



## Department of Mental Health

P. O. Box 2087  
Merced, CA 95344

### **MENTAL HEALTH SERVICES ACT**

#### COMMUNITY SERVICES AND SUPPORTS THREE – YEAR PROGRAM AND EXPENDITURE PLAN [FISCAL YEAR 2008/09, 2009/10, 2010/11]

IN ACCORDANCE TO THE GUIDELINES OF THE  
DMH INFORMATION NOTICE NUMBER: 08-10 & 08-16

# TABLE OF CONTENT

## MENTAL HEALTH SERVICES ACTS (MHSA) COMMUNITY SERVICES AND SUPPORT (CSS)

### INTRODUCTION

TABLE OF CONTENT.....	PAGE	i
-----------------------	------	---

#### **A. EXHIBIT 1**

COUNTY CERTIFICATION .....	PAGE	2
----------------------------	------	---

#### **B. EXHIBIT 2 AND 2A**

WORKPLAN LISTING.....	PAGE	3
PREVIOUSLY APPROVED CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS AND WORKFORCE EDUCATION AND TRAINING PROJECTS FUNDING REQUIRMENTS.....	PAGE	4

#### **C. EXHIBIT 3R**

FUNDING REQUEST FOR FY 2008/09.....	PAGE	5
-------------------------------------	------	---

#### **D. EXHIBIT 4**

FY 2008/09 LOCAL PRUDENT RESERVE PLAN .....	PAGE	6
---	------	---

#### **E. EXHIBIT 5A (ADMINISTRATION) & 5B (APPROVED WORKPLAN)**

ADMINISTRATION BUDGET .....	PAGE	7
ADMINISTRATION BUDGET NARRATIVE .....	PAGE	8
WECAN PROGRAM BUDGET .....	PAGE	9
WECAN PROGRAM BUDGET NARRATIVE .....	PAGE	10
CARE PROGRAM BUDGET .....	PAGE	12
CARE PROGRAM BUDGET NARRATIVE .....	PAGE	13
WELLNESS CENTER PROGRAM BUDGET .....	PAGE	15
WELLNESS CENTER PROGRAM BUDGET NARRATIVE .....	PAGE	16
OASOC PROGRAM BUDGET .....	PAGE	18
OASOC PROGRAM BUDGET NARRATIVE .....	PAGE	19
SEACAP PROGRAM BUDGET.....	PAGE	21
SEACAP PROGRAM BUDGET NARRATIVE.....	PAGE	22

# TABLE OF CONTENT

## MENTAL HEALTH SERVICES ACTS (MHSA) COMMUNITY SERVICES AND SUPPORT (CSS)

COPE PROGRAM BUDGET .....	PAGE	24
COPE PROGRAM BUDGET NARRATIVE .....	PAGE	25
<b>F. PRUDENT RESERVE, CAPITAL FACILITIES AND TECHNOLOGICAL AND WORKFORCE EDUCATION AND TRAINING FUNDINGS DOES NOT EXCEED TWENTY PERCENT (20%) MHSA FUNDING</b>		
IN ACCORDANCE TO DMH INFORMATION NOTICE 08-16 .....	PAGE	27
<b>G. COMMUNITY PROGRAM PLANNING PROCESS</b>		
MCDMH CPP PROCESS .....	PAGE	27
<b>H. DOCUMENTATION OF THE LOCAL 30 DAY REVIEW PROCESS</b>		
PUBLIC NOTICE POSTING (ENGLISH) .....	PAGE	28
PUBLIC NOTICE POSTING (HMONG) .....	PAGE	29
PUBLIC NOTICE POSTING (SPANISH) .....	PAGE	30
<b>I. UPDATE PROPOSAL OF THE APPROVED CSS PLAN</b>		
WECAN PROGRAM .....	PAGE	31
CARE PROGRAM .....	PAGE	33
WELLNESS CENTER PROGRAM .....	PAGE	35
OASOC PROGRAM .....	PAGE	38
SEACAP PROGRAM .....	PAGE	40
COPE PROGRAM .....	PAGE	42
APPENDIX A. ABBREVIATIONS / ACRONYMS – WORD .....	PAGE	45
APPENDIX B. WET PLAN BUDGET SUMMARY .....	PAGE	47

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

**COUNTY CERTIFICATION**

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

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

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

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

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

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Local Mental Health Director**

**Executed at:** \_\_\_\_\_

County: Merced

Date: 8/1/2008

Workplans				Total Funds Requested				Funds Requested by Age Group			
No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult	
1.	1	WeCAN Program	E	\$1,590,195			\$1,590,195	\$978,582	\$611,613		
2.	2	CARE Program	E	\$1,183,736			\$1,183,736		\$520,844	\$615,543	
3.	3	Wellness Center	E	\$1,981,894	\$1,981,893		\$3,963,787		\$79,276	\$3,805,236	
4.	4	OASOC Program	E		\$297,796		\$297,796			\$297,796	
5.	5	SEACAP Program	E		\$338,848		\$338,848	\$56,475	\$56,475	\$225,899	
6.	6	COPE Program	E			\$724,759	\$724,759	\$72,476	\$108,714	\$471,093	
7.						\$0					
8.						\$0					
9.						\$0					
10.						\$0					
11.						\$0					
12.						\$0					
13.						\$0					
14.						\$0					
15.						\$0					
16.						\$0					
17.						\$0					
18.						\$0					
19.						\$0					
20.						\$0					
21.						\$0					
22.						\$0					
23.						\$0					
24.						\$0					
25.						\$0					
26.	<b>Subtotal: Workplans<sup>a/</sup></b>			\$4,755,825	\$2,618,537	\$724,759	\$8,099,121	\$1,107,532	\$1,376,922	\$5,117,770	
27.	<b>Optional 10% Operating Reserve<sup>b/</sup></b>										
28.	<b>CSS Administration<sup>c/</sup></b>						\$535,971				
29.	<b>CSS Capital Facilities Projects<sup>d/</sup></b>						\$0				
30.	<b>CSS Technological Needs Projects<sup>d/</sup></b>						\$0				
31.	<b>CSS Workforce Education and Training<sup>d/</sup></b>						\$0				
32.	<b>CSS Prudent Reserve<sup>e/</sup></b>										
33.	<b>Total Funds Requested</b>						\$8,635,092				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= 58.72%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

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

e/ Complete Exhibit 4.

Exhibit 2a

**FY 2008/09 Mental Health Services Act Previously Approved Capital Facilities and Technological Needs and Workforce Education and Training Projects Funding Requirements**

County: Merced

Date: 8/1/2008

1. Capital Facilities Projects <sup>a/</sup>	\$0
2. Technological Needs Projects <sup>a/</sup>	\$0
3. Workforce Education and Training <sup>a/</sup>	\$652,000

a/ Complete budget pages from relevant guidelines for each component. (See MCDMH MHSA CSS Update Plan - Appendix B)

Exhibit 3R

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

Date: 8/1/2008

County: Merced

	Use of Funds	Source of Funds	
Total FY 2008/09 Funds Requested from line 33 of Exhibit 2	\$8,635,092		
		\$0	FY 06/07 CSS Unapproved Planning Estimates
		\$1	FY 07/08 CSS Unapproved Planning Estimates
		\$4,971,600	FY 08/09 CSS Planning Estimates*
		\$1,294,027	Unspent CSS Funds (Cash on Hand)
<b>Total</b>	<b>\$8,635,092</b>	<b>\$6,265,628</b>	

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

**Mental Health Services Act (MHSA)  
Community Services and Supports (CSS)  
FY 2008/09 Local Prudent Reserve Plan**

County: Merced

Date: 8/1/2008

<b>Approved CSS Component Amount</b>	
1. Requested FY 08/09 CSS Services Funding (Exhibit 2, line 26)	\$ 8,099,121.00
2. Less: Non-Recurring Expenditures (from Exhibit 5a, 5b, and/or 5c)	\$ (2,065,000.00)
3. CSS Administration (Exhibit 2, line 28)	\$ 535,971.40
4. Total CSS Plan Component Amount	\$6,570,092
5. Maximum Prudent Reserve (50%)	\$3,285,046
<b>Prudent Reserve</b>	
6. Prudent Reserve Balance from Prior Approvals	\$0
7. Amount Requested to Dedicate to Prudent Reserve through this Plan update	\$0
8. Prudent Reserve Balance	\$0
9. Prudent Reserve Shortfall to Achieving 50% (Describe below)	\$0

The Department cannot approve a Plan update that does not achieve a local prudent reserve of 50% unless services would have to be reduced in order to attain the required amount. Please describe below how the County intends to reach the 50% requirement by July 1, 2010 (i.e., future increases in CSS planning estimates will be dedicated to prudent reserve before funding program expansion, other).

We anticipate achieving our requirement of fifty percent (50%) by July 1, 2010.

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

County: Merced

Fiscal Year: 2008-09

Date: 8/1/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
<b>A. Expenditures</b>		
<b>1. Personnel Expenditures</b>		
a. MHSA Coordinator(s)	\$114,122	\$81,349
b. MHSA Support Staff	\$31,559	\$41,054
c. Other Personnel (list below)		
i. Fiscal Staff	\$32,977	\$9,691
ii. Information Technology Staff	\$49,508	\$123,589
iii. Personnel Staff		\$2,281
iv. Administration Staff		\$65,868
v. Consumer Assistance Worker	\$14,863	\$0
vi.		
vii.		
d. Total Salaries	\$243,029	\$323,832
e. Employee Benefits	\$129,902	\$147,508
f. Total Personnel Expenditures	\$372,931	\$471,340
<b>2. Operating Expenditures</b>	\$62,252	\$64,401
<b>3. County Allocated Administration</b>		
a. Countywide Administration (A-87)	\$170,000	\$202,653
b. Other Administration (provide description in budget narrative)		
c. Total County Allocated Administration	\$170,000	\$202,653
<b>4. Total Proposed County Administration Budget</b>	\$605,183	\$738,393
<b>B. Revenues</b>		
<b>1. New Revenues</b>		
a. Medi-Cal (FFP only)	\$115,641	\$130,595
b. Other Revenue	\$67,348	\$71,827
<b>2. Total Revenues</b>	\$182,989	\$202,422
<b>C. Non-Recurring Expenditures</b>		
<b>D. Total County Administration Funding Requirements</b>	\$422,194	\$535,971

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all MHSA program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

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

Signature Original Signed by Frank Whitman  
Local Mental Health Director or Designee

Executed at Merced, California

**E. BUDGET NARRATIVE: COMMUNITY SERVICES AND SUPPORT WORK PLAN**County: **Merced**Fiscal Year: **2008 - 2009**Program Work Plan: **Administration**Program Work Plan Name: **Administration****BUDGET OVERVIEW:**

The budget for administration of all the MHSA CSS funded programs represents those expenditures and revenues necessary to effectively manage daily fiscal operations of the programs and ensure the funding necessary to comply with all related laws, rules, and regulations.

Estimated 2008/09  
Expenditure & Revenue

**A. Expenditures**

## 1. Personnel Expenditures

The budgeted line items associated with this section will continue with the previously approved staffing, and increase staffing by one (1) FTE Information Systems Analyst.

## 2. Operating Expenditures

In the budgeted line items associated with this section includes but is not limited to:

Travel & Transportation – Costs support staff field operations and related trainings/conferences throughout the year;

General Office Expenditures – Staff office supplies

Rent, Utilities, & Equipment – funding to support program staff operations while operating within county mental health department.

## 3. County Allocated Administration

Estimated Countywide Administration (A-87) costs are budgeted.

**B. Revenues**

## 1. New Revenue

## a. Medi-Cal (FFP Only)

Fifteen percent (15%) of program generated Medi-Cal FFP is budgeted for administration support.

## b. Other Revenue

Realignment funding is budgeted to the costs of current MHSA coordination staffing

**C. Non-Recurring Expenditures**

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

County: Merced Fiscal Year: 2008-09  
 Program Workplan # 1 Date: 8/1/2008  
 Program Workplan Name WeCAN Program Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 52  
 Existing Client Capacity of Program/Service: 52 Prepared by: S. Robinson  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 209-381-6816

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
<b>A. Expenditures</b>		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports	\$60,000	\$92,351
2. Personnel Expenditures	\$631,174	\$607,479
3. Operating Expenditures	\$850,506	\$187,365
4. Program Management		\$703,000
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
<b>7. Total Proposed Program Budget</b>	<b>\$1,541,680</b>	<b>\$1,590,195</b>
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>	\$1,541,680	\$1,590,195
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
<b>3. Total Revenues</b>	\$1,541,680	\$1,590,195
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>

E. BUDGET NARRATIVE: COMMUNITY SERVICES AND SUPPORT WORK PLAN	
County: <b>Merced</b>	Fiscal Year: <b>2008 - 2009</b>
Program Work Plan: <b>1</b>	Program Work Plan Name: <b>WeCan Program</b>
BUDGET OVERVIEW:	
The budget for this program represents those expenditures and revenues necessary to continue to support foster care youth as summarized in the FY 08/09 budget	
Estimated 2008/09 Expenditure & Revenue	
A. Expenditures	
1. Client, Family Member & Care Giver Support Expenditure	
a. Housing	Stipends will be funded by AB163 funding through the County Social Services Department
b. Other Supports	Other Support Expenditures include but are not limited to:  Foster Care Placement recruiter operations, family members will recruit of Foster Care Providers.  Clothing, Food & Hygiene – provide for personal support to program's priority population.  Employment & Education Supports: Tutoring expenditures for youth in Foster Care placements.
2. Personnel Expenditures	
Personnel expenditures were reduced to reflect staffing needs.	
3. Operating Expenditures	
The budget line items associated with this section includes but are not limited to:  Travel & Transportation – Costs associated with staff to support field operations as well as trainings and conferences throughout the State;  Rent, Utilities, & Equipment – funding to support program staff operations while operating within the County Mental Health Department;  General Office Expenditures – staff office supplies.	
4. Program Management	
Covers operation costs associated with contract providers "Aspira".	
5. Estimated Total Expenditures (when service provider is not known)	
6. Non-recurring Expenditures	
B. Revenues	
1. Existing Revenue	
The WeCan Program has generated Medi-Cal FFP funds from clinical services that have been provided to Medi-Cal clients.	

Estimated 2008/09 Expenditure & Revenue	
2. New Revenue	
a. Medi-Cal (FFP Only)	
b. State General Funds	
c. Other Revenue	

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

County: Merced Fiscal Year: 2008-09  
 Program Workplan # 2 Date: 8/1/2008  
 Program Workplan Name CARE Program Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 50  
 Existing Client Capacity of Program/Service: 37 Prepared by: S. Robinson  
 Client Capacity of Program/Service Expanded through MHSA: 13 Telephone Number: 209-381-6816

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
<b>A. Expenditures</b>		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports	\$803,092	
2. Personnel Expenditures	\$178,019	\$186,095
3. Operating Expenditures	\$35,138	\$103,780
4. Program Management		\$893,861
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
<b>7. Total Proposed Program Budget</b>	<b>\$1,016,249</b>	<b>\$1,183,736</b>
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>	\$1,016,249	\$1,183,736
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		\$0
b. State General Funds		\$0
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$0
<b>3. Total Revenues</b>	\$1,016,249	\$1,183,736
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>

E. BUDGET NARRATIVE: COMMUNITY SERVICES AND SUPPORT WORK PLAN	
County: <b>Merced</b>	Fiscal Year: <b>2008 - 2009</b>
Program Work Plan: <b>2</b>	Program Work Plan Name: <b>CARE Program</b>
BUDGET OVERVIEW:	
<p>The budget for this program represents those expenditures and revenues necessary to support a comprehensive community services and support approach twenty-four (24) hours a day, seven (7) days a week.</p> <p>Significant client, family member and caregiver support expenditures exist within our contracted provider.</p>	
Estimated 2008/09 Expenditure & Revenue	
A. Expenditures	
1. Client, Family Member & Care Giver Support Expenditure	
a. Housing	
b. Other Supports	
2. Personnel Expenditures	The budgeted line items associated with this section continue full year funding for the previous years staffing.
3. Operating Expenditures	<p>The budgeted line items associated with this section include but are not limited to:</p> <p>Travel &amp; Transportation – which cover staff field operations and related trainings/conferences throughout the State;</p> <p>General Office Expenditures – covers staff office supplies;</p> <p>Rent, Utilities &amp; Equipment – covers the support of program staff operations while operating within the County Mental Health Department</p>
4. Program Management	Covers operation costs associated with contract provider "Turning Point".
5. Estimated Total Expenditures (when service provider is not known)	
6. Non-recurring Expenditures	
B. Revenues	
1. Existing Revenue	The CARE Program has generated Medi-Cal FFP funds from clinical services that have been provided to Medi-Cal clients.
2. New Revenue	

Estimated 2008/09 Expenditure & Revenue
a. Medi-Cal (FFP Only)
b. State General Funds
c. Other Revenue



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

County: Merced Fiscal Year: 2008-09  
 Program Workplan # 3 Date: 8/1/2008  
 Program Workplan Name Wellness Center Program Page 1 of 1  
 Type of Funding 2. System Development Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 850  
 Existing Client Capacity of Program/Service: 645 Prepared by: S. Robinson  
 Client Capacity of Program/Service Expanded through MHSA: 205 Telephone Number: 209-381-6816

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
<b>A. Expenditures</b>		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$5,000
b. Other Supports	\$53,126	\$44,376
2. Personnel Expenditures	\$956,149	\$1,366,457
3. Operating Expenditures	\$231,766	\$482,954
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		\$2,065,000
<b>7. Total Proposed Program Budget</b>	<b>\$1,241,041</b>	<b>\$3,963,787</b>
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>	\$1,241,041	\$1,898,787
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
<b>3. Total Revenues</b>	\$1,241,041	\$1,898,787
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$2,065,000</b>

**E. BUDGET NARRATIVE: COMMUNITY SERVICES AND SUPPORT WORK PLAN**

County: **Merced**

Fiscal Year: **2008 - 2009**

Program Work Plan: **3**

Program Work Plan Name: **Wellness Center**

**BUDGET OVERVIEW:**

The budget for this program represents those expenditures and revenues necessary to continue current operations as well as enhancing the future Recovery Model at the Wellness Center.

**Estimated 2008/09  
Expenditure & Revenue**

**A. Expenditures**

**1. Client, Family Member & Care Giver  
Support Expenditure**

**a. Housing**

Funding within this line item covers the housing costs in support of the recovery model within the Wellness Center.

The budget line items associated with this section include but are not limited to:

Continue current operations as well as enhancing the future Recovery Model at the Wellness Centers

**b. Other Supports**

Costs to provide personal support to the program's priority population, includes employment, educational support encouraging, and empowering client to obtain gainful employment.

This line item further covers the funding for supplies to encourage self-employment activities, socialization and recreational activities.

**2. Personnel Expenditures**

This budget line item covers the cost of two (2) additional FTE. Also included in this line item are the increased costs associated with the hiring of Consumer Assistance Workers.

Operating expenditures include but are not limited to:

Professional services;  
On-site Adult Educational Teacher;  
Recovery Group Trainings;  
Employment Development;  
Housing Development;

Translation/Interpretation - Cultural Competency support for monolingual clients;

**3. Operating Expenditures**

Travel & Transportation -  
Staff field operations;  
Trainings and conferences throughout State;  
Transportation of clients to field events.

General Office expenditures - staff office supplies;

Rent, Utilities & Equipment - funding to support program staff operations while operating within County Mental Health Department.

Existing data processing costs for the Wellness Centers.

Estimated 2008/09 Expenditure & Revenue	
4. Program Management	
5. Estimated Total Expenditures (when service provider is not known)	
6. Non-recurring Expenditures	<p>Items associated with this line item include but are not limited to:</p> <p>The acquisition of a building for the previously approved Wellness Center in the Los Banos area. Also included are the costs associated with the interior and/or location design of the Merced Wellness Centers.</p>
B. Revenues	
1. Existing Revenue	The Wellness Center has generated Medi-Cal FFP funds from clinical services that have been provided to Medi-Cal clients.
2. New Revenue	
a. Medi-Cal (FFP Only)	
b. State General Funds	
c. Other Revenue	

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

County: Merced Fiscal Year: 2008-09  
 Program Workplan #: 4 Date: 8/1/2008  
 Program Workplan Name: OASOC Program Page 1 of 1  
 Type of Funding: 2. System Development Months of Operation: 12  
 Proposed Total Client Capacity of Program/Service: 80  
 Existing Client Capacity of Program/Service: 80 Prepared by: S. Robinson  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 209-381-6816

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
<b>A. Expenditures</b>		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports	\$5,000	\$5,000
2. Personnel Expenditures	\$207,558	\$258,926
3. Operating Expenditures	\$31,839	\$33,870
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
<b>7. Total Proposed Program Budget</b>	<b>\$244,397</b>	<b>\$297,796</b>
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>	\$244,397	\$297,796
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
<b>3. Total Revenues</b>	\$244,397	\$297,796
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>

**E. BUDGET NARRATIVE: COMMUNITY SERVICES AND SUPPORT WORK PLAN**

County: **Merced**

Fiscal Year: **2008 - 2009**

Program Work Plan: **4**

Program Work Plan Name: **OASOC Program**

**BUDGET OVERVIEW:**

The budget for this program represents those expenditures and revenues necessary to continue an Older Adult System of Care Program as summarized in the FY 2008/09 budget.

**Estimated 2008/09  
Expenditure & Revenue**

**A. Expenditures**

**1. Client, Family Member & Care Giver  
Support Expenditure**

**a. Housing**

**b. Other Supports**

Other supports include but are not limited to: Clothing, Food and Hygiene - costs to provide personal support to program's priority population; and other support expenditures.

**2. Personnel Expenditures**

There are no staffing changes.

**3. Operating Expenditures**

Operating expenditures include but are not limited to:

Translation/Interpretation - cultural competency support for monolingual clients;

Travel & Transportation - costs to support field operations and related trainings/conferences throughout the State;

General Office Expenditures - staff office supplies;

Rent, Utilities, & Equipment - funding to support program staff operations while operating within County Mental Health Department.

**4. Program Management**

**5. Estimated Total Expenditures  
(when service provider is not known)**

**6. Non-recurring Expenditures**

**B. Revenues**

**1. Existing Revenue**

The OASOC Program has generated Medi-Cal FFP funds from clinical services that have been provided to Medi-Cal clients.

**2. New Revenue**

**a. Medi-Cal (FFP Only)**

Estimated 2008/09 Expenditure & Revenue
b. State General Funds
c. Other Revenue

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

County: Merced Fiscal Year: 2008-09  
 Program Workplan #: 5 Date: 8/1/2008  
 Program Workplan Name: SEACAP Program Page 1 of 1  
 Type of Funding: 2. System Development Months of Operation: 12  
 Proposed Total Client Capacity of Program/Service: 150  
 Existing Client Capacity of Program/Service: 100 Prepared by: S. Robinson  
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: 209-381-6816

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
<b>A. Expenditures</b>		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures	\$176,401	\$0
3. Operating Expenditures	\$59,942	\$14,000
4. Program Management		\$324,848
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
<b>7. Total Proposed Program Budget</b>	<b>\$236,343</b>	<b>\$338,848</b>
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>	\$236,343	\$338,848
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
<b>3. Total Revenues</b>	\$236,343	\$338,848
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>

E. BUDGET NARRATIVE: COMMUNITY SERVICES AND SUPPORT WORK PLAN	
County: <b>Merced</b>	Fiscal Year: <b>2008 - 2009</b>
Program Work Plan: <b>5</b>	Program Work Plan Name: <b>SEACAP Program</b>
BUDGET OVERVIEW:	
The budget for this program represents those expenditures and revenues necessary to provide mental health services to the county's Southeast Asian communities as summarized in the FY 2008/09 budget.	
Estimated 2008/09 Expenditure & Revenue	
A. Expenditures	
1. Client, Family Member & Care Giver Support Expenditure	
a. Housing	
b. Other Supports	
2. Personnel Expenditures	
3. Operating Expenditures	Operating expenditures include but are not limited to:  General Office Expenditures - staff office supplies;  Rent, Utilities, & Equipment - funding to support program staff operations while operating within County Mental Health Department.
4. Program Management	Funding is budgeted to contract with Merced Lao Family Community to provide culturally and linguistically competent services to the Southeast Asian community.  The Merced Lao Family Community will continue with the previously approved staffing, with the addition of 0.25 (quarter) FTE (community leader).
5. Estimated Total Expenditures (when service provider is not known)	
6. Non-recurring Expenditures	
B. Revenues	
1. Existing Revenue	The SEACAP Program has generated Medi-Cal FFP funds from clinical services that have been provided to Medi-Cal clients.
2. New Revenue	
a. Medi-Cal (FFP Only)	



Estimated 2008/09 Expenditure & Revenue	
b. State General Funds	
c. Other Revenue	

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

County: Merced Fiscal Year: 2008-09  
 Program Workplan # 6 Date: 8/1/2008  
 Program Workplan Name COPE Program Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 1,000  
 Existing Client Capacity of Program/Service: 1,000 Prepared by: S. Robinson  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 209-381-6816

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
<b>A. Expenditures</b>		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$23,600	
b. Other Supports	\$27,700	\$27,550
2. Personnel Expenditures	\$375,868	\$634,055
3. Operating Expenditures	\$31,509	\$63,154
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
<b>7. Total Proposed Program Budget</b>	<b>\$458,677</b>	<b>\$724,759</b>
<b>B. Revenues</b>		
<b>1. Existing Revenues</b>	\$458,677	\$580,187
<b>2. New Revenues</b>		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
<b>3. Total Revenues</b>	\$458,677	\$580,187
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$144,572</b>

E. BUDGET NARRATIVE: COMMUNITY SERVICES AND SUPPORT WORK PLAN	
County: <b>Merced</b>	Fiscal Year: <b>2008 - 2009</b>
Program Work Plan: <b>6</b>	Program Work Plan Name: <b>COPE Program</b>
BUDGET OVERVIEW:	
The budget for this program represents those expenditures and revenues necessary to continue outreach and engagement as summarized in the FY 2008/09 budget.	
Estimated 2008/09 Expenditure & Revenue	
A. Expenditures	
1. Client, Family Member & Care Giver Support Expenditure	
a. Housing	
b. Other Supports	Line items associated with this section include but are not limited to:  Clothing, food and hygiene –costs to provide personal support to program's priority population;  Travel & Transportation - Bus tokens are provided.
2. Personnel Expenditures	The budgeted line items associated with this section will continue with the previously approved staffing, and increase staffing by two (2) Mental Health Clinicians and one (1) Extra-Help Medical Records Technician.
3. Operating Expenditures	Operating expenditures include but are not limited to:  Translation/Interpretation and cultural competency support;  Travel & Transportation - costs of staff to support related trainings and conferences throughout State;  Rent, Utilities & Equipment - funding to support program staff operations while operating within county mental health facilities;  Medication & Medical Support - budgeted costs for medications
4. Program Management	
5. Estimated Total Expenditures (when service provider is not known)	
6. Non-recurring Expenditures	
B. Revenues	
1. Existing Revenue	The COPE Program has generated Medi-Cal FFP funds from clinical services that have been provided to Medi-Cal clients.
2. New Revenue	

Estimated 2008/09 Expenditure & Revenue
a. Medi-Cal (FFP Only)
b. State General Funds
c. Other Revenue

**F. TWENTY PERCENT (20%) MHSA FUNDING :**  
**COMMUNITY SERVICES AND SUPPORT (CSS) WORKPLAN**

County: <b>Merced</b>	Fiscal Year: <b>2008 - 2009</b>
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Maximum 20% of MHSA Funding	\$1,057,400.00*
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The 2008/09 CSS plan does not exceed the use of 20% discretionary funds to cover the Prudent Reserve, Capital Facilities and Technological Needs and Workforce Education and Training Costs.

\*Reference in DMH Information Notice Number: 08-10, Exhibit 6

**G. COMMUNITY PLANNING PROCESS (CPP):**  
**CSS WORKPLAN**

County: <b>Merced</b>	Fiscal Year: <b>2008 - 2009</b>
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The 2005 CSS Community Planning Process identified eight (8) programs to meet the community needs. Due to budgetary constraints, the programs were prioritized and only six (6) of the eight (8) programs were implemented. This prioritization process eliminated many services that were initially identified.

All of the proposed services requested in the expansion plan were identified through surveys and focus groups conducted in the CPP.



**Mark J. Hendrickson**  
Director of Governmental Affairs

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Equal Opportunity Employer

**FOR IMMEDIATE RELEASE**

August 1, 2008

CONTACT: Mark Hendrickson 209.385.7636

**MENTAL HEALTH DEPARTMENT OPENS PUBLIC COMMENT PERIOD ON MHSA CSS PLAN**

**MERCED** – The Merced County Department of Mental Health (MCDMH) has opened a 30-day public viewing and comment period for its current *Mental Health Services Act (MHSA) Community Services and Supports (CSS)* component of the three-year program and expenditure plan request. At the close of this public comment period, the Merced County Mental Health Advisory Board will hold a public hearing on Tuesday, September 2, 2008 from 4:30 p.m. to 6:30 p.m. in the conference room at its Merced County, Department of Mental Health Administration Office, located at 3090 M Street in Merced. Interpretative assistance will be available to Spanish and Hmong-speaking residents in attendance at the public hearing.

The CSS plan details service delivery systems for mental health services and support for children, youth, transitional-age youth, adults and older adults. The fundamental concepts inherent in the CSS plan address community collaboration, cultural and linguistic competence, client/family-driven mental health system, wellness focus (which includes concepts of recovery and resilience) and integrated services.

The plan will be posted on the Merced County Department of Mental Health website <http://www.co.merced.ca.us/mentalhealth/mhsa.html#mhsapupdate>. Residents can request an electronic version of the documents by emailing [mhsa@co.merced.ca.us](mailto:mhsa@co.merced.ca.us). The public can also request a hard copy of the documents by contacting the Mental Health Department at (209) 381-6800 or toll free at 1-866-626-6472. The following staff will be on hand to accept requests:

- |                            |                      |
|----------------------------|----------------------|
| English speaking residents | Josette Torres       |
| Spanish speaking residents | Iris Mojica de Tatum |
| Hmong speaking residents   | Blong Lee            |

To provide input, recommendations and comments, please call 1-866-626-6472 or email your comments to [mhsa@co.merced.ca.us](mailto:mhsa@co.merced.ca.us).

– 30 –

For more information regarding Merced County, please visit our website at [www.co.merced.ca.us](http://www.co.merced.ca.us)



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MUAB TSO TAWM TAMSID (for Immediate Release)

August 1, 2008

(Lus Hmoob)

Hu Rau: Mark Hendrickson 209.385.7636

**MENTAL HEALTH DEPARTMENT MUAJ IB LUB SIJHAWM QHIB RAU IB ZEEJTROOM PAB  
TAWM TSWVYIM RAU MHSA CSS LUB HOM PHIAJ UAS THOV TXOG**

**MERCED** – Ntawm Merced County Mental health MCDMH tau qhib 30 hnub rau ib zeejtroom tau tawm lus pab rau *Mental Health Services Act (MHSA) Community Services thiab Supports services (CSS)* sib xyaws nyob rau hauv 3-xyoos program thiab tus program expenditure. Txog rau thaum sijhawm kaw tawm suab lawm, Mental Health lub txhooj (Advisory Board) yuav muab sijhawm rau ib zeejtroom tau hnub Tuesday, lub 9 hlis tim 2, xyoo 2008. Lub sijhawm yuav pib thaum 4:30 txog rau 6:30, chav **conference room**, yav tsaus ntuj nyob rau tom Merced County, Department of Mental Health Administration building, chaw nyob 3090 M Street, hauv Merced. Lus Hmoob, lus Spanish yuav muaj txhais pub rau cov neeg tuaj mloog.

Ntawm tus CSS yog muaj los pab rau cov me yau, cov tiavhluas, cov nrab neej, thiab cov laus. Lub niam tswvyim no yog tsim kom muaj nyob rau CSS daim phiaj hais txog kev koom tes ntawm ib zeejtroom, tus kev lis kev cai rhawv los siv, tus neeg mob/los yog tsev neeg nyob rau txoj ke puas hlwb, tso mkwm kev nyabxeeb (nrog rau kev xav nrooj txog kev kho thiab kev hloov tau) thiab txog kev koom ua haujlwm ua ke

Daim phiaj no yuav muab sau cia rau hauv Merced County Department of Mental Health lub website <http://www.co.merced.ca.us/mentalhealth/mhsa.html#mhsapupdate>. Tus neeg mob kuj muaj cuabkav tau txais daim phiaj no mus saib yog nws xa E-Mail rau [mhsa@co.merced.ca.us](mailto:mhsa@co.merced.ca.us) Yog zeejtroom leej twg xav tau daim qauv yuav tau hu rau Mental Health ntawm (209) 381-6800, los yog hu tus foos dawb 1-866-626-6472. Tus neeg uas nyob raww yuav teb koj kuj yog.

Hais lus Askiv

Josette Torres

Hais lus Spanish

Iris Mojica de Tatum

Hais lus Hmoob

Blong Vangkhu Lee

Yog muaj lus txhawb, lus ntuas, los yog lus qhuas thov hu 1-866-626-6472 los yog xa cov lus nkag E-Mail [mhsa@co.merced.ca.us](mailto:mhsa@co.merced.ca.us)

- 30 -

Yog ho muaj lwm yam txog Merced County, thov hu rau website [www.co.merced.ca.us](http://www.co.merced.ca.us)



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**PARA PUBLICARSE INMEDIATAMENTE**

August 1, 2008

CONTACTO: Mark Hendrickson 209.385.7636

**EL DEPARTAMENTO DE SALUD MENTAL ABRE UN PERÍODO DE COMENTARIO PÚBLICO SOBRE LA SOLICITUD DEL COMPONENTE DE SERVICIO DE APOYO COMUNITARIO LOCAL (CSS).**

**MERCED** – El Departamento de Salud Mental del Condado de Merced (MCDMH) ha abierto una vista pública de 30 días y un período de comentarios para su actual solicitud del componente de servicio de apoyo comunitario local(CSS) del decreto de servicios de Salud Mental (MHSA). El condado es requerido a presentar un programa de tres años y un plan de gastos. Al terminar este período de comentario público, la junta consultiva del departamento de Salud Mental del Condado de Merced, llevará a cabo una audiencia pública el Martes, 2 de Septiembre del 2008, de 4:30 a 6:30 p.m. en la sala de conferencias del la oficina administrative del departamento de Salud Mental. Esta oficina está localizada en el 3090 de la calle "M" en Merced. Intérpretes estarán disponibles para residents que hablan solamente español o Hmong y que asistan a esta audiencia pública.

El plan CSS está designado a permitir la continuidad de servir a los niños, adultos y adultos mayores. Los conceptos fundamentales del plan CSS se dirigen a la Colaboración Comunitaria, Competencia Cultural y Lingüística, un sistema de salud mental dirigida al Cliente / Familia, enfoque en el bienestar (que incluye conceptos de recuperación y adaptabilidad) y servicios Integrados.

La solicitud está disponible en <http://www.co.merced.ca.us/mentalhealth/mhsa.html#mhsapupdate>. Los residents pueden solicitar una versión del documento electrónicamente al [mhsa@co.merced.ca.us](mailto:mhsa@co.merced.ca.us). El público también puede solicitar una copia del documento contactando al Departmaneto de Salud Mental al (209) 381-6800 o para llamadas gratis al 1-866-626-6472. El siguiente personal estará disponible para aceptar solicitudes:

Inglés	Josette Torres
Español	Iris Mojica de Tatum
Hmong	Blong Lee

Para someter ideas, recomendaciones y comentarios, por favor llame al 1-866-626-6472 o mande sus comentarios por correo electrónico a [mhsa@co.merced.ca.us](mailto:mhsa@co.merced.ca.us).

– 30 –

Para más información sobre el condado de Merced, por favor visite nuestra página de Internet al

[www.co.merced.ca.us](http://www.co.merced.ca.us)



**I. PROPOSED UPDATE CHANGES: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: <b>Merced</b>	Fiscal Year: <b>2008-09</b>	Estimated Start Date: July 1, 2008
Program Work Plan: <b>1</b>	Program Work Plan Name: <b>WeCAN (Wrap Around, Empowerment, Compassion &amp; Need) PROGRAM</b>	

**CURRENT APPROVED COMMUNITY SERVICES AND SUPPORT PLAN**

**Description of Program:** The WeCan Program is designed to provide “whatever it takes” to assist youth in the process of integrating back into their communities and/or families. The goals of the program are: to reduce out of home placements and to provide strength based, family driven services that promote wellness, recovery, and community integration.

**Priority Population:** The priority population is youth (ages 8 to 15) and transition age youth (ages 16 to 18) who are in foster placement and who are transitioning into a lower level of care. Both wards and dependents of the court are targeted for the program. A special focus of the WeCan Program is the unserved and underserved Hispanic population.

Number of Client Serve:	Existing Client Capacity	Propose Target Capacity By Fund Type			Proposed Target Capacity By Age Group				
		FSP	SYS Dev	OE	CY	TAY	A	OA	Total
52	52	52	0	0	32	20	0	0	52

**1. PROPOSED PROGRAM CHANGES**

The WeCAN FSP Program is designed to reduce out of home placements of youth and to provide strength-based, family-driven services that promote wellness, recovery, and community integration. The priority population is youth (ages 8 to 15) and transition age youth (TAY) (ages 16 to 18) who are in foster placement and who are transitioning into a lower level of care. Both wards and dependents of the court are targeted for the program. However, the profile of youth served since 2005 to 2008 is younger than the targeted ages and primarily limited to dependents. There are several factors that contribute to this pattern of service. A majority of the WeCAN referrals are generated internally from Mental Health or from Child Welfare. The younger children come to the attention of authorities and service agencies due to large groupings of siblings being removed from parental care in traumatic circumstances, while TAY are more frequently diverted to the Probation system wherein they are case-managed by officers and/or are incarcerated.

I. Proposed Update Changes: Community Services and Supports Workplan (Continued)

To adequately serve this underserved population, the WeCAN Program will partner with Probation and will adopt evidenced practices specific to youth ages thirteen to eighteen (13 to 18). Functional Family Therapy (FFT) and Training of Pro-social Skills (TPS) will enhance the treatment options within the continuum of services offered in the WeCAN Program and the TAY Wellness Center (see WELLNESS CENTER workplan).

The WeCAN Program will increase the number of TAYs from ten (10) to twenty (20) by July 1, 2009 and decrease number of children/youth served from forty-two (42) to thirty-two (32) beginning July 1, 2008.

**2. PROPOSED SERVICES ELIMINATION**

<p>Description of Service:</p>  <p>Affect/Impact of the Population</p>	<p>There are no services or programs proposed for elimination in the WeCAN Program.</p>
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I. PROPOSED UPDATE CHANGES: <b>COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY</b>		
County: <b>Merced</b>	Fiscal Year: <b>2008-09</b>	Estimated Start Date: <b>July 1, 2008</b>
Program Work Plan: <b>2</b>	Program Work Plan Name: <b>CARE (Community Assistance Recovery Enterprise) PROGRAM</b>	
<b>CURRENT APPROVED COMMUNITY SERVICES AND SUPPORT PLAN</b>		
Description of Program:	<p>The CARE Program will provide a comprehensive community services and supports approach twenty-four (24) hours a day, seven (7) days a week modeled after the State's AB2034 programs. The Program will use an intensive team approach with emphasis on housing first (1<sup>st</sup>) and the development of employment and/or educational opportunities. It is based on the recovery philosophy of doing "whatever it takes" to integrate seriously emotionally disturbed transition age youth and severely mentally ill adults back into the community, promoting meaningful use of time. This Program will be contracted out to an integrated services agency that will provide or broker out all services. In addition, the CARE Program team will work in collaboration with other agencies, including the Sheriff's Department, Community Action Agency, COTS Program, and Golden Valley Health Clinics. The goals of the CARE Program are consistent with the Mental Health Services Act and are designed to reduce hospitalization, incarceration, homelessness and institutionalization and to increase community integration and employment and/or vocational and education opportunities based on client driven individualized service plans. A special emphasis of the program is to reach the unserved and underserved Hispanic populations in Merced County.</p>	
Priority Population:	<p>There will be three (3) priority populations who will be fully served during the first two (2) years. First, the most vulnerable transition age youth (TAY) population will be included in the CARE Program. Young adults with children, recently exiting the child welfare system, with a co-occurring substance abuse disorder, will be the target population, with an emphasis on Hispanics. The second population will include severely mentally ill adults, ages twenty-six (26) to fifty-four (54), who are homeless, at risk of homelessness with a co-occurring alcohol or drug disorder, and/or those who are coming out of IMDs, jails, or psychiatric hospitals, with a major focus on the Hispanic population. A third (3<sup>rd</sup>) population is transition age adults, ages fifty-five (55) to fifty-nine (59), who are "aging out" of adult board and care housing and/or IMDs or locked SNFs, who may or may not have a co-occurring alcohol or drug disorder.</p>	

I. Proposed Update Changes: Community Services and Supports Workplan (Continued)

	Existing Client Capacity	Propose Target Capacity By Fund Type			Proposed Target Capacity By Age Group				
		FSP	SYS Dev	OE	CY	TAY	A	OA	Total
Number of Client Serve:	37	50	0	0	0	22	26	2	50

**1. PROPOSED PROGRAM CHANGE**

The CARE Program is the designated Full Service Partnership for TAYs and adults as outlined in the original CSS Plan. Merced County Department of Mental Health (MCDMH) original plan had not defined service programs for older adults within the service delivery system prior to the creation of a targeted MHSA program. The potential enrollee base, the characteristics and demographics of the population, the level of staff required and community partnerships needed to be explored to adequately address the needs of this additional target population. MCDMH undertook a needs assessment as part of the General System Development strategy, Older Adult System of CARE (OASOC) Program. As a result of this needs assessment, MCDMH will increase the target population in the CARE Program to include the older adult population effective July 1, 2008. MCDMH contracts with Turning Point to provide FSP services and the contractor will expand capacity to adequately serve this additional client group. Turning Point will operate from a best practice model with strategies incorporating integrated mental health and primary care, integrated substance abuse (including over the counter medications) with mental health treatment, home based geriatric mental health services, counseling and suicide prevention, service improvement through community partnerships, illness management and recovery based services, interventions for caregivers, and housing supports to remain in independent living as well as traditional mental health services.

The CARE Program will increase the number of adults and TAYS served to reflect the identified need in Merced County. The number of older adults will increase from zero (0) to two (2), adults will increase from eighteen (18) to twenty-six (26) and the number of TAYS from nineteen (19) to twenty-two (22). The CARE Program will total of fifty (50) enrollees total by July 1, 2009.

**2. PROPOSED SERVICES ELIMINATION**

Description of Service:	There are no services or programs proposed for elimination in the CARE Program.
Affect/Impact of the Population	

**I. PROPOSED UPDATE CHANGES: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: <b>Merced</b>	Fiscal Year: <b>2008-09</b>	Estimated Start Date: June 2, 2008
Program Work Plan: <b>3</b>	Program Work Plan Name: <b>Wellness Center PROGRAM</b>	

**CURRENT APPROVED COMMUNITY SERVICES AND SUPPORT PLAN**

Description of Program:	<p>The Wellness Center will be designed to infuse our entire system with the philosophy and principles of recovery and will be available to all clients. It will provide client operated services, including housing, vocational, and educational assistance, as well as a focus on social relationships and community integration activities. The Wellness Center will be a multicultural, welcoming environment. All staff/volunteers will be trained in client related cultural, sexual orientation and gender issues and an atmosphere that celebrates diversity will be promoted. The intent is to provide a place where clients support each other and receive services in order to assist each other in maintaining their current level of care in the community. Clients will be encouraged to assist other clients in achieving community reintegration, wellness and meaningful social connections. During the first two (2) years, the Wellness Center will offer services and supports in Merced. In the third (3<sup>rd</sup>) year, a drop-in/socialization center will be opened in Los Banos.</p>								
Priority Population:	<p>The priority population served by the Wellness Center will be transition age youth, adults, transition age adults and older adults with serious emotional disturbances and severe mental illness.</p>								
Number of Client Serve:	Existing Client Capacity	Propose Target Capacity By Fund Type			Proposed Target Capacity By Age Group				
		FSP	SYS Dev	OE	CY	TAY	A	OA	Total
	645	0	850	0	0	115	720	15	850

## **1. PROPOSED PROGRAM CHANGES**

The Wellness Center has proven to be an enormously successful recovery-based program with wide use throughout the Department. Clients of differing cultures use the Wellness Centers freely and bring their diverse traditions and heritage to share. The environment is steeped in “client culture”, where the recovery principles are alive and active. However, departmental staff has noted that significant numbers of formerly active dually diagnosed clients have resisted utilizing the Wellness Center on a consistent basis. When questioned, these clients state that they are, “not like them”, referring to clients who have not experienced substance abuse issues. To more effectively engage this unique, underserved population MCDMH will form a specialized Dual Diagnosis treatment team, consisting of an AOD counselor, a second Dual Diagnosis Specialist, and an additional Wellness Center clinician. The specialized Dual Diagnosis wellness center clubhouse will have dedicated space designed specifically for open attendance, dual diagnosis groups and activities. Staff is engaged in a training process to effectively utilize the principles and practices of SAMSHA TIP 42 (forty-two) and the Quadrant Model and this training will continue into the next year. Specifically, TIP 42 (forty-two) includes nine (9) “Guiding Principles”. They are: Employ a Recovery Perspective; Adopt a Multi-problem Viewpoint; Develop a Phased Approach to Treatment; Address Specific Real Life Problems Early in Treatment; Plan for the Client’s Cognitive and Functional Impairments; *Use Support Systems to Maintain and Extend Treatment Effectiveness*; *Mutual Self-Help*; *Building Community*; and *Reintegration with Family and Community*. The three (3) italicized principles, which speak to the need for readily available informal and formal supportive relationships, are the key components and driving factor in creating a separate and distinct clubhouse atmosphere.

Client culture has transformed significantly in Merced County, with consumer empowerment and choices impacting service delivery and client input driving departmental decisions. Clients vote on proposals, create work plans for change, present letters of request to the Mental Health Director and recognize their power within the organization to impact policy and procedures. The consumers participating in the Wellness Center have expressed preferences for the interior and location of the Wellness Center, and are actively engaged in finalizing plans for its design. To meet the requests of the consumer planning group, MCDMH will re-direct funds previously targeted for the purchase of a mobile clinic (RV) to the interior décor and furnishings in the Wellness Centers.

Distinct in emotional/social needs, developmental milestones and culture is the TAY population. As evidenced by a three percent (3%) TAY participation in the Wellness Center, TAYs require a separate location and approach.

The proposed expansion plan will establish a separate and distinct TAY Wellness Center. As does the original Wellness Center, the TAY Wellness Center will define mental health recovery. In structure and design, the TAY Wellness Center will embrace and promote the concepts, philosophies, and practices of recovery. Initially, staff will solely operate the TAY Wellness Center. Within three (3) years of establishing the TAY Wellness Center, Consumer Assistance Workers (former TAY clients of Mental Health), and volunteer TAYs, will assume the primary role of operating the TAY Wellness Center. The TAY Wellness Center will evolve to reflect client decisions, interests, and preferences.

I. Proposed Update Changes: Community Services and Supports Workplan (Continued)

The TAY Wellness Center will offer a continuum of culturally and age appropriate services. Through interagency partnering and the integration of established services, the TAY Wellness Center will include self-help groups, peer support, youth/family run programs, youth/families as providers, family to family support groups, leadership training programs, integrated and concurrent substance abuse and mental health services, supportive education and employment services, transportation, and recreation and cultural activities. Transformation from a punitive problem-driven juvenile service system to a welcoming recovery model will occur with the infusion of developmental needs and desires of youth. Through activities and a space that is in harmony with the TAY population, the TAY Wellness Center and WeCan Program will be positioned as a seamless thoroughfare to recovery and resiliency services.

The Los Banos Wellness Center opened December 2007 in the pre-existing Los Banos rural Clinic in a single-wide trailer. The space allocated for the Wellness Center is a single room with adjoining snack “kitchen” and bathroom which limits the number and variety of activities or groups offered. There is a clear need for a space which includes an actual kitchen for cooking activities, contained group or classroom spaces, computer access area, vocational rehabilitation training, and leisure and socialization activities. MCDMH plans to obtain a substantial building to house a greatly enhanced Wellness Center and the ancillary services that support its success. The effective date is uncertain pending availability of adequate, appropriate offices for purchase. The Merced County, Board of Supervisors authorized the Department to begin a formal search for replacement clinic/ Wellness Center space on May 20, 2008.

MCDMH anticipates that with these transformational strategies, 120 additional clients will be served by the specialized Dual Diagnosis treatment team and the TAY Wellness Center will serve 100 youth, reaching the goal of 850 clients by July 1, 2009.

**2. PROPOSED SERVICES ELIMINATION**

Description of Service:	There are no services or programs proposed for elimination in the Wellness Center Program.
Affect/Impact of the Population	

I. PROPOSED UPDATE CHANGES: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY									
County: <b>Merced</b>		Fiscal Year: <b>2008-09</b>			Estimated Start Date: July 1, 2008				
Program Work Plan: <b>4</b>	Program Work Plan Name: <b>OASOC (Older Adult System of Care) PROGRAM</b>								
CURRENT APPROVED COMMUNITY SERVICES AND SUPPORT PLAN									
Description of Program:	The Older Adult System of Care Program will provide bilingual Spanish and English services to older adults. Services will be provided at clinic sites, in client homes, or at other sites, such as primary care providers. The Program will coordinate treatment with primary care providers and provide older adult peer support and education.								
Priority Population:	OASOC will focus on individuals over the age of 60 (sixty) who are unserved, underserved, homeless, or at risk of homelessness, institutionalization, or hospitalization, with a priority on the Hispanic population.								
Number of Client Serve:	Existing Client Capacity	Propose Target Capacity By Fund Type			Proposed Target Capacity By Age Group				
		FSP	SYS Dev	OE	CY	TAY	A	OA	Total
	80	0	80	0	0	0	0	80	80
1. PROPOSED PROGRAM CHANGES									
There are no proposed program changes for the OASOC									



<b>2. PROPOSED SERVICES ELIMINATION</b>	
Description of Service:	MCDMH identified a service strategy in the OASOC which stated, "Provide a mobile mental health clinic to reach older adults who cannot access services".
Affect/Impact of the Population	<p>This strategy will not be implemented. The Department was unable to locate a vendor to supply an appropriate custom vehicle easily accessible to seniors. To date, MCDMH has adequate staff dedicated to this program to easily provide services to home bound seniors without the use of a mobile clinic. The greater need is identifying unserved individuals so that these services can be implemented with the existing staff. The Department has vigorously pursued outreach and engagement strategies including initiating a partnership with the Meals on Wheels Program in Merced County beginning August 2008, to identify, assess and treat unserved seniors in their homes. MCDMH participates in the county-wide Multidisciplinary Team meetings involving Adult Protective Services, Mercy Medical Center of Merced, Public Health and other service organizations. Collaborative services are targeted to the identified at-risk individuals and a strategy is developed to provide coordinated services. Frequently, individual that are discussed in this forum are at risk older adults. Additionally, the Department has created a Powerpoint presentation on Suicide Prevention geared to the general population as well as agency partners, and health care personnel.</p> <p>To replace the mobile mental health clinic, MCDMH will foster effective interagency relationships geared to the identification, outreach, and engagement of the unserved older adults.</p>

**I. PROPOSED UPDATE CHANGES: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: <b>Merced</b>	Fiscal Year: <b>2008-09</b>	Estimated Start Date: July 1, 2008
Program Work Plan: <b>5</b>	Program Work Plan Name: <b>SEACAP (South East Asian Community Advocacy) PROGRAM</b>	

**CURRENT APPROVED COMMUNITY SERVICES AND SUPPORT PLAN**

Description of Program:	The SEACAP Program will provide culturally and linguistically appropriate services to unserved and underserved populations in our community. The program will expand services to this population in their language through a contract with Merced Lao Family Community, Inc. The program will advance the goals of the Mental Health Services Act by providing services to underserved populations through community collaboration in a culturally and linguistically appropriate format.								
Priority Population:	The SEACAP Program will serve the priority population of Southeast Asian transition age youth, adults, and older adults – men, women and families with children – with severe mental illness, posttraumatic stress disorder, and depression.								
Number of Client Serve:	Existing Client Capacity	Propose Target Capacity By Fund Type			Proposed Target Capacity By Age Group				
		FSP	SYS Dev	OE	CY	TAY	A	OA	Total
	100	0	150	0	25	25	100	0	150

**1. PROPOSED PROGRAM CHANGES**

The SEACAP Program was originally created to provide culturally competent mental health services to the large Southeast Asian population in Merced, specifically Hmong communities. The program was created in part to foster collaboration with the Shaman (spiritual healers) and traditional mental health treatment and to this end; the target population was limited to TAYS who were legally adults, adults and older adults. The program has grown to be the primary treatment venue for the Southeast Asian community in Merced, and as such the decision was made to expand the target population and include children and youth.

Currently the SEACAP Program is staffed via a contract with Merced Lao Family Inc. to include one (1) mental health clinician and one (1) case manager. The contract will be expanded to include a second (2<sup>nd</sup>) mental health clinician dedicated to accommodate the addition of children/youth treatment services effective July 1, 2008.

I. Proposed Update Changes: Community Services and Supports Workplan (Continued)

Although outreach services are included in the program, additional staff (0.25 FTE Community Leader) will be added to provide a series of community workshops geared to acculturation issues in the older Hmong community. Merced Lao Family has requested a community leader position to mediate, educate and intervene in the increasing discord between older generation husbands and wives. The Hmong community is seeing an increase in homicidal/suicidal behavior by Hmong married men as their wives become more independent and assertive and have expressed a concern that this behavior is on the rise in the Central Valley. MCDMH is committed to being responsive to the cultural needs of this community.

**2. PROPOSED SERVICES ELIMINATION**

Description of Service:	There are no services or programs proposed for elimination in the SEACAP Program.
Affect/Impact of the Population	

I. PROPOSED UPDATE CHANGES: <b>COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY</b>											
County: <b>Merced</b>		Fiscal Year: <b>2008-09</b>			Estimated Start Date: January 2008						
Program Work Plan: <b>6</b>		Program Work Plan Name: <b>COPE (Community Outreach Program Engagement &amp; Education) PROGRAM</b>									
<b>CURRENT APPROVED COMMUNITY SERVICES AND SUPPORT PLAN</b>											
Description of Program:		The focus of the COPE (Community Outreach, Engagement, and Education) Program is two-fold in its attempt to reach the unserved and racial disparate populations throughout Merced County: 1) the establishment of a mobile clinic in an effort to reach those individuals who are isolated and not connected to any community organizations or mental health services; and 2) the development of a collaborative system that will focus on community based organizations to engage individuals in racially and ethnically diverse communities who do not seek services at traditional mental health service sites.									
Priority Population:		Priority populations will include children, youth, transition age youth, adults, transition age adults and older adults, with emphasis on outreach and engagement to the homeless, the Hispanic and Southeast Asian populations and the gay, lesbian, bisexual and transgender community with the intent to identify children and youth who are seriously emotionally disturbed and adults with a severe mental illness. Two (2) additional priority populations are: incarcerated youth and wards of the court who are in the latter stage of their commitment and inmates being released from jail who have a mental illness and/or co-occurring disorders, with an emphasis on the unserved and underserved Hispanic and Southeast Asian populations.									
Number of Client Serve:		Existing Client Capacity			Propose Target Capacity By Fund Type			Proposed Target Capacity By Age Group			
		FSP	SYS Dev	OE	CY	TAY	A	OA	Total		
		1,000	0	0	1,000	100	150	650	100	1,000	

## **1. PROPOSED PROGRAM CHANGES**

MCDMH CSS plan for the COPE Program included a specific strategy to provide enhanced telephone response to those individuals in crisis. Specifically, MCDMH contracted for a “warm line” instead of an answering service initial response. While this has been beneficial, the warm line responders are located in Alameda County, and are not familiar with some of the unique characteristics present in Merced County impacting the delivery of crisis services.

The provision of timely, effective crisis support services was important to the community during the initial planning process. The provision of timely, effective crisis support services was important to the community during the initial planning process. The needs assessment data collected during the initial planning, stakeholder input process and the Community Planning Process (CPP) results specifically supported the creation of crisis support services are as follows:

- For children zero thru eighteen (0-18) years of age - ninety-one percent (91%) of respondents to the online “Zoomerang” survey responded that services to keep kids in their homes as most important or important; eighty-six percent (86%) viewed crisis services, including residential services as most important or important.
- For TAY - eighty-three percent (83%) viewed suicide prevention as most important or important; eighty-three percent (83%) viewed alternatives to hospitalization as most important or important; eighty-three percent (83%) viewed crisis services, including residential services as most important or important; and ninety-one percent (91%) viewed services to keep kids in their family homes as most important or important
- For adults eighteen thru fifty-nine (18-59) years of age - ninety-two percent (92%) viewed alternatives to hospitalization as most important or important and ninety-six percent (96%) viewed crisis services as most important or important.
- For older adults sixty plus (60+) years of age - ninety-four percent (94%) viewed alternatives to hospitalization as most important or important, and ninety-three percent (93%) viewed crisis services as most important or important.
- Seventeen (17) of the twenty-five (25) focus groups documented input regarding the need for enhanced crisis services.

A consensus was clearly established in the CSS CPP that an alternative to hospitalization (5150) or incarceration was needed. This was well articulated by a community member who stated that the alternatives for her child were hospitalization or incarceration as opposed to stabilization. Many others in the CSS CPP process stated that they shared this life experience and requested an alternative.

Therefore, the COPE Program will continue to enhance crisis support services through the addition of on-site, immediately available crisis response workers to include both nursing and clinical personnel. The crisis response workers will be housed on-site at the 5150 designated facility, the Marie Green Psychiatric Center, and will be available 24/7 for phone consultation, walk-in, law enforcement response and extended de-escalation/stabilization services. The process of hiring new, additional crisis workers began January 2008 and continues at this time. It is anticipated that these positions will be largely funded through Medi-Cal revenues.

I. Proposed Update Changes: Community Services and Supports Workplan (Continued)

Collaboration with agency partners, law enforcement and related departments has become a routine method of service delivery through the COPE Program. The need and demand for this type of integration has magnified as the community becomes aware of its availability. Law enforcement officers on patrol communicate with the Department through faxed requests for follow-up on individuals they encounter who do not meet 5150 criteria, but are in need of mental health assistance. The COPE clinicians will be working in conjunction with the Golden Valley Health Care clinic’s “health mobile” stationed at the homeless shelter, and at small rural towns in Merced County. These examples are illustrative of the success of this program which now requires additional staffing to adequately meet community needs. MCDMH will be adding two (2) clinicians to the four (4) clinicians currently dedicated to the program, for a total of six (6).

**2. PROPOSED SERVICES ELIMINATION**

Description of Service:	There are no services or programs proposed for elimination in the COPE Program.
Affect/Impact of the Population	

# ABBREVIATIONS / ACRONYMS

## MENTAL HEALTH SERVICES ACTS (MHSA) COMMUNITY SERVICES AND SUPPORT (CSS)

ABBREVIATIONS/ACRONYMS - WORD	
1.	24 / 7 (twenty-four/seven) – Twenty-four (24) hours a day / seven (7) days a week
2.	5150 (Title 9, Division 5, Part 1, Chapter 2, Article 1, 5150) – Detention of Mentally Disordered Persons for Evaluation and Treatment
3.	AB – Assembly Bill
4.	AOD – Alcohol and Other Drug
5.	CARE – Community Assistance Recovery Enterprise
6.	COPE – Community Outreach Engagement and Education
7.	CPP – Community Planning Process
8.	CSS – Community Services and Support
9.	DMH – (State of California)Department of Mental Health
10.	FFT – Functional Family Therapy
11.	FFP – Federal Financial Participation
12.	FTE – Full Time Equivalent
13.	FSP – Full Service Partnership
14.	IMD – Institutions for Mental Diseases
15.	MCDMH or Department – Merced County, Department of Mental Health
16.	MH – Mental Health
17.	MHSA – mental health services act
18.	OASOC – Older Adult System of Care
19.	OE – Outreach Engagement
20.	SAMHSA – Substance Abuse & Mental Health Services Administration

## ABBREVIATIONS / ACRONYMS

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### MENTAL HEALTH SERVICES ACTS (MHSA) COMMUNITY SERVICES AND SUPPORT (CSS)

ABBREVIATIONS/ACRONYMS - WORD	
21.	SD or Sys Dev – System Development
22.	SEACAP – Southeast Asian Community Advocacy Program
23.	SNF – Skilled Nursing Facility
24.	TAY – Transitional Age Youth
25.	TIP – Treatment Improvement Protocol
26.	TPS – Training of Pro-Social Skills
27.	WeCAN – Wrap-Around, Empowerment, Compassion and Need
28.	WIC – Welfare and Intuitional Code of California



## Appendix B

Merced County Department of Mental Health—480 E. 13<sup>th</sup> Street, Merced, CA 95341— (209) 381-6800 ext. 3277—(209) 725-3761 (fax)

### EXHIBIT 6: BUDGET SUMMARY

<b>Fiscal Year: 2006-07</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$300.00		\$300.00
B. Training and Technical Assistance			
C. Mental Health Career Pathway Programs			
D. Residency, Internship Programs			
E. Financial Incentive Programs			
<b>GRAND TOTAL FUNDS REQUESTED for FY 2006-07</b>			<b>\$300.00</b>

<b>Fiscal Year: 2007-08</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$64,750		\$64,750
B. Training and Technical Assistance		\$21,000	\$21,000
C. Mental Health Career Pathway Programs		\$ 3,500	\$ 3,500
D. Residency, Internship Programs			
E. Financial Incentive Programs		\$ 18,000	\$ 18,000
<b>GRAND TOTAL FUNDS REQUESTED for FY 2007-08</b>			<b>\$107,250</b>

<b>Fiscal Year: 2008-09</b>			
<b>Activity</b>	<b>Funds Approved Prior to Plan Approval (A)</b>	<b>Balance of Funds Requested (B)</b>	<b>Total Funds Requested (A + B)</b>
A. Workforce Staffing Support:	\$32,750	\$82,200	\$114,950
B. Training and Technical Assistance		\$172,000	\$172,000
C. Mental Health Career Pathway Programs		\$37,500	\$37,500
D. Residency, Internship Programs			
E. Financial Incentive Programs		\$220,000	\$220,000
<b>GRAND TOTAL FUNDS REQUESTED for FY 2008-09</b>			<b>\$544,450</b>