



## **Sutter-Yuba Mental Health Services**

### **Mental Health Services Act Fiscal Year 2011/12 Annual Update to The Three-Year Program and Expenditure Plan**

COUNTY CERTIFICATION

Components Included:

County: Sutter-Yuba Mental Health Services

- CSS
- CF
- PEI
- WET
- TN
- INN

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., Suite A P.O. Box 1520 Yuba City, Ca 95992-1520	

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 hearing<sup>1</sup> was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature Date

<sup>1</sup> Public Hearing only required for annual updates.

<sup>2</sup> 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:** Sutter-Yuba Mental Health

**30-day Public Comment period dates:** January 3-February 2

**Date:** December 22, 2011

**Date of Public Hearing (Annual update only):** February 2, 2012

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

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

<b>Community Program Planning</b>																							
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p>																							
<p>Sutter-Yuba Mental Health Services' Annual Update maintains programs identified in our Three Year Program and Expenditure Update Fiscal Year 2011-12. 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 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>																							
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p>																							
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**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

Yuba City Police Department	Yuba City Unified School District
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 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.

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) 2011-12 Annual Update to the Three-Year Program and Expenditure Plan commenced on January 3, 2012. The notification of public hearing and the FY 2011-12 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 February 2, 2012. 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.

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

There were no substantive comments or changes made to the proposed update.

OVERALL IMPLEMENTATION PROGRESS REPORT  
ON FY 09/10 ACTIVITIES

County: Sutter-Yuba

Date: 12/28/11

**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

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

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.)

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.

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

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.

**PEI**

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

<b>Age Group</b>	<b># of Individuals</b>	<b>Race and Ethnicity</b>	<b># of Individuals</b>	<b>Primary Language</b>	<b># of Individuals</b>	<b>Culture</b>	<b># of Individuals</b>
Child and Youth (0-17)	1464	White		English		LGBTQ	
Transition Age Youth (16-25)	511	African American		Spanish		Veteran	
Adult (18-59)	511	Asian		Vietnamese		Other	
Older Adult (60+)	632	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

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

2. Provide the name of the PEI program selected for the local evaluation <sup>1</sup> . <input checked="" type="checkbox"/> N/A

<b>PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)</b>	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
<b>Activity Name; Brief Description; Estimated Funding Amount<sup>2</sup></b>	<b>Target Audience/Participants<sup>3</sup></b>
1.	
2.	
3.	
4.	

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

<sup>2</sup> Provide the name(s) 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.

<sup>3</sup> 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: Sutter-Yuba

No funding is being requested for this program.

Program Number/Name: 2/Urgent Services

Date: 12/11/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		29		
TAY		250		
Adults		745		
Older Adults		59		
Total		1,083		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	994	English		LGBTQ	
African American	29	Spanish		Veteran	
Asian	12	Vietnamese		Other	
Pacific Islander	2	Cantonese			
Native American	9	Mandarin			
Hispanic	129	Tagalog			
Multi	21	Cambodian			
Unknown		Hmong			
Other	16	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
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 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.
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.

**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 type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>387,000</td> <td>720,503</td> <td>86%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	387,000	720,503	86%
FY 10/11 funding		FY 11/12 funding	Percent Change				
387,000		720,503	86%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

There are increased personnel costs and less than projected Medi-Cal revenue.

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		25		
TAY		250		
Adults		750		
Older Adults		60		
Total		1,085		

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

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The 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.
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.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sutter-Yuba

No funding is being requested for this program.

Program Number/Name: 5/Older Adult Services

Date: 12/28/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults			62	
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	59	English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	3	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
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 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.
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.

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 checked="" type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>						
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FY 10/11 funding		FY 11/12 funding	Percent Change				
544,825		42,331	86%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							
Operating Revenues are projected to decrease significantly.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		25		
TAY		250		
Adults		750		
Older Adults		60	60	
Total		1,085	60	

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

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The 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.
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.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.



PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sutter-Yuba

No funding is being requested for this program.

Program Number/Name: 6/Ethnic Outreach

Date: 12/28/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			36	
TAY			40	
Adults			176	
Older Adults			30	
Total			282	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	186	English		LGBTQ	
African American	0	Spanish		Veteran	
Asian	88	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	1	Mandarin			
Hispanic		Tagalog			
Multi	1	Cambodian			
Unknown		Hmong			
Other	6	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
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 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.
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.

**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 checked="" type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>						
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225.876		435,231	92%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

Projected Medi-Cal revenue is projected to decrease significantly.

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			35	
TAY			40	
Adults			170	
Older Adults			30	
Total			275	

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

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The 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.
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.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: Sutter-Yuba

No funding is being requested for this program.

Program Number/Name: 7/Integrated Full Service Partnership

Date: 12/28/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	77			
TAY	51			
Adults	36			
Older Adults	3			
Total	167			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	145	English		LGBTQ	
African American	8	Spanish		Veteran	
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	1	Mandarin			
Hispanic		Tagalog			
Multi	8	Cambodian			
Unknown	4	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>C. Answer the following questions about this program.</b>
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.
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.
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.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>3,104,919</td> <td>3,889,792</td> <td>25%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	3,104,919	3,889,792	25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
3,104,919		3,889,792	25%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,							
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.							

Reduction in Medi-Cal Revenue and increase in operating costs.

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	75		35	
TAY	50		40	
Adults	35		170	
Older Adults	3		30	
Total	163		275	

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

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

<b>B. Answer the following questions about this program.</b>
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.
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.
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.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.



**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

County: Sutter-Yuba

Program Number/Name: Community Prevention Team  
evaluation

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

Date: 12/28/11

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

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

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

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

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

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

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>1</sup>, 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"><li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li><li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li><li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li><li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li><li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li></ul>

<sup>1</sup> 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 type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>638516</td> <td>1,162,560</td> <td>82</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	638516	1,162,560	82		
FY 10/11 funding	FY 11/12 funding	Percent Change						
638516	1,162,560	82						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

**Projected Increase in annual operating costs.**

**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.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> <li>a. Names of the programs being consolidated</li> <li>b. The rationale for consolidation</li> <li>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)</li> </ul>

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

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

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

County: Sutter-Yuba \_\_\_\_\_

Program Number/Name: First Onset \_\_\_\_\_

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

Date: 12/28/11 \_\_\_\_\_

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

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

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

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

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

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

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>1</sup>, 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"><li>a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program</li><li>b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken</li><li>c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants</li><li>d) Specific program strategies implemented to ensure appropriateness for diverse participants</li><li>e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes</li></ul>

<sup>1</sup> 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 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;">93,787</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">-100</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	93,787	0	-100		
FY 10/11 funding	FY 11/12 funding	Percent Change						
93,787	0	-100						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, <b>or</b> ,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

**First onset has no personnel costs and is a funding source for people with first onset of mental illness**

**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.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> <li>a. Names of the programs being consolidated</li> <li>b. The rationale for consolidation</li> <li>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)</li> </ul>

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

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



County: Sutter-Yuba

Date: 12/28/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2011/12 Component Allocations</b>						
1. Published Component Allocation	\$3,714,000			\$713,700	\$232,900	
2. Transfer from FY 11/12 <sup>a/</sup>						
3. Adjusted Component Allocation	\$3,714,000					
<b>B. FY 2011/12 Funding Request</b>						
1. Requested Funding in FY 2011/12	\$5,145,775			\$1,162,560		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$77,157			\$665,069		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)						
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$77,157	\$0		\$665,069	\$0	
<b>4. Total FY 2011/12 Funding Request</b>	<b>\$5,068,618</b>	<b>\$0</b>	<b>\$0</b>	<b>\$497,491</b>	<b>\$0</b>	
<b>C. Funds Requested for FY 2011/12</b>						
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 <sup>b/</sup>						
5. Unapproved FY 10/11 Component Allocations <sup>b/</sup>	\$3,714,000			\$713,700		
6. Unapproved FY 11/12 Component Allocations <sup>b/</sup>						
<b>Sub-total</b>	<b>\$3,714,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$713,700</b>	<b>\$0</b>	
7. Access Local Prudent Reserve						
<b>8. FY 2011/12 Total Allocation<sup>c/</sup></b>	<b>\$3,714,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$713,700</b>	<b>\$0</b>	

**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.

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

<sup>b/</sup>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.

<sup>c/</sup> Must equal line B.4. for each component.

CSS FUNDING REQUEST

County: Sutter-Yuba

Date: 12/28/2011

CSS Programs		FY 11/12 Requested MHPA Funding	Estimated MHPA Funds by Service Category				Estimated MHPA Funds by Age Group			
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHPA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
<b>Previously Approved Programs</b>										
1.	Urgent Services	\$720,503	\$36,025	\$684,478						
2.	Older Adult Services	\$42,331	\$4,233			\$38,098				
3.	Ethnic Outreach	\$435,231	\$87,046	\$217,616	\$130,569		\$108,808	\$108,808	\$108,808	\$108,808
4.	Integrated Full Service Partnership	\$3,889,792	\$3,889,792							
5.		\$0								
6.		\$0								
7.		\$0								
8.		\$0								
9.		\$0								
10.		\$0								
11.		\$0								
12.		\$0								
13.		\$0								
14.		\$0								
15.		\$0								
16.	Subtotal: Programs <sup>a/</sup>	\$5,087,857	\$4,017,096	\$902,093	\$168,667	\$0	\$108,808	\$108,808	\$108,808	\$108,808
17.	Plus up to 15% Indirect Administrative Costs	\$57,918								
18.	Plus up to 10% Operating Reserve									
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$5,145,775								
<b>New Programs/Revised Previously Approved Programs</b>										
1.		\$0								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.	Subtotal: Programs <sup>a/</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs									
8.	Plus up to 10% Operating Reserve									
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0								
10.	<b>Total MHPA Funds Requested for CSS</b>	<b>\$5,145,775</b>								

Percentage 1%  
#VALUE!

Percentage  
#VALUE!  
#VALUE!

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

79.00%

**Additional funding sources for FSP requirement:**

County must provide the majority of MHPA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at [http://www.dmh.ca.gov/Prop\\_63/MHPA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHPA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf)

**CSS Majority of Funding to FSPs**

**Other Funding Sources**

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
<b>Total Mental Health Expenditures:</b>	#####	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,017,096	79%

PEI FUNDING REQUEST

County: Sutter-Yuba

Date: 12/28/2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>									
1.	Community Prevention	\$1,162,560							
2.	First Onset	\$0							
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*	\$1,162,560	\$0	\$0	\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% Indirect Administrative Costs								
18.	Plus up to 10% Operating Reserve								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$1,162,560							
<b>New/Revised Previously Approved Programs</b>									
1.		\$0							
2.		\$0							
3.		\$0							
4.		\$0							
5.		\$0							
6.	Subtotal: Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0							
10.	<b>Total MHSA Funds Requested for PEI</b>	\$1,162,560							

Percentage

#VALUE!

#VALUE!

Percentage

#VALUE!

#VALUE!

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

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

CFTN FUNDING REQUEST

County Sutter-Yuba

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project		
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs		
1.	Capital Facilities	E	0	\$197,550			
2.	Technology Needs	E	0		\$1,567,750		
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.						Percentage	
26.	Subtotal: Work Plans/Projects			\$0	\$197,550	\$1,567,750	
27.	Plus up to 15% Indirect Administrative Costs						#VALUE!
28.	Plus up to 10% Operating Reserve						#VALUE!
29.	Total MHSA Funds Requested			\$0			