

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

Bruce Gurganus, MFT, Division Director

October 21, 2011

MHSA Plan Review Section  
Department of Mental Health  
1600 9th Street, Room 150  
Sacramento, CA 95814  
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MHSOAC  
1300 17th Street, Suite 1000  
Sacramento, CA 95811  
E-mail: [MHSOAC@dmh.ca.gov](mailto:MHSOAC@dmh.ca.gov)

Dear Sir/Madam:

Marin Community Mental Health Services is submitting a MHSA PEI Plan Update for FY 2011-2012. The Plan Update proposes a revision of the Home Delivered Meals Program now called Older Adult PEI program.

Enclosed are the following documents:

1. Exhibit A County Certification
2. Exhibit B Community Program Planning and Local Review Process
3. Exhibit E MHSA Summary Funding Request
4. Exhibit E3 Funding Request - PEI
5. Exhibit F3 PEI New/Revised Program Description (Older Adult-PEI)

If you have any question, please contact Kristen Gardner, PEI Program Coordinator, at (415) 205-9111 (email: [kgardner@co.marin.ca.us](mailto:kgardner@co.marin.ca.us)).

Sincerely,



Bruce Gurganus, MFT, Director  
Marin Community Mental Health Services

cc: Kristen Gardner, PEI Program Coordinator

COUNTY CERTIFICATION

Components Included:

County: Marin

- CSS
- WET
- CF
- TN
- PEI
- INN

County Mental Health Director	Project Lead
Name: Bruce Gurganus	Name: Kristen Gardner
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Mailing Address: 20 N San Pedro Rd #2028 San Rafael CA 94903	

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 plan 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 hearing<sup>1</sup> 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.<sup>2</sup>

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 plan 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.

Bruce Gurganus, Mental Health Director

\_\_\_\_\_  
Mental Health Director/Designee (PRINT)

*Bruce Gurganus* 10/25/11  
\_\_\_\_\_  
Signature Date

<sup>1</sup> Public Hearing only required for annual updates.

<sup>2</sup> 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: MARIN 30-day Public Comment period dates: Sept 6-Oct 7, 2011

Date: October 21, 2011 Date of Public Hearing (Annual update only): NA

**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.

<b>Community Program Planning</b>
<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><b><u>Ongoing Stakeholder Input</u></b>                      Marin County’s Community Program Planning Process continues to be a collaborative effort that includes a wide array of community stakeholders, various system partners and Community Mental Health Services (CHMS). CMHS receives input on an ongoing basis from stakeholders through a variety of sources:</p> <p><u>General:</u>                      CMHS representatives regularly discuss MHSa programs with individuals, the Mental Health Board, the Quality Improvement Committee, and other forums CMHS participates in. Substantive input received in these settings is brought to CMHS’ MHSa Coordination meeting for consideration.</p> <p><u>MHSa Implementation Committee:</u>                      The MHSa Implementation Committee is an ongoing body established to review outcomes of MHSa programs and make recommendations regarding all significant changes/additions to MHSa programs.</p> <p>CMHS incorporates this ongoing input to continuously improve MHSa plans and programs.</p> <p><b><u>FY2011-12 Plan Update Process</u></b>                      CMHS conducts an annual evaluation process of all PEI programs. While program 7, Home Delivered Meals PEI, was achieving its goals in most ways, it became apparent that one of the planning assumptions was not correct. During the original PEI planning process a major goal identified was reaching isolated older adults. The assumption was that clients receiving home delivered meals would be at high risk for isolation. In implementing the PEI program it became clear that most of the clients were accessing various services, and therefore not as isolated as expected.</p> <p>CMHS initiated a series of stakeholder meetings to discuss whether to change the program, and if so, what a more effective older adult program would look like. Three meetings took place over four months. The program described here is the result of those meetings.</p> <p>The revised older adult PEI program was presented to the MHSa Implementation Committee. It was discussed and approved on August 23 2011. The Annual Update was posted for 30-day public comment from Sept 6-Oct 7, 2011. It was widely distributed (see 4 below).</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</p>

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

language spoken, etc.)

**MHSA IMPLEMENTATION COMMITTEE**

NAME	POPULATION REPRESENTED	RACE/ ETHNICITY	AGE	PRIMARY LANGUAGE	AFFILIATION
B Coley	Consumers	White	Adult	Eng	CAM/Consumer
M Payne	Consumers	White	Adult	Eng	CAM/Consumer
E Erickson	African American	Af Am	Older Adult	Eng	ISOJI
J Fay	Law Enforcement	White	Adult	Eng	SR Police Dept
A Reisch	0-5 year olds	White	Adult	Eng	First 5
V Luu	Vietnamese	Vietnamese	Adult	Vtnmese	Asian Advocates
B Kell	Family	White	Adult	Eng	NAMI
R English	Family	White	Older Adult	Eng	NAMI
L Buntain	Provider	White	Adult	Eng	Cath. Charities
M Hallett	Provider	White	Adult	Eng	Family Svc Agency
L Schwartz	Schools	White	Adult	Eng	MC Office of Ed
J McLenmore	Family	Af Am	Adult	Eng	Cmty Action Marin
D Hensley	Family	White	Adult	Eng	Cmty Action Marin
M Frankel	West Marin	White	Adult	Eng	West Marin
D Milus	Adult Clients	White	Adult	Eng	Union rep
C Lagleva	Youth Clients	API	Adult	Tagalog	Union rep
J Shen	Primary Care	API	Adult	Chinese	Marin Cmty Clinics
K Denn	Consumers	White	Adult	Eng	MHB/Consumer
G Scheppke	Family	White	Older Adult	Eng	MH Board
E Becker	Consumers	White	Adult	Eng	CAM/Consumer
M Levenson	Community	White	Older Adult	Eng	Public member
R Mendez	Latino/Clients	Latino	Adult	Spanish	CMHS
V Nightingale	Admin Staff	White	Adult	Eng	CMHS Admin
A Pring	Youth & Fam Svc	White	Older Adult	Eng	CMHS - Youth
D Slager	Adult Services	White	Older Adult	Eng	CMHS - Adult
L Lanes	Clinicians	White	Older Adult	Eng	CMHS - Med Dir

**OLDER ADULT STAKEHOLDER MEETINGS**

NAME	POPULATION REPRESENTED	RACE/ ETHNICITY	AGE	PRIMARY LANGUAGE	AFFILIATION
W Buchen	Older Adult	White	OA	English	MH Board Adv Com
M Vanderscoff	OA Provider	White	Adult	English	Public Guardian
S Brewster	Community	White	OA	English	MH Bd
R Romeo	Older Adult	White	OA	English	Comm on Aging
M McCabe	OA Provider	White	Adult	English	DAAS
P Lyons	OA Provider	White	Adult	English	County MH Services
N Heflin	OA Provider	White	Adult	English	County MH Services
K Beuerman	OA Provider	White	Adult	English	Adult Protective Svcs
L Buntain	OA Provider	White	Adult	English	Catholic Charities

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

V Buick	OA Provider	White	Adult	English	Meals on Wheels
N Masters	OA Provider	White	Adult	English	JFCS
L von der Werth	OA Provider	White	Adult	English	Sutter VNA
R Widergren	OA Provider	White	Adult	English	DAAS
T Bright	OA	White	OA	English	DA Consumer Protection
D Bright	OA	White	OA	English	Comm on Aging
W Todd	Foundation	White	Adult	English	Marin Commty Fdtn
L Holaday	OA Provider	White	Adult	English	County Aging/Adult Svcs
D Suffridge	OA Provider	White	Adult	English	Family Service Agency
K Sheehan	OA Provider	White	Adult	English	Family Service Agency

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.

NA

**Local Review Process**

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

1. The plan update was posted for 30-day public comment from Sept 6-Oct 7, 2011 on Marin County’s website, including instructions on how to receive a copy of the annual update, how to submit comments.
2. An announcement about the posting was placed in the local newspaper, the Marin Independent Journal, including information about getting a copy of the update, and how to comment.
3. An email with a link to the website posting was sent to all CMHS contractors, CBOs, Marin Mental Health Board, CMHS staff, MHSA Implementation Committee, and other MHSA committees.

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.

Substantive comments received during the review process include:

- Given the aging of Marin’s population it was considered appropriate to channel additional funds into this program.
- There was a question about how Vietnamese older-adults will be served by this program. CMHS will work with both programs to strengthen outreach and linguistically appropriate services.
- There was a recommendation that the older adult programs reach out to primary care settings to facilitate referrals from those providers. CMHS will work with both programs to implement this.

County: Marin

Date: 10/21/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2011/12 Component Allocations</b>						
1. Published Component Allocation	\$4,219,100			\$1,031,600		
2. Transfer from FY 11/12 <sup>af</sup>						
3. Adjusted Component Allocation	\$4,219,100					
<b>B. FY 2011/12 Funding Request</b>						
1. Requested Funding in FY 2011/12	\$6,462,715	\$130,200	\$1,085,770	\$1,685,487		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$3,881,267	\$594,073		\$1,068,919		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$1,637,652	\$594,073		\$1,068,919		
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$2,243,615	\$0		\$0	\$0	
4. Total FY 2011/12 Funding Request	\$4,219,100	\$130,200	\$1,085,770	\$1,685,487	\$0	
<b>C. Funds Requested for FY 2011/12</b>						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations		\$130,200	\$490,640			
3. Unapproved FY 08/09 Component Allocations			\$595,100			
4. Unapproved FY 09/10 Component Allocations <sup>bf</sup>				\$606,050		
5. Unapproved FY 10/11 Component Allocations <sup>bf</sup>				\$442,173		
6. Unapproved FY 11/12 Component Allocations <sup>bf</sup>	\$4,219,100			\$637,264		
<b>Sub-total</b>	\$4,219,100	\$130,200	\$1,085,740	\$1,685,487	\$0	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation <sup>cf</sup>	\$4,219,100	\$130,200	\$1,085,740	\$1,685,487	\$0	

NOTE:

- Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
- Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
- Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
- Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
- Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

<sup>af</sup>Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

<sup>bf</sup>For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

<sup>cf</sup> Must equal line B.4. for each component.

PEI FUNDING REQUEST

County: MARIN

Date: 10/21/2011

PEI Programs		FY 11/12 Requested MHA Funding	Estimated MHA Funds by Type of Intervention		Estimated MHA Funds by Age Group			
No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
<b>Previously Approved Programs</b>								
1.	Early Childhood Mental Health Consultation	\$250,300	\$250,300		\$250,300			
2.	Triple P: Provider Training and Support	\$171,265	\$171,265		\$171,265			
3.	Across the Ages Mentoring Program	\$81,840	\$54,833	\$27,007	\$81,840			
4.	Transition Age Youth PEI	\$105,648	\$52,824	\$52,824		\$105,648		
5.	Canal Community-Based PEI	\$84,200	\$54,730	\$29,470		\$4,210	\$79,990	
6.	Integrating Behavioral Health in Primary Care	\$391,928	\$203,803	\$188,125		\$78,386	\$262,592	\$50,951
7.	Older Adult PEI_ (formerly Home Delivered Meals)	\$138,100	\$71,812	\$66,288				\$138,100
8.	Suicide Prevention	\$0						
9.	Mental Health Awareness and Stigma Reduction	\$0						
10.	Client Choice and Hospital Prevention Program	\$109,120	\$109,120			\$8,730	\$24,006	\$65,472
12.		\$0						
13.		\$0						
14.		\$0						
15.		\$0						
16.	Subtotal: Programs*	\$1,332,401	\$968,686	\$363,715	\$512,135	\$212,250	\$408,054	\$199,963
17.	Plus up to 15% Indirect Administrative Costs	\$199,860						
18.	Plus up to 10% Operating Reserve	\$153,226						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$1,685,487						
<b>New/Revised Previously Approved Programs</b>								
1.		\$0						
2.		\$0						
3.		\$0						
4.		\$0						
5.		\$0						
6.	Subtotal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0						
10.	<b>Total MHA Funds Requested for PEI</b>	<b>\$1,685,487</b>						

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 54%  
 Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

**NEW/REVISED PROGRAM DESCRIPTION**  
**Prevention and Early Intervention**

County: MARIN

Completely New Program

Program Number/Name: 7 Home Delivered Meals PEI  
 New Program Name: 7 Older Adult PEI

Revised Previously Approved Program

Date: 10/21/2011

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, 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."

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

The revised program is based on the stakeholder input and data analysis described in the original Marin County PEI Plan submitted January 2009. The priority populations selected remain the same.

The revised program will be more effective at reaching unserved and underserved multicultural communities. The revised program will accept referrals from many sources, rather than exclusively serving home delivered meals clients. We expect this to increase the diversity of older adults being referred to the program. In addition, some of the PEI funds will be used to expand the ACASA program, which trains and supervises volunteers to provide peer counseling to Spanish speaking older adults as they navigate the transitions that aging brings.

3. PEI Program Description (attach additional pages, if necessary).

The revised program remains similar to the original program: The Older Adult Prevention and Early Intervention Program will provide in-home mental health assessment, education, early intervention, and linkages to appropriate services. The target population is older adults who have multiple risk factors for mental health concerns, especially depression and suicide, including isolation, illness, disability, low-income, nutritional risk, and risk for substance use/abuse.

The changes in the program are:



**NEW/REVISED PROGRAM DESCRIPTION**

**Prevention and Early Intervention**

- The revised program will take referrals from many sources, such as Meals on Wheels, Visiting Nurses, Adult Protective Services, older adult housing programs, and many others. The previous version of the program only served Meals on Wheels clients. Older Adult PEI program staff will educate and coordinate with potential referral sources so they can make appropriate referrals.
- A portion of the funds will go to expanding the ACASA program, which trains and supervises volunteers to provide peer counseling to Spanish speaking older adults as they navigate the transitions that aging brings. Specifically, it will allow ACASA to increase the number of clients seen by increasing the number of volunteers trained to serve them, as well as build a stronger collaboration with other community-based professionals who work with the monolingual population.

Milestones & Tasks (1) ACASA (2) In home services

• Establish an MOU with ACASA (1)	Sept 2011
• ACASA expansion implemented (1)	Sept 2011
• Establish providing agency for in-home services through an RFP process (2)	Sept-Nov 2011
• Establish contract and monitoring agreements to ensure effective implementation (2)	Dec 2011
• Program implementation begins (2)	Jan 2012
• Hire mental health worker (2)	Jan 2012
• Provider, with County assistance, will establish referral process and relationships necessary for clients identified as needing further services (1, 2)	Feb-Mar 2012
• Participate in regular PEI Committee meetings to develop collaborations, problem-solve implementation challenges, and assist in evaluation of PEI projects (1, 2)	Ongoing
• Collect outcome data (1, 2)	Ongoing
• Annual evaluation (1, 2)	September 2012

The program identified is expected to achieve the desired outcomes because:

- Community members and providers have identified the need for these types of services and interest in accessing and implementing them
- The screening, assessment and intervention tools will be validated and/or evidence-based for older adults
- This strategy has been shown to be effective by the Meals on Wheels Mental Health Outreach Program of Redwood Coast Seniors, Inc., as well as effective in Marin in its previous form

Our implementation partners for this project will be determined through an RFP process. They will be required to show that they can serve the target populations effectively, such as having culturally and linguistically competent staff.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
In-home assessments and brief intervention	Individuals: Families:	100	20	6
ACASA	Individuals: Families:	40	10	10
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	Individuals: Families:	140	30	

**NEW/REVISED PROGRAM DESCRIPTION  
Prevention and Early Intervention**

<p>5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.</p> <p>Please see original PEI Plan (Jan 2009).</p>
<p>6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.</p> <p>Please see original PEI Plan (Jan 2009).</p>
<p>7. Describe intended outcomes.</p> <p>The original PEI program was based on a promising practice developed by Redwood Coast Seniors, Inc. It was also shown effective in Marin. The revised version of the program maintains the essential elements, but expands who can be referred into the program. In addition, the Older Adult PEI program will incorporate provision of evidence-based brief interventions and more extensive short-term case coordination by a licensed mental health worker. This population-based approach improves the health of the population by providing prevention, primarily in the form of education, screening and increased provider skills, and early intervention for those in need. The fact that the services are provided within a setting that priority populations already access reduces the stigma of receiving mental health services.</p> <p>Specific individual outcomes expected include:</p> <ul style="list-style-type: none"> <li>• Increased mental health knowledge and resiliency skills (client survey)</li> <li>• Decreased substance abuse (assessment tool)</li> <li>• Improved mental status (assessment tool)</li> </ul> <p>Systems level outcomes expected include:</p> <ul style="list-style-type: none"> <li>• Referral sources will be trained in identifying potential clients and making effective referrals;</li> <li>• All referred clients willing to participate will be assessed for behavioral health issues;</li> <li>• All clients assessed with behavioral health problems will receive brief intervention or linkages to services;</li> <li>• Cross referrals between various older adult services and mental health and/or primary care providers will increase.</li> </ul> <p>On the program level, in FY11-12 this program is expected to assess approximately 140 clients, of which approximately 30 will receive early intervention services. In FY12-13 it is expected to assess approximately 300 clients and provide early intervention for 60 clients.</p>
<p>8. Describe coordination with Other MHSA Components.</p> <p>Please see original PEI Plan (Jan 2009).</p>
<p>9. Additional Comments (Optional).</p>

**NEW/REVISED PROGRAM DESCRIPTION  
Prevention and Early Intervention**

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

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	27,400			27,400
2.	Operating Expenditures	2,600			2,600
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			108,100	108,100
5.	Other Expenditures				
	<b>Total Proposed Expenditures</b>	<b>30,000</b>		<b>108,100</b>	<b>138,100</b>
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	<b>Total Revenues</b>				
	<b>C. TOTAL FUNDING REQUESTED</b>	<b>30,000</b>		<b>108,100</b>	<b>138,100</b>
	<b>D. TOTAL IN-KIND CONTRIBUTIONS</b>				

**E. Budget Narrative**

Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

One-Time Funded Program:  
 Older Adult PEI ACASA - \$16,364 / yr for 22 months (\$30,000). Estimated start date 9/1/2011 through 6/30/2013  
 \*\*Older Adult PEI Contract - \$70,000 / year for 18 months (\$105,000). Estimated start date 1/1/2012 through 6/30/2013  
 Program Evaluation and Coordination (\$3,100)  
 Total Older Adult PEI - \$138,100

\*\*There is no detailed budget available for the Older Adult PEI contract yet. A detailed budget will be available after the contractor is selected through an RFP/RFI process.

See attached budget narrative.

Marin County

PEI - Mental Health Services Act - Budget Narrative

County(ies): Marin  
 Program Workplan # 7  
 Program Workplan Name OLDER ADULT PEI (Formerly Home Delivered Meals)

Fiscal Year: 2011-2012 Year 1  
 Date: 10/21/2011

Prepared by: Luz Ortega  
 Telephone  
 Number: 415-507-2751

		County Mental Health Department	Contract Providers	Total	Description
<b>A. Expenditures</b>					
<b>1. Client, Family Member and Caregiver Support Expenditures</b>					
	Housing				
	<b>Total Support Expenditures-Flexible Fund</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>2. Personnel Expenditures</b>					
	Salaries	\$11,638		\$11,638	0.2 LMHP Bilingual for ACASA Program(10 months)
	Benefits	\$816		\$816	
				\$0	
	<b>Total Personnel Expenditures</b>	<b>\$12,454</b>	<b>\$0</b>	<b>\$12,454</b>	
<b>3. Operating Expenditures</b>					
	Contract		\$35,000	\$35,000	Contractor unknown, we'll have RFP process.(6 months)
	Operating expenses	\$1,182		\$1,182	Office supplies, mileage,communications (10 months)
	<b>Total Operating Expenditures</b>	<b>\$1,182</b>	<b>\$35,000</b>	<b>\$36,182</b>	
<b>4. Program Management</b>					
	Program Evaluation and Coordination		\$1,409	\$1,409	Program evaluation and coordination (10months)
	<b>d. Total Program Management</b>		<b>\$1,409</b>	<b>\$1,409</b>	
	<b>5. Total Proposed Program Budget</b>	<b>\$13,636</b>	<b>\$36,409</b>	<b>\$50,045</b>	
<b>B. Revenues</b>					
	Medi-Cal			\$0	
	<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>D. Total Funding Requirements</b>		<b>\$13,636</b>	<b>\$36,409</b>	<b>\$50,045</b>	

**Marin County**  
**PEI - Mental Health Services Act - Budget Narrative**  
**OLDER ADULT PEI (Formerly Home Delivered Meals)**  
**FY 2011-2012 (Year 1)**

Classification	Total Number of FTEs	Salary, Wages per hour	Total Salaries. Wages and Overtime
<b>A. County Positions</b>			
Lincesed Mental Health Pract. Bilingual	0.20	36.37	\$11,638
<b>Total Salaries</b>	<b>0.20</b>		<b>\$11,638</b>
<b>Benefits (no fringe- Extra Hire staff)</b>			<b>\$816</b>
<b>Total Salaries/Benefits - County</b>			<b>\$12,454</b>
<b>Grand Total</b>			

Marin County

PEI - Mental Health Services Act - Budget Narrative

County(ies): Marin  
 Program Workplan # 7  
 Program Workplan Name OLDER ADULT PEI (Formerly Home Delivered Meals)

Fiscal Year: 2012-2013 Year 2  
 Date: 10/21/2011

Prepared by: Luz Ortega  
 Telephone  
 Number: 415-507-2751

		County Mental Health Department	Contract Providers	Total	Description
<b>A. Expenditures</b>					
<b>1. Client, Family Member and Caregiver Support Expenditures</b>					
	Housing				
	<b>Total Support Expenditures-Flexible Fund</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>2. Personnel Expenditures</b>					
	Salaries	\$13,966		\$13,966	0.2 LMHP Bilingual for ACASA Program(10 months)
	Benefits	\$979		\$979	
	<b>Total Personnel Expenditures</b>	<b>\$14,945</b>	<b>\$0</b>	<b>\$14,945</b>	
<b>3. Operating Expenditures</b>					
	Contract		\$70,000	\$70,000	Contractor unknown, we'll have RFP process
	Operating expenses	\$1,418		\$1,418	Office supplies, mileage,comunications
	<b>Total Operating Expenditures</b>	<b>\$1,418</b>	<b>\$70,000</b>	<b>\$71,418</b>	
<b>4. Program Management</b>					
	Program Evaluation and Coordination		\$1,692	\$1,692	Program evaluation and coordination
	<b>d. Total Program Management</b>		<b>\$1,692</b>	<b>\$1,692</b>	
<b>5. Total Proposed Program Budget</b>		<b>\$16,363</b>	<b>\$71,692</b>	<b>\$88,055</b>	
<b>B. Revenues</b>					
	Medi-Cal			\$0	
	<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>D. Total Funding Requirements</b>		<b>\$16,363</b>	<b>\$71,692</b>	<b>\$88,055</b>	

**Marin County**  
**PEI - Mental Health Services Act - Budget Narrative**  
**OLDER ADULT PEI (Formerly Home Delivered Meals)**  
**FY 2012-2013 (Year 2)**

Classification	Total Number of FTEs	Salary, Wages per hour	Total Salaries. Wages and Overtime
<b>A. County Positions</b>			
Lincesed Mental Health Pract. Bilingual	0.20	36.37	\$13,966
<b>Total Salaries</b>	<b>0.20</b>		<b>\$13,966</b>
<b>Benefits (no fringe- Extra Hire staff)</b>			<b>\$979</b>
<b>Total Salaries/Benefits - County</b>			<b>\$14,945</b>
<b>Grand Total</b>			