

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Lake-17

30-day Public Comment period dates: 04/23/2011 – 05/22/2011

Date: 05/27/2011

Date of Public Hearing (Annual update only): 05/26/2011

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	
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>The Community Program Planning Process in Lake County is an ongoing process of key informant contact, monthly meetings with consumers, and planning meetings that include county-wide stakeholders. The information gathered through this process is considered and incorporated in the resulting Annual Update. On February 7, 2011 the Department hosted a meeting to update stakeholders on the status of the MHSA in Lake County five years post-implementation. At this meeting, reports were shared by MHSA staff, contractors, and stakeholders illustrating the positive impact the MHSA has had on the community. The discussion also addressed the FY 2011/12 annual update and the challenges the downturn in funding will present. No substantive changes were suggested at the meeting.</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>Lake County Mental Health and Private Providers – 11 Lake County Alcohol and Other Drug Services - 1 Konocti Senior Support - 1 Pomo Talking Circle - 2 Lake County Office of Education – 1 National Alliance for the Mentally Ill - 1 Consumer - 2 Family Services – Court - 1 Mother-Wise - 1 First 5 Lake County - 1 Health Leadership Network - 1 Sunrise Special Services - 1 Redwood Children’s Services - 2 Big Valley Rancheria - 1 Lake Family Resource Center – 1 Lake County Office of Education – Healthy Start – 1 Peer Rights Advocate – 1 Mental Health Board - 1 Konocti Unified School District - 1 Grant Writer - 1</p>
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.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

N/A

Local Review Process

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

The Annual Update is posted to the County website, copies are shared with all active stakeholders via e-mail, and hard copies are available at Department clinics and the peer support center or by mail upon request. The Annual Update announcement of public hearing is posted to the legal section of the local newspapers at the time of circulation.

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.

The Public Hearing was held on May 26, 2011. Three Mental Health Advisory Board members, representing the Circle of Native Minds, Lake Family Resource Center, and People Services, were the only community members in attendance.

The only substantive recommendation was regarding the plan for revenues if they exceeded component allocations in FY 2011-12. It was agreed that the options that would be considered in that event would be 1) distribute the additional funds by percentage amongst CSS programs if it was determined that those programs were short on funds, 2) dedicate the additional funds to the Prudent Reserve, 3) use the additional funds to create new programs to fill "holes" in community needs.

Said "holes" include services for the non-chronically mentally ill population and additional services for children.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

County: Lake - 17

Date: May 27, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- WET
 PEI
 INN

Community Services and Supports:

The approved MHSA Community Services and Supports Plan in Lake County is comprised of three programs:

1. Full Service Partnership (FSP)

FSP programming in Lake County serves all age groups: Children, Transitional Age Youth, Adults, and Older Adults.

From July 1, 2009 to June 30, 2010 the program served 167 FSP consumers: 12 children, 26 transitional age youth, 93 adults, and 36 older adults. This number represented a significant increase in numbers served compared with previous years and far exceeded the program goal of 108 for the year. Recovery planning continued to be consumer- and family-driven as needs are identified within the partnership and addressed through the implementation of the plan. The program continued to provide much needed services and supports in the areas of service coordination, peer and parent partner support, mental health services, individual rehabilitation, medication support, transitional and permanent housing assistance, and vocational services. In addition, FSP teams are making a concerted effort to work with consumers and families and offer wellness activities that promote resiliency and recovery. These activities include equine assisted activities, dance lessons, gym memberships, healthy life skills groups, and other activities that promote social connections.

2. General Systems Development (GSD)

GSD programming has eight components: Crisis Access Continuum, Forensic Mental Health Partnership, Housing Access, Transitional Housing, Older Adult Access, Integrated Physical and Mental Health, TAY and Adult Peer Support, and Parent Partner Programming.

The Crisis Access continuum continued to be a valuable component in the array of services funded by the MHSA in Lake County. The warm-line, in-county crisis line, crisis respite bed, and crisis access team continued to provide the department with the ability to respond, as indicated by the level of acuity, to the needs of consumers and families. The ability to respond proactively to the escalating needs of a consumer approaching crisis resulted in many avoided hospitalizations. One significant change was made to this program in FY 2009/10. The warm-line, for two years contracted to a community-based organization, was brought in-house. After doing analysis of the cost per call received over this period, it was determined prudent to end this relationship. Calls are now routed through an answering service and connected directly to qualified department staff 24/7.

The Forensic Mental Health Partnership continued to serve those consumers who encounter legal problems or are incarcerated in jail or juvenile hall due to mental illness. Consumers experiencing these difficulties are assisted in addressing their mental health needs, navigating the legal process, and transition planning, and are provided support in the community after release from incarceration through service coordination, clinical services, and the Full Service

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

Partnership program when indicated.

The development of options for permanent housing continued to be a crucial piece of the MHS puzzle in Lake County. The Housing Access component provided housing options for consumers and their families in the community. A third party property manager master leased housing for consumers and their families who would not have qualified otherwise, making a major impact on the ability of consumers and their families to maintain stable housing. During the fourth quarter of the fiscal year, the department was notified that the third party property manager would not be taking on any new clients and that they would either work with us to transition those under contract toward independence or with them on other arrangements. This transition lasted well into the 2010/11 fiscal year. Housing Access continued to provide housing subsidies for FSP consumers and families when indicated.

The Transitional Housing program provided six apartments (twelve beds) for FSP consumers who would otherwise have been homeless. Whether returning to the community from hospitalization, placement, incarceration, or other situation for which there would have been no option other than homelessness, Transitional Housing has provided a supported living program where consumers are encouraged to move forward in their recovery and establish a greater level of independence. Addressing the higher level of need indicated when consumers return to the community from long-term institutionalization has required continual development of this component to support the level of service required for successful transitioning.

The Older Adult Access component continued to provide a continuum of services and supports to the elderly mental health consumer in Lake County. Older Adult Access provided service coordination, therapeutic intervention, linkage to medical and psychiatric services, and FSP programming. Also provided were senior peer counseling, support groups, and outreach to the community. The most challenging issue facing this component is the ever-growing needs of this age group.

Integrated Physical and Mental Health was addressed by the medical staff who provided service coordination in the department. Lack of this critical component to comprehensive services and supports was identified as an obstacle to the recovery process for consumers experiencing mental health difficulties. Working with consumers and their primary care physicians continues to be an expanding element in the recovery planning process.

The Transitional Age Youth and Adult Drop-in Centers continued to provide a gathering point for consumers in Lake County. They continued to provide access to mental health and non-mental health related services, peer support, socialization, and companionship to these two age groups. The concepts of wellness, recovery, and resiliency were imbedded in the programming in both locations. Access to mental health services was made available by the collocation of services at the centers.

The approved CSS plan in Lake County provided for Parent Partner support to families involved with community mental health. This component made available a staff member with "lived experience" who was able to assist families with navigating the system, service coordination, group support, and, as an FSP team member, work through the FSP process with the family.

3. Outreach and Engagement (O&E)

The past year was a challenging year for O&E programming in Lake County. The Native American Outreach position remained vacant for the entire year due to the influence of the economic climate on the County hiring process, and the Hispanic Outreach position was vacant for approximately half of the year. The Hispanic Outreach worker did make efforts to engage the Tribal communities as well as the Hispanic community while on staff. The situation was rectified in early FY 2010/11 with the hiring of staff to fill both positions.

The intent of this component is to bridge the gap between Lake County Mental Health and these two underserved populations in the county. The Latino community will continue to benefit from interpretation and translation services in their native Spanish language in times of critical need. Both communities will be provided outreach in a culturally respectful manner. Once engaged, consumers and their families will have ongoing support from staff members familiar with their cultural background.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

Prevention and Early Intervention:

Approved for 8 programs on 02/25/10.

1. Early Intervention Services
2. Early Student Support
3. Wellness and Recovery Centers
4. Postpartum Depression Screening and Support
5. TAY Peer Support
6. Community Screening and Treatment
7. Older Adult Outreach and Prevention
8. Prevention Mini-Grants

Departmental efforts focused on preparation for implementation. Contractors were identified for four programs and contracts were prepared. No programs were initiated. At the time of this report, all programs have been initiated or implemented to some degree. , The amount of time and resources necessary to implement such an ambitious plan was underestimated. Planned PEI programming is included in the funding descriptions below to illustrate the impact it is expected to have on the identified community needs.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

Children/Youth -**1. Lack of early access to services**

With the start of PEI programming in Lake County, funding is being provided for the Postpartum Depression Screening and Support program. This program is designed to meet the needs of mothers and children in the earliest stages of child development to promote the bonding and attachment predicted to lead to positive long-term outcomes for children.

PEI funds are also being made available to the schools through the PEI/Early Student Support Program. These funds are used to identify early school adjustment difficulties in grades K-3 by providing the matching funds for an Early Mental Health Initiative program in the county.

PEI Mini-Grant funding for promoting increased protective factors and a reduction of risk factors is expected to draw interest from those who work with children in Lake County.

Community Outreach and Engagement workers, targeting the Tribal and Latino communities, provide culturally accepted access to services.

2. School failure/inability to be in mainstream

Children's Team staff collaborate with schools to support students who are at risk of school failure due to mental illness. MHSA funding is available through FSP programming to assist in doing whatever it takes to help children to succeed in the least restrictive environment.

The PEI/Early Student Support Program, as mentioned above, provides an additional resource to support the early success of students.

Community Outreach and Engagement workers, targeting the Tribal and Latino population in schools, provide a culturally accepted approach to children and their families to promote success in school.

3. Peer and family problems

The MHSA provides funding for a Parent Partner program to support families in developing healthy relationships and to

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

promote resiliency in child consumers.

FSP teams work with families on all fronts, including increasing parent/family involvement in schools and linking them to other resources as needed.

The aforementioned Community Outreach and Engagement programming provides a resource to the Tribal and Latino communities for linkage to needed services either offered by the department or available elsewhere.

4. Involvement in juvenile justice system

The Forensic Mental Health Partnership, funded as part of the GSD program, maintains contact with law enforcement, probation, and juvenile hall to identify children who may be involved with the legal system due to an identified or emerging mental health issue.

Community Outreach and Engagement workers, working with the Tribal and Latino populations, provide a culturally accepted resource to the Forensic Mental Health Partnership.

5. Out-of-home and out-of-county placement

This issue is addressed through FSP programming for children. FSP teams make every effort to work with families, doing whatever it takes to avoid having a child be removed from the home. Housing, food, clothing, medication, therapy, psycho-education, parenting skills training, individual rehabilitation, development of informal supports, etc. are all available through the service coordination of the FSP team.

The initial CSS plan called for the development of a Children's Wraparound program in the county. Although no MHSA funding was used, this program is now a reality and a resource for those children identified as on the cusp of out-of-home placement.

Transition Age Youth -

1. Isolation, leading to lack of early identification of mental health issues

The MHSA, through a combination of GSD and PEI program funding, provides for a TAY Drop-In Center in the community. This program provides outreach, activities, life-skills training, and opportunities for socialization. Mental health services for this age group are easily accessible through collocation. Linkage to the department is provided when a serious need is identified.

PEI programming includes a TAY/Young Adult-focused Early Intervention Services program which will provide mobile outreach and screening to this age group. Those who are identified as encountering or being at risk of severe mental illness will be provided intensive short-term treatment options.

Community Outreach and Engagement workers, working with the Tribal and Latino populations, provide a culturally accepted resource to these programs.

2. Inability to manage independence/work

FSP funding is available to support older TAY to access housing and educational or vocational programs. Individual rehabilitation is offered to support these consumers in developing the life-skills needed to promote successful independent living.

Transitional (for older TAY) and permanent supportive housing (for all TAY) is funded to meet the needs of this age group.

3. Institutionalization/incarceration

FSP programming is available to this age group for TAY who are at risk of being hospitalized, institutionalized, or incarcerated and their families.

The Crisis Access Continuum provides a spectrum of intervention services for those at risk of hospitalization, and includes

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

the Warm-Line as a resource for someone to talk to about potentially escalating issues, and Crisis Outreach for those consumers recently seen in the emergency room or discharged from a hospital stay.

The Forensic Mental Health Partnership, funded as part of the GSD program, maintains contact with law enforcement, probation, juvenile hall, and the jail to identify TAY who may be involved with the legal system due to an identified or emerging mental health issue.

Community Outreach and Engagement workers, working with the Tribal and Latino population, provide a culturally accepted resource to the Forensic Mental Health Partnership.

Adults -**1. Homelessness/hospitalization/incarceration**

FSP program funding is available for those consumers identified as being at risk of homelessness, hospitalization, or incarceration. Intensive service coordination for both mental health and non-mental health services is made available to adult consumers.

Transitional and permanent supportive housing is funded to meet the needs of this age group.

The Crisis Access Continuum provides a spectrum of intervention services for those at risk of hospitalization, and includes the Warm-Line as a resource for someone to talk to about potentially escalating issues, and Crisis Outreach for those consumers recently seen in the emergency room or discharged from a hospital stay.

The Forensic Mental Health Partnership, funded as part of the GSD program, maintains contact with law enforcement, probation, and the jail to identify adults who may be involved with the legal system due to an identified or emerging mental health issue.

The MHSA provides for a Peer Support Center where adult consumers can access the support of those with lived experience. This support for recovery has a positive impact on avoiding hospitalization and/or returning to jail for the adult consumers served. The Peer Support Center is also a resource for the homeless population, who are able to access showers, laundry facilities, a telephone, the internet, and a cup of coffee or an occasional meal. Homeless are also provided linkages to any MHSA resource for which they are deemed eligible, as well as to other community resources.

The PEI-funded Wellness and Recovery Center program will provide funding for additional resources to outreach to the homeless and veterans.

2. Isolation arising from stigma of mental illness, plus geography, transportation, etc.

Recovery support groups, supported by GSD funding, are available to consumers in the community, at the clinics, and at the Peer Support Center. Transportation is made available upon request to all consumers challenged by the lack of this resource.

The PEI Wellness and Recovery Center funding will be dedicated to identifying geographical, ethnic, and cultural barriers to access. These sites will offer prevention-oriented activities to the Tribal and Latino populations and be located in areas of the county identified as being accessible to these groups. This programming will target reduction of stigma and discrimination associated with mental health issues in these communities. Community Outreach and Engagement workers will provide a culturally accepted resource to this program.

3. Inability to manage independence

FSP funding is available to support adult consumers to access housing, supported educational or vocational programs, and volunteer opportunities. Individual rehabilitation, peer support, and the full array of mental health services is offered to support these consumers in developing the life-skill needed to promote successful independent living.

The MHSA has provided resources to develop a network of access points, services, and places to go for help in the community.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

Community Outreach and Engagement workers, working with the Tribal and Latino populations provide a culturally accepted resource to this program.

Older Adults -

1. Inability to live independently/involuntary care/institutionalization

The MHSA provides funding through FSP and GSD programming for an older adult system of care that provides a continuum of services to this age group. The department employs a full time service coordinator who provides outreach and engagement activities in the community to identify older adult consumers who are in need of services and supports. An older adult identified with one of these challenges can enter into a full service partnership where they are provided with intensive planning and services to meet the individual need.

Linkage to needed community resources, housing, individual rehabilitation, therapy, and coordination of primary health care in conjunction with psychiatric services are provided.

Community Outreach and Engagement workers, working with the Tribal and Latino populations provide a culturally accepted resource to this program.

2. Isolation

GSD funding provides for a Senior Peer Counseling program serving primarily homebound older adults in an effort to decrease the impact of isolation and assist in providing more intensive services when identified.

PEI funding will provide for the expansion of the existing Friendly Visitor program that for many years has been funded to serve only the southern part of the county. This program provides companionship both in person and over the telephone to older adults who may otherwise face the challenge of being isolated.

Both of these programs are charged with serving the Tribal and Latino populations in the county and are supported by Community Outreach and Engagement workers to provide a culturally accepted resource to this program.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #): **N/A – Administrative implementation only in progress at the end of FY 2009/10.**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

2. Provide the name of the PEI program selected for the local evaluation¹. N/A

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds. **N/A**

Activity Name; Brief Description; Estimated Funding Amount ²	Target Audience/Participants ³
1.	
2.	
3.	
4.	

¹ Note that very small counties (population less than 100,000) are exempt from this requirement.

² Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

³ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Lake

No funding is being requested for this program.

Program Number/Name: 1. Full Service Partnership

Date: 05/25/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	12			\$8,477
TAY	26			\$8,477
Adults	93			\$8,477
Older Adults	36			\$8,477
Total	167			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			165 (2 clients transitioned from one age group to the next during FY 09/10)	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	127	English	158	LGBTQ	
African American	4	Spanish	4	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	13	Mandarin			
Hispanic	18	Tagalog			
Multi		Cambodian			
Unknown	3	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other	3		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
At the time of this report there are 165 Full Service Partnership consumers included in the demographic data reported above. Of those, 13 consumers were identified as Native American, or 8%, as compared to 2% prevalence in the county population based on the most recent census data from 2010. 18 consumers reported as Hispanic or Latino, or 11%, as compared to a county population of 15%. The program served 4 consumers reporting race as African American, or 2%, which is in line with the 2010 county population.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
The FSP program continued to grow in FY 09/10, serving 165 consumers for the year. The TAY, adult, and older adult programs far exceeded the goals for the year. The number of children served in FSP was lower than expected. Due to the high prevalence of Medi-Cal eligibility amongst FSP consumers, the cost of the program was offset significantly by FFP revenue. Due to the decline of other funding sources at the state level, the MHSA funding for FSP services has become an important resource, especially for the adult population, where other state funding has decreased.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$858,795</td> <td>\$859,793</td> <td>.12%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$858,795	\$859,793	.12%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$858,795		\$859,793	.12%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	13			\$7961
TAY	15			\$7961
Adults	50			\$7961
Older Adults	30			\$7961
Total	108			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				108

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	FSP programming in Lake County serves all for age groups as defined by the MHSA. After determining eligibility, recovery planning is consumer- and family-driven as needs that will be addressed through the implementation of the plan are identified within the partnership. The program will continue to provide much needed services and supports in the areas of service coordination, peer and parent partner support, mental health services including individual rehabilitation, access to a psychiatrist for medication needs, both transitional and permanent housing assistance, and vocational services. In addition, FSP teams will continue to make a concerted effort to work with consumers and families and offer wellness activities that promote resiliency and recovery. These activities may include equine assisted activities, dance lessons, gym memberships, healthy life skills groups, and other activities that promote social connections. Community Outreach and Engagement workers, working with the Tribal and Latino populations, provide a culturally accepted resource to the Full Service Partnership Program as a bridge to these services, and for the Latino population, access in the Spanish language.
2.	If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	N/A
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Lake

No funding is being requested for this program.

Program Number/Name: 2. General System Development

Date: 05/25/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		5		
TAY		29		
Adults		144		
Older Adults		59		
Total		237		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			237	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	180	English	222	LGBTQ	
African American	9	Spanish	6	Veteran	
Asian	1	Vietnamese		Other	
Pacific Islander	1	Cantonese			
Native American	12	Mandarin			
Hispanic	21	Tagalog			
Multi		Cambodian			
Unknown	12	Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other	9		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>Imbedded in the original CSS plan for MHSA programming in Lake County is the intent to focus on those populations identified as unserved or underserved. These groups include the Tribal and Latino communities, the homeless population, and the TAY and Older Adult age groups. Also, identified were the unique cultural groups who are military veterans or who identify as LGBTQ. The department is currently working on improvements to the electronic health record system to be able to accurately record and report on data collected to represent our efforts.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
<p>The GSD programming in Lake County consists of eight distinct components (see implementation progress report) that provide a wide array of services and supports for consumers and their families. The impact of the economic climate in the State of California, as well as its impact on MHSA funding, has had little or no effect on GSD services and supports. Lake County Mental Health has maintained a relatively flat budgeting process in order to promote sustainability with respect to MHSA programming, with minor changes made only in response to identified need for improvement. The changes to overall funding for community mental health has led to MHSA programming becoming more prominent, contributing to a much transformed service delivery system.</p>

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$604,711</td> <td>\$707,569</td> <td>17%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$604,711	\$707,569	17%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$604,711		\$707,569	17%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total		180		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				180

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

GSD programming has eight components; Crisis Access Continuum, Forensic Mental Health Partnership, Housing Access, Transitional Housing, Older Adult Access, Integrated Physical and Mental Health, TAY and Adult Peer Support, and Parent Partner Programming. These components provide an array of services that transform access for all age groups and offer a variety of interventions.

The Crisis Access continuum provides consumers and family members with an emergent need the opportunity to call the locally staffed crisis and warm-lines for immediate assistance (translation services available through the Language Line in many languages including Spanish). Those who have been to the emergency department, or who have been hospitalized and released, will have follow-up through crisis outreach either by phone or with a personal visit in a location of their choice.

The Forensic Mental Health Partnership allows for collaboration between law enforcement, probation, juvenile hall, and the jail with a mental health professional to identify those consumers of all age groups who may be involved with the legal system due to an emotional disturbance or mental health issue. This includes training and education for these community partners, informal deferral agreements, and transition planning and follow-up for those who are incarcerated and released.

Housing Access, including Transitional Housing, is an integral service offered to those consumers and families who qualify due to an emotional disturbance or mental illness. Move-in and one time costs are funded by GSD, ongoing subsidies are FSP.

The Older Adult Access program allows for a spectrum of services ranging from outreach and engagement, linkage to needed services and supports including mental health services, primary care, benefits programs, the FSP program, and the MHSA-funded Friendly Visitor and Senior Peer counseling programs.

Integrated Physical and Mental Health is addressed by the medical staff and service coordination in the department. This critical component to comprehensive services and supports was identified as an obstacle to the recovery process for consumers experiencing mental health difficulties. Working with consumers and their primary care physicians continues to be an expanding element in the recovery planning process.

The Transitional Age Youth and Adult Drop-In Centers provide a gathering point for consumers in Lake County. They provide access to services (including non-mental health related services), peer support, socialization, and companionship to these two age groups. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations.

The approved CSS plan in Lake County provides for Parent Partner support to families involved with community mental health. This component makes available a staff member with "lived experience" who is able to assist families with navigating the system, service coordination, group support, and, as an FSP team member, someone who can assist the family in the process.

Cultural competency is imbedded in all programming with an emphasis on relevance to the Tribal and Latino communities and the Spanish language. Also, identified are the unique cultural groups who are military veterans or identify as LGBTQ.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none">a) Names of the programs being consolidated.b) How existing populations and services to achieve the same outcomes as the previously approved programs.c) The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Lake

No funding is being requested for this program.

Program Number/Name: 3. Community Outreach and Engagement

Date: 05/25/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			2	
TAY			8	
Adults			22	
Older Adults			2	
Total			34	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			34	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	13	English	24	LGBTQ	
African American	1	Spanish	10	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	7	Mandarin			
Hispanic	13	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other	1		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
<p>Imbedded in the original CSS plan for MHSa programming in Lake County was the intention to focus on those populations identified as unserved or underserved. These groups include the Tribal and Latino communities, the homeless population, and the TAY and Older Adult age groups. Also, identified were the unique cultural groups who are military veterans or identify as LGBTQ.</p> <p>The data displayed here represents the fact that the department does Outreach and Engagement activities with others as well as the targeted Tribal and Latino communities. The vacancy in the Native American Outreach Specialist position is reflected in the low number of individuals served by this program. This is expected to continue into FY 10/11. The relatively low number of those individuals served identified as Hispanic or Spanish speaking is a also reflection of the staffing challenges faced by this program.</p>
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSa funding and overall mental health funding.
<p>As stated in the Implementation Progress Report, the past year was a challenging year for O&E programming in Lake County. The Native American Outreach position remained vacant for the entire year due to the influence of the economic climate on the County hiring process, and the Hispanic Outreach position was vacant for approximately half of the year. The Hispanic Outreach worker did make efforts to engage the Tribal communities as well as the Hispanic community while on staff. This situation was rectified early in FY 10/11 with the hiring of staff to fill both positions. Overall mental health funding had no effect on O & E programming in FY 09/10.</p>

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$155,963</td> <td>\$118,508</td> <td>-24%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$155,963	\$118,508	-24%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$155,963		\$118,508	-24%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			50	
TAY			50	
Adults			50	
Older Adults			30	
Total			180	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				180

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
O&E serves the Latino and Tribal Communities in Lake County. This component will build bridges to these two underserved populations in the county and provide the services they may want or need. The Latino community benefits from interpretation and translation services in times of critical need in their native Spanish language. Both communities are provided outreach in a culturally respectful manner, and once engaged, consumers and/or their families have this ongoing support from a staff member familiar with their cultural backgrounds. O&E workers, specific to each community, will continue to develop relationships with key stakeholders and act as cultural liaisons in the engagement process. All age groups are to be served in this program. The O&E workers are a culturally accepted resource and support all MHSA and department services to meet the cultural preferences of these two communities.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Lake

Program Number/Name: Early Intervention Services
local evaluation

Please check box if this program was selected for the

Date: 05/26/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan approved 02/25/2010. Initial implementation focused on administrative functions and program design.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$111,225</td> <td style="padding: 2px;">\$139,031</td> <td style="padding: 2px;">25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$111,225	\$139,031	25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$111,225	\$139,031	25%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
None at the time of this update.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)
N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:		20
Total Families:		12

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Lake

Program Number/Name: Wellness and Recovery Centers Please check box if this program was selected for the local evaluation

Date: 05/26/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10
<input checked="" type="checkbox"/> Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.
Plan approved 02/25/2010. Initial implementation focused on administrative functions (RFP, contracts, internal set-up).

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$92,000</td> <td style="padding: 2px;">\$115,000</td> <td style="padding: 2px;">25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$92,000	\$115,000	25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$92,000	\$115,000	25%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

The implementation process for this program has resulted in the following minor changes with input and guidance from stakeholders, specifically Tribal stakeholders. The CSS-funded Tribal Outreach and Engagement Specialist plays a key role in this program. It is planned to establish two “Cultural Tradition Centers” open to all Native Americans in Lake County. One will operate in the Lakeport area in the north end of the County and another in the Lower Lake or south end of the County. At the recommendation of the Elders Talking Circle, these facilities will be located on “neutral ground” and be leased by the department. These centers will be staffed by County volunteers who are members of the 7 local tribes.

In an effort to make the best use of diminishing resources, the department is using a combination of Peer Support funding (CSS) and funding provided for this program to operate a new center located adjacent to the largest homeless encampment in the County. The center is staffed by a Peer Support Specialist (CSS) and additional, PEI-funded part-time consumer staff, providing outreach to the homeless and veteran populations.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:		480
Total Families:		600

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Lake

Program Number/Name: Older Adult Outreach and Prevention

Please check box if this program was selected for the local evaluation

Date: 05/26/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan approved 02/25/2010. Initial implementation focused on administrative functions (RFP, contracts, internal set-up).

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$23,000</td> <td style="padding: 2px;">\$28,750</td> <td style="padding: 2px;">25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$23,000	\$28,750	25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$23,000	\$28,750	25%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
None at the time of this update.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)
N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	48	
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Lake

Program Number/Name: Postpartum Depression Screening and Support Please check box if this program was selected for the local evaluation

Date: 05/26/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan approved 02/25/2010. Initial implementation focused on administrative functions (RFP, contracts, internal set-up).

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$20,700</td> <td style="padding: 2px;">\$25,875</td> <td style="padding: 2px;">25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$20,700	\$25,875	25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$20,700	\$25,875	25%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
<p>Early implementation in FY10/11 resulted in the allocation of additional funding to this program due to unanticipated start-up costs. The program is expected to continue and will be within the allocation for the coming fiscal year.</p>
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:		
Total Families:	36	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Lake

Program Number/Name: TAY Peer Support

Please check box if this program was selected for the local evaluation

Date: 05/26/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan approved 02/25/2010. Initial implementation focused on administrative functions (RFP, contracts, internal set-up).

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$23,000</td> <td style="padding: 2px;">\$28,750</td> <td style="padding: 2px;">25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$23,000	\$28,750	25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$23,000	\$28,750	25%						
b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
None at the time of this update.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	60	
Total Families:	60	

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Lake

Program Number/Name: Community Screening and Treatment Please check box if this program was selected for the local evaluation

Date: 05/26/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan approved 02/25/2010. Initial implementation focused on administrative functions (RFP, contracts, internal set-up).

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$23,000</td> <td style="padding: 2px;">\$28,750</td> <td style="padding: 2px;">25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$23,000	\$28,750	25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$23,000	\$28,750	25%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

The department is currently working with a rural health clinic on a contract for this program in FY 11/12. The identified contractor for FY 10/11 was unable to continue operating due to fiscal challenges.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	60	12
Total Families:	30	12

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Lake

Program Number/Name: Prevention Mini-Grants

Please check box if this program was selected for the local evaluation

Date: 05/26/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan approved 02/25/2010. Initial implementation focused on administrative functions (RFP, contracts, internal set-up).

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$40,250</td> <td style="padding: 2px;">\$50,313</td> <td style="padding: 2px;">25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$40,250	\$50,313	25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$40,250	\$50,313	25%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
None at the time of this update.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	1200	
Total Families:	600	

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Lake

Program Number/Name: Early Student Support

Please check box if this program was selected for the local evaluation

Date: 05/27/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan approved 02/25/2010. Initial implementation focused on administrative functions (RFP, contracts, internal set-up).

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>N/A</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$0</td> <td style="padding: 2px;">\$0</td> <td style="padding: 2px;">0%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$0	\$0	0%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$0	\$0	0%						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

N/A

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
None at the time of this update.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:		
Total Families:		

CSS FUNDING REQUEST

County: Lake -17

Date: 4/22/2011

CSS Programs		FY 11/12 Requested MHPA Funding	Estimated MHPA Funds by Service Category				Estimated MHPA Funds by Age Group			
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHPA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs										
1.	Personal and Innovative Recovery - FSP	\$859,793	\$859,793							
2.	System Transformation and Recovery - GSD	\$707,569		\$707,569						
3.	Outreach and Engagement - O&E	\$118,508			\$118,508					
4.		\$0								
5.		\$0								
6.		\$0								
7.		\$0								
8.		\$0								
9.		\$0								
10.		\$0								
11.		\$0								
12.		\$0								
13.		\$0								
14.		\$0								
15.		\$0								
16.	Subtotal: Programs ^{a/}	\$1,685,870	\$859,793	\$707,569	\$118,508	\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% Indirect Administrative Costs	\$252,880								
18.	Plus up to 10% Operating Reserve									
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$1,938,750								
New Programs/Revised Previously Approved Programs										
1.		\$0								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.	Subtotal: Programs ^{a/}	\$0	\$0	\$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.	Total MHPA Funds Requested for CSS	\$1,938,750								

Percentage

15%

0.0%

Percentage

#VALUE!

#VALUE!

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=

51.00%

Additional funding sources for FSP requirement:

County must provide the majority of MHPA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHPA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$859,793	\$0	\$0	\$340,500	\$0	\$0	\$0	\$0	\$0	\$1,200,293	71%

PEI FUNDING REQUEST

County: Lake-17

Date: 4/22/2011

PEI Programs			FY 11/12 Requested MHSAs Funding	Estimated MHSAs Funds by Type of Intervention		Estimated MHSAs Funds by Age Group			
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs									
1.	Early Intervention Services	\$139,031							
2.	Early Student Support	\$0							
3.	Wellness and Recovery Centers	\$115,000							
4.	Older Adult Outreach and Prevention	\$28,750							
5.	Postpartum Screening and Support	\$25,875							
6.	TAY Peer Support	\$28,750							
7.	Community Screening and Treatment	\$28,750							
8.	Prevention Mini-Grants	\$50,313							
9.		\$0							
10.		\$0							
11.		\$0							
12.		\$0							
13.		\$0							
14.		\$0							
15.		\$0							
16.	Subtotal: Programs*	\$416,469	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs	\$62,470							15%
18.	Plus up to 10% Operating Reserve								0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$478,939							
New/Revised Previously Approved Programs									
1.		\$0							
2.		\$0							
3.		\$0							
4.		\$0							
5.		\$0							
6.	Subtotal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs								#VALUE!
8.	Plus up to 10% Operating Reserve								#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0							
10.	Total MHSAs Funds Requested for PEI	\$478,939							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years 0%

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.

County:		Lake-17				Date:		5/26/2011
		MHSA Funding						
		CSS	WET	CFTN	PEI	INN	Local Prudent Reserve	
A. FY 2011/12 Component Allocations								
	1. Published Component Allocation	\$1,634,300			\$282,800	\$100,900		
	2. Transfer from FY 11/12 ^{a/}							
	3. Adjusted Component Allocation	\$1,634,300						
B. FY 2011/12 Funding Request								
	1. Requested Funding in FY 2011/12	\$1,938,750			\$478,939			
	2. Requested Funding for CPP				\$14,140	\$32,360		
	3. Net Available Unexpended Funds							
	a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$304,450			\$359,665			
	b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)				\$359,665			
	c. Unexpended Funds from FY 10/11							
	d. Total Net Available Unexpended Funds	\$304,450	\$0		\$0	\$0		
	4. Total FY 2011/12 Funding Request	\$1,634,300	\$0	\$0	\$493,079	\$32,360		
C. Funds Requested for FY 2011/12								
	1. Unapproved FY 06/07 Component Allocations							
	2. Unapproved FY 07/08 Component Allocations							
	3. Unapproved FY 08/09 Component Allocations					\$7,500		
	4. Unapproved FY 09/10 Component Allocations ^{b/}				\$31,534	\$7,500		
	5. Unapproved FY 10/11 Component Allocations ^{b/}				\$330,100	\$12,315		
	6. Unapproved FY 11/12 Component Allocations ^{b/}	\$1,634,300			\$131,445	\$5,045		
	Sub-total	\$1,634,300	\$0	\$0	\$493,079	\$32,360		
	7. Access Local Prudent Reserve							
	8. FY 2011/12 Total Allocation^{c/}	\$1,634,300	\$0	\$0	\$493,079	\$32,360		
NOTE:								
1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.								
2. 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.								
3. 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.								
4. 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.								
5. 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.								
^{a/} 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.								
^{b/} 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.								
^{c/} Must equal line B.4. for each component.								

**Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Program)**

Previously approved with no changes
 New

Date:04/22/2011	County Name: Lake
Amount Requested for FY 2010/11: \$8,900 FY 2011/12: \$8,900	
<p>A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).</p> <p>We will work with a contractor we have yet to identify that has the demonstrated ability and experience to develop projects that provide statewide training, technical assistance, and capacity building programs in partnership with local and community partners. The contractor will identify and link us with other counties that have similar training and capacity building needs and will partner with local and community partners via sub-contracts or other arrangements in order to help assure the appropriate provision of prevention and early intervention activities in our local communities. The contractor will use training methods that have demonstrated capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.</p>	
<p>B. The County and its contractor(s) for these services agree to comply with the following criteria:</p> <ol style="list-style-type: none"> 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan. 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services. 3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892. 4) These funds may not be used to pay for any other program. 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892. 6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities. 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. <p>Certification</p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p> <p>_____ Director, County Mental Health Program (original signature)</p>	