



HEALTH, RECOVERY & WELLNESS

Mental Health Services Act 2011/12 Update – Innovation

Quality of Life Improvement Project for Adults with Serious and Persistent Mental Illness (aka “Feed Your Soul”) Project

February 27, 2012

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Acknowledgements

VCBH would like to thank the following stakeholders who participated in the development of this project:

Planning Workgroup:

Karyn Bates	Mental Health Board; Client Network
Ratan Bhavnavi	NAMI
Nancy Borchard	Mental Health Board
Gane Brooking	Client Network
Julia Child	Telecare, Inc
Carla Cross	VCBH MHSA
David Deutch	Client Network
Pam Fisher	VCBH Adults
Susan Kelly	VCBH MHSA
Pete LaFollette	Mental Health Board
Carol Luppino	NAMI
Mary McQuown	RICA
Clyde Reynolds	Turning Point
Meloney Roy	VCBH, Director
Mary Stahlhuth	VCBH Adults
David Swanson Hollinger	VCBH MHSA
Dr. Celia Woods	VCBH Medical Director
Liz Warren	Client Network

Others:

Faye Higgins	The Elms Board and Care
Chris Medina	Sunrise Manor
Juliana Anos	Sunrise Manor
The Residents of Sunrise Manor	
The Mental Health Board Adult & Housing Services Committee	
The Mental Health Board Executive Committee	

COUNTY CERTIFICATION

County: Ventura

Components Included:

<input type="checkbox"/> CSS	<input type="checkbox"/> WET
<input type="checkbox"/> CF	<input type="checkbox"/> TN
<input type="checkbox"/> PEI	<input checked="" type="checkbox"/> INN

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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Mental Health Director/Designee (PRINT)

Signature

Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Ventura30-day Public Comment period dates: 1/24/12 – 2/23/12Date: February 27, 2012Date of Public Hearing: February 27, 2012

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>Upon approval of the county's first two Innovation projects, focusing on outreach and engagement to underserved communities, the county's Mental Health Board directed that future Innovation projects focus on individuals with serious and persistent mental illness (SPMI) who do not currently access services or supports. This directive came from stakeholder feedback that, despite significant transformation of the county's system of care since the implementation of the Mental Health Services Act (MHSA), there were still individuals with significant needs who have not benefitted from the systems changes.</p> <p>The Planning Workgroup was established with guidance on membership from the Mental Health Board. The Workgroup met on September 15, 2011, and established that individuals with SPMI living at board and care facilities would be the focus of the first SPMI project. An ad hoc workgroup composed of several Planning Workgroup members met September 27 to present a draft framework for the project, which was presented to and endorsed by the full workgroup on October 6, 2011.</p> <p>Additional feedback was gained through meetings by staff with board and care staff from the two facilities identified by the Workgroup as ideal for the project. Board and care staff validated the project's approach and expressed their willingness to participate.</p> <p>Peer representatives from the Client Network also interviewed board and care residents and staff as well as VCBH clinical staff providing services to some board and care residents. These meetings also supported the project focus and provided additional input about the proposed content of the project.</p> <p>A final Workgroup meeting was held on December 21, 2011, to convey the results of the board and care meetings and to gain additional input in the design of the project. Feedback was also gathered through presentations and discussions at the Mental Health Board's Adult Committee meetings in December 2011 and January 2012 and its Executive Committee meeting in January 2012.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p> <p>The Mental Health Board provided overall guidance and oversight for the Community Planning Process, including final approval to post the Update for Stakeholder review, overseeing the Public Hearing and final approval of the Update prior to sending to the County Board of Supervisors for approval.</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

As described above, the Mental Health Board (MHB) also set the overall priorities for the remaining Innovation projects, of which this is the first developed. The Planning Workgroup representation was established by the MHB and included participants from the Mental Health Board, Recovery Innovations, the Client Network, NAMI, and VCBH staff, including the Director, Medical Director and Adult Division Manager. More than half the members of the workgroup were consumers or family members.

Additional input was gathered from board and care staff and residents, as well as VCBH staff serving those residents. Finally, input was gathered from members of the Mental Health Board's Adult/Housing and Executive Committees, each of which is composed of MHB members, family members, consumers and other community stakeholders.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

n/a

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

Ventura County's 2011/12 MHSA Update was posted on the County's Behavioral Health Department website for 30 day stakeholder review and comment from January 24, 2012 through February 23, 2012. An email announcing the posting was sent to more than 500 community stakeholders. The posting was announced at the Mental Health Board meeting on January 23, 2012. In addition to being available on the Department website, the Update was made available upon request by calling or emailing the Department's MHSA offices.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

One comment was received during the 30 day public comment period and was in support of the project. No changes were made to the plan. A public hearing was held by the Mental Health Board on January 27, 2012. There were no additional public comments at the hearing. The Mental Health Board then approved the Plan for submission to the Board of Supervisors for its consideration.

NEW/REVISED PROGRAM DESCRIPTION Innovation

County: Ventura☒ Completely New ProgramProgram Number/Name: 3/Feed Your Soul☐ Revised Previously Approved ProgramDate: January 23, 2012

Complete this form for each new INN Program. For existing INN programs with changes to the primary³ purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

- ☐ Increase access to underserved groups
☒ Increase the quality of services, including better outcomes
☐ Promote interagency collaboration
☐ Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

Since the early implementation stages of the Mental Health Services Act, the County has been on a path of transformation. We have taken many steps to evolve into a recovery oriented culture; transforming our approach to providing mental health services and integrating consumers into the system in a holistic manner, with the goal of improving the quality of the service experience for consumers as well as their clinical outcomes. There has been a dramatic increase in research driven clinical practice, focusing on wellness and recovery for those served, delivered in partnership with peer staff on treatment teams, facilitating wellness groups and supporting consumers through wellness centers and education. This project recognizes, however, that these changes have not reached all those in need.

After approval of two other Innovation projects, both of which focused on increasing access to underserved groups in the county, the county's Mental Health Board provided direction to the Behavioral Health Department in its development of future Innovation projects. The Board determined that future projects should focus on improving the quality of services, and achieving better outcomes, for those individuals with serious and persistent mental illness (SPMI) who have not derived significant benefit from transformed services in the county.

A planning workgroup of key community stakeholders was formed and drove the development of this first SPMI focused project. The workgroup identified individuals with SPMI living in board and care facilities as those that are the most disconnected and who are often isolated and either incapable or not comfortable accessing meaningful services and supports outside the board and care environment. From interviews with board and care residents, operators and staff and VCBH staff serving these facilities, it was evident that some individuals have lost hope after many years navigating the mental health system and that some have stopped participating in treatment or other activities of daily life. This break in active engagement in services and supports directly affects the opportunity for greater wellness and recovery in the individual's life. Board and care staff has often had difficulty engaging individuals in meaningful activities, compounded by a lack of resources to provide a range of different activities. Moreover, many facilities do not have the resources to enhance their physical space, through aesthetic improvements that might improve the living environment for residents.

³ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

Therefore, this project proposes the following learning goal:

- **Would establishment of a variety of meaningful and enriching, non-clinical activities at board and care facilities, including activities to improve the living environment, lead to increased engagement and client perception of improved wellness?**

As part of the planning process, consumer representatives from the Client Network have gone out to the targeted board and care facilities to meet with a group of residents. As indicated above, those residents validated the need to explore new means to engage residents and to promote wellness. These residents expressed interest in the proposed project (described in the next section), as did board and care operators and clinical staff serving the facilities. They felt that the project could lead to improved engagement in treatment and other activities as well as improved wellness and clinical outcomes.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The Quality of Life Improvement Project for Adults with Serious and Persistent Mental Illness (aka “Feed Your Soul”) project has two interrelated strategies intended to increase engagement of adult consumers with SPMI living in board and care facilities in meaningful activities, with the result of increased wellness.

1. **Feed your soul:** The core of this project will be the establishment of meaningful, non-clinical activities for those at board and care facilities. A range of activities would be considered, tailored to the interests of residents at each site. Meetings with board and care residents and operators, as well as input from stakeholders, have generated an initial list of possible activities:
 - Art – including: painting, collage, mixed media, sculpture, etc.
 - Performance – e.g. music, drama, etc.
 - Physical activity – yoga, tai chi, walking groups, etc.
 - Gardening
 - Book or movie clubs
 - Meditation
 - Games – cards, chess, puzzles, etc.
 - Cooking or nutrition related activities
 - Wellness related classes (e.g. WRAP)
 - Pet assisted therapy (non-clinical)
 - Field trips – shopping, library, hiking, etc.

Incorporation of these types of activities into the lives of those with SPMI has been done before. This project will be innovative in that it will adapt those approaches to a mobile, peer run approach tailored to each facility. Most importantly, the project will be run by peer staff, who will be specifically trained to incorporate their lived experience in strategies to engage individuals who may be hesitant to participate in the project. VCBH staff will provide linkage to treatment, evaluation activities, and coordination with outside program instructors/leads (e.g. artists, yoga instructors, etc.)

During the needs assessment for this project, peers from the Client Network interviewed board and care residents and VCBH clinical staff who serve them. As a result of these interviews, the peers stressed that engagement of potential participants will be difficult, yet critical to the ensuring the project’s success. This was further reinforced by stakeholders and by board and care operators, who said many

NEW/REVISED PROGRAM DESCRIPTION

Innovation

potential participants' long history in treatment has made them very wary of activities that are perceived as "clinical." Peers will have the life experience and training to interact with residents at a peer-to-peer level. Peer staff in the county has become integral to effectively engaging consumers in treatment, as recovery coaches and educators in VCBH clinics and as peer support specialists through wellness and recovery centers.

Through this project, peer engagement techniques will be adapted from other clinic and site based programs to a mobile approach, in which the activities will be brought to the board and care sites. Utilizing a vehicle specifically outfitted for the project, with a variety of supplies and materials needed to conduct the various activities, the opportunity for immediate access and flexibility during scheduled visits will be assured. There will be a regular schedule of activities tailored to the residents of each site. Stakeholders also stressed that the project will need to include both group and one-on-one activities for those individuals not comfortable engaging in groups. Also, while many activities will be based on site at the board and care facilities, some will include off site outings as well. For example, walking groups were cited as a simple yet much desired activity to promote connectedness to the community, particularly if they include trips to parks, local libraries, farmers markets, etc.

This project is also expected to serve as a bridge for individuals who may not be comfortable participating in clinical treatment activities or going to a wellness and recovery center. Project staff will therefore partner with clinical staff, the wellness and recovery centers and other programs to promote transition for those individuals who become ready to participate in other programs.

A fundamental component of "Feed Your Soul" will be the incorporation of art activities as means to promote engagement and increased wellness and recovery for participants. This project includes elements of an Innovative art project developed by stakeholders last year, but never formally approved. During that community planning process, stakeholders cited art as a potential means to increase the engagement of consumers in positively focused, client driven treatment. The role of art as a therapeutic tool in promoting recovery is well established. This project intends to use art in that manner as one of many opportunities for engagement. The opportunity for enhanced treatment supports will also be a continual component of this outreach. These art activities will take place at the board and care sites and be facilitated by peer staff running the project, often in partnership with artists-in-residence from the local arts community.

2. **Feed Your environment:** The other primary strategy of the project will be to improve the physical environment at board and care facilities. This will be interrelated with the meaningful activities of the "Feed Your Soul" activities, in which residents will engage in projects that have the direct effect of beautifying their living space. Activities which are being considered include:
 - peer facilitated gardening projects
 - Art projects, facilitated by artists-in-residence, which are specifically tailored to the living space, such as murals, sculpture or mosaic tile wall creations.
 - Partnerships with volunteer or apprentice groups to do cleaning, painting, simple repairs or enhancements, etc. For example, we have the potential opportunity to partner a high school service program, which would be supervised by a professional contractor

The hypothesis is that these types of projects would have multiple benefits. By engaging residents in meaningful activities that beautifies their own living space, all residents benefit, and participants increased their own self-esteem. Furthermore, residents may gain new skills which may be then utilized in other settings.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

This project is entirely consistent with and supports the MHSA principles in the following manner:

-Community Collaboration – The project is based on partnership and collaboration, between board and care facilities, its residents and the local community (artists, yoga instructors, etc.) which, it is anticipated, will support specific activities of the project.

-Cultural Competence – The project will ensure cultural competence of staff in supporting the varied cultures of those participating, including ethnicity, language, age, and the unique culture of each board and care facility.

-Client and family driven – Determination of specific activities and how they will be implemented will be tailored to and driven by the input of residents at each board and care facility. The program will be primarily run by peer staff, who will ensure that participation is individualized, driven by the consumer and focused on each individual's wellness goals.

-Wellness, resiliency and recovery focus – The fundamental purpose of the project is to further promote wellness and recovery among those consumers who participate. Peer staff will reinforce this message, promoting a recovery orientated environment, reducing stigma and increasing the likelihood of participation by consumers in the various project activities.

-Integrated service experience – This project focuses on a non-clinical approach to supporting wellness for participants, but the project activities will be integrated with and support clinical treatment.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

As described above, this project will serve adult consumers of VCBH. Initially, the project will target residents of two board and care facilities, each serving approximately 50 individuals with SPMI. One facility is in Ventura and the other in Oxnard, located very close to the new Adult Wellness and Recovery Center. Both board and care facilities are interested in participating in the project. These facilities were identified by the stakeholders as ideal to test the learning goal because of their large size, a diverse resident population and relative level of need. One facility also provides services primarily to older adults with SPMI, a group that was identified by stakeholders as having particularly significant needs. Once operational, the project will likely be expanded to other board and care facilities with different characteristics, including those in other parts of the county and of smaller size.

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

Feed Your Soul is a three year project with the following key actions and milestones:

Year 1

- Months 1-4: Implementation Planning and Start Up:
 - Identification of contractor (Peer run entity) to implement project and execution of contract
 - Contractor identification and hiring of project staff

NEW/REVISED PROGRAM DESCRIPTION**Innovation**

- Detailed implementation planning involving participating board and care staff and residents, the planning workgroup, project contractor and VCBH staff to determine specific project activities.
- Identification of implementation partners (e.g. artists-in-residence) who will support project activities.
- Purchase and modification of vehicle and other necessary supplies and equipment
- Development of evaluation framework, indicators, measurement tools and collection protocols
- Months 5-12: Early implementation (program ramp up)
 - Implementation of project activities at initial two board and care sites
 - Initial data collection ("pre" measures)
 - Gradual increase in number and types of activities during this period
 - Data collection of process measures

Year 2 - 3

- Project Operations: - In order to allow sufficient time to fully implement and evaluate the project, project activities will continue through Year 3. This will ensure participation by a statistically meaningful number of consumers and time for measurable changes in wellness outcomes.
- It is anticipated that, in Years 2 and 3, additional board and care facilities will be targeted. This will be driven by the results of the implementation of the project at the first two facilities.
- During this timeframe, intermediate outcome data will be collected and analyzed and reported to project participants and stakeholders. This data will be used to drive project changes and expansion to other sites.

Final 6 months of Year 3

Evaluation of impact– A thorough project evaluation will be completed, the results analyzed by the project's workgroup, and recommendations made to the Department about whether and/or how to incorporate this project as an ongoing program, likely funded through the MHSA Community Services and Supports component. The workgroup will also examine what aspects of the project were not successful in order to assess the potential impact on future Innovation projects or current VCBH programming. These results will be disseminated to the stakeholder community.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

This project will include both process evaluation and outcome evaluation components intended to assess overall success of the activities being proposed.

Process Indicators will examine the process of delivering the activity or services. Fundamental to this project will be participation and engagement, which will include qualitative measures to assess:

- Level of interest of the board and care facilities, including a willingness to have the project activities located at their sites
- Level of participation by the board and care residents in project's various activities
 - This would be examined in detail to determine whether there were differences in participation levels by activity types (e.g. gardening vs. yoga); how the activities are delivered (e.g. groups or 1:1); or characteristics of the participants (age, diagnosis, etc.)

NEW/REVISED PROGRAM DESCRIPTION**Innovation**

- Level of participation by B&C residents in other activities (e.g. Wellness and Recovery Center)
 - Again this would be examined in depth to determine correlations between project activities and willingness to participate in other activities
- Level of participation in treatment

The project will also look at project outcomes - examining how the lives of participants are different as result of the project. This may include quantitative and qualitative measures and will focus on whether the answering the learning goal question of whether the meaningful activities lead to "increased wellness." Measures being considered to assess this include:

- Level of enjoyment or hopefulness, or satisfaction ("I look forward to participating in the weekly art project.")
- Mental health outcomes – e.g. BASIS 24 – change in symptoms or functioning
- Increased participation in other activities – treatment, wellness center, etc.

Finally, the project will need to assess the level of benefit of the project versus its cost, which will be critical in determining, at project's end, whether the project is sustainable.

5. If applicable, provide a list of resources to be leveraged.
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Where possible, the project will solicit volunteers or in-kind donations of labor, supplies, etc. from individuals or groups providing a range of meaningful activities for consumers. For example, there have been preliminary discussions about partnering with a contractor who would volunteer his time supervising students completing volunteer community services hours. These students and their supervising contractor would partner with board and care residents to complete projects in improve the physical environment at the board and care facilities. We would also seek volunteers from other disciplines to lead activities, including a range of artists, and those with gardening expertise or other talents that could engage board and care residents.

Also, because the project will be mobile, the board and care facilities have agreed to provide space for the on-site activities, and they have assigned staff to coordinate the activities with the contractor who will run the project.

NEW/REVISED PROGRAM DESCRIPTION
Innovation

6. Please provide a budget narrative for total projected costs for the entire duration of the Innovation Program, and also provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

The entire budget for this three year project is estimated at \$1,437,730. The first year projected amount is \$500,910 and includes implementation planning and start up costs. Subsequent years will be reassessed annually but at this point are expected to be approximately \$435,910 if the project remains static. Should the department and stakeholders decide to expand the project to additional board and care sites, the budget may increase. The final year budget may also increase to account for additional costs for evaluation and dissemination of results.

This will allow sufficient time to implement the various project activities and to determine if they result in measurable change for participants. If successful, the project will likely inform the County's Community Services and Supports plan.

7. Provide an estimated annual program budget, utilizing the following line items.

NEW <u>ANNUAL</u> (12 Months) PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1	Personnel	\$ 104,390		\$ 95,589	\$ 199,979
2	Operating Expenditures	\$ 31,317		\$ 31,544	\$ 62,861
3	Non-recurring Expenditures	\$ 50,000		\$ 15,000	\$ 65,000
4	Contracts (Training Consultant Contracts)				\$ -
5	Work Plan Management				\$ -
6	Other Expenditures			\$ 173,070	\$ 173,070
	Total Proposed Expenditures	\$ 185,707	\$ -	\$ 315,203	\$ 500,910
B. REVENUES					
1	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	\$ -	\$ -	\$ -	\$ -
C. TOTAL FUNDING REQUESTED					
		\$ 185,707	\$ -	\$ 315,203	\$ 500,910

NEW/REVISED PROGRAM DESCRIPTION
Innovation

NEW FY11/12 PROGRAM BUDGET – 3/1/12 – 6/30/12 (4 months)					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1	Personnel	\$ 34,797		\$ 31,863	\$ 66,660
2	Operating Expenditures	\$ 10,439		\$ 10,515	\$ 20,954
3	Non-recurring Expenditures	\$ 50,000		\$ 15,000	\$ 65,000
4	Contracts (Training Consultant Contracts)				\$ -
5	Work Plan Management				\$ -
6	Other Expenditures			\$ 57,690	\$ 57,690
	Total Proposed Expenditures	\$ 95,236	\$ -	\$ 115,068	\$ 210,303
B. REVENUES					
1	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	\$ -	\$ -	\$ -	\$ -
	C. TOTAL FUNDING REQUESTED	\$ 95,236	\$ -	\$ 115,068	\$ 210,303

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

NOTE: This is for the Annual Budget. The FY11/12 Program Budget is from March – June, 2012 (4 months), and all items are prorated accordingly, except for Non-recurring Expenditures, which are fully included in the FY11/12 budget.

Personnel:

County: Includes .25 FTE program administrator and .5 FTE case manager to provide direct service support to the program, and .25 FTE PAI to conduct evaluation. Benefits are included at 43% of salaries.

Contractor: Includes 2 FTE peer staff to directly provide project services at the board and care facilities. Also includes .5 FTE program administrator. Benefits included at the contract agency rate of 24% of salaries.

Operating Expenditures:

County: 30% for services/supplies

Contractor: 33% for services/supplies as per contract agency rate

Non-Recurring Expenditures:

County: Includes cost of purchase of mobile van with modifications

Contractor: Start up supplies - art equipment, gardening tools; yoga mats, etc.

Other:

Contractor: Includes cost for stipends/gift cards to encourage consumer participation (\$10,000); contracts/stipends for individuals providing meaningful activities (artists, yoga teachers, etc.) (\$100,000); funds for activities for consumers (\$24,000); supplies for activities (e.g., art, cooking supplies) (\$20,000); indirect/admin (\$19,070 - contract %)

Revenue:

Program is fully funded by MHSA Innovation funds.

County: VenturaDate: 01/23/12

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2011/12 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years					\$5,435,756	
2. Estimated New FY 2011/12 Funding					\$1,014,000	
3. Transfer in FY 2011/12 ^{a/}						
4. Access Local Prudent Reserve in FY 2011/12						
5. Estimated Available Funding for FY 2011/12	\$0	\$0	\$0	\$0	\$6,449,756	
B. Estimated FY 2011/12 Expenditures					\$210,303	
C. Estimated FY 2011/12 Contingency Funding	\$0	\$0	\$0	\$0	\$6,239,453	

PUBLIC COMMENT



Ventura County Behavioral Health Department

Mental Health Services Act

FY 2011-12 MHSA Update - INNOVATION

30 Day Public Comment - Jan 24, 2012 through Feb 23, 2012

PUBLIC HEARING - February 27, 2012 - 1:00 p.m.

Ventura County Behavioral Health Department

1911 Williams Drive - Training Room - Oxnard, CA 93036

Hearing Conducted by MENTAL HEALTH BOARD

Personal Information (optional)

Name: Liz Warren
 Agency/Organization: The Clint Network
 Phone Number: 805-208-4813 email: liz@clintnetwork.org
 Mailing address: 909 Paseo Camino 110 #784, Camarillo, CA 93010

My Role in the Behavioral Health System

☒ Consumer ☐ Family Member ☐ Probation ☐ Education
☐ Service Provider ☐ Social Services ☐ Law Enforcement ☒ Other: Advocate

What do you see as the strengths of this plan?

Utilizing Peers in the plan is a very valuable component and will play a role in the plan's success.

If you have any concerns about the plan, please explain

As far as possible, I feel it is very important to permit Peers to transport residents. This would allow Peers to take residents on outings, e.g. weekly store, bank. Thank you!

Comments may be emailed to: alison.schember@ventura.org, or mailed to

MHSA Ventura County Behavioral Health Dept. 1911 Williams Drive Suite 200 Oxnard, CA 93036