

COUNTY CERTIFICATION

County: El Dorado

County Mental Health Director	Project Lead
Name: Neda West	Name: Sophie Cabrera
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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 update was circulated for 30 days to stakeholders for review and comment. 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.¹

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.

Neda West
Mental Health Director/Designee (PRINT)

Signature Date

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

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

County: El DoradoDate: 04/22/2011

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

CSS, WET and PEI
1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges. ☒ Please check box if PEI component not implemented in FY 08/09. MHSA WET Program – as expected, key differences, and major challenges Our plan was approved mid fiscal year (08/09). During the fiscal year a Reduction in workforce (RIF) resulted in a 29% decrease in permanent staff allocations and many extra help positions. The reduction in workforce has had continued impact on the progress of our Workforce, Education and Training (WET) strategies. However, the findings of our workforce assessment needs remain relevant. Challenges continue in the area of psychiatrist recruitment and sufficient on-site Spanish language capacity. While MHSA funding and programming has resulted in some progress, the meaningful participation of consumers and family members remains and important growth area. An area where progress has been made - the use of registered and licensed clinicians for the assessment of clients is now universal. During the 08/09 year of significant transition, a full time WET coordinator was assigned. While the coordinator position was later reduced to a .5 position, a MHSA program manager was assigned to provide additional support for management and coordination of the WET program. Research regarding the e-learning options has been completed and contracts have been developed to establish the program; the Social and Independent Living Skills (SILS) training modules have been established. SILS training classes have been attended by MHS staff, consumers and family members. Classes have been co-facilitated by staff and consumers. We are working to bring a new training program- Psychiatric Rehabilitation Training Technology – from Boston University. Research into the training technology has been completed and tools are being purchased and will be made available staff. This training will address two of the identified priority workforce education needs: Career Pathway to "grow our own" and Community Capacity Building. El Dorado County continues its supports of WET program #3 (Career Pathways to "Grow our Own") through our continued participation in the Central Regional Collaborative, Rural Mental Health MSW Weekend Program at California State University, Sacramento. We transitioned the Friendly Visitors program to WET program #5 (Workforce Development through use of a Volunteer Program) which addresses a need to develop and strengthen a career pathway. The plan provides an opportunity for consumers and community members to serve the community and provides training for those individuals who wish to pursue a career in public mental health. While we have made intermittent progress in addressing the strategies in psychiatry and Spanish language capacity, challenges continue due to the fiscally restrictive environment which inhibits efforts to recruit and sustain a full-time workforce in combination with significant mental health professional strategies.
2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. Racial and Ethnic Group Service Disparities Highlights • Of the youth served in the Wraparound programs, 43% were Latino • 42% of the MHSA clients served were non-Caucasian (compared to 9% of the overall county population) • 22% of the MHSA clients served were primary language, Spanish speaking (compared to 10% of the County population for whom the language spoken at home is other than English). • The Health Disparities Program served 28% of the total number of clients served in the Specialty Mental Health Program. • The Wennem Wadati program contract (targeting Native Americans) was executed in 10/11 which will increase access to the County's Native American Population.

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

Note: El Dorado County has only one threshold language - which is Spanish

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 (0-17)	52		Workforce Staff Support	
Transition Age Youth (16-25)	72		Training/Technical Assist.	108
Adult (18-59)	548		MH Career Pathway	77
Older Adult (60+)	80		Residency & Internship	0
Race/Ethnicity			Financial Incentive	3
White	398	57%	[] WET not implemented in FY 08/09	
African American	7	1%		
Asian	6	0.9%		
Pacific Islander	6	0.9%		
Native American	88	13%		
Hispanic	188	27%		
Multi				
Other				
Unknown	2	0.3%		
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
English	539	77%		
Spanish	155	22%		
Vietnamese				
Cantonese				
Mandarin				
Tagalog	1	0.1%		
Cambodian				
Hmong				
Russian				
Farsi				
Arabic				
Other				

PEI

4. Please provide the following information for each PEI Project in short narrative fashion:

- 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).

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS
☐ WET
☒ PEI
☐ INN

Program Number/Name: #1/Early Intervention Program for YouthDate: 04/22/2011

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	☐	☐	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?	☐	☐	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	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. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated, 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 c) Provide the rationale for consolidation.									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention		
No.	Question	Yes No
1.	Is this an existing program with no changes?	X ☐ ☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐ ☐
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐ ☐
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐ ☐
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:	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?	☐ ☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐ ☐
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐
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	☐ ☐
2.	Is there a change in the essential purpose?	☐ ☐
3.	Is there a change to the learning goals?	☐ ☐
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐ ☐
		If yes, complete Exh. E5; If no, answer question #2 If yes, complete Exh. F5; If no, answer question #3 If yes, complete Exh. F5; If no, answer question #4 If yes, complete Exh. F5; If no, complete Exh. E5

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS
☐ WET
☒ PEI
☐ INN

Program Number/Name: #3/ Incredible YearsDate: 04/22/2011

CSS and WET			
Previously Approved			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	☐	☐
2.	Is there a change in the service population to be served?	☐	☐
3.	Is there a change in services?	☐	☐
4.	Is there a change in funding amount for the existing program?	☐	☐
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐
		FY 09/10 funding	FY 10/11 funding
			Percent Change
5.	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. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.		
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	☐	☐
2.	Will all populations of existing program continue to be served?	☐	☐
3.	Will all services from existing program continue to be offered?	☐	☐
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. 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 c) Provide the rationale for consolidation.		

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention		
No.	Question	Yes No
1.	Is this an existing program with no changes?	X ☐ ☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐ ☐
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐ ☐
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐ ☐
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:	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?	☐ ☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐ ☐
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐
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	☐ ☐
2.	Is there a change in the essential purpose?	☐ ☐
3.	Is there a change to the learning goals?	☐ ☐
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐ ☐
		If yes, complete Exh. E5: If no, answer question #2 If yes, complete Exh. F5: If no, answer question #3 If yes, complete Exh. F5: If no, answer question #4 If yes, complete Exh. F5: If no, complete Exh. E5

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS
☐ WET
☒ X PEI
☐ INN

Program Number/Name: #4/Community Education ProjectDate: 04/22/2011

Previously Approved					CSS and WET		
No.	Question	Yes	No				
1.	Is this an existing program with no changes?	☐	☐		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?	☐	☐		If yes, complete Exh. F1; If no, answer question #3		
3.	Is there a change in services?	☐	☐		If yes, complete Exh. F1; If no, answer question #4		
4.	Is there a change in funding amount for the existing program?	☐	☐		If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly		
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐		If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.		
					FY 09/10 funding	FY 10/11 funding	
						Percent Change	
5.	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. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.						
Existing Programs to be Consolidated							
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?	☐	☐		If yes, answer question #2; If no, answer questions for existing program above		
2.	Will all populations of existing program continue to be served?	☐	☐		If yes, answer question #3; If no, complete Exh. F1		
3.	Will all services from existing program continue to be offered?	☐	☐		If yes, answer question #4 If no, complete Exh. F1		
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐		If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1		
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, 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 c) Provide the rationale for consolidation.						

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	X	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐	☐
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐
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:	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?	☐	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐
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	☐ ☐
2.	Is there a change in the essential purpose?	☐ ☐
3.	Is there a change to the learning goals?	☐ ☐
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐ ☐
		If yes, complete Exh. E5: If no, answer question #2 If yes, complete Exh. F5: If no, answer question #3 If yes, complete Exh. F5: If no, answer question #4 If yes, complete Exh. F5: If no, complete Exh. E5

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS
☐ WET
☒ PEI
☐ INN
Program Number/Name: #6/Wellness Outreach ProgramDate: 04/22/2011

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	☐	☐	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?	☐	☐	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐	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.	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. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated, 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 c) Provide the rationale for consolidation.									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	X	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐	☐
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐
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		
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:		
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	☐	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐
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PREVIOUSLY APPROVED PROGRAM

Innovation			
No.	Question	Yes	No
1.	Is this an existing program with no changes	☐	☐ If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	☐	☐ If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	☐	☐ If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐	☐ If yes, complete Exh. F5; If no, complete Exh. E5

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS
☐ WET
☒ X PEI
☐ INN
Program Number/Name: #7/ Health Disparities InitiativeDate: 04/22/2011

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	☐	☐	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?	☐	☐	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐	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								
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Existing Programs to be Consolidated										
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2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
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PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	X	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐	☐
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐
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:	Prevention	
Total Individuals:		Early Intervention	
Total Families:			
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	☐	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐
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	☐ ☐
2.	Is there a change in the essential purpose?	☐ ☐
3.	Is there a change to the learning goals?	☐ ☐
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐ ☐
		If yes, complete Exh. E5; If no, answer question #2
		If yes, complete Exh. F5; If no, answer question #3
		If yes, complete Exh. F5; If no, answer question #4
		If yes, complete Exh. F5; If no, complete Exh. E5

FY 2010/11

PEI BUDGET SUMMARY

EXHIBIT E4

County: El Dorado

Date: 4/22/2011

PEI Programs		FY 10/11 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	
Previously Approved Programs										
1.	1 Early Intervention Program for Youth		\$47,900		\$47,900	\$19,125	\$16,000	\$8,500	\$4,275	
2.	3 Incredible Years		\$20,500	\$20,500		\$14,500		\$4,000	\$1,500	
3.	4 Community Education Project		\$10,250	\$10,250		\$2,550	\$2,550	\$2,600	\$2,550	
4.	6 Wellness Outreach Program		\$30,000	\$25,000	\$5,000	\$7,500	\$7,500	\$7,500	\$7,500	
5.	7 Health Disparities Initiative		\$74,400	\$37,200	\$37,200	\$18,600	\$18,600	\$18,600	\$18,600	
6.										
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs*		\$183,050	\$92,950	\$90,100	\$62,275	\$44,650	\$41,200	\$34,425	Percentage
17.	17. Plus up to 15% County Administration		\$27,457							15%
18.	18. Plus up to 10% Operating Reserve		\$20,752							9.9%
	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$231,259							
New Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	7. Plus up to 15% County Administration									#VALUE!
8.	8. Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0							
10.	Total MHSA Funds Requested for PEI		\$231,259							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 58%

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.

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS
☒ WET
☐ PEI
☐ INN
Program Number/Name: 2/Workforce DevelopmentDate: 04/22/2011

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	X	☐	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?	☐	☐	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	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. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached. Annual objectives include: establishment of a contract to provide e-learning opportunities for MHD clinic staff and the community, 2) implementation of at least one staff development and one capacity building training 3) collaboration with the Ethnic Services Coordinator and at least one cultural competence training. El Dorado has implemented these strategies and will continue with staff development and capacity buildings trainings.									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated. 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 c) Provide the rationale for consolidation.									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	☐	☐ 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?	☐	☐ If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐	☐ 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?	☐	☐ 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:		
Total Individuals:		Total Families:	
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	☐	☐ 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?	☐	☐ If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐ 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	☐ ☐
2.	Is there a change in the essential purpose?	☐ ☐
3.	Is there a change to the learning goals?	☐ ☐
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐ ☐
		If yes, complete Exh. E5; If no, answer question #2 If yes, complete Exh. F5; If no, answer question #3 If yes, complete Exh. F5; If no, answer question #4 If yes, complete Exh. F5; If no, complete Exh. E5

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS☒ X WET☐ PEI☐ INNProgram Number/Name: 3) Workforce Development through Psychiatric Rehabilitation TrainingDate: 04/22/2011

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	X	☐	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?	☐	☐	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	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. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
Annual objectives include: 1) Consultation with Center for Psychiatric Rehabilitation and utilization of professional services and training 2) Purchase of training materials 3) review and continued development of training plans.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, 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 c) Provide the rationale for consolidation.									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	☐	☐ 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?	☐	☐ If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐	☐ 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?	☐	☐ 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:	Prevention	
Total Individuals:		Early Intervention	
Total Families:			
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	☐	☐ 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?	☐	☐ If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐ 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	☐	☐
2.	Is there a change in the essential purpose?	☐	☐
3.	Is there a change to the learning goals?	☐	☐
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐	☐

PREVIOUSLY APPROVED PROGRAM

County: El Dorado

Select one:

☐ CSS☒ WET☐ PEI☐ INNProgram Number/Name: 5Workforce Development Through the Use of a Volunteer ProgramDate: 04/22/2011

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	X	☐	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?	☐	☐	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <tr> <td>FY 09/10 funding</td> <td>FY 10/11 funding</td> <td>Percent Change</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	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. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
Annual objectives include: 1) Recruit, orient and train volunteers to support the Clubhouse and other community programs 2) Provide appreciation events which incorporates information regarding career and training opportunities in the Behavioral Health care field.										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount $\pm 15\%$ of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, 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 c) Provide the rationale for consolidation.									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	☐	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Is the current funding requested greater than 15% of the previously approved amount?	☐	☐
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐
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		
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Families:		
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	☐	☐
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐	☐
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	☐ ☐
2.	Is there a change in the essential purpose?	☐ ☐
3.	Is there a change to the learning goals?	☐ ☐
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	☐ ☐

If yes, complete Exh. E5; If no, answer question #2

If yes, complete Exh. F5; If no, answer question #3

If yes, complete Exh. F5; If no, answer question #4

If yes, complete Exh. F5; If no, complete Exh. E5

WET BUDGET SUMMARY

County: El Dorado

Date: 4/22/2011

Workforce Education and Training		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Category				
	No.	Name	Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs							
1.	2	Workforce Development		\$4,140			
2.	3	Workforce Development thru Psychiatric Rehab Training		\$4,767	\$4,767		
3.	5	Workforce Development thru use of a Volunteer Prog.		\$11,445	\$11,445		
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: Previously Approved Programs		\$20,352		\$16,212	\$0	\$0
17.	Plus up to 15% County Administration		\$3,301				
18.	Plus up to 10% Operating Reserve		\$2,365				
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$26,018				
New Programs							
1.							
2.			\$0				
3.			\$0				
4.			\$0				
5.			\$0				
6.	Subtotal: WET New Programs		\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration						
8.	Plus up to 10% Operating Reserve						
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0				
10.	Total MHSA Funds Requested		\$26,018				

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