



# **YOLO COUNTY**

## **Mental Health Services Act**

### **Program and Expenditure Plan**

#### **Annual Update – Fiscal Year 2010-11**

COUNTY SUMMARY SHEET **DRAFT**

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

<b>County:</b>		<b>YOLO</b>																				
		<b>Exhibits</b>																				
		<b>A</b>	<b>B</b>	<b>C</b>	<b>C1</b>	<b>D</b>	<b>D1*</b>	<b>E</b>	<b>E1</b>	<b>E2</b>	<b>E3</b>	<b>E4</b>	<b>E5</b>	<b>F**</b>	<b>F1**</b>	<b>F2**</b>	<b>F3**</b>	<b>F4**</b>	<b>F5**</b>	<b>G***</b>	<b>H****</b>	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
<b>Component</b>	<b>Previously Approved</b>	<b>New</b>																				
<input checked="" type="checkbox"/> CSS	\$4,331,600	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> WET	0	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> CF	\$0	\$0						<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
<input checked="" type="checkbox"/> TN	\$	577,625						<input type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$1,331,857	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		
<input type="checkbox"/> INN	\$0	\$0					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	
<b>Total</b>	<b>\$5,663,457</b>	<b>577,625</b>																				
<b>Dates of 30-day public review comment period:</b>		March 25, 2011 to April 25, 2011																				
<b>Date of Public Hearing*****:</b>		Monday, April 25, 2011																				
<b>Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:</b>		In process.																				

\*Exhibit D1 is only required for program/project elimination.  
 \*\*Exhibit F - F5 is only required for new programs/projects.  
 \*\*\*Exhibit G is only required for assigning funds to the Local Prudent Reserve.  
 \*\*\*\*Exhibit H is only required for assigning funds to the MHSA Housing Program.  
 \*\*\*\*\*Public Hearings are required for annual updates, but not for updates.

County: Yolo County

<b>County Mental Health Director</b>	<b>Project Lead</b>
Name: Kim Suderman, LCSW	Name: Joan Beesley
Telephone Number: (530) 666-8651	Telephone Number: (530) 666-8536
E-mail: <a href="mailto:Kim.Suderman@yolocounty.org">Kim.Suderman@yolocounty.org</a>	E-mail: Joan.Beesley@yolocounty.org
Mailing Address: Yolo County ADMH Administration 137 N. Cottonwood Street, Suite 2500 Woodland, CA 95695	

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

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.<sup>1</sup>

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

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

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

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

All documents in the attached FY 2010/11 annual update/update are true and correct.

KIM SUDERMAN, Director

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

County: YOLO ~~DRAFT—DRAFT—DRAFT~~

Date: March 25, 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.

<b>Community Program Planning</b>	
<b>1.</b>	<p><b>Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</b></p> <p>Yolo County ADMH continues to communicate with stakeholders via informational e-mails and monthly updates to the Local Mental Health Board. Stakeholder meetings have been held on an <i>as needed</i> basis, for the purpose of discussing status of programs, obtaining stakeholder input and planning; three such meetings were held in the past year. In light of reduced revenues and economic uncertainty, Yolo County ADMH made no significant changes in its MHSA Plan, focusing instead on maintaining existing Community Services and Supports (CSS) Programs, implementing Prevention and Early Intervention (PEI) Programs as planned, and soliciting stakeholder input for eventual implementation of the Capital Facilities and Information Technology Component and Innovation Component of our county’s MHSA plan. Methods used to obtain stakeholder input included stakeholder meetings, informational e-mails, solicitation of innovative program ideas, posting of DMH requirements and stakeholder proposals on the ADMH website.</p>
<b>2.</b>	<p><b>Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</b></p> <p>The following stakeholder entities continue to be notified of MHSA meetings, announcements and activities:</p> <ul style="list-style-type: none"> <li>Yolo County Local Mental Health Board</li> <li>Consumers and Family Members (those requesting notification)</li> <li>NAMI Yolo County</li> <li>First 5 Yolo (Children and Families Commission)</li> <li>Yolo County Public Guardian</li> <li>Yolo County Probation Department</li> <li>Yolo County Department of Employment and Social Services</li> <li>Yolo County Health Department</li> <li>Yolo County Board of Supervisors</li> <li>Yolo County Office of Education</li> <li>Yolo County Superior Court</li> <li>Yolo County Sheriffs</li> <li>Yolo County Children’s Alliance</li> <li>City of West Sacramento</li> <li>Woodland Joint Unified School District</li> <li>Washington Unified School District</li> </ul>

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

Davis Joint Unified School District  
 Winters Joint Unified School District  
 Esparto Unified School District  
 Alta Regional Services  
 Area 4 on Aging  
 Suicide Prevention of Yolo County (provider agency)  
 Turning Point Community Programs and Pine Tree Gardens (providers)  
 Yolo Community Care Continuum (provider agency)  
 CommuniCare Health Centers (provider agency)  
 Rural Innovations in Social Economics, Inc. (R.I.S.E.) (provider agency)  
 Telecare, Inc. (provider agency)  
 Yolo Family Resource Center (provider agency)  
 Yolo Family Service Agency (provider agency)  
 EMQ-FamiliesFirst (provider agency)  
 Wayfarer Christian Mission  
 Broderick Christian Mission  
 Davis Community Meals  
 Yolo County Housing  
 Community Housing Opportunities Corporation (C.H.O.C.)  
 Capay Valley Vision  
 E. Musser, Attorney  
 B. Grigg, R.N., Educator  
 MetaHousing Corporation  
 California Institute for Mental Health (C.I.M.H.)  
 ADMH Staff and Management  
 Yolo County Board of Supervisors

**3. If 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.**

No programs/projects are being eliminated during FY 10-11.

**Local Review Process**

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

The draft document *Mental Health Services Act Program and Expenditure Plan Annual Update—Fiscal Year 2010-2011* was circulated among shareholders by posting the document on the Yolo County MHSWA web page, <http://www.yolocounty.org/Index.aspx?page=993>, and a document entitled *Notice of Public Comment Period and Notice of Public Hearing*, a copy of which is included with this document as **Attachment 1**, was sent via e-mail and/or U.S. Postal Service to all stakeholders on ADMH lists, to ADMH staff, and via posting at ADMH clinic offices and the Wellness Center. An Internet link to the posted document was incorporated in the above-referenced notice, and was also posted at [www.namiyolo.org](http://www.namiyolo.org).

Printed copies of the draft document were made available at the reference desks of all public libraries in

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

Yolo County, at the Yolo County Administration Building, at the DESS One-Stop Office in Woodland, and in the client waiting areas of all service centers of the Department of Alcohol, Drug and Mental Health, during regular hours of operation.

The *Notice of Public Comment Period and Notice of Public Hearing* document was posted in all locations where copies of the draft Plan Update document were made available.

Blank copies of a public comment form were sent to stakeholders and were included with all printed copies of the document in all locations where the documents were made available to the public. A copy of the public comment form is included with this document as **Attachment 2**.

The availability of the draft document, duration of the public comment period and details of the public hearing were noticed in local newspapers of general circulation. A copy of this newspaper notice is included this document as **Attachment 3**.

- 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.**

*(To be completed after public hearing is held on April 25, 2011.)*

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

County: YOLO **DRAFT—DRAFT—DRAFT**

Date: March 25, 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, PEI and WET components **during FY 2008/09.**

**CSS, WET and PEI**

**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.**

**CSS:** Implementation activities are generally proceeding as described in the approved plan, which includes one blended service program in each age group (Children, TAY, Adult, Older Adult). Both the TAY and Adult programs benefited from operation of Wellness Centers in Woodland for the entire year; Adult Program also operated a Drop-In Center in West Sacramento. Children’s Rural Program Outreach and Engagement and resiliency-building services expanded throughout western rural area of the county, and these services moved to PEI at the end of FY 08-09. Major challenges included countywide layoffs, including a reduction of nearly 30% of ADMH employees, largely affecting MHSA staff (often most recently hired), many of whom were replaced by peers with seniority. Staff losses included bilingual/bicultural Russian and Latino case managers.

**PEI:** The Yolo County PEI plan, which was approved April 14, 2009, included five programs divided between two projects, the Early Signs Project and the Wellness Project. The remainder of FY 09-10 was spent developing an implementation plan that included drafting Requests for Proposals and contracts, and hiring PEI staff. Hence, no clients were provided PEI services in this fiscal year.

**WET:** ADMH’s WET Component of the MHSA Plan was not approved until June of 2009 and therefore, the plan was not able to be implemented in FY 08-09.

**2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.**

**Children:** The Rural Children’s Resiliency Program made great strides in working with children and families living in Capay Valley (rural Yolo), where as much as 65% of the population is Latino. At the end of FY 08-09, the program was expanded to include the town and school district areas of Winters, representing the remainder of the large western rural region of Yolo. At the end of FY 08-09, mental health and case management services remained in the CSS program and Children’s Resiliency services changed over to the county’s PEI component.  
**Transition-Age Youth (TAY):** This program benefited from a full year of availability of TAY Center services for all types of blended services. Staff made particular effort to reach out to emancipating Foster Youth, and to provide vocational readiness services to all interested TAY clients.

**Adults:** Adults benefited from a full year of accessibility to the Woodland Wellness Center and partial year availability of Drop-In Center services in West Sacramento. Outreach efforts continued with homeless shelters and mentally ill individuals living on the streets and riverbank areas. Efforts of bilingual/bicultural Latino staff to help un-served individuals access mental health services and Social Security benefits expanded.

**Older Adults:** Outreach to Russian-speaking older adult population in West Sacramento was sustained throughout FY 08-09. Staff was successful in building trust with this cultural group, which tends to be wary of public mental health services. Older Adult MHSA program also supported and expanded a group of Senior Peer Counselor Volunteers who assisted with depressed and isolated older adults in other urban and rural areas of Yolo County. At the end of FY 08-09, the Senior Peer Counselors began receiving coordination, training and support as a PEI Program.

**IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES**

**3. Provide the following information on the number of individuals served:**

Age Group	CSS	PEI	WET	
	# of individuals Blended FSP/SD/OE*	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	304	N/A	Workforce Staff Support	
Transition Age Youth	213	“	Training/Technical Assist.	
Adult	490	“	MH Career Pathway	
Older Adult	903	“	Residency & Internship	
Race/Ethnicity*			Financial Incentive	
White	536			
African/American	50		<b>[ X ] WET not implemented in 08/09</b>	
Asian	24			
Pacific Islander	3			
Native	15			
Hispanic	114			
Multi				
Other	30			
Other Cultural Groups				
LGBTQ	unknown			
Other				
Primary Language*				
Spanish	45			
Vietnamese	3			
Cantonese	1			
Mandarin	1			
Tagalog	1			
Cambodian				
Hmong				
Russian	2			
Farsi				
Arabic	1			
Other	11			

\*Race/Ethnicity/Language data not available for Outreach & Engagement (OE) clients.

**PEI**

**4. Please provide the following information for each PEI Project:**

- a) The problems and needs addressed by the Project.
- b) The type of services provided.
- c) Any outcomes data, if available. (Optional)
- d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

**a/b) Yolo's PEI Component Plan includes two projects:**

**1. Yolo Wellness Project, consisting of:**

- i. Urban Children's Resiliency, addressing needs for prevention and resiliency-building services among children in the urban areas (Woodland, Davis, West Sacramento);
- ii. Rural Children's Resiliency, addressing needs for prevention and resiliency-building services among children in the rural areas (Esparto and Winters school districts);
- iii. Senior Peer Volunteers, providing program support to Senior Peer Counselor Volunteers Program that addresses needs of isolated, depressed older adults in the community.

**2. Early Signs Project, consisting of:**

- i. Early Signs Training, providing outreach, community education and stigma reduction programs to individuals in the community, and facilitating access to "first break" services;
- ii. Crisis Intervention Team (CIT) Training, providing POST-approved mental health education and crisis intervention training to law enforcement personnel and other first-responders.

c) No FY 08-09 PEI outcomes data is available; programs began providing services in FY 09-10.

d) Not applicable.



County: YOLO **DRAFT—DRAFT—DRAFT**

Program Number/Name: 1: Rural Children’s Mental Health Program

Date: February 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$277,098</td> <td style="text-align: center;">\$220,796</td> <td style="text-align: center;">20%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$277,098	\$220,796	20%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$277,098	\$220,796	20%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>This program serves the large western rural area of Yolo County, including the towns of Winters and Esparto, the Capay Valley, and the Esparto Unified and Winters Joint Unified School Districts. The CSS Rural Children’s Mental Health Program offers a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services to rural children and youth, and their families. Children and youth who have psychiatric disabilities and unmet or under-met mental health treatment needs are the priority population. Many of the children residing in this area are Latino, with family members who most often speak Spanish. Services include assessment, individual and group therapy, family therapy, crisis counseling and case management services. A bi-lingual/bi-cultural Spanish-speaking clinician assists in delivery of culturally competent services and provides family support, educationally related support, and linkage to other community agencies. Referrals come from local schools and from the MHSA PEI Program Rural Children’s Resiliency Program operated in the same region.</p>									
<b>Existing Programs to be Consolidated</b> <span style="float: right;"><b>N/A</b></span>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

County: Yolo County

~~DRAFT—DRAFT—DRAFT~~

Program Number/Name: 2: Pathways to Independence for Transition-Age Youth

Date: February 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$536,692</td> <td style="text-align: center;">\$427,643</td> <td style="text-align: center;">20%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$536,692	\$427,643	20%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$536,692	\$427,643	20%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The Pathways to Independence Program for Transition-Age Youth (TAY) is a blended program offering FSP, SD and OE services to Yolo County youth aged 16-24. Based at the Woodland Wellness Center, the program provides services and activities specifically designed to promote wellness and independence among transition-aged youth with mental illnesses/serious emotional disturbances, including Foster youth and youth previously detained in Juvenile Hall. Services include access to psychiatric and therapeutic care, and assistance with independent living skills, symptom management, housing supports, employment readiness and access to benefits. The program offers socialization, physical activities, independent living and emotional wellness. Intensive case management and housing assistance are offered to FSP clients. Services promote on wellness, recovery, resilience and responsible living.</p>									
<b>Existing Programs to be Consolidated</b> <b>N/A</b>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

County: YOLO **DRAFT—DRAFT--DRAFT**

Program Number/Name: 3: Adult Wellness Alternatives Program

Date: February 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$3,464,953</td> <td style="text-align: center;">\$2,760,919</td> <td style="text-align: center;">20%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$3,464,953	\$2,760,919	20%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$3,464,953	\$2,760,919	20%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>The Wellness Alternatives Program for Adult Consumers is the largest of the county's four CSS programs. The program offers FSP, SD and OE services to adults experiencing serious mental illnesses, and operates a Wellness Center in Woodland. Key populations targeted include individuals with serious and persistent mental illnesses, with little or no income, and consumers who are homeless or at high risk of homelessness. Potential clients are referred to a Benefits Specialist at the earliest opportunity. High-acuity clients, including those re-entering the community from locked mental health facilities, are provided with FSP services by Telecare Corporation, as a part of this CSS program. Yolo Co. ADMH, with assistance from Telecare Corp. and Turning Point Community Programs, continues to serve up to 107 FSP adults annually in this program.</p>										
<p><b>Existing Programs to be Consolidated</b> <span style="color: red;">N/A</span></p>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: YOLO **DRAFT—DRAFT--DRAFT**

Program Number/Name: 4: Older Adult Outreach and Assessment

Date: February 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$280,379</td> <td style="text-align: center;">\$223,410</td> <td style="text-align: center;">20%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$280,379	\$223,410	20%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$280,379	\$223,410	20%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p> <p>The CSS Older Adult Outreach and Assessment Program provides individuals experiencing mental health symptoms who are aged 60 and over with clinical and case management support, mental health assessments, in-home linkage to peer support for isolated seniors (provided by our PEI program of Senior Peer Counselor Volunteers), and other supports intended to help seniors with serious mental illness to maintain their independence. Through this program, the unique needs of older adult consumers are acknowledged. This is a blended program, providing FSP, SD and OA services. Demand for FSP services has leveled, which we attribute to the fact that those who meet FSP criteria are often unable to maintain independence in the community. The Clinical Supervisor and program staff coordinate with other local agencies serving seniors, such as Adult Protective Services, Public Guardian, Public Health, In-Home Supportive Services and Adult Day Health.</p>									
<b>Existing Programs to be Consolidated</b> <span style="color: red;">N/A</span>										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

County: YOLO

**DRAFT—DRAFT—DRAFT**

Program Number/Name: YOLO WELLNESS PROJECT, Program 1: Urban Children’s Resiliency

Date: March 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>	<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: YOLO

**DRAFT—DRAFT—DRAFT**

Program Number/Name: YOLO WELLNESS PROJECT, Program 2: Rural Children’s Resiliency

Date: March 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				



County: YOLO

**DRAFT—DRAFT—DRAFT**

Program Number/Name: YOLO WELLNESS PROJECT, Program 3: Senior Peer Counselor Volunteers

Date: March 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

County: YOLO

**DRAFT—DRAFT—DRAFT**

Program Number/Name: EARLY SIGNS PROJECT, Program 1: Early Signs Training and Assistance

Date: March 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

County: YOLO

**DRAFT—DRAFT—DRAFT**

Program Number/Name: EARLY SIGNS PROJECT, Program 2: Crisis Intervention Training

Date: March 25, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> <li>a) The names of Previously Approved programs to be consolidated,</li> <li>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</li> <li>c) Provide the rationale for consolidation.</li> </ul>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	<b>Universal Prevention</b>		<b>Selective/Indicated Prevention</b>	<b>Early Intervention</b>
		<b>Total Individuals:</b>			
		<b>Total Families:</b>			
Existing Programs to be Consolidated					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

County: Yolo

Date: 3/22/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2010/11 Planning Estimates</b>						
1. Published Planning Estimate	\$4,331,600			\$1,093,300		
2. Transfers						
3. Adjusted Planning Estimates	\$4,331,600					
<b>B. FY 2010/11 Funding Request</b>						
1. Requested Funding in FY 2010/11	\$4,331,600		\$577,625	\$1,331,857		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds <sup>a/</sup>						
c. Unexpended FY 2008/09 Funds	\$18,216			\$1,167,700		
d. Adjustment for FY 2009/2010	\$18,216			\$1,167,700		
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
<b>4. Total FY 2010/11 Funding Request</b>	<b>\$4,331,600</b>	<b>\$0</b>	<b>\$577,625</b>	<b>\$1,331,857</b>	<b>\$0</b>	
<b>C. Funds Requested for FY 2010/11</b>						
<b>1. Previously Approved Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates				\$516,843		
e. Unapproved FY10/11 Planning Estimates	\$4,331,600			\$815,014		
<b>Sub-total</b>	<b>\$4,331,600</b>	<b>\$0</b>		<b>\$1,331,857</b>	<b>\$0</b>	
f. Local Prudent Reserve						
<b>2. New Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>			\$577,625			
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
<b>Sub-total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$577,625</b>	<b>\$0</b>	<b>\$0</b>	
f. Local Prudent Reserve						
<b>3. FY 2010/11 Total Allocation<sup>b/</sup></b>	<b>\$4,331,600</b>	<b>\$0</b>	<b>\$577,625</b>	<b>\$1,331,857</b>	<b>\$0</b>	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

CSS BUDGET SUMMARY

County: Yolo

Date: 3/22/2011

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name			Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
<b>Previously Approved Programs</b>											
1.	1	Rural Children's Mental Health Program	\$220,796	\$22,080	\$143,517	\$55,199	\$0	\$220,796			
2.	2	Pathways to Independences TAY	\$427,643	\$256,586	\$106,911	\$64,147	\$0		\$427,643		
3.	3	Adult Wellness Program	\$2,760,919	\$1,987,861	\$635,011	\$138,046	\$0			\$2,760,919	
4.	4	Older Adult Outreach & Assessment	\$223,410	\$89,364	\$100,535	\$33,512	\$0				\$223,410
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 <sup>a/</sup>		\$3,632,768	\$2,355,891	\$985,974	\$290,904	\$0	\$220,796	\$427,643	\$2,760,919	\$223,410
17.	Plus up to 15% County Administration		\$698,832								
18.	Plus up to 10% Operating Reserve		\$0								
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$4,331,600								
<b>New Programs</b>											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs <sup>a/</sup>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0								
10.	<b>Total MHSA Funds Requested for CSS</b>		\$4,331,600								

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 64.90%

**Additional funding sources for FSP requirement:**

County must provide the majority of MHSA 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 m Annual Cost Report. R

**CSS Majority of Funding to FSPs**

	Other Funding Sources								Total	
	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	
<b>Total Mental Health Expenditures:</b>	\$2,355,891	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,355,891



CFTN BUDGET SUMMARY

County: YOLO

Date: 22-Mar-11

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHSA Funding	Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	1 Yolo Technological Improvement Project	N	462,100	\$0	\$462,100	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.	Subtotal: Work Plans/Projects		462,100	\$0	\$462,100	
27.	Plus up to 15% County Administration		69,315			
28.	Plus up to 10% Operating Reserve		46,210			
29.	Total MHSA Funds Requested		577,625			

Percentage  
15.0%  
400.0%

PEI BUDGET SUMMARY

County: YOLO

Date: 3/22/2011

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group				
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
<b>Previously Approved Programs</b>											
1.	1.1	Wellness: Urban Children's Resiliency	\$518,000	\$518,000		\$0	\$518,000				
2.	1.2	Wellness: Rural Children's Resiliency	\$230,000	\$184,000		\$46,000	\$230,000				
3.	1.3	Wellness: Senior Peer Counselor Volunteers	\$72,000	\$50,400		\$21,600				\$72,000	
4.	2.1	Early Signs: Early Signs Training & Assistance	\$225,228	\$45,046		\$180,182	\$56,307	\$56,307	\$56,307	\$56,307	
5.	2.2	Early Signs: Crisis Intervention Training	\$60,000	\$12,000		\$48,000	\$15,000	\$15,000	\$15,000	\$15,000	
6.			\$0								
7.			\$0								
8.			\$0								
9.			\$0								
10.			\$0								
11.			\$0								
12.			\$0								
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs		\$1,105,228	\$809,446	\$0	\$295,782	\$819,307	\$71,307	\$71,307	\$143,307	Percentage
17.	Plus up to 15% County Administration		\$165,784								15%
18.	Plus up to 10% Operating Reserve		\$60,845								4.8%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$1,331,857								
<b>New Programs</b>											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration										#VALUE!
8.	Plus up to 10% Operating Reserve										#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0								
10.	<b>Total MHSA Funds Requested for PEI</b>		\$1,331,857								

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

County: YOLO ~~DRAFT--DRAFT--~~

Date: 3/25/2011

Program/Project Name and #: **CFTN #1: Yolo Technological Improvement Program (YTIP)**

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports (N/A)</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
<b>8. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Workforce Education and Training (N/A)</b>				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Capital Facilities (N/A)</b>				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel	\$117,000			\$117,000
2. Hardware	\$218,500			\$218,500
3. Software	\$23,000			\$23,000
4. Contract Services	\$103,600			\$103,600
5. Other Expenditures*	\$0			\$0
<b>6. Total Proposed Expenditures</b>	<b>\$462,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$462,100</b>
<b>Prevention and Early Intervention (PEI) (N/A)</b>				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

County: YOLO ~~DRAFT--DRAFT--~~

Date: 3/25/2011

Program/Project Name and #: **CFTN #1: Yolo Techonogical Improvement Program (YTIP)**

		County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN) (N/A)</b>					
1.	Personnel				\$0
2.	Operating Expenditures				\$0
3.	Non-recurring Expenditures				\$0
4.	Training Consultant Contracts				\$0
5.	Work Plan Management				\$0
6.	Other				\$0
7.	<b>Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. REVENUES (N/A)</b>					
1.	<b>New Revenues</b>				
	a. Medi-Cal (FFP only)				\$0
	b. State General Funds				\$0
	c. Other Revenue				\$0
2.	<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$462,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$462,100</b>

\*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Joan Beesley, MHSA Coordinator

Telephone Number: (530) 666-8536

**CFTN #1 Yolo Technological Improvement Program (YTIP)  
Budget Narrative to Exhibit F – Technological Needs**

Technological Needs Project #1	County MH Department	Other Gov. Agencies	Community Providers	Total
<b>1. Personnel</b>	\$ 117,000			<b>\$ 117,000</b>
<ul style="list-style-type: none"> <li>▪ Salary/benefits for Office Support Specialist (2 years at \$58,500) to perform document imaging tasks.</li> </ul>				
<b>2. Hardware</b>	\$ 218,500			<b>\$ 218,500</b>
System upgrades, including: <ul style="list-style-type: none"> <li>▪ Servers (4-6, various), \$60,000;</li> <li>▪ Cache 2008, \$51,000;</li> <li>▪ Document Imaging Equipment \$60,000;</li> <li>▪ Electronic Signature Pads (50) \$7,500;</li> </ul> New Computers, including: <ul style="list-style-type: none"> <li>▪ Laptop/mobile computers (10), \$20,000;</li> <li>▪ Consumer Workstations (10), \$20,000.</li> </ul>				
<b>3. Software</b>	\$ 23,000			<b>\$ 23,000</b>
<ul style="list-style-type: none"> <li>▪ Software for Infoscriber, \$23,000</li> </ul>				
<b>4. Contract Services</b>	\$ 103,600			<b>\$ 103,600</b>
Services from Netsmart, including <ul style="list-style-type: none"> <li>▪ Installation and training for Avatar upgrades, \$12,000</li> </ul> Services from Yolo County IT Department, including: <ul style="list-style-type: none"> <li>▪ Installation of Avatar upgrades, \$31,300;</li> <li>▪ Installation of document imaging scanners, \$31,000;</li> <li>▪ Installation of Infoscriber equipment, \$13,500;</li> <li>▪ Installation of electronic signature pads, \$8,600;</li> <li>▪ Set up of mobile computers, \$2,400;</li> <li>▪ Set up of consumer workstations, \$4,800</li> <li>▪ Including all associated staff training.</li> </ul>				
<b>Other Expenditures</b>	\$ 0			<b>\$ 0</b>
<b>Total Proposed Expenditures</b>	<b>\$ 462,100</b>			<b>\$ 462,100</b>

CSS and WET NEW PROGRAM DESCRIPTION

County: YOLO COUNTY

Program Number/Name: 1, 2, 3, 4 (see below, re REDUCTION)

Date: March 25, 2011

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

**NEW PROGRAMS ONLY**

**CSS and WET**

1. Provide narrative description of program. For WET, also include objectives to be achieved.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

**CSS Only**

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

CSS and WET NEW PROGRAM DESCRIPTION

<b>WET Only</b>
<b>1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.</b>
<b>CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)</b>
<b>1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.</b>
<ul style="list-style-type: none"> <li>▪ MHA Rural Children’s Mental Health Program</li> <li>▪ Pathways to Independence for Transition-Age Youth</li> <li>▪ Adult Wellness Alternatives Program</li> <li>▪ Older Adult Outreach and Engagement Program</li> </ul>
<b>2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.</b>
<p>No appreciable changes in any CSS program services are planned. Overall funding to CSS programs was reduced by approximately 20%; allocations as shown on Exhibit E1 demonstrate that reductions are being taken across the board. Additional reduction (beyond the 13% reduction in overall CSS allocation) is attributable to CSS administrative costs of approximately 19%, mostly attributable to high county A-87 costs. To account for this reduction in program budgets, non-essential program costs are being trimmed; in addition, salary savings will result from staff furloughs and a countywide hiring freeze. MHA clients will continue to be served in the same or similar numbers for FSP, SD and OE groups.</p>

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: YOLO

Select one:

New

Existing

Project Number/Name: #1: Yolo Technological Improvement Project

Date: March 25, 2011

**TECHNOLOGICAL NEEDS NEW PROJECT**

**Check at least one box from each group that describes this MHSA Technological Needs project**

- New system
- Increases the number of users of an existing system
- Extends the functionality of an existing system
- Supports goal of modernization/transformation
- Supports goal of client and family empowerment

**Indicate the type of MHSA Technological Needs Project**

**Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards located at:**

[http://www.dmh.ca.gov/Prop\\_63/MHSA/Technology/TechnologyNeedsComponent/AppendixB](http://www.dmh.ca.gov/Prop_63/MHSA/Technology/TechnologyNeedsComponent/AppendixB)

- Infrastructure, security, and privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)

**Client and family empowerment projects**

- Client/Family access to computing resources projects
- Personal Health Record (PHR) system projects
- Online information resource projects (expansion/leveraging information-sharing services)

**Other technological needs projects that support MHSA operations**

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome Improvement
- Data Warehousing projects/decision support
- Imaging/Paper conversion projects
- Other

**Indicate the Technological Needs project implementation approach**

- Custom application: Name of Consultant or Vendor (If applicable) \_\_\_\_\_
- Commercial Off-The-Shelf (COTS) System: Name of Vendor \_\_\_\_\_
- Product Installation: Name of Consultant and/or Vendor (If Applicable) \_\_\_\_\_
- Software Installation: Name of Vendor Netsmart

**Technological Needs New Project Description**

**1. Describe how the project is critical for accomplishing the County, MHSA, and DMH goals and objectives.**

Yolo County Alcohol, Drug and Mental Health (ADMH) began implementation of the Avatar Management Information System (MIS) in 2002, with the overarching goal of improving quality of services through having a fully functional Electronic Health Record, which would increase efficiencies in reporting, billing, retrieving and storing personal health information. Thus far, ADMH has enhanced its Avatar MIS through implementation of Practice Management and Clinician Workstation modules. Whereas Avatar MIS has become increasingly effective in improving efficiencies, a fully functioning EHR would allow for greater integration as well smoother access to health information for our treatment staff, as well as to pave the consumer's path to accessing personal health records. The following key technological improvements could significantly improve the quality of client care while furthering MHSA goals and objectives:

- Implementation of upgrades to several elements within Avatar (including necessary accompanying hardware upgrades) will enhance user efficiency and improve clinical record functioning;
- Acquisition and implementation of necessary hardware and software to facilitate document imaging will



promote electronic health record keeping, allowing ADMH to move in the direction of a paperless system with client-accessible records.

- Acquisition and implementation of software enhancements such as electronic prescribing and electronic document signature will increase efficiency and reduce errors;
- Acquisition and outfitting of computers (notebooks/laptops) equipped with air cards allowing encrypted access to Avatar will improve quality of services provided by case managers serving Full Service Partnership and System Development clients in the community;
- Installation of computer work stations in the Mental Health Clinics and MHSA Wellness Center will allow consumers, family members and community volunteers to access the Internet and to use MHSA WET-funded *Essential Learning* course libraries offering licensed access to mental health education courses, self-help materials, Wellness Recovery Action Planning (WRAP) sessions, etc. Providing strategically located computers will enable consumers to access self-help and other health information on line and will set the stage for their access to personal health records.

**2. Describe how the proposed technology can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).**

Once fully implemented, the ADMH system will provide a complete EHR, including electronic prescribing and document imaging and storage. These upgrades will allow access to complete, in-depth information by treatment staff as well as quality improvement staff, and thereby improve operational efficiencies. For example, electronic prescribing will allow the county to evaluate prescribing practice, compare it to state and national standards, and review potential poly-pharmacy issues. The proposed system enhancements will also improve the quality of care by increasing access to clinical information and eliminating the need to maintain “paper” charts for outside records. Finally, these system improvements will prepare the county for client access and personal health records.

**3. Describe the inventory of new software licenses and hardware to be purchased.**

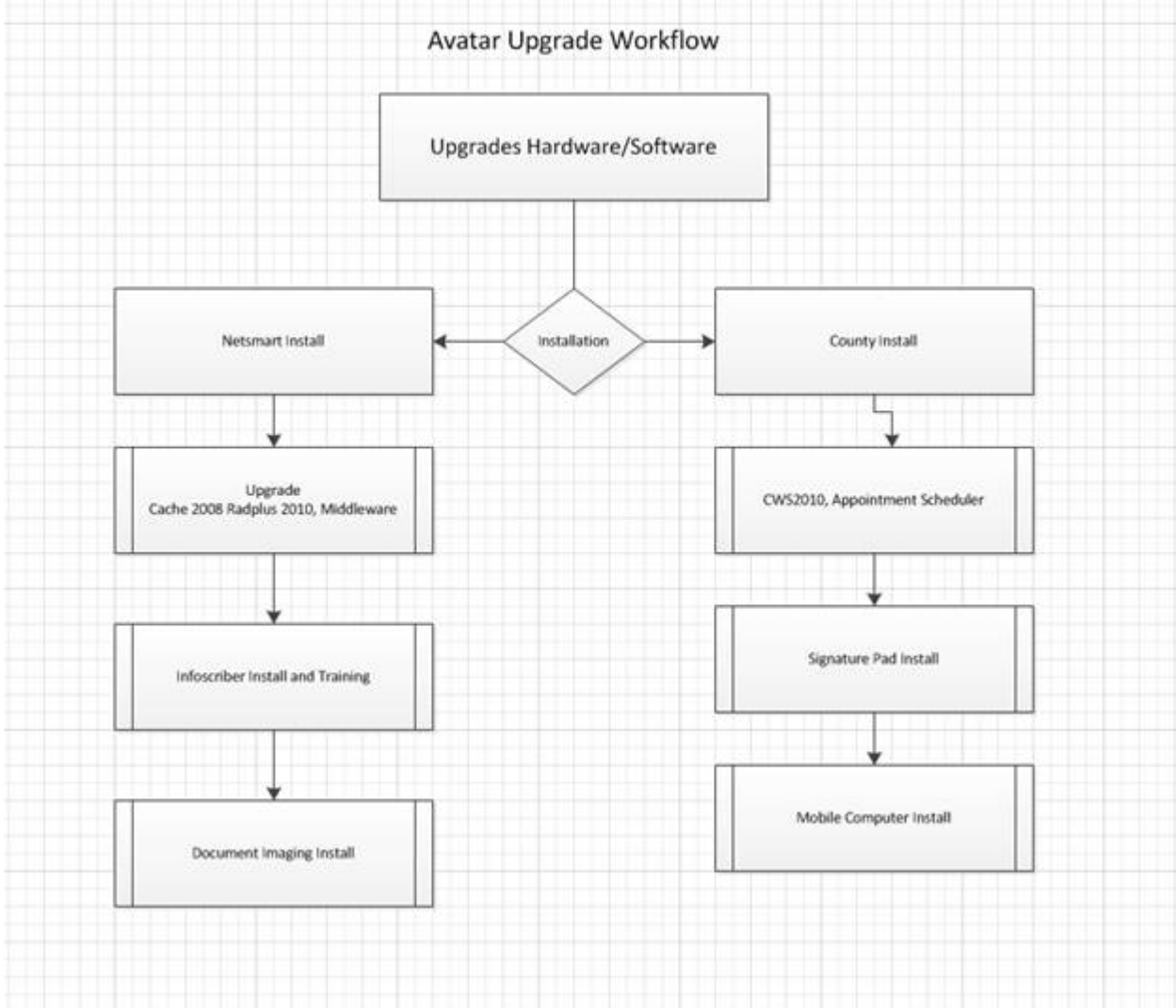
- Upgrades to existing Avatar software elements (e.g., Avatar RADPlus 2010, Avatar CWS, Avatar Cache, Middleware (web server), Appointment scheduler, report server) to enhance user efficiency and improve clinical record functioning
- Document imaging equipment (scanners) and including shadow and test servers, to allow necessary space for document imaging and storage, and enable the improved backup solution.
- Addition of Infoscriber software, to facilitate electronic prescriptions and medication monitoring
- Signature pads (50) to permit electronic signature of documents by treatment staff and consumers
- Backup hardware upgrade, to better protect ADMH data
- Mobile computers (laptop/notebook) (10) to permit mobile access to EHR by Clinicians in the field, and to improve efficiency and treatment integration Client learning stations (10)

**4. Describe the County’s policies and procedures related to the Project’s privacy and security.**

We are in compliance with HIPPA standards for data contained within Avatar. All data that needs to be transmitted outside the county is password encrypted. All client information received from outside sources (DMH) is encrypted with 128 bit SSL website security for access to client information.

5. Please attach a detailed project Work Flow Assessment Plan and Project Schedule.

1		Upgrades to Avatar				
2		RadPlus 2010	0.5 days	Wed 6/15/11	Wed 6/15/11	
3		CWS 2010	0.5 days	Wed 6/15/11	Wed 6/15/11	
4		Middleware	0.5 days	Wed 6/15/11	Wed 6/15/11	
5		Appointment Scheduler 1.0	0.5 days	Wed 6/15/11	Wed 6/15/11	
6		Upgrade Training Internal	4 days	Mon 6/20/11	Thu 6/23/11	
7		Infoscriber Upgrade	5 days	Mon 11/7/11	Fri 11/11/11	
8		Infoscriber Training Internal	5 days	Wed 11/9/11	Tue 11/15/11	
9		Signature Pad Implementation IT	3 days	Wed 11/16/11	Fri 11/18/11	
10		Signature Pad Implementation Internal	8 days	Mon 11/21/11	Wed 11/30/11	
11		Mobile Computer Implementation IT	4 days	Mon 11/21/11	Thu 11/24/11	
12		Document Imaging Implementation Netsmart	3 days	Mon 1/9/12	Wed 1/11/12	
13		Document Imaging Implementation Internal and IT	90 days?	Mon 1/16/12	Fri 5/18/12	



**6. Please describe your proposed EHR project purchases.**

- Upgrades to Avatar (including RADPlus 2010, CSW 2010, etc.), including cost of Netsmart installation services and training of \$12,000 plus \$31,300 for Yolo County IT implementation and training, for a total cost of \$43,300.
- System upgrades, including upgrades to servers (64-bit database, shadow and test servers; 64-bit middleware and report servers) at a cost of \$60,000.
- Cache 2008 64-bit upgrade at a total cost of \$51,000, including cost of Netsmart installation.
- Document imaging equipment: \$60,000, including hardware, software and implementation, plus \$148,000 for Yolo County IT implementation, troubleshooting, and training of document imaging staff, and staffing, for a total cost of \$ \$208,000. Includes salary/benefits of Office Support Specialist for two years.
- Infoscriber software: \$23,000 for software and installation services, plus \$13,500 for Yolo County IT implementation services and staff training, for a total cost of \$36,500.
- Signature pads: 50 at \$150 = \$7500 for hardware, software and installation services, plus \$8,600 for Yolo County IT implementation services and staff training, for a total cost of \$16,100.
- Mobile computers (laptop/notebook) with air cards and encryption capability: 10 at \$2,000 = \$20,000, plus \$2,400 for Yolo County IT implementation services and staff training, for a total cost of \$22,400.
- Client computer stations for learning: 10 at \$2,000 = \$20,000, plus \$4800 for Yolo County IT implementation services, for a total cost of \$24,800.
- Prices include all necessary licenses and subscriptions to enable document imaging and use of mobile and stationary computer equipment.

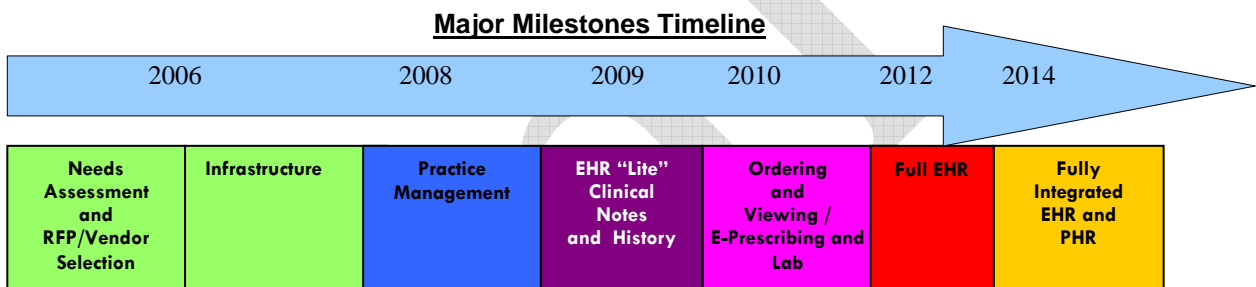
**7. Provide information about your vendor selection criteria (such as a Request for Proposal).**

Yolo county initiated a competitive bid process in FY2002-03, and a contract was awarded to Creative Socio-Medics, now doing business as Netsmart Technologies, for the Avatar product. The initial implementation of Avatar began in 2003, and ADMH went live with Practice Management (Cal-PM) in October 2003 and with Clinician Workstation (CWS) in June 2005. The county has maintained its relationship with Netsmart, and we do not anticipate the need for vendor selection or additional requests for proposal at this time.

**8. Describe the plan to obtain the technology and resources not currently available in the county to implement and manage the IIS.**

ADMH does not currently have sufficient capital to purchase the necessary software, hardware and corresponding professional services for implementation of the proposed plan. The county will contract with Netsmart for the purchase and implementation of Electronic Prescribing, Document Imaging and Storage, Signature Pads, RADPlus 2010, and CWS 2010. Using the county-wide purchasing policy under Yolo County's Information Technology Division, ADMH will secure quotes for the necessary back up hardware, replacement servers, computer work stations, and mobile computing devices.

**9. Complete a proposed implementation timeline with the following major milestones:**



**New Project Risk Assessment**

**10. Assess the Project’s risk rating using the following Project Risk Assessment.**

See below.

**11. If the proposed project’s scope and/or funding deviates from the information presented in the County’s approved Component Proposal, describe the stakeholder involvement and support for the deviation.**

N/A

Category	Factor	Rating	Score	
<b>Estimated Cost of Project</b>	Over \$5 million	6		
	Over \$3 million	4		
	Over \$500,000	2		
	Under \$500,000	1	1	
<b>Project Manager Experience</b>				
Like Projects completed in a “Key Staff” Role	None	3		
	One	2	2	
	Two or More	1		
<b>Team Experience</b>				
Like Projects Completed by at least 75% of Key Staff	None	3		
	One	2		
	Two or More	1	1	
<b>Elements of Project Type</b>				
Hardware	New Install	Local Desktop/Server	1	1
		Distributed/Enterprise Server	3	3
	Update/Upgrade	Local Desktop/Server	1	1
		Distributed/Enterprise Server	2	2
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
Data Center/Network Operations Center		3		
Software	Custom Development		5	
	Application Service Provider		1	
	COTS* Installation	”Off-the-Shelf”	1	1
		Modified COTS	3	3
	Number of users	Over 1,000	5	
		Over 100	3	
		Over 20	2	2
		Under 20	1	
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	3

Total Score	Project Risk Rating
<input type="checkbox"/> 25 - 31	High
<input checked="" type="checkbox"/> 16 - 24	Medium
<input type="checkbox"/> 8 - 15	Low

TECHNOLOGICAL NEEDS EXISTING PROJECT	
<b>Please provide the following information when requesting additional funds for existing projects only:</b>	
<b>1. Provide a summary of the TN project:</b>	
N/A (No existing approved plan.)	
<b>2. Provide a justification how this request is a continuation of a previously approved project and not a new project.</b>	
<b>3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each</b>	
a. <input type="checkbox"/> Project manager performance b. <input type="checkbox"/> Project staffing c. <input type="checkbox"/> Requirements not completely defined d. <input type="checkbox"/> Change in scope e. <input type="checkbox"/> Difficulties in customizing COTS f. <input type="checkbox"/> Delay in project start date g. <input type="checkbox"/> Completion date has lapsed h. <input type="checkbox"/> Change in Vendor/contract services cost	i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) j. <input checked="" type="checkbox"/> Personnel cost increase k. <input type="checkbox"/> Delay in RFP process l. <input type="checkbox"/> Insufficient management support m. <input type="checkbox"/> Training issues n. <input type="checkbox"/> Other
Explanation:	
<b>4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.</b>	
a. <input type="checkbox"/> Hire additional staff or other personnel b. <input type="checkbox"/> Acquire new contract services (vendors) c. <input type="checkbox"/> Expand existing contract scope of work d. <input type="checkbox"/> Acquire new hardware (provide list below) e. <input type="checkbox"/> Expand existing infrastructure f. <input type="checkbox"/> Acquire new software (provide list below)	g. <input type="checkbox"/> Expand existing software h. <input type="checkbox"/> Acquire other materials i. <input type="checkbox"/> Training costs j. <input type="checkbox"/> Other
Explanation:	
<b>5. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.</b>	
a. <input type="checkbox"/> Project organization b. <input type="checkbox"/> Project management resources c. <input type="checkbox"/> Support resources d. <input type="checkbox"/> Development and maintenance resources e. <input type="checkbox"/> Quality assurance testing resources f. <input type="checkbox"/> Project plan dates (schedule) g. <input type="checkbox"/> Project scope h. <input type="checkbox"/> Project roles and responsibilities i. <input type="checkbox"/> Project monitoring and oversight	j. <input type="checkbox"/> Project phasing k. <input type="checkbox"/> Change management plan l. <input checked="" type="checkbox"/> Risk management plan m. <input type="checkbox"/> Contract services costs n. <input type="checkbox"/> Hardware costs o. <input type="checkbox"/> Software costs p. <input type="checkbox"/> Personnel costs q. <input type="checkbox"/> Other costs r. <input type="checkbox"/> Training provisions s. <input type="checkbox"/> None
Explanation:	
<b>6. Explain how the stakeholders were provided an opportunity to participate in the decision.</b>	

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MESA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

\_\_\_\_\_  
Chief Information Officer (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HIPAA Privacy/Security Officer (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Draft





## DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH

Kim Suderman, LCSW, Director

### ADMINISTRATION

137 N. Cottonwood Street, Suite 2500

Woodland CA 95695

Office – 530-666-8516

Fax – 530-666-8294

## **MENTAL HEALTH SERVICES ACT (MHSA): NOTICE OF 30-DAY PUBLIC COMMENT PERIOD and NOTICE OF PUBLIC HEARING**

### *MHSA Program and Expenditure Plan—Annual Update FY 2010-11*

To all interested stakeholders, Yolo County Department of Alcohol, Drug and Mental Health, in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled document.

- I. **The public comment period begins Friday, March 25, 2011 and ends at 5:00pm, Monday, April 25, 2011.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to Kim Suderman, Director, or Joan Beesley, MHSA Coordinator, 137 N. Cottonwood Street, Suite 2500, Woodland, CA 95695. Please use the attached comment form.
- II. **A Public Hearing will be held by the Yolo County Mental Health Board on Monday, April 25, 2011, at 5:00 p.m.,** at the Walker/Thomson Room of the Bauer Building, 137 N. Cottonwood St., Woodland, CA, for the purpose of receiving further public comment on the MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2010-11.
- III. **To review the MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2010-11** or other MHSA documents via Internet, follow this link to the Yolo County website: <http://www.yolocounty.org/Index.aspx?page=993>. A link to these documents is also posted at [www.namiyolo.org](http://www.namiyolo.org).
- IV. Printed copies of the *MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2010-11* are available to read at the reference desk of all public libraries in Yolo County and in the public waiting areas of these Yolo County offices, during regular business hours:
  - Mental Health Offices, 137 N. Cottonwood Street, Woodland.
  - Mental Health Offices, 600 A Street, Davis (Mon/Wed only).
  - Mental Health Offices, 800-B Jefferson Blvd, West Sacramento (Tues/Thurs/Fri only).
  - Yolo County Administration Building, 625 Court Street, Woodland.
  - Yolo Co. Social Services “One-Stop” Center, 25 N. Cottonwood Street, Woodland.

To obtain a copy by mail, or to request an accommodation or translation of the document into other languages or formats, call Linda Claunch at (530) 666-8547 before 5:00 p.m., Fri. April 15, 2011.

**Par asistencia en Español llame a Elena Jaime al (530) 666-8346 o (916) 375-6350.**

**За помощью с переводом на русский язык звоните Светлана Шраменко по телефону (530) 666-8634 или (916) 375-6350.**

**Mental Health Services Act (MHSA) 30-Day Public Comment Form**

Public Comment Period—March 25, 2011 through April 25, 2011

**Document Posted for Public Review and Comment:**

**MHSA Program and Expenditure Plan—Annual Update FY 2010-11**

(Document is Posted on the Internet at: <http://www.yolocounty.org/Index.aspx?page=993>)

**PERSONAL INFORMATION (optional)**

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

***What is your role in the Mental Health Community?***

Client/Consumer

Family Member

Educator

Social Services Provider

Mental Health Service Provider

Law Enforcement/Criminal Justice Officer

Probation Officer

Other (specify) \_\_\_\_\_

***Please write your comments below:***

If you need more space for your response, please feel free to submit additional pages.

After you complete this comment form, please return it to ADMH/MHSA before April 25, 2011, in one of three ways:

- Fax this form to (530) 661-6762, Attn: MHSA Coordinator
- Mail this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 1530, Woodland, CA 95695
- Hand deliver this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 1530, Woodland, CA 95695

**ATTACHMENT 2**

**[INSERT COPY OF NEWSPAPER ARTICLE HERE]**

**ATTACHMENT 3**