



Sutter-Yuba Mental Health Services

Mental Health Services Act Fiscal Year 2010/11 Annual Update to The Three-Year Program and Expenditure Plan

COUNTY SUMMARY SHEET

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

County:		Sutter-Yuba Mental Health Services																				
		Exhibits																				
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																				
<input checked="" type="checkbox"/> CSS	\$4,510,900	\$3,927,500				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET	\$	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> CF	\$	\$						<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>					
<input type="checkbox"/> TN	\$	\$						<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$1,271,600	\$833,100				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/> INN	\$	\$					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
Total	\$5,979,100	\$4,910,800																				
Dates of 30-day public review comment period:		Beginning March 8 to April 8th																				
Date of Public Hearing****:		Public Hearing April 8																				
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:		to come																				

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

COUNTY CERTIFICATION

County: Sutter-Yuba Mental Health Services

County Mental Health Director	Project Lead
Name: Brad Luz Ph.D.	Name: Patrick Larrigan
Telephone Number: (530) 822-7200	Telephone Number: (530) 822-7200
E-mail: bluz@co.sutter.ca.us	E-mail: plarrigan@co.sutter.ca.us
Mailing Address: 1965 Live Oak Blvd. Yuba City, Ca., 95991	

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

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

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

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

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

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

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

Brad Luz Ph.D.
Mental Health Director/Designee (PRINT)

Signature

Date

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Sutter-Yuba Mental Health Services

Date: February 25, 2010

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 the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.																									
<p>Sutter-Yuba Mental Health Services' Annual Update maintains programs identified in our Three Year Program and Expenditure Update Fiscal Year 2010-11. Our proposal maintains current programs at current service levels. This annual update was made available for public review for 30 days at Sutter-Yuba Mental Health Services, County Libraries, and the County Administrators' Offices. In addition, this annual update was posted on our County website along with the original plan and the augmentation to the plan. Clients, family members, and stakeholders continue to be involved in the ongoing planning and implementation of the CSS Plan. Participation occurs throughout the organization. A brief description of some of the ways in which participation occurs is below:</p> <p>The Mental Health Board membership is composed of consumers, family members and community stakeholders.</p> <p>Consumer employees attend the monthly MHSA and Mental Health Management-Supervisor meetings. They assist in creating systems navigation tools, and provide commentary on the process.</p> <p>Consumers attend weekly MHSA FSP (Full Service Partnership) and non-FSP meetings and give input on system design issues and make recommendations for improvement.</p>																									
2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.																									
<p>The participating stakeholders included:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>SYMHS Children's Mental Health</td> <td>Mental Health Advisory Board</td> </tr> <tr> <td>SYMHS Ethnic Services</td> <td>Yuba County CPS</td> </tr> <tr> <td>SYMHS Drug and Alcohol</td> <td>Harmony Health Clinic</td> </tr> <tr> <td>SYMHS Resource Services</td> <td>Yuba County Probation</td> </tr> <tr> <td>Sutter County Probation</td> <td>Yuba County BOS</td> </tr> <tr> <td>Sutter County K-12</td> <td>Sutter County CPS</td> </tr> <tr> <td>Parents of child consumers</td> <td>SYMHS PES</td> </tr> <tr> <td>SYMHS CSOC</td> <td>SYMHS Adult Services</td> </tr> <tr> <td>SYMHS Ethnic Outreach Services</td> <td>Sutter County BOS</td> </tr> <tr> <td>Domestic Violence Services provider</td> <td>Yuba County CalWorks</td> </tr> <tr> <td>Hmong American Association</td> <td>Sutter County Employment Services</td> </tr> <tr> <td>Yuba City Police Department</td> <td>Yuba City Unified School District</td> </tr> </tbody> </table>		SYMHS Children's Mental Health	Mental Health Advisory Board	SYMHS Ethnic Services	Yuba County CPS	SYMHS Drug and Alcohol	Harmony Health Clinic	SYMHS Resource Services	Yuba County Probation	Sutter County Probation	Yuba County BOS	Sutter County K-12	Sutter County CPS	Parents of child consumers	SYMHS PES	SYMHS CSOC	SYMHS Adult Services	SYMHS Ethnic Outreach Services	Sutter County BOS	Domestic Violence Services provider	Yuba County CalWorks	Hmong American Association	Sutter County Employment Services	Yuba City Police Department	Yuba City Unified School District
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**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Victor Treatment Services	Family members
Consumers	Parent Partner
Peer Advisors	Family Intervention and Community Support
Sutter County Sheriff	Salvation Army
Parent disabled Adult	Sutter-Yuba Friday Night Live
Marysville Joint Unified School District	Sutter County Office of Education
Betterday Provider	Foster Parents Association
Options for Change	First Steps
Yuba County Department of Social Services	Yuba County APS

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

n/a

Local Review Process

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

The 30 day public comment process for review of the MHSA Plan, Fiscal Year (FY) 2010/11 Annual Update to the Three-Year Program and Expenditure Plan commenced on March 8, 2010. The notification of public hearing and the FY 2010/11 Annual Update was distributed to all Sutter-Yuba Mental Health Services provider sites, and made available at the Sutter County and the Yuba County main libraries. This notification of public hearing and the update were available for public review at the Sutter-Yuba Mental Health Services website, Network of Care website for Sutter County, and Network of Care website for Yuba County. The internet addresses are listed below:

- <http://www.co.sutter.ca.us>
- <http://www.Sutter.networkofcare.org>
- <http://www.Yuba.networkofcare.org>

The Notice of Public Hearing was mailed to all leadership committee members and partner agencies; was posted at the Sutter County and Yuba County main libraries; was posted in the Appeal-Democrat newspaper; and was provided to anyone who requested a copy. Public comments could either be emailed to plarrigan@co.sutter.ca.us or mailed to MHSA Coordinator, Sutter-Yuba Mental Health Services, at 1965 Live Oak Blvd., P.O. Box 1520, Yuba City, CA 95992 or presented in person. The public hearing before the local Mental Health Board was held on April 8, 2010. The public comment period ended at the conclusion of that meeting.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

To come

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

County: Sutter-Yuba Mental Health Services

Date: February 25, 2010

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

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

The implementation of MHSA is proceeding as described in the County's approved plan.

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

The Ethnic Outreach & Engagement Program consists of three targeted outreach teams that have been established for our major unserved or underserved ethnic bilingual/monolingual populations: Latino, Hmong and Asian Indian. This program allows for the reduction in disparities for the identified ethnic groups who are now underserved in our community; providing improved access through the provision of services in community settings actively utilized by these populations; improved integration with mental health and substance abuse services, improved integration between child and adult systems to bridge gaps in services; a culturally sensitive family-friendly approach to service planning and delivery. The expertise and services of the Ethnic Outreach & Engagement Team is utilized by all MHSA CSS programs as needed to provide culturally and linguistically competent services to the MHSA clients we serve.

- A successful strategy in reaching our underserved Hmong populations has been the opening of the Hmong Community Center. The significance of the Hmong Community Center is that it is located closer to the Hmong community which helps to eliminate accessibility barriers and helps reduce stigma. Hmong clients have expressed their appreciation in having the Hmong Center and Hmong staff to provide needed services.
- Successful strategies for the Latino population have been to offer services by at Del Norte Clinic(s), schools and home visits.
- Successful strategies for engagement of the Asian Indian population have been to conduct outreach events in the community where Asian Indian populations meet including at the "Sangrand" event at the Sikh Temple in Yuba City, the Punjabi American Heritage Society Festival at the Yuba City Fairgrounds in Yuba City, and providing advertisement in Punjabi on the local television Channel 19 to inform the Asian Indian public about counseling services.
- BEST (Bi-County Elders Services Team), the older adult mobile assessment team has been very successful in providing services to unserved or underserved older adults (60 years plus) with a serious mental illness who are, or are at risk of being homeless, who may also have a co-occurring disorder (mental health and substance abuse), and who are unwilling or unable to access traditional services. BEST has made a difference in the community, by forging relationships with our partners and with the underserved senior population.

The Integrated Full Service Partnership (FSP) is effectively serving unserved or underserved youth and adults. To date no older adults have been admitted to the FSP. A Spanish speaking Latina therapist was added part time to the FSP team in 2008, and is available to provide culturally and linguistically appropriate services to bi-lingual/monolingual Spanish speaking youth their families.

Sutter-Yuba Mental Health Services (SYMHS) has an active Cultural Competence Committee (CCC) that oversees on-going cultural competence training, and monitors policies and procedures (P&Ps) to ensure that culturally and linguistically competent services are available to Sutter-Yuba residents, including the right for Limited English Proficient (LEP) clients to have access to free language assistance services, and how to access interpreters. SYMHS' staff members have participated in an agency wide seminar about "Creating Welcoming Based Culture in Organizations & Communities" by Bruce Anderson; A wellness and recovery training, "Personal and Program Transformation", presented by Mark Ragins, M.D. of the Village; "The African American Culture", presented by David Smith, M.D.; a client culture training entitled "The Consumer Experience"; two interpreter trainings, "How to Interpret" and "Working with Interpreters" presented by Emerita Banuelos, LCSW and Mai Vang, ASW; and Rajdeep Randhawa, ASW presented Youth Services

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

staff with a presentation on the East Indian culture and therapeutic approaches.

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

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	111		Workforce Staff Support	
Transition Age Youth	166		Training/Technical Assist.	
Adult	453		MH Career Pathway	
Older Adult	76		Residency & Internship	
Race/Ethnicity			Financial Incentive	
White	653			
African/American	25		[] WET not implemented in 08/09	
Asian	0			
Pacific Islander	0			
Native	2			
Hispanic	202			
Multi	19			
Other	107			
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
Spanish	84			
Vietnamese	0			
Cantonese	1			
Mandarin	0			
Tagalog	0			
Cambodian	1			
Hmong	81			
Russian	0			
Farsi	2			
Arabic	0			
Other	637			

PEI

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

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

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

County: Sutter-Yuba Mental Health Services _____

Date: February 25, 2010 _____

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

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

Our original PEI plan was approved on August 28, 2009. We have not experienced major challenges to the implementation as we are in the early stages of implementation.

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

Sutter-Yuba Mental Health Services (SYMHS) has an active Cultural Competence Committee (CCC) that oversees on-going cultural competence training, and monitors policies and procedures (P&Ps) to ensure that culturally and linguistically competent services are available to Sutter-Yuba residents, including the right for Limited English Proficient (LEP) clients to have access to free language assistance services, and how to access interpreters. SYMHS' staff members have participated in an agency wide seminar about "Creating Welcoming Based Culture in Organizations & Communities" by Bruce Anderson; A wellness and recovery training, "Personal and Program Transformation", presented by Mark Ragins, M.D. of the Village; "The African American Culture", presented by David Smith, M.D.; a client culture training entitled "The Consumer Experience"; two interpreter trainings, "How to Interpret" and "Working with Interpreters" presented by Emerita Banuelos, LCSW and Mai Vang, ASW; and Rajdeep Randhawa, ASW presented Youth Services staff with a presentation on the East Indian culture and therapeutic approaches.

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

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth			Workforce Staff Support	
Transition Age Youth			Training/Technical Assist.	
Adult			MH Career Pathway	
Older Adult			Residency & Internship	
Race/Ethnicity			Financial Incentive	
White				
African/American			[] WET not implemented in 08/09	
Asian				
Pacific Islander				
Native				
Hispanic				
Multi				
Other				
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
Spanish				
Vietnamese				
Cantonese				

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

Mandarin			
Tagalog			
Cambodian			
Hmong			
Russian			
Farsi			
Arabic			
Other			

PEI

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

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

The target populations to be addressed by PEI Community Prevention Team are Individuals Experiencing Onset of Serious Psychiatric Illness, Children and Youth in Stressed Families, Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement and Underserved Cultural Populations. The Community Prevention Team is an interagency, multidisciplinary team to work with target populations with Schools, Family Resource Centers (FRCs), Churches, etc. in each County. The services provided are expanding mentoring programs, expanding strengthening families program and recreational opportunities.

The target populations to be addressed by PEI First Onset Team are Individuals Experiencing Onset of Serious Psychiatric Illness, Children and Youth in Stressed Families, Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement and Underserved Cultural Populations. The First Onset Team deals with individual who have not previously been involved in the Mental Health System.

County: Sutter-Yuba Mental Health Services

Program Number/Name: 2/Urgent Services

Date: February 25,2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>		<input type="checkbox"/>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>The Urgent Services Program has been developed to serve all ages with distinct, age appropriate services for youth and for adults, who have acute mental health issues and are at greatest risk of harming themselves or others, are at risk of hospitalization or are at risk of incarceration in jails/juvenile justice institutions. We also work with the school-based counselors and other school personnel to identify children at greatest risk.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Sutter-Yuba Mental Health Services

Program Number/Name: 5/Older Adult Services

Date: February 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>The Older Adult Services Program has been developed to serve older adults aged 60 and over who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural identity places them in underserved populations within our community.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Sutter-Yuba Mental Health Services

Program Number/Name: 6/Ethnic Outreach Services

Date: February 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>The Ethnic Outreach Program targets our major underserved populations: Latino, Hmong and Punjabi speaking Asian Indians. Each program is intergenerational, serving children, youth, transition-aged youth, adults and older adults within each cultural group. Within these broader categories, females are specifically targeted as they are more likely to be underserved in our system, and specifically within these cultures.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Sutter-Yuba Mental Health Services

Program Number/Name: 7/Integrated Full Service Partnership

Date: February 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. Services are available to serve children ages 0-5, youth aged 6-15, and Transition Age Youth aged 16-25 who have severe emotional disturbances or severe mental illnesses that result in significant social, emotional, or educational impairments and/or who are at risk of homelessness or going into care. Services are also available for adults and older adults who have co-occurring mental health and substance abuse disorders and who are homeless, or at risk of homelessness.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Sutter-Yuba Mental Health Services

Program Number/Name: Community Prevention Team

Date: February 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Sutter-Yuba Mental Health Services

Program Number/Name: First Onset Team

Date: February 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

County: Sutter-Yuba Mental Health Services

Date: 2/25/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$3,927,500			\$833,100		
2. Transfers						
3. Adjusted Planning Estimates	\$3,927,500					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$4,887,344			\$833,100		
2. Requested Funding for CPP	\$0			\$0		
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}	\$0					
c. Unexpended FY 2008/09 Funds	\$959,844			\$0		
d. Adjustment for FY 2009/2010	\$0			\$0		
e. Total Net Available Unexpended Funds	\$959,844	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$3,927,500	\$0	\$0	\$833,100	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}	\$0					
c. Unapproved FY 08/09 Planning Estimates	\$0			\$0		
d. Unapproved FY 09/10 Planning Estimates	\$0			\$0		
e. Unapproved FY10/11 Planning Estimates	\$3,927,500			\$833,100		
Sub-total	\$3,927,500	\$0		\$833,100	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$3,927,500	\$0	\$0	\$833,100	\$0	

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

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

FY 2010/11

EXHIBIT E4

PEI BUDGET SUMMARY

County: Sutter-Yuba Mental Health Services

Date: 2/25/2009

PEI Programs		FY 10/11 Requested MHA Funding	Estimated MHA Funds by Type of			Estimated MHA Funds by Age Group				
No.	Name		Universal Prevention	Selected/Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	Community Prevention Team	\$638,516								
2.	First Onset Team	\$93,787								
3.		\$0								
4.		\$0								
5.		\$0								
6.		\$0								
7.		\$0								
8.		\$0								
9.		\$0								
10.		\$0								
11.		\$0								
12.		\$0								
13.		\$0								
14.		\$0								
15.		\$0								
16.	Subtotal: Programs	\$732,303	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% County Administration	\$58,457								8%
18.	Plus up to 10% Operating Reserve	\$42,340								5.4%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$833,100								
New Programs										
1.		\$0								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.	Subtotal: Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0								
10.	Total MHA Funds Requested for PEI	\$833,100								

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