

COUNTY CERTIFICATION

Components Included:

County: Tehama

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

County Mental Health Director	Project Lead
Name: Val Lucero, PHN, Acting Mental Health Director Telephone Number: 530-527-8491, ext 3166 E-mail: lucerov@tcha.net	Name: Edith Burnett, LMFT, Licensed Clinical Supervisor Telephone Number: 530-527-8491, ext 3973 E-mail: burnette@tcha.net
Mailing Address: P. O. Box 400, Red Bluff, Ca 96080	

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

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

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

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

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

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

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

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

Mental Health Director/Designee (PRINT)

Signature

Date

¹ Public Hearing only required for annual updates.

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

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Tehama 30-day Public Comment period dates: 2/15/11-3/15/11

Date: _____ Date of Public Hearing (Annual update only): 3/16/2011

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

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

Community Program Planning	
1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.	Stakeholder input is gained in a variety of venues. These include Client Council meetings, MHSA Steering Committee Meetings, Mental Health Advisory Board Meetings, Mental Health staff meetings, PEI Workgroups, NAMI and interagency meetings. Consumers and family members are active participants in the MHSA Steering Committee, Client Council (all consumers), Mental Health Advisory Board Meetings, NAMI, and the PEI Workgroups.
2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)	MHSA Steering Committee membership: Mike Gonzales-family member and MH Advisory Board Member, Mary Gonzales-family member and MH Advisory Board member, Mike Heritage, adolescent, Jesse Porter, Consumer Support Worker, Steve Chamblin, MHSA Coordinator, Ann Houghtby, Mental Health Director, Keith Barnett, MH Case Resource Specialist, Fernando Villegas, Health Educator, Theresa Greer-Blanco, Health Educator, Susan Murphy, Community Education Supervisor, Syd Wilby, Public Health Director, Sue McVean, Drug and Alcohol Director, Patrice Tamp, Drug and Alcohol Supervisor, Amy Henderson, Project Hope director, Denise Snider, First Five Commission, Dave Nervo, Board and Care provider and Veterans Services provider, Ivan Jones, TAY, Lynda Duggins, DSS, Tracie Grissom, Adult, Phoebe McGill, Psychiatric Aide, Rod Daugherty, law enforcement, Brian Nance, DSS, and Dave Lambert, Faith Community and Homeless program representative. 5 are consumers and 3 are family members. Ethnicity includes Caucasian, Latino, Japanese and African American. The Mental Health Advisory Board is 50%+ consumers or family members, and also includes representatives from the Board of Supervisors, education, and law enforcement. The PEI workgroup members are primarily adolescent consumers, a family member, and staff that provide the services. Ethnicity of these groups includes Caucasian, Latino, East Indian, and African American.
3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.	N/A
Local Review Process	
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.	Renee to add

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

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.

Renee to add

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

County: Tehama

Date: 2/8/2011

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

CSS, WET, PEI, and INN

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

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

- WET
- PEI
- INN

In FY 2009-2010, all of the CSS activities were fully operational. The Full Service Partnerships continued to expand, as did primary care integration, Community Crisis Response Unit Seeking Safety services, and other access activities. There was progress in successful outreach with the Native American community. PEI components were implemented in the last quarter of FY 2009-2010 as well. Staff immediately received training in Nurturing Parent and TEENSCREEN in FY 2009-2010, and services began in June 2010. Training in Trauma-Focused Cognitive Behavioral Therapy occurred during the first quarter of FY 2010-11. All 3 of these programs have been well received by staff, community partners and consumers/family members. The 3 components continued to expand in FY 2010-2011.

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

The areas identified during the initial Community Program Planning Process were peer and family problems, and the inability to function well in a mainstream school environment for children and youth, homelessness and inability to manage independence for TAY, inability to manage independence, inability to work and homelessness for adults, and inability to manage independence for older adults. MHSA funding has been utilized to address all of these issues.

For children and youth, the school-based groups, Seeking Safety at the community Crisis Response Unit, Trauma Focused Cognitive Behavioral Therapy, TEENSCREEN, outreach activities, and Nurturing Parent groups all help address the two identified issues. The school based groups have been very effective and very well received by the youth served. Utilizing Seeking Safety at the CCRU has been effective in helping youth develop positive coping skills, and ultimately reduce coping skills that result in peer and family problems, and issues at school. Nurturing parent groups specifically address family issues. TEENSCREEN is utilized to identify potential issues and facilitate access to intervention. Outreach activities focus on education, engagement activities, reduction of stigma, etc.

For TAY, the FSP program, Youth Empowerment Services (YES) Center (drop in center), TEENSCREEN, Trauma Focused Cognitive Behavioral Therapy, Seeking Safety, school based groups, employment workplan, and housing workplan have all been utilized to address the identified areas. The YES Center has been very successfully utilized by Transition Age Youth. Support groups, classes focusing on increasing independence, social skill building activities, etc have all been successful components of the center. The FSP program, housing program, employment program have directly addressed homelessness, obtaining independence, and obtaining employment. Many transition age youth are involved in the work experience portion of the employment workplan, one TAY has obtained employment at Mental Health, and others have successfully entered college.

For adults, Seeking Safety at the CCRU, Adult FSP, Employment workplan, Housing workplan, outreach, Vista Way Recovery Center (drop in center), peer run support groups, and outreach activities have all contributed to being able to address the identified issues. Adults have been actively involved in the employment work plan

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

through the work experience portion, have obtained employment at Mental Health, entered vocational programs, entered college, etc. The Housing Workplan has assisted adults in obtaining permanent housing. The FSP, which focuses on adults that have experienced ongoing crisis situations, has been successful in assisting adults in the recovery process. The Vista Way Recovery Center has many adult clients actively involved as staff, peer support group leaders, activities leaders, and members of the Client Council. For older adults, the Vista Way Recovery Center, FSP, housing workplan, employment workplan, Seeking Safety at the CCRU, and outreach activities have been utilized to address the identified areas. There are older adults that are actively involved at the Vista Way Recovery Center, and the work experience portion of the employment workplan. The Housing Workplan and the FSP have facilitated permanent housing in an independent manner for older adults.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #): **Please note: PEI was only implemented in the last quarter, and the first two months of that quarter were utilized for training and program development, so services did not begin until June 2010.**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	11	White	25	English	28	LGBTQ	0
Transition Age Youth (16-25)	2	African American	0	Spanish	3	Veteran	0
Adult (18-59)	15	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	3	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

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

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

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

Activity Name; Brief Description; Estimated Funding Amount²	Target Audience/Participants³
1. N/A	
2.	
3.	
4.	

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

² Provide the name(s) of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

³ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tehama

No funding is being requested for this program.

Program Number/Name: Access Workplan

Date: 2/8/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	121	0
TAY	0	0	138	0
Adults	0	0	333	0
Older Adults	0	0	39	0
Total	0	0	631	0
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			631	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	486	English	592	LGBTQ	
African American	4	Spanish	34	Veteran	
Asian	3	Vietnamese	0	Other	
Pacific Islander	0	Cantonese	0		
Native American	38	Mandarin	0		
Hispanic	82	Tagalog	1		
Multi	4	Cambodian	0		
Unknown	5	Hmong	0		
Other	8	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	3		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>This workplan continued to expand with the crisis response services at the Community Crisis Response Unit (CCRU) and primary care integration services. The CCRU has significantly increased access to and utilization of services. Additionally, the primary care integration increased from two days a week, to three days a week. The utilization of our Transition Age Youth drop in center, the Youth Empowerment Services (YES) Center, significantly increased as well. The activities offered have continued to expand, and the consumers have a very active role in the management of the facility. At the adult drop in center, the Vista Way Recovery Center, a client council was established and is actively managing the drop in center. The YES Center is involved in the development of a LGBTQ support group for adolescents. School groups have continued to be very successful in providing education and outreach to at risk youth. We have also increased availability of services through access groups that are open to anyone. Telemedicine has also continued to expand, starting with availability 1 day a week, to now having some hours available 3 days a week.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>There were no key differences with this program during FY 2009-2010.</p>

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>432,856.00</td> <td>465,153.21</td> <td>7.5%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	432,856.00	465,153.21	7.5%
FY 10/11 funding		FY 11/12 funding	Percent Change				
432,856.00		465,153.21	7.5%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			121	0
TAY			138	0
Adults			333	0
Older Adults			39	0
Total			631	0

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 631

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The Access Workplan has several components that are utilized to maximize access to mental health services. These components include 2 drop in centers- The Vista Way Recovery Center, an adult program, and the Youth Empowerment Services (YES) Center, a transition-age youth program. Another component is the evidence based services provided at the Community Crisis Response Unit. Seeking Safety is provided at the CCRU, as well as increased outreach after crisis contact to reach out to those individuals that tend to only utilize crisis services, rather than accessing other services that would decrease the need for crisis response. Another part of the Access Workplan is outreach groups at several school sites, including a middle school and high school programs. These access groups have also been instituted in the community, and are used as a means of increasing access after initial contact by providing weekly open group formats. Additionally, services at a primary care site are also part of the access workplan, and utilization of telemedicine. This array of services is provided across the age groups, genders and race/ethnicity/cultures. For example, the YES Center has developed a LGBTQ support group.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tehama

No funding is being requested for this program.

Program Number/Name: Adult FSP

Date: 2/08/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	
TAY	0	0	0	
Adults	14	0	0	11,369
Older Adults	0	0	0	
Total	14	0	0	11,369
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			14	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	11	English	14	LGBTQ	0
African American	0	Spanish	0	Veteran	0
Asian	0	Vietnamese	0	Other	0
Pacific Islander	0	Cantonese	0		
Native American	1	Mandarin	0		
Hispanic	1	Tagalog	0		
Multi	1	Cambodian	0		
Unknown	0	Hmong	0		
Other	0	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	0		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The adult (26-59) FSP began in FY 09/10, targeting adults that access the crisis unit, but do not follow up with appropriate treatment, or engage Mental Health on an ongoing basis. The targeted number of enrollees was attained quickly. The individuals served were both genders, and a variety of ethnicities/cultures, including White, Native American, Hispanic and multicultural.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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FY 10/11 funding		FY 11/12 funding	Percent Change				
265,214.00		270,879.04	2%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	18	0	0	\$15,000
Older Adults	0	0	0	0
Total	18	0	0	\$15,000

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 18

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>The Adult (26-59) FSP program provides the full array of services available through a Full Service Partnership program. This includes case management, therapy, medications, crisis response, pharmacy, housing assistance, board and care support, employment assistance, and flexible funding for a variety of items related to the individualized FSP treatment plan. Enrollees were of both genders, White, Native American, Hispanic and multicultural.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tehama

No funding is being requested for this program.

Program Number/Name: Employment Initiative Workplan

Date: 2/08/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	1	
TAY	8	0	8	
Adults	5	0	32	
Older Adults	1	0	6	
Total	14	0	47	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			61	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	48	English	59	LGBTQ	0
African American	0	Spanish	2	Veteran	0
Asian	0	Vietnamese	0	Other	0
Pacific Islander	0	Cantonese	0		
Native American	5	Mandarin	0		
Hispanic	5	Tagalog	0		
Multi	1	Cambodian	0		
Unknown	1	Hmong	0		
Other	1	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	0		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
In FY 2009-2010, the employment work plan continued to expand. Additional consumers were hired at Mental Health, became peer support group facilitators, and participated in the work experience component of the plan. Consumers were also able to seek other employment avenues as well, as well as educational opportunities and vocational training opportunities. In the Capital Facilities and Technology component, we are requesting funds to rehab a currently non-operational kitchen to open a consumer-run café. Funds from this component would be used in that venue as well for staff costs, stipends, and overhead.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
No major changes.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			1	
TAY	8		8	
Adults	5		32	
Older Adults	1		6	
Total	14		47	

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 61

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The Employment workplan includes several different approaches, such as work experience for consumers through a stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The work experience component includes training and experience in office duties, peer support, landscaping, janitorial, and light construction. Consumers receive stipends for providing peer support at both drop in centers, answering phones at the drop in center, assisting with the stipend paperwork process, archiving process, landscaping projects, painting, light construction, small machine repair, etc. Consumers are provided training in the specific area, and in general skills required to be successful in employment settings. Educational, vocational and employment is developed on an individual basis, based on the consumer's interests. For example, 2 consumers were successful in receiving certification as massage therapists, and now have their own business. Other consumers have obtained their AA degrees, truck driving training, etc. These services have been accessed by consumers from different cultures and with different ethnicities. In addition, some consumers have also had other disabilities such as blindness.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tehama

No funding is being requested for this program.

Program Number/Name: Housing Workplan

Date: 2/08/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	1	0
TAY	5	0	2	0
Adults	5	0	30	0
Older Adults	0	0	2	0
Total	10	0	35	0
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			45	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	33	English	44	LGBTQ	0
African American	0	Spanish	1	Veteran	0
Asian	0	Vietnamese	0	Other	0
Pacific Islander	0	Cantonese	0		
Native American	6	Mandarin	0		
Hispanic	5	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	1	Hmong	0		
Other	0	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	0		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Initially, it was difficult to obtain housing for mental health consumers, however, as a result of this program, we have successfully established relationships with local landlords or property management groups. As a result, the property management staff or landlords will now contact us when they have an opening, as they would rather rent to Mental Health consumers. In addition, we have shared housing for Transition Age Youth and Older Adults.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
No major differences or challenges.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>88,125.00</td> <td>81,456.72</td> <td>7%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	88,125.00	81,456.72	7%
FY 10/11 funding		FY 11/12 funding	Percent Change				
88,125.00		81,456.72	7%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			1	
TAY	5		2	
Adults	5		30	
Older Adults			2	
Total	10		35	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			45	

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The Housing Workplan included assisting consumers in obtaining permanent housing, facilitating shared housing arrangements as needed, and providing rental assistance for FSP clients. All age groups have received assistance in obtaining permanent housing, and shared housing. Specifically, we have a shared house for Transition Age Youth, and Older Adults, and have established successful relationships with several landlords and property management groups. Individuals that have utilized this workplan include both genders, all age groups, a variety of ethnicities/cultures including Latino, LGBTQ, etc.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tehama

No funding is being requested for this program.

Program Number/Name: Older Adult FSP

Date: 02/08/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	
TAY	0	0	0	
Adults	0	0	0	
Older Adults	15	0	0	10,985
Total	15	0	0	10,985
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			15	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	13	English	15	LGBTQ	0
African American	0	Spanish	0	Veteran	0
Asian	0	Vietnamese	0	Other	0
Pacific Islander	0	Cantonese	0		
Native American	1	Mandarin	0		
Hispanic	1	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	0	Hmong	0		
Other	0	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	0		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
During FY 09/10, we were successful in increasing the number of older adults served in the FSP. Initially, it was difficult to engage some older adults, and therefore we were not meeting our target number to be served. However, we were much more successful in engaging with older adults in this year. Unfortunately, several enrollees are now deceased. Addressing the cultural aspects of this developmental stage was a learning experience this year. Enrollees were from a variety of cultures/ethnicities, including White, Native American and Hispanic.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>258,159.00</td> <td>285,193.70</td> <td>10.5%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	258,159.00	285,193.70	10.5%
FY 10/11 funding		FY 11/12 funding	Percent Change				
258,159.00		285,193.70	10.5%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	18	0	0	\$15,000
Total	18	0	0	\$15,000
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				18

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The Older Adult (60+) FSP program provides the full array of services available through a Full Service Partnership program. This includes case management, therapy, medications, crisis response, pharmacy, housing assistance, board and care support, employment assistance, and flexible funding for a variety of items related to the individualized FSP treatment plan. Enrollees were of both genders, White, Native American and Hispanic.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tehama

No funding is being requested for this program.

Program Number/Name: Community Education and Latino Outreach Workplan

Date: 2/08/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0		792	0
TAY	21		86	0
Adults	10		264	0
Older Adults	12		41	0
Total	43		1183	0
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1226	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	335	English	1178	LGBTQ	
African American	3	Spanish	47	Veteran	
Asian	0	Vietnamese	0	Other	
Pacific Islander	0	Cantonese	0		
Native American	27	Mandarin	0		
Hispanic	73	Tagalog	0		
Multi	4	Cambodian	0		
Unknown	773	Hmong	0		
Other	11	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	1		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Community Education and Latino Outreach Workplan includes a variety of activities, including Latino counseling with a bilingual therapist, Latino outreach activities, and community education activities. The Latino counseling has continued to expand, including a monolingual Seeking Safety group in South County. The educational activities have included Native American activities, the Cinco De Mayo celebration, migrant labor camp outreach, bi-national health fairs, schizophrenia reality experience, May is Mental Health month activities, etc.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There is a need for additional bilingual services, but it has been difficult to obtain additional bilingual therapists. However, that is not due to funding, but rather to limited staff resources.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>174,348.00</td> <td>142,876.14</td> <td>18%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	174,348.00	142,876.14	18%
FY 10/11 funding		FY 11/12 funding	Percent Change				
174,348.00		142,876.14	18%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0		100	
TAY	15		125	
Adults	15		175	
Older Adults	15		50	
Total	45		450	

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 495

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.	
1.	Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
	The Community Education and Latino Outreach work plan includes Latino outreach, Latino counseling, Native American outreach, education about mental health and recovery within the community, and cultural training for staff and consumers. Educational activities have included participation at community events such as Cinco De Mayo, Children’s Fair, District Fair, Health Spree, Bi-national health fairs, etc. We have successfully partnered with the local Nomlaki Tribe through the Rolling Hills Casino operation, by providing educational events at the casino, donations for Native American outreach activities, etc. We participated in a year-long training sponsored by the Healthy Native Communities Fellowship. As a result of this activity, we have had several events, increased collaboration with the local tribal organizations, and implementation of a “Just Move It” campaign for Native Americans. We have also continued to provide outreach to the local migrant labor camps.
2.	If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
	N/A
3.	If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
	N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tehama

No funding is being requested for this program.

Program Number/Name: TAY FSP

Date: 02/08/2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	
TAY	26	0	0	11,114
Adults	0	0	0	
Older Adults	0	0	0	
Total	26	0	0	11,114
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			26	

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	20	English	26	LGBTQ	2
African American	0	Spanish	0	Veteran	0
Asian	0	Vietnamese	0	Other	0
Pacific Islander	0	Cantonese	0		
Native American	2	Mandarin	0		
Hispanic	2	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	1	Hmong	0		
Other	1	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	0		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
During FY 09/10, we reached the target enrollment for the TAY FSP, and basically stayed at the level in spite of the general fluctuation in status of Transition Age Youth. Addressing the cultural aspects of this developmental stage continues to require adaptation of strategies. The YES Center was helpful as a place that TAY FSP enrollees can come to engage in a variety of ways, including the development of a LGBTQ support group. Enrollees were from a variety of cultures/ethnicities, including White, Native American, Hispanic and LGBTQ.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>305,249.00</td> <td>322,662.75</td> <td>5.5%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	305,249.00	322,662.75	5.5%
FY 10/11 funding		FY 11/12 funding	Percent Change				
305,249.00		322,662.75	5.5%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	20	0	0	16,000
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	20	0	0	16,000
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				16

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The TAY (16-25) FSP program provides the full array of services available through a Full Service Partnership program. This includes case management, therapy, medications, crisis response, pharmacy, housing assistance, board and care support, employment assistance, and flexible funding for a variety of items related to the individualized FSP treatment plan. The FSP enrollees utilize the YES Center on a regular basis. Enrollees were of both genders, White, Native American, and Hispanic, and several youth represent the LGBTQ culture and have instituted a support group.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Tehama

Program Number/Name: PEI Nurturing Parent

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

Date: 2/08/2011

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

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

This program was not implemented until the last quarter of FY 09/10. The first 2 months were spent in development and training, so services did not begin until June 2010.

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

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	11	White	23	English	23	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	3	Veteran	0
Adult (18-59)	15	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	3	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>This program started in the last quarter of FY 09/10. Staff from Mental Health, Drug and Alcohol and Public Health participated in training by a Nurturing Parent trainer in late April. Materials were obtained in May, and the first Nurturing Parent class began in June in Red Bluff. There were 15 parents and 11 youth that participated. The majority of the participants were Caucasian, however there were also Latino participants. Historically, it is difficult to maintain participation in a parenting program in Tehama County. It was especially a challenge as the majority of the class was during summer break. In spite of this, we were successful in completing the entire series. Some parents did drop out, however, the families with the highest need did continue and successfully completed the entire series.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>It is too soon to do long term follow up to determine if changes in parenting were maintained. However, staff reported improvement in the behavior of the youth, and the parenting style of the parents.</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">120,436</td> <td style="padding: 2px;">186,158.09</td> <td style="padding: 2px;">55%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	120,436	186,158.09	55%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
120,436	186,158.09	55%						
b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

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

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	150	0
Total Families:	85	0

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Tehama

Program Number/Name: PEI TEENSCREEN

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

Date: 2/08/11

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

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

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

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	2	English	2	LGBTQ	0
Transition Age Youth (16-25)	2	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>This PEI component was approved in the last quarter of FY 09/10, and the majority of the quarter was spent obtaining training, and certification in TEENSCREEN. We started with certifying the Youth Empowerment Services (YES) Center, and 2 staff. We obtained certification there, and made arrangements for at least one school starting in the fall. 2 transition age youth were screened at the YES Center after we obtained certification.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs? Yes No

2. Is there a change in the type of PEI activities to be provided? Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No
Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

We are requesting more than the 25% criteria due to expansion of the program.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
 a. Names of the programs being consolidated
 b. The rationale for consolidation
 c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:		275
Total Families:		0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tehama

Program Number/Name: Trauma Focused Cognitive Behavioral Therapy Please check box if this program was selected for the local evaluation

Date: 2/08/2011

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

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

The PEI plan was not approved until the last quarter of FY 09/10. During that quarter, arrangements were made for training for TF-CBT. Unfortunately, the trainer was not available until FY 10/11.

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

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>This PEI component was not approved until the last quarter of FY 09/10. During that time frame, a trainer was located and plans made to provide training. However, training could not occur until FY 10/11. Therefore, no services were actually provided.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
<p>N/A</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">74664</td> <td style="padding: 2px;">115373.25</td> <td style="padding: 2px;">55%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	74664	115373.25	55%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
74664	115373.25	55%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

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

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	0	150
Total Families:	0	90

County: Tehama

Date: 2/8/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$1,588,500			\$480,800	\$0	
2. Transfer from FY 11/12 ^{a/}						
3. Adjusted Component Allocation	\$1,588,500					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$1,753,090			\$480,800		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
Unexpended Funds from FY 09/10 Annual MHSA						
a. Revenue and Expenditure Report	\$164,590					
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11	\$0					
c. Unexpended Funds from FY 10/11	\$0					
d. Total Net Available Unexpended Funds	\$164,590					
4. Total FY 2011/12 Funding Request	\$1,588,500	\$0	\$0	\$480,800	\$0	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}						
5. Unapproved FY 10/11 Component Allocations ^{b/}						
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$1,588,500			\$480,800		
Sub-total	\$0	\$0	\$0	\$0	\$0	
7. Access Local Prudent Reserve	\$0			\$0		
8. FY 2011/12 Total Allocation ^{c/}	\$1,588,500			\$480,800		

NOTE:

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

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

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

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

CSS FUNDING REQUEST

County: Tehama

Date: 2/8/2011

CSS Programs			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group			
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs											
1.	Access Workplan	\$465,154	15,000	120,154	330,000	173,079	123,478	124,367	44,230		
2.	Housing Initiative Workplan	\$81,457	12,000	25,425	44,032	8000	21,407	39,050	13000		
3.	Employment Workplan	\$109,687	8,000	50,218	51,469	0	38,442	55853	15392		
4.	Community Education and Latino Outreach Workplan	\$142,876	7,500	24994	110,382	67360	35155	25111	15250		
5.	Older Adult FSP	\$285,194	280,194	500	4500	0	0	0	285194		
6.	TAY FSP	\$322,663	315,663	1500	5500	0	322663	0	0		
7.	Adult FSP	\$270,879	266,379	500	4000	0	0	270879	0		
8.		\$0									
9.		\$0									
10.		\$0									
11.		\$0									
12.		\$0									
13.		\$0									
14.		\$0									
15.		\$0									
16.	Subtotal: Programs ^{a/}	\$1,677,910	\$904,736	\$223,291	\$549,883	\$0	\$248,439	\$541,145	\$515,260	\$373,066	Percentage
17.	Plus up to 15% Indirect Administrative Costs	\$75,180									5%
18.	Plus up to 10% Operating Reserve	\$0									0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$1,753,090									
New Programs/Revised Previously Approved Programs											
1.		\$0									
2.		\$0									
3.		\$0									
4.		\$0									
5.		\$0									
6.	Subtotal: Programs ^{a/}	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs										#VALUE!
8.	Plus up to 10% Operating Reserve										#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$0									
10.	Total MHA Funds Requested for CSS	\$1,753,090									

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

53.90%

Additional funding sources for FSP requirement:

County must provide the majority of MHA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHA/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:	\$904,736	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$904,736	54%

PEI FUNDING REQUEST

County: Tehama

Date: 2/8/2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.			\$0							
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs									#VALUE!
18.	Plus up to 10% Operating Reserve									#VALUE!
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0							
New/Revised Previously Approved Programs										
1.	Nurturing Parent		\$186,158	\$186,158	\$0	\$186,158	\$0	\$0	\$0	
2.	TEENSCREEN		\$165,921		\$165,921	\$21,518	\$144,403	\$0	\$0	
3.	Trauma Focused Cognitive Behavior Therapy		\$115,373		\$115,373	\$75,335	\$40,038	\$0	\$0	
4.			\$0							
5.			\$0							
6.	Subtotal: Programs*		\$467,452	\$186,158	\$281,294	\$283,011	\$184,441	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs		\$13,348							2.9%
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$480,800							
10.	Total MHSA Funds Requested for PEI		\$480,800							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years 100%

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

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: Tehama

Completely New Program

Program Number/Name: Nurturing Parent Program

Revised Previously Approved

Date: 2/08/2011

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 Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. No Changes				

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No Changes				

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

No Changes

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

No Changes, only a change in the level of funding

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
Nurturing Parent	Individuals:	150	0	12
	Families:	85	0	
	Individuals:			
	Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals:	150	0	12
	Families:	85	0	

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
Only change is in level of funding so that services can be expanded further.

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	132,890.26			132,890.26
2.	Operating Expenditures	32,450			32,450
3.	Non-recurring Expenditures	0			
4.	Contract Services (Subcontracts/Professional Services)			6,200	6,200
5.	Other Expenditures	14,617.93			14,617.93
	Total Proposed Expenditures	179,958.19		6,200	186,158.19
B. REVENUES					
1.	New Revenues	0			0
	a. Medi-Cal (FFP only)	0			0
	b. State General Funds	0			0
	c. Other Revenues	0			0
	Total Revenues	0			0
C. TOTAL FUNDING REQUESTED		\$179,958.19		\$6,200	\$186,158.19
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. 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.

No Changes in budget items, only in the level of expansion of services.

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: Tehama

Completely New Program

Program Number/Name: Trauma Focused CBT

Revised Previously Approved Program

Date: 2/08/2011

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 Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. "No Changes"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. "No Changes"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.
 No Changes

3. PEI Program Description (attach additional pages, if necessary).
 No Changes

4. Activities	Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
		Prevention	Early Intervention	
	Trauma Focused Cognitive Behavioral Therapy	Individuals: Families:	150 90	12
		Individuals: Families:		
		Individuals: Families:		
	Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	150 90	12

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No changes
9. Additional Comments (Optional).
No Changes, except in level of funding to facilitate expansion of the program

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	\$156,066.30			\$156,066.30
2.	Operating Expenditures	\$20,697			\$20,697
3.	Non-recurring Expenditures	0		0	0
4.	Contract Services (Subcontracts/Professional Services)			\$2,500	\$2500
5.	Other Expenditures	\$33,670			\$33,670
	Total Proposed Expenditures	\$210,433.30		\$2,500	\$212,933.30
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	\$97,560			\$97,560
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	\$97,560			\$97,560
C. TOTAL FUNDING REQUESTED		\$112,873.30		\$2,500	\$115,373.30
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. 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.

No Changes

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: Tehama

Completely New Program

Program Number/Name: TEENSCREEN

Revised Previously Approved Program

Date: 02/08/11

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 Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. "No changes"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. "No Changes"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.
 No changes

3. PEI Program Description (attach additional pages, if necessary).
 No changes

4. Activities	Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
		Prevention	Early Intervention	
	TEENSCREEN	Individuals: Families:	275 0	12
		Individuals: Families:		
		Individuals: Families:		
	Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	275	12

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.
No Changes
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
No Changes, we are established in 3 schools now, and the goal is to continue to increase that number.
7. Describe intended outcomes.
No Changes
8. Describe coordination with Other MHSA Components.
No Changes
9. Additional Comments (Optional).
No Changes, there is only a change in the level of funding to facilitate expansion of the program.

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	\$124,433.47			\$124,433.47
2.	Operating Expenditures	\$27,800			\$27,800
3.	Non-recurring Expenditures	0			0
4.	Contract Services (Subcontracts/Professional Services)	0			0
5.	Other Expenditures	\$13,687.68			\$13,687.68
	Total Proposed Expenditures	\$165,921.15			\$165,921.15
B. REVENUES					
1.	New Revenues	0			0
	a. Medi-Cal (FFP only)	0			0
	b. State General Funds	0			0
	c. Other Revenues	0			0
					0
	Total Revenues	0			0
C. TOTAL FUNDING REQUESTED		\$165,921.15			\$165,921.15
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. 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.

No Changes, except increased costs due to expansion of the existing program.