San Luis Obispo County
Mental Health Services Act

Annual Update to the Three -Year Program and Expenditure Plan Fiscal Year 2010-2011

Submitted for Public Review
April 19, 2010

Submitted to CA Department of Mental Health
May 26, 2010

Revised
June 22, 2010

San Luis Obispo County
Behavioral Health
Department
2180 Johnson Ave.
San Luis Obispo, CA 93401

COUNTY OF SAN LUIS OBISPO
Behavioral Health Department
MENTAL HEALTH SERVICES ACT

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San Luis Obispo County
Behavioral Health Department

Mental Health Services Act Annual Update FY 10/11

Executive Summary

The San Luis Obispo County Behavioral Health Department (SLOBHD) is pleased to submit the Mental Health Services Act (MHSA) Annual Update request for Fiscal Year 2010/11 funding in accordance with Department of Mental Health (DMH) Information Notices 09-20 and 10-01.

This update will report on the activities of the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) activities which occurred in 2008-2009, as well as request funding for the 2010-2011 programs. Several previously approved CSS and PEI projects will be detailed herein as "new" programs based on their current budget requests. No major changes in target populations or service provision are expected in any MHSA programs. Exhibits are contained as appropriate.

The following programs are considered "new" and are reported as such due to CSS budget increases or decreases beyond 15%; and PEI budget changes exceeding the 15%. Program budgets for SLO CSS – Work Plan 1 (Youth FSP) and SLO CSS -2 (TAY FSP) are reducing costs by just over 15% due to the elimination of the North Coast FSP team and the reduction of a Medical Manager and related psychiatrists costs. SLO CSS – 4 (Older Adult FSP) will reduce 28% of its cost with the elimination of a Geriatric Specialist, and the transfer of the North County Supervisor costs to SLO CSS -3 (Adult FSP). SLO CSS – 6 (Latino Services) has also been reduced by 19%, due to staffing reductions. All target populations and program service deliveries remain as planned.

SLO CSS – 7 (Crisis and Aftercare) will now include a Forensic Reentry Service (FRS) to better serve the needs for persons exiting from jail. Originally part of a Jail-based FSP, the FRS responds to the need for comprehensive follow up plans for clients returning to independent living, family or community settings.

PEI programs listed as "new" as per the Update guidelines are SLO PEI – 3 (Family Education, training & Support) which is increasing 37% due to the use of unspent funds from 08-09. SLO PEI – 4 (Early Care and Support for Underserved Populations) also increases (43%) due to the use of unspent funds from 08-09. All target populations and program services remain as planned.

Two previously approved CSS work plans will be consolidated. The work plan (SLO CSS – 8) which previously addressed Mentally Ill Probationers (MIPS) will be consolidated into CSS work plan 3, for Adult Full Service Partnerships (FSP). The consolidated program will envelop the Behavioral Health Treatment Court (BHTC) program and its probation staff. Exhibits are contained as appropriate. The previous CSS work plan, SLO CSS-9, Community Schools, will now become the eighth work plan and will be reported as SLO CSS – 8 in future correspondence.

The update will not include budget requests for the Workforce Education and Training (WET) and Capital Facilities & Technological Needs (CFTN) components as those funds have already been requested and received in full.

The update will not include requests for Innovation (INN) funds, as the County's Innovation Plan will be approved in July, after the Annual Update has been submitted.

The request for Training and Technical Assistance Funds from statewide Prevention and Early Intervention projects is included. The request include Fiscal Years 2010/11 and 2011/12 in accordance with DMH Information Notice 08-37.

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COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

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

Although the County did not eliminate any whole project, some positions and program pieces have been reduced, eliminated, consolidated or reassigned over the past year. All of these decisions were reviewed during MAC meetings and MHSA stakeholder group meetings. Community members were given the opportunity to ask questions and make recommendations to the County Administrator as well as MHSA project directors.

Local Review Process

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

The MHSA FY2010/11 ANNUAL UPDATE was circulated using the following methods:

- An electronic copy was posted on the County's MHSA website: http://www.slocounty.ca.gov/health/mentalhealthservices/mhsa.htm
- Paper copies were sent to San Luis Obispo County Public Library resource desks throughout the County
- Electronic notification was sent to all SLOBHD staff and provider locations with a link to the website announcing the posting of this Update
- Mental Health Services Act Advisory Committee, Mental Health Board members, and other stakeholders were sent notice informing them of the start of the 30-day review, and how to obtain a copy of the annual update.
- An informational meeting was held at the Mental Health Board meeting of April 21, 2010.
- A public hearing was conducted as part of the Mental Health Board meeting May 19, 2010.

The public was notified by:

- Public notice posted at each SLOBHD location directing citizens to the County Mental Health website to obtain the Update, or to the front desk reception at each location.
- Public Notices were also placed in the major daily newspaper, the San Luis Obispo Tribune. The notice included reference to county website and a phone number for requesting a copy of the annual update.

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.

No substantive comments or recommendations were made during the stakeholder review. No substantive changes were made to the Update after posting for its 30-day review.

COUNTY SUMMARY SHEET

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

County:	*San Luis Obispo*																					
			Exhibits																			
			A	**B**	**C**	**C1**	**D**	**D1***	**E**	**E1**	**E2**	**E3**	**E4**	**E5**	**F****	**F1****	**F2****	**F3****	**F4****	**F5****	**G*****	**H******
For each annual update/update:			☑	☑	☑	☑			☑													
Component	**Previously Approved**	**New**																				
☑ CSS	$3,442,362	$2,733,008				☑	☑	☐		☑					☑	☑					☐	☐
☑ WET	$	$				☐	☐	☐			☑				☐	☐						
☐ CF	$	$						☐				☑			☐		☑					
☑ TN	$	$294,950						☐				☑			☐			☑				
☑ PEI	$1,777,768	$653,571				☑	☑	☐					☑		☑				☑			
☐ INN	$	$					☐	☐						☐	☐					☐		
Total	$5,220,130	$3,681,529																				

Dates of 30-day public review comment period: 4-20-10 : 5-20-10	
Date of Public Hearing***: 5-20-10**	
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH: 5-22-10	

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

COUNTY CERTIFICATION

County: San Luis Obispo

County Mental Health Director	Project Lead
Name: Karen Baylor, Ph.D., LMFT Telephone Number: (805) 781-4719 E-mail: kbaylor@co.slo.ca.us	Name: Frank Warren Telephone Number: (805) 788-2055 E-mail: fwarren@co.slo.ca.us
Mailing Address: San Luis Obispo County Behavioral Health Dept. 2180 Johnson Ave. San Luis Obispo, CA 93401	

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

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

The County 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.

Karen Baylor

_____ _____

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.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: San Luis Obispo

Date: 04/19/10

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

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

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.

San Luis Obispo County's MHSA Advisory Committee (MAC) is comprised of community stakeholders, including members of the advisory Mental Health Board, service partners, consumers, providers, and San Luis Obispo County Behavioral Health Department (SLOBHD) staff. This group has been in existence since planning for CSS began in 2004. The MAC and other stakeholders, met on August 25, 2009. The agenda included an overview of Community Services and Supports, a report of the Prevention and Early Intervention launch and Collaboration Conference scheduled for September, status report of Workforce Education and Training, Housing, Capital Facilities and Information Technology, and discussion regarding the launch of the Innovation Community Planning Process.

The main focus of this meeting was to outline the plans and progress of the 2009-2010 Update, and to discuss any changes and needs in preparation for the 2010-2011 Update. Critical changes in CSS funding amounts and the projections of allocations for future MHSA funds were discussed and members had the opportunity to ask questions and provide valuable input. The Behavioral Health Administrator provided an overview of the county's budget issues and an update on the state budget. In light of the fiscal challenges and the desire not to reduce or discontinue any services currently being provided the MHSA Division Manger presented the justification for developing efficiencies within programs and consolidating others. A review of the current operating status, progress and efficacy of the Work Plan, past CSS input data and community needs, and assessing what could gain the greatest impact to the most unserved - or underserved populations was presented by the MHSA Division Manager.

Since the August, 2009 MAC meeting, several meetings have been held with PEI, INN, WET and CSS stakeholder groups to develop the critical changes necessary for the 2010-2011 Update. Stakeholder concerns were expressed and discussed related to possible impacts of budget issues as well as future planning for sustainable levels of funding for CSS and PEI programs, and other developing MHSA components. Members of the MAC expressed uniform support for sustainability efforts and encouraged County staff to develop necessary changes to be reflected in the FY 2010-11 Annual Plan.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

The MAC is comprised of all MHSA required and recommended stakeholder groups. The Committee includes the following agencies/communities: consumers, family members, contract providers of public mental health services, representatives from diverse communities, law enforcement, probation, education, health care, social services, San Luis Obispo County Board of Supervisors, and SLOBHD staff.

2010/11 ANNUAL UPDATE **EXHIBIT C1**

IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES

County: San Luis Obispo

Date: 04/19/10

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.
[X] Please check box if PEI component not implemented in FY 08/09.

Implementation of CSS programs is generally proceeding as described in San Luis Obispo County Behavioral Health Department's (SLOBHD) approved plan. Specific indicators of progress include, but are not limited to, increased parent/family involvement, strengthened collaborative efforts with agency partners, development of new partnerships, increased offering of community-based services, improved access to underserved cultural populations, a more integrated service experience for consumers and family members, and increased peer support with de-stigmatizing wellness and recovery emphasis. The MHSA Full Service Partnership (FSP) program expanded to add additional teams for Transitional Aged Youth and Adults. Growing Grounds, a community-based employment development program provided by Transitions Mental Health Association (TMHA) was launched as part of the FSP in the 08/09 FY. An anecdotal example of CSS success is in the story of Susan, a 50 year old woman with a co-occurring disorder was repeatedly admitted to the San Luis Obispo County Psychiatric unit until she was enrolled in the FSP program. When asked what coping skills worked for her, Susan indicated that involvement in church brings her solace, but her struggle with obesity is a source of anxiety and frustration. The FSP team focused on all aspects of her recovery including spirituality, fitness, and employment. The FSP team worked with Susan on her resume, and for the first time in several years, she is now working. Not only does she now have rewarding employment, but she is actively engaged in church activities and committed to her physical health by establishing a work out plan. Susan reports that she fells more self sufficient, positive, and optimistic about her recovery.

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

SLOBHD has identified that mental health services are often out of reach for some racial, ethnic, cultural, and linguistic communities in our county. Outreach and service provision to meet the needs of these communities is a key priority for the Department and its partners. Through the process of developing MHSA planning and implementation, SLOBHD and its partners have made access and engagement key targets for improvement within those communities with mental health disparities. The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in various MHSA community stakeholder processes, is the under-representation of Latino individuals. This imbalance in service access is made even more dramatic considering the relatively high proportion of Latinos living in poverty with health and access problems associated with that status. The County has first, and foremost, sought to engage leaders of the Latino community along with consumers and family members in participating in MHSA planning activities. Meetings, focus groups, presentations, and conversations have been held throughout the local Latino community to give voice to the needs of many individuals detached from the mental health system by culture and language. Responses have included a greater priority on hiring practices which engage Latino professionals, as well as targeted outreach and clinical operations which provide culturally competent metal health services. The Latino Outreach program increased significantly in 2008/09, adding three additional therapists. Target for Latino Outreach and Engagement was 500 unduplicated contacts, and that goal was exceeded with the actual number of contacts being 1,253.

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

	CSS	PEI	WET	
Age Group	**# of individuals**	**# of individuals (for universal prevention, use estimated #)**	**Funding Category**	**# of individuals**
Child and Youth (0-17)	**393**		Workforce Staff Support	
Transition Age Youth (16-25)	**1901**		Training/Technical Assist.	
Adult (18-59)	**1548**		MH Career Pathway	
Older Adult (60+)	**231**		Residency & Internship	

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

Race/Ethnicity			Financial Incentive	
White	**2762**			
African American	**84**		[X] WET not implemented in FY 08/09	
Asian	**48**			
Pacific Islander				
Native American	**8**			
Hispanic	**1087**			
Multi	**64**			
Other	**20**			
Unknown				
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
English	**3074**			
Spanish	**835**			
Vietnamese				
Cantonese				
Mandarin				
Tagalog				
Cambodian				
Hmong				
Russian				
Farsi				
Arabic				
Other	**164**			

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).

San Luis Obispo County's PEI Plan was approved at the end of fiscal year 2008/09. Preliminary hiring, planning, and contract negotiations began immediately after the plan was approved. Of the few services conducted in the final quarter of FY2008/09 no data was collected in a manner which would inform this exhibit. Full services began in Fiscal year 2009/10.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

County: San Luis Obispo

Program Number/Name: Project #1 Children and Youth Full Service Partnership

Date: 04/19/10

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$571,082	$476,537	-16.6%

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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Luis Obispo

Program Number/Name: Project #2 Transitional Aged Youth Full Service Partnership

Date: 04/19/10

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$510,215	$419,631	-17.8%

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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Luis Obispo

Program Number/Name: Project 3 Adult FSP

Date: 04/19/10

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or 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, 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 ± 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.

a) Previously Approved programs to be consolidated: The original Adult FSP (SLO County CSS Workplan #3) has been combined with the Mentally Ill Probationer's Program (MIPPS) (originally SLO CSS Workplan #8); and that program's name was changed to Behavioral Health Treatment Court (BHTC).

b) Target Population: The Adult Full Service Partnership program provides an intensive team to engage adults (ages 18 to 59) with serious mental illness. Priority populations are male or female individuals of all races and ethnicities, at risk of entering an IMD or jail who may also be dually diagnosed with substance abuse, homeless, frequent users of emergency room or hospital services or in frequent contact with law enforcement, mental illness at risk of IMD placements or incarceration. The BHTC aspect of the program also targets those adults on probation, and who have had mental health treatment as part of their probation orders.

c) Rationale for Consolidation: The County, through its Community Planning Process has determined that the Adult FSP model was an appropriate match to serve

PREVIOUSLY APPROVED PROGRAM

the large number of adults on probation with a serious and persistent mental illness, on probation, and who have had mental health treatment as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective engagement or in meeting their needs. They often have a co-occurring disorder, are homeless and have had multiple incarcerations through the criminal justice system. With the success of the full service partnership model, the treatment modality was transformed into a BHTC.

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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Luis Obispo

Program Number/Name: Project #4 – Older Adult Full Service Partnership

Date: 04/19/10

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$392,414	$280,971	-28.4%

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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Luis Obispo

Program Number/Name: Project #5 – Client and Family Wellness Supports

Date: 04/19/10

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or 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, major milestones to be reached.

This work plan provides an array of services designed to facilitate and support wellness, recovery, and resiliency. Individuals using these services are men and women of all ages in the general SMI/SED population; and of all races and ethnicities who may be unserved or underserved by the system. Spanish speaking service providers employed through the contracted agencies, are available to assist in maintaining a continuity of care to participants in need. Interpreters for other languages are made available as needed. As appropriate, individuals and family members are able to access any of the following services through participation in one of the county CSS programs. The client-centered services are coordinated and integrated through individualized treatment plans which are wellness-focused, strength based and which support recovery, resiliency, and self-sufficiency. Individuals may utilize one or several of the components, dependent upon their concerns and goals.

- **Supportive employment and vocational training** is provided through employment readiness classes and job placement.
- **Client and family-run support**, mentoring and educational groups are conducted through the following programs overseen by a community-based organization: **Peer to Peer** is a 9-week experiential education course on recovery that is free to any person with a mental illness. It is taught by a team of 3 to 4 peer teachers who are experienced at living well with mental illness; **Family to Family** is a 12-week educational course for families of individuals with severe mental illness. It provides up to date information on the diseases, their causes and treatments, as well as help and coping tools for family members who are also caregivers. A team of 2 family members teach the class.
- The **People Empowering People** (PEP) Center is a consumer driven Wellness Center in the northern region of the county. Support groups and socialization activities as well as NAMI –sponsored educational activities are conducted here.
- **Client & Family Partners act as advocates**, to provide day-to-day, hands on assistance, link people to resources, provide support and help to "navigate the system." This strategy also includes a flexible fund that can be utilized for individual and family needs such as uncovered health care, food, short-term housing, transportation, education, and support services.
- **Caseload reduction therapists** have been established in the Adult outpatient clinics.
- **A Co-occurring disorders Specialist** provides an Integrated Dual Disorders Treatment program, developed by SAMHSA. The program endorses the "no wrong door" approach and ensures that every participant receives appropriate services regardless of how they enter the system. The Co-occurring Specialist provides intervention, intense treatment and education. Individualized case plans are specific to each client's needs.
- **Network of Care for Mental Health** is an online service that provides free access to a comprehensive service directory, updates on health, disease prevention treatment and well-being resources in an easy to access format.

PREVIOUSLY APPROVED PROGRAM

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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Luis Obispo

Program Number/Name: Project #6 – Latino Outreach and Engagement Program

Date: 04/19/10

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$375,575	$448,463	19.4%

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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Luis Obispo

Program Number/Name: Project #7 – Enhanced Crisis Response and Aftercare

Date: 04/19/10

Select one:
- ☒ CSS
- ☐ WET
- ☐ PEI
- ☐ INN

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or 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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Luis Obispo

Program Number/Name: Project #8 – Community School Mental Health Services

Date: 04/19/10

Select one:
☒ CSS
☐ WET
☐ PEI
☐ INN

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☒	☐	If yes, answer question #5 and complete Exh. E1or 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, major milestones to be reached.

This work plan was formerly SLO CSS – Work Plan 9.

The Behavioral Health Department and the County Office of Education have partnered with the community schools in the county to provide mental health services to seriously emotionally disturbed (SED) youth. SED youth and their families are engaged in services that enable them to stay in school. The program is designed to create a more efficient continuum of care and to assist the youth to remain in a less restrictive school setting. Many students at the community schools are unidentified, unserved or placed out-of-county because the school setting cannot accommodate their needs. A Mental Health Therapist is located at each school and provides individual, group and family therapy, life skill development, anger management and problem solving skills, crisis intervention and assists in stabilizing the student. The program functions as a fully integrated component of the school with the Mental Health Therapist partnering with teachers, aides, probation officers, the family and other appropriate community members to create a team that responds to the identified SED student's individual needs and desires. This program serves SED youth, both males and females, ages 12 to 18 that are not receiving 3632 or 26.5 (Individualized Education Plan – IEP) or other mental health services; are placed at community school for behavioral issues; and are or have been involved in the juvenile justice system. Services are delivered in a culturally competent manner and accommodations for language preference are made. These youth are at risk for dropping out of school, further justice system involvement, psychiatric hospitalizations and child welfare involvement.

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 ± 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,			

PREVIOUSLY APPROVED PROGRAM

	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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

County: San Luis Obispo

Program Number/Name: 1-Mental Health Awareness and Stigma Reduction

Date: 04/19/10

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount? ,	☐	☐	If yes, answer question #5 and complete Exh. E1or 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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

County: San Luis Obispo

Program Number/Name: 2-School-based Student Wellness

Date: 04/19/10

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount? ,	☐	☐	If yes, answer question #5 and complete Exh. E1or 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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

County: San Luis Obispo

Program Number/Name: 3-Family Education, Training and Support

Date: 04/19/10

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount? ,	☐	☐	If yes, answer question #5 and complete Exh. E1or 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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

County: San Luis Obispo

Program Number/Name: 4-Early Care and Support for Underserved Populations

Date: 04/19/10

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount? ,	☐	☐	If yes, answer question #5 and complete Exh. E1or 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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☐ CSS
- ☐ WET
- ☒ PEI
- ☐ INN

County: San Luis Obispo

Program Number/Name: 5-Integrated Community Wellness

Date: 04/19/10

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. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount? ,	☐	☐	If yes, answer question #5 and complete Exh. E1or 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, 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 ± 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 than15% 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:	**Universal Prevention**	**Selective/Indicated Prevention**	**Early Intervention**
	Total Individuals:			
	Total Families:			

Existing Programs to be Consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	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	☐	☐	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.	Are two existing programs being consolidated?	☐	☐	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	☐	☐	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE **EXHIBIT E**

MHSA SUMMARY FUNDING REQUEST

County: San Luis Obispo **Date:** 4/19/2010

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	$5,395,100			$1,411,600	$814,300	
2. Transfers	$294,950	$0	$294,950			$0
3. Adjusted Planning Estimates	$5,100,150					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	$6,175,370		$294,950	$2,431,339	$0	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds[a/]						
c. Unexpended FY 2008/09 Funds	$1,479,901			$2,100,002		
d. Adjustment for FY 2009/2010	$404,681			$1,080,263		
e. Total Net Available Unexpended Funds	$1,075,220	$0	$0	$1,019,739	$0	
4. Total FY 2010/11 Funding Request	**$5,100,150**	**$0**	**$294,950**	**$1,411,600**	**$0**	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates[a/]						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates	**$2,842,998**			$1,032,146		
Sub-total	**$2,842,998**	**$0**		**$1,032,146**	**$0**	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates[a/]						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates	$2,257,152			$379,454		
Sub-total	$2,257,152	$0	$0	$379,454	$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation[b/]	**$5,100,150**	**$0**	**$294,950**	**$1,411,600**	**$0**	

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

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

FY 2010/11

EXHIBIT E1

CSS BUDGET SUMMARY

County: San Luis Obispo

Date: 4/19/2010

	CSS Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs										
1.	5	Client Family Wellness and Recovery	$878,483		$878,483			$219,621	$219,621	$219,621	$219,621	
2.	3	Adult Full Service Partnership	$1,742,665	$1,742,665						$1,742,665		
3.	8	Community School Mental Health Services (formerly No. 9)	$295,578		$295,578			$0	$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 [a/]		$2,916,726	$1,742,665	$1,174,061	$0	$0	$219,621	$219,621	$1,962,286	$219,621	Percentage
17.	Plus up to 15% County Administration		$212,694									7%
18.	Plus up to 10% Operating Reserve		$312,942									10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$3,442,362									
		New Programs										
1.	1	Children's Full Service Partnership	$476,537	$476,537				$476,537				
2.	2	Transitional Age Youth Full Service Partnership	$419,631	$419,631					$419,631			
3.	4	Older Adult Full Service Partnership	$280,971	$280,971							$280,971	
4.	6	Latino Outreach and Therapy Services	$448,463		$448,463			$112,115	$112,116	$112,116	$112,116	
5.	7	Enhanced Crisis Response and Aftercare	$690,086		$690,086			$172,521	$172,522	$172,522	$172,521	
6.	Subtotal: Programs [a/]		$2,315,688	$1,177,139	$1,138,549	$0	$0	$761,173	$704,269	$284,638	$565,608	Percentage
7.	Plus up to 15% County Administration		$168,865									7.3%
8.	Plus up to 10% Operating Reserve		$248,455									10.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		$2,733,008									
10.	**Total MHSA Funds Requested for CSS**		$6,175,370									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 55.80%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA 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/ MHSA/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 %
Total Mental Health Expenditures:	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	56%

County: San Luis Obispo

Date: 4/19/2010

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.	1	WET Coordination	$0					
2.	2	Peer Advisory	$0					
3.	3	E-Learning	$0					
4.	4	Crisis Intervention Training	$0					
5.	5	Cultural Competency Training	$0					
6.	6	Co-Occurring Disorders Training	$0					
7.	7	Psychosocial Rehab Certification	$0					
8.	8	Internships	$0					
9.	9	Stipends and Scholarships	$0					
10.			$0					
11.			$0					
12.			$0					
13.			$0					
14.			$0					
15.			$0					
16.	Subtotal: Previously Approved Programs		$0	$0	$0	$0	$0	$0
17.	Plus up to 15% County Administration							
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$0					
New Programs								
1.			$0					
2.			$0					
3.			$0					
4.			$0					
5.			$0					
6.	Subtotal: WET New Programs		$0	$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**		$0					

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

2010/11 ANNUAL UPDATE **EXHIBIT E3**

CFTN BUDGET SUMMARY

County San Luis Obispo Date: 4/19/2010

	Capital Facilities and Technological Needs Work Plans/Projects			TOTAL FY 10/11 Required MHSA Funding	Type of Project		
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs	
1.	3	Electronic Health Record Project	E	$294,950		$294,950	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
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12.							
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16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							Percentage
26.	Subtotal: Work Plans/Projects			$294,950	$0	$294,950	
27.	Plus up to 15% County Administration						#VALUE!
28.	Plus up to 10% Operating Reserve						#VALUE!
29.	Total MHSA Funds Requested			$294,950			

FY 2010/11 **EXHIBIT E4**

PEI BUDGET SUMMARY

County: San Luis Obispo **Date:** 4/19/2010

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group				
	No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs											
1.	1	Mental Health Awareness and Stigma Reduction	$259,534	$259,534			$64,884	$64,884	$64,884	$64,884	
2.	2	School-based Student Wellness	$801,157	$480,694	$288,417	$32,046	$801,157				
3.	5	Integrated Community Wellness	$396,667	$99,167	$297,500		$99,167	$99,167	$99,167	$99,167	
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		$1,457,358	$839,395	$585,917	$32,046	$965,207	$164,050	$164,050	$164,050	Percentage
17.	Plus up to 15% County Administration		$158,794								11%
18.	Plus up to 10% Operating Reserve		$161,615								10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$1,777,768								
New Programs											
1.	3	Family Education, Training and Support	$130,000	$65,000	$65,000		$85,800		$44,200		
2.	4	Early Care and Support for Underserved Populations	$405,777	$121,733	$284,044		$40,578	$40,578	$40,578	$284,044	
3.			$0								
4.			$0								
5.			$0								
6.	Subtotal: Programs		$535,777	$186,733	$349,044	$0	$126,378	$40,578	$84,778	$284,044	Percentage
7.	Plus up to 15% County Administration		$58,379								10.9%
8.	Plus up to 10% Operating Reserve		$59,416								10.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		$653,571								
10.	**Total MHSA Funds Requested for PEI**		$2,431,339								

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.

County: San Luis Obispo Date: 4/19/2010

Program/Project Name and #: PEI 3-Family Education, Training and Suppor

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services-SLO CAP (Parent/Caregiver Coach - $95,000 & Parenting Program - $35,000)			$130,000	$130,000
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$130,000**	**$130,000**

County: San Luis Obispo Date: 4/19/2010

Program/Project Name and #: CSS 1-Children's Full Service Partnership

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports	$17,500			$17,500
2. General System Development Housing				$0
3. Personnel Expenditures	$534,082		$216,316	$750,398
4. Operating Expenditures	$88,062		$30,929	$118,991
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$639,644**	**$0**	**$247,245**	**$886,889**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: CSS 1-Children's Full Service Partnership

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	$170,965		$118,956	$289,921
b. State General Funds	$62,126		$58,305	$120,431
c. Other Revenue				$0
2. Total Revenues	**$233,091**	**$0**	**$177,261**	**$410,352**
C. TOTAL FUNDING REQUESTED	**$406,553**	**$0**	**$69,984**	**$476,537**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

Budget Narrative: CSS 1-Children's Full Service Partnership
Last Updated: 6-11-10

Expenditures

1. Personnel expenditures include the following positions:
    - 0.23 FTE Staff Psychiatrist
    - 0.25 FTE Medical Records Technician
    - 0.25 FTE Administrative Assistant III
    - 0.50 FTE Program Supervisor
    - 1.00 FTE Mental Health Therapist III
    - 2.00 FTE Mental Health Therapist IV
    - 0.25 FTE Medical Records Supervisor
    - 0.25 FTE Evaluator

Total Personnel Expenditures - *$534,082*

2. Operating expenditures include:
    - Travel - $15,492
    - General Office - $52,987
    - Rent/Utilities - $19,383
    - Medical Supplies - $200

Total Operating Expenditures - *$88,062*

3. Client support expenditures include clothing, food, hygiene, and transportation support for basic needs.

Total Client Support Expenditures *$17,500*

4. Contractor expenditures include:
    - Family Care Network for 2.50 FTE Personal Service Specialists to serve on Team - $167,245
    - Community Action Partnership of San Luis Obispo County for 1.00 FTE Personal Service Specialists to serve on the Arroyo Grande South County Team - $80,000

Total Contractor Expenditures *$247,245*

Total Expenditures $886,889

Revenue

1. Revenue includes:
    - Medi-Cal - $289,921
    - EPSDT - $120,431

Total Revenue $410,352

MHSA Funding Request **$476,537**

County: San Luis Obispo Date: 4/19/2010

Program/Project Name and #: CSS 2-Transitional Age Youth Full Service Partnership

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports	$8,750			$8,750
2. General System Development Housing				$0
3. Personnel Expenditures	$429,239		$209,742	$638,981
4. Operating Expenditures	$79,050		$70,417	$149,467
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$517,039**	**$0**	**$280,159**	**$797,198**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: CSS 2-Transitional Age Youth Full Service Partnership

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	$135,355		$132,022	$267,377
b. State General Funds	$44,361		$65,829	$110,190
c. Other Revenue				$0
2. Total Revenues	**$179,716**	**$0**	**$197,851**	**$377,567**
C. TOTAL FUNDING REQUESTED	**$337,323**	**$0**	**$82,308**	**$419,631**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

Budget Narrative: CSS 2-Transitional Age Youth Full Service Partnership
Last Updated: 6-21-10

Expenditures

1. Personnel expenditures include the following positions:
    - 0.23 FTE Staff Psychiatrist
    - 0.25 FTE Medical Records Technician
    - 0.25 FTE Administrative Assistant III
    - 0.50 FTE Program Supervisor
    - 2.00 FTE Mental Health Therapist III
    - 0.25 FTE Medical Records Supervisor
    - 0.30 FTE Drug and Alcohol Specialist III
    - 0.25 FTE Evaluator

Total Personnel Expenditures - *$429,239*

2. Operating expenditures include:
    - Travel - $13,498
    - General Office - $48,912
    - Rent/Utilities - $16,440
    - Medical Supplies - $200

Total Operating Expenditures - *$79,050*

3. Client support expenditures include clothing, food, hygiene, and transportation support for basic needs.

Total Client Support Expenditures *$8,750*

4. Contractor expenditures include:
    - Family Care Network for 2.50 FTE Personal Service Specialists to serve on Team and 0.33 FTE Social Worker/Case Manager for housing services - $229,245
    - Transitions Mental Health Association for a 1.00 FTE Recovery Support Leader to lead support classes and North County service center portion of rent - $50,914

Total Contractor Expenditures *$280,159*

Total Expenditures $797,198

Revenue

1. Revenue includes:
    - Medi-Cal - $267,377
    - EPSDT - $110,190

Total Revenue $377,567

MHSA Funding Request **$419,631**

County: San Luis Obispo Date: 4/19/2010

Program/Project Name and #: CSS 4-Older Adult Full Service Partnership

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports	$4,200			$4,200
2. General System Development Housing				$0
3. Personnel Expenditures	$221,445		$59,855	$281,300
4. Operating Expenditures	$38,788		$25,546	$64,334
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$264,433**	**$0**	**$85,401**	**$349,834**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: CSS 4-Older Adult Full Service Partnership

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	$38,394		$30,469	$68,863
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$38,394**	**$0**	**$30,469**	**$68,863**
C. TOTAL FUNDING REQUESTED	**$226,039**	**$0**	**$54,932**	**$280,971**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

Budget Narrative: CSS 4-Older Adult Full Service Partnership
Last Updated: 6-21-10

Expenditures

1. Personnel expenditures include the following positions:
    - 0.23 FTE Staff Psychiatrist
    - 0.25 FTE Administrative Assistant III
    - 1.00 FTE Mental Health Therapist III
    - 0.25 FTE Medical Records Supervisor
    - 0.15 FTE Drug and Alcohol Specialist III
    - 0.25 FTE Evaluator

Total Personnel Expenditures - *$221,445*

2. Operating expenditures include:
    - Travel - $7,111
    - General Office - $23,026
    - Rent/Utilities - $8,451
    - Medical Supplies - $200

Total Operating Expenditures - *$38,788*

3. Client support expenditures include clothing, food, hygiene, and transportation support for basic needs.

Total Client Support Expenditures *$4,200*

4. Contractor expenditures include:
    - Transitions Mental Health Association for a 1.00 FTE Personal Services Specialist to serve on Team and North County service center portion of rent - $85,401

Total Contractor Expenditures *$85,401*

Total Expenditures $349,834

Revenue

1. Revenue includes:
    - Medi-Cal - $68,863

Total Revenue $68,863

MHSA Funding Request **$280,971**

County: San Luis Obispo Date: 4/19/2010

Program/Project Name and #: CSS 6-Latino Outreach and Therapy Services

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures	$275,488		$135,200	$410,688
4. Operating Expenditures	$50,794			$50,794
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$326,282**	**$0**	**$135,200**	**$461,482**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: CSS 6-Latino Outreach and Therapy Services

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	$7,103		$2,943	$10,046
b. State General Funds	$2,102		$871	$2,973
c. Other Revenue				$0
2. Total Revenues	**$9,205**	**$0**	**$3,814**	**$13,019**
C. TOTAL FUNDING REQUESTED	**$317,077**	**$0**	**$131,386**	**$448,463**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

Budget Narrative: CSS 6-Latino Outreach and Therapy Services
Last Updated: 6-21-10

Expenditures

1. Personnel expenditures include the following positions:
   - 0.10 FTE Staff Psychiatrist
   - 1.00 FTE Mental Health Therapist III
   - 1.50 FTE Mental Health Therapist IV

Total Personnel Expenditures - *$275,488*

2. Operating expenditures include:
   - Travel - $9,050
   - General Office - $29,323
   - Rent/Utilities - $12,421

Total Operating Expenditures - *$50,794*

3. Client support expenditures include clothing, food, hygiene, and transportation support for basic needs.

Total Client Support Expenditures *$0*

4. Contractor expenditures include:
   - Dr. Silvia Ortiz Benzel to provide treatment and support services - $135,200

Total Contractor Expenditures *$135,200*

Total Expenditures $461,482

Revenue

1. Revenue includes:
   - Medi-Cal - $10,046
   - EPSDT - $2,973

Total Revenue $13,019

MHSA Funding Request **$448,463**

County: San Luis Obispo Date: 4/19/2010

Program/Project Name and #: CSS 7-Enhanced Crisis Response and Aftercare

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures	$413,924		$372,740	$786,664
4. Operating Expenditures	$75,931		$13,896	$89,827
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$489,855**	**$0**	**$386,636**	**$876,491**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: CSS 7-Enhanced Crisis Response and Aftercare

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	$90,941		$71,779	$162,720
b. State General Funds	$13,237		$10,448	$23,685
c. Other Revenue				$0
2. Total Revenues	**$104,178**	**$0**	**$82,227**	**$186,405**
C. TOTAL FUNDING REQUESTED	**$385,677**	**$0**	**$304,409**	**$690,086**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

Budget Narrative: CSS 7-Enhanced Crisis Response and Aftercare
Last Updated: 6-21-10

Expenditures

1. Personnel expenditures include the following positions:
   - 1.00 FTE Mental Health Therapist II
   - 2.00 FTE Mental Health Therapist III
   - 1.00 FTE Mental Health Therapist IV

Total Personnel Expenditures - *$413,924*

2. Operating expenditures include:
   - Travel - $13,204
   - General Office - $45,909
   - Rent/Utilities - $16,818

Total Operating Expenditures - *$75,931*

3. Client support expenditures include clothing, food, hygiene, and transportation support for basic needs.

Total Client Support Expenditures *$0*

4. Contractor expenditures include:
   - Sanford L. Friedlander, M.A., LPT, LMFT to provide mental health crisis intervention and follow-up services - $386,636

Total Contractor Expenditures *$386,636*

Total Expenditures $876,491

Revenue

1. Revenue includes:
   - Medi-Cal - $162,720
   - EPSDT - $23,685

Total Revenue $186,405

MHSA Funding Request **$690,086**

County: San Luis Obispo Date: 4/19/2010

Program/Project Name and #: PEI 3-Family Education, Training and Suppor

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services-SLO CAP (Parent/Caregiver Coach - $95,000 & Parenting Program - $35,000)			$130,000	$130,000
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$130,000**	**$130,000**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: PEI 3-Family Education, Training and Suppor

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$130,000**	**$130,000**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: PEI 4-Early Care and Support for Underserved Populations

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel	$96,119			$96,119
2. Operating Expenditures	$13,991			$13,991
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services (Wilshire-Older Adult MH Initiative - $170,000 & Cuesta College-Sucessful Launch Program - $125,667)			$295,667	$295,667
5. Other				$0
6. Total Proposed Expenditures	**$110,110**	**$0**	**$295,667**	**$405,777**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: PEI 4-Early Care and Support for Underserved Populations

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$110,110**	**$0**	**$295,667**	**$405,777**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

2010/11 ANNUAL UPDATE **EXHIBIT F1**

CSS and WET NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project #1 Children and Youth Full Service Partnership

Date: 04/19/10

Check boxes that apply:
☒ CSS ☐ New
☐ WET ☐ Consolidation
☐ Expansion
☒ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY	55			$8,664.00
Total	55			
Total Number of Clients to be Served (all service categories):			55	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

The Children and Youth Full Service Partnership (FSP) program is modeled and built upon the strengths and success of the current Children's System of Care (SOC) program and the SB163 Wrap-Around Program. Services for participants may include: individual and family therapy; rehabilitation services focusing on-activities for daily living, social skill development and vocational/job skills; case management; crisis services; and medication supports. The method of service delivery will be driven by the family's desired outcomes. The services are provided in the home, school, and in the community. The services are provided in a strength-based, culturally competent manner and in an integrated and coordinated fashion. The core team includes the child and family, a mental health therapist, and a personal services specialist. The team also includes a psychiatrist, and program supervisor. Additional team members will include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change. Coordinated discharge planning to a lower level of care is an important element with discharge planning beginning upon admission.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The priority issues for children and youth were identified as: inability to be in a regular school environment, involvement in the legal system/ jail, and out-of-home placement. The expected outcomes of this program are: reduce reliance on psychiatric hospitalization and out-of-home placements, increase school attendance and participation, and reduce arrests and incarceration.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

An integrated service partnership with the family will honor the family, instill hope and optimism, and achieve positive experiences in the home, in the school, and in the community. The Community Planning Process identified youth overall to be underserved, with one-half of the underserved population being Latino. This program will increase access, provide age specific, culturally competent needs for the participants, and increase community collaboration.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

The target populations are male and female children and youth (ages 0-17) of all races and ethnicities, with severe emotional disturbance/serious mental illness (SED/SMI) who are high end users of the Children's System of Care, youth at risk of out of home care, youth with multiple placements or are ineligible for SB163 Wrap Around because they are not wards or dependents of the court. Collaboration with Spanish speaking therapists from the Latino Outreach Program has been successful in providing mental health treatment to identified youth as needed. Interpreters will be available for those who speak other languages.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

San Luis Obispo County Behavioral Health Department (BHD) department employs approximately164 staff of which 109 are direct service providers for mental health services. BHD has been a long time leader in the Children System of Care and has initiated multi-agency partnerships for service delivery to youth. BHD has integrated service delivery via community collaborations. Because of its capacity and local leadership, San Luis Obispo County has consistently served

more children and youth than originally projected in the CSS plan.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

The Children and Youth Full Service Partnership (FSP) program is modeled and built upon the strengths and success of the current Children's System of Care (SOC) program and the SB163 Wrap-Around Program. Services for participants may include: individual and family therapy; rehabilitation services focusing on-activities for daily living, social skill development and vocational/job skills; case management; crisis services; and medication supports. The method of service delivery will be driven by the family's desired outcomes. The services are provided in the home, school, and in the community. The services are provided in a strength-based, culturally competent manner and in an integrated and coordinated fashion. The core team includes the child and family, a mental health therapist, and a personal services specialist. The team also includes a psychiatrist, and program supervisor. Additional team members will include appropriate agency personnel, other family members, friends, community supports (i.e. faith community) and others as desired by the family. Individualized services can change in intensity as the client and family change. Coordinated discharge planning to a lower level of care is an important element with discharge planning beginning upon admission.

The reduced program is due in part to the elimination of staffing which contributed to the FSP teams, including a Med Manager (1.0 FTE) and a Psychiatrist (.5 FTE). FSP teams will reconfigure and consolidate services to maintain programming. These eliminations were made to reflect a reduced budget, but overall services will not change and projected outcomes are still on target. No changes are expected for the target population or projected outputs.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

The reduced funding request for this program reflects the overall reduced revenue projected for 2010-2011 and future years. Staffing decisions were made to reflect this reduction while maintaining the integrity of each program and project.

All of these decisions were reviewed during MHSA Advisory Committee meetings and MHSA stakeholder group meetings. Community members were given the opportunity to ask questions and make recommendations to the County Administrator as well as MHSA project directors.

2010/11 ANNUAL UPDATE **EXHIBIT F1**

CSS and WET NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project #2 Transitional Aged Youth Full Service Partnership

Date: 04/19/10

Check boxes that apply:
☒ CSS ☐ New
☐ WET ☐ Consolidation
☐ Expansion
☒ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
TAY	20			$20,982.00
Total	20			
Total Number of Clients to be Served (all service categories):			20	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

Transitional Age Youth (TAY) FSP provides wrap-like services and includes 24/7 availability, intensive case management, housing and employment linkages and supports, independent living skill development and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and incarcerations while providing a bridge to individual self-sufficiency and independence. Each participant meets with the team to design their own personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, and financial and legal counseling. Each participant receives medication support, case management, crisis services, therapy, and psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered, culturally competent treatment and empowerment, and promotes optimism and recovery for the future. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The priority issues for TAY were identified as: substance abuse, inability to be in a regular school environment, involvement in the legal system/ jail, and inability to work, and homelessness. The expected outcomes of this program are: increased school attendance and participation, reduced arrests and incarceration, increased success in home, work and school, and reduced substance abuse.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

The Community Planning Process identified TAY's to be 62% underserved. The TAY FSP advances the goals of MHSA by expanding and increasing access to services that are age specific at this critical developmental stage. Each program participant meets with his or her team to design a personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, educational success, independent skill building, increased knowledge and understanding of community resources, financial and legal counseling, as well as traditional mental health services. The increased collaboration fosters self sufficiency, resiliency, and independent living.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

The Transitional Age Youth Full Service Partnership (TAY FSP) provides services for males and females (ages 16 to 21) of all race and ethnicities, with serious emotional disturbances/serious mental illness (SED/SMI) with a chronic history of psychiatric hospitalizations, law enforcement involvement, co-occurring disorders and/or foster youth with multiple placements or are aging out of the Children's System of Care. Collaboration with Spanish speaking therapists from the Latino Outreach Program is available to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be available for those who speak other languages.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

San Luis Obispo County Behavioral Health Department (BHD) department employs approximately 164 staff of which 109 are direct service providers for mental health services. BHD has initiated multi-agency partnerships for service delivery to

TAY. BHD has integrated service delivery via community collaborations. As a result, over 80% of mental health services provided in the county are delivered in non-clinic settings.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

The need for housing was identified as a high priority for two populations during the MHSA Community Services and Support (CSS) stakeholder process: transitional age youth and at-risk adults. Housing was seen as very important for Full Service Partnership teams to have available for their partners who were homeless or able to move from higher levels of care with the new intensive services. Funding was appropriated from CSS monies for individuals to share residence among houses rented by Family Care Network (FCN) in both Arroyo Grande and Atascadero, a nonprofit housing provider for clients of BHD. FCN sublets to BHD clients and provides management services for the rentals. FCN provides four residential housing beds/units for TAY, referred by SLOBHD. These transitional housing beds/units are designed to provide stable housing for no longer than two years.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

Transitional Age Youth (TAY) FSP provides wrap-like services and includes 24/7 availability, intensive case management, housing and employment linkages and supports, independent living skill development and specialized services for those with a co-occurring disorder. The goal is to decrease psychiatric hospitalization, homelessness and incarcerations while providing a bridge to individual self-sufficiency and independence. Each participant meets with the team to design their own personal service plan which may include goals and objectives that address improving family relationships, securing housing, job readiness, completion/continuation of education, vocational skill building, independent skill building, learning how to understand and use community resources, and financial and legal counseling. Each participant receives medication support, case management, crisis services, therapy, and psycho-education services in order to be able to make informed decisions regarding their own treatment. This facilitates client-centered, culturally competent treatment and empowerment, and promotes optimism and recovery for the future. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Additionally, the team includes a vocational specialist, co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs.

The reduced funding request for this program is based on the decision to eliminate an FSP team (includes 1.0 FTE) in the north coastal region of the county, coinciding with the closing of a Department clinic in the north county.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

Because of the size and geographic setting, the staffing reduction was projected to have the most minimal impact. This program reduction also coincides with the closing of a Department clinic in the same geographic area. Northern San Luis Obispo County has another Department clinic for staff and operations. The reduced funding request for this program reflects the overall reduced revenue projected for 2010-2011 and future years. Staffing decisions were made to reflect this reduction while maintaining the integrity of each program and project.

All of these decisions were reviewed during MHSA Advisory Committee meetings and MHSA stakeholder group meetings. Community members were given the opportunity to ask questions and make recommendations to the County Administrator as well as MHSA project directors.

CSS and WET NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project 3 Adult FSP

Date: 04/19/10

Check boxes that apply:
☒ CSS ☐ New
☐ WET ☒ Consolidation
☐ Expansion
☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
Adults	50			$34,853.00
Total	50			
Total Number of Clients to be Served (all service categories):			50	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

The Adult FSP program is based on the AB 2034 model and assertive community treatment approach to engage persons at risk. Outreach and engagement strategies will be used in a non-coercive way to offer intensive services to enable the individual to remain in the community. The overall goal of the program is to divert adults with serious and persistent mental illness from acute or long term institutionalization and instead, to succeed in the community with sufficient structure and support, consistent with the philosophy of the MHSA. The Adult FSP program provides the full range of services including assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication services, housing, and integrated vocational services. Participants can select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan and Wellness and Recovery Plan is developed with the participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Participants will have access to the core team 24/7. Additionally, the team includes a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available in this program to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be available for those who speak other languages.

In 2009-2010 the Mentally Ill Probationer's Program (MIPPS) program name (originally CSS Workplan 8) was changed to Behavioral Health Treatment Court (BHTC). This project serves adults, ages 18 to 60, with a serious and persistent mental illness, on probation, and who have had mental health treatment as part of their probation orders. These individuals have been previously underserved or inappropriately served because of lack of effective engagement or in meeting their needs. They often have a co-occurring disorder, are homeless and have had multiple incarcerations through the criminal justice system. With the success of the full service partnership model, the treatment modality was transformed into a BHTC. The Mental Health Therapist forms a dyad with a Personal Services Specialist to provide the services in the community, outside of clinic settings.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The priority adult populations determined by the CPP include those at-risk of involuntary institutionalization (jail, IMD placement), and include:

- High Utilizers of the system - chronic history of 5150, psychiatric hospitalizations, ER visits, law enforcement involvement.
- Dually diagnosed with substance abuse
- Homeless

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

To meet the General Standard of Cultural Competence built into each CSS program, a Spanish speaking therapist is available in this program to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be

available for those who speak other languages. The concepts of wellness and recovery are also key tenets of the County's FSP approach.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

The Adult Full Service Partnership program provides an intensive team to engage adults (ages 18 to 59) with serious mental illness. Priority populations are male or female individuals of all races and ethnicities, at risk of entering an IMD or jail who may also be dually diagnosed with substance abuse, homeless, frequent users of emergency room or hospital services or in frequent contact with law enforcement, mental illness at risk of IMD placements or incarceration. The BHTC aspect of the program also targets those adults on probation, and who have had mental health treatment as part of their probation orders.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

San Luis Obispo County Behavioral Health Department (BHD) department employs approximately164 staff of which 109 are direct service providers for mental health services. BHD has been a long time partner with Probation and other key agencies dealing with adults with SMI and has initiated multi-agency partnerships for service delivery to adults.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

Project #3: The Adult FSP program is based on the AB 2034 model and assertive community treatment approach to engage persons at risk. Outreach and engagement strategies will be used in a non-coercive way to offer intensive services to enable the individual to remain in the community. The overall goal of the program is to divert adults with serious and persistent mental illness from acute or long term institutionalization and instead, to succeed in the community with sufficient structure and support, consistent with the philosophy of the MHSA. The Adult FSP program provides the full range of services including assessment, individualized treatment planning, case management, integrated co-occurring treatment, medication services, housing, and integrated vocational services. Participants can select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan and Wellness and Recovery Plan is developed with the participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources. The core FSP team includes a Mental Health Therapist and a Personal Services Specialist. Participants will have access to the core team 24/7. Additionally, the team includes a co-occurring disorders specialist, psychiatrist, and program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available in this program to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters will be available for those who speak other languages.

Project #8, originally SLO CSS Work Plan #8, the Mentally Ill Probationer's Program (MIPPS). In 2009-2010 the name was changed to Behavioral Health Treatment Court (BHTC). This project serves adults, ages 18 to 60, with a serious and persistent mental illness, on probation, and who have had mental health treatment as part of their probation orders. These

individuals have been previously underserved or inappropriately served because of lack of effective engagement or in meeting their needs. They often have a co-occurring disorder, are homeless and have had multiple incarcerations through the criminal justice system. With the success of the full service partnership model, the treatment modality was transformed into a BHTC. The Mental Health Therapist forms a dyad with a Personal Services Specialist to provide the services in the community, outside of clinic settings.
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
In 2009-2010, Project #8 expanded and added one FTE Probation Officer and one Personal Services Specialist to the team to develop a Full Service Partnership team. Because these two projects shared the same strategy and served a very similar population, the county MHSA Advisory Committee (explained in Exhibit C) recommended consolidation for 2010-2011, to provide more effective organization and efficient, streamlined services.

2010/11 ANNUAL UPDATE **EXHIBIT F1**

CSS and WET NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project #4 – Older Adult Full Service Partnership

Date: 04/19/10

Check boxes that apply:
☒ CSS ☐ New
☐ WET ☐ Consolidation
☐ Expansion
☒ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
OA	12			$23,414.00
Total	12			
Total Number of Clients to be Served (all service categories):			12	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions to ensure that participants remain in the least restrictive setting possible through a range of services and supports based on each individual's needs. An intensive team provides outreach and engagement to OA who are at risk of inappropriate or premature out-of-home placement due to a serious mental illness and, in many instances, co-occurring medical conditions that impact their ability to remain in home/community environments. The OA FSP core team consists of a Mental Health Therapist, and a Personal Services Specialist, who are medically licensed to better link with health care services. As in all other FSP teams, participants have access to the core team 24/7. Additionally, the team includes a drug and alcohol specialist, psychiatrist, and a program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available through the Adult FSP program, to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters are available for those who speak other languages. Because the older adult population is currently underrepresented in the treatment system, the team has been focusing on a foundation for improved services to elders. This team is a presence in the older adult service community and has established relationships with a variety of providers including primary care, Department of Social Services, board and care, non-profit services agencies, day health care, recreational services, acute care facilities and families who take an active role in care giving. The Personal Services Specialist collaborates with other community providers to outreach into the senior community to identify elders at risk.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The priority issues for OA were identified as: isolation, homelessness, hospitalization, institutionalization, and substance abuse. The expected outcomes of this program are reduced hospitalizations and institutionalizations, decreased substance abuse, reduced isolation and homelessness.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

The Community Planning Process identified Older Adults to be 70% underserved. This OA FSP advances the goals of MHSA by expanding and increasing access to services that are age specific to OA. The services and supports are driven by recovery principles and encourage independence and meaningful activity utilizing natural supports for each participant. Participants are empowered to make their own decisions regarding treatment. Hope and optimism will be important concepts throughout the recovery process. The goal is for recovery and a better quality of life.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

Priority populations are those individuals, male and females, that are 60 years or older of all races and ethnicities who may be unserved or underserved by the current system, have high risk conditions such as co-occurring, medical or drug and alcohol issues, suicidal thoughts, suffer from isolation or homelessness, and are at risk of inappropriate or premature out-of-home placement. Transitional aged adults, ages 55 to 59 years, may also be served by this team if the service needs are likely to extend into older adulthood. The County will eliminate 1 FTE Geriatric Specialist in the 2010-2011 FY.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

CSS and WET NEW PROGRAM DESCRIPTION

San Luis Obispo County Behavioral Health Department (BHD) department employs approximately 164 staff of which 109 are direct service providers for mental health services. BHD has initiated multi-agency partnerships for service delivery to OAs. BHD has integrated service delivery via community collaborations. As a result, over 80% of mental health services provided in the county are delivered in non-clinic settings.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

The goal of the Older Adult Full Service Partnership (OA FSP) is to offer intensive interventions to ensure that participants remain in the least restrictive setting possible through a range of services and supports based on each individual's needs. An intensive team provides outreach and engagement to OA who are at risk of inappropriate or premature out-of-home placement due to a serious mental illness and, in many instances, co-occurring medical conditions that impact their ability to remain in home/community environments. The OA FSP core team consists of a Mental Health Therapist, and a Personal Services Specialist, who are medically licensed to better link with health care services. As in all other FSP teams, participants have access to the core team 24/7. Additionally, the team includes a drug and alcohol specialist, psychiatrist, and a program supervisor that serve participants in all of the FSP age group programs. A Spanish speaking therapist is available through the Adult FSP program, to assist in providing mental health treatment to this population as needed, and addresses the provision of services to the secondary language threshold identified in the County of San Luis Obispo. Interpreters are available for those who speak other languages. Because the older adult population is currently underrepresented in the treatment system, the team has been focusing on a foundation for improved services to elders. This team is a presence in the older adult service community and has established relationships with a variety of providers including primary care, Department of Social Services, board and care, non-profit services agencies, day health care, recreational services, acute care facilities and families who take an active role in care giving. The Personal Services Specialist collaborates with other community providers to outreach into the senior community to identify elders at risk.

The reduced program is due in part to the elimination of staffing which contributed to the FSP teams, including a Geriatric Specialist (1.0 FTE) and the previously reported Med Manager (1.0 FTE) and a Psychiatrist (.5 FTE). FSP teams will reconfigure and consolidate services to maintain programming. These eliminations were made to reflect a reduced budget, but overall services will not change and projected outcomes are still on target. No changes are expected for the target population or projected outputs.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

The reduced funding request for this program reflects the overall reduced revenue projected for 2010-2011 and future years. Staffing decisions were made to reflect this reduction while maintaining the integrity of each program and project.

All of these decisions were reviewed during MHSA Advisory Committee meetings and MHSA stakeholder group meetings. Community members were given the opportunity to ask questions and make recommendations to the County Administrator as well as MHSA project directors.

2010/11 ANNUAL UPDATE **EXHIBIT F1**

CSS and WET NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project #6 – Latino Outreach and Engagement Program

Date: 04/19/10

Check boxes that apply:
☒ CSS ☐ New
☐ WET ☐ Consolidation
☐ Expansion
☒ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY			44	$
TAY			76	$
Adults			48	$
OA			4	$
Total			172	
Total Number of Clients to be Served (all service categories):			172	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

The primary objective of the Latino Outreach and Engagement Program is for bilingual/bicultural therapists to provide culturally appropriate treatment services offered in community settings. Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY's and adults. The Latino Outreach Program has been successful in providing culturally sensitive services to the monolingual Spanish-speaking consumers in the County of San Luis Obispo. The program provides services to difficult-to-engage individuals and families. At all steps in the engagement process individuals are encouraged and supported in developing knowledge and a resource base to help adapt to living in among two cultures.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This program is serving the same target population, and utilizing the same strategies originally outlined in the Community Planning Process. The most dominant disparity in San Luis Obispo County, which cuts across all of the community issues identified in the public planning process, is the under representation of Latino individuals. Latinos are 18% of the total county population, but they represent a total of 28% of the poverty population. To further compound ethnic and cultural barriers, a high percentage of the prevalent unrepresented Latino population in our county reside in rural areas, thus exacerbating access, transportation, and information distribution difficulties associated with serving minority groups.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

Culturally appropriate services were developed and offered in collaborative community settings. Services are offered at schools, churches and other community gathering areas. The outreach efforts are coordinated with existing Latino interest groups, allies, and advocates that are trusted by the community. The individuals and families are encouraged and supported in developing a knowledge and resource base to help adapt to bicultural living; thus encouraging the development of coping skills to improve resiliency and recovery. Outreach services target all age groups in the Latino community.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

The targeted population is the unserved and underserved Latino community, particularly those in identified pockets of poverty in the north and south county areas, and rural residents. The ages of these male and female clients range from 0 to 60+ and are monolingual Spanish speaking or limited English speakers.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

San Luis Obispo County Behavioral Health Department (BHD) department employs approximately 164 staff of which 109 are direct service providers for mental health services. BHD has initiated multi-agency partnerships for service delivery to the Latino population. BHD has integrated service delivery via community collaborations. As a result, over 80% of mental health services provided in the county are delivered in non-clinic settings. Key policies and capacities include cultural competence, staff training and accountability, evaluation tools, and evidence based practices.

CSS and WET NEW PROGRAM DESCRIPTION

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.
N/A

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
The primary objective of the Latino Outreach and Engagement Program is for bilingual/bicultural therapists to provide culturally appropriate treatment services offered in community settings. Treatment services are offered at schools, churches, and other natural gathering areas, and efforts are made to build a bridge from the neighborhood into the clinic setting for additional services. Individual and group therapy is provided to children, TAY and adults. The Latino Outreach Program has been successful in providing culturally sensitive services to the monolingual Spanish-speaking consumers in the County of San Luis Obispo. The program provides services to difficult-to-engage individuals and families. At all steps in the engagement process individuals are encouraged and supported in developing knowledge and a resource base to help adapt to living in among two cultures. The expanded funding request for this program is based on the projected reduction in MediCal revenue. No service expansion or reduction is planned.
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
The reduced funding request for this program reflects the overall projected MediCal revenue loss for 2010-2011 and future years. Staffing decisions were made to reflect this reduction while maintaining the integrity of each program and project. All of these decisions were reviewed during MHSA Advisory Committee meetings and MHSA stakeholder group meetings. Community members were given the opportunity to ask questions and make recommendations to the County Administrator as well as MHSA project directors.

CSS and WET NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project #7 – Enhanced Crisis Response and Aftercare

Date: 04/19/10

Check boxes that apply:
☒ CSS ☐ New
☐ WET ☐ Consolidation
☐ Expansion
☒ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY			112	$
TAY			740	$
Adults			768	$
OA			124	$
Total			1,744	
Total Number of Clients to be Served (all service categories):			1,744	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

Two responders are available 24/7 to intervene when mental health crisis situations occur in the field and after clinic hours. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care. Interventions are client-oriented and asset-centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response will be supplemented with a next day follow-up visit or phone call to continue support and provide assistance in following through with referrals and appointments.

Aftercare Specialist: This specialist meets clients at discharge from inpatient hospitalization and work to insure that clients and families are familiar with coping and relapse prevention strategies, system and family supports and that a comprehensive follow up plan is in place for clients returning to independent living or family settings. The Aftercare Specialist assists clients in the necessary supports (transportation, housing, planning, and time management) to implement their plans, and assure that they do not "fall through the cracks." The Aftercare Specialist is a resource for family and support persons involved to make a successful transition from the hospital back into the community.

Crisis Mental Health Therapist: This therapist provides after hours crisis intervention services. This therapist coordinates with the Mobile Crisis Unit regarding community requests for on-site intervention, assists in communication with law enforcement, ER doctors, and other agencies. In addition this therapist provides crisis intervention services over the telephone to the entire county after business hours in order to successfully resolve the crisis in the community.

Forensic Reentry Services: This part of the work plan began in 09-10 and adds capacity for providing aftercare needs for persons exiting from jail. Originally part of a Jail-based FSP, this service better responds to the need for comprehensive follow up plans for clients returning to independent living, family or community settings.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

Enhanced crisis and response capacity was a top priority arising from stakeholder focus groups, surveys, public forums, interviews, and steering committee meetings. Stakeholder input helped develop the specific strategies to enhanced crisis capacity components, to improve the overall service system and to improve outcomes for individuals and support the clients' families.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

The enhanced crisis response and aftercare program will have the capacity for meeting the needs of bilingual/bicultural individuals, increase access to rural areas, and will make appropriate referrals to providers sensitive to sexual orientation and gender specific issues. All crisis workers will receive trainings in culture specific issues related to working with the Latino ethnic group, as well as receive training related to issues specific to sexual orientation and gender sensitivity. Collaborative, coordinated response, results in better communication between all parties involved. The enhanced crisis response program provides both increased access to emergency care, as well as preventing further exacerbation of mental illness. This results in fewer hospital and psychiatric inpatient admissions.

CSS and WET NEW PROGRAM DESCRIPTION

CSS Only
1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.
This program is available to all county residents, across all age, ethnic and language groups. Language needs are accommodated with Spanish speaking therapists or interpreters as necessary.
2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).
San Luis Obispo County Behavioral Health Department (BHD) department employs approximately 164 staff of which 109 are direct service providers for mental health services. BHD has initiated multi-agency partnerships for service delivery and has integrated service delivery via community collaborations. As a result, over 80% of mental health services provided in the county are delivered in non-clinic settings.
3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.
N/A

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
Two responders are available 24/7 to intervene when mental health crisis situations occur in the field and after clinic hours. Responders conduct in-home/in-the-field intervention and crisis stabilization with individuals, families, and support persons. Interventions keep individual safety in the forefront and prevent movement to higher levels of care. Interventions are client-oriented and asset-centered to maximize the ability of the individual to manage the crisis. Additionally, this immediate stabilization response will be supplemented with a next day follow-up visit or phone call to continue support and provide assistance in following through with referrals and appointments. **Aftercare Specialist**: This specialist meets clients at discharge from inpatient hospitalization and work to insure that clients and families are familiar with coping and relapse prevention strategies, system and family supports and that a comprehensive follow up plan is in place for clients returning to independent living or family settings. The Aftercare Specialist assists clients in the necessary supports (transportation, housing, planning, and time management) to implement their plans, and assure that they do not "fall through the cracks." The Aftercare Specialist is a resource for family and support persons involved to make a successful transition from the hospital back into the community. **Crisis Mental Health Therapist:** This therapist provides after hours crisis intervention services. This therapist coordinates with the Mobile Crisis Unit regarding community requests for on-site intervention, assists in communication with law enforcement, ER doctors, and other agencies. In addition this therapist provides crisis intervention services over the telephone to the entire county after business hours in order to successfully resolve the crisis in the community. In 2010-2011, the County is moving the operations of the following program from CSS Workplan #3 into this Workplan: **Forensic Reentry Services**: This part of the work plan began in 09-10 and adds capacity for providing aftercare needs for persons exiting from jail. Originally part of a Jail-based FSP, this service better responds to the need for comprehensive follow up plans for clients returning to independent living, family or community settings. The funding request for this program remains within the allowed ± 15%.

CSS and WET NEW PROGRAM DESCRIPTION

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
The consolidation of programs in this Workplan will streamline staff, supervision, and reporting. All of these decisions were reviewed during MHSA Advisory Committee meetings and MHSA stakeholder group meetings. Community members were given the opportunity to ask questions and make recommendations to the County Administrator as well as MHSA project directors.

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: CFTN 3-Electronic Health Record Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services	$294,950			$294,950
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$294,950**	**$0**	**$0**	**$294,950**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: San Luis Obispo

Date: 4/19/2010

Program/Project Name and #: CFTN 3-Electronic Health Record Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$294,950**	**$0**	**$0**	**$294,950**

***Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

Please include your budget narrative on a separate page.

Prepared by: Michael Taylor

Telephone Number: (805) 781-4783

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: SLO County

Project Number/Name: SL-03 Electronic Health Record

Date: 04/19/10

Select one:
☐ New
☒ Existing

TECHNOLOGICAL NEEDS NEW PROJECT
Check at least one box from each group that describes this MHSA Technological Needs project
☐ New system ☐ Increases the number of users of an existing system ☐ Extends the functionality of an existing system ☐ Supports goal of modernization/transformation ☐ Supports goal of client and family empowerment
Indicate the type of MHSA Technological Needs Project
Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf
☐ Infrastructure, security, and privacy ☐ Practice Management ☐ Clinical Data Management ☐ Computerized Provider Order Entry ☐ Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)
Client and family empowerment projects ☐ Client/Family access to computing resources projects ☐ Personal Health Record (PHR) system projects ☐ Online information resource projects (expansion/leveraging information-sharing services)
Other technological needs projects that support MHSA operations ☐ Telemedicine and other rural/underserved service access methods ☐ Pilot projects to monitor new programs and service outcome Improvement ☐ Data Warehousing projects/decision support ☐ Imaging/Paper conversion projects ☐ Other
Indicate the Technological Needs project implementation approach
☐ Custom application: Name of Consultant or Vendor (If applicable) _____ ☐ Commercial Off-The-Shelf (COTS) System: Name of Vendor _____ ☐ Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ ☐ Software Installation: Name of Vendor _____
Technological Needs New Project Description
1. Provide a summary of the TN Project:
2. Describe how this project is critical for accomplishing the County's and Department's MHSA goals and objectives.
3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

5. Attach a detailed project plan for this project.
Anticipated Start Date: [_____] Anticipated End Date: [_____]

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.

7. If this project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

	Needs Assessment and Vendor Selection
☐	Needs Assessment
☐	Vendor Selection Process

	Infrastructure
	An interoperable EHR requires a secure network structure for sharing information
☐	Infrastructure

	Practice Management (Web-Based Vendor)
	Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs.
☐	Electronic Registration
☐	Electronic Scheduling
☐	Billing Interface with State
☐	Billing Interface with Contract Providers

	Clinical Data Management (EHR "Lite" Clinical Notes and History)
	Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.
☐	Assessment and Treatment Plan
☐	Document Imaging
☐	Clinical Notes Module

	Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)
	Optimizing physician ordering of medications, laboratory tests with interactive decision support system.
☐	Lab - Internal
☐	Lab - External
☐	Pharmacy - Internal
☐	Pharmacy – External
☐	Lab and Pharmacy - Both

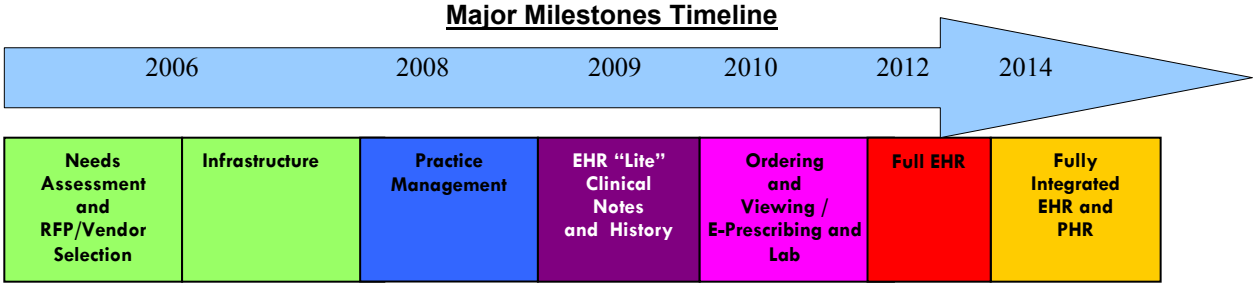
	Interoperability Components (Data Transfer - Connectivity and Language Standards)
	The ability of the system to transfer data outside the County clinic.
☐	Messaging – Data transfer between different systems with different data standards.
☐	Record Exchange – Data transfer between two systems that share a common structural design.
☐	Messaging and Record Exchange - Both

	Fully Integrated EHR and PHR
	Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system.
☐	Fully Integrated EHR and PHR

	Other
☐	Other:

9. If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:

Major Milestones Timeline



10. Assess the Project's risk rating using the following Project Risk Assessment.

Project Risk Assessment				
Category		**Factor**	**Rating**	**Score**
Estimated Cost of Project		Over $5 million	6	
		Over $3 million	4	
		Over $500,000	2	
		Under $500,000	1	
Project Manager Experience				
Like Projects completed in a "Key Staff" Role		None	3	
		One	2	
		Two or More	1	
Team Experience				
Like Projects Completed by at least 75% of Key Staff		None	3	
		One	2	
		Two or More	1	
Elements of Project Type				
Hardware	New Install	Local Desktop/Server	1	
		Distributed/Enterprise Server	3	
	Update/Upgrade	Local Desktop/Server	1	
		Distributed/Enterprise Server	2	
	Infrastructure	Local Network/Cabling	1	
		Distributed Network	2	
		Data Center/Network Operations Center	3	
Software	Custom Development		5	

*Commercial Off-The-Shelf Software		Over 20	2	
		Under 20	1	
	Architecture	Browser/Thin Client based	1	
		Two-Tier (Client / Server)	2	
		Multi-Tier (Client & Web, Database, Application, etc., Servers)	3	

Total Score	Project Risk Rating
☐ 25 - 31	High
☐ 16 - 24	Medium
☐ 8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer			
Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A			
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator			
Other Project Leads			
Subtotal B			
C. Technology Support Staff:			
Analysts, tech support, and quality assurance			
Education and training			
Clerical, secretary, and administrative assistants			
Other support staff (non-direct services)			
Subtotal C			
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)			

12. If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).

13. Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met? Yes [____] No [____]

TECHNOLOGICAL NEEDS EXISTING PROJECT

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

1. Provide a brief summary of the TN project and its current status:

The Electronic Health Record Technology Project (SL-03) not only replaces the legacy Insyst Administrative and Billing software but provides a fully integrated Electronic Health Record including Practice Management, Clinical Documentation, Computerized Physician Order Entry exchanges and a Personal Health Record.

This project was approved in June 2009. A contract with Anasazi Software, Inc. for software licensure and implementation services is expected to be executed in April 2010. This FY 2010-11 Update is requesting the second of three annual CSS transfers consistent with the original project's budget.

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

The original San Luis Obispo County Electronic Health Record (SL-03) project budget included two funding streams from MHSA:
Technological Needs = $2,849,200
CSS Annual Transfers = 3 years x $396,674 per year
Total MHSA funding from both sources = $4,039,222

In March 2009, as the County of San Luis Obispo prepared the FY 2009-10 MHSA Plan Update, the budget required for the Electronic Health Record Technology Project was revised downward by approximately $300k. Therefore, it was determined CSS transfers included in the project budget could be reduced from $396,674 to $294,950, annually. This FY 2010-11 MHSA Plan Update includes a CSS transfer of $294,950, the second of three CSS transfers required to fund this implementation project.

3. Why was the initial funding insufficient? Check all boxes that apply and provide an explanation of each

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

Explanation:

DMH has only approved and sent the County of San Luis Obispo $1.210 million of the total approved Electronic Health Record budget. A revised FY 2009-10 update was recently submitted to DMH asking for the remainder of the currently allocated MHSA CFTN funds available for the SL-03 Electronic Health Record project. The CFTN amount allocated to San Luis Obispo County through the FY 2009-10 MHSA Plan Update process for the SL-03 Electronic Health Record project is $3,144,150 ($2,849,200 + $294,950). This FY 2010-11 MHSA Plan Update request of $294,950 is for the second of three annual CSS transfers included in the revised Electronic Health Record budget of $3,734,050 ($2,849,200 + (3 x $294,950)).

4. How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

a. ☐ Hire additional staff or other personnel	g. ☐ Expand existing software
b. ☐ Acquire new contract services (vendors)	h. ☐ Acquire other materials
c. ☐ Expand existing contract scope of work	i. ☐ Training costs
d. ☐ Acquire new hardware (provide list below)	j. ☒ Other
e. ☐ Expand existing infrastructure	
f. ☐ Acquire new software (provide list below)	

Explanation:

Additional funding requested is consistent with the FY 2009-10 revised project budget and includes the second of three annual CSS transfer amounts of $294,950.

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

a. ☐ Project organization	j. ☐ Project phasing
b. ☐ Project management resources	k. ☐ Change management plan
c. ☐ Support resources	l. ☐ Risk management plan
d. ☐ Development and maintenance resources	m. ☐ Contract services costs
e. ☐ Quality assurance testing resources	n. ☐ Hardware costs
f. ☐ Project plan dates (schedule)	o. ☐ Software costs
g. ☐ Project scope	p. ☐ Personnel costs
h. ☐ Project roles and responsibilities	q. ☐ Other costs
i. ☐ Project monitoring and oversight	r. ☐ Training provisions
	s. ☒ None

Explanation:

Project remains unchanged from original approved project other than reduction in the required annual CSS transfer amounts.

6. Explain how the stakeholders were provided an opportunity to participate in the decision.

Stakeholder participation was detailed in original SL-03 Electronic Health Record project application.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

Janette D. Pell
Chief Information Officer (Print)

Janette D Pell 4-12-2010
Signature Date

Azam Ghaemian, PhD, MBA
HIPAA Privacy/Security Officer (Print) 4-19-2010

Signature Date

PEI NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project 3: Family Education Training and Support

Date: April 19, 2010

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☐	☐	☐	☐
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☐	☐	☐	☐
5. Suicide Risk	☒	☒	☒	☒

2. PEI Priority Population(s) **Note: All PEI programs must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

During the Community Program Planning Process it was reiterated that the true key to eliminating many of the risk factors associated with mental illness was to strengthen families through impacting parents.

The community ranked domestic violence, homelessness, school failure, suicide, prolonged suffering or trauma (including abuse), and removal of children from their homes within the top ten most important issues for PEI programs to address. All of the subject matter age-specific Workgroups and the Community Planning Team agreed that improving parenting behaviors and skills may prevent these issues in the first place, or reduce the impact of these stressors when they do occur.

3. PEI Program Description (attach additional pages, if necessary).

The Family Education, Training and Support Project is a multi-level approach to building the capacity of all county parents and other caregivers raising children. This includes parents and caregivers in "stressed families" living with or at high risk for mental illness, trauma, substance abuse and domestic violence; as well as those parents/caregivers who are doing well and wishing to maintain stability. This project will improve skills, and build capacity and resiliency in both parents and their children by utilizing the following programs: Coordination of Existing Parenting Programs; Parenting Training and Education; and Coaching to Parents and Caregivers.

3.1 Coordination of County's Existing Parenting Programs: This program provides an innovative service to the county by establishing a coordinated, proactive web-based, outreach-oriented parent resource center to disseminate information and referrals. A half time Education Coordinator position will be created to serve parents countywide in providing outreach, referrals, coordination, and promotion of the various parenting classes and resources offered.

3.2a Parent Educator/ Universal Parent Prevention Programs: One full time Parent Educator will be created to thoroughly meet the needs outlined in the PEI plan by providing both universal and selective prevention parenting programs, as well as leading a team of Coaches who shall provide Indicated services to those parents at high need or in crisis. The Parent Educator shall provide at least three courses per year using evidence-based curricula such as *Strengthening Families*, *Nurturing Parent*, *Parent Participation Program*, or *Positive Parenting Program*.These courses shall address responsibility, communication and listening skills, safe and effective discipline, encouraging and building self-esteem, and

understanding the stages of child development.

3.2b Parent Educator/Selective Parent Prevention Programs: : For parents with children and adolescents who are difficult or out of control, trainings and skill sessions will be offered that address building effective skills in parents facing destructive behaviors, stressed homes, trauma, and children entering juvenile justice systems. The Parent Educator will conduct four behavioral parent training courses annually using curricula such as *Parent Project*, or *Loving Solutions*, in both English and Spanish.

3.3 Coaching for Parents/Caregivers: This project's efforts to build parenting capacity will be enhanced by the creation of a team of parent coaches to provide "on-demand" guidance and support for parents in "stressed families" or environments of abuse. Coaches will provide brief interventions when there is an acute difficult situation with a child – offering parents/caregivers someone to assist them through the steps to deescalate the issue and assist in preventing the parent from acting out in frustration.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:				Number of months in operation through June 2011
		Universal Prevention	Selective* Prevention	Early Intervention	
Coordination of the County's Parenting Programs	Individuals: Families:	**2800**			**12**
Parent Educator	Individuals: Families:	**90**	**120**		**12**
Coaching to Parents/Care givers	Individuals: Families:		**500**		**12**
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	**2890**	**620**		**12**

* Previously referred to as "Selected/Indicated"

PEI NEW PROGRAM DESCRIPTION

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

The Family Education, Training and Support Project's programs will provide parents and caregivers with awareness, skills, and competencies which will increase their knowledge of mental health, signs and symptoms, and services available for families. Through working with the Parent Educator and/or Parent Coaches, parents and caregivers of youth with elevated risk for mental health issues will gain increased knowledge about how best to access both the County's Mental Health Services and other community providers' services.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

The promotion of parenting classes and resources will enable parents, including those with children at risk for emotional disturbance, to build assets and be more apt to access community resources. These resources include community support groups, educational, employment, housing, substance abuse, domestic/sexual abuse, and faith/culturally-based services.

The Parent Educator and Parent Coaches can conduct a needs assessment with parents in order to make referrals to appropriate services. Referrals will be made for, but not limited to: mental health treatment and support providers; substance abuse prevention and treatment; community, family or sexual violence prevention and intervention; and basic needs (food, housing and employment). Assistance in connecting to the resource will be conducted by the Educator and Coaches, or the Resource Specialists in Project 1 and Project 5 may be utilized.

7. Describe intended outcomes.

- Parent and caregiver participants will demonstrate improved skills in responding to the social, emotional and behavioral issues related to mental health.
- Families will demonstrate increased responsibility, communication and listening skills, safe and effective discipline, increased self-esteem, and reduced stressors and trauma.
- Parents and caregiver participants will demonstrate increased successful follow through on linkages/referrals.
- Children of participants will demonstrate increased school attendance; reduced behavioral problems; increased compliance; decreased risk factors.
- Children of participants will report decreased involvement with juvenile justice system.
- Parents and caregivers will report decreased contact with CWS.
- Increased number of parenting and caregiver resources including training and education throughout the county.
- Increased number of families who will more readily utilize community supports, including mental health care, because of increased awareness and personal support, and the reduction of stigma.
- Increased number of parents and caregivers seeking universal and selective prevention programming.
- Decreased number of families seeking mental health treatment due to a reduction of family stress and discord

8. Describe coordination with Other MHSA Components.

In working with a sweeping and broad range family population, there will undoubtedly be identified risk factors that may contribute to various mental illnesses. The Parent Educator, the Education Coordinator, and Coaches in these this project will be oriented to all CSS activities, in addition to all other Behavioral Health programs outside of MHSA, in order to develop a seamless referral system to additional resources for individuals identified as requiring more intensive mental health services. Parents identified with serious mental illness or children serious emotional disturbances may be enrolled in a CSS program such as a Full Service Partnership, the co-occurring disorders program, or the Latino treatment program.

The Latino Outreach and Engagement Specialists and CSS Mental Health Therapists will be available for families in need of monolingual and/or bilingual and bicultural services.

PEI NEW PROGRAM DESCRIPTION

9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

3.1 Coordination of Parenting Programs, 3.2 Parent Educator and 3.3 Coaching to Parents and Caregivers

Subcontracts/Professional Services:

- $35,000 in year 2 of three year contract
  - 1.0 FTE Parenting Education Coordinator
- $95,000 contract for
  - 1.0 FTE Parenting Educator
  - 1.0 FTE Parent/Caregiver Coach

10. Additional Comments (Optional)

PEI NEW PROGRAM DESCRIPTION

County: San Luis Obispo

Program Number/Name: Project 4: Early Care and Support for Underserved Populations

Date: April 19, 2010

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

The importance of providing PEI services to underserved populations is found in much of the literature promoting improved mental health systems. Our community echoed that locally by ranking underserved cultural groups as one of the top four priority populations to receive PEI programming.

From our 2005 CSS Community Program Planning Process and Mental Health Services' prevalence rates, we know that Older Adults are the most unserved and underserved age group in the mental health system. And at 90% *unserved* (not just *under*-served), they are the least served of any demographic, including gender or racial/ethnic group. Consultation from the SLO County Commission on Aging and geriatric specialists revealed increasing cases of caregiver depression and a great need for depression screening in non-traditional settings along with early intervention, increasing social contacts, and improving primary care providers' knowledge about depression. Stakeholders agreed it was imperative that Older Adults at risk for depression be a priority population, with a focus on isolated elders.

Transition-aged Youth (TAY) are the second least well-served group in County Mental Health Services (after Older Adults). The PEI community survey selected young adults who "abuse substances, have experienced traumatic events and/or are leaving the foster care system" as the priority TAY populations to serve.

There is a system-wide overarching need for services to the Latino population, especially low-acculturated and impoverished sub-groups. County Mental Health Services prevalence data reveals that Latinos are the least well-served ethnic group. In 2005, stakeholders supported MHSA CSS programming to be developed to respond to this disparity for both Latinos with severe mental illness and to the Latino population in general through a culturally-appropriate, community-based treatment and outreach and engagement program. With PEI funding now available, the outreach and engagement portion of the current CSS project will be operated under this plan. This priority population and service transfer was recommended by the PEI Planning Team.

3. PEI Program Description (attach additional pages, if necessary).

The Early Care and Support for the Underserved Populations Project is a multi-focus effort to address the mental health

prevention and early intervention needs of three distinct underserved populations identified during the PEI Community Program Planning Process. The populations include:

1. Transitional Age Youth (TAYs) aging out of foster care, Wards of the Court and/or those graduating from Community School;
2. Older Adults, with focus on isolated seniors; and
3. Low-acculturated Latino individuals and families.

4.1a. Successful Launch Program/Expand Independent Living Program (ILP):): ILP is a collaborative program coordinated by Cuesta Community College in partnership with the San Luis Obispo County Department of Social Services. PEI funds will be used to enhance ILP by adding new, more in depth and more-frequently offered life skill building classes and practical training for current ILP TAYs.

4.1b. Successful Launch Program/Vocational Development: The Adult/TAY Workgroup and PEI Planning Team articulated the necessity of improved access to vocational training, development, and on-site experience for youth in foster, court, and Community School systems. ILP's current vocational program will be enhanced and expanded to begin serving non-foster TAYs as described above and provide new emphasis on practical, specific job skills, coaching, and shadowing.

4.2a Older Adult Mental Health Initiative/Screening and Connection: The program will provide formalized, methodical, and vigorous outreach and screening specific to those at high risk for depression and anxiety while increasing access to preventive and early intervention care. Older adults are at risk of developing both depression and substance dependence as this phase of the life cycle has new risk factors for both of these disorders. A Mental Health Screening and Resource Specialist will travel countywide and perform outreach, depression education, and screening to older adults.

4.2b. Older Adult Mental Health Initiative/ Social Support and Counseling for Isolated Older Adults: SLOBHD will partner with the Wilshire Foundation to expand its "Caring Callers" and "Senior Peer Counseling" programs. Caring Caller volunteers help alleviate the isolation and loneliness that many seniors face. Volunteers of all ages make homes visits and may play board games, take walks or drives, go out for lunch or simply enjoy good conversation.

4.3 Latino Outreach and Engagement: This Latino Outreach and Engagement program was originally funded by our MHSA CSS Plan.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:				Number of months in operation through June 2011
		Universal Prevention	Selective* Prevention	Early Intervention	
Successful Launch Program for At-Risk Transitional Age Youth	Individuals: Families:		120		**12**
Older Adult Mental Health Initiative	Individuals: Families:	**480**			**12**
Latino Outreach and Engagement	Individuals: Families:	**1500** **1500**			**12**
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	**1980** **1500**	**120**		**12**

* Previously referred to as "Selected/Indicated"

PEI NEW PROGRAM DESCRIPTION

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

This project will provide the targeted underserved populations with information, and linkages to county mental health supports and providers. The populations described in this project are less likely to recognize mental health issues, their mental health needs (or the needs of a family member or friend), or be willing to access the County's Mental Health Services or private services. This project will provide recipients with both the opportunity to increase their knowledge and resilience while, offering a personal contact and one-to-one assistance to encourage people towards needed services.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

Critical to this project is the collaboration between the County, Cuesta Community College, and the County Office of Education; both have been supportive of prevention initiatives in the community for many years. Wilshire Health and Community Services, Inc., the provider for the Older Adult Mental Health Initiative Program, has extensive cooperatives and coordination with all of the county's public entities and CBO's that serve older adults.

Latino Outreach activities have been supported in CSS by local Latino groups including the Bilingual Network, the Rural Legal Assistance League, which sponsors programs for Latinos in economically depressed areas, and the Latino Outreach Council. These organizations continue to be collaborators. Outreach efforts will continue to be coordinated with SAFE System of Care as well other traditional Latino providers, including the Economic Opportunity Commission and religious organizations. Engagement efforts will also include the Latino media.

7. Describe intended outcomes.

- TAYs will have housing and demonstrate self-sufficiency after they have left foster care or begin living independently
- TAYs obtain jobs and retain employment after they have left foster care or begin living independently
- TAYs demonstrate a decrease in destructive and unhealthy behaviors.
- Older Adults receive early identification for depression and assistance with accessing care.
- Older Adults remain healthy and happy in their homes due to visitors and counseling, and demonstrate improved protective factors.
- Latino individuals and families increase knowledge of risk and protective factors related to mental health issues and demonstrate increased knowledge of community services and supports.
- Increased number of families who will more readily utilize mental health PEI and other needed services because of increased awareness and the reduction of stigma.
- Decreased in the number of Older Adults seeking intensive mental health treatment due to early identification and intervention of depression and mitigation of risk factors.
- County systems will report a decrease in criminal activity and need for public assistance amongst TAYs as they become self sufficient and self supporting.

8. Describe coordination with Other MHSA Components.

Staff in these PEI programs will be oriented to all CSS activities, in addition to other behavioral health programs, in order to develop a seamless referral system to additional resources for individuals identified as requiring more intensive mental health services.

In the Latino Outreach and Engagement program, the Outreach and Engagement Specialists and CSS Mental Health Therapists will be working side by side. This collaboration will ensure the provision of services for individuals needing more intensive mental health treatment in a seamless continuum of care.

Part of the Geriatric Specialist's duties in the Older Adult FSP program is to work closely with other older adult providers and services. The staff of this project's Older Adult Initiative will work with the Geriatric Specialist to maximize efforts, leverage resources, and to provide referrals to both programs.

PEI NEW PROGRAM DESCRIPTION

In the Successful Launch program, it is expected that there will be opportunities for the ILP Employment Specialist to exchange job development referrals and resources with the CSS Supported Employment and WET programs.

9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

4.1 Successful Launch Program for At-Risk TAY's

Subcontracts/Professional Services:

- $125,667 second year of a three year project for Independent Living and Vocational Program

4.2 Older Adult Mental Health Initiative

Subcontracts/Professional Services:

- $170,000 to provide depression screening and counseling

4.3 Latino Outreach and Engagement

Preliminary staffing for the proposed project includes:

- $96,119 for 1.0 FTE Mental Health Therapist
- $13,991 for operating costs such as office supplies, travel, and computer services for position

The outreach portion of this program was originally funded with Community Services and Supports (CSS) dollars.

10. Additional Comments (Optional)

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

☐ **Previously approved with no changes**

[X] New

Date:04-19-2010	County Name: San Luis Obispo
Amount Requested for FY 2010/11: $38,400	

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).

San Luis Obispo County will work with a contractor (as yet unidentified), that has the demonstrated ability and experience to develop projects that provide statewide training, technical assistance, and capacity building programs in partnership with local and community partners. The contractor will identify and link the County with other counties that have similar training and capacity building needs and will partner with local and community partners via sub-contracts or other arrangements in order to help assure the appropriate provision of prevention and early intervention activities in our local communities. The contractor will use training methods that have demonstrated capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.
4) These funds may not be used to pay for any other program.
5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC Section 5892.
6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

_____

Director, County Mental Health Program (original signature)