



Placer County Health and Human Services Department

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Placer County Mental Health Services Act 2011/12 Annual Update

Introduction

This Annual Update includes information on Placer's community planning and local review process, 09-10 Community Services and Supports (CSS), Workforce Education and Training (WET) and Prevention and Early Intervention (PEI) programs and funds requested for 2011-2012 services.

This Update is posted for a 30-day public comment and review period on line at:

<http://www.placer.ca.gov/Departments/hhs/adult/MHSA.aspx>

Hard copies are available for review in the lobbies of:

Placer County Adult System of Care 11512 B Ave Auburn CA

Placer County Adult System of Care 101 Cirby Hills Way Roseville CA

Placer County Welcome Center 11522 B Ave Auburn CA

Placer County HHS 5225 North Lake Tahoe Blvd Carnelian Bay CA

Placer County Children's System of Care 11716 Enterprise Auburn CA

Placer County Children's System of Care 1130 Conroy Lane Roseville CA

If you would like a hard copy for review or posting, please contact:

Michele Zavoras 916-787-8830 mzavoras@placer.ca.gov

A Public Hearing will be conducted by Placer County's Mental Health, Alcohol and Drug Board on March 28, 2011 at Health and Human Services Adult System of Care 11533 C Street Auburn CA 95603 from 5:45-6:00 P.M. Public comments received will be incorporated in the final report submitted to the state.

PLACER COUNTY 2011/12 ANNUAL UPDATE

TABLE OF CONTENTS

<u>Exhibits</u>	<u>Title</u>	<u>Page</u>
A	County Certification	2
B	Community Program Planning and Local Review Process	3-6
C	Implementation Progress Report on FY 09/10 Activities	7-11
D1	Previously Approved Program CSS	12-32
D2	Previously Approved Program WET	33-52
D3	Previously Approved Program PEI	52-63
E	MHSA Summary Funding Request	64
E1	Funding Request CSS	65
E2	Funding Request WET	66
E3	Funding Request PEI	67
E4	Funding Request INN	68
I	Training, Technical Assistance and Capacity Building Funds Request Form (Prevention and Early Intervention Statewide Project)	69
	Glossary of Acronyms and MHSA terms	70

COUNTY CERTIFICATION

County: Placer

County Mental Health Director	Project Lead
Name: Maureen Bauman, LCSW MPH	Name: Kathie Denton, LCSW
Telephone Number: 530.889.7256	Telephone Number: 530.889.7249
E-mail: mbauman@placer.ca.gov	E-mail: kdenton@placer.ca.gov
Mailing Address: 11512 B Ave Auburn CA 95603	

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

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

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

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

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

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

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

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

Maureen Bauman
Mental Health Director/Designee (PRINT)

Maureen E. Bauman
Signature

Date

¹ Public Hearing only required for annual updates.

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

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Placer

30-day Public Comment period dates: 2/25/11-3/28/11

Date: 2/8/11

Date of Public Hearing (Annual update only): 3/28/11

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.

Placer County’s Community Program Planning Process includes a large, active community stakeholder group (the Campaign for Community Wellness), Placer County’s System of Care staff, and various system partners. All planning and recommendations were either driven by or presented to our Campaign for Community Wellness in an effort to coordinate and leverage key mental health initiatives and ultimately improve mental health care in Placer County for all people. Led by a steering committee of over 30 community members, advocates, providers, consumers and family members, the Campaign for Community Wellness seeks to serve and represent the community, especially persons dealing with mental illness, either personally or through family association. Specifically, the Campaign seeks to strengthen the voice of the often-unrepresented populations in the decision making around mental health policy and resource allocation. Examples of some of these unrepresented voices in Placer County include: youth, young adults, family members, those experiencing mental illness, Native Americans, older adults, Latinos, Asian-Americans, Russians, Ukrainians, homeless, individuals with gender/sexual diversity, and those with co-occurring issues. The Campaign for Community Wellness Steering committee spent significant time in FY 09-10 developing a charter to clarify their developing roles in planning and review of MHSA programs and implementation. The annual update was initially presented for input to the Campaign for Community Wellness (CCW) Steering Committee on February 25th 2011.

Any information provided by DMH or Placer County was shared with stakeholders in a variety of methods. All MHSA related information and documents were discussed at length at the Campaign for Community Wellness meetings, the Mental Health/Drug and Alcohol Board, and any relevant workgroups. Updates regarding ongoing CSS, WET and PEI programs were provided at the public hearing for last year’s annual update. Individual programs are highlighted at monthly Campaign for Community Wellness meetings and minutes from all relevant meetings as well as written plans, updates, etc. are posted on Placer County’s Mental Health Services Act website (www.placer.ca.gov/Departments/hhs/adult/MHSA.aspx) as well as the Campaign for Community Wellness website (www.campaignforcommunitywellness.org/). Also, the Campaign for Community Wellness puts out a quarterly newsletter that provides updates on MHSA programs.

Stakeholder input on the annual update was obtained through discussion and comments collected at the Campaign for Community Wellness meeting, Mental Health Board meeting and public hearing. Steering Committee representatives had the opportunity to discuss the annual update with their constituencies and report on their input prior to the final report. During the 30 day posting, written comments were encouraged to be submitted either in hard copy or electronically. A phone number was also available to all stakeholders

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

during the review period.

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.)

Placer County's Community Program Planning Process for development of the FY2011/12 Annual Update involved consumers, family members, services providers, system partners, and other interested community members, including individuals from diverse racial/ethnic and cultural backgrounds. Representation from consumers, family members, and contract providers included all age groups (child, TAY, adults, and older adults). System partners included Education, Health, Child Protective Services, Law Enforcement, Juvenile Court, Probation, Public Defender, Alcohol and Drug Services, Department of Human Assistance, Homeless, Housing and Senior and Adult Services.

The Campaign for Community Wellness transforms mental health and wellness in Placer County by networking, sharing and providing a forum for creative problem solving. The open, monthly Steering Committee meetings provide a regular forum for this work. The current CCW Steering Committee roster is included below. The committee plans to review their membership in 2011 to determine if there are gaps in representation and seek out new members as needed.

2010 Steering Committee Roster:

<u>COMMUNITY/ORGANIZATION</u>	<u>NAME</u>
VOTING MEMBERS	
Family, Client, or Youth Voice	
	Christi Meng
	Brenda Dunlap
	Pauline Conrad
	Sharon O'Leary
	Debbie You
	Nancy Roach
	Denise Lindquist
	Tammy Cherry
	Cheryl Boldt
	Stephen Surgener
	Aaron Evans
LATINO VOICE	
North Tahoe Family Resource Center	Emilio Vaca/ Amy Kelley
Latino Leadership Council	Sonia Samaniego/ Elisa Herrera
NATIVE AMERICAN VOICE	
Sierra Native Alliance	Anno Nakai
COMMUNITY PARTNERS	
Whole Person Learning: TAY	Christina Nicholson

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Area 4 on Aging: Older adults Tahoe Truckee Community Collaborative Placer Independent Resource Services Sierra Council on Alcoholism & Drug Dependence Sierra Family Services SFS Tahoe Gold Country Chaplaincy Adult System of Care: MHSA Line Staff	David Soto Alison Schwedner/ Karen Carey Tink Miller/Leslie Brewer Debora Martin Jon Kerschner/ Nicole Paul MFT Barbara Hopkins/ Patrick Bollinger Reverend Terry Morgan Jerry Nevins
EDUCATION	
Placer County Office of Education Tahoe Truckee School District	Tad Kitada/Debby Lum Kirsten Livak
HEALTH	
Placer County Community Health	Karen Klayman/ Joe Arsenith
CHILDREN	
Children First 5 of Placer County Kids First	Deanne Thornton Janice LaRoux Karla Marquez
HOUSING	
Advocates for Mentally Ill Housing	Jennifer Price/ Joanne Nashlund
BUSINESS/WORKFORCE	
CA Department of Rehabilitation	David Luke
LAW ENFORCEMENT	
Placer County Juvenile Probation Roseville Police Department	Karen Lund Beverly Gable
NON VOTING MEMBERS	
Placer County Adult System of Care Placer County Children's System of Care Tahoe Health & Human Services	Maureen Bauman/ Lynn Tarrant Richard Knecht/ Cindy Brundage Glen Harelson
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.	
Placer County does not plan to eliminate any programs or projects in 2011-2012.	
Local Review Process	
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.	
The 2011/12 Annual Update was posted for a 30-day public review and comment period from Feb 25 th 2011 through March 28 th 2011. It was electronically sent to the Campaign for Community Wellness Steering Committee, Placer Collaborative Network distribution list, Placer Consortium on Homelessness, Placer County	

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Network Providers, and county mental health staff. Steering Committee members were asked to assist in the distribution of the Annual Update through their various community organizations and constituencies. Hard copies were placed at: Placer County libraries, the Welcome Center (consumer drop-in center in Auburn, CA), the Adult System of Care Clinics, and the Children's System of Care (lobbies). The general public was notified by public notice posted in five newspapers throughout Placer County. The notice included reference to the Placer County's MHSa website and a phone number for requesting a copy of the annual update. The public hearing, held at the Mental Health/Drug and Alcohol Board meeting on March 28th 2011 was advertised in the same manner. Public review and comment closed at 5pm on March 28th 2011.

- 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.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

County: Placer

Date: 2/8/11

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

CSS, WET, PEI, and INN

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

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

- WET
- PEI
- INN

Community Services and Supports

CSS Implementation activities are generally proceeding as described in the County’s approved Plan. The primary challenges are the capacity of existing programs and community partners to sustain service levels and county-wide economic stressors increasing the need for services.

Despite these challenges Placer continues to exceed annual services targets in several work plans, particularly in the area of System Development and Outreach.

Workforce Education and Training

WET Implementation activities are generally proceeding as described in the County’s approved Plan. Specific achievements are outlined in Exhibit D2. Some adjustment has been made to the timeline for implementation. The adjustment was triggered by the desire to integrate community and stakeholder input, county wide staffing level changes and the statewide economic situation.

Prevention and Early Intervention

Activities related to Prevention and Early Intervention are generally proceeding as detailed in the approved plan. During this fiscal year, requests for proposals and contracts were awarded. Some activities were able to begin services and others utilized the later part of the year to provide training and obtain program materials. All services are now fully functional.

As with all new services, there have been challenges during implementation of some programs. The most common were the expectations outlined in the local Request for Proposals did not always match the realities of community need or the capacity of the awarded vendor, and the initial outreach and engagement has not yet fully met the number of participants that was projected.

Innovations

Placer County’s Innovations Plan was not approved in FY 09/10.

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

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

Age Group	Community Issues	How MHSA Funding is addressing these issues
<p>Children and Youth</p>	<ol style="list-style-type: none"> 1. *School issues (inability to be in school): <ul style="list-style-type: none"> • Some schools don't keep SED children in school • Schools have inadequate capacity to identify and refer children with SED 2. Access to Services. Families have inadequate access to: <ul style="list-style-type: none"> • Timely services • Crisis services may be delayed, missing • Culturally appropriate non-traditional services • Inadequate education and information about mental health services (family/school issues) 3. Services may not be strength-based, do not always empower and support families, particularly in juvenile justice system (Family Issues) 4. Out of Home Placement: The CSOC/mental health and juvenile justice systems are not well coordinated. 5. There are inconsistent assessments/diagnoses in different parts of system 6. Early ID of at-risk children is discouraged 	<p>Placer's MHSA CSS allocations for children and youth provide WRAPAROUND services. We employ a WRAP Fidelity Model, relying heavily on the liaison and natural supports provided by former parents/consumers.</p> <p>More than 200 children have been served since 2006, and consistent school placement is a hallmark outcome. Preventing group home and other institutional placements for Placer youth, keeping them in their biological homes, has the near universal benefit of maintaining educational placements as well.</p> <p>There is no wait list for WRAP services in MHSA. WRAP services have provided one piece of the missing ingredient in Placer which has effectively eliminated any waiting list for school based Mental Health Services.</p> <p>MHSA CSS services have also lead to better school/MHA collaboration and the development of school based prevention services funded by school partners.</p>
<p>Transition Age Youth</p>	<ol style="list-style-type: none"> 1. * Poor client engagement and access to adequate, individualized, age-appropriate services particularly: <ul style="list-style-type: none"> • Substance abuse treatment • Medication management • Independent living resources, including jobs and money • Very poor transportation • Co-occurring disorders, including eating disorders • Planning for transition between children's and adult SOC. • The voice and choices of youth in developing plans are frequently absent • Mental health needs are not identified at the entry points to other systems (juvenile justice, employment, public assistance, etc.) • Case coordination across systems is inadequate 2. Safe, stable, age-appropriate housing is virtually unavailable 3. Law enforcement may not understand mental health or how to access services 	<p>Placer County MHSA CSS funding was used to implement multilevel services for Transition Aged Youth (TAY). The Youth coordinator position was developed to work on outreach and as a resource, liaison, mentor and advocate for TAY. Youth coordinators are integrated into the system resulting in increased youth voice and choice at all levels.</p> <p>A Youth Advisory Group, open to all TAY in the community meets regularly to identify needs for their community and work to implement system improvements</p> <p>Training for all staff around inclusion of family and individual choices in the develop of ongoing service plans is ongoing and includes consideration of culture and co-occurring disorders.</p> <p>A TAY specific FSP offers intensive services for individuals with the highest level of need, and Placer's homeless FSP and outreach staff are also specifically trained to engage this</p>

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

	<p>(involvement in justice system)</p> <p>4. Family Issues:</p> <ul style="list-style-type: none"> • Some youth have no family support • Some families are overwhelmed • Families not always included in goal-setting and service plans <p>5. School Issues:</p> <ul style="list-style-type: none"> • Schools don't uniformly or readily identify mental health needs • 26.5 system overwhelmed understaffed • Few options after high school 	<p>population.</p> <p>Annual Crisis Intervention Training for Placer County Law Enforcement increases their understanding of Mental Health and System of Care services for better integration and support.</p>
<p>Adults</p>	<p>1. * Inadequate services for adults leaving hospitals and IMDs (institutionalization)</p> <p>2. * Incarceration: Some individuals are jailed due to behavior caused by mental illness. They may stay in jail longer, have inadequate housing and support when released; and be re-incarcerated.</p> <p>3. Access to Services:</p> <ul style="list-style-type: none"> • Few bilingual/bicultural services • Geographic isolation and distance from services • Inadequate treatment, medication management, and medical and psychiatric care • The length of time to get appointments is unreasonable • Services are uncoordinated among agencies, including the justice system • Services are not individualized to client needs <p>4. Many are homeless or live in inappropriate housing: assistance is unavailable</p> <p>5. Inability to work:</p> <ul style="list-style-type: none"> • Inadequate assistance for employment • Lack of job/employment planning <p>6. Individuals face bias and stigma in the community</p> <p>7. Staff need training and upgraded skills in recovery model</p>	<p>MHSA CSS funding was used to implement system transformation efforts including a redesigning of the crisis and intake processes which has resulted in significant reduction in length of time to get an appointment and increased coordination amongst agencies, particularly the hospitals and law enforcement.</p> <p>The Adult FSP includes outreach and engagement with incarcerated individuals. Homeless FSP staff work as a team with sheriff deputies in outreach efforts to mentally ill homeless individuals.</p> <p>The Welcome Center provides access to employment resources, the internet, and programs that provide interviewing skills and job appropriate clothing.</p> <p>Stigma reduction efforts include involvement in community events and speaker panels to educate community groups.</p> <p>FSP and other staff continue to receive trainings on the recovery model including immersion training through Mental Health America, training on WRAP plans, Motivational Interviewing.</p>
<p>Older Adults</p>	<p>1. * Access to services:</p> <ul style="list-style-type: none"> • Insufficient age-appropriate services • Services unavailable to support transition to Older Adult Services • Many seniors have lack of mobility and inadequate access to transportation • There are no local systems to inform seniors about services or to help them access services • Few culturally competent services <p>2. Nursing home placement may be used</p>	<p>The Older Adult FSP Program staff serves 20 individuals and includes a Master's level clinician (ACSW) and a psychiatric technician. Both individuals are beneficial to the program providing the necessary balance of psychiatric stabilization between medication oversight, case management and intensive client work.</p> <p>Community collaboration efforts resulted in the development of a ride program to assist seniors and the disabled in accessing needed services.</p>

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

	<i>because other housing is unavailable.</i>	
Cross-Age Issues	<ol style="list-style-type: none"> 1. Those with co-occurring substance abuse and mental illness have more health problems, crises, homelessness, unemployment, suicides/homicides, incarceration than other groups. 2. Cultural issues can increase stigma, fear of disclosure and lack of awareness of purpose and accessibility of services. 3. Those with multiple disabilities experience inadequate diagnostic processes, materials, facilities and communication assistance. Residential facilities may exclude them and staff may not understand complex multiple eligibility rules. 	<p>MHSA CSS funding has been used to support stigma reduction and social marketing efforts through outreach to underserved and unserved cultural groups and education of staff and the community.</p> <p>All FSP and service provider staff receive ongoing training and supervisors are supported with clinical consultation to assist them in coaching staff on cultural competency and co-occurring issues.</p> <p>The System of Care Training plan is developed in coordination with the Cultural Competency Committee, Co-occurring Change Agents, and Workforce Education and Training Advisory Committee.</p>

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)	601	White	227	English	1231	LGBTQ	N/A
Transition Age Youth (16-25)	402	African American	9	Spanish	871	Veteran	N/A
Adult (18-59)	873	Asian	5	Vietnamese		Other	
Older Adult (60+)	227	Pacific Islander	3	Cantonese			
		Native American	812	Mandarin			
		Hispanic	1041	Tagalog			
		Multi	9	Cambodian			
		Unknown		Hmong			
		Other	1	Russian			
				Farsi			
				Arabic			
				Other	1		

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

2. Provide the name of the PEI program selected for the local evaluation ³ . <input type="checkbox"/> N/A
Ready for Success: Youth and Family Support 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.

Activity Name; Brief Description; Estimated Funding Amount⁴	Target Audience/Participants⁵
<p>1. PEI Evaluation: Placer County is participating in the Joint Powers Authority. Placer County is part of a county cohort including Sutter, Colusa, and Butte. This is an evaluation capacity--building learning collaborative. The overall goal is to learn and then teach others the skills for designing and implementing evaluations that achieve PEI outcomes. While counties might be evaluating different projects, a common evaluation framework is utilized. Activities include one face to face meetings and four to six webinars on the following topics:</p> <ul style="list-style-type: none"> ➤ Developing logic models with an emphasis on using them to guide the evaluation throughout the life of a program ➤ Using data for program improvement and creating learning cultures ➤ Engaging diverse stakeholders with an emphasis on engagement strategies as capacity building in community organizations ➤ Measuring culturally relevant variables ➤ Outcomes – explores various levels of analysis from individual to family to organization to community ➤ Evaluation design – the relationship to the question one is attempting to answer <p>Estimated Funding Amount: \$42,000</p>	<p>Target Audience: <u>Community Based Organizations:</u> Sierra Native Alliance Latino Leadership Council Sierra Family Services KidsFirst Tahoe Women’s Services North Tahoe Family Resource Center Lincoln Lighthouse Whole Person Learning <u>K12 Education:</u> Placer County Office of Education</p> <p>Participants: Richard Knecht, Director CSOC Twylla Abrahamson, Asst Director CSOC Cynthia Brundage, Manager CSOC Jennifer Cook, Program Supervisor CSOC:PEI Coordinator Steve Martinson, Program Supervisor CSOC Derek Holley, SOC Quality Assurance Anno Nakai, Executive Director Sierra Native Alliance Cyndy Bigbee, Program Supervisor ASOC Lynn Tarrant, Asst Director ASOC</p>
2.	
3.	
4.	

³ Note that very small counties (population less than 100,000) are exempt from this requirement.

⁴ 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.

⁵ 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: Placer

No funding is being requested for this program.

Program Number/Name: #1 Children's FSP-Rallying Around Families Together

Date: 2/8/11

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	65		224	
TAY				
Adults				
Older Adults				
Total	65		224	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			289	

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	48	English	55	LGBTQ	
African American		Spanish	9	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	17	Tagalog			
Multi		Cambodian			
Unknown	224	Hmong			
Other		Russian	1		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

		Farsi			
		Arabic			
		Other/unknown	224		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During this reporting period Placer County was able to exceed our targets for individuals served. A continued focus on collaboration with community partners, outreach and early intervention, and increased integration has allowed for more families who previously would not have been served to benefit from the intensive Wraparound services. The growth of our Youth and Family Advocate program provides peer to peer support for these youth and their families. Placer County continues to emphasize outreach and engagement with Latino families, particularly those in the Tahoe region in order to provide earlier intervention services for more Latino families.

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.

While fluctuations in MHSA funding and overall mental health funding may result in a lower number of families being served, thus far Placer County Systems of Care have been able to meet targets and will continue to outreach to the Latino and Native populations and utilize collaborative funding and programming to serve the needs of Placer County families.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: 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;">\$264,040</td> <td style="text-align: center;">\$307,923</td> <td style="text-align: center;">16.6 %</td> </tr> </tbody> </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	\$264,040	\$307,923	16.6 %
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$264,040		\$307,923	16.6 %				
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.

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	23		107	\$13,388
TAY				
Adults				
Older Adults				
Total	23		107	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				130

**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.
	Children’s System of Care (CSOC) will continue to expand wraparound services to include children (17 years and under) with Severe Emotional Disorders eligible for County Mental Health Services but do not meet the Government Code 26.5 criteria for Special Education Services. CSOC works closely with the schools to identify the children who qualify for this program. Special attention and outreach occurs in the Latino community to address ethnic disparity. Working in concert with leadership development activities, staff utilizes the services of Family Advocates, Youth Coordinators and Mentors.
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: Placer

No funding is being requested for this program.

Program Number/Name: #2 Full Service Partnerships: Transition Aged Youth, Adult (WIT) and Older Adult

Date: 2/8/11

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

This program did not exist during FY 09/10.

D. 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	26		388	\$8,938
Adults	77		810	\$16,521
Older Adults	22		173	\$21,906
Total	125		1371	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1496	

E. 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	113	English	133	LGBTQ	
African American	7	Spanish	1	Veteran	
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	3	Mandarin			
Hispanic	14	Tagalog			
Multi		Cambodian			
Unknown	1346	Hmong			
Other	12	Russian			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

		Farsi		
		Arabic		
		Other/unknown	1362	

F. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During FY 09-10 Placer County's Full Service Partnerships made concerted efforts to outreach to and engage with underserved transitional youth, homeless, incarcerated and older adult populations in our community. There are a couple of reasons why the overall number served is slightly below the target. The population we are targeting to serve is highly resistant to engage in the full spectrum of services due to long term distrust of county systems. Additionally, the target number was based on partners moving through the program and graduating to less intensive services. Once some of the partners are engaged and begin to work on their recovery, they are requiring longer terms of care in order to appropriately address their needs. Staff works directly with law enforcement, schools, community organizations, hospitals, IMDs and jails to identify and assist underserved SMI individuals. Several therapeutic groups were implemented using evidenced based client centered modalities including Cognitive Behavioral Therapy, Dialectic Behavioral Therapy and Moral Reconciliation Therapy. Multi-disciplinary team meetings increased as a means to determine unmet needs and garner client input in developing a treatment plan that will lead to greater independence for individuals with SMI. Treatment teams including the Adult Reintegration Team, Community Integration Team and Transition Review Team meet regularly to evaluate treatment plans and review options.

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.

Fluctuations in MHSA funding and overall mental health funding resulted in shifting more of the adult and TAY FSP services to our contract provider. This shift did not impact the number or populations served.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td style="text-align: left;">\$2,231,754</td> <td style="text-align: left;">\$2,335,161</td> <td style="text-align: left;">4.6%</td> </tr> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$2,231,754	\$2,335,161	4.6%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$2,231,754		\$2,335,161	4.6%				
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?							
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.

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	29		490	\$10,777
Adults	90		160	\$18,302
Older Adults	20		400	\$18,770
Total	136		1050	\$17,170
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1186				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>2. 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>Populations to be served: Placer TAY (PTAY): Un-served, under-served and inappropriately served Transition Aged Youth between the ages of seventeen years and twenty-four with Severe Mental Illnesses (SMI) transitioning from Children’s System Of Care (CSOC) to Adult System Of Care (ASOC) or referred from the community. Whatever it Takes (WIT): Adults (18-60 yrs) with Severe Mental Illnesses (SMI) who are leaving jail, hospitals or IMDs. Priority is given to unserved or inappropriately served clients who are at risk of psychiatric hospitalization, homelessness and those ready to exit psychiatric Health Facilities, psychiatric hospitals, IMDs, or jail. Older Adult FSP: Older adults (60) who meet the previous criteria and those who are newly identified as needing services. Older adults with SMI, age 55 as they transition and older adults age 60+ with SMI in nursing homes.</p> <p>Placer’s Full Service Partnership teams use a recovery focused approach to support individuals in reaching self-determined goals with the lowest level of care needed. These teams work collaboratively with each other and our community partners to provide the intensive services needed to support the individuals referred for these services in increasing their independence and strengthening their ability to integrate into the community.</p> <p>PTAY works closely with staff, Placer’s schools and Independent Living Program to identify youth aging out of foster care or group home that are transitioning from CSOC to ASOC. Placer’s TAY FSP works closely with ASOC community reintegration team to identify youth recently hospitalized. The TAY team also works closely with the leadership development activities for Youth and Families, including use of Peer Coordinators and Mentors WIT staff goes to the jail or hospital to make contact with and engage potential clients, including those in the jail who may be un-served SMI. They also coordinate with staff in those facilities to assist with this process. Staff coordinates with the client self-help activities at the Welcome Center and through the TRT. Older Adult FSP is a multi-disciplinary team that conducts outreach in natural settings in collaboration with the Older Adult Advisory Commission and other community providers. This team provides a comprehensive needs assessment including crisis assessment, clinical and non-clinical support needs.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ol style="list-style-type: none"> Names of the programs being consolidated. How existing populations and services to achieve the same outcomes as the previously approved programs. The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>4. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: Placer

No funding is being requested for this program.

Program Number/Name: #3 Lake Tahoe System Development

Date: 2/8/11

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

This program did not exist during FY 09/10.

G. 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		49	997	
TAY				
Adults				
Older Adults				
Total		49	997	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1046	

H. 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		English	210	LGBTQ	
African American		Spanish	836	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	1046	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

		Farsi			
		Arabic			
		Other			

I. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During FY 09/10, Lake Tahoe System Development focused on assessment and therapeutic services to the Latino community. Services to eliminate barriers including providing resources for transportation to mental health services in this rural area. A bi-lingual/bi-cultural therapist regularly gave education to the staff, in both clinical supervision and staff meetings, on cultural mores. Referrals from community partners increased as a result of outreach efforts. The Community Educator, working in conjunction with the bi-lingual/bi-cultural therapist, was able to present more focused education to the Latino community in areas of mental health and substance abuse. The therapist and Community Educator worked to educate the Latino community in understanding the spectrum of mental health and break down stigma that is associated with it. The main areas of need presented by the Latino community members requesting counseling were parenting, post partum depression and generalized anxiety and depression.

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.

While fluctuations in MHSA funding and overall mental health funding may result in a lower number of individuals being served, thus far Placer County Systems of Care have been able to meet targets and will continue to outreach to the Latino populations and utilize collaborative funding and programming to serve the needs of Placer County residents.

**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:								
<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>\$82,003</td> <td>\$83,106</td> <td>1.4%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$82,003	\$83,106	1.4%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$82,003	\$83,106	1.4%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

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.

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		2	11	
TAY		2	7	
Adults		29	152	
Older Adults		5	25	
Total		38	195	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			233	

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
3.	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>The Lake Tahoe System Development program provides services that are culturally competent and focus on a welcoming system to increase access to mental health services for Latinos in Tahoe, focusing on the disparity of mental health services provided to Latinos. Additional bi-lingual/bicultural clinical and support staff allows staff to eliminate the waiting list for services.</p> <p>The plan also supports community outreach and engagement to reduce stigma and fear of mental health services through partnerships with Latino leadership and Family Resource Centers. Training and support for identification of mental illness issues in families utilizing natural community strengths and cultural models will continue to be developed and implemented.</p>
2.	If this is a consolidation of two or more programs, provide the following information: <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.
	N/A
5.	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: Placer

No funding is being requested for this program.

Program Number/Name: # 4 Transforming Services through Co-Occurring, Resiliency/Recovery, Cultural Competency and Family/Client-driven System (Systems Development Strategy)

Date: 2/8/11

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

This program did not exist during FY 09/10.

J. 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		170		
Adults		3159		
Older Adults		200		
Total		3529		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			3529	

K. 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	3309	English	3344	LGBTQ	25
African American	15	Spanish	85	Veteran	65
Asian	7	Vietnamese		Other	
Pacific Islander	1	Cantonese			
Native American	15	Mandarin			
Hispanic	82	Tagalog			
Multi		Cambodian			
Unknown	100	Hmong			
Other		Russian			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

		Farsi		
		Arabic		
		Other/ Unknown	100	

L. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

This program includes several elements all of which demonstrated great progress in FY 09-10.

A large portion of ASOC staff participated in a community capacity building exercise designed to look at innovative ways to promote recovery and increase resilience of those we serve. The results of this exercise are being used to further drive leadership training in the next quarter. A variety of trainings were offered for staff, providers, consumers and family members on principles of the recovery model and cultural awareness and competency. All staff who provide supervision to direct line staff participate in Clinical Consultation which offers them monthly training on supporting staff in the application of co-occurring and culturally competent, recovery/resiliency oriented and client/family driven services. Supervisors and Seniors have utilized their monthly clinical consultations to increase their understanding and skills in various theories and modalities including Motivational Interviewing and Dialectical Behavioral Therapy-both client centered strength based approaches. Clinical Consultation and Supervision groups focused on application of recovery principles and evidenced based strategies including Motivational Interviewing and Wellness Recovery Action Plans. Clinical consultation group continued to improve leadership staff's understanding and application of the recovery model and how to best support our staff through ongoing system transformation.

The change agents continue to meet monthly and move forward with their goal of transforming the system to be more co-occurring competent. Membership has increased by adding individuals from medical staff and community providers. Outreach to the faith based communities has been a major focus this year.

In terms of consumer leadership development, several consumers participate as part of the Campaign for Community Wellness steering committee and have even taken lead roles in some of the workgroups. Our Certified Listening Well facilitators completed another Listening Well Experience allowing other individuals with lived experience to promote and share their recovery. Ongoing Listening Well groups support leadership development for consumers in recovery. Consumer leaders participated in a regional work group looking at developing core competencies based on MHSA principles and statewide calls to strengthen support for consumer employees. One consumer joined in the Learning Collaborative leadership team working with top administrators in three counties. Three Peer Advocates attended a consumer conference and one took a leadership post within the organization. The Consumer Council and Welcome Center Strategic Planning Committee continue to provide leadership development opportunities for consumers on the path to wellness and recovery.

The Welcome Center continues to be an active hub of wellness and leadership activities, collaborating with businesses and other community groups and participating in several community events as well as hosting many of their own. The computer lab is being well utilized for job and resources searches from members. The collaboration with the area Board and Care facilities strengthened and residents are transported to the Welcome Center on a regular basis to participate. Consumer initiated activities continue to increase with a more peer-to-peer association within the Center and identification of needs and problem solving amongst themselves with less dependency on staff involvement.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

The Consumer Employment Navigator Program meets twice a month to discuss systematic issues, as well as learn and process topics to enable them to become stronger employees. As a next step, in FY 09-10 the Peer Advocate Program launched. Navigators who have achieved a strong skill set can work on teams with more responsibility and take leadership in consumer advocacy. Five new navigators were accepted into the program and five individuals were promoted to Peer Advocate positions.

The Latino Leadership Council embarked upon a strategic planning process to become a non-profit organization and completed and filed all paperwork. The LLC provides social marketing and outreach efforts focused on the Latino populations. Community members are leading prevention programs for youth (Baile Folklorico, arts, youth soccer; and the Promotora educator program was launched to culturally relevant education and outreach. The Promotoras are beginning to become integrated into the Adult and Children’s System of Care to provide culturally proficient services.

One full time and one part time youth coordinator were hired providing direct services to transition age youth (TAY) by

- Helping TAY advocate for their needs and get their voice heard
- Working as a liaison between service providers and youth
- Helping youth to identify natural resources and assets in their life
- Mentoring youth in crisis and offering peer support

The youth coordinators attend county meetings, assuring a youth voice. They serve to support and facilitate the Youth Advisory Group where youth identify needs for their community and work to implement improvements. During FY 09-10 Placer County youth identified a team to become trainers of positive youth development, provided two trainings about youth cultures and best practices when working with TAY and worked on program development (policies and procedures, program forms, program name etc.)

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.

While fluctuations in MHSA funding and overall mental health funding may result in a lower number of families being served, thus far Placer County Systems of Care have been able to meet targets and will continue to utilize collaborative funding and programming to work on transforming our system.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <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;">\$1,181,206</td> <td style="text-align: center;">\$1,149,495</td> <td style="text-align: center;">2.8%</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	\$1,181,206	\$1,149,495	2.8%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$1,181,206		\$1,149,495	2.8%				
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.

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		173		
TAY		276		
Adults		1965		
Older Adults		241		
Total		2655		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 2655				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
4.	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.
	Placer Systems of Care will continue to improve the system capacity for co-occurring competent, culturally competent, recovery/resiliency oriented and client/family driven services through the use of evidence-based models that promote recovery and increase the level of participation of clients and families. In collaboration with the WET plan Placer will continue to provide: Opportunities for training for staff, providers, consumers and families on the principles of the recovery model; Leadership development for consumers, families and the Consumer Council; Peer support programming through the Welcome Center; Latino Leadership Counsel growth; Consumer Navigators and Peer Advocate programs; the Youth Coalition; Change Agents for Co-occurring systemic transformation efforts.
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
6.	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: Placer

No funding is being requested for this program.

Program Number/Name: # 5 Mental Health Crisis Response and Triage

Date: 2/8/11

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

This program did not exist during FY 09/10.

M. 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		16		
TAY		496		
Adults		1932		
Older Adults		331		
Total		2775		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2775	

N. 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	1919	English	2630	LGBTQ	
African American	89	Spanish	36	Veteran	
Asian	50	Vietnamese		Other	
Pacific Islander	5	Cantonese	2		
Native American	25	Mandarin	1		
Hispanic	127	Tagalog			
Multi		Cambodian			
Unknown	195	Hmong			
Other	365	Russian	3		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

	Farsi	4	
	Arabic	2	
	Other/ unknown	97	

O. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Crisis Triage program continues to partner with local hospital providers in both Auburn and Roseville. Crisis services for 5150 evaluations are managed in one team that we have identified as the Start team. This team also includes the Same Day Next Day and Family and Friend coordinator programs. It is this partnership that assists collaborative efforts between those clinicians who are providing the crisis assessment and those who are following up with Same Day Next Day services. Our data consistently demonstrates that for half of those who were seen for a 5150 evaluation, follow up services through Same Day Next Day services were greatly needed. The Adult System of Care has been able to bring on two Family and Friend Coordinators who are available to meet in the hospital with those individuals who have had a crisis 5150 review. They are also involved in the on going support of families involved in the system. They supply Family Packets and give support to families in the form of information on community resources and helping navigate the mental health and criminal court systems. The Family and Friend Coordinators have assisted families in understanding Adult Protective and Children's Protective Services. A Family Night Support group is facilitated by one of the Family and Friend Coordinators. Follow up Family services has become a critical link in treating the individual as well as the family structure.

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.

While fluctuations in MHSA funding and overall mental health funding may result in a lower number of families being served, thus far Placer County Systems of Care have been able to meet targets and will continue to utilize collaborative funding and programming to work on transforming our system.

**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:								
<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>\$680,489</td> <td>\$759,247</td> <td>16.7%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$680,489	\$759,247	16.7%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$680,489	\$759,247	16.7%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

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.

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		190		
Adults		1974		
Older Adults		273		
Total		2437		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			2437	

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
5.	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>Placer's Crisis Response program provides crisis services at a new one-stop hospital site. Individuals who meet 5150 criteria require medical clearance prior to hospitalization. This co-location increases the ability to provide timely and efficient crisis mental health services.</p> <p>Placer County's Crisis Triage team provides same day/next day follow-up and outreach services for individuals who are 5150 evaluated but not admitted to a Psychiatric Health Facility (PHF). The goal is to prevent hospitalization and/or incarceration and to ensure that no one who is experiencing a crisis "falls through the cracks." To support this goal same day/next day staff assist individuals in connecting with services and community resources.</p>
2.	<p>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.
	N/A
7.	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
Workforce Education and Training**

County: Placer

No funding is being requested for this program.

Program Number/Name: #1 Workforce Education and Training (W.E.T.) Coordination

Date: 2/8/11

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).

During FY 09-10 Placer County's WET Coordinator supported multiple recovery oriented trainings and developed a strong relationship with community providers and partner agencies increasing the impact of trainings offered. An active WET Advisory Committee was formed, developed a charter and continues to meet every other month to review and advise on the implementation of WET actions. Membership includes representatives from county agencies including personnel, consumer, youth, Latino Leadership, Tahoe region, Native Alliance, public and private universities, Workforce Investment Board and contract providers. A strong partnership was also developed with Sierra College Nursing department. Placer's WET Coordinator serves as a representative on the state Spirituality Initiative, Sacramento Region MFT Consortium and System of Care Staff Development, Cultural Competency and Co-occurring change agent committees. She has taken an active role in regional WET projects including an effort to identify core competencies related to recovery oriented work as a means to assist in determining the appropriateness and efficacy of trainings provided.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2) Do the activities and strategies remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3) a) Complete the table below:	

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width:33%;">FY 10/11 funding</th> <th style="width:33%;">FY 11/12 funding</th> <th style="width:33%;">Percent Change</th> </tr> <tr> <td align="center">\$160,057</td> <td align="center">\$160,057</td> <td align="center">0</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$160,057	\$160,057	0	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$160,057	\$160,057	0					
<p>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.</p>							

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.
There have been no changes from the originally proposed scope.	
2.	If this is a consolidation of two or more previously approved programs, provide the following information:
<ul style="list-style-type: none"> 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: Placer

No funding is being requested for this program.

Program Number/Name: #2 Consumer and Staff Development

Date: 2/8/11

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

This program did not exist during FY 09/10.

2. 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).

Trainings provided to all staff including consumer/family member and contract and community partners included Culturally Competent Approaches to the LGBTQ community, Hope Lives: How to talk with clients about HIV/HEPC and STDs and a recovery model approach to problem gambling. In collaboration with Placer County Sheriff's Department a 4-day Crisis Intervention Training was presented to law enforcement officers to increase positive outcomes for individuals with mental illness.

Working with Bruce Anderson from Community Activators we brought Hope and Resiliency at Work training to our entire staff with a special focus for leadership on supporting staff in times of systemic change. We were also able to offer training on creative problem solving-a recovery focused approach to decision making.

All trainings focused on recovery, resiliency and wellness and addressed issues of culture and diversity.

Training modules were reviewed and working with the WET Advisory Committee, Cultural Competency and Staff Development committees a comprehensive training plan was developed for 2010-11 which included a unified orientation for interns and a focus on cultural awareness activities and Motivational Interviewing.

Two certified Listening Well facilitators continue to offer the Listening Well Experience and ongoing support groups for individuals with mental illness, particularly those working to reduce stigma and improve system functioning.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

3) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Do the activities and strategies remain consistent with what was previously	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

approved? 3) a) Complete the table below: <table border="1" style="margin: 10px auto; 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;">\$23,000</td> <td style="padding: 2px;">\$23,000</td> <td style="padding: 2px;">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$23,000	\$23,000	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$23,000	\$23,000	0					

NOTE: If you answered YES 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.

2. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
There have been no changes from the originally proposed scope.
3. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p>b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>N/A</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Placer

No funding is being requested for this program.

Program Number/Name: #3 Leadership Development

Date: 2/8/11

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

This program did not exist during FY 09/10.

3. 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).

Trainings as noted in Program #2 were provided in collaboration with our regional WET partnership and CA Alcohol and Drug Programs. The WET advisory committee is working on a specific proposal, application and process for the Leadership Academy and specific design and implementation of the Speakers' Bureau with possible implementation in FY 2011-12. The CASRA curriculum was purchased and is being evaluated along with other curricula by a team of consumer staff to determine the most effective means of implementing consumer leadership trainings in Placer County. As many counties in the Central Region have defined the same objective in their WET plans, the partnership is working to develop collaborative leadership training for consumers. Placer County consumer leaders will take an active role in developing and participating in this regional effort. The SOC Staff Development and WET Advisory committees are considering tools and methods for evaluating the efficacy of trainings. The most efficient process for the awarding of stipends is being investigated.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

4) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved? Yes No

Do the activities and strategies remain consistent with what was previously approved? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$8,000	\$8,000	0

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or , For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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NOTE: If you answered YES 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.

3. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
There have been no changes from the originally proposed scope.
4. 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: Placer

No funding is being requested for this program.

Program Number/Name: #4 ELearning Contract

Date: 2/8/11

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

This program did not exist during FY 09/10.

4. 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).

During FY 09-10 Placer fully integrated the Network of Care E-Learning as the primary tool for tracking and monitoring staff trainings. Future goals include increasing the number of mandatory trainings available in an online format and better use of the post test applications to measure retention of knowledge. Licensed staff have stated that access to online CEUs has been a great resource and allowed them to select courses that are most relevant for them since the course offerings are broader than could be offered in classroom only settings.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

5) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
6) Do the activities and strategies remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px 5px;">FY 10/11 funding</th> <th style="padding: 2px 5px;">FY 11/12 funding</th> <th style="padding: 2px 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px 5px;">\$3,600</td> <td style="text-align: center; padding: 2px 5px;">\$3,600</td> <td style="text-align: center; padding: 2px 5px;">0</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$3,600	\$3,600	0
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$3,600	\$3,600	0					
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<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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NOTE: If you answered YES 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.

<p>4. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>There have been no changes from the originally proposed scope.</p>
<p>5. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>N/A</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Placer

No funding is being requested for this program.

Program Number/Name: #5 Psychosocial Rehabilitation

Date: 2/8/11

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

This program did not exist during FY 09/10.

5. 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).

Placer County has purchased the 5 course CASRA curriculum and is looking into the most effective means for implementation. Placer County also participates in the Central Region WET Workgroup that is collaborating in efforts to bring CASRA or similar Psychosocial Rehabilitation curriculum to local community colleges to allow individuals to get applicable college credit in the pursuit of a Certified Psychosocial Rehabilitation Practitioner certification. This group is also looking into a developing a regional stipend/scholarship program to assist individuals with attaining USPRA certification.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

7) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
8) Do the activities and strategies remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input 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;">\$10,000</td> <td style="padding: 2px;">\$10,000</td> <td style="padding: 2px;">0</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$10,000	\$10,000	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$10,000	\$10,000	0					
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"/>						

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <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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NOTE: If you answered YES 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 checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

<p>5. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>There have been no changes from the originally proposed scope.</p>
<p>6. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>N/A</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Placer

No funding is being requested for this program.

Program Number/Name: #6 High School Outreach/Career Tracks

Date: 2/8/11

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

This program did not exist during FY 09/10.

6. 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).

During FY 09-10 there was minimal progress on this program primarily due to budget impacts on the educational institutions. Efforts to build relationships with schools continue. The WET coordinator was available for presentations and career interviews for high school and junior college students. A relationship was developed with Sierra College Nursing program. During this time the school was in the process of re-designing the curricula and was able to add a psychiatric nursing component to their program. Relationships are being developed with the local ROP to ensure a mental health component to their health careers classes.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

9) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved? Yes No

10) Do the activities and strategies remain consistent with what was previously approved? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$1,000	\$1,000	0

b) Is the FY 11/12 funding requested outside the ± 25% of the previously Yes No

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

approved amount, or , For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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NOTE: If you answered YES 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 checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

6. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
There have been no changes from the originally proposed scope.
7. 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: Placer

No funding is being requested for this program.

Program Number/Name: #7 Retention Efforts

Date: 2/8/11

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

This program did not exist during FY 09/10.

7. 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).

Collaboration with community partners has increased and all community partners are invited to the recovery oriented trainings and events. The WET Coordinator works with the Social Marketing Committee developing strategies to decrease stigma both internally and in the community at large. The newsletter includes articles on co-occurring and cultural competency efforts and information and stories of resilience and integration. Trainings on creating welcoming environments and hope and resiliency in the workplace are targeted at increasing staff retention and comfort in the workplace. An award program asking colleagues to nominate each other based on modeling of the agency's Guiding Principles was well received. A recovery focused New Employee Orientation was developed and will be implemented with incoming interns and staff in FY10-11

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

11) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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12) Do the activities and strategies remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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3) a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 5px;">FY 10/11 funding</th> <th style="padding: 2px 5px;">FY 11/12 funding</th> <th style="padding: 2px 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">\$3,000</td> <td style="padding: 2px 5px;">\$3,000</td> <td style="padding: 2px 5px;">0</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$3,000	\$3,000	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$3,000	\$3,000	0					

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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 checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

7. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies. There have been no changes from the originally proposed scope.
8. 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: Placer

No funding is being requested for this program.

Program Number/Name: #8 Internship Programs

Date: 2/8/11

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

This program did not exist during FY 09/10.

8. 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).

During FY 09-10, in addition to hosting three MFT students, five MSW students and two BSW students, Placer SOC was able to increase the variety of internship opportunities, hosting students working on degrees in nursing, PsyD and CAADAC certification. Placer's WET coordinator collaborated with Sierra College nursing program to develop a rotating shadow experience for 40 students. Unfortunately, this was not able to be implemented but work will continue so that this opportunity to expose students to working in public mental health is not lost. This expansion to other fields supports our integrated system. Recovery oriented supervision for all interns is ongoing and used in conjunction with other training to support a transition to a recovery oriented workforce. An intern orientation program was developed which was implemented in Fall of 2010. Due to the county's current hiring freeze, it was not possible to bring on the high school level interns at this time.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

13) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Do the activities and strategies remain consistent with what was previously approved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---------------------------------------------------------------------------------------	---------------------------------------------------------------------

3) a) Complete the table below:							
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">\$25,000</td> <td style="text-align: center; padding: 5px;">\$25,000</td> <td style="text-align: center; padding: 5px;">0</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$25,000	\$25,000	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$25,000	\$25,000	0					

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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NOTE: If you answered YES 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 checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

8. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
There have been no changes from the originally proposed scope.
9. 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: Placer

No funding is being requested for this program.

Program Number/Name: #9 Stipends/Scholarships/Grants

Date: 2/8/11

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

This program did not exist during FY 09/10.

9. 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 WET Coordinator is working on the required process for stipend distribution. There are some considerations within the Regional Partnership to use a central agency and application for consistency and ease of fund distribution.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

14) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved? Yes No

15) Do the activities and strategies remain consistent with what was previously approved? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$32,069	\$32,069	0

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 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>	
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NOTE: If you answered YES 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.

<p>9. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>There have been no changes from the originally proposed scope.</p>
<p>10. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p>a) Name of the programs.</p> <p>b) The rationale for the decision to consolidate programs.</p> <p>c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>N/A</p>

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Placer

Program Number/Name: #1/Ready for Success

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

Date: 2/8/11

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.

P. 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)	136	White	51	English	205	LGBTQ	N/A
Transition Age Youth (16-25)	105	African American	3	Spanish	123	Veteran	N/A
Adult (18-59)	72	Asian	2	Vietnamese		Other	
Older Adult (60+)	15	Pacific Islander		Cantonese			
		Native American	131	Mandarin			
		Hispanic	139	Tagalog			
		Multi	2	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 unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The first half of FY 09/10 was utilized to produce and advertise Request for Proposals, evaluate proposals, and award contracts. The second half of the FY09/10 was utilized by most contractors to train staff in the specific activities, purchase necessary materials, and address logistical issues with activity startup.

However, some activities were able to begin providing services during this reporting period. Parent Project completed one entire course for 16 families; Functional Family Therapy began providing services to 9 families; Transition to Independence enrolled 5 transition age youth to services; Positive Indian Parenting (including Families of Tradition) had 130 Native American family members engage in services; 28 Native American Youth attended youth council activities; 17 Native American Youth received mentoring/advocacy services; and 20 Latino youth completed Literacy and Leadership programs.

As the numbers demonstrate on the proceeding page, 39% of persons served in this program were Latino/Hispanic and 38% were Native American. In addition, 30% were Transitional Age Youth. These were groups that have historically been un/underserved in Placer County. With these dollars, Sierra Native Alliance was created, established a physical base of operation (opening a cultural resource center), and obtained their Not For Profit Status to provide relevant services to Placer’s Native American population including the local Maidu Nisenan population; the Latino Leadership Council cemented their presence in the community and county while increasing their membership; and representatives from each of these organizations and the transitional age youth program were more fully integrated into a county wide management team.

There have been several challenges during the implementation of the many activities in this program. The most common was that the expectations outlined in the Request for Proposals did not always match the realistic expectations of the activity or community. This includes both programmatic implementation and evaluation. Examples include misunderstandings or misinterpretations of activity criteria, such as the duration of the Incredible Year classes varies depending on age of children; the appropriate or acceptable number of youth that could reasonably be enrolled in some programs while maintaining quality; evaluation tools that were not culturally appropriate to the community; and, the most common was lack of referrals due to limited knowledge in the community or misjudging the amount of outreach that was needed in order to reach the intended populations.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁶, 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

⁶ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

- 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

Due to limited startup and training requirements, there is very little data available for program evaluation at this first review.

Parent Project was able to complete one parenting course. Eighteen (18) Latino families began the activity and twelve (12) families completed the course. The six (6) families who did not complete were moved to family therapy to address crisis/trauma issues. Of the twelve (12) families that did complete Parent Project, eight (8) families showed improved relationships with their teens and children. Of the six (6) families who participated in the family therapy component of this activity, all reported improved family functioning.

“Parent Project” is an example of the issue that evaluation tools were not culturally appropriate. This session utilized the BERS-II as a pre and post evaluation tool. However, many individuals had difficulty completing the forms, often not understanding the meaning of the question. The Latino Leadership Council will be using a more culturally appropriate pre and post tool for all future sessions.

The other activity in this program that completed a service delivery was Functional Family Therapy. However, only one (1) family completed the activity. Due to the small sample size, it would be ill advised to draw activity conclusions, but the family did show communication and family conflict improvement.

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 X						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No X						
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>\$844,587</td> <td>\$1,055,187</td> <td>24.9%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$844,587	\$1,055,187	24.9%
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$844,587	\$1,055,187	24.9%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved	Yes <input type="checkbox"/>	No X						

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

<p>amount, or,</p> <p>For Consolidated Programs, is the FY 11/12 funding requested outside the ± 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>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

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

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:	150	220
Total Families:	70	80

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Placer

Program Number/Name: Bye Bye Blues

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

Date: 2/8/11

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.

Q. 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)	265	White	171	English	1026	LGBTQ	N/A
Transition Age Youth (16-25)	297	African American	6	Spanish	148	Veteran	N/A
Adult (18-59)	401	Asian	4	Vietnamese		Other	
Older Adult (60+)	212	Pacific Islander	2	Cantonese			
		Native American	681	Mandarin			
		Hispanic	308	Tagalog			
		Multi	7	Cambodian			
		Unknown		Hmong			
		Other	2	Russian			
				Farsi			
				Arabic			
				Other	1		

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

<p>3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>The first half of FY 09/10 was utilized to produce and advertise Request for Proposals, evaluate proposals, and award contracts. The second half of the FY09/10 was utilized by most contractors to train staff in the specific activities, purchase necessary materials, and address logistical issues with activity startup.</p> <p>However, some activities were able to begin providing services during this reporting period. One hundred sixty one (161) women were screened for maternal depression and 47 clients have received Cognitive Behavioral Therapy for depression; 71 individuals, mostly older adults, have received Cognitive Behavioral Therapy for depression; 243 individuals were provided one-on-one or group services, including education, support and linkages in the North Lake Tahoe Community; and the Native American Community hosted two (2) events, serving over 850 people, using a cultural healing approach to build protective factors in their community for mental health needs.</p> <p>As the numbers demonstrate on the proceeding page, 57% of persons served in this program were Native American, 25% were Latino/Hispanic, and 25% were transitional age youth. These are communities that have historically been un/underserved in Placer County</p>
<p>4. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁷, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants i) Specific program strategies implemented to ensure appropriateness for diverse participants j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>Due to limited startup and training requirements, along with prevention type services, there is very little data available for program evaluation. Five (5) women completed therapy for maternal depression. Due to the small sample size, it would be ill advised to draw activity conclusions; however, depressive symptoms, as measured by the Edinburgh Scale, averaged a 52.08% decrease in depressive symptoms. Actual improvements for prevention services cannot be measured, but there does appear to be a significant impact on the targeted population as evidenced by verbal reports of the consumers.</p>

⁷ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$391,313</td> <td>\$401,313</td> <td>2.6%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$391,313	\$401,313	2.6%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$391,313	\$401,313	2.6%						
b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
For Consolidated Programs, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the \pm 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. 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:

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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:	800	375
Total Families:	475	175

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Placer

Program Number/Name: Bridges to Wellness

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

Date: 2/8/11

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.

R. 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)	200	White	0	English	0	LGBTQ	N/A
Transition Age Youth (16-25)	0	African American	0	Spanish	600	Veteran	N/A
Adult (18-59)	400	Asian	0	Vietnamese	0	Other	
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	600	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown		Hmong	0		
		Other		Russian	0		
				Farsi	0		
				Arabic	0		
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

The first half of FY 09/10 was utilized to produce and advertise Request for Proposals, evaluate proposals, and award contracts. The second half of the FY09/10 was utilized by most contractors to train staff in the specific activities, purchase necessary materials, and address logistical issues with activity startup.

However, some activities were able to begin providing services during this reporting period. The Latino Leadership Council was able to provide health screenings for more than 400 Latino adults; partnered with the Placer Community Clinic to provide more than 350 H1N1 and seasonal flu vaccinations to Latino adults and children; facilitated groups for 200 Latino community members on overall wellness; hosted more than 200 community members for Cesar Chavez Youth Leadership Conference and 80 mental health providers in Latino cultural awareness conference; along with a variety of other activities to promote the overall wellness of the Latino community.

As the numbers demonstrate on the proceeding page, 100% of persons served in this program were Latino/Hispanic. This is a community that have historically been un/underserved in Placer County.

6. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁸, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- k) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- l) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- m) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- n) Specific program strategies implemented to ensure appropriateness for diverse participants
- o) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Actual improvements for prevention services cannot be measured, but there does appear to be a significant impact on the targeted population as evidenced by verbal reports of the consumers.

⁸ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; text-align: center;">\$195,941</td> <td style="padding: 2px; text-align: center;">\$203,941</td> <td style="padding: 2px; text-align: center;">4.1%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$195,941	\$203,941	4.1%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$195,941	\$203,941	4.1%						
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.								

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: <ul style="list-style-type: none"> g. Names of the programs being consolidated h. The rationale for consolidation i. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	600	0
Total Families:	Unknown	0

County: _____ Placer

Date: _____ 1/28/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$5,145,300			\$1,178,800	\$332,600	
2. Transfer from FY 11/12 ^{a/}	\$0					
3. Adjusted Component Allocation	\$5,145,300					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$5,863,189	\$336,142		\$2,100,457	\$550,913	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$4,420,730	\$337,484		\$1,975,193	\$219,650	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$3,702,841	\$1,342		\$281,600		
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$717,889	\$336,142		\$1,693,593	\$219,650	
4. Total FY 2011/12 Funding Request	\$5,145,300	\$0	\$0	\$406,864	\$331,263	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}				\$317,293		
5. Unapproved FY 10/11 Component Allocations ^{b/}				\$89,571		
6. Unapproved FY 11/12 Component Allocations ^{b/}						
Sub-total	\$0	\$0	\$0	\$406,864	\$0	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{c/}	\$0	\$0	\$0	\$406,864	\$0	

NOTE:

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

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

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

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

3 b. CSS includes Prudent reserve 08-09 \$1,150,000 + 09-10 \$1,336,928 and Operating reserve 08-09 \$150,000 + 09-10 \$369,155 + 10-11 \$494,646 and \$202,112 FY10-11 additional expenditures; PEI includes Operating reserve 09-10 \$117,000 + 10-11 \$164,600; WE

CSS FUNDING REQUEST

County: Placer

Date: 1/28/2011

CSS Programs			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group				
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs												
1.	1	Child	\$307,923	\$307,923			\$307,923					
2.	2	TAY, Adult, Older Adult	\$2,335,161	\$2,335,161				\$312,560	\$1,647,193	\$375,408		
3.	3	System Transformation	\$1,149,495	\$1,149,495			\$75,000	\$120,000	\$849,495	\$105,000		
4.	4	Crisis Triage	\$759,247	\$759,247				\$59,000	\$615,247	\$85,000		
5.	5	Lake Tahoe	\$83,106	\$83,106			\$4,500	\$3,000	\$64,606	\$11,000		
6.			\$0									
7.			\$0									
8.			\$0									
9.			\$0									
10.			\$0									
11.			\$0									
12.			\$0									
13.			\$0									
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$4,634,933	\$4,634,933	\$0	\$0	\$0	\$387,423	\$494,560	\$3,176,542	\$576,408	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$695,240									15%
18.	Plus up to 10% Operating Reserve		\$533,016									10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$5,863,189									
New Programs/Revised Previously Approved Programs												
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											#VALUE!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0									
10.	Total MHA Funds Requested for CSS		\$5,863,189									

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

100.00%

Additional funding sources for FSP requirement:

County must provide the majority of MHA 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.]

**CSS Majority of Funding to FSPs
Other Funding Sources**

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$4,634,933	\$76,000	\$0	\$809,179	\$10,000	\$0	\$0	\$0	\$0	\$5,530,112	119%

WET FUNDING REQUEST

County: Placer

Date: 1/28/2011

Workforce Education and Training			FY 11/12 Requested MHSA Funding	Estimated MHSA 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	WET Coordination	\$160,057	\$160,057					
2.	2	Consumer/Staff Development	\$23,000		\$23,000				
3.	3	Leadership Development	\$8,000		\$8,000				
4.	4	E-Learning	\$3,600		\$3,600				
5.	5	Psychosocial Rehabilitation	\$10,000			\$10,000			
6.	6	HS Outreach/Career Tracts	\$1,000			\$1,000			
7.	7	Retention Efforts	\$3,000			\$3,000			
8.	8	Internship Programs	\$25,000				\$25,000		
9.	9	Stipends/Scholarships/Grants	\$32,069				\$32,069		
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs ^{a/}		\$265,726	\$160,057	\$34,600	\$14,000	\$25,000	\$32,069	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$39,859						15%
18.	Plus up to 10% Operating Reserve		\$30,557						10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$336,142						
New Programs									
1.			\$0						
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: WET New Programs ^{a/}		\$0	\$0		\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs								#VALUE!
8.	Plus up to 10% Operating Reserve								#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested		\$336,142						

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

Revised 12/29/10

PEI FUNDING REQUEST

County: Placer

Date: 1/26/2011

PEI Programs			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Type of Intervention		Estimated MHA Funds by Age Group				
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs										
1.	1	Ready For Success: Youth & Family Support	\$1,055,187	\$474,834	\$580,353	\$466,282	\$464,196	\$82,302	\$42,407	
2.	2	Bye Bye Blues: Reducing Depression & Suicide	\$401,313	\$204,670	\$196,643	\$84,276	\$41,608	\$142,996	\$132,433	
3.	3	Bridges to Wellness: Social Marketing	\$203,941	\$179,468	\$24,473	\$53,773	\$37,369	\$67,103	\$45,696	
4.			\$0							
5.			\$0							
6.			\$0							
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs*		\$1,660,441	\$858,972	\$801,469	\$604,331	\$543,173	\$292,401	\$220,536	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$249,066							15%
18.	Plus up to 10% Operating Reserve		\$190,950							10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$2,100,457							
New/Revised Previously Approved Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0							
10.	Total MHA Funds Requested for PEI		\$2,100,457							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 year 69%

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: Placer

Date: 25-Jan-11

INN Programs		FY 11/12 Requested MHSAs Funding	
No.	Name		
Previously Approved Programs			
1.	Innovative Community Collaborative Grants Program	\$455,300	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.	Subtotal: Programs	\$455,300	Percentage
17.	Plus up to 15% Indirect Administrative Costs	\$45,530	10%
18.	Plus up to 10% Operating Reserve	\$50,083	10.0%
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$550,913	
New Programs			
1.			
2.			
3.			
4.			
5.			
6.	Subtotal: Programs	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs		#VALUE!
8.	Plus up to 10% Operating Reserve		#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0	
10.	Total MHSAs Funds Requested for INN	\$550,913	

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

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

Previously approved with no changes

New

Date: 2/8/11	County Name: Placer
Amount Requested for FY 2011/12: \$42,000	
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>PEI Evaluation: Placer County is participating in the Joint Powers Authority. Placer County is part of a county cohort including Sutter, Colusa, and Butte. This is an evaluation capacity--building learning collaborative. The overall goal is to learn and then teach others the skills for designing and implementing evaluations that achieve PEI outcomes. While counties might be evaluating different projects, a common evaluation framework is utilized.</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. 	
Certification	
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.	
<hr style="width: 40%; margin-left: 0;"/> Director, County Mental Health Program (original signature)	

GLOSSARY

Acronyms:

CCW: Campaign for Community Wellness
CF: Capital Facilities
CSS: Community Services and Supports
DMH: Department of Mental Health
FSP: Full Service Partnership
IMD: Institute for Mental Disease-generally a locked facility
INN: Innovation
MHSA: Mental Health Services Act:
PEI: Prevention and Early Intervention
SMI: Severe Mental Illness
TAY: Transition Age Youth
TN: Technology
WET: Workforce Education and Training

Annual update is the yearly update to the County's Three-Year Program and Expenditure Plan that is required by WIC section 5847, subdivision (b).

Full Service Partnership The Full Service Partnership service category is a category of allowable costs within the Community Services and Support component of the Three-Year Program and Expenditure Plan. The California Code of Regulations, Title 9, Section 3200.130 defines an FSP as "the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals."

Mental Health Services Act: A voter-approved initiative that provides for developing, through an extensive stakeholder process, a comprehensive approach to providing community based mental health services and supports for California residents. The MHSA addresses six components of building a better mental health system to guide policies and programs: Community program planning Community Services and Supports, Capital Facilities and Information Technology, Workforce Education and Training, Prevention and Early Intervention, and Innovation

Previously Approved Programs Pursuant to Welfare and Institutions Code section 5847, subdivision, (g)(2), the Department of Mental Health (DMH) evaluation of a county Plan or update is limited to only programs that have not been previously approved or that have previously identified problems that have been conveyed to the County. This section also requires DMH to distribute funds for the renewal of previously approved programs prior to the approval of a County's Plan or annual update or update. Previously approved programs remain approved by DMH or when applicable, the MHSOAC, and should be described in Exhibit D. Counties must indicate on Exhibit E from which fiscal year funds will be used for previously approved programs.

Program is one or more services or activities used in an organized manner to provide strategies for services and supports to an individual to achieve positive outcomes (CSS, WET, INN). This includes housing through the General Systems Development and MHSA Housing Program service categories of the CSS component. For INN, "Program" has its primary focus on contributing to learning rather than providing a service. It introduces a novel, creative, and/or ingenious approach to a variety of mental health practices, including those aimed at prevention and early intervention. For PEI, "program" is composed of one or more PEI activities that are designed to address one or more PEI Key Community Needs and one or more PEI Priority Populations to meet specific outcomes identified through the County's Community Program Planning process.

Project is used to describe Capital Facilities and Technological Needs projects.

Stakeholder a person, group or organization with an interest in a project

Update is any update to the Three-Year Program and Expenditure Plan other than the annual update.

Work plan is the document that the county submits to DMH and MHSOAC for each program/project in the Three-Year Program and Expenditure Plan, annual update or update.