



YOLO COUNTY

Mental Health Services Act

Program and Expenditure Plan

Annual Update – Fiscal Year 2011-12

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: YOLO

30-day Public Comment period dates: 10/10/11—11/09/11

Date: January 23, 2012

Date of Public Hearing (Annual update only): Nov. 9, 2011

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

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

Community Program Planning	
1.	Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.
	Yolo County ADMH communicates with stakeholders via informational e-mails, monthly updates to the Local Mental Health Board, and frequent meetings of the Provider-Stakeholder Work Group. Stakeholder meetings have been less frequently held, more on an as-needed basis, for the purpose of discussing status of programs and obtaining stakeholder input for planning purposes. Four general stakeholder meetings were held in the twelve-month period prior to the completion of this Plan Update. Given the reductions in revenues and continuing economic uncertainty, Yolo County ADMH has made no significant changes in its Community Services and Supports (CSS) and Prevention and Early Intervention (PEI), focusing on maintaining existing programs and services. ADMH has posted its Innovation Component of the MHSa plan and stakeholder approval is pending. 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.
2.	Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)
	<p>The following stakeholders are advised of MHSa meetings, announcements and activities, and are encouraged to participate:</p> <ul style="list-style-type: none"> Local Consumers and Family Members (all who requested notification (names withheld)) Yolo County Local Mental Health Board NAMI Yolo County and Yolo CANVAS First 5 Yolo (Children and Families Commission) Yolo County Public Guardian Yolo County Public Defenders Office Yolo County Probation Department Yolo County Department of Employment and Social Services Yolo County Health Department Yolo County Board of Supervisors Yolo County Office of Education Yolo County Superior Court Yolo County Sheriffs Yolo County Children’s Alliance City of West Sacramento Woodland Joint Unified School District Washington Unified School District

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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.)
 City of Davis Child Care Services
 Victor Community Support Services (provider agency)
 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 consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

No programs or projects are being eliminated during FY 11-12.

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 2011-2012* was circulated among shareholders by posting the document on the Yolo County MHSA web page, <http://www.yolocounty.org/Index.aspx?page=993>. In addition, a *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 in Woodland, West Sacramento and Davis, 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.

Commencing October 10, 2011, printed copies of the draft document were made available at the reference desks of all public libraries in Yolo County, at the Yolo County Administration Building, at the DESS One-Stop

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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.

As set forth in the notice included here as **Attachment 1**, a Public Hearing on the MHSA Program and Expenditure Plan—Annual Update for FY 2011-12 was conducted by members of the Yolo County Local Mental Health Board on Wednesday, November 9, 2011, at 5:00 p.m., at the Thomson Conference Room of the Bauer Building, 137 N. Cottonwood St., Woodland, California. The Public Hearing was facilitated by Robert Schelen, Chair of the Local Mental Health Board, who was assisted by the following ADMH Staff: the Fiscal and Operations Deputy Director, the MHSA Coordinator, and Staff Interpreters for Spanish and Russian (threshold) languages. In addition to soliciting comments from the public, Mr. Schelen prompted a discussion of the Annual Update. The Public Hearing lasted one-quarter hour. Participation was encouraged, but few stakeholders were present.

No written comments were received during the stakeholder review period, and no substantive comments or questions were presented at the November 9, 2011 public hearing.

The MHSA Program and Expenditure Plan—Annual Update for FY 2011-12 was then presented to the Local Mental Health Board at its regular meeting on January 23, 2012 for review and approval. This Annual Update was included on the Local Mental Health Board Agenda and was provisionally approved by majority vote for submission to the Mental Health Services Oversight and Accountability Commission. The Board did request that further discussion take place at the February 27, 2012 meeting.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

County: Yolo County

Date: 10/07/2011

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

CSS, WET, PEI, and INN

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

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

- WET
- PEI
- INN

CSS: Implementation activities generally proceeded as described in the approved CSS plan. Overall progress was inhibited by the economic recession, and further staff layoffs occurred in February 2010. By the end of FY 09-10, ADMH staff had been reduced over 45% in two fiscal years. Despite these changes, services to clients were maintained. The Yolo CSS plan includes one blended service program in each of the four age groups (Children, TAY, Adult, Older Adult). Through February 2010, the TAY and Adult Wellness Programs operated four wellness centers (two in Woodland, one in Davis, one in West Sacramento); after mid-year, county fiscal and staffing considerations prompted consolidation of all services of this type to one larger Wellness Center location in Woodland. New location is in proximity to mental health, health and social services, indigent health care and public transportation. Levels of Full Service Partnership (FSP) clients in all four programs were maintained. The Rural Children's Resiliency Program expanded to serve rural areas of Winters Joint Unified School District and surrounds; surveys and demographic information indicated the need for a bilingual-bicultural Spanish-speaking clinician to serve the children in this area. Although TAY clients wanted to keep the original TAY Center, staff continued strong outreach, support and vocational rehabilitation efforts to TAY, including emancipating TAY Foster Youth. The Older Adult program replaced Russian-speaking staff to support older adults in West Sacramento; however, under the terms of labor negotiations, temporary and part-time staff was again lost to layoff when other staff reductions occurred.

PEI: After receiving approval of its PEI Component in spring of 2009, Yolo MHSA fully implemented its five PEI programs in FY 09-10. The PEI Wellness Project included (1) the Rural Children's Resiliency Program (originally, part of the CSS Rural Children's Program) which expanded delivery of Prevention and Early Intervention Services and resiliency-building activities to the Winters Unified School District; (2) the Urban Children's Resiliency Program, which set up centrally located offices in Davis and established itself with three Evidence Based Practice (EBP) Programs in the Woodland, Davis and West Sacramento School District Areas; and (3) the Senior Peer Counselor Volunteer Program, which with the support of PEI staff and resources, increased its numbers of trained community volunteers helping isolated older adults who were at risk of losing independence.

The PEI Early Signs Project included the establishing of a protocol for individuals having recently experienced their first psychiatric crisis to be referred to UC Davis Mind Institute's First Break Program. Despite some difficulties with coordinating communication between ADMH Psychiatrists and UC Davis Mind Institute personnel, a protocol was established and several individuals were referred. The Early Signs Project also includes the Nationally recognized EBP, the Mental Health First Aid 12-hour certification course and community education program. Several staff received instructor training, and although several staff were reassigned, the staff did extensive outreach and program was established countywide. During FY 09-10, numerous community presentations were made and 26 individuals were certified in Mental Health First Aid. Also initiated was the first MHSA-sponsored, evidence-based (Memphis Model) Crisis Intervention Team (CIT) training program. One session was offered during the fiscal year, resulting in 19 local law enforcement officers and other first-responders being certified in CIT. Five more trainings were planned for FY 10-11.

WET: At the time ADMH received approval of its Workforce Education and Training (WET) component plan, Yolo was experiencing reductions in staff due to the recession, and a local hiring freeze was in place countywide. Of the four programs included in the approved WET plan, two were partially implemented (Participation in Central Regional WET Activities and Mental Health Professional Development) and two were stalled by the weak economy and staffing shortages (License-Eligible Volunteer Interns and Student Loan Repayment Program for Direct Service Providers). In

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

particular, Mental Health Professional Development afforded training opportunities to county staff and provider agencies, and the administration began the search for an e-learning provider. Central Region WET Activity involvement kept Yolo County involved in regional employment and training activities and allowed local counties to pool resources to achieve economies of scale for MHSA-related training endeavors.

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

Children and Youth: Issues identified in the original MHSA Plan and being addressed in MHSA programs include the need for youth support and life skills groups; need for community services (after school programs, mentoring); need for benefits assistance; and education and training programs for caregivers, educators and law enforcement.

Transition-Age Youth: Issues identified in the original MHSA Plan and being addressed in MHSA programs include socialization and community integration services; educational support; vocational support; separate resource center for TAY (closed March 2010); comprehensive benefits assistance and housing supports.

Adults: Issues identified in the original MHSA Plan and being addressed in MHSA programs include housing supports, including transitional housing; vocational services (including a consumer-operated business); comprehensive benefits assistance; expanded homeless services; peer support and self-help options (offered at the Wellness Center).

Older Adults: Issues identified in the original MHSA Plan and being addressed in MHSA programs include comprehensive benefits assistance; supportive services to home-bound adults; service coordination with Adult Protective Services and In Home Support; and transportation assistance to mental health services.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	279	White	132	English	264	LGBTQ	<i>unavailable</i>
Transition Age Youth (16-25)		African American	9	Spanish	100	Veteran	<i>unavailable</i>
Adult (18-59)	23	Asian	3	Vietnamese		Other	
Older Adult (60+)	62	Pacific Islander	1	Cantonese			
		Native American		Mandarin			
		Hispanic	211	Tagalog			
		Multi	8	Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

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

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

Early Signs Project, consisting of: (1) Early Signs Training and Assistance Program; and (2) Crisis Intervention Team Training Program.

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

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds. ***N/A (Funds were not accessed in FY 09-10.)***

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

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

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

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

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Yolo

No funding is being requested for this program.

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

Date: 10/07/11

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	2	139	34	\$ 9,237(estimate)
TAY				
Adults				
Older Adults				
Total	2	139	34	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			175	

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

Note: for this blended program (FSP, GSD, OE), this information is available for FSP only.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1	English	2	LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	1	Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities.
This program serves children in the rural area (western rural Yolo County), including the geographic areas of the Winters Unified and Esparto Unified School Districts. In the rural areas, the Latino population is high (as much as 66% in some towns) and there are many Spanish-speaking families. Many of these families include farm laborers, and generally, the parents are not able during daytime hours to drive their children to appointments. In order to facilitate access to mental health services, children in need are primarily served at school sites by a bilingual, bicultural clinician. This program also coordinates with the PEI Rural Children’s Resiliency Program run by RISE, Inc.(which in prior years was part of the original CSS program) to identify underserved populations in need.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Generally, challenges relate to the overall loss of county staff, including bilingual clinical staff, resulting in the availability of fewer bilingual/bicultural clinicians and mental health specialists to cover a larger geographic area (especially challenging with the rural program).

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ 220,796</td> <td style="text-align: center;">\$ 205,390</td> <td style="text-align: center;">7% decrease</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$ 220,796	\$ 205,390	7% decrease
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$ 220,796		\$ 205,390	7% decrease				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	4	140	50	\$5,135 (estimate)
TAY				
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	This program primarily serves children up to age 17, in the large western rural region of Yolo County, including the towns of Winters and Esparto, several small towns in 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. In the 09-10 school year, over 60% of the children enrolled in both school districts were Hispanic (CA Dept. of Education), and many of their family members most often speak Spanish. Program 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 Rural Children’s Resiliency Program operated in the same region.
2.	If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	N/A
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Yolo

No funding is being requested for this program.

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

Date: 10/07/11

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	12	161	25	17,890 (estimate)
Adults				
Older Adults				
Total	12	161	25	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			428	

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

Note: for this blended program (FSP, GSD, OE), this information is available for FSP only.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American	2	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	1	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Program staff continued in this fiscal year to reach out to youth who were court-involved or emancipating from Foster Care. Youth were encouraged to pursue post-secondary education and were offered job preparedness services, as well as life skills, socialization opportunities, and housing.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
As a result of the overall economy, ADMH had to terminate leases with wellness center properties (including the TAY Center) and consolidate the various centers. Although TAY clients were offered individualized programs in specially designated areas, youth clients complained about the loss of their separate center and participation in wellness center programs dropped among TAY.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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FY 10/11 funding		FY 11/12 funding	Percent Change				
\$ 427,643		\$ 397,804	7% decrease				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	18	180	100	\$13,260 (estimate)
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 298

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	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. Clients have access to opportunities for training and employment in a consumer-operated business. 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. Additionally, the county intends to reconfigure a space adjacent to the current Wellness Center to provide a distinct TAY area.
2.	If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	N/A
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Yolo

No funding is being requested for this program.

Program Number/Name: 3—Adult Wellness Alternatives Program

Date: 10/07/11

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	108	719	92	\$23,100 (estimated)
Older Adults				
Total	108	719	92	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			907	

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

Note: for this blended program (FSP, GSD, OE), this information is available for **FSP only**.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	77	English	101	LGBTQ	Unavailable
African American	8	Spanish	5	Veteran	Unavailable
Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	2	Mandarin			
Hispanic	16	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	1	Russian	2		
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Yolo County MHSA continued to provide culturally competent FSP services to 108 Adult Wellness clients throughout Yolo County, all of whom received housing assistance and supports and up to 50 of whom were provided Assertive Community Treatment (ACT) – type services by a local provider. The county continued to provide outreach to homeless shelters and encampments, offering prescription assistance and benefits assistance by bilingual providers to individuals in need. A larger Wellness Center was opened in Woodland, in a location nearer to other health and social service resources and on multiple local bus routes.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
As a result of the overall economy, ADMH terminated the lease with the original wellness center property in Woodland and consolidated the smaller centers in other locations. One larger Wellness Center was opened next to the mental health clinic and close to health, social services, and bus lines. MHSA Staff offered shuttle transportation to clients for the first several days, and the transition from the old to new Woodland Wellness Center was nearly seamless.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$ 2,760,919</td> <td style="text-align: center;">\$ 2,568,269</td> <td style="text-align: center;">7% decrease</td> </tr> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$ 2,760,919	\$ 2,568,269	7% decrease
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$ 2,760,919		\$ 2,568,269	7% decrease				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							
N/A							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	110	800	100	\$ 16,810 (estimated)
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				1,100

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	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 up to age 60 who are experiencing serious mental illnesses, with priority attention to those consumers who are homeless or at risk of homelessness. The program operates a large Wellness Center in Woodland, which is close to clinic services, social services, indigent health, and bus transportation. Key populations targeted include individuals with serious and persistent mental illnesses, with little or no income. Potential clients are screened for Prescription Assistance by a bilingual (English/Russian) Office Specialist and referred to a bilingual (English/Spanish) Outreach Specialist for benefits eligibility at the earliest opportunity. High-acuity clients, including those who are conserved or who are 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 108 FSP adults annually in this program.
2.	If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	N/A
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Yolo

No funding is being requested for this program.

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

Date: 10/07/11

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	16	164	147	\$ 7010 (estimated)
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			320	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	12	English	13	LGBTQ	unavailable
African American		Spanish	2	Veteran	unavailable
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	2	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other	1		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Older Adult Outreach and Assessment Program continued delivery of services to FSP, GSD and OE clients; however, overall progress was hampered by layoffs and a hiring freeze. Mid-year, this program lost the services of its bilingual/bicultural Russian Mental Health Specialist, who had focused on building participation in mental health services among the underserved Older Adult Russian population in West Sacramento (a largely monolingual and culturally isolated group). Later attempts to resume activities with this group did not succeed. The program continued to coordinate with Senior Peer Counseling Volunteers to assist isolated seniors experiencing depression and other mental health symptoms to maintain independent living as long as possible.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Due to staff reductions caused by the recession, ADMH experienced staff reductions and consolidated staff to the Woodland offices. Layoffs occurred based on seniority, resulting in the loss of clinical staff with Spanish and Russian linguistic skills.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$ 223,410</td> <td style="text-align: center;">\$ 207,822</td> <td style="text-align: center;">7% decrease</td> </tr> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$ 223,410	\$ 207,822	7% decrease
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$ 223,410		\$ 207,822	7% decrease				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

N/A

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	12	180	180	\$ 6,927 (estimated)
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				372

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The CSS Older Adult Outreach and Assessment Program provides clinical services and case management support to individuals experiencing mental health symptoms who are aged 60 and over. Previously un-served individuals in need are provided with 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. 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>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: YOLO

No funding is being requested for this program.

Program Number/Name: Action 1: WET Personnel and Overhead

Date: 10/07/11

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program provides for MHSA WET Personnel. The WET Coordinator is responsible for coordination of WET planning, implementation of WET Plan, attending statewide and regional meetings, collecting and analyzing data relative to the needs of the workforce and community, and submission of plan amendments and updates.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$ 19,450	\$ 19,450	No change

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

explanation below.	
N/A	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: YOLO

No funding is being requested for this program.

Program Number/Name: Action 2: Participation in Central Region WET Partnership

Date: 10/07/11

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Yolo County MHSA continued throughout FY 09-10 to participate in the Central Region WET Partnership. This state-administered partnership supports the planning, development and implementation of distance learning system; encourages the strengthening of curricula in Central California to support wellness and recovery principles, and assures that mental health departments support and encourage career paths throughout the higher education system. Program goals also include the identification of on-line training resources and county needs for those resources, and further developing and supporting an effective collaborative structure for the partnership. This program does not require a contribution from Yolo County's MHSA funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$ 0	\$ 0	No change

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,
 For Consolidated Programs, is the FY 11/12 funding requested outside the

Yes No

Yes No

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p>± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>	
N/A	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: YOLO

No funding is being requested for this program.

Program Number/Name: Action 3: License-Eligible Volunteer Interns

Date: 10/07/11

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program provides for Yolo County ADMH, in partnership with our regional universities and community agencies, to provide leadership in assisting MSW, MFT and Psy.D. graduates in moving forward in their careers. ADMH provides opportunities to obtain hours towards licensure on a volunteer basis. ADMH anticipates continuing and possibly increasing the supervision of license-eligible interns in FY 11-12.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$ 27,000	\$ 27,000	No change

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

explanation below.	
N/A	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: YOLO

No funding is being requested for this program.

Program Number/Name: Action 4: Mental Health Professional Development

Date: 10/07/11

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The objective of this WET program is to address the training needs as identified through the WET Training Survey of staff and providers, including evidence-based practices, co-occurring disorders, e-learning and cultural competence. Trainings are offered to direct service providers, consumers, family members and the public. In FY 09-10, ADMH continued to offer trainings to staff and stakeholders, including Evidence Based Practices and cultural competency topics.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 Funding	FY 11/12 funding	Percent Change
\$ 56,000	\$ 56,000	No change

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

explanation below.	
N/A	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: YOLO

No funding is being requested for this program.

Program Number/Name: Action 5: Student Loan Repayment Program for Direct Service Providers

Date: 10/07/11

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Student Loan Repayment Program for Direct Service Providers provides that during the time an incumbent is employed by Yolo County ADMH, he or she may be eligible to have Yolo County made student loan payments on his or her behalf directly to the lending institution. In FY 09-10, there were no requests among the ADMH staff to have student loan payments made under this program.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$ 24,000	\$ 24,000	No change

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

explanation below.	
N/A	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

1.	Briefly report on the performance of the program during FY 09/10, including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
See above. Program did not identify clients until FY 10-11.	
2.	Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program ¹ , please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
N/A	

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$ 518,000</td> <td style="padding: 2px;">\$ 518,000</td> <td style="padding: 2px;">No change</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$ 518,000	\$ 518,000	No change		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$ 518,000	\$ 518,000	No change						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						

¹ Note that very small counties (population less than 100,000) are exempt from this requirement
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**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

<p>For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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N/A

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

A. Answer the following questions about this program.

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

No changes anticipated.

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

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

N/A

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

	Prevention	Early Intervention
Total Individuals:	1650	350
Total Families:	165	35

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: YOLO

Program Number/Name: 2—Yolo Wellness Project Program 2: Rural Children’s Resiliency

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

Date: 10/07/11

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

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

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

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	279	White	61	English	189	LGBTQ	Unavailable
Transition Age Youth (16-25)		African American	8	Spanish	90	Veteran	Unavailable
Adult (18-59)		Asian	1	Vietnamese		Other	
Older Adult (60+)		Pacific Islander	1	Cantonese			
		Native American		Mandarin			
		Hispanic	200	Tagalog			
		Multi	8	Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The Rural Children’s Resiliency Program provides services to enhance life skills, build resiliency and promote mental wellness among children, youth and families living in the Esparto Unified and Winters Joint Unified School Districts (western rural Yolo County). With services provided by Rural Innovations in Social Economics, Inc. (“RISE, Inc.”), a social service non-profit provider agency located in the rural area, this program offers evidence based or promising practice activities in the children’s natural settings and seeks to decrease disparities in access to services for un-served and underserved rural populations. In July 2009, the Rural Children’s Resiliency Program changed from being part of the CSS Greater Capay Valley Children’s Pilot Program to a separate resiliency-building children’s program under PEI, and RISE, Inc. continued as the contract provider. As the program moved to MHSA PEI, it also expanded its service area from Capay Valley to the entire western rural area of the county, including the City of Winters and the geographic area encompassing Winters Joint Unified School District.

The Rural Children’s Resiliency Program has continued to flourish in its widened service area, offering such programs as *Banana Splits*, serving children from families experiencing divorce; *Snack Attack*, which provides a guided talk support to at-risk youth during snack time at their alternative school setting; *Hot Topics*, an ongoing discussion group for pre-teen girls; outdoor youth activity programs in summer; hosting of *Club Live* drug education and resistance strategies for teenage youth; bicycle repair and re-conditioning projects, offering free and low-cost used bikes to community members in need while teaching bike repair and business skills to youth; and *Coyote Club*, an anger management group for young children. RISE’s strategies reflect consideration that over 60% of the children in these rural school districts are Latino (much higher than other areas of the county), and many of the rural families are Spanish-speaking and have low incomes. In addition, RISE continues to provide referrals to the Rural Children’s Mental Health Program of children and youth in need of more intense mental health treatment.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
 - a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program’s implementation, if any, and the reason(s) for the changes

Further outcome data is not available. This program was not selected for local evaluation.

¹ Note that very small counties (population less than 100,000) are exempt from this requirement
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**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$ 230,000</td> <td style="padding: 2px;">\$ 230,000</td> <td style="padding: 2px;">No change</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$ 230,000	\$ 230,000	No change		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$ 230,000	\$ 230,000	No change						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

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

A. Answer the following questions about this program.

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

N/A

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

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

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	350	250
Total Families:	70	50

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: YOLO

Program Number/Name: 3—Yolo Wellness Project Program 3: Senior Peer Counselor Volunteers

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

Date: 10/07/11

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

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

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

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	36	English	36	LGBTQ	Unavailable
Transition Age Youth (16-25)		African American		Spanish	4	Veteran	Unavailable
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)	40	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	4	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The Senior Peer Counselor Volunteer Program (SPC) provides early identification of and support for older adults experiencing early signs or risk of serious mental illness, thereby allowing early intervention and helping seniors to maintain their independent living circumstances. The program has been a valued part of ADMH services for over 20 years, but in recent years had lost its sponsorship and staff support under the Area 4 on Aging grant. In FY 09-10, the MHSA PEI program reorganized the SPC group, adding staff coordination and training resources so that the Senior Peer Counselor Volunteer Program stood on its own as a Prevention and Early Intervention Program of Yolo County, and no longer part of the CSS Older Adult program or the grant. With 20 trained SPC volunteers on board, the program volunteers provided over 40 adults with individual in-home assessment, home visits and/or support groups. ADMH Outreach Specialist staff assigned to this program organized monthly meetings for the volunteers which included peer reports, special topics trainings, and discussion of clinical concerns. The Outreach Specialist facilitated preliminary assessments in-home, as well as referrals to appropriate services.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program’s implementation, if any, and the reason(s) for the changes

Further outcome data is not available. This program was not selected for local evaluation.

¹ Note that very small counties (population less than 100,000) are exempt from this requirement
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**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; text-align: center;">\$ 72,000</td> <td style="padding: 2px; text-align: center;">\$ 75,167</td> <td style="padding: 2px; text-align: center;">4.4% increase</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$ 72,000	\$ 75,167	4.4% increase		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$ 72,000	\$ 75,167	4.4% increase						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

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

A. Answer the following questions about this program.

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

N/A

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

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

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	40	48
Total Families:	8	20

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The Early Signs Training and Assistance Program consists of a clinical specialist and a group of specially training instructors for Mental Health First Aid, which team provides assistance in navigating the mental health system (for those experiencing a first psychiatric break) and mental health education for key community members (such as teachers, school nurses, probation officers, senior center staff, faith leaders and those who work with the homeless). Program goals include increasing mental health literacy; decreasing stigma and discrimination; increasing numbers of individuals seeking help early in the manifestation of mental health symptoms; increased positive support for individuals and their families when experiencing the early signs of mental illness.

Twenty-six (26) individuals were certified in the evidence-based practice of Mental Health First Aid. In addition, the clinician assigned to establishing a referral protocol for the UC Davis Medical Center's "First Break" program made several contacts to staff associated with the program, in order to begin work on the protocol.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Implementation of the program began near the end of FY 09-10, and the first individuals to take the Mental Health First Aid (MHFA) Course included 5 people who were later trained as MHFA instructors and 21 who were the community volunteers associated with the Senior Peer Counselor program. The senior volunteers included a high concentration of retired professionals, including 4 medical professionals, and several who had volunteered in mental health or related programs for 2 or more years.

The MHFA Course is facilitated by trained and certified instructors, and included consumer, family member, clinical and outreach specialists as local trainers. Following staff layoffs at ADMH, additional consumer and outreach staff were trained as instructors. A six-month post-certification survey was administered to the first full group of individuals who completed the MHFA course in Yolo County. This group was comprised of the Senior Peer Counselor Volunteers. Of the 21 Senior Peer Counselors surveyed six months after having completed the certification course, eight returned a written response. Of these:

- 4 respondents indicated the material included in the course was a helpful review of information they already knew;
- 4 respondents indicated they experienced increased awareness of the needs of diverse cultures relative to mental health treatment;

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

- 2 respondents indicated that after taking the MHFA class, they felt more comfortable discussing mental health disorders with other people;
- 8 (all) respondents indicated they would recommend to others that they take the Mental Health First Aid Certification Course.

No changes or modification have been made to the Mental Health First Aid Certification Program, which is an evidence-based practice.

Relative to the establishment of a referral protocol for the UC Davis Medical Center First Break program, no specific individual outcomes were achieved during FY 09-10.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
	<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$225,228</td> <td>\$168,922</td> <td>24.9% decrease</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$225,228	\$168,922	24.9% decrease
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$225,228	\$168,922	24.9% decrease						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

N/A

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

A. Answer the following questions about this program.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

1. Please include a description of any additional proposed changes to this PEI program, if applicable.		
N/A		
2. If this is a consolidation of two or more previously approved programs, please provide the following information:		
<ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	600	10
Total Families:		10

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: YOLO

Program Number/Name: 5—Early Signs Project Program 2: Crisis Intervention Training

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

Date: 10/07/11

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

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

The contract for the Crisis Intervention Team (CIT) Training Program was awarded to Disability Response and was initiated in spring of 2010, following a RFP process. One training session of CIT was completed in April 2010. For program performance description, see below.

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

NOTE: Demographic information is available with regard to those who took the 32-hour course; demographics on outreach efforts is unavailable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	13	English	17	LGBTQ	undetermined
Transition Age Youth (16-25)		African American	1	Spanish	2	Veteran	undetermined
Adult (18-59)	19	Asian	2	Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	3	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to un-served and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The Crisis Intervention Team (CIT) Training Program utilizes a nationally recognized design (the CIT Memphis Model) which focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The 32-hour POST-approved training course provides officers with information on how to respond appropriately and compassionately to individuals and families in crisis. The goals of this program are to offer training to peace officers in all local agencies; to reduce stigma and discrimination; to allow for early identification of mental illness symptoms; and to assist law enforcement personnel in gaining suicide prevention tools. This program included outreach services to law enforcement agencies to encourage officer to take this training. In FY 09-10, 19 law enforcement personnel received this training. For the initial training, no post-test scores were available from the provider.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$60,000	\$45,000	25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

N/A

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

A. Answer the following questions about this program.

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

Given the recession, local law enforcement agencies were operating on restricted budgets and therefore could not afford to have as many police officers take the 32-hour training which resulted in officers being off of patrol for four days. As a result, fewer officers were enrolling in CIT, and by agreement with the provider, Disability Response, the number of trainings offered per year was reduced from six to four, and the contract was adjusted accordingly.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

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

N/A

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

	Prevention	Early Intervention
Total Individuals:		100*
Total Families:		

* Note: The CIT Program trains law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis and to connect individuals with early intervention services, thereby decreasing the potential severity of future episodes. Although the proposed number of individuals to be served by this PEI program is 100, this simply reflects the estimated number of law enforcement officers to be trained in FY 10-11. The actual number of individuals and families who will benefit from this CIT training throughout the careers of each of these officers is likely to number in the thousands.

PREVIOUSLY APPROVED PROGRAM
Innovation (Plan Submitted; Approval Pending)

County: Yolo

Program Number/Name: 1: Yolo Local Innovation Fast Track Grant Program—"Yolo L.I.F.T."

Date: October 07, 2011

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

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

Yolo County started the Innovation Component community stakeholder planning process in FY 10-11, but did not complete its plan until FY 11-12. The plan is presently in the public review period and stakeholder approval is pending.

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to un-served and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

**PREVIOUSLY APPROVED PROGRAM
Innovation (Plan Submitted; Approval Pending)**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

NOTE: If you answered YES to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.

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

Innovation Plan Program Description (Approval pending; program to be implemented in FY 11-12)

The Yolo County MHSAs Innovation Project provides for locally involved providers and stakeholders to apply for multiple Local Innovation Fast Track (L.I.F.T.) Grants in order to reinvigorate the MHSAs stakeholder process in Yolo County while introducing new programs and services to the community and infusing funds into the local provider economy. This project will give local stakeholders and providers an opportunity to apply their special understanding of the communities in Yolo County and expeditiously implement new and unique programs, events and trainings.

These L.I.F.T. Grants are intended to be the mechanism by which Yolo County Department of Alcohol, Drug and Mental Health and the Mental Health Services Act will enhance the programs and services offered to Yolo County consumers, while improving collaboration with providers and community agencies. This project will "create positive change" by providing opportunities for local provider agencies and community organizations to access funding within the current fiscal year to support their involvement in Mental Health Services Act Innovation, giving voice to new ideas and life to new programs, improving MHSAs programs overall, and enhancing the relationships between these agencies and Yolo County ADMH. In addition, this program will contribute significantly to the local economic recovery while fulfilling the MHSAs requirement to use these funds to explore innovative methods of serving individuals suffering from mental illness.

For complete draft MHSAs Innovation Plan and supporting documents, go to <http://www.yolocounty.org/Index.aspx?page=993>.

¹ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

County: YOLO

Date: 10/5/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$4,096,100			\$936,500	\$264,700	
2. Transfer from FY 11/12 ^{al}						
3. Adjusted Component Allocation	\$4,096,100					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$4,096,100	\$142,532	\$245,332	\$1,259,097	\$1,000,500	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$439,597	\$950,024		\$1,638,805		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$439,597	\$950,024		\$1,638,805		
c. Unexpended Funds from FY 10/11	\$1,004,189	\$864,461		\$1,997,143		
d. Total Net Available Unexpended Funds	\$1,004,189	\$864,461		\$1,997,143	\$0	
4. Total FY 2011/12 Funding Request^{Y-1}	\$3,091,911	-\$721,929	\$245,332	-\$738,046	\$1,000,500	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations		NA				
2. Unapproved FY 07/08 Component Allocations		NA	\$245,332			
3. Unapproved FY 08/09 Component Allocations		NA			\$386,700	
4. Unapproved FY 09/10 Component Allocations ^{bl}		NA			\$386,700	
5. Unapproved FY 10/11 Component Allocations ^{bl}		NA		NA	\$227,100	
6. Unapproved FY 11/12 Component Allocations ^{bl}	\$3,091,911	NA		NA		
Sub-total	\$3,091,911	\$0	\$245,332	\$0	\$1,000,500	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{cl}	\$3,091,911	\$0	\$245,332	\$0	\$1,000,500	

NOTE:

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

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

^{bl}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

^{cl} Must equal line B.4. for each component.

^{Y-1} **YOLO COUNTY FOOTNOTES REGARDING LINE B.4:** **CSS COLUMN:** Per AB 100, Yolo Co. receives the full MHSA CSS Component Allocation for FY 11-12 from the state; Yolo ADMH will expend only that portion of funding for which it has a locally approved plan; therefore, although Published Allocation (line A.1.) exceeds the FY 2011/12 Funding Request (line 8), Yolo will receive the full allocation in the current fiscal year. **WET COLUMN:** Line 4 shows negative sum of (\$721,929); the full WET funding for Fiscal Years 2008-09 through 2015-16 was received upon plan approval in 2009; \$721,929 represents the remaining WET funds held by Yolo Co. ADMH. No new WET funds are requested. **PEI COLUMN:** Per AB 100, Yolo Co. automatically receives full MHSA PEI Component Allocation for FY 11-12 from the state; Yolo ADMH currently holds unexpended funds from FY 10-11, which will be expended before accessing the PEI Component Allocation for FY 11-12. Because Unexpended Funds from FY 10/11 exceeds Requested Funding for FY 11-12, a negative number appears in Line 4. No new PEI funds are requested.

CSS FUNDING REQUEST

County: YOLO

Date: 10/5/2011

CSS Programs		FY 11/12 Requested MHSAs Funding	Estimated MHSAs Funds by Service Category				Estimated MHSAs Funds by Age Group			
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSAs Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs										
1.	1	Rural Children's Mental Health Program	\$205,390	\$20,539	\$133,503	\$51,348	\$205,390			
2.	2	Pathways to Independence for Transition-Age Youth	\$397,804	\$238,682	\$99,451	\$59,671		\$397,804		
3.	3	Adult Wellness Alternatives Program	\$2,568,269	\$1,849,153	\$590,702	\$128,414			\$2,568,269	
4.	4	Older Adult Outreach and Assessment	\$207,822	\$83,129	\$93,520	\$31,173				\$207,822
5.			\$0							
6.			\$0							
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs ^{a/}		\$3,379,285	\$2,191,503	\$917,176	\$270,606	\$0	\$205,390	\$397,804	\$2,568,269
17.	Plus up to 15% Indirect Administrative Costs		\$716,815							
18.	Plus up to 10% Operating Reserve									
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$4,096,100							
New Programs/Revised Previously Approved Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs									
8.	Plus up to 10% Operating Reserve									
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0							
10.	Total MHSAs Funds Requested for CSS		\$4,096,100							

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

CSS Majority of Funding to FSPs

Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total
Total Mental Health Expenditures:	\$2,191,503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,191,503

Revised 12/29/10

WET FUNDING REQUEST

County: YOLO

Date: 10/5/2011

Workforce Education and Training			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Service Category				
No.	Name	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
Previously Approved Programs								
1.	1	MHA WET Personnel and Overhead	\$17,241	\$17,241				
2.	2	Participation in Central Region WET Partnership	\$0	\$0				
3.	3	License-Eligible Volunteer Interns	\$27,000	\$27,000				
4.	4	Mental Health Professional Development	\$56,000		\$56,000			
5.	5	Student Loan Repayment Program for Direct Service Providers	\$24,000				\$24,000	
6.			\$0					
7.			\$0					
8.			\$0					
9.			\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs ^{av}		\$124,241	\$44,241	\$56,000	\$0	\$0	\$24,000
17.	Plus up to 15% Indirect Administrative Costs		\$18,291					
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$142,532					
New Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: WET New Programs ^{av}		\$0	\$0		\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0					
10.	Total MHA Funds Requested		\$142,532					

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

Revised 12/29/10

PEI FUNDING REQUEST

County: YOLO

Date: 10/5/2011

PEI Programs		FY 11/12 Requested MHSAs Funding	Estimated MHSAs Funds by Type of Intervention		Estimated MHSAs Funds by Age Group			
No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs								
1.	1 Yolo Wellness Proj: Urban Children's Resiliency	\$518,000	\$518,000		\$518,000			
2.	2 Yolo Wellness Proj: Rural Children's Resiliency	\$230,000	\$184,000	\$46,000	\$230,000			
3.	3 Yolo Wellness Proj: Senior Peer Counselor Volunteers	\$75,167	\$52,617	\$22,550				\$75,167
4.	4 Early Signs Proj: Early Signs Training & Assistance	\$168,922	\$33,785	\$135,137	\$42,231	\$42,231	\$42,230	\$42,230
5.	5 Crisis Intervention Training	\$45,000	\$9,000	\$36,000	\$11,250	\$11,250	\$11,250	\$11,250
6.		\$0						
7.		\$0						
8.		\$0						
9.		\$0						
10.		\$0						
11.		\$0						
12.		\$0						
13.		\$0						
14.		\$0						
15.		\$0						
16.	Subtotal: Programs*	\$1,037,089	\$797,402	\$239,687	\$801,481	\$53,481	\$53,480	\$128,647
17.	Plus up to 15% Indirect Administrative Costs	\$222,818						
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$1,259,907						
New/Revised Previously Approved Programs								
1.		\$0						
2.		\$0						
3.		\$0						
4.		\$0						
5.		\$0						
6.	Subtotal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0						
10.	Total MHSAs Funds Requested for PEI	\$1,259,907						

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 82%

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

County: Yolo

Date: 10/5/2011

INN Programs			FY 11/12 Requested
	No.	Name	MHSA Funding
Previously Approved Programs			
1.	1	Yolo Local Innovation Fast Track Grant Program (approval pending)	\$870,000
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.	Subtotal: Programs		\$870,000
17.	Plus up to 15% Indirect Administrative Costs		\$130,500
18.	Plus up to 10% Operating Reserve		
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		\$1,000,500
New Programs			
1.	1	Yolo Local Innovation Fast Track Grant Program	
2.			
3.			
4.			
5.			
6.	Subtotal: Programs		
7.	Plus up to 15% Indirect Administrative Costs		
8.	Plus up to 10% Operating Reserve		
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0
10.	Total MHSA Funds Requested for INN		\$1,000,500

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

County: YOLO

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	1	Yolo Technological Improvement Program (YTIP) (Approved FY 10-11)	E			
2.	1-b	YTIP Phase II (FY 11-12)	E (expansion)	\$213,332		\$213,332
3.				\$0		
4.				\$0		
5.				\$0		
6.				\$0		
7.				\$0		
8.				\$0		
9.				\$0		
10.				\$0		
11.				\$0		
12.				\$0		
13.				\$0		
14.				\$0		
15.				\$0		
16.				\$0		
17.				\$0		
18.				\$0		
19.				\$0		
20.				\$0		
21.				\$0		
22.				\$0		
23.				\$0		
24.				\$0		
25.				\$0		
26.	Subtotal: Work Plans/Projects			\$213,332	\$0	\$213,332
27.	Plus up to 15% Indirect Administrative Costs			\$32,000		
28.	Plus up to 10% Operating Reserve			\$0		
29.	Total MHSA Funds Requested			\$245,332		

Revised 12/29/10

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Yolo County

Select One:

- New
- Existing
- Completed Project (PIER)

Project Name: Yolo Technological Improvement Project (YTIP) Phase II

Project Number: 1.B

TECHNOLOGICAL NEEDS NEW PROJECT – [THIS SECTION IS NOT APPLICABLE]

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

- 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 (and subtype if applicable) of MHSA Technological Needs Project and provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)

<input type="checkbox"/> Needs Assessment and Vendor Selection <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Vendor Selection Process	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Infrastructure, Security, and Privacy	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Practice Management <input type="checkbox"/> Electronic Registration <input type="checkbox"/> Electronic Scheduling <input type="checkbox"/> Billing Interface with State <input type="checkbox"/> Billing Interface with Contract Providers	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Clinical Data Management <input type="checkbox"/> Assessment and Treatment Plan <input type="checkbox"/> Document Imaging <input type="checkbox"/> Clinical Notes Module	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Computerized Provider Order Entry <input type="checkbox"/> Lab – Internal <input type="checkbox"/> Lab – External <input type="checkbox"/> Pharmacy – Internal <input type="checkbox"/> Pharmacy – External	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Interoperability Components <input type="checkbox"/> Messaging – Data transfer between different systems with different data standards. <input type="checkbox"/> Record Exchange – Data transfer between two systems that share a common structural design.	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Full Electronic Health Record (EHR) with Interoperability Components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

CLIENT AND FAMILY EMPOWERMENT PROJECTS

<input type="checkbox"/> Client/Family Access to Computing Resources	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Personal Health Record (PHR) System	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Online Information Resource (Expansion / Leveraging Information Sharing Services)	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS

<input type="checkbox"/> Telemedicine and Other Rural / Underserved Service Access Methods	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Pilot Projects to Monitor New Programs and Service Outcome Improvement	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Data Warehousing /Decision Support	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal
<input type="checkbox"/> Imaging/Paper Conversion	<input type="checkbox"/> Vendor/Consultant Not Selected <input type="checkbox"/> Vendor/Consultant Selected Name _____ <input type="checkbox"/> Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION

1. Provide an Executive Summary of your Project:

N/A

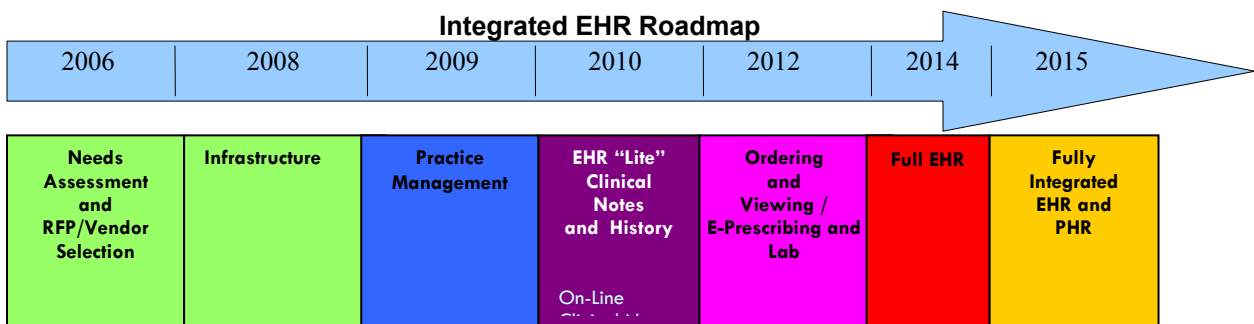
2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI):

N/A

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? Yes or No

- | | |
|----------------------------------|------------------------------|
| a. Independent Project Oversight | g. Human Resource Management |
| b. Integration Management | h. Communication Management |
| c. Scope Management | i. Procurement Management |
| d. Time Management | j. Risk Assessment |
| e. Cost Management | k. Change Control Plan |
| f. Quality Management | l. Needs Assessment |

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? Yes or No

6. EHR and PHR Standards and Requirements:

If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:

Proposed Start Date: _____

Proposed End Date: _____

TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

- A. **Phase I** of the Yolo Technological Improvement Project (YTIP) provided for the following key goals and objectives:
- Implementation of upgrades within the Avatar Management Information System (MIS), including Practice Management and Clinician Workstation modules, to enhance user efficiency and improve clinical record functioning.
 - Acquisition and implementation of hardware/software to facilitate document imaging and promote electronic health record keeping, as a move toward paperless records and client-accessible records.
 - Acquisition and implementation of electronic prescribing and electronic document signature capability, to increase efficiency and reduce errors.
 - Acquisition and outfitting of mobile computers equipped with air cards allowing encrypted access, to be used by case managers serving Full Service Partnership and System Development Clients in the community.
 - Installation of computer work stations in the clinics and Wellness Center to allow consumers, family members and community volunteers to access the Internet, to use on-line learning courses and access self-help materials.
 - To facilitate function of all of the above hardware and software, Phase I of YTIP provided for upgraded backup hardware, shadow and test servers.
- B. Although Phase I improvements are not complete, existing desktop work stations lack adequate capacity to accommodate Phase I software and hardware upgrades and improvements, effectively rendering these workstations obsolete once implementation is effected.
- Yolo County's Information Technology Department now recommends moving to a 64-bit Blade Fault Tolerant Server platform. Moving to a 64-bit Blade Fault Tolerant Server platform will improve performance by monitoring resource usage and adjusting servers/processors allocation to certain predefined server names and reduce down time through the ability to swap or move server resources on the fly.
 - The recommendation to move to 64-bit workstations stems from recent upgrades to the Avatar MIS which have made the application slower. Future upgrades will increase the demand for workstations within Avatar. During testing, 64-bit workstations have improved the speed and reliability of Avatar and all other applications.
 - Avatar 2011 software is the first Electronic Health Record (EHR) in behavioral healthcare to pass all certification tests, earning a Certificate of EHR Compliance for Stage 1 Meaningful Use criteria. To be compliant for Meaningful Use Criteria, Avatar requires 64-bit servers to run the MY-Avatar application.
 - In order to fully implement Phase I of YTIP and move the department and the community toward the industry Meaningful Use standards all ADMH workstations will need to be replaced with 64-bit machines. **Phase II** of YTIP provides for the purchase and installation of such 98 workstations.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

- | | |
|---|--|
| a. <input type="checkbox"/> Project manager performance | h. <input type="checkbox"/> Change in Vendor/Contract services cost |
| b. <input type="checkbox"/> Project staffing | i. <input type="checkbox"/> Change in cost of materials (hardware, software, etc.) |
| c. <input type="checkbox"/> Requirements not completely defined | j. <input type="checkbox"/> Personnel cost increase |
| d. <input checked="" type="checkbox"/> Change in scope | k. <input type="checkbox"/> Delay in RFP process |
| e. <input type="checkbox"/> Difficulties in customizing COTS | l. <input type="checkbox"/> Insufficient management support |
| f. <input type="checkbox"/> Delay in project start date | m. <input type="checkbox"/> Training issues |
| g. <input type="checkbox"/> Completion date has lapsed | n. <input checked="" type="checkbox"/> Other |

Explanation:

The overall scope of the technological improvements outlined in the initial YTIP plan (Phase I) is broad and will require 64-bit technology, thereby rendering existing individual staff workstations obsolete. Upgrading existing workstations is unfeasible due to the technological advances that have occurred since Avatar MIS was implemented, and especially in consideration of system augmentations included in Phase I of YTIP. All workstations must be completely replaced with 64-bit technology, thus requiring additional CF/TN funding to be directed to this purpose as the Phase II expansion of YTIP.

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

- | | |
|---|---|
| a. <input type="checkbox"/> Project organization | j. <input type="checkbox"/> Project phasing |
| b. <input type="checkbox"/> Project management resources | k. <input type="checkbox"/> Change management plan |
| c. <input type="checkbox"/> Support resources | l. <input type="checkbox"/> Risk management plan |
| d. <input type="checkbox"/> Development and maintenance resources | m. <input type="checkbox"/> Contract services costs |
| e. <input type="checkbox"/> Quality assurance testing resources | n. <input checked="" type="checkbox"/> Hardware costs |
| f. <input type="checkbox"/> Project plan dates (schedule) | o. <input type="checkbox"/> Software costs |
| g. <input checked="" type="checkbox"/> Project scope | p. <input type="checkbox"/> Personnel costs |
| h. <input type="checkbox"/> Project roles and responsibilities | q. <input type="checkbox"/> Other costs |
| i. <input type="checkbox"/> Project monitoring and oversight | r. <input type="checkbox"/> Training provisions |

Explanation:

Given the extent of the technological improvements in Phase I of the Yolo Technological Improvement Project, existing workstations must be replaced with new stations having 64-bit technology, thereby increasing the overall scope of, and the expenses relating to, implementation of YTIP.

PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel	14,000			14,000
2.	Hardware	155,134			155,134
3.	Software	32,732			32,732
4.	Contract Services	11,466			11,466
5.	Indirect Administrative Cost	32,000			32,000
	Total Proposed Expenditures	\$ 245,332			\$ 245,332

B. REVENUES

1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	\$0			\$0

C. TOTAL FUNDING REQUESTED

\$ 245,332

\$ 245,332

D. BUDGET NARRATIVE

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

1. Personnel. Cost of \$14,000 is based on cost of 0.1 FTE salary and benefits of Management Information System Analyst.
2. Hardware. Cost of \$155,134 represents 98 workstations at an estimated average cost of \$1,583 each.
3. Software. Software costs not otherwise set forth in Phase I of TIP are estimated at \$334 per machine for 98 stations.
4. Contract Services. Contracted Information Technology services for 98 workstations are estimated at 1.8 hour each, for a total of 176.4 hours; at \$65 per hour, this represents \$11,466.
5. Indirect Administrative Costs. Estimate of administration and overhead based on 15% of the project costs.

TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER)
[THIS SECTION IS NOT APPLICABLE]

Basic Information

Actual Start Date: ___ / ___ / ___ Check if different than planned start date in original project proposal
 Actual Completion Date: ___ / ___ / ___ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

- Project was completed on time
- Project was completed early
- Project was completed late

What was the final Project Budget Status?

- Project was completed within approved budget
- Project was completed over budget – Final Cost: MHSAs funds - \$ _____ Non-MHSAs funds - \$ _____
- Project was completed under budget – Final Cost: MHSAs funds - \$ _____ Non-MHSAs funds - \$ _____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

- | | |
|---|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Scope (planning, defining, verifying, and controlling) b. <input type="checkbox"/> Documentation (requirements and use cases) c. <input type="checkbox"/> Development (design, coding, and data) d. <input type="checkbox"/> Quality (assurance, control, metrics, and testing) e. <input type="checkbox"/> Implementation (installation and deployment) f. <input type="checkbox"/> Risk (identification, response, and control) g. <input type="checkbox"/> Time (sequencing, estimating, and scheduling) | <ul style="list-style-type: none"> h. <input type="checkbox"/> Cost (estimating, budgeting, and control) i. <input type="checkbox"/> Human Resources (team acquisition, development, management, and turnover) j. <input type="checkbox"/> Communications (info distribution and reporting) k. <input type="checkbox"/> Procurement (purchase, acquisitions, and contracting) l. <input type="checkbox"/> Training (system education) m. <input type="checkbox"/> User acceptance (sponsorship and buy-off) |
|---|---|

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSAs 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.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

_____	_____	_____
Chief Information Officer (Print)	Signature	Date
_____	_____	_____
HIPAA Privacy/Security Officer (Print)	Signature	Date



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

- Previously approved with no changes
 New

Date: 10/07/11	County Name: YOLO
Amount Requested for FY 2011/12: \$	
A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).	
<p>Yolo County ADMH anticipates contracting with CalMHSA to provide consultation on Training, Technical Assistance and Capacity Building, using the allocated funding as follows:</p> <p>FY 11-12: \$ 62,400 FY 12-13: \$ 62,400 Total: \$124,800</p> <p>The total of \$124,800 represents the full amount allocated to Training, Technical Assistance and Capacity Building by the CA Department of Mental Health over the fiscal years 08-09, 09-10, 10-11 and 11-12, in accordance with DMH Information Notice 08-37. Allocations from FYs 08-09 and 09-10 are at risk of reversion on June 20, 2012.</p> <p>A modification of Yolo County’s MHSA Program and Expenditure Plan and MHSA Budget will be required in order to spend any of the above funding prior to June 30, 2012. This plan modification, which is currently under way, is subject to the 30-day public review process.</p>	
B. The County and its contractor(s) for these services agree to comply with the following criteria:	
<ol style="list-style-type: none"> 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County’s Three-Year Program and Expenditure Plan. 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services. 3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892. 4) These funds may not be used to pay for any other program. 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892. 6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities. 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. 	
<p>Certification</p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p>	
<p>_____ Director, County Mental Health Program (original signature)</p>	



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

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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 2011-12

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 Monday, October 10, 2011 and ends at 5:00pm, Wednesday, November 9, 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 Wednesday, November 9, 2011, at 5:00 p.m.,** at the 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 2011-12.
- III. **To review the MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2011-12** or other MHSA documents via Internet, follow this link to the Yolo County website: <http://www.yolocounty.org/Index.aspx?page=993>.
- IV. Printed copies of the *MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2011-12* 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., Wednesday, November 2, 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.

ATTACHMENT 1

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

Public Comment Period—October 10, 2011 through November 9, 2011

Document Posted for Public Review and Comment:

MHSA Program and Expenditure Plan—Annual Update FY 2011-12

(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 November 9, 2011, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Mail this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695
- Hand deliver this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695

ATTACHMENT 2

Woodland Daily Democrat

711 Main Street
Woodland, CA 95695
530-406-6223
legals@dailydemocrat.com

ALCOHOL, DRUG & MENTAL HEALTH
2130123
137 N COTTONWOOD ST.
WOODLAND CA 95695

PROOF OF PUBLICATION (2015.5 C.C.P.)

STATE OF CALIFORNIA
County of Yolo

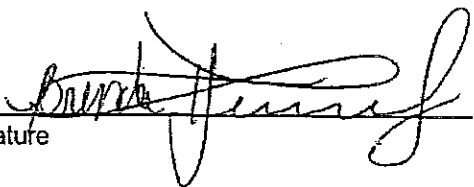
The Daily Democrat

A newspaper of general circulation, printed and published daily in the City of Woodland, County of Yolo, and which newspaper has been adjudged a newspaper of general circulation as defined by the Superior Court of the County of Yolo, State of California, under the date of June 30, 1952, and in accordance with the provisions of Title 1, Division 7, of the government Code of the State of California; that the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

10/18/2011

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Woodland, California,
this 17th day of November 2011


Signature

This space is for the County Clerk's Filing Stamp

Legal No. 0004202198

Legal Notices
NOTICE OF PUBLIC HEARING
VIEW OF THE MENTAL HEALTH SURVEY
The Yolo County Mental Health Survey
will be held by the Yolo County Mental Health Board on Wednesday, November 9, 2011, at 5:00 P.M. at the Walker-Thomson Room of the Senior Building, 137 N. Cottonwood St., Woodland, CA. The purpose of the hearing is to receive public comment on the MHS Program and Expenditure Plan - Annual Update - 2011-12.

Legal Notices
The public hearing will be held by the Yolo County Mental Health Board on Wednesday, November 9, 2011, at 5:00 P.M. at the Walker-Thomson Room of the Senior Building, 137 N. Cottonwood St., Woodland, CA. The purpose of the hearing is to receive public comment on the MHS Program and Expenditure Plan - Annual Update - 2011-12.

Legal Notices
At any time prior to the public hearing, written comments and/or questions may be addressed to Yolo County Department of Alcohol, Drug and Mental Health (ADMH) Kim Stuenkel, Director or Joan Bessley, MHS Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695.

Copies of this document are available on the internet at the Yolo County website: www.yolo-county.org MHS Documents page of the Alcohol, Drug and Mental Health Department web page.

ATTACHMENT 3