasian and 3 Latino. Of the 115 adults who received Crisis Services, 94 were Caucasian and 4 Latino. For older adults, 16 were Caucasian and 3 were other race/ethnicity.
- Of the 47 individual receiving Inpatient Services, 7 were youth, 33 were adults, and 7 were older adults.
- At any given point in time during 2004, there were 8-12 adults receiving local Board and Care facility services.

Unserviced Populations

It is difficult to estimate the number persons who are unserved and underserved. If we were to use the definition of full service partnership, all of our clients would be

considered underserved. However, we utilized existing data to estimate the number of fully served clients. At the present time, we do not gather systematic data to assess clients' need. The data in Chart A are estimates of the fully served and underserved clients who received services in FY 04/05 by age, gender, and race/ethnicity. The table shows an estimate of the number of fully served, underserved, and total served by age, gender, and race/ethnicity.

Inyo County Mental Health has been analyzing the key utilization issue of the amount of service received in relationship to clinical need. While data is available to examine the number of service contacts received by a client, evaluating 'clinical need' is more complex. The concept of underserved implies that a client does not receive all of the services that he/she needs. At the present time, we do not have a systematic method for asking clients questions regarding their need for additional services.

The best 'proxy' is to set a benchmark for the number of services received and assess the number of individuals who received that amount of services. For purposes of this analysis, we have identified twenty-four or more services contacts in a twelve month period as meeting the criteria for 'fully served'. Less than twenty-four (24) service contacts will be considered 'underserved'. It should be acknowledged that some clients only receive a quarterly medication appointment and are successfully living independently with only four service contacts per year (thus could be considered as 'fully served'). However, in attempting to identify 'fully served' populations, we have selected twenty-four (24) as the minimum benchmark. This calculation provides information on the number of clients who averaged two or more services per month for the twelve month period.

As we continue to transform our mental health system, matching the amount of services to the client's needs will become more refined and scientific. The development of this level of evaluation sophistication will enable us in the future to better match clinical need to an appropriately intensive level of service.

*Please note: for the purposes of this document, persons receiving twenty-four (24) or more services in a fiscal year were considered to be 'Fully Served'. All individuals who received less than twenty-four (24) services were considered underserved/inappropriately served.*

**CHART A**

Children & Youth 0-17 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
<b>Total</b>	<b>29</b>	<b>17</b>	<b>46</b>	<b>49</b>	<b>48</b>	<b>78</b>	<b>65</b>	<b>143</b>		<b>3,926</b>	
African American	0	0	0	0	0	0	0	0	0.0%	11	0.3%
Asian-Pacific Islander	0	0	0	0	0	0	0	0	0.0%	54	1.4%
<b>Latino</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>15</b>	<b>10.5%</b>	<b>955</b>	<b>24.3%</b>
American Indian	1	6	7	13	7	14	13	27	18.9%	464	11.8%
<b>Caucasian</b>	<b>25</b>	<b>10</b>	<b>35</b>	<b>29</b>	<b>34</b>	<b>54</b>	<b>44</b>	<b>98</b>	<b>68.5%</b>	<b>2,223</b>	<b>56.6%</b>
Other	0	0	0	2	1	2	1	3	2.1%	219	5.6%

Transition Age Youth 16-25 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
<b>Total</b>	<b>14</b>	<b>10</b>	<b>24</b>	<b>25</b>	<b>31</b>	<b>39</b>	<b>41</b>	<b>80</b>		<b>2,648</b>	
African American	0	0	0	0	0	0	0	0	0.0%	3	0.1%
Asian-Pacific Islander	0	0	0	0	0	0	0	0	0.0%	26	1.0%
<b>Latino</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>15</b>	<b>18.8%</b>	<b>446</b>	<b>16.8%</b>
American Indian	1	3	4	5	6	6	9	15	18.8%	310	11.7%
<b>Caucasian</b>	<b>6</b>	<b>7</b>	<b>13</b>	<b>18</b>	<b>15</b>	<b>24</b>	<b>22</b>	<b>46</b>	<b>57.5%</b>	<b>1,793</b>	<b>67.7%</b>
Other	0	0	0	1	3	1	3	4	5.0%	70	2.6%

Adults 18-59 years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
<b>Total</b>	<b>34</b>	<b>37</b>	<b>71</b>	<b>95</b>	<b>135</b>	<b>129</b>	<b>172</b>	<b>301</b>		<b>9,863</b>	
African American	0	0	0	0	0	0	0	0	0.0%	14	0.1%
Asian-Pacific Islander	0	0	0	0	4	0	4	4	1.3%	139	1.4%
<b>Latino</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>10</b>	<b>5</b>	<b>13</b>	<b>18</b>	<b>6.0%</b>	<b>1,362</b>	<b>13.8%</b>
American Indian	1	3	4	5	8	6	11	17	5.6%	1,021	10.4%
<b>Caucasian</b>	<b>26</b>	<b>26</b>	<b>52</b>	<b>81</b>	<b>106</b>	<b>107</b>	<b>132</b>	<b>239</b>	<b>79.4%</b>	<b>7,121</b>	<b>72.2%</b>
Other	4	5	9	7	7	11	12	23	7.6%	206	2.1%

Older Adults 60+ years old	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
<b>Total</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>15</b>	<b>28</b>	<b>16</b>	<b>33</b>	<b>49</b>		<b>4,784</b>	
African American	0	0	0	0	0	0	0	0	0.0%	-	0.0%
Asian-Pacific Islander	0	0	0	0	2	0	2	2	4.1%	-	0.0%
<b>Latino</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>230</b>	<b>4.8%</b>
American Indian	0	0	0	0	0	0	0	0	0.0%	304	6.4%
<b>Caucasian</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>12</b>	<b>20</b>	<b>13</b>	<b>23</b>	<b>36</b>	<b>73.5%</b>	<b>4,155</b>	<b>86.9%</b>
Other	0	2	2	3	6	3	8	11	22.4%	70	1.5%

All Clients	Fully Served		Total Fully Served	Underserved/ Inappropriately Served		Total Served by Gender		Total Served		County Population	
	Male	Female	Number	Male	Female	Male	Female	Number	%	Number	%
<b>Total</b>	<b>64</b>	<b>59</b>	<b>123</b>	<b>159</b>	<b>211</b>	<b>223</b>	<b>270</b>	<b>493</b>		<b>18,573</b>	
African American	0	0	0	0	0	0	0	0	0.0%	25	0.1%
Asian-Pacific Islander	0	0	0	0	6	0	6	6	1.2%	193	1.0%
<b>Latino</b>	<b>6</b>	<b>4</b>	<b>10</b>	<b>7</b>	<b>16</b>	<b>13</b>	<b>20</b>	<b>33</b>	<b>6.7%</b>	<b>2,547</b>	<b>13.7%</b>
American Indian	2	9	11	18	15	20	24	44	8.9%	1,789	9.6%
<b>Caucasian</b>	<b>52</b>	<b>39</b>	<b>91</b>	<b>122</b>	<b>160</b>	<b>174</b>	<b>199</b>	<b>373</b>	<b>75.7%</b>	<b>13,499</b>	<b>72.7%</b>
Other	4	7	11	12	14	16	21	37	7.5%	495	2.7%

- 3) *Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.*

### **Children / Youth**

All children served by the Inyo County mental health services are considered eligible for a full array of services. Services are provided in field settings within the community, as well as in the clinics. Staff work closely with partners to identify youth with mental health needs. However, there are opportunities for further improvement in the processes to ensure that they are receiving the services needed to address their mental health conditions and achieve positive outcomes. We continue to work to improve the coordination between all social services agencies who are serving children and families. This coordination will enhance outcomes for children and families in foster care, juvenile justice, and in the schools.

As shown in Chart A, 32% of the children and youth, ages 0-17, are considered fully served. This leaves an estimated 68% as underserved. Eight of the 46 fully served children are Latino (8.6%). Also, almost twice as many males are fully served as females. This is consistent for Caucasian and Latino children. For American Indians, 6 of the 7 fully served children are females.

Proportionately fewer Latino children are fully served and overall fewer Latino children are served (10.5% served compared to 24.5% in the county population). At the present time, unserved children include young children ages 0-17 of all ethnic groups; children who are in foster care; youth who are in the juvenile justice system; and, while small in numbers, children who are homeless. Service to improve the conditions and outcomes for children and youth who are considered “high risk” were among the priority issues defined through the needs assessment process and selected for priority attention for programs developed. It is anticipated that at least 3% of these young children will be Latino and 5% will be American Indian.

### **Transition Age Youth**

Nearly every group of respondents who participated in the needs assessment/survey gathering process identified transition age youth as a high priority for MHSA attention. We are very aware of the youth who have “aged” out of the foster care system or have returned from group home placement only to end up homeless, in jail, repeatedly hospitalized, or conserved and continue to be placed out of the county. Skill building to prepare youth for adulthood as they leave foster care or juvenile hall and/or a children’s system of care was identified as a major gap in the services offered. There is also a lack of housing for these Transition Age Youth and few supportive services to assist them in finding employment or continuing their education.

As shown in Chart A, 30% of the Transition Age Youth, ages 16-25, are considered fully served. This leaves an estimated 70% as underserved. Only 7 Latino youth and 13 Caucasian youth were considered fully served. For Latinos, this represents 48.6% of those served. For Latino TAY clients, only males were considered fully served. For American Indian TAY, four of the 18 were considered fully served (22%). Of these, three were female. For Caucasian TAY clients, equal numbers of males and females were fully served. The fully served represent only 28% of those served.

An example of the unserved population is Latino youth who drop out of school. In Inyo County, 7.7% of all Latinos drop out of high school and 5.3% of Caucasians drop out. These are high-risk individuals who have a higher probability of gang involvement and unemployment. Another unserved population for this age group is youth who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ). This age is when youth begin recognizing their sexuality and can benefit from a support system to help them address any questions or fears that they might have. This community has only minimally acknowledged that there may be LGBTQ youth in the schools. A creative approach such as the support of “friends and family of LGBTQ” may be a helpful start in addressing the needs of these individuals.

## Adults

As shown in Chart A, 24% of the adults, ages 18-59, are considered fully served. This leaves an estimated 76% as underserved. Only 6 Latino adults and 18 Caucasian adults were considered to be fully served. For Latinos, this represents 33% of those served. For Latino adult clients, an equal number of males and females were considered fully served. For American Indian adults, four of the 17 were considered fully served (23.5%). Three were female. For Caucasian adult clients, equal numbers of males and females were fully served. The fully served represent only 21.7% of those served.

Several of the persons who are considered fully served reside in the local Adult Residential Facility (ARF). There was great concern expressed by consumers that there are very few options for people in need of this level of support. Further, concerns arose regarding persons who begin to evidence medical issues and are approaching the age limits at the ARF.

The unserved adults in Inyo County include those individuals who are undocumented and/or those who are uninsured or underinsured. Individuals who are geographically isolated are also unserved. Often they are unable to obtain services because of lack of reliable transportation. There are approximately 25-30 homeless adults in the county, with an estimate of 25% with a serious mental illness. The percentage increases significantly with the inclusion of co-occurring substance abuse issues. These individuals are also unserved or underserved.

## Older Adults

As shown in Chart A, 12% of the older adults, ages 60+, are considered fully served. This leaves an estimated 88% as underserved. There were no Latino older adults served. There also were no American Indian older adults served. For Caucasian older adult clients, 4 of the 36 older adults were fully served (11%). Three of the four fully served older adults were females.

At the present time, few older adult individuals directly access public mental health services (N=49). The Mental Health Psychiatrist, with expertise and passion in the area of Geriatric Psychiatry, does work with the local Area Agency on Aging Linkage's program and provides consultation to their agency staff to identify and support older adults with mental health needs. While considered "social work" as opposed to "mental health" services, this strategy provides identification and assistance for this population. Older adults with the greatest need are then provided medication services, or consultation is provided with primary care physicians to meet this need. One barrier to further mental health services is that older adults seen through the Linkages Program may not receive mental health case management services (program limitation). Mental Health case management and counseling services are limited. One of the further barriers to services is the stigma attached to mental illness and a lack of recognition of mental illness among family members and seniors. Improving access to services for this population is a priority for the MHSA.

## Rural and Non-English Speaking Individuals

Latinos are underserved in this community. Barriers to serving this population may include the following: 1) the difficulty of the system recruiting and retaining mental health professionals who reflect the culture and language needs of our communities; 2) the failure of treatment approaches to meet the cultural needs of the Latino population; and 3) the lack of information on mental illness and mental health services. Improving access to the Latino population is a high priority for the MHSA.

- 4) *Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.*

As evident in Chart A above, most of the individuals who receive mental health services are underserved. There are few persons in the current mental health system that are fully served at this time, indicating that most clients received less than twenty-four (24) contacts in a fiscal year.

Using these criteria, over 370 clients (75%) are underserved/inappropriately served. This data was consistent for all ages, genders, and race/ethnicity groups. The county's sole threshold language is Spanish. For the Latinos who received services, 70% were underserved/inappropriately served. This trend was consistent across all

age groups and for both males and females. In addition, only half as many Latinos access services than expected.

As noted above, if we were to use the MHSA FSP definition of fully served, all of our clients would be considered underserved. In addition to examining data to assess persons who are underserved/ inappropriately services, the number of persons who are *unserved* in the county is also important. The prevalence data show that fewer people are being served than expected for youth, older adults, and the Latino population. The MHSA funding provides the county with an opportunity to improve access and increase the total number of persons in the county who receive mental health services.

A number of objectives have been identified for MHSA Services:

1. To improve access for Latinos, American Indians, and other race/ethnicity groups. In order to successfully meet this objective, we have a goal of hiring staff, consumers, and family members who are bilingual and bicultural. This accomplishment will help remove the barriers to access for culturally-diverse populations.
2. To deliver services in collaboration with other community organizations and co-locate services whenever possible. Our mental health program is integrated with our substance abuse services. This results in the Behavioral Health Division of Health and Human Services. In addition, Behavioral Health is co-located with Adult Protective Services, In-Home-Health Services, Child Protective Services and the Woman, Infant, Children's (WIC) program. This co-location makes it easy for individuals to access several different programs at one convenient location.
3. To deliver services in the individual's community. Outreach and engagement activities and system development services will require that staff further deliver services in the individual's home and offer services in our rural community settings (e.g., churches, senior centers, schools, and other communities outside of Bishop).
4. To reduce disparities in services for the Latino population, including monolingual Spanish-speaking individuals. It is our objective to reduce disparities and continue to improve cultural competence in our services. The MHSA services will engage and serve Latinos, with a goal that 20% of new MHSA clients are Latino.
5. To increase the number of bicultural mental health staff by hiring more Latino individuals who are bilingual and bicultural, when possible, as well as hiring more American Indian staff.

6. To conduct cultural competence training programs for mental health staff and collaborative community partners.
7. To provide culturally and linguistically appropriate services for Latino family members.
8. To develop outreach and education activities focused on providing information about mental health services for groups and organizations known to serve high numbers of Latinos.

### **Section 2.3 Identifying Initial Populations for Full Service Partnerships**

- 1) *From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.*

Our comprehensive planning process shaped the selection of the two full service partnership populations for the first three year funding cycle. Through broad stakeholder input, work group recommendations, and Leadership Committee decisions, the final priorities were identified. Within the first three years of the MHSA, Inyo County will develop Full Service Partnership programs for two age groups. These Full Service Partnership programs will be initiated in Year II, with full implementation in Year III. The two Full Service Partnership programs will serve:

- Transition Age Youth (ages 16-25) (Work Plan II); and
- Adults (ages 18-59) (Work Plan III).

These two Full Service Partnership programs will be described below.

We do not feel that we have adequate funding to develop full service partnerships for all four populations. Children ages 0-17 and older adults (ages 60+) will receive funding to conduct outreach and engagement activities and system development services to this underserved population. As we develop subsequent CSS plans, we will expand our full service partnership programs to include children and older adults.

#### **Children (Ages 0-17) (Work Plan I)**

As stated above, children (ages 0-17) services will receive funding to conduct outreach and engagement activities and system development services to these underserved populations. This will allow us to further identify strategies to

successfully meet the needs of these populations. We are proposing the use of a Parent Partner as part of our outreach to children and families in order to increase our engagement of families. As we develop subsequent CSS plans, we will expand our full service partnership programs to include services for children. While there was strong advocacy within each age group, the Leadership Committee made the difficult decision to prioritize Full Service Partnerships to TAY and adults first.

### **Full Service Partnership: Transition Age Youth (Ages 16-25) (Work Plan II)**

Inyo County will develop a Full Service Partnership Transition Age Youth Team to serve youth ages 16-25 (often with co-occurring mental health and substance abuse disorders) who are currently not served, who are not adequately served, or who are at risk. From Chart A, 18.8% of the TAY currently served are Latino, but only 8.8% are Fully Served. For American Indians, only four of 15 are fully served (26.6%). Similarly, 57.5% of the TAY served are Caucasian, with 16.3% Fully Served. As supported by the data and stakeholder input, the TAY Program will focus on seriously emotionally disturbed Transitional Age Youth (ages 16-25) who meet the following criteria:

- (1) Individuals who have a serious emotional disturbance and who have experienced school disciplinary problems, are likely to drop out of school, are at risk of out-of-home placement, are involved in the criminal or juvenile justice system in the past year, or are homeless; and/or
- (2) Individuals who are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, residential care, or out-of-home placement, due to their mental health diagnosis; and/or
- (3) Individuals who are ready to be released from juvenile hall or residential placement (e.g., foster care, group homes) and are returning to the community and have inadequate services and supports to successfully transition to adulthood.

The core factors which will be used to identify TAY will be those youth ages 16-25 that are within six months of being released from juvenile hall, or returning to the community from an out-of-home placement. This population will also include those youth ages 16-25 that are aging out of the juvenile justice or child welfare systems. As youth turn 18, many do not receive and/or access mental health services from the adult mental health program for several years. As a consequence, they frequently become homeless, hospitalized, or enter the adult justice system before seeking mental health services. Many of these youth have co-occurring substance abuse disorders.

High priority will be given to serving TAY who are Latino and American Indian, as well as those who are at risk of psychiatric hospitalizations and/or homelessness. Youth with co-occurring disorders (mental health and substance abuse) will also be a priority for services. We will provide Full Service Partnership services to at least one (1) Transition Age Youth in Year II and an additional two (2) will be served in

Year III, for a total of 3 individuals served in Full Service Partnership by the end of Year III.

Ethnic disparities will be reduced by the following strategies:

- (1) The team staffing pattern will include at least one bilingual/bicultural staff person and/or peer mentor.
- (2) Staff consultations and team supervision will provide opportunities to discuss culturally appropriate options for care.
- (3) Team staff, including community partners, will receive regularly scheduled training on issues related to cultural competence.

Individuals and families served will “drive” the plan of care with attention paid to personal choices, including cultural issues such as location of housing. Services will develop and build upon the youth’s skills and staff will work with the youth to develop resiliency skills to be able to respond to the varied challenges of life.

### **Full Service Partnership: Adults (Ages 18-59) (Work Plan III)**

Inyo County will develop a Full Service Partnership Adult Team to serve adults ages 18-59 (often with co-occurring mental health and substance abuse disorders) who are currently not served, or who are not adequately served, or who are at risk. From Chart A, 6.0% of the adults currently served are Latino, but only 2.0% are fully served. For American Indians, only four of 17 are fully served (23.5%). Similarly, 79.4% of the adults served are Caucasian, with 17.3% fully served.

At the present time, a level of concern exists that some adults with a serious mental illness receive fewer mental health services than what would be required to optimize levels of functioning. Some individuals continue to be sustained through traditional medication management and case management services. Ideally, more intensive levels of support both in frequency and the array of service options could enhance levels of functioning and overall quality of life. Those individuals who are at risk of hospitalization, those with co-occurring disorders, and those involved in the criminal justice system represent the unserved and underserved adults in this county. Some of these individuals may also be at risk of hospitalization and/or homelessness.

The three populations in Inyo County which will be identified for the Adult Full Service Partnership Program are:

- (1) Adults who have been admitted to a psychiatric hospital in the past two years, or are at risk of hospitalization; and/or
- (2) Adults with co-occurring mental health and substance abuse disorders; and/or
- (3) Adults with a serious mental disorder who have been involved in the criminal justice system in the past year or have been in out-of-home placement and are being discharged into the community.

At least one (1) adult will be served in the Full Service Partnership program in Year II and an additional two (2) will be served in Year III, for a total of 3 individuals served in Full Service Partnership by the end of Year III.

Ethnic disparities will be reduced by the following strategies:

- (1) The team staffing pattern will include a ratio of bilingual/bicultural mental health staff.
- (2) Staff consultations and team supervision will provide opportunities to discuss culturally appropriate options for care.
- (3) Team staff, including community partners, will receive regularly scheduled training on issues related to cultural competence.

Individuals and families served will drive the plan of care with attention paid to personal choices, including cultural issues such as location of housing. Services will develop and build upon the individual's skills and will focus on hope and recovery while developing skills to be able to respond to the varied challenges of life.

#### **Older Adults (Ages 60+) (Work Plan IV)**

Older adults (ages 60+) will receive funding to conduct outreach and engagement activities and system development services to these underserved populations. This will allow us to further identify strategies to successfully meet the needs of these populations. We are proposing a contracted part time clinician position as part of our outreach and engagement services to older adults in order to increase the mental health component of services offered to older adults. As we develop subsequent CSS plans, we will expand our full service partnership programs to include services for children and older adults. While there was strong advocacy within each age group, the Leadership Committee made the hard decision to prioritize Full Service Partnerships to the TAY and Adults first.

#### **System Level Plan to Reduce Ethnic Disparities**

It is anticipated that through the MHSa program service expansions, individuals can be encouraged to complete their education and participate in functional daily activities, and obtain employment. The Full Service Partnership programs will develop services and programs directed at the cultural and behavioral needs of these individuals to ensure that Inyo County Mental Health has an impact on the ethnic disparities in this county.

Inyo County Mental Health is committed to develop and deliver culturally sensitive services and programs which provide linguistically appropriate services to individuals in our community. While we are in the process of developing a culturally competent mental health system with improved access for Latinos and American Indians, some ethnic disparity still occurs. We will strive to reduce ethnic disparities in this community by hiring bilingual, bicultural staff whenever possible, by embracing and

implementing the values of our cultural competence plan, and through ongoing training at all levels of the organization. One strategy for increasing the success in the hiring and retention of a bilingual clinician is to employ a clinician on a ten hour per week contract as opposed to as a county employee. It is our hope to attract qualified staff from a small pool of local bilingual clinicians who are presently involved in other employment in the community.

The MHSA services will create excellent opportunities to link and coordinate services with community partners and cultural leaders. This coordination will improve access and deliver services to Latinos and American Indians, as well as persons from other ethnic communities.

## **Section 2.4 Identifying Program Strategies**

- 1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in **each** applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSA. No separate response is necessary in this section.*

All Full Service Partnership programs will only utilize the strategies outlined in the MHSA CSS document.

## **Section 2.5 Assessing Capacity**

- 1) Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.*

The Mental Health staff members are predominately Caucasian. At the present time, we have three direct service staff who are American Indian and one who is Asian. One of our staff speaks Tagalog. There are no full time Latino bilingual, bicultural direct service providers working on our staff at the present time, although we do have one contracted bilingual and bicultural local Latino provider of clinical services. We also are fortunate to have the Bilingual Consumer Advocate employed as part of our CSS Planning process. She has been extremely helpful in identifying needs and reaching out to the Latino community for input. Finally, we have access to 12 hours per week of a Latino bilingual, bicultural Office Assistant who is employed by the Woman, Infant, and Children's Program (WIC). Latinos and American Indians are underrepresented in our service delivery system, as are other race/ethnicity groups. A comparison of staffing and the population reflects a disparity between the Latino population and mental health provider staffing.

- 2) Compare and include an assessment of the percentages of culturally, ethnically, and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the county and the total population currently served in the county.

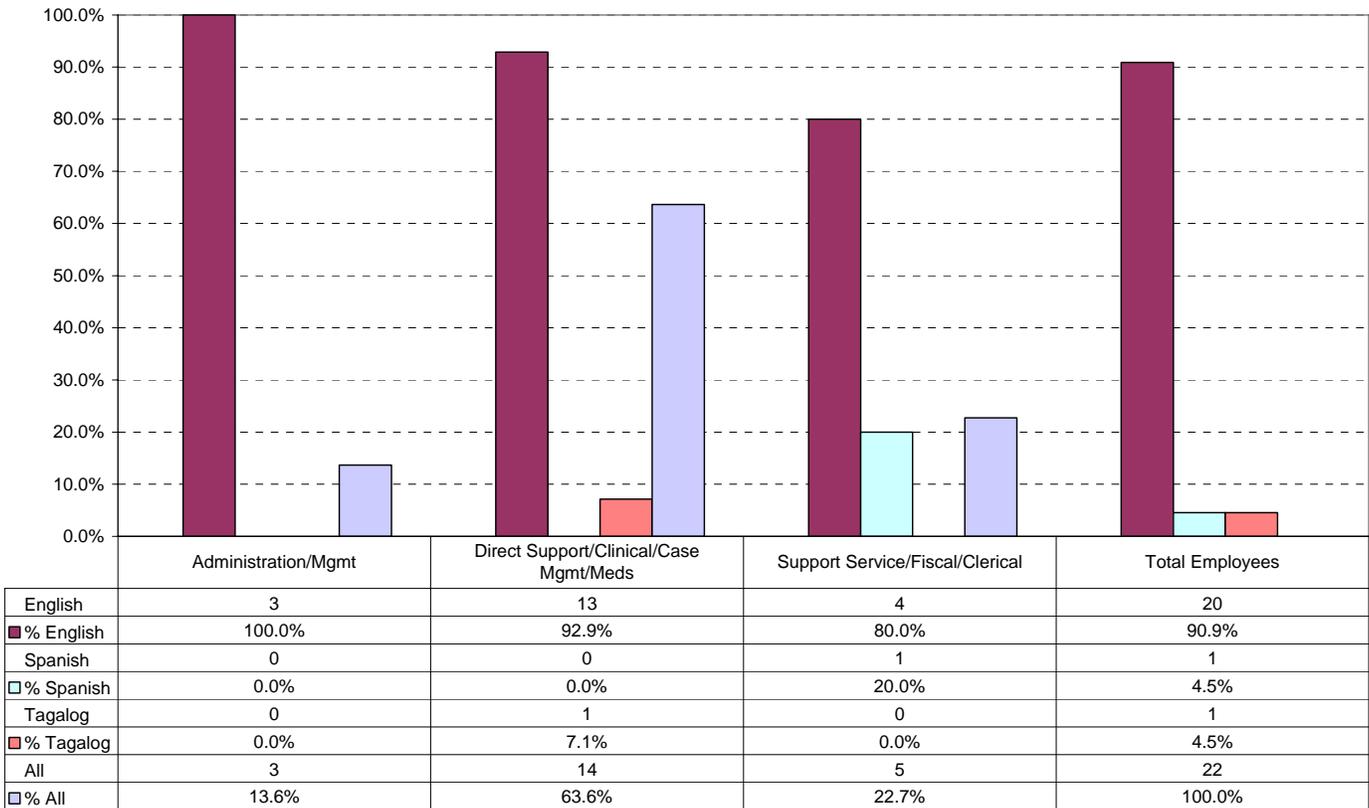
The race/ethnicity of twenty (20) mental health staff in Inyo County is shown in Figure 11. Of the three administrative/management staff, three are Caucasian. Of the 13 direct service staff, 9 (69.2%) are Caucasian, all are American Indian (23%) and one is Asian (7.7%). Of the four full time support service staff, all four are Caucasian (100%). We have one contract psychiatrist who is also Caucasian.

**Figure 11**  
**Inyo County Mental Health**  
**Staff Composition by Race/Ethnicity**  
**As of November 2005**



Staff by language spoken is illustrated in Figure 12. Ninety-one percent of staff are English-only speakers, while 4.5% are bilingual Tagalog speakers. We do not have full-time staff who speak Spanish, although we have access to one bilingual, bicultural staff member 12 hours per week who spends the balance of her time working within the Women, Infant, Children Program. We continually try to recruit bilingual, bicultural Spanish speaking staff.

**Figure 12  
Inyo County Mental Health  
Staff Composition by Language (Duplicated Count)  
As of November 2005**



- 3) *Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or on Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/wellness/resiliency and cultural competence principles and approaches, need to increase collaborative efforts with other agencies and organizations, etc.*

Our biggest barrier to implementation will be in hiring ethnically diverse staff. We are geographically isolated and it is difficult to recruit licensed staff to our small county. In addition, we have a high cost of living and scarcity of housing, which creates additional barriers to hiring qualified bilingual, bicultural staff and licensed clinical staff. We will continue to identify creative opportunities to recruit bilingual, bicultural staff.

Further, we continue to look for ways to partner with Toiyabe Indian Health Services to increase community services to the American Indian population. Toiyabe Family Services has also continued to struggle with a shortage of clinical staff, as well as experiencing funding restraints.

We do have a number of consumer/family members who have expressed an interest in working at the paraprofessional level. Some of these individuals have been identified through the MHSA planning process. While these individuals will need to receive training and support, we are pleased that we have already begun to identify individuals to work with us to implement our CSS Plan, when we are approved for funding. This exciting opportunity, however, also presents a challenge that is related to the small size of the treatment community and limited alternatives for support of these consumers and family members in their own potential ongoing treatment needs. We will need to implement additional procedures to protect privacy and avoid conflict of interest. Further, it may also be somewhat difficult to recruit bilingual, bicultural family members, but we will work with our cultural communities to find individuals who are interested in joining our team. We anticipate that the development of our wellness centers will provide the opportunity for clients to develop vocational skills and an interest in working within our mental health system. This will enhance our capacity to hire consumers to help deliver MHSA services.

Our staff have made some significant strides in learning about resiliency for children and recovery for adults and working toward transforming our system. We will continue to help staff access training on implementation strategies, housing, job coaching, and developing creative, community-based services. Because of our remote location, it is often difficult to attend training in Sacramento and Southern California locations. Also, travel time to the training is significant, causing staff to be out of the office for five days for a three-day training (due to travel time). With our small number of staff, this absence puts additional burden on staff who do not attend

the training. On a positive note, our current case coordinators/ case managers have always utilized creative ways to support consumers and are very motivated to employ recovery principles and a “whatever it takes” approach to assisting consumers.

In spite of the barriers due to our remote location, we will continue to access trainings and other educational opportunities such as immersion training, site visits, and implementation of recovery materials as they become available. We will fully support staff participation in these opportunities.

The Children’s System of Care has provided an excellent model for developing collaborative relationships with allied agencies. Our multi-agency team has worked closely together for several years to meet the needs of children and families in our system. We have also begun developing a strong older adult team which includes the Inyo Mono Area Agency on Aging Linkages program, APS, IHSS, Public Guardian, local Skilled Nursing facilities, and LPS. Dr. Schneider, our Psychiatrist, provides consultation to some members of this group. Mental health staff have historically had somewhat limited involvement on the team because of other time commitments and large caseloads.





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

Fiscal Year : 2007/08

County: INYO		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	Childrens Services Team			\$ 36,105	\$ 36,105	\$ 36,105			
2	Transition Age Youth	\$ 69,072	\$ 69,072		\$ 138,143		\$ 138,143		
3	Adults	\$ 67,035	\$ 67,035		\$ 134,070			\$ 134,070	
4	Senior Services			\$ 71,129	\$ 71,129				\$ 71,129
0	0				\$ -				
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		\$ 136,107	\$ 136,107	\$ 107,234	\$ 379,447	\$ 36,105	\$ 138,143	\$ 134,070	\$ 71,129

NOTE: These \$ amounts do not include the Adm Bud.\$'s, however they do include the one-time CCS funds. G.Ernst

**EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW**

<b>Number of individuals to be fully served:</b>									
FY 2005-06: Children and Youth: <u>0</u> Transition Age Youth: <u>0</u> Adult: <u>0</u> Older Adult: <u>0</u> TOTAL: <u>0</u>									
FY 2006-07: Children and Youth: <u>0</u> Transition Age Youth: <u>1</u> Adult: <u>1</u> Older Adult: <u>0</u> TOTAL: <u>2</u>									
FY 2007-08: Children and Youth: <u>0</u> Transition Age Youth: <u>3</u> Adult: <u>3</u> Older Adult: <u>0</u> TOTAL: <u>6</u>									
PERCENT OF INDIVIDUALS TO BE FULLY SERVED									
Race/Ethnicity	% Unserved				% Underserved				%TOTAL
	%Male		%Female		%Male		%Female		
	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	
<b>2005/06</b>									
% African American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Asian Pacific Islander	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Latino	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% American Indian	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Caucasian	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Population	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>2006/07</b>									
% African American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Asian Pacific Islander	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>% Latino</b>	<b>8.25</b>	<b>10.0</b>	<b>8.25</b>	<b>10.0</b>	<b>8.25</b>	<b>10.0</b>	<b>8.25</b>	<b>10.0</b>	<b>33.0</b>
<b>% American Indian</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>33.0</b>
<b>% Caucasian</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>33.0</b>
% Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Population</b>	<b>24.75</b>		<b>24.75</b>		<b>24.75</b>		<b>24.75</b>		<b>100.0</b>
<b>2007/08</b>									
% African American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% Asian Pacific Islander	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>% Latino</b>	<b>8.25</b>	<b>10.0</b>	<b>8.25</b>	<b>10.0</b>	<b>8.25</b>	<b>10.0</b>	<b>8.25</b>	<b>10.0</b>	<b>33.0</b>
<b>% American Indian</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>33.0</b>
<b>% Caucasian</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>8.25</b>	<b>0.0</b>	<b>33.0</b>
% Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Population</b>	<b>24.75</b>		<b>24.75</b>		<b>24.75</b>		<b>24.75</b>		<b>100.0</b>

## Section 2.6a Summary Information on Programs to be Developed or Expanded

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

Please see Exhibits 1, 2, and 3.

- 2) *The majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period. (Small counties are exempt from this requirement until Year 3 of the three-year plan.) Please provide information demonstrating that this requirement has been met.*

As a small county, we are exempt from the requirement that the majority of the budget is spent on Full Service Partnerships until the third year. As shown in Exhibit 2, in the third year the majority of our requested funds are allocated to our two Full Service Partnership programs.

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

It is estimated that Inyo County will not be able to serve individuals in FY 2005/06 because of our late start date. However, we anticipate serving 15 individuals in FY 2006/07, and 15 individuals in FY 2007/08. Of these individuals, we expect to serve 2 as Full Service Partnerships in FY 2006/07 and 6 as Full Service Partnerships in FY 2007/08.

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

It is estimated that Inyo County will not be able to serve individuals through outreach and engagement strategies in FY 2005/06 (see #3 above). However, we anticipate reaching 25 in FY 2006/07, and 30 in FY 2007/08.

- 5) *For children, youth, and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section 18250, or provide substantial evidence that it is not feasible in the county in which case counties should explore collaborative projects with other counties and/or appropriate alternative strategies. Wraparound programs must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services already exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.*

Inyo County does not currently have Wraparound services in our county. We do work very closely with our Child Protective Services program to deliver coordinated and comprehensive services to our high-risk children and youth. We also have had several conversations about possible strategies for beginning a Wraparound

program. However, to date, we have not been able to work out the details to implement this valuable program. We plan to utilize technical assistance available through the California Department of Social Services to continue this conversation with our local programs. We also plan to continue to work closely with Child Protective Services and probation to keep children and youth at home, when possible, and to bring children back to the community in a timely manner.

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

County: Inyo	Fiscal Year: 2005/06 – 2007/08	Program Work Plan Name: <b>Children’s Services Team</b>
Program Work Plan #: 1		Estimated Start Date: June 2006
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Inyo will utilize the Children’s Services Team to provide family-based services to children and families who are unserved or underserved. These services will be family centered, strength-based, needs-driven, and utilize best practice models of service delivery. The program will utilize general System Development and Outreach and Engagement funds to improve services for children and families. This will help to change our service delivery model, and build transformational programs and services.</p> <p>The Children’s Services Team will help reduce ethnic disparities, provide education and advocacy services, and values-driven, evidence-based practices to address each child’s and family’s needs. These services will offer integrated services for clients and families.</p> <p>System Development funds will be used develop the core services and Outreach and Engagement funds will be used to offer outreach services to engage persons who are currently unserved. Because of limited funding, we will not be able to develop a full service partnership (FSP) program for children and families during the initial three year funding period. We will develop these services beginning in Year IV.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>Children ages 0-17 who have a serious emotional disturbance and</p> <ul style="list-style-type: none"> <li>(1) have experienced school disciplinary problems or academic failure, are at risk of dropping out of school, out-of-home placement, or involved in the criminal or juvenile justice system in the past year; and/or</li> <li>(2) are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, crisis services, residential care, or out-of-home placement, due to their mental health diagnosis; and/or</li> <li>(3) are at-risk and are ready to be released from juvenile hall or residential placement (e.g., foster care, group homes).</li> </ul>	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Outreach and Engagement</b> – Staff will work closely with schools, child welfare services, and placement agencies to identify children who qualify for the program. Special attention and outreach will occur in the Latino and American Indian communities to address ethnic disparity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination</b> – Staff and/or PSC or Parent Partner (County title: Health and Human Services Specialist) will attend school meetings (IEP) and will provide linkage to services and supports, including assistance with transportation, home visitation, and linkage to supportive services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Planning</b> - Child and family self-directed Wellness Recovery Action Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comprehensive Services</b> – The team will have smaller case loads, be knowledgeable of all children and families, and provide services to meet the needs and outcomes of the child and family.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Collaboration</b> - Based on the child and family needs and expressed goals, team members will work with community partner organizations to deliver services. A coordinated service delivery model will be utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Culturally appropriate services</b> – Culturally appropriate services to reach the Latino and American Indian communities, as well as persons of other racial/ethnic groups. Services will be coordinated with ethnic specific organizations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Education</b> - Education for clients and family members to maximize individual choice about medications, expected benefits, and the potential side effects, as well as alternatives to medications.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence-Based Practices</b> – Values-driven, culturally competent evidence-based or promising clinical services that are integrated with service planning. A wraparound model of	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

services will be utilized. Cognitive Behavior Therapy will be utilized, as appropriate.							
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2) *Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.*

The Children’s Services Team will provide family-based services to children and families who are unserved or underserved. These services will be family-centered, strength-based, needs-driven, and utilize best practice models of service delivery. Services will be voluntary and client-directed to meet the needs of the child and build lasting supports in the community. Services will be delivered in a timely manner and will be sensitive to the cultural needs of each individual.

This strategy will build a transformational program which will be recovery-based and develop resiliency skills for both child and family. The Children’s Services Team will help reduce ethnic disparities, provide education and advocacy services, and utilize values-driven, evidence-based practices to address each child’s and family’s needs.

Initially, System Development funds will be used develop the core services and Outreach and Engagement funds will be utilized to offer outreach services to engage persons who are currently unserved. The Children’s Services Team will offer a broad range of classes and learning opportunities to help individuals to recover and develop the resiliency necessary to achieve positive outcomes.

The program will build upon the existing Children’s System of Care model and community collaboration. Whenever possible, community agencies and organizations, faith-based groups, businesses, and the individual’s natural supports (family, friends, community networks) will work together. Assessments will be strength-based and provide gender and culture-specific evaluations to develop a Wellness Recovery Action Plan for each child and family.

The Children’s Services Team will incorporate evidence-based and best practice models to develop a culturally appropriate, coordinated care plan.

The core outcomes for the children will be:

- At home
- In school
- Out of trouble
- Healthy
- Strong social support network

3) *Describe any housing or employment services to be provided.*

The program will assist the families to resolve housing issues, when possible. This is not a Full Service Partnership program, so these services will be limited.

- 4) *Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.*

This is not a Full Service Partnership program.

- 5) *Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.*

Operating from the philosophies and strategies developed with the Children’s System of Care program models, staff, and family members will work together to foster resiliency. All staff will be trained in the values and techniques to develop resiliency skills. Staff will also be trained in using best practice models.

It is anticipated that staff, Parent Partners, and family members will participate in trainings to develop these system transformation skills. The children’s clinical supervisor will also be actively involved in the implementation of this program to develop and ensure a wellness model of care. Whenever possible, bilingual, bicultural persons will be hired to assure the successful implementation of a culturally competent system.

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

This Children’s program will enhance the existing Inyo County Children’s System of Care. The expansion of services includes serving more youth as they return from out-of-home placement and to provide more comprehensive services to the child and family. The expansion of CSOC will increase services to include younger children and their parents and older youth, while utilizing existing community resources whenever possible. By partnering with local agencies that already have established resources for the ethnic community, we will be able to deliver culturally-sensitive services.

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

Family members will be utilized whenever possible to enhance the work of the Children’s Services Team. These individuals will provide family support, supportive services, linkage to services, and rehabilitation services. Families are critical to encouraging participation in building a supportive environment and engaging them in resiliency efforts and activities.

- 8) *Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal*

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*organizations. Explain how they will help improve system services and outcomes for individuals.*

The Children's System of Care provides an excellent foundation for building collaborative efforts with other stakeholders. This is critical to the success of this program. We will expand already existing partnerships and cultivate broader relationships with allied partners to access benefits and services and to coordinate services with Probation and Social Services. Services will be coordinated to assist families to keep their children home, achieve individual goals, and obtain positive outcomes.

Collaboration with the local churches and other faith-based organizations will help identify services needed and to help reduce stigma associated with mental illness. This collaboration will also help to coordinate services for children and their families who need mental health services. Coordinating services with local cultural leaders will help reduce barriers and increase the likelihood of positive outcomes.

Through close collaboration with allied partners, we can effectively help children be safe at home, stay in school, stay out of trouble, and develop sustaining relationships with their families.

- 9) *Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.*

When possible, Children's Services will hire and include staff that are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community system. We will seek opportunities to train our Children's Services staff in culturally competent service delivery. To be culturally competent requires the entire community to embrace cultural differences and understand cultural heritage. This goal includes not only the Latino and American Indian communities, and other cultures, as well as the lesbian, gay, bisexual, transgender, and questioning community, and the consumer culture. Whenever possible, natural supports in the community will be identified to create the most comfortable environment for the child and family. For example, this may require recruitment of a foster family in an area that matches the culture and language of the individual child/youth.

Program staff will strive to deliver services within the child and family's own community. In addition, the team will place a high value on the relationship between staff and family member and take the time to learn about the family's culture. It is incumbent upon the team to ensure that the approaches they use are culturally appropriate and that outreach to the Latino and American Indian communities is culturally sensitive.

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

The Children's Services program will be sensitive to the child's sexual orientation and have experience in helping youth address and develop their own personhood. We plan to develop support for lesbian, gay, bisexual, transgender, and questioning youth and offer a supportive, safe environment for youth to discuss and develop strategies for building positive gender roles. We anticipate positive outcomes for our youth.

11) *Describe how services will be used to meet the service needs for individuals residing out-of-county.*

As a small community, Inyo County staff have developed networks of resources to meet the needs of clients when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help clients stay in their community of choice, near family and support persons. For individuals residing out of county to return to our community, re-entry will be facilitated in a planned, supportive, and coordinated manner.

12) *If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.*

This is not a Full Service Partnership program.

13) *Please provide a timeline for this work plan, including all critical implementation dates.*

**May – June 2006:** Inyo County will perform pre-hiring activities, general staff training, identify staffing needs, and continue planning discussions with community collaborators.

**June 2006:** Inyo County anticipates plan approval and will begin working with community partners and commence team building strategies.

**June 2006:** Begin outreach and other system development services and expand services.

**June 2007:** By end of second program year, the Children's Services program will be fully staffed.

**June 2008:** By end of third program year, we will begin planning the development of the Children's Services Full Service Partnership program to begin in Year IV.

14) *Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

a) *Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.*

b) *Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.*

15) *A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

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

County(ies):	Inyo	Fiscal Year:	2005-06
Program Workplan #	1	Date:	2/14/06
Program Workplan Name	Children's Services Team: 0-17 yrs of age		
Type of Funding	2. System Development	Months of Operation	1
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
NOTE:For this section Co. will be requesting one time funding				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$0			\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$0	\$0	\$0	\$0
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues		\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
<b>D. Total Funding Requirements</b>				
	\$0	\$0	\$0	\$0
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2005-06

Program Workplan # 1

Date: 2/14/06

Program Workplan Name Children's Services Team: 0-17 yrs of age

Type of Funding 2. System Development

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.00	
<b>C. Total Program Positions</b>		0.00	0.00		\$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.

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

County(ies):	Inyo	Fiscal Year:	2006/07
Program Workplan #	1	Date:	2/14/06
Program Workplan Name	Children's Services Team: 0-17 yrs of age		
Type of Funding	3. Outreach and Engagement	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
NOTE:For this section Co. will be requesting one time funding				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$17,562			\$17,562
c. Employee Benefits	\$8,649			\$8,649
d. Total Personnel Expenditures	\$26,211	\$0	\$0	\$26,211
<b>3. Operating Expenditures</b>				
a. Professional Services	\$718			\$718
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation	\$394			\$394
d. General Office Expenditures	\$136			\$136
e. Rent, Utilities and Equipment	\$1,076			\$1,076
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$318			\$318
h. Total Operating Expenditures	\$2,642	\$0	\$0	\$2,642
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$28,853	\$0	\$0	\$28,853
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
	\$17,438			\$17,438
<b>D. Total Funding Requirements</b>				
	\$46,291	\$0	\$0	\$46,291
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2006/07

Program Workplan # 1

Date: 2/14/06

Program Workplan Name Children's Services Team: 0-17 yrs of age

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Case Manager Coordinator	Svcs. coordinator & direct services provider	0.25	\$48,915	\$12,229
	Parent Partner	Parent partner/advocacy/outreach	0.25	\$21,333	\$5,333
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.50		\$17,562
<b>C. Total Program Positions</b>		0.00	0.50		\$17,562

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):	Inyo	Fiscal Year:	2007/08
Program Workplan #	1	Date:	2/14/06
Program Workplan Name	Children's Services: 0-17 yrs of age	Months of Operation	12
Type of Funding	3. Outreach and Engagement	New Program/Service or Expansion	New
Proposed Total Client Capacity of Program/Service:	0	Existing Client Capacity of Program/Service:	0
Client Capacity of Program/Service Expanded through MHSA:	0	Prepared by:	Gary C. Ernst
		Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>	NOTE:For this section Co. will be requesting one time funding			
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$18,614			\$18,614
c. Employee Benefits	\$9,168			\$9,168
d. Total Personnel Expenditures	\$27,782	\$0	\$0	\$27,782
<b>3. Operating Expenditures</b>				
a. Professional Services	\$761			\$761
b. Translation and Interpreter Services	0			\$0
c. Travel and Transportation	\$417			\$417
d. General Office Expenditures	\$144			\$144
e. Rent, Utilities and Equipment	\$1,143			\$1,143
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$337			\$337
h. Total Operating Expenditures	\$2,802	\$0	\$0	\$2,802
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$30,584	\$0	\$0	\$30,584
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$5,521			\$5,521
<b>D. Total Funding Requirements</b>	\$36,105	\$0	\$0	\$36,105
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2007/08

Program Workplan # 1

Date: 2/14/06

Program Workplan Name Children's Services: 0-17 yrs of age

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Case Manager Coordinator	Svcs. coordinator & direct services provider	0.25	\$51,845	\$12,961
	Parent Partner	Parent partner/advocacy/outreach	0.25	\$22,614	\$5,653
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.50		\$18,614
<b>C. Total Program Positions</b>		0.00	0.50		\$18,614

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.

## CSS Program and Expenditure Budget Narrative

### Children's Services Team

**BUDGET NARRATIVE:** The Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan # 1 and Program Workplan Name; **Children's Services Team: 0-17 yrs of age.** Programs consist of providing Systems Development and Outreach and Engagement services during FY 06-07 and 07-08 (12 months each).

The Department's FY 05-06 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 are found in the System Improvement Funding Budget, Section-Consumer and Family Member Support and the Other One-Time Funding Budget, Section- Client, Family Members and Caregiver Support Expenditures. These expenditures include funds for activities such as Rent Subsidies, Food, Transportation/Travel, Childcare, Education/Training and Flex Funds for other essential client and family member expenses.
2. **Personnel Expenditures** – are based on current County Personnel Salary tables. Salary costs will increase in FY 07-08 by an average of 6% to provide for annual steps and COLA allowances. Employee benefits are based on a 37% rate.

**MH Case Manager Coordinator (.25 FTE, MHSA funded)** - This position will function as a Case Manager responsible for ensuring that mental health services delivered to children and families enrolled in the CSOC program are focused on individual needs. The position provides intensive and frequent service contacts with the child, family, significant others and communities (school systems and others) that children and families are engaged in. The position is an advocate for clients and provide assistance to help individuals gain access to needed services and to obtain positive outcomes and maximize their achievement potential. The position helps the service system to be sensitive to, respectful of, and responsive to the mental health needs of the children's system and family participants. The position is a part of the clinic's current 24/7 crisis services rotation.

**Parent Partner (.25 FTE MHSA-funded)** -This position is a Parent Partner and is a Consumer/Family Member. The position is dedicated to the provision of advocacy for families and their children involved in the MHSA program. The

position will ensure client and family engagement and support in the CSOC program MHA expansion and help families understand and obtain maximum benefit from services available to them. The position will also assist service delivery systems to be sensitive to, respectful of and responsive to the mental health needs of CSOC enrolled clients and their families and assist with a smooth and seamless bridge to transition age youth systems (TAY).

This position will also be assigned Personal Service Coordinator responsibility for access to the 24/7 system for clients and their families.

- 3. Operating Expenditures** – Line items were increased an average of 3% for FY 07-08.
- a. Professional services – \$718 for FY 06-07 and \$761 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant, and computer/IT consultant.
  - b. Translation and Interpreter services – no expenses projected as we anticipate having bilingual, bicultural staff available as MHA program staff.
  - c. Travel and Transportation - \$394 for FY 06-07 and \$417 for FY 07-08. Amounts are based on mileage reimbursement when staff uses their private vehicles, as well as the additional cost of maintaining the County vehicles. Staff will be using newly acquired County vehicles necessary for MHA programs, existing County vehicles, and private vehicles (only according to County policies, if needed). Staff will be traveling to schools, outlying communities, reservations, foster homes, juvenile justice system facilities, hospitals, rural sites, and out-of-county to assure continuity of care.
  - d. General Office Expenditures - \$136 for FY 06-07 and \$144 for FY 07-08. Estimated cost for items such as office supplies and postage.
  - e. Rent, Utilities, and Equipment - \$1,076 for FY 06-07 and \$1,143 for FY 07-08. Estimated cost for rent expense, electricity, water, garbage, custodial service, yard care, and cell phone/pager expenses.
  - f. Medication and Medical Supports – No expenses projected
  - g. Other operating expenses - \$318 for FY 06-07 and \$337 for FY07-08. Estimated cost for insurance, equipment maintenance, advertising, memberships and art and recreation supplies. This will provide funds for miscellaneous expenses incurred during the development and implementation of the program.

**B. Revenues**

It is the County's decision that the program will not project revenues until FY 08-09, since many of the services delivered are of the type that may or may not be Medi-Cal and third party reimbursable and therefore not reliable enough to project or sustain expanded programs at this time. This time period should provide the county with enough experience and data to more accurately project revenues to help maintain and/or possibly expand program in future years. The county does however, intend to collect revenue where and when applicable during years two and three.

**C. One-Time CSS Funding Expenditures**

We are requesting a number of items as one-time expenses including two vehicles; five computers and/or laptops with software; a network printer/copier; upgraded network server; lease payments, utilities, phone system/phones and furniture for the wellness centers including full living room suite, kitchen and laundry set-up, audio-video set-up, recreation room set-up, gardening equipment, storage, land lease and supplies; office furniture; typewriter; phones; cell phones and pagers; and consultation/implementation of an expanded IT program to improve data collection and reporting of client information. These costs have been allocated across the Children's Services Team, Transition Age Youth, Adult and Senior programs. We anticipate spending these funds in FY 06-07 as we are starting up our programs. We have also included flex funding for clothing, food, hygiene, travel and transportation, rent subsidies and employment and education which will be spent in FY's 06-07 and 07-08. For detail of one-time CSS expenses refer to the attached "One-Time CSS Funding" listing.

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

County: Inyo	Fiscal Year: 2005/06 – 2007/08	Program Work Plan Name: <b>Transition Age Youth Service Team</b>
Program Work Plan #: 2		Estimated Start Date: June 2006
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Inyo will develop a Transition Age Youth Team that will provide culturally sensitive services to youth and families who are unserved or underserved. These services will be youth-and family-centered, strength-based, needs driven, and utilize best practice models of service delivery. The program will initially utilize general System Development funds and eventually Full Service Partnership funds to improve services for youth and families. This strategy will help to change our service delivery model and build transformational programs and services.</p> <p>The Transition Age Youth Team will help reduce ethnic disparities, provide education and advocacy services, and offer values-driven, evidence-based practices to address each youth’s and family’s needs. These services will offer integrated services for youth and families. Initially, System Development and Outreach and Engagement funds will be used to develop the core services and to offer outreach services to youth who are currently unserved or underserved. By Year II, youth will be identified for Full Service Partnership (FSP). The FSP will help identified youth and their families achieve their desired outcomes through the delivery of individualized family driven mental health services and supports.</p> <p>The TAY will have access to our wellness centers for specialized TAY services and group activities. We hope to have space identified for activities 3 days per week in the Bishop area; 1-2 days per week in Lone Pine; and at least once per month in Tecopa to serve the diverse areas of the county. In addition, services will be delivered within the individual’s community to provide ‘whatever it takes’ to help these youth transition to adulthood, develop resiliency skills, and live successfully in the community. For Full Service Partnership youth, this program will include flex funds for clothing, housing vouchers, transportation vouchers, group memberships, etc. A range of services will be available based upon the youth’s and family’s needs and desired outcomes. Services will be voluntary and client-directed, strength-based, employ wellness, resiliency principles, address both immediate and long-term needs, and delivered in a timely</p>	

	manner that is sensitive to the cultural needs of the youth and family. Bilingual, bicultural Peer Mentors/ Personal Service Coordinators (PSC) will be hired, whenever possible.
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Youth ages 16-25 who have a serious emotional disturbance and (1) who have experienced school disciplinary problems, are likely to drop out of school, are at risk of out-of-home placement, involved in the criminal or juvenile justice system in the past year, or are homeless; and/or (2) are uninsured or underinsured and who are at serious risk of or have a history of psychiatric hospitalization, residential care, or out-of-home placement, due to their mental health diagnosis; and/or (3) are ready to be released from juvenile hall or residential placement (e.g., foster care, group homes) and are returning to the community and have inadequate services and supports to successfully transition to adulthood.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Outreach and Engagement</b> – Staff will work closely with schools, child welfare services, foster care families, Probation, and other community agencies to identify youth who qualify for the program. Special attention and outreach will occur in the Latino community to address ethnic disparity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination</b> – Staff and/or the Peer Mentors/Personal Service Coordinators (PSC) (County title: Health and Human Services Specialists) will provide linkage to services and supports, including assistance with transportation, development of housing and educational opportunities, and to supportive 24/7 services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Planning</b> – Youth and family self-directed Wellness Recovery Action Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comprehensive Services</b> – The team will have smaller case loads, be knowledgeable of all youth and families, and provide ‘whatever it takes’ to meet the needs and outcomes of the child and family. A wraparound service delivery model will be utilized.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Collaboration</b> – Based on the youth and family needs and expressed goals,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

team members will work with community partner organizations to deliver services.							
<b>Culturally appropriate services</b> – Culturally appropriate services to reach the Latino and American Indian community, as well as persons of other racial/ethnic groups will be available. Services will be coordinated with ethnic specific organizations to coordinate care in the most appropriate manner.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Education</b> – Education for youth and family members to maximize individual choice about medications, expected benefits, and the potential side effects as well as alternatives to medications.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evidence-Based Practices</b> – Values driven, culturally competent evidence-based or promising clinical services that are integrated with service planning, housing, education, social skills, and employment activities. A wraparound service delivery model will be utilized. Cognitive Behavior Therapy will be utilized, as appropriate.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation</b> – Coordination with existing services to assist FSP youth to obtain transportation to needed health and mental health services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The Transition Age Youth Team will provide youth and family based services to youth and families who are unserved or underserved. These services will be strength-based, needs-driven, and utilize best practice models of service delivery.

Initially, Outreach and Engagement and System Development funds will be used develop the core services and to offer outreach services to engage youth who are currently unserved and underserved. during Year II, youth will begin being identified for full service partnership (FSP). The FSP will help identify youth and their families to achieve their desired outcomes through the delivery of individualized, family driven mental health services and supports. These services will provide ‘whatever it takes’ to help these youth reach positive outcomes, transition into adulthood, and achieve positive outcomes within the community.

This strategy will build a transformational program which will be recovery based and develop resiliency skills for both youth and family. The Transition Age Youth Team will help reduce ethnic disparities, provide education and advocacy services, and

offer values-driven, evidence-based practices to address each youth and family's needs. The program will incorporate evidence-based and best practice models to develop a culturally appropriate, coordinated care plan.

A range of services will be available based upon the youth and family's needs and desired outcomes. Supportive housing, promotion of the development of job skills and supportive employment, and assistance to utilize educational resources will be available to the youth.

Services will be voluntary and client-directed, strength-based, and youth-focused to meet the needs of the youth and build lasting supports in the community. Services will be delivered in a timely manner and will be sensitive to the cultural needs of the youth.

The program will build upon the existing Children's System of Care service model and community collaboration to maximize the potential of the Full Service Partnership program. Whenever possible, community agencies and organizations, faith-based groups, businesses, and the individual's natural supports (family, friends, and community networks) will work together. Staffing will include youth as Peer Mentors (two part-time positions 10-20 hours per week at the Health and Human Services Specialist range) and a full time Personal Service Coordinator/Case Manager III position. We will utilize existing clinical staff when possible, as well as other individuals to provide comprehensive coordinated services. Assessments will be strength-based and provide gender- and culture-specific evaluations to develop a Wellness Recovery Action Plan for each youth and family. An additional 10 hour per week contracted bilingual clinician will be shared by the TAY and adult programs to increase access to counseling services.

During Year II, individuals will begin being identified for Full Service Partnership (FSP). Because our MHSA funding is small, we will start "small and smart" in identifying individuals to the FSP. By the end of the second year, we plan to identify at least one (1) youth for the FSPs and to be at full capacity by the end of the third year with three (3) youth and their families identified as FSP.

We will also utilize Peer Mentors to develop a 'buddy system' with youth in out-of-home placement to begin developing the supportive relationships necessary for successful 're-entry' into the county when the youth returns from placement.

The FSP will help youth achieve outcomes through the delivery of individualized youth-and family-driven mental health services and supports. Services will include collaboration with other child-serving agencies; community-based services in the school, home, and other supportive environments; Peer Mentor coordination; clinical and medications services, as needed; services for children with co-occurring substance abuse disorders; benefits advocacy; medical care; and other community resources. The program will provide the necessary housing supports to ensure success for youth and families, including assistance with finding housing, rent

subsidies, and fostering the necessary skills to promote the most independent, least restrictive housing possible in the community.

The core outcomes for the youth will be:

- At home
- In school
- Out of trouble
- Healthy
- Strong social support network

The Transition Age Youth Team will utilize the same facility developed for the Adult FSP, using a different section of the building or scheduling groups at different times of the day/week. This community-based location will help integrate these services into the community and help improve access. The development of a wellness concept in a central location and close to other services will help integrate the program into the community and promote a wellness and recovery philosophy. Youth will be encouraged to spend time at the program and participate in a wide range of activities and classes from which they can choose.

The program goals include community integration, independent living, and improved access to mental health and physical health care. Program objectives include decreased hospitalization, incarceration, and homelessness; and increased education and employment. Therapeutic and support groups will be available at the centers.

Housing and employment services will be a critical component of the Full Service Partnership. We will employ a 'housing first' model, while developing a number of different housing options. This model places a client in a living situation as soon as possible. It does not wait for the client to exhibit "readiness" for living independently; rather, it provides the support necessary to be successful while the client lives in the placement. Supportive housing services will be provided, including supports for independent living, such as permanent and affordable housing. An array of supportive services will be available that are intended to promote housing stability, recovery, and resiliency. Participation in these support services will be voluntary and will not be a requirement for rent subsidies.

Employment and educational opportunities for youth will be developed in partnership with departmental staff, community providers, and Peer Mentors. The program will utilize community organizations to help the individual achieve success. It is expected that opportunities will include competitive work force employment, supported employment, and other options. Staff will work closely with youth to identify and pursue their individual vocational goals. A 'work first' approach will be utilized to place a client at a job site, as soon as possible. This model places a client at a job site and then provides the necessary support and coaching to help the client be successful on the job. It does not require that the client has all of the prerequisites to a job (e.g., resume, professional clothing, interview skills, etc.).

3) *Describe any housing or employment services to be provided.*

Housing and employment services will be a critical component of the Full Service Partnership. We will employ a 'housing first' model, while developing various housing options. Employment and educational opportunities for youth will be developed in partnership with departmental staff, community providers, and Peer Mentors. The program will utilize community organizations to help the individual achieve success.

4) *Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.*

The projected cost per youth for the Full Service Partnership program is \$10,000 per year, based upon experience from other county programs. It is anticipated that this figure will decrease as the individual achieves his/her outcomes over time.

5) *Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.*

Operating from the philosophies and strategies developed with the Children's System of Care program models, staff, Peer Mentors, youth, and family members will work together to foster resiliency. All staff will be trained in the values and techniques of developing resiliency skills. Staff will also be trained in using best practice models to provide quality services.

It is anticipated that staff, Peer Mentors, and family members will participate in trainings to develop these system transformation skills. The children's clinical supervisor will also be actively involved in the implementation of this program to develop and ensure a resiliency and wellness model of care. Peer Mentors will work closely with the family to aid in the full implementation of the recovery and resiliency model. Peer Mentors will serve in a leadership role for the youth to offer a vision of wellness and resiliency. Whenever possible, bilingual, bicultural persons will be hired to assure the successful implementation of a culturally competent system.

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

This Transition Age Youth Team will expand the existing Inyo County Children's System of Care. This collaborative, coordinated model provides an excellent foundation for embracing the values of the MHSA and full service partnership. With the ability to fully utilize flexible funds to provide 'whatever it takes', youth and family members will be able to meet their goals and outcomes. By fully utilizing community agencies, we will be able to deliver culturally sensitive services.

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

Peer Mentors, family members, and the Case Manager III will be an integral part of the Transition Age Youth Team. The Case Manager III position will be a county position with benefits. As Personal Service Coordinator/Case Manager III, they will participate in delivering services and coordinating care from the time a client enters the program, throughout the service delivery program, and until discharge. This individual will provide family support, supportive services, linkage to services, rehabilitation services, and transportation. This position is critical in encouraging participation in supporting families and engaging them in resiliency efforts and activities.

- 8) *Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.*

The Children's System of Care provides an excellent foundation for building collaborative efforts with other stakeholders. This is critical to the success of this program. We will expand on already existing partnerships and cultivate broader relationships in developing a Transition Age Youth Team. This requires the close coordination of resources in this small community. The development of relationships with allied partners to access benefits and services; to improve collaboration with Probation and Social Services, identify affordable housing for the youth, offer services for co-occurring disorders, and coordinated care are all critical for developing a successful wellness and resiliency program and obtain positive outcomes.

- 9) *Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.*

The Transition Age Youth Team will include staff that are bilingual, if possible, and will rely on the youth and family's natural support system. Whenever possible, we will hire staff and Peer Mentors who are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community system. We will seek opportunities to train TAY staff in culturally competent service delivery. To be culturally competent requires the entire community to embrace cultural differences and understand cultural heritage. This goal includes not only the Latino and American Indian communities, and other cultures, as well as the lesbian, gay, bisexual, transgender, and questioning community, and the consumer culture. Whenever possible, natural supports in the community will be identified to create the most comfortable environment for the youth and family.

Program staff will strive to deliver services within the child and family's own community. In addition, the team will place a high value on the relationship between staff, Peer Mentors, Case Manager III, and family members and take the time to learn about the family's culture. It is incumbent upon the team to ensure the approaches they use are culturally appropriate and that outreach to the Latino and American Indian communities is culturally sensitive.

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

The Transition Age Youth Team will be sensitive to the youth's sexual orientation and have experience in helping youth address and develop their own personhood. We plan to offer support to lesbian, gay, bisexual, transgender, questioning individuals in order to offer a supportive, safe environment for youth to discuss and develop strategies for building positive gender roles. We anticipate positive outcomes for our youth.

*11) Describe how services will be used to meet the service needs for individuals residing out-of-county.*

As a small community, Inyo County staff have developed networks of resources to meet the needs of youth when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help youth stay in their community of choice, near family and support persons. For individuals residing out of county and about to return to our community, re-entry will be facilitated in a planned, supportive, and coordinated manner.

*12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.*

All strategies are included in the MHSA guidelines.

*13) Please provide a timeline for this work plan, including all critical implementation dates.*

**April – June 2006:** Inyo County will perform pre-hiring activities, general staff training, and continue planning with community collaborators on housing, wellness center locations, and other services.

**June 2006:** Inyo County anticipates plan approval and will commence hiring and training staff; opening wellness centers; commencing program services; engaging community partners; and program staff will begin to offer system development and outreach and engagement services.

**June 2007:** By the end of the second program year, the Transition Age Youth Program will be fully operational and will have enrolled at least one (1) transition age in Full Service Partnership.

**June 2008:** By the end of the third program year, the Transition Age Youth Program will have enrolled a total of three (3) transition age clients in Full Service Partnership programs.

*14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

*a) Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.*

*b) Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.*

*15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

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

County(ies):	Inyo	Fiscal Year:	2005-06
Program Workplan #	2	Date:	2/14/06
Program Workplan Name	Transition Age Youth: 16-25 yrs of age	Page 3 of 24	
Type of Funding	2. System Development	Months of Operation	1
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
NOTE:For this section Co. will be requesting one time funding				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$0			\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$0	\$0	\$0	\$0
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$0	\$0	\$0	\$0
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2005-06

Program Workplan # 2

Date: 2/14/06

Program Workplan Name Transition Age Youth: 16-25 yrs of age

Page 4 of 24

Type of Funding 2. System Development

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.00	
<b>C. Total Program Positions</b>		0.00	0.00		\$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.

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

County(ies):	Inyo	Fiscal Year:	2006/07
Program Workplan #	2	Date:	2/14/06
Program Workplan Name	Transition Age Youth: (FSP) 16-25 yrs of age		Page 11 of 24
Type of Funding	2. System Development	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	2	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	2	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
NOTE:For this section Co. will be requesting one time funding				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$67,192			\$67,192
c. Employee Benefits	\$33,094			\$33,094
d. Total Personnel Expenditures	\$100,286	\$0	\$0	\$100,286
<b>3. Operating Expenditures</b>				
a. Professional Services	\$2,748			\$2,748
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,506			\$1,506
d. General Office Expenditures	\$520			\$520
e. Rent, Utilities and Equipment	\$4,119			\$4,119
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$1,217			\$1,217
h. Total Operating Expenditures	\$10,110	\$0	\$0	\$10,110
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$110,396	\$0	\$0	\$110,396
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
	\$66,722			\$66,722
<b>D. Total Funding Requirements</b>				
	\$177,118	\$0	\$0	\$177,118
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



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

County(ies):	Inyo	Fiscal Year:	2007/08
Program Workplan #	2	Date:	2/14/06
Program Workplan Name	Transition Age Youth: (FSP) 16-25 yrs of age		Page 19 of 24
Type of Funding	1. Full Service Partnership	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	2	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	2	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>	NOTE:For this section Co. will be requesting one time funding			
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$71,224			\$71,224
c. Employee Benefits	\$35,080			\$35,080
d. Total Personnel Expenditures	\$106,304	\$0	\$0	\$106,304
<b>3. Operating Expenditures</b>				
a. Professional Services	\$2,912			\$2,912
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation	\$1,596			\$1,596
d. General Office Expenditures	\$552			\$552
e. Rent, Utilities and Equipment	\$4,366			\$4,366
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	\$1,290			\$1,290
h. Total Operating Expenditures	\$10,716	\$0	\$0	\$10,716
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	<b>\$117,020</b>	<b>\$0</b>	<b>\$0</b>	<b>\$117,020</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$21,123			\$21,123
<b>D. Total Funding Requirements</b>	\$138,143	\$0	\$0	\$138,143
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



## Transition Age Youth Team

**BUDGET NARRATIVE:** Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan # 2 and Program Workplan Name; **Transition Age Youth Team: 16-25 yrs of age.** Programs consist of providing Systems Development and Outreach and Engagement services for FY 06-07 and expanding to Full Service partnership by the end of FY 07-08.

The Department's FY 05-06 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 budget each 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 are found in the System Improvement Funding Budget, Section-Consumer and Family Member Support and the Other One-Time Funding Budget, Section- Client, Family Members and Caregiver Support Expenditures. These expenditures include funds for activities such as Rent Subsidies, Food, Transportation/Travel, Childcare, Education/Training and Flex Funds for other essential client and family member expenses.
2. **Personnel Expenditures** – are based on current County Personnel Salary tables. Salary costs will increase in FY 07-08 by an average of 6% to provide for annual steps and COLA allowances. Employee benefits are based on a 37% rate.

**MH Case Manager Coordinator (.75 FTE, new MHSA-funded)** – This position will function as a Case Manager and Personal Service Coordinator responsible for ensuring that mental health services delivered in the MHSA program are focused on individual needs, 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 whenever individuals have identified employment as a personal goal. They will be advocates for clients and provide assistance to help individuals gain access to needed services and to obtain positive outcomes and maximize their achievement potential. They will also help the service system to be sensitive to, respectful of, and responsive to the mental health needs of transition age youth systems and family participants. They will advocate for recovery based services and be responsive to requests for services, 24/7.

**Peer Mentors (one .50 FTE and one .25 FTE, new MHSA-funded)** – These positions may be 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.

**Bilingual MH Clinician (.13 FTE)**- 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 help assure that services delivered at the off-site centers are delivered in a manner consistent with the proposed structure for this program and that the focus on the implementation of the recovery model is adhered to.

- 3. Operating Expenditures** – Line items were increased an average of 3% for FY 07-08.
- a. Professional services – \$2,748 for FY 06-07 and \$2,912 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant, and computer consultant.
  - b. Translation and Interpreter services - no expenses projected as we anticipate having bilingual, bicultural staff available as MHSA program staff.
  - c. Travel and Transportation - \$1,506 for FY 06-07 and \$1,596 for FY 07-08. Amounts are based on mileage reimbursement if staffs use their private vehicle as well as the additional cost of maintaining the County vehicles. Staff will be using the newly acquired County vehicles necessary for MHSA program expansion, existing County vehicles, and private vehicles, if needed. Staff will be traveling to schools, outlying communities, reservations, foster homes, criminal or juvenile justice system facilities, hospitals, rural sites, and out-of-county, to assure continuity of care.
  - d. General Office Expenditures -\$520 for FY 06-07 and \$552 for FY 07-08. Estimated cost for items such as office supplies and postage.
  - e. Rent, Utilities, and Equipment - \$4,119 for FY 06-07 and \$4,366 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, yard care, and cell phone/pager expenses.
  - f. Medication and Medical Supports - no expenses projected.

- g. Other operating expenses - \$1,217 for FY 06-07 and \$1,290 for FY 07-08. Estimated cost for insurance, equipment maintenance, advertising, memberships and art and recreation supplies. This will provide funds for miscellaneous expenses incurred during the development and implementation of the program.

**B. Revenues**

It is the County's decision that the program will not project revenues until FY 08-09, since many of the services delivered are of the type that may or may not be Medi-Cal and third party reimbursable and therefore not reliable enough to project or sustain expanded programs at this time. This time period should provide the county with enough experience and data to more accurately project revenues to help maintain and/or possibly expand program in future years. The county does however, intend to collect revenue where and when applicable during years two and three.

**C. One-Time CSS Funding Expenditures**

We are requesting a number of items as one-time expenses including two vehicles; five computers and/or laptops with software; a network printer/copier; upgraded network server; lease payments, utilities, phone system/phones and furniture for the drop-in center including full living room suite, kitchen and laundry set-up, audio-video set-up, recreation room set-up, gardening equipment, storage, land lease and supplies; office furniture; typewriter; phones; cell phones and pagers; and consultation /implementation of an expanded IT program to improve data collection and reporting of client information. These costs have been allocated across the Children's Services Team, Transition Age Youth, Adult and Senior programs. We anticipate spending these funds in FY 06-07 as we are starting up our programs. We have also included flex funding for clothing, food, hygiene, travel and transportation, rent subsidies and employment and education which will be spent in FY's 06-07 and 07-08. For detail of one-time CSS expenses refer to the attached "One-Time CSS Funding" listing.

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

County: Inyo	Fiscal Year: 2005/06	Program Work Plan Name: <b>Comprehensive Adult Services</b>
Program Work Plan #: 3		Estimated Start Date: June 2006
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Inyo will develop a comprehensive adult service system that will include wellness centers. This program will initially utilize general System Development and Outreach and Engagement funds, and eventually Full Service Partnership funds, to improve our adult services program, change our service delivery model, and build transformational programs and services. Wellness centers will help reduce ethnic disparities, and provide peer support, education and advocacy services, and offer values-driven, evidence-based practices to address each person’s special needs and mental health. These services will emphasize recovery and resilience and offer integrated services for clients and families.</p> <p>Initially, System Development funds will be used to develop the core services and Outreach and Engagement funds will offer outreach services to engage persons who are currently unserved. By Year II, individuals will be identified for Full Service Partnership (FSP). The FSP will help individuals achieve their desired outcomes through the delivery of individualized client/family-driven mental health services and supports. These services will provide ‘whatever it takes’ to help these individuals recover and live successfully in the community. Activities will include wellness recovery action planning, peer-led self-help/support groups, supported employment, anti-stigma events, and housing support. Therapeutic and support groups will be available. Further, self sufficiency will be supported through such activities as gardening to both produce products for consumption and teach job-related skills.</p> <p>Services will be voluntary and client-directed, strength-based, employ wellness and recovery principles, and address both immediate and long-term housing needs. These services will be delivered in a timely manner that is sensitive to the cultural needs of the individual. Bilingual, bicultural consumers and/or family members will be hired as PSCs will be hired, whenever possible.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority</i></p>	<p>Adults ages 18-59 who have a serious mental illness and are at risk of hospitalization, involvement in the criminal justice system, and/or homelessness. Priority will be given to those individuals who are currently unserved, inappropriately served, and/or who have a co-occurring diagnosis of substance abuse and/or</p>	

<i>population</i>	medical complications.
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Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Outreach and Engagement</b> – Personal Services Coordinators (PSC) (County title: Health and Human Services Specialists) and staff will meet the individual in the place where he/she resides (a shelter, homeless camp, board and care) and will begin to build a relationship, encouraging discussion and participation in planning and choice.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination</b> – The PSC and/or Case Manager III will attend discharge meetings and will assist in the development of a discharge plan from existing placement. These individuals will provide transition services to ensure individual does not get lost in the system upon discharge from other settings. Coordination of services across multiple agencies will be an ongoing priority for service delivery.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Planning</b> – Client self-directed Wellness Recovery Action Plans will be developed for each FSP client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24/7 Services</b> – The PSC and/or Case Manager III will be available to FSP clients to provide linkage to services and supports, including assistance with transportation and home visitation. The PSC, Case Manager III, and other staff will provide interventions in urgent needs situations, as appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Comprehensive Services</b> – Rehabilitation services including supportive housing, supportive employment services, advocacy, and peer education.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Culturally appropriate services</b> – Values-driven, culturally competent evidence-based or promising clinical services that are integrated with service planning, housing, and employment activities. Services will be integrated with ethnic specific community-based organizations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordinated Services</b> – Coordinated mental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

health and substance abuse services will be available to help individuals recover and thrive. There will also be coordinated services with law enforcement, Probation, and the courts to develop alternatives to incarceration.							
<b>Learning Classes</b> – Education for clients and family members to maximize individual choice about medications, expected benefits, and the potential side effects, as well as alternatives to medications.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Evidence-Based Practices</b> – Values-driven, culturally competent evidence-based or promising clinical services that are integrated with service planning, housing, and employment activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

The Comprehensive Adult Services will build upon existing community collaboration to develop a Full Service Partnership program with community agencies and organizations, local law enforcement agencies, faith-based groups, businesses, and the individual’s natural supports (family, friends, community networks). The Wellness Center component will offer a community-based alternative to our traditional clinic atmosphere that provides a more casual, social, and friendly environment. Staffing will include paid consumers and family members as Personal Service Coordinators (at the county title of Health and Human Services Specialists), a Case Manager III, and existing clinical staff, substance abuse specialists, and other individuals to provide comprehensive coordinated services. Assessments will be strength-based, focus on consumer engagement, and will provide gender and culture-specific evaluations to develop a Wellness Recovery Action Plan with each individual. Therapeutic and support groups will be available.

The Comprehensive Adult Services and Wellness Centers Program will incorporate the values of many evidence-based and best practice models. For example, while we are not implementing an AB 2034 program, we will infuse the concepts and values of this program into our system to meet the needs of individuals who are homeless, as well as all adults needing this comprehensive level of assistance.

Initially, System Development funds will be used to develop the core services and Outreach and Engagement funds will be utilized to offer outreach services to engage persons who are currently unserved. The Wellness Centers will offer a broad range of classes and learning opportunities to help individuals to develop hope and recover and develop the recovery skills necessary to achieve positive outcomes. Activities

will occur three (3) days per week in Bishop, one day per week in Lone Pine, and at least one day per month in Tecopa.

By Year II, at least one individual will be identified for full service partnership (FSP). Because our MHSA funding is small, we will start 'small and smart' in identifying individuals to the FSP. By the end of the second year, we plan to identify at least one (1) individual for the FSP and to be at full capacity by the end of the third year with three (3) persons identified as FSP.

The FSP will help identified individuals achieve their desired outcomes through the delivery of individualized client/family-driven mental health services and supports. Services will include community integration activities; coordination and access to medications, clinical services, substance abuse services, vocational rehabilitation, benefits advocacy, medical care, and other community resources. The program will provide the necessary housing supports to ensure success for program members, including assistance with finding housing, housing vouchers, and foster the necessary skills to promote the most independent, least restrictive housing possible in the community.

Community-based locations for the adult program will be obtained to help integrate these services into the community and help improve access. The development of a wellness center in Bishop in a central location and close to other services will help integrate the program into the community and promote a wellness and recovery philosophy. Locations will also be identified in Lone Pine and Tecopa. Clients and family members will be encouraged to participate in a wide-range of activities and classes. The Wellness Centers will offer outreach efforts by mental health staff. The centers will be a source for referral of homeless individuals in need of mental health services, but who may be reluctant to engage in service delivery in a more traditional office/clinic setting.

The program goals include community integration, independent living, and improved access to mental and physical health care. Program objectives include decreased hospitalization, incarceration, and homelessness; and increased education, employment, and independent living in the community.

Housing and employment services will be a critical component of the Full Service Partnership. We will employ a 'housing first' model, while developing a number of different housing options. Supportive housing services will be provided. An array of support services will be available that are intended to promote housing stability, recovery, and wellness. Participation in these support services will be voluntary and will not be a requirement for eligibility for any rent subsidy or housing voucher. We will also collaborate with community agencies (e.g., In Home Supportive Services) when possible to provide additional support to achieve optimal outcomes. We also plan to learn more about developing housing options in our community, as a long-term strategy.

Employment opportunities will be developed in partnership with other community agencies such as Social Services and businesses. The program will utilize Personal Service Coordinators and a Case Manager III to help the individual achieve success. It is expected that opportunities will include access to a range of options, including traditional competitive work force employment, supported employment, and perhaps a consumer-run business. Staff will work closely with consumers to identify and pursue their individual vocational goals. A 'work first' approach will be utilized to place a client at a job site, as soon as possible. This model places a client at a job site and then provides the necessary support and coaching to help the client be successful on the job. It does not require that the client has all of the prerequisites to a job (e.g., resume, professional clothing, interview skills, etc.).

3) *Describe any housing or employment services to be provided.*

Housing and employment services will be a critical component of the Full Service Partnership. We will employ a 'housing first' model, while developing different housing options. Employment and educational opportunities for adults will be developed in partnership with departmental staff, community providers, and Peer Mentors. The program will utilize community organizations to help the individual achieve success.

4) *Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.*

The projected cost per client for the Full Service Partnership program is \$10,000 per year, based upon experience from other county programs.

5) *Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.*

Operating from the philosophies and strategies developed under the AB 2034 and Children's System of Care program models, staff and members will work together to develop individualized Wellness Recovery Action Plans. The program will look beyond "business as usual" and embrace the concepts of recovery, instilling hope, promoting empowerment, taking responsibility, and securing meaningful roles. Concepts such as wellness, welcoming, harm reduction, 'housing first', 'work first', recovery, and 'whatever it takes', will be promoted throughout the program. It is anticipated that staff, clients, and family members will participate in trainings to develop these system transformation skills. The Behavioral Health Director and/or adult clinical supervisor will also be actively involved in the implementation of this program to develop and ensure a wellness recovery model of care. Part-time Personal Service Coordinators and the Case Manager III will aid in the full implementation of the recovery model. Whenever possible, bilingual, bicultural persons will be hired as Personal Service Coordinators to assure the successful implementation of a culturally competent system.

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

This is a new program for Inyo County Adult Services. The MHSA Comprehensive Adult Services Program will hire consumers and/or family members as Personal Service Coordinators (two part-time positions at the Health and Human Services Range). The Personal Service Coordinators are a critical component of the service team. In addition, these services will expand the traditional clinical model to develop supportive vocational activities, as well as to develop creative housing alternatives and supports for the individuals. The program will utilize flexible funds to provide 'whatever it takes' to help individuals meet their goals as outlined in their Wellness Recovery Action Plans. We will also endeavor to deliver culturally sensitive services in collaboration with community partners and cultural leaders. The development of service locations within the community will promote a wellness concept and help decrease the barriers to accessing mental health services by blending them into other community entities.

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

Clients and family members will be an integral part of the service team. Some clients and family members will be employed Personal Service Coordinators. They will participate in delivering services through outreach and engagement activities from the time a client enters the program, throughout the service delivery program, and until discharge. These individuals will provide peer support, supportive vocational services, linkage to services, rehabilitation services, and transportation, when needed.

- 8) *Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.*

Collaboration with other stakeholders is critical to the success of this program. The development of a comprehensive adult service network of care requires the close coordination of resources in this small community. In order to assist clients to achieve their individual goals and obtain positive outcomes, it is critical that we develop relationships with our Social Services Department, Department of Rehabilitation and local businesses for employment and vocational opportunities; with allied partners to access benefits and services; with landlords and property management to secure safe, affordable housing; and utilizing in-home supportive services. Close communication with law enforcement and courts will help prevent jail utilization and develop alternatives to help keep clients safely in the community.

Collaboration with the local churches will help to identify service need and also help to reduce the stigma associated with mental illness. Coordinating services with the

community and spiritual leaders and traditional healers will help reduce barriers and increase the likelihood of positive outcomes.

Through close collaboration with allied partners, we can be effective at helping individuals remain stable in their housing, gain and/or maintain employment, stay out of jail, reduce substance use, decrease hospitalizations, and develop the skills needed to recover and manage their illnesses.

- 9) *Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.*

Whenever possible, we will hire staff that are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community service system. We will seek opportunities to train our staff in culturally competent service delivery.

To be culturally competent requires the entire community services and leadership groups to embrace cultural differences and understand cultural heritage. This goal includes not only the Latino and American Indian communities, other cultures, as well as the lesbian, gay, bisexual, transgender, questioning community, and the consumer culture.

Program staff will strive to deliver services within the persons' own community. In addition, the team will place a high value on the relationship between staff, client, and family member and take the time to learn about the individual's culture.

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

Adult service staff are sensitive to an individual's sexual orientation and have experience in helping individuals address their own personhood. We will support lesbian, gay, bisexual, transgender, and questioning individuals in order to discuss and develop strategies for promoting positive gender roles and attitudes about sexual and gender issues within the community. In areas such as housing and residential treatment, appropriate advocacy and accommodations will be made based upon personal preferences.

- 11) *Describe how services will be used to meet the service needs for individuals residing out-of-county.*

As a small community, Inyo County staff have developed networks of resources to meet the needs of clients when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help clients stay in their community of choice, near family and support persons. For individuals residing out of county to return to our community, re-entry will be facilitated in a planned,

supportive, and coordinated manner. Additional service coordination to monitor progress and promote a supported return to their community will be available.

12) *If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.*

All strategies are included in the MHSA guidelines.

13) *Please provide a timeline for this work plan, including all critical implementation dates.*

**April – June 2006:** Inyo County will perform pre-hiring activities, general staff training, identifying program supervisors, and continue planning with community collaborators on housing, wellness center locations, and other services.

**June 2006:** Inyo County anticipates plan approval and will commence hiring and training staff; opening wellness centers; implementing program services; engaging community partners; and program staff will begin to offer system development and outreach and engagement services.

**June 2007:** By the end of the second program year, the Comprehensive Adult Services Program will be fully operational and will have enrolled at least 1 adult client in Full Service Partnerships.

**June 2008:** By the end of the third program year, the Comprehensive Adult Services Program will have enrolled a total of 3 adult clients in Full Service Partnerships.

14) *Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

a) *Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.*

b) *Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.*

*15) A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

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

County(ies):	Inyo	Fiscal Year:	2005-06
Program Workplan #	3	Date:	2/14/06
Program Workplan Name	Adults: 18-59 yrs of age		Page 5 of 24
Type of Funding	2. System Development	Months of Operation	1
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>	NOTE:For this section Co. will be requesting one time funding			
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$0			\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$0	\$0	\$0	\$0
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$0	\$0	\$0	\$0
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2005-06

Program Workplan # 3

Date: 2/14/06

Program Workplan Name Adults: 18-59 yrs of age

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Type of Funding 2. System Development

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.00	
<b>C. Total Program Positions</b>		0.00	0.00		\$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.

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

County(ies):	Inyo	Fiscal Year:	2006/07
Program Workplan #	3	Date:	2/14/06
Program Workplan Name	Adults: (FSP) 18-59 yrs of age		Page 13 of 24
Type of Funding	2. System Development	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
NOTE:For this section Co. will be requesting one time funding				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$65,210			\$65,210
c. Employee Benefits	\$32,119			\$32,119
d. Total Personnel Expenditures	\$97,329	\$0	\$0	\$97,329
<b>3. Operating Expenditures</b>				
a. Professional Services	\$2,667			\$2,667
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation	\$1,461			\$1,461
d. General Office Expenditures	\$505			\$505
e. Rent, Utilities and Equipment	\$3,998			\$3,998
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	\$1,181			\$1,181
h. Total Operating Expenditures	\$9,812	\$0	\$0	\$9,812
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$107,141	\$0	\$0	\$107,141
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
	\$64,755			\$64,755
<b>D. Total Funding Requirements</b>				
	\$171,896	\$0	\$0	\$171,896
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2006/07

Program Workplan # 3

Date: 2/14/06

Program Workplan Name Adults: (FSP) 18-59 yrs of age

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Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Case Manager Coordinator	Svcs. coordinator & direct services provider	0.75	\$46,309	\$34,701
	Personal Svcs. Coordinator	Pers.svcs.coordinator/advocacy/outreach	0.25	\$21,327	\$5,332
	Personal Svcs. Coordinator	Pers.svcs.coordinator/advocacy/outreach	0.50	\$32,667	\$16,333
	MH Clinician-Bilingual	Bilingual direct services provider	0.13	\$70,752	\$8,844
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	1.63		\$65,210
<b>C. Total Program Positions</b>		0.00	1.63		\$65,210

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):	Inyo	Fiscal Year:	2007/08
Program Workplan #	3	Date:	2/14/06
Program Workplan Name	Adults: (FSP) 18-59 yrs of age		Page 21 of 24
Type of Funding	1. Full Service Partnership	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	2	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	2	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
NOTE:For this section Co. will be requesting one time funding				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$69,123			\$69,123
c. Employee Benefits	\$34,046			\$34,046
d. Total Personnel Expenditures	\$103,169	\$0	\$0	\$103,169
<b>3. Operating Expenditures</b>				
a. Professional Services	\$2,827			\$2,827
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation	\$1,549			\$1,549
d. General Office Expenditures	\$535			\$535
e. Rent, Utilities and Equipment	\$4,238			\$4,238
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	\$1,252			\$1,252
h. Total Operating Expenditures	\$10,401	\$0	\$0	\$10,401
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$113,570	\$0	\$0	\$113,570
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
	\$20,500			\$20,500
<b>D. Total Funding Requirements</b>				
	\$134,070	\$0	\$0	\$134,070
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				



## Adult Services

**BUDGET NARRATIVE:** Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan # 3 and Program Workplan Name; **Adult Services: 18-59 yrs of age.** Programs consist of providing Systems Development and Outreach and Engagement services for FY 06-07 and expanding to a Full Service partnership by the end of 07-08.

The Department's FY 05-06 County Budget is the basis for this MHSA budget. The individual line items were projected by using 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 are found in the System Improvement Funding Budget, Section-Consumer and Family Member Support and the Other One-Time Funding Budget, Section- Client, Family Members and Caregiver Support Expenditures. These expenditures include funds for activities such as Rent Subsidies, Food, Transportation/Travel, Childcare, Education/Training and Flex Funds for other essential client and family member expenses.
2. **Personnel Expenditures –** are based on current County Personnel Salary tables. Salary costs will increase in FY 07-08 by an average of 6% to provide for annual steps and COLA allowances. Employee benefits are based on a 37% rate.

**MH Case Manager Coordinator (.75 FTE, new MHSA-funded)** – This position will function as a Case Manager and Personal Service Coordinator responsible for ensuring that mental health services delivered in the MHSA program are focused on individual needs, 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 whenever individuals have identified employment as a personal goal. They will be advocates for clients and provide assistance to help individuals gain access to needed services and to obtain positive outcomes and maximize their achievement potential. They will also help the service system to be sensitive to, respectful of, and responsive to the mental health needs of comprehensive adult services systems and family participants. They will advocate for recovery based services and be responsive to requests for services, 24/7.

**Bilingual MH Clinician (.13 FTE, new MHSA-funded)** – 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 center. The

position will provide direct services and assure that Comprehensive 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 help assure that services delivered at the off-site center are delivered in a manner consistent with the proposed structure for this program and that the focus on the implementation of the recovery model is adhered to.

**Personal Services Coordinator (one .5 FTE and one .25 FTE, new MHSA-funded)** – These positions will provide case management related assistance for individuals requiring intensive service contact. These positions will be responsible for ensuring 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.

3. **Operating Expenditures** – Line items were increased an average of 3% for FY 07-08.
  - a. Professional services – \$2,667 for FY 06-07 and \$2,827 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant and computer consultant.
  - b. Translation and Interpreter services – no expenses projected as we anticipate having bilingual, bicultural staff available as MHSA program staff.
  - c. Travel and Transportation - \$1,461 for FY 06-07 and \$1,549 for FY 07-08. Amounts are based on mileage reimbursement if staffs use their private vehicle as well as the additional cost of maintaining the County vehicles. Staff will be using the newly acquired County vehicles necessary for MHSA program expansion, existing County vehicles as well as private vehicles if needed. Staff will be traveling to schools, outlying communities, reservations, criminal justice system facilities, locked residential facilities, hospitals, rural sites, and out-of-county, to assure continuity of care.
  - d. General Office Expenditures - \$505 for FY 06-07 and \$535 for FY 07-08. Estimated cost for items such as office supplies and postage.
  - e. Rent, Utilities, and Equipment - \$3,998 for FY 06-07 and \$4,238 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, yard care and cell phone/pager expenses.
  - f. Medication and Medical Supports – no expenses projected

- g. Other operating expenses - \$1,181 for FY 06-07 and \$1,252 FY 07-08. Estimated cost for insurance, equipment maintenance, advertising, memberships and art and recreation supplies. This will provide funds for miscellaneous expenses incurred during the development and implementation of the program.

**B. Revenues**

It is the County's decision that the program will not project revenues until FY 08-09, since many of the services delivered are of the type that may or may not be Medi-Cal and third party reimbursable and therefore not reliable enough to project or sustain expanded programs at this time. This time period should provide the county with enough experience and data to more accurately project revenues to help maintain and/or possibly expand program in future years. The county does however, intend to collect revenue where and when applicable during years two and three.

**C. One-Time CSS Funding Expenditures**

We are requesting a number of items as one-time expenses including two vehicles; five computers and/or laptops with software; a network printer/copier; upgraded network server; lease payments, utilities, phone system/phones and furniture for the drop-in center including full living room suite, kitchen and laundry set-up, audio-video set-up, recreation room set-up, gardening equipment, storage, land lease and supplies; office furniture; typewriter; phones; cell phones and pagers; and consultation /implementation of an expanded IT program to improve data collection and reporting of client information. These costs have been allocated across the Children's Services Team, Transition Age Youth, Adult and Senior programs. We anticipate spending these funds in FY 06-07 as we are starting up our programs. We have also included flex funding for clothing, food, hygiene, travel and transportation, rent subsidies and employment and education which will be spent in FY's 06-07 and 07-08. For detail of one-time CSS expenses refer to the attached "One-Time CSS Funding" listing.

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

County: Inyo	Fiscal Year: 2005/06	Program Work Plan Name: <b>Senior Program</b>					
Program Work Plan #: 4		Estimated Start Date: April 2006					
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	The Senior Program is a new program for mental health which will initially provide outreach and engagement activities throughout the county in order to identify older adults who need mental health services. The program will offer a comprehensive assessment services to those older adults experiencing mental health problems that can interfere with their ability to remain independent in the community. They will then be linked to resources within the community including our outpatient mental health clinic services. This program will develop service alternatives for older adults who have been unserved and underserved in this community. Services will be voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs, and delivered in a timely manner that is sensitive to the cultural needs of the population served.						
Priority Population: <i>Describe the situational characteristics of the priority population</i>	The Senior Program will serve adults 60 years of age and older who are at risk of losing their independence and being institutionalized due to mental health problems. These individuals may have underlying medical problems and diagnosable, co-occurring substance abuse issues. Priority will be given to underserved rural populations of older adults, especially those of varying ethnic and multicultural backgrounds.						
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Outreach</b> - Outreach services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. Outreach to older adults in other community sites that are the natural gathering places for older adults, such as the Senior Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Education</b> - Education for clients and family or other caregivers are appropriate to maximize individual choice regarding the nature of medications, the expected benefits, and the potential side effects, as well as alternatives to medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Assessments</b> - Integrated assessments that	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

provide comprehensive mental health, social, physical health, mental status functioning, and substance abuse assessments, which are strength-based and focused on client engagement and which can provide cultural assessments. A part-time contracted clinician will be hired to assist in the provision of these services.							
<b>Culturally-Competent Services</b> – Services will be values-driven, culturally competent, and evidence-based or promising. These services will be integrated with service planning, housing, and employment activities and services will be integrated with ethnic specific, community based organizations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Coordinated Services</b> - Coordinated mental health and substance abuse services will be available to help individuals recover and thrive. There will also be coordinated services with physical health care providers, public health, and law enforcement. Services will be coordinated with ethnic specific community based organizations, when possible. For example, on-site services in collaboration with faith-based provider, churches, temples, or similar settings where clients may feel familiar and comfortable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

The Senior Program will build upon existing community collaboration to develop an outreach and engagement program for older adults. This program will provide comprehensive mental health assessments for frail older adults with mental health concerns. Those experiencing mental health problems find that health concerns can interfere with the ability to remain independent in the community.

The Senior Program staff will conduct a mental health assessment of each participating individual. The staff will be available to travel to an older adult’s residence and/or the local senior centers to conduct the initial assessments. The mental health assessments will be strength-based, focus on consumer engagement, and will provide gender and cultural specific evaluations to help develop a wellness recovery action plan with each individual. A mental health staff member with training in gerontology will conduct the assessment of each individual and distinguish mental health disorders (such as depression, delusions, and bipolar disorders) from medical

issues (such as those problems caused by medication misuse, substance abuse, medical disease, and delirium).

Following the assessment, the individual will be linked to appropriate services to help maintain their independence, secure any needed benefits, and develop and maintain supportive relationships in the community.

- 3) *Describe any housing or employment services to be provided.*

While we do not plan on identifying any older adults for Full Service Partnership, we will offer supportive services to help older adults remain in independent living situations, when possible, through the use of System Development funds. If any older adults are interested in participating in employment and/or volunteer activities, staff will help link them to appropriate resources.

- 4) *Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.*

This is not a Full Service Partnership.

- 5) *Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.*

The Senior Program will assist older adults to access ongoing outpatient services, to promote a sense of wellness, and to improve quality of life. Older adults are a population that has historically been reluctant to access mental health services. Collaborative partner agency staff will be educated on unique characteristics of the aging process by developing and encouraging utilization of a specially developed protocol specific to older adults. The staff will encourage empowerment and self-reliance through engaging the mental health consumer community. It will also encourage isolated older adults to seek out assistance when needed, rather than remaining secluded without resources.

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

This is a new program for Inyo County Older Adult Services.

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

The program staff will primarily deliver services at the Senior Center. This will integrate our service delivery with already existing activities at the Center. We will utilize senior center staff, including volunteer seniors, at the center, to co-facilitate support and educational groups focused on mental health issues. In addition, when

possible, we will work closely with the senior's family members to facilitate and deliver services.

- 8) *Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.*

Collaboration with other stakeholders is critical to the success of this program. To develop a comprehensive older adult service network of care requires the close coordination of resources in this community. We will collaborate in our service delivery with local physicians, the Linkages Program, In-Home Supportive Services, Adult Protective Services, Public Health, Senior Centers, nursing homes, home health agencies, home delivery meals programs, and regional organizations which serve the elderly.

The further development of these relationships will provide an excellent foundation upon which to build the Senior Program. Program staff will work with allied partners to access benefits and services; coordinate living opportunities with landlords and property management to secure safe, affordable housing; and utilize in-home supportive services. This coordination is critical to assist clients in achieving their individual goals and obtaining positive outcomes.

Through close collaboration with allied partners, we can be effective at helping individuals remain stable in their housing, participate in meaningful daily activities, reduce substance use, decrease hospitalizations, and manage their health and wellness.

- 9) *Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.*

Whenever possible, we will hire staff that are bilingual and bicultural. In addition, we will extend efforts to infuse cultural knowledge and understanding throughout our community senior system. We will seek opportunities to train our staff in culturally competent service delivery.

To be culturally competent requires the entire services community and other leadership groups to embrace cultural differences and understand cultural heritage. This goal includes not only the Latino and American Indian communities, and other cultures, as well as the lesbian, gay, bisexual, transgender, and questioning community, and the consumer culture.

Program staff will deliver services within the persons' own community. In addition, there will be a high value placed on the relationship between staff, client, and family

member. The staff will take the time to learn about the individual's culture: how it is similar and how it differs from each staff person.

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

Older adult service staff are sensitive to an individual's sexual orientation and have experience in helping individuals address their own personhood. We plan to develop gender specific groups for our older adults. In areas such as housing and residential treatment, appropriate advocacy and accommodations will be made based upon personal preferences.

*11) Describe how services will be used to meet the service needs for individuals residing out-of-county.*

As a small community, Inyo County staff have developed networks of resources to meet the needs of clients when they are in out-of-county residences. Whenever possible, we will strive to develop local resources to help clients stay in their community of choice, near family and support persons. For individuals residing out of county to return to our community, re-entry will be facilitated in a planned, supportive, and coordinated manner.

*12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.*

This is not a Full Service Partnership program.

*13) Please provide a timeline for this work plan, including all critical implementation dates.*

**April – June 2006:** Inyo County will perform pre-hiring activities, general staff training, and continue planning with community collaborators. Outreach and engagement activities will begin at the local senior center.

**June 2006:** Inyo County anticipates approval of plan expansion. Program staff will begin to expand system development and outreach and engagement services.

**June 2007:** By the end of the second program year, the Senior Program will continue to offer outreach and engagement and system development services to clients.

**June 2008:** By the end of the third program year, the Senior Program will continue to offer outreach and engagement and system development services to clients.

*14) Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.*

- a) *Work plans and most budget/staffing worksheets are required at the program level. Consistent with the balance of the work plans, some services may not be part of a comprehensive program and should be budgeted as a stand-alone program and work plan. An example of this is Mobile Crisis. It is a countywide service available to a broad service population and may not necessarily be part of another program for a priority population.*
  - b) *Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders, on-site services in child welfare shelters, and self-help support.*
- 15) *A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.*

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

County(ies):	Inyo	Fiscal Year:	2005-06
Program Workplan #	4	Date:	2/14/06
Program Workplan Name	Senior Services: 60+ yrs of Age	Page 7 of 24	
Type of Funding	3. Outreach and Engagement	Months of Operation	1
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>	NOTE:For this section Co. will be requesting one time funding			
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$0			\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$0	\$0	\$0	\$0
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues		\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue		\$0	\$0	\$0
<b>3. Total Revenues</b>		\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$0	\$0	\$0	\$0
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2005-06

Program Workplan # 4

Date: 2/14/06

Program Workplan Name Senior Services: 60+ yrs of Age

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Type of Funding 3. Outreach and Engagement

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total New Additional Positions</b>	0.00	0.00	
<b>C. Total Program Positions</b>		0.00	0.00		\$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.

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

County(ies):	Inyo	Fiscal Year:	2006/07
Program Workplan #	4	Date:	2/14/06
Program Workplan Name	Senior Services: 60+ yrs of age	Page 15 of 24	
Type of Funding	3. Outreach and Engagement	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>	NOTE:For this section Co. will be requesting one time funding			
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$34,597			\$34,597
c. Employee Benefits	\$17,040			\$17,040
d. Total Personnel Expenditures	\$51,637	\$0	\$0	\$51,637
<b>3. Operating Expenditures</b>				
a. Professional Services	\$1,415			\$1,415
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation	\$775			\$775
d. General Office Expenditures	\$268			\$268
e. Rent, Utilities and Equipment	\$2,120			\$2,120
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$627			\$627
h. Total Operating Expenditures	\$5,205	\$0	\$0	\$5,205
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				\$0
<b>6. Total Proposed Program Budget</b>	\$56,842	\$0	\$0	\$56,842
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$34,355			\$34,355
<b>D. Total Funding Requirements</b>	\$91,197		\$0	\$91,197
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2006/07

Program Workplan # 4

Date: 2/14/06

Program Workplan Name Senior Services: 60+ yrs of age

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Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0      New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0      Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0      Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Case Manager Coordinator	Svcs. coordinator & direct services provider	0.25	\$46,309	\$11,577
	Personal Svcs. Coordinator	Pers.svcs.coordinator/advocacy/outreach	0.25	\$21,327	\$5,332
	MH Clinician	Direct services provider/advocacy/outreach	0.25	<u>\$70,752</u>	\$17,688
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.75		\$34,597
<b>C. Total Program Positions</b>		0.00	0.75		\$34,597

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):	Inyo	Fiscal Year:	2007/08
Program Workplan #	4	Date:	2/14/06
Program Workplan Name	Senior Services: 60+ yrs of age		Page 23 of 24
Type of Funding	3. Outreach and Engagement	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	Gary C. Ernst
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559 679-4579

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
NOTE:For this section Co. will be requesting one time funding				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$36,672			\$36,672
c. Employee Benefits	\$18,063			\$18,063
d. Total Personnel Expenditures	\$54,735	\$0	\$0	\$54,735
<b>3. Operating Expenditures</b>				
a. Professional Services	\$1,500			\$1,500
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation	\$822			\$822
d. General Office Expenditures	\$284			\$284
e. Rent, Utilities and Equipment	\$2,248			\$2,248
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	\$664			\$664
h. Total Operating Expenditures	\$5,518	\$0	\$0	\$5,518
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	<b>\$60,253</b>	<b>\$0</b>	<b>\$0</b>	<b>\$60,253</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
	\$10,876			\$10,876
<b>D. Total Funding Requirements</b>				
	\$71,129	\$0	\$0	\$71,129
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				

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

County(ies): Inyo

Fiscal Year: 2007/08

Program Workplan # 4

Date: 2/14/06

Program Workplan Name Senior Services: 60+ yrs of age

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Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Gary C. Ernst

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 559 679-4579

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Case Manager Coordinator	Svcs. coordinator & direct services provider	0.25	\$49,084	\$12,271
	Personal Svcs. Coordinator	Pers.svcs.coordinator/advocacy/outreach	0.25	\$22,608	\$5,652
	MH Clinician	Direct services provider/advocacy/outreach	0.25	\$74,997	\$18,749
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.75		\$36,672
<b>C. Total Program Positions</b>		0.00	0.75		\$36,672

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.

## Senior Program

**BUDGET NARRATIVE:** The Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets. Program Workplan # 4 and Program Workplan Name; **Senior Program: 60+ yrs of age.** Programs consist of providing Systems Development and Outreach and Engagement services during FY's 06-07 and 07-08 (12 months each).

The Department's FY 2005-06 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 are found in the System Improvement Funding Budget, Section-Consumer and Family Member Support and the Other One-Time Funding Budget, Section- Client, Family Members and Caregiver Support Expenditures. These expenditures include funds for activities such as Rent Subsidies, Food, Transportation/Travel, Childcare, Education/Training and Flex Funds for other essential client and family member expenses.
2. **Personnel Expenditures –** are based on current County Personnel Salary tables. Salary costs will increase in FY 07-08 by an average of 6% to provide for annual steps and COLA allowances. Employee benefits are based on a 37% rate.

**Case Manager Coordinator (.25 FTE MHSa-funded) –** This position will function as a Case Manager and Personal Service Coordinator. 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 within the home with focus on a Latino senior population where possible. The position will also ensure that services are delivered in a manner that embraces the recovery model.

**Mental Health Clinician (.25 FTE, new MHSa-funded) -** 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.

**Personal Services Coordinator (.25 FTE, new MHSA-funded)** – This position will provide case management related assistance for individuals requiring intensive service contact. The position will provide services for individuals enrolled in the senior program that are focused on individual needs, resulting in the development and improvement of skills necessary for successful independent living whenever possible. This position will be advocates for clients and provide a bridge to help access service system resources to achieve positive outcomes. They will also advocate for recovery based services and be responsive for requests for services 24/7.

- 3. Operating Expenditures** – Line items were increased an average of 3% for FY 07-08.
- a. Professional services – \$1,415 for FY 06-07 and \$1,500 for FY 07-08. Estimated support costs for community mental health contract providers, evaluation consultant, and computer consultant.
  - b. Translation and Interpreter services – no expenses projected as we anticipate having bilingual, bicultural staff available as MHSA program staff.
  - c. Travel and Transportation - \$775 for FY 06-07 and \$822 for FY 07-08. Amounts are based on mileage reimbursement if staffs use their private vehicle as well as the additional cost of maintaining the County vehicles. Staff will be using the new County vehicles, existing County vehicles as well as private vehicles if needed. Staff will be traveling to schools, outlying communities, reservations, criminal justice system facilities, locked residential facilities, hospitals, rural sites, and out-of-county, to assure continuity of care.
  - d. General Office Expenditures - \$268 for FY 06-07 and \$284 for FY 07-08. Estimated cost for items such as office supplies and postage.
  - e. Rent, Utilities, and Equipment - \$2,120 for FY 06-07 and \$2,248 for FY 07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, yard care, and cell phone/pager expenses.
  - f. Medication and Medical Supports – no expenses projected
  - g. Other operating expenses - \$627 for FY 06-07 and \$664 for FY 07-08. Estimated cost for insurance, equipment maintenance, advertising, memberships and art and recreation supplies. This will provide funds for

miscellaneous expenses incurred during the development and implementation of the program.

**B. Revenues**

It is the County's decision that the program will not project revenues until FY 08-09, since many of the services delivered are of the type that may or may not be Medi-Cal and third party reimbursable and therefore not reliable enough to project or sustain expanded programs at this time. This time period should provide the county with enough experience and data to more accurately project revenues to help maintain and/or possibly expand program in future years. The county does however, intend to collect revenue where and when applicable during years two and three.

**C. One-Time CSS Funding Expenditures**

We are requesting a number of items as one-time expenses including two vehicles; five computers and/or laptops with software; a network printer/copier; upgraded network server; lease payments, utilities, phone system/phones and furniture for the drop-in center including full living room suite, kitchen and laundry set-up, audio-video set-up, recreation room set-up, gardening equipment, storage, land lease and supplies; office furniture; typewriter; phones; cell phones and pagers; and consultation /implementation of an expanded IT program to improve data collection and reporting of client information. These costs have been allocated across the Children's Services Team, Transition Age Youth, Adult and Senior programs. We anticipate spending these funds in FY 06-07 as we are starting up our programs. We have also included flex funding for clothing, food, hygiene, travel and transportation, rent subsidies and employment and education which will be spent in FY's 06-07 and 07-08. For detail of one-time CSS expenses refer to the attached "One-Time CSS Funding" listing.

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

County(ies): Inyo

Fiscal Year: 2005-06

Date: 2/14/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSAs Coordinator(s)			
b. MHSAs Support Staff			
c. Other Personnel (list below)			
_____			
ii. _____			
iii. _____			
iv. _____			
v. _____			
vi. _____			
vii. _____			
d. Total FTEs/Salaries	0.00	0.00	\$0
e. Employee Benefits			
f. Total Personnel Expenditures			\$0
<b>2. Operating Expenditures</b>			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$0
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
<b>4. Total Proposed County Administration Budget</b>			
			<b>\$0</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Other Revenue			
<b>2. Total Revenues</b>			
			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			
			<b>\$0</b>

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSAs 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

Executed at \_\_\_\_\_, California

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

County(ies): Inyo

Fiscal Year: 2006/07

Date: 2/14/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSAs Coordinator(s) - Mental Health Director		0.25	\$19,598
b. MHSAs Support Staff			
c. Other Personnel (list below)			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.25	\$19,598
e. Employee Benefits			<u>\$9,653</u>
f. Total Personnel Expenditures			\$29,250
<b>2. Operating Expenditures</b>			
a. Professional Services			\$25,602
b. Travel and Transportation			\$439
c. General Office Expenditures			\$152
d. Rent, Utilities and Equipment			\$1,201
e. Other Operating Expenses (provide description in budget narrative)			<u>\$355</u>
f. Total Operating Expenditures			\$27,749
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$13,477
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$13,477
<b>4. Total Proposed County Administration Budget</b>			
			<b>\$70,476</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Other Revenue			
<b>2. Total Revenues</b>			
			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			
			<b>\$70,476</b>

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSAs 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

Executed at \_\_\_\_\_, California

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

County(ies): Inyo

Fiscal Year: 2007/08

Date: 2/14/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSAs Coordinator(s) MH Director			
b. MHSAs Support Staff			\$20,773
c. Other Personnel (list below)			
i. Administrative Analyst			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.00	\$20,773
e. Employee Benefits			<u>\$10,232</u>
f. Total Personnel Expenditures			\$31,005
<b>2. Operating Expenditures</b>			
a. Professional Services			\$26,678
b. Travel and Transportation			\$466
c. General Office Expenditures			\$161
d. Rent, Utilities and Equipment			\$1,274
e. Other Operating Expenses (provide description in budget narrative)			<u>\$376</u>
f. Total Operating Expenditures			\$28,955
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$14,285
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$14,285
<b>4. Total Proposed County Administration Budget</b>			
			<b>\$74,245</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			
b. Other Revenue			
<b>2. Total Revenues</b>			
			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			
			<b>\$74,245</b>

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSAs 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

Executed at \_\_\_\_\_, California

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**Administration**

**BUDGET NARRATIVE:** Mental Health Services Act Community Services and Supports Budget and Staffing Detail Worksheets; **Administration.** Covering periods FY's 06-07 and 07-08 (12 months each).

The Department's FY 05-06 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. **Personnel Expenditures** – are based on current County Personnel Salary tables. Salary costs will increase in FY 07-08 by an average of 6% to provide for annual steps and COLA allowances. Employee benefits are based on a 37% rate.

**MHSA Coordinator (.25 FTE, funded with MHSA Planning Funds and to continue funding through MHSA, CSS funds)** – began in planning and to continue

2. **Operating Expenditures** – Line items were increased an average of 3% for FY 07-08.
  - a. Professional services – \$25,602 for FY 06-07 and \$26,678 for FY 07-08. Estimated support costs for evaluation consultant and computer consultant.
  - b. Travel and Transportation - \$439 for FY 06-07 and \$466 for FY 07-08. Amounts are based on mileage reimbursement rates for staff to use their personal vehicles in relation to MHSA programs.
  - c. General Office Expenditures - \$152 for FY 06-07 and \$161 for FY 07-08. Estimated cost for items such as office supplies and postage.
  - d. Rent, Utilities, and Equipment - \$1,201 for FY 06-07 and \$1,274 for FY07-08. Estimated cost for rent expense, PG&E, water, garbage, custodial service, and cell phone/pager expenses.
  - e. Other operating expenses - \$355 for FY 06-07 and \$376 FY 07-08. This will provide funds for miscellaneous expenses incurred during the development and implementation of the program.

- 3. County Allocated Administration** – \$13,477 for FY 06-07 and \$14,285 FY 07-08. This represents the amount of Countywide Administration (A-87) allocated to MHPSA programs.

**B. Revenues**

It is the County's decision that the program will not project revenues until FY 08-09, since many of the services delivered are of the type that may or may not be Medi-Cal and third party reimbursable and therefore not reliable enough to project or sustain expanded programs at this time. This time period should provide the county with enough experience and data to more accurately project revenues to help maintain and/or possibly expand program in future years. The county does however, intend to collect revenue where and when applicable during years two and three.

**Fiscal Year 2005-06 Mental Health Services Act  
Proposed Program One-Time System Improvement Funding Budget Worksheet**

Date:

<u>County:</u>	<b>County Mental Health Department</b>	<b>Community Mental Health Contract Providers</b>	<b>Total</b>
<i>1. Salaries and Benefits</i>			
a. Salaries, Wages and Overtime	\$4,000		\$4,000
b. Bi-Lingual Pay Supplement			\$0
c. Employee Benefits			\$0
d. Total	\$4,000	\$0	\$4,000
<i>2. Consumer and Family Member Support</i>			
a. Stipends, Wages and Contracts			\$0
b. Translator Services			\$0
c. Travel and Transportation (including meals, housing, mileage, etc.)			\$0
d. Childcare			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
<i>3. Other Operating Expenditures</i>			
a. Professional Services			\$0
b. Travel and Transportation			\$0
c. Supplies (Postage, Copying, Office Supplies, etc.)			\$0
d. Rent, Utilities and Equipment			\$0
e. MIS expansion (partial funding)	\$30,000		\$30,000
f. Other			\$0
g. Total	\$30,000	\$0	\$30,000
<i>4. Inter/Intra-Governmental Transfers</i>			
a. County Social Services Agency			\$0
b. County Health Services Agency			\$0
c. County Probation Agency			\$0
d. Education Agency(ies)			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
<i>5. Administration</i>			
a. County Overhead			\$0
b. Contract Overhead			\$0
c. Total	\$0	\$0	\$0
<b>6. Total-Proposed Community Program Planning Budget</b>	<b>\$34,000</b>	<b>\$0</b>	<b>\$34,000</b>

**EXHIBIT 6: QUARTERLY PROGRESS REPORTS**

**Estimated/Actual Population Served**

County:
Program Work Plan #:
Program Work Plan Name:
Fiscal Year: <i>(please complete one per fiscal year)</i>

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

## EXHIBIT 7--Mental Health Services Act Cash Balance Quarterly Report

County	<u>Inyo County</u>	Date	<u>02/14/06</u>
MHSA Component	<u>Comm. Services and Supports</u>	Fiscal Year	<u>2005-06</u>
		Quarter	<u>1st (July - Sept)</u>

<b>A. Cash Flow Activity</b>	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	\$0
2. Quarterly advance from State DMH (insert as positive number)	<u>\$0</u>
3. Total cash available (sum of lines 1 and 2)	\$0
4. Actual expenditures (insert as a negative number)	\$0
5. Adjustments of prior quarters (insert as negative or positive number, as appropriate)	<u>\$0</u>
6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report)	\$0
<b>B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)</b>	\$0
1. Anticipated one-time expenditures to be incurred during quarter	\$0
<b>C. Cash on Hand for On-Going Operations</b>	\$0

### COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature	
Name and Title	Gail Zwier, Mental Health Director
E-Mail Address	<a href="mailto:gzwier@qnet.com">gzwier@qnet.com</a>
Telephone Number	(760) 872-2590

## EXHIBIT 7--Mental Health Services Act Cash Balance Quarterly Report

County	<u>San Benito</u>	Date	<u>01/22/06</u>
MHSA Component	<u>Comm. Services and Supports</u>	Fiscal Year	<u>2005-06</u>
		Quarter	<u>2nd (Oct - Dec)</u>

<b>A. Cash Flow Activity</b>	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	\$0
2. Quarterly advance from State DMH (insert as positive number)	<u>\$0</u>
3. Total cash available (sum of lines 1 and 2)	\$0
4. Actual expenditures (insert as a negative number)	\$0
5. Adjustments of prior quarters (insert as negative or positive number, as appropriate)	<u>\$0</u>
6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report)	\$0
<b>B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)</b>	\$0
1. Anticipated one-time expenditures to be incurred during quarter	\$0
<b>C. Cash on Hand for On-Going Operations</b>	\$0

### COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature	
Name and Title	Gail Zwier, Mental Health Director
E-Mail Address	<a href="mailto:gzwier@qnet.com">gzwier@qnet.com</a>
Telephone Number	(760) 872-2590

## EXHIBIT 7--Mental Health Services Act Cash Balance Quarterly Report

County	<u>Inyo County</u>	Date	<u>04/01/06</u>
MHSA Component	<u>Comm. Services and Supports</u>	Fiscal Year	<u>2005-06</u>
		Quarter	<u>3rd (Jan - Mar)</u>

<b>A. Cash Flow Activity</b>	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	\$0
2. Quarterly advance from State DMH (insert as positive number)	<u>\$0</u>
3. Total cash available (sum of lines 1 and 2)	\$0
4. Actual expenditures (insert as a negative number)	\$0
5. Adjustments of prior quarters (insert as negative or positive number, as appropriate)	<u>\$0</u>
6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report)	\$0
<b>B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)</b>	\$0
1. Anticipated one-time expenditures to be incurred during quarter	\$0
<b>C. Cash on Hand for On-Going Operations</b>	\$0

### COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature	
Name and Title	Gail Zwier, Mental Health Director
E-Mail Address	<a href="mailto:gzwier@qnet.com">gzwier@qnet.com</a>
Telephone Number	(760) 872-2590

# Inyo County Mental Health Services

## QUESTIONNAIRE Proposition 63: Mental Health Services Act

Mental Health programs in California will be receiving some new money to help develop new mental health services in our county. We would like to hear your ideas about how the Inyo County portion of this new money should be spent.

Please help us plan for new mental health services by giving us ideas about the different types of programs we need to help serve our community.

**Please place a check beside any idea you would recommend for funding, or write in other ideas that you may have. Also, help us prioritize these ideas by circling the five most important suggestions.**

**Thank you for your assistance!**

### Early Intervention Services (All Ages):

- |   |  |
|---|--|
| <input type="checkbox"/> Drop-in Center for Consumers | <input type="checkbox"/> Response to first psychotic episode           |
| <input type="checkbox"/> Services for First Arrests   | <input type="checkbox"/> Outreach to aging                             |
| <input type="checkbox"/> Suicide Prevention Line      | <input type="checkbox"/> Education around mental health and well-being |
| <input type="checkbox"/> Other _____                  |  |
| <input type="checkbox"/> Comment _____                |  |

### Early Children's Services (Ages 0-5):

- |   |   |
|---|---|
| <input type="checkbox"/> Social skills training                 | <input type="checkbox"/> Behavior problems                        |
| <input type="checkbox"/> Behavior modification                  | <input type="checkbox"/> Parent/Child Intervention Programs       |
| <input type="checkbox"/> Counseling for adopted and foster kids | <input type="checkbox"/> Counseling for children exposed to drugs |
| <input type="checkbox"/> Other _____                            |   |
| <input type="checkbox"/> Other _____                            |   |
| <input type="checkbox"/> Comment _____                          |   |

### Children's Services (Ages 5-13):

- |   |   |
|---|---|
| <input type="checkbox"/> Anger management | <input type="checkbox"/> After school program     |
| <input type="checkbox"/> Social skills    | <input type="checkbox"/> School behavior problems |
| <input type="checkbox"/> Decision making  |   |
| <input type="checkbox"/> Other _____      |   |
| <input type="checkbox"/> Comment _____    |   |

### Transition Age Youth Services (Ages 14-22):

- |  |   |
|--|---|
| <input type="checkbox"/> Supportive housing services | <input type="checkbox"/> Life skills                            |
| <input type="checkbox"/> Vocational Assistance       | <input type="checkbox"/> Substance Abuse Services for Consumers |
| <input type="checkbox"/> Safe place to hang out      |   |
| <input type="checkbox"/> Other _____                 |   |
| <input type="checkbox"/> Comment _____               |   |

**Family Services (All Ages):**

- Resolving Teenage Problems
- Parenting Classes
- Managing behaviors
- Overnight childcare for parents or caregivers of special needs children
- Other \_\_\_\_\_
- Comment \_\_\_\_\_
- Family Relationship Development
- Outreach to new mothers/parents
- Transportation service hours extended to access services

**Adult Services (Ages 18-64):**

- Work/ vocational training
- Managing life's problems
- Adults caring for older adults
- Services for clients with both mental health and substance abuse problems
- Other \_\_\_\_\_
- Comment \_\_\_\_\_
- Support services to maintain independent living
- Drop-in Center

**Older Adult Services (Ages 65 and older):**

- Mental Health services to homebound adults
- Wellness workshops at the senior center
- Peer support
- Services for clients with both mental health and substance abuse problems
- Other \_\_\_\_\_
- Comment \_\_\_\_\_
- Phone Tree for seniors to check on each other
- Transportation to Services
- Coping and functional loss

**Now, please go back through your choices and circle the five most important ideas!**

**Thank you!**

**Additional Questions:**

**Who are the people you believe are under-served for mental health care in Inyo County?**

\_\_\_\_\_

**How can we help those under-served people to connect to appropriate services?**

\_\_\_\_\_

*(Survey continues on the following page)*

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**The information you share is confidential and anonymous. It would be helpful if you would tell us a little about yourself:**

1. What is your age?  0-12     13-17     18-24     25-50     51-64     65+

2. What is your race?

- |   |   |
|---|---|
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Pacific Islander                 |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other (specify) _____            |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Decline to answer                |

3. Which stakeholder role (or roles) do you fill?

- Client/Consumer
- Family Member of a Consumer
- Business / Community Member
- County/ State Staff
- Other \_\_\_\_\_

4. Have you or a family member ever received mental health services?  Yes     No

5. Would you like to be further involved in this process?  Yes     No

*If yes, please write your name and contact information on the bottom of this page when you hand it in.*

**\*\*\*THANK YOU FOR YOUR ASSISTANCE!\*\*\***

**Please return all questionnaires to:**

Gail Zwier, Ph.D.  
Director  
Inyo County Mental Health  
162 J Grove Street  
Bishop, CA 93514

**OR**

**Leave your questionnaire with the Receptionist.**

If you have questions, please call 760-873-6533.

**Servicios de Salud Mental del Condado de Inyo**  
**CUESTIONARIO**

**Proposición 63: Representación de Servicios De Salud Mental**

Los programas de Salud Mental de California recibirán fondos nuevos para ayudar a desarrollar servicios nuevos de salud mental en nuestro condado. Nos gustaría escuchar sus ideas acerca de cómo se deben de gastar los fondos nuevos en el condado de Inyo.

Por favor ayúdenos a planear para servicios nuevos de salud mental. Necesitamos sus ideas acerca de los diferentes tipos de programas que necesitamos para servir a la comunidad.

**Por favor marque cualquier idea que usted recomendaría para usar estos fondos, o escriba otras ideas que usted tenga.** También, por favor ayúdenos a priorizar estas ideas al circular las cinco sugerencias más importantes.

**Gracias por su asistencia!**

**Servicios de Intervención Temprana (Todas las Edades):**

- |   |  |
|---|--|
| <input type="checkbox"/> Centro de Apoyo “drop in” para Consumidores  | <input type="checkbox"/> Responder al primer episodio de enfermedad mental |
| <input type="checkbox"/> Servicios para Primeros Arrestos             | <input type="checkbox"/> Asistencia para consumidores en envejecimiento    |
| <input type="checkbox"/> Línea telefónica para Prevención de suicidio | <input type="checkbox"/> Educación acerca del bienestar de salud mental    |
| <input type="checkbox"/> Otra _____                                   |  |
| <input type="checkbox"/> Comentario _____                             |  |

**Servicios Tempranos para Niños (Edades 0-5):**

- |  |   |
|--|---|
| <input type="checkbox"/> Asistencia para obtener experiencia social            | <input type="checkbox"/> Problemas de Comportamiento                |
| <input type="checkbox"/> Modificación de comportamiento                        | <input type="checkbox"/> Programa de Intervención para Niños/Padres |
| <input type="checkbox"/> Consejería para niños adoptados o en cuidado adoptivo | <input type="checkbox"/> Consejería para niños expuestos a drogas   |
| <input type="checkbox"/> Otra _____  |   |
| <input type="checkbox"/> Otra _____  |   |
| <input type="checkbox"/> Comentario _____                                      |   |

**Servicios Para Niños (Edades 5-13):**

- |   |  |
|---|--|
| <input type="checkbox"/> Controlar enojo    | <input type="checkbox"/> Programa para después de la escuela       |
| <input type="checkbox"/> Experiencia Social | <input type="checkbox"/> Problemas de Comportamiento en la Escuela |
| <input type="checkbox"/> Tomar decisiones   |  |
| <input type="checkbox"/> Otra _____         |  |
| <input type="checkbox"/> Comentario _____   |  |

**Servicios para Jóvenes de Edad de Transición (Edades 14-22):**

- |   |   |
|---|---|
| <input type="checkbox"/> Servicios de Vivienda con apoyo      | <input type="checkbox"/> Experiencia de la Vida                             |
| <input type="checkbox"/> Asistencia Vocacional                | <input type="checkbox"/> Servicios de Abuso de sustancias para consumidores |
| <input type="checkbox"/> Un lugar seguro para pasar el tiempo |   |
| <input type="checkbox"/> Otra _____                           |   |
| <input type="checkbox"/> Comentario _____                     |   |

**Servicios para Familias (Todas las Edades):**

- Resolver Problemas de Adolescentes
- Clases para Padres
- Control de Comportamientos
- Desarrollo de Relaciones para Familias
- Asistencia para madres/padres nuevos
- Extender horas de servicios de transportación para tener acceso a servicios
- Cuidado de niños por la noche para padres de hijos con necesidades especiales
- Otra \_\_\_\_\_
- Comentario \_\_\_\_\_

**Servicios para Adultos (Edades 18-64):**

- Entrenamiento de Trabajo/Vocacional
- Control de Problemas de la Vida
- Drop-in Center
- Servicios de Apoyo para mantener vivienda independiente
- Cuidado de adultos para adultos en envejecimiento
- Servicios para clientes con problemas de salud mental y abuso de sustancias
- Otra \_\_\_\_\_
- Comentario \_\_\_\_\_

**Servicios para Adultos mayores (Edades 65 y mayor):**

- Servicios de salud mental para adultos limitados a su casa
- “Árbol Telefónico” Sistema de números de teléfono para ancianos para que revisen el bienestar de su semejante
- Transportación a servicios
- Hacer Frente y perdida funcional
- Taller de Salud en el Centro de Mayores
- Apoyo de su Semejante
- Servicios para clientes con problemas de salud mental y abuso de sustancias
- Otra \_\_\_\_\_
- Comentario \_\_\_\_\_

**Ahora, por favor revise lo que marco y circule las cinco ideas más importantes!  
Gracias!**

**Preguntas adicionales:**

**Quienes son las personas que usted cree que no están representadas para servicios de salud mental en el Condado de Inyo** \_\_\_\_\_

**Como podemos ayudar a estas personas no representadas a tener acceso a servicios apropiados?**

*(Encuesta continua en la siguiente pagina)*

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**La información que usted nos provee es confidencial y anónima. No ayudaría si nos dice un poco acerca de usted:**

1. Cual es su edad?  0-12     13-17     18-24     25-50     51-64     65+

2. Es usted de origen hispano o Latino?  Si     No

3. Cual es su raza?

- |   |   |
|---|---|
| <input type="checkbox"/> Caucáseo           | <input type="checkbox"/> Indio Americano o Nativo de Alaska |
| <input type="checkbox"/> Americano Africano | <input type="checkbox"/> Isleño Pacifico                    |
| <input type="checkbox"/> Asiático           | <input type="checkbox"/> Otro (especifique) _____           |
|   | <input type="checkbox"/> Se niega a contestar               |

4. Cual papel llena usted? Su interés es como:

- Cliente/Consumidor
- Familiar de un cliente/consumidor
- Miembro de Negocio/de la comunidad
- Personal del Condado/Estado
- Otro \_\_\_\_\_

4. Han recibido usted o un miembro de su familia servicios de salud mental alguna vez?

- Si     No

**\*\*\*GRACIAS POR SU ASISTENCIA!\*\*\***

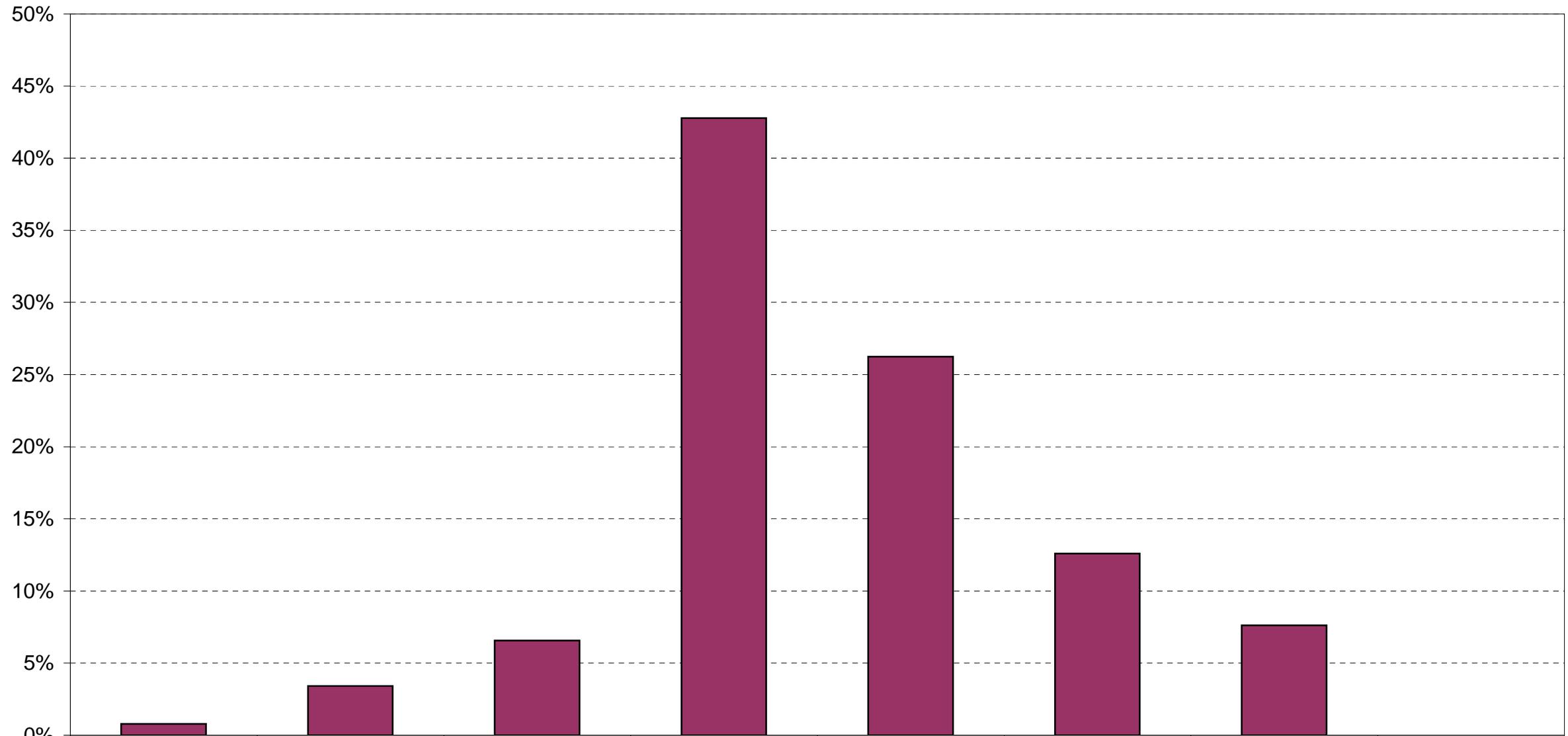
**Por favor regrese todos los cuestionarios a :**

Gail Zwier, Ph.D.  
Directora  
Servicios de Salud Mental del Condado de Inyo  
162 J Grove Street  
Bishop, CA, 93514

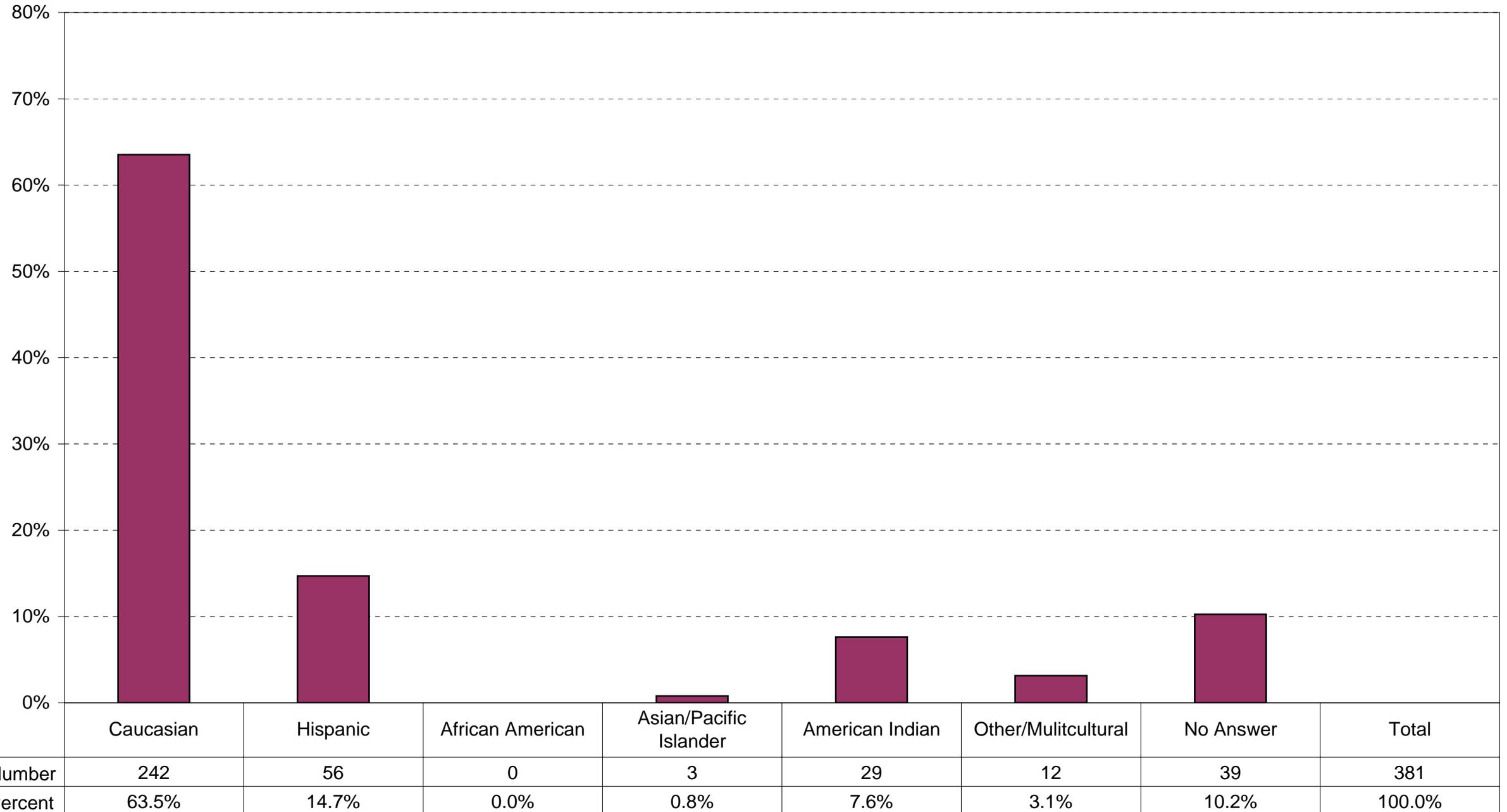
**O**

**Deje su cuestionario con el personal del la clínica de Salud Mental  
Si tiene preguntas, por favor llame al 760-873-6533.**

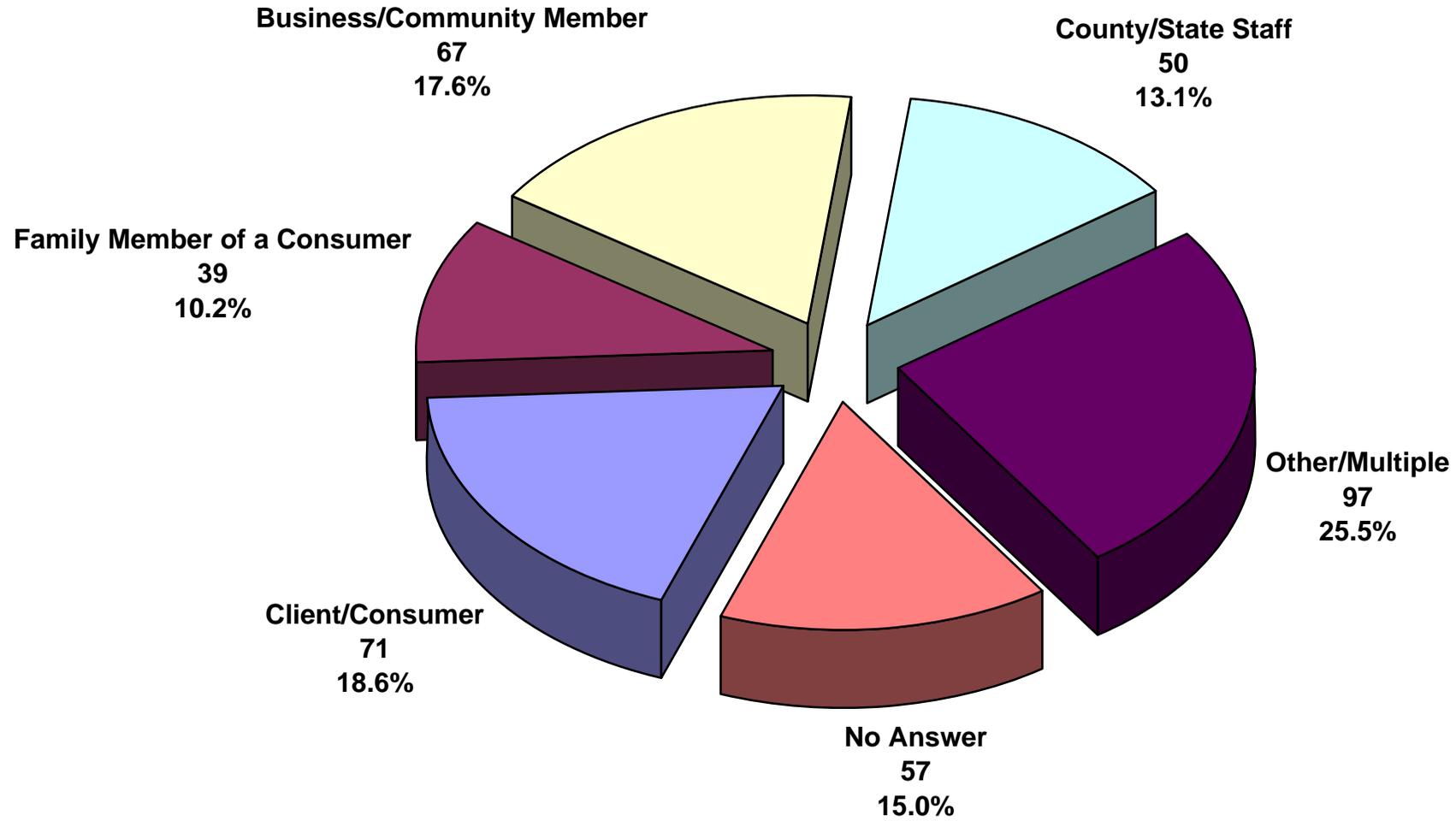
**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Number and Percent of Survey Respondents by Age**



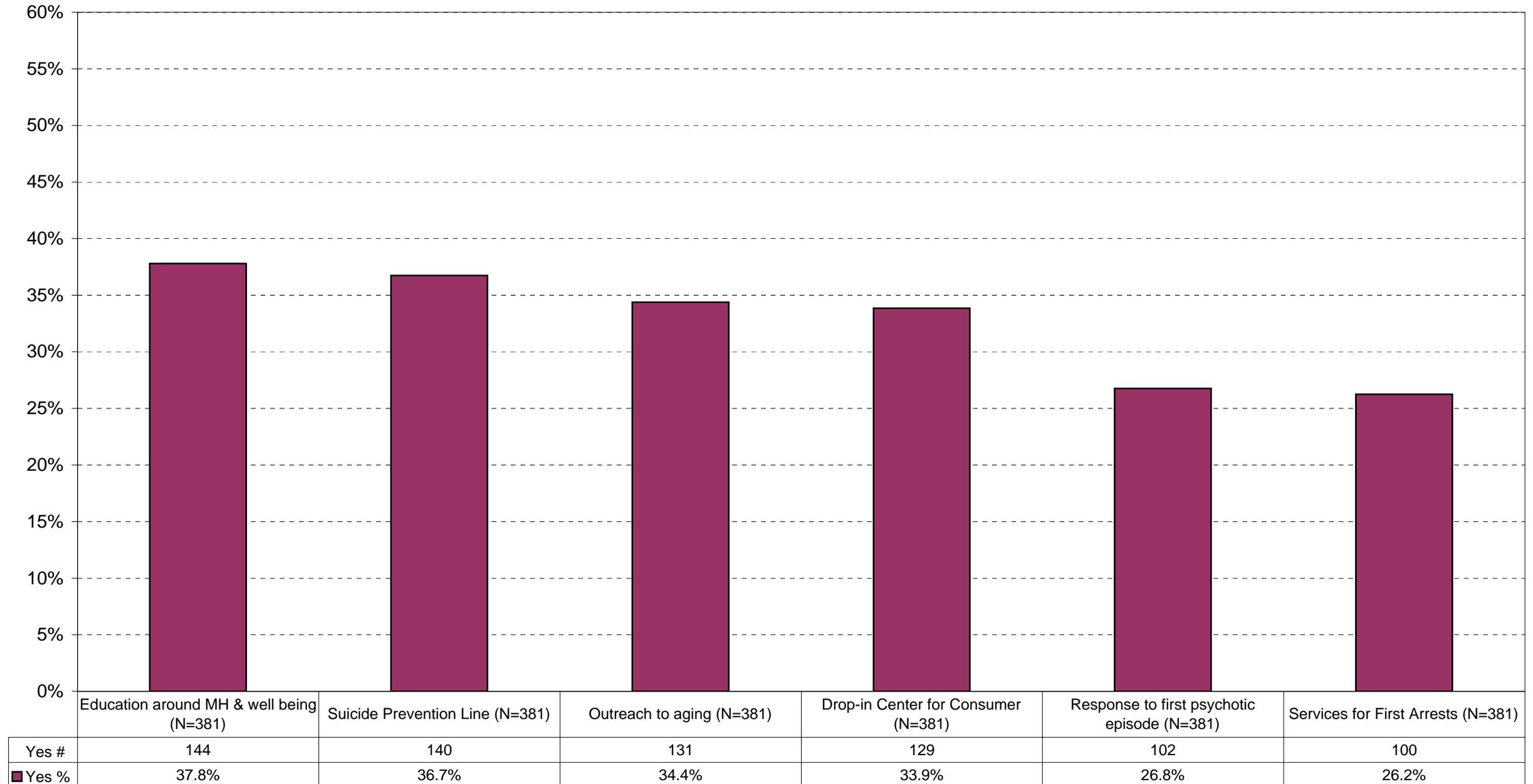
**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Number and Percent of Survey Respondents by Race/Ethnicity**



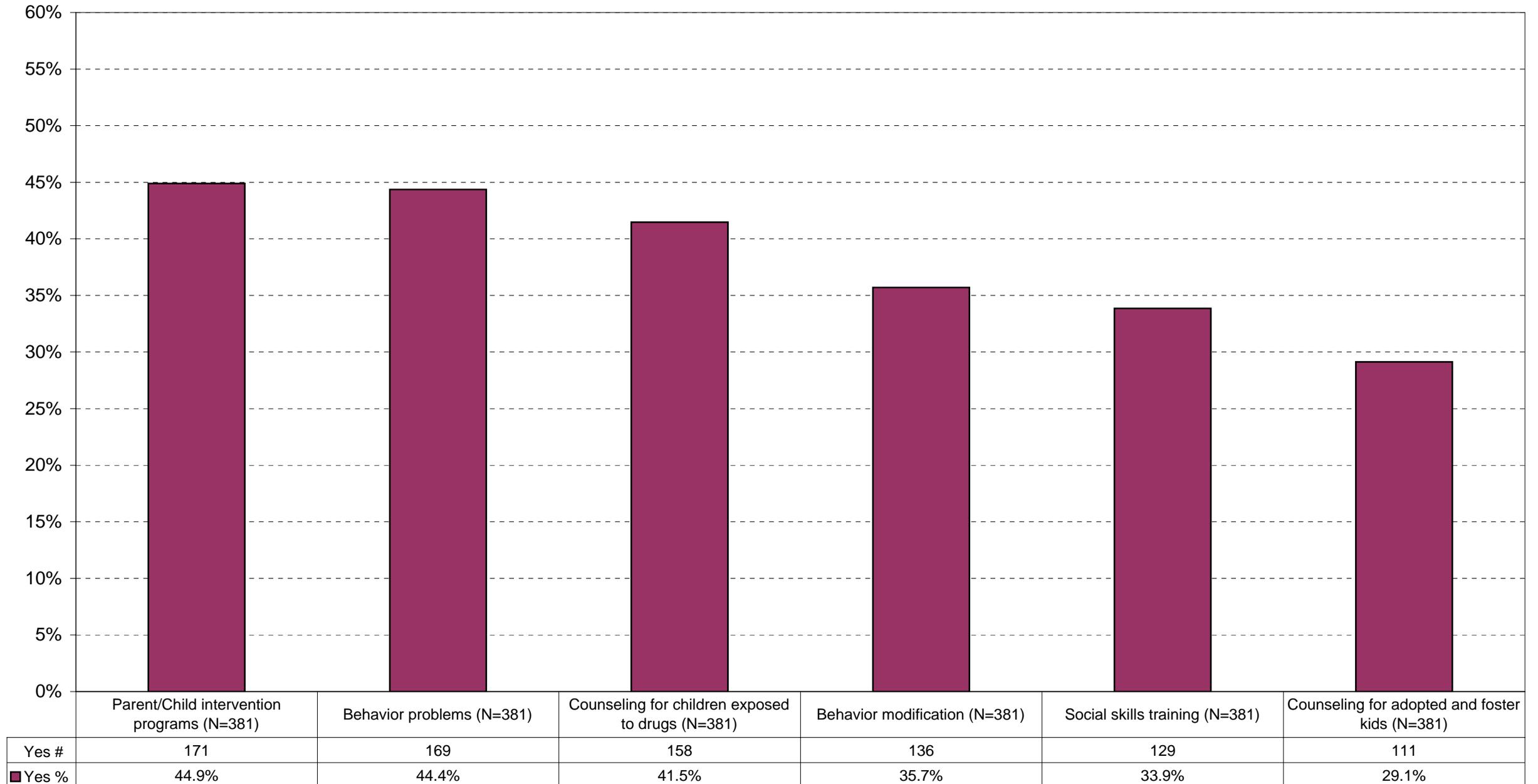
**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Self-Identified Group Affiliations of Survey Respondents**  
**N=381**



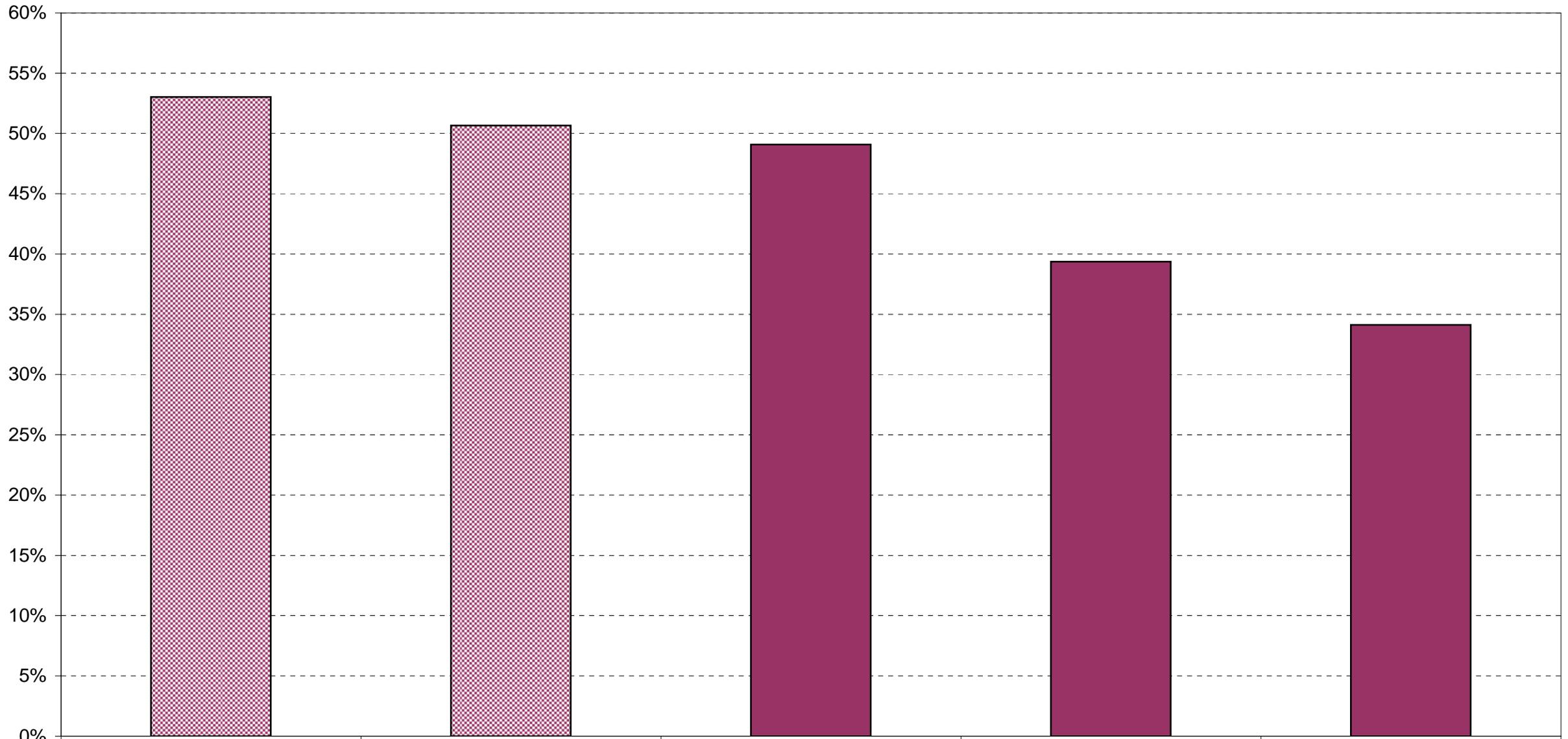
**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Early Intervention Services (All Ages)**



**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Early Children's Services (Ages 0-5)**

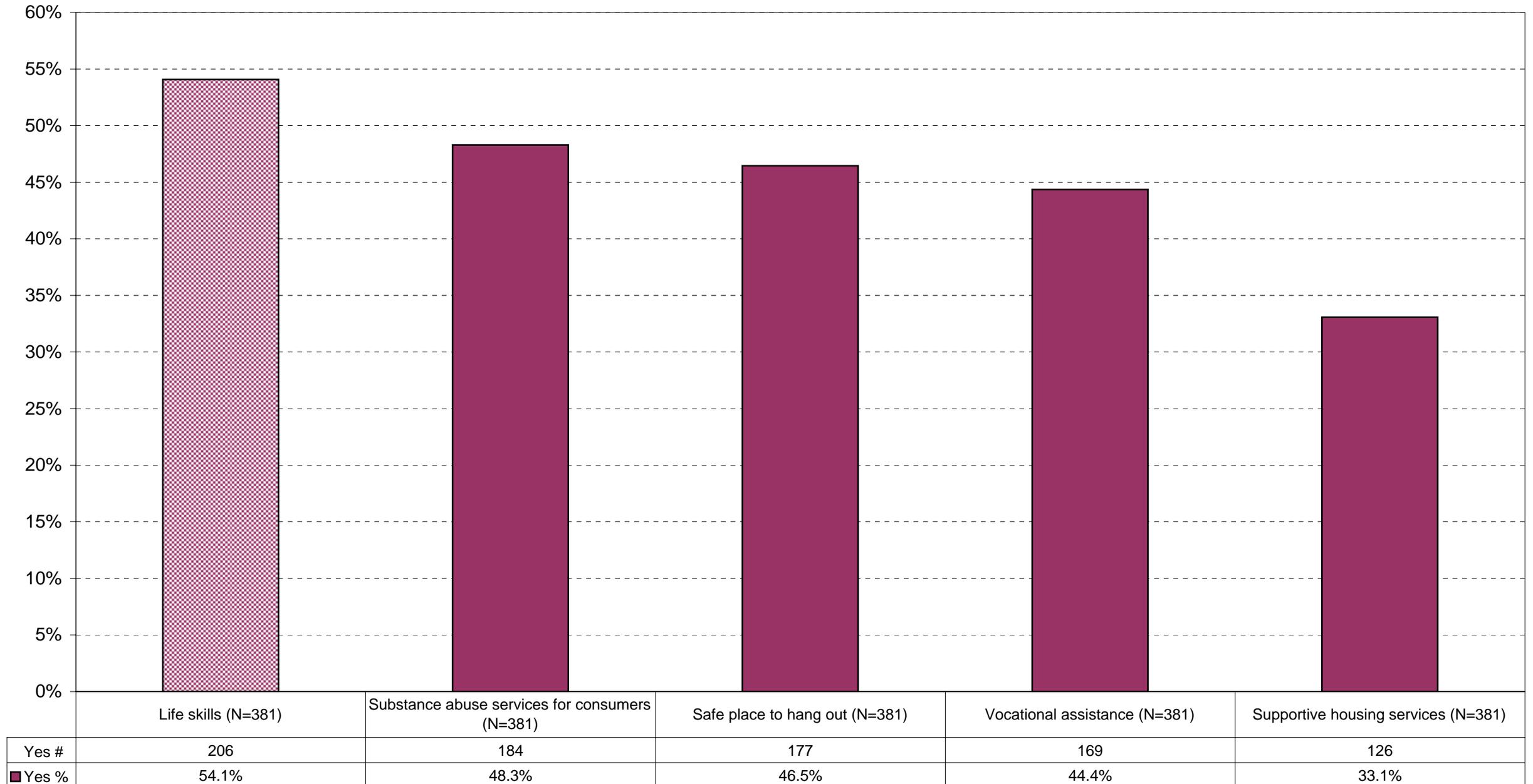


**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Children's Services (Ages 5-13)**

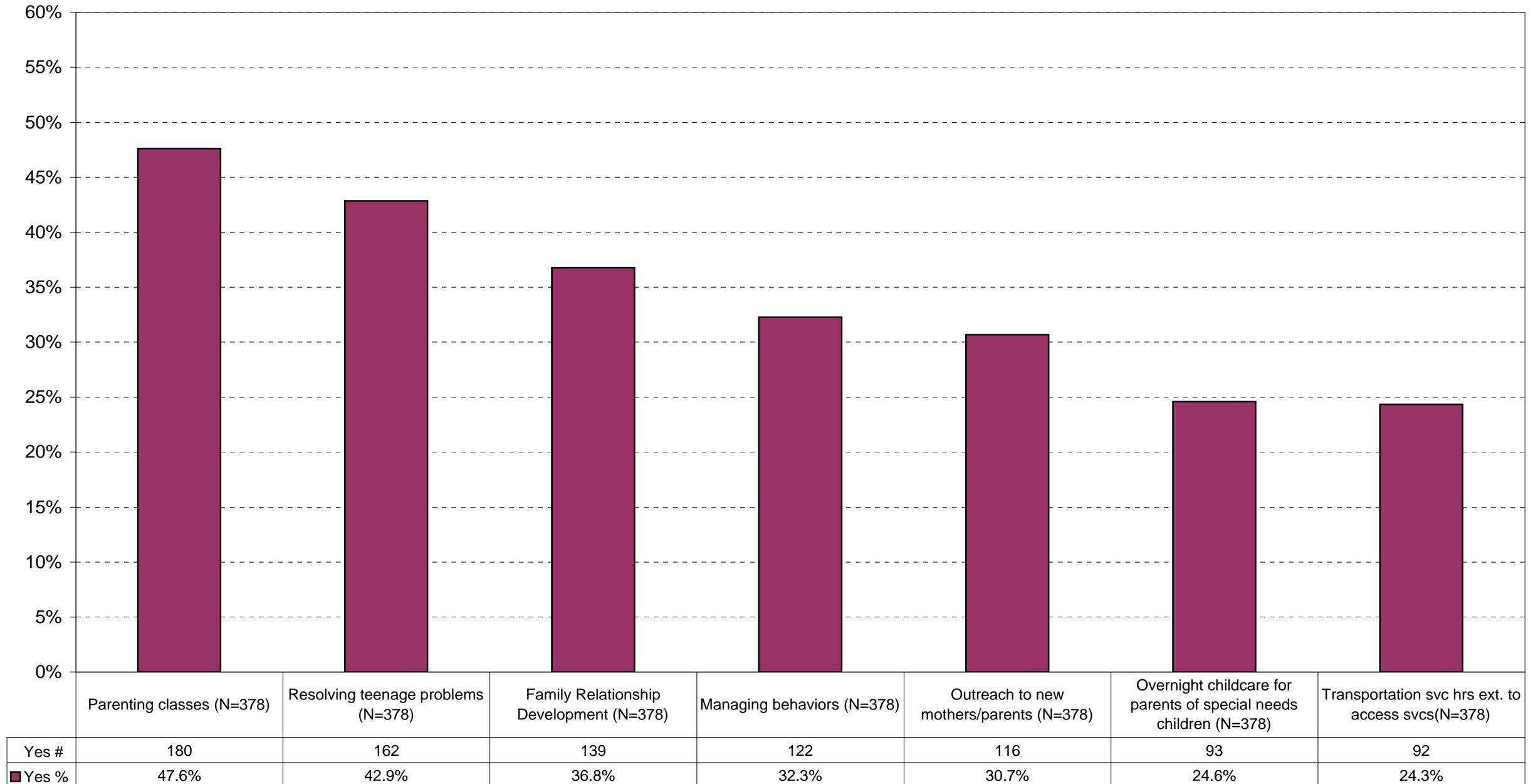


	Anger management	After school program	School behavior problems	Social skills	Decision making
Yes #	202	193	187	150	130
■ Yes %	53.0%	50.7%	49.1%	39.4%	34.1%

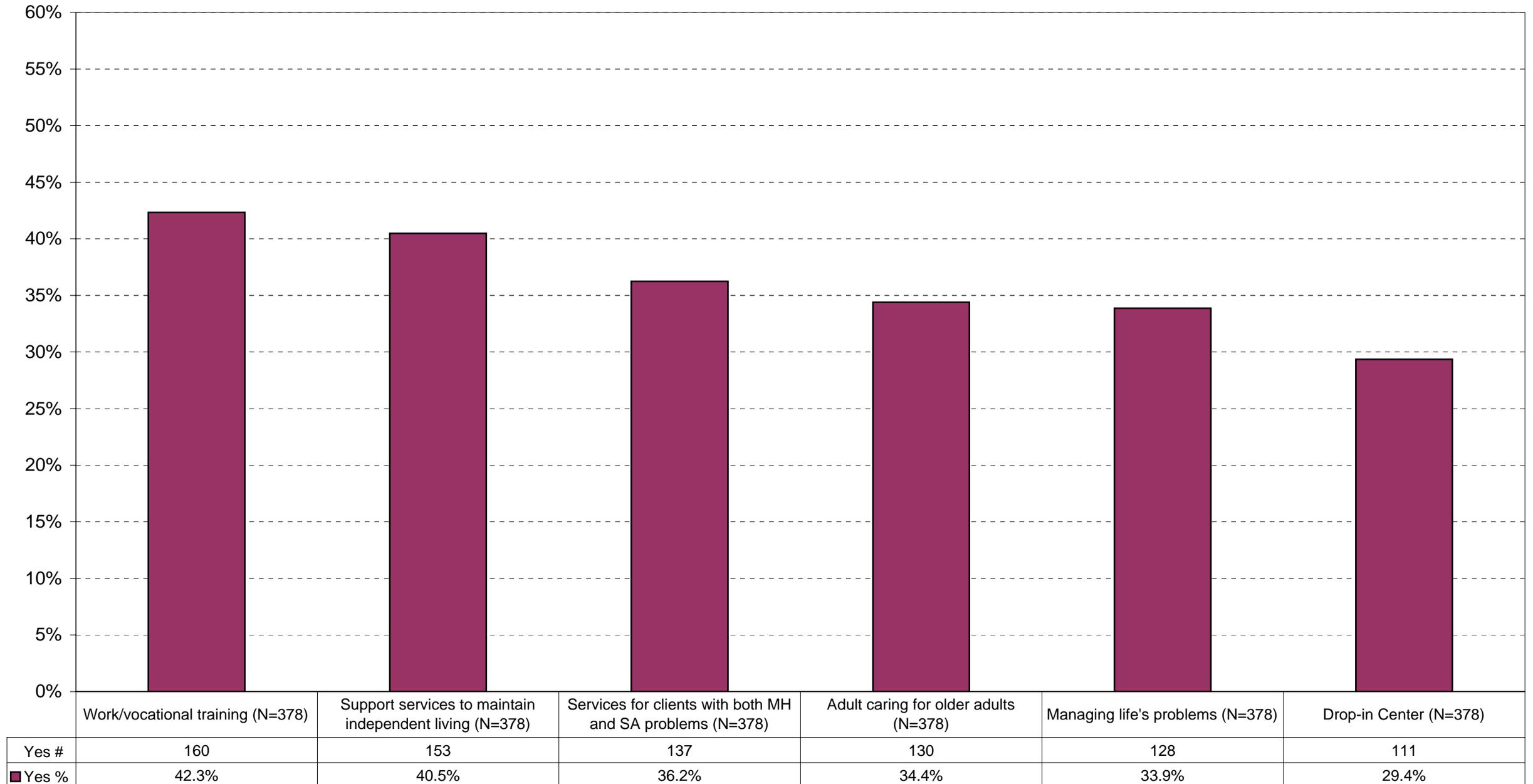
**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Transition Age Youth Services (Ages 14-22)**



**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Family Services (All Ages)**



**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Adult Services (Ages 18-64)**



**Inyo County Mental Health Services Act Survey Results - September 2005**  
**Older Adult Services (Ages 65 and older)**

