

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

County: Tulare			<i>Exhibits</i>																			
			A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****
For each annual update/update:			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>													
Component	Previously Approved	New																				
<input checked="" type="checkbox"/> CSS	\$ 2,383,782	\$ 8,951,812				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET	\$ -	\$ -				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> CF	\$ -	\$ -						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>					
<input type="checkbox"/> TN	\$ -	\$ -						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$ 2,658,984	\$ -				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>		
<input type="checkbox"/> INN	\$ -	\$ -					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	
Total	\$ 5,042,766	\$ 8,951,812																				
Dates of 30-day public review comment period:																						
Date of Public Hearing****:																						
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:																						

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

COUNTY CERTIFICATION

County: Tulare County

County Mental Health Director	Project Lead
Name: Cheryl L. Duerksen, Ph.D.	Name: Christi Lupkes
Telephone Number: (559) 624-7445	Telephone Number: (559) 624-7460
E-mail:	E-mail: Clupkes@tularehhsa.org
Mailing Address: Tulare County Department of Mental Health 5957 S. Mooney Boulevard Visalia, CA 93277	

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

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

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.¹

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

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

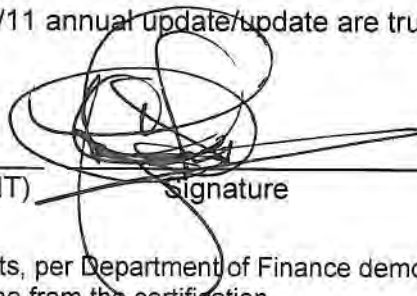
The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

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

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

Cheryl L. Duerksen, Ph.D.

Mental Health Director/Designee (PRINT)



Signature

09.21.10

Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification. Page 2 of 78

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Tulare County

Date: October 29, 2010

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

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

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>The CPP Process for the FY10/11 Plan Update was based on the original CSS Planning Process, in which an inclusive process for consumers, family members, staff, agencies, specialty groups, and general community stakeholders was conducted. Feedback opportunities were offered through focus groups, surveys, electronic communications, key informant interviews, and a public hearing.</p> <p>Tulare County Department of Mental Health convened an informal MHSA Management Work Group to include Health & Human Services Agency (HHS) staff that deliver MHSA programs and Mental Health services. Taking into consideration the results of the original CSS and PEI Planning Process and the implementation progress of the active CSS and PEI programs, the MHSA Management Work Group developed a draft plan for review and input at the Mental Health Board Executive Council, and then at the Mental Health Board meeting before going on to a public hearing.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</p> <p>Stakeholders involved in the planning process included the following: consumers and family members, organizational representatives from NAMI, Family Resource Centers, county and contracted mental health providers, and law enforcement.</p>
<p>3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.</p> <p>The Social Marketing Program was eliminated after discussions between Tulare County's Mental Health Administration and the Mental Health Board. At the time that DMH announced the PEI budget cuts, the contract for this program had not yet been negotiated. Tulare County Mental Health Department and the Mental Health Board recommended that these funds be diverted to other PEI programs.</p>
Local Review Process
<p>4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.</p> <p>The draft FY10/11 Annual Update was circulated for 30 days for review and comment, via the County MHSA internal and external web sites. Notices were posted in local newspapers, and a public hearing was held by the local mental health board. Electronic versions were emailed to lists of parties who have been involved and/or expressed an interest in the process, and hard copies were distributed upon request.</p>
<p>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.</p> <p>The 30-day stakeholder review and public comment period took place from July 14, 2010 through August 14, 2010 with a public hearing held on August 17, 2010. There were no public comments.</p>

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

County: Tulare

Date: June 15, 2010

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

CSS, WET and PEI

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.
 Please check box if PEI component not implemented in FY 08/09.

During FY 2008/09, through its TAY Housing, One-Stops, and Mobile Units, Tulare County continued to provide services under the CSS component, including services that have been successful in extending culturally and linguistically competent therapeutic services into remote locations and to the un- and underserved populations identified in the Plan. Co-locations, homebound programs, and Mobile Units helped to decrease disparities in access by bringing culturally and linguistically appropriate services to consumers in isolated, rural areas.

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

The County's focus on underserved and ethnically diverse areas through the Mobile Programs has helped to decrease disparities in access by bringing culturally and linguistically appropriate services to consumers in isolated, rural areas. In FY 08/09, the North County Mobile Program served 138 clients and the South County Mobile Program served 220 clients. Between the two Mobile Programs, 198 Hispanic, 16 African American, 11 Pacific Islander, 4 Native American, 3 Asian and 3 Filipino clients were served. Also, the PEI Family Services Integration Program uses six community-based Family Resource Centers that offer multiple services in English and Spanish to families in rural areas. The majority of staff in each of the MHSA programs is bilingual; many are themselves members of ethnic and racial groups that have been traditionally underserved. This diversity has emphasized culture and language as key factors in forming better relationships with consumers and communities.

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

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth (0-17)			Workforce Staff Support	
Transition Age Youth (16-25)			Training/Technical Assist.	
Adult (18-59)			MH Career Pathway	
Older Adult (60+)			Residency & Internship	
Race/Ethnicity			Financial Incentive	
White	212		[x] WET not implemented in FY 08/09	
African American	41			
Asian	4			
Pacific Islander	11			
Native American	9			
Hispanic	378			
Multi				
Other	48			
Unknown				
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
English				

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

Spanish			
Vietnamese			
Cantonese			
Mandarin			
Tagalog			
Cambodian			
Hmong			
Russian			
Farsi			
Arabic			
Other			

PEI

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

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

- a)** The Suicide Prevention Task Force is a universal prevention effort designed to address the needs and priorities that were identified in the community planning process by increasing awareness, developing resources, and training and prevention strategies for the community, health care professionals, educators, law enforcement, and un/underserved populations regarding suicide prevention in Tulare County.
- b)** Services provided include depression and suicidality screening for older adults and link identified at-risk individuals to appropriate services like psychiatric consultation, individual therapy, and support resources.
- c)** No outcomes data available.
- d)** MHSA funds - \$32,716.12

PREVIOUSLY APPROVED PROGRAM

County: Tulare

Program Number/Name: 1 – Mental Health Court

Date: December 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$225,307</td> <td style="text-align: center;">\$161,357</td> <td style="text-align: center;">-28%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$225,307	\$161,357	-28%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$225,307	\$161,357	-28%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

County: Tulare

Program Number/Name: 2 - Transition and Linkages Team (formerly Jail Transition and Linkages Team)

Date: December 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$385,446</td> <td style="text-align: center;">\$493,565</td> <td style="text-align: center;">+28%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$385,446	\$493,565	+28%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$385,446	\$493,565	+28%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

County: Tulare

Program Number/Name: 5 - Transitional Living Center

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,321,666	\$1,433,413	+8%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>The priority population for this program is adults with severe and persistent mental illness who are:</p> <ul style="list-style-type: none"> • Homeless or at risk of homelessness • At risk of institutionalization, including hospitalization • At risk of criminal justice involvement • Diagnosed with co-occurring disorders <p>The Transitional Living Center (TLC) is a licensed adult residential care facility that provides a transitional housing program for adults with severe and persistent mental illness and includes intensive support services that assist residents in transitioning to independent living in the community. The TLC program employs the Wellness and Recovery Action Plan (WRAP). Program outcomes reduce hospitalizations and/or jail recidivism.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
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*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: Tulare

Program Number/Name: 6 - Transitional Supportive Housing / TAY

Date: December 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
\$532,209	\$451,000	-15%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>Transitional Supportive Housing was created for Transitional Age Youth (TAY) with Severe Mental Illness (SMI) and/or Serious Emotional Disorder (SED), who may be leaving placement, currently or previously involved with the juvenile justice or child welfare systems, alternative school students, unemployed, homeless, or at risk of homelessness. The program is carried out in a culturally appropriate and linguistically competent manner, focusing on unserved and underserved communities. This program fosters youths' transition to community life via on-site case management, linkage to employment training, life skills training (including budget management), and linkages to vocational and post-secondary education. The Transitional Supportive Housing Program also collaborates with other service providers, health organizations and agencies, such as Child Welfare Services, alcohol and drug programs, private nonprofit providers, faith-based organizations and other community supports.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
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*PEI Projects previously approved are now called Previously Approved Programs

County: Tulare

Program Number/Name: 7 – One Stop Center Programs / North, Central and South Tulare County

Date: December 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$4,045,367</td> <td style="text-align: center;">\$3,008,515</td> <td style="text-align: center;">-26%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$4,045,367	\$3,008,515	-26%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$4,045,367	\$3,008,515	-26%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <ul style="list-style-type: none"> a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation. 									
In FY 09/10 the One Stop Center Programs / North, Central and South Tulare County was reflected was reflected on Exhibit E-1 as three lines: One Stop North, One Stop Central, and One Stop South. All of these locations continue to exist, and continue to provide the same services to the same populations; however, these three lines have been consolidated on the FY 10/11 Plan Update into one line called One Stop Center Programs / North, Central and South Tulare County. The consolidation occurred as a way to streamline the program within the CSS Plan per the recommendation by the State Department of Mental Health.										
One Stop Center Programs provide an array of comprehensive mental health services in conjunction with alcohol and drug services for children, youth and transitional										

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

age youth (ages 16-25) with severe and persistent mental illness or serious emotional disturbance, and who are underserved, at risk of out-of-home placement, at risk of justice system involvement, and diagnosed with co-occurring disorders. Services are provided in English and Spanish. The One Stop Centers are strategically located in North, Central, and South Tulare County in an effort to optimize outreach and engagement efforts. The programs provide linkages and services consistent with CSS requirements. The One Stop Programs also collaborate with other service providers, health organizations and agencies, such as Child Welfare Services, alcohol and drug programs, private nonprofit providers, faith-based organizations and other community supports.

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

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: Tulare

Select one:

Program Number/Name: 8 – Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County

- CSS
- WET
- PEI
- INN

Date: December 15, 2010

CSS and WET										
Previously Approved										
No.	Question	Yes	No	Answer						
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4. a)	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$2,301,711</td> <td style="text-align: center;">\$1,667,254</td> <td style="text-align: center;">-28%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$2,301,711	\$1,667,254	-28%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$2,301,711	\$1,667,254	-28%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No	Answer						
1.	Is this a consolidation of two or more existing programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									
<p>In FY 09/10 the Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County was reflected on Exhibit E-1 as two lines: Mobile South and Mobile North.. All of these locations continue to exist, and continue to provide the same services to the same populations; however, these two lines have been consolidated on the FY 10/11 Plan Update into one line called Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County. The consolidation occurred as a way to streamline the program within the CSS Plan per the recommendation by the State Department of Mental Health.</p>										

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PREVIOUSLY APPROVED PROGRAM

The priority population for the Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County is underserved and unserved children, youth, transitional age youth, adults, and older adults with severe and persistent mental illness in rural communities. Additional characteristics include those who have a mental illness and are homeless or at risk of homelessness, those with co-occurring disorders, those at risk of criminal justice involvement, those impacted by domestic violence, and individuals who are currently institutionalized or at risk of institutionalization. The program provides mental health services and linkages to other services for populations that are currently underserved and unserved in Tulare County. The Mobile Programs also collaborate with other service providers, health organizations and agencies, such as Public Health Nurse on Mobile Units, Child Welfare Services, alcohol and drug programs, private nonprofit providers, faith-based organizations and other community supports.

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

*PEI Projects previously approved are now called Previously Approved Programs

County: Tulare

Program Number/Name: Maternal Mental Health Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
Due to the FY 10/11 budget reductions, the Maternal Mental Health Program will reduce an Office Assistant position from 0.50 FTE to 0.25 FTE and an Administrative Specialist position from 0.50 FTE to 0.15 FTE. Direct services will not be negatively impacted.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: Family Interaction Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>							
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
Due to the FY 10/11 funding reductions, the Family Interaction Program will reduce community education. Direct services will not be negatively impacted.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: Family Integration Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
Due to the FY 10/11 funding reductions, the Family Integration Program will reduce the Therapist position from 1.0 FTE to 0.80 FTE, and reduce the Parent Educator positions from 3.0 FTE to 2.20 FTE. The reduction will also lead to a decrease in families served from 180 to 140.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: <u>140</u>			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
		Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: K-3 Early Intervention Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>							
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
Due to the FY 10/11 funding reductions, the K-3 Early Intervention Program will eliminate a 0.38 FTE secretary position and reduce a Mental Health Consultant position from 0.06 FTE to 0.03 FTE. The program will also reduce budget for mileage reimbursement, program materials, training and data evaluation. Direct services will not be negatively impacted.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: Preschool Expulsion Reduction Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes. Direct services will not be negatively impacted.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: Early Identification of Serious Mental Illness

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes. Direct services will not be negatively impacted.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			Prevention
				Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: Suicide Prevention Task Force

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes. Direct services will not be negatively impacted.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

PREVIOUSLY APPROVED PROGRAM

County: Tulare

Program Number/Name: Warm Line – Spanish and English Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>							
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
Due to the FY 10/11 funding reductions, the Warm Line – Spanish and English Program will eliminate a 0.50 FTE clerical position, reduce training expenses and restructure equipment costs. Direct services will not be negatively impacted.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: 2-1-1 Referral System Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
Due to the FY 10/11 funding reductions, the 2-1-1- Referral Program will reduce budget for two of the outreach staff positions. During FY 09/10, an additional 5% to 10% of staff time will be dedicated to outreach services for the underserved communities.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

County: Tulare

Program Number/Name: Warm Line – LGBTQ Program (Trevor Project)

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

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

County: Tulare

Program Number/Name: Home-Delivered Meals Program

Date: June 15, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
Due to the FY 10/11 funding reductions, the Home Delivered Meals Program will reduce a Licensed Social Worker position from 0.50 FTE to 0.20 FTE. Direct services will not be negatively impacted.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			Prevention
				Early Intervention
	Total Individuals:			
	Total Families:			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

ELIMINATION OF PROGRAM/PROJECT

County: Tulare

Program/Project Number/ Name: Reducing Stigma for the Un/Underserved - #6 - Social Marketing Program

Date: 06/15/10

Select one:

- CSS
- WET
- CF
- TN
- PEI¹
- INN

1. Clearly identify the program/project proposed for elimination.

The objective of this program is outreach and education of mental health issues and services to the community, with the long-term goal of stigma reduction. A primary purpose of this project is to form and maintain a collaborative effort in Tulare County composed of government agencies, community-based organizations, and the media to address the issue of Stigma Reduction in Tulare County. The key to this successful collaborative effort is clarifying and strengthening existing services and creating linkages between services and groups to enhance the service delivery to the community, and getting this knowledge to the un/underserved population.

Social Marketing will have a positive impact in reducing disparities in mental health by increasing awareness of mental health issues and available programs, especially among un/underserved cultural populations.

The goals of the Social Marketing Program are:

- Increase mental health awareness through culturally competent and linguistically competent materials designed for the un/underserved populations
- Increase awareness of available mental health services provided by the county and the community
- Promote wellness and recovery

2. Describe the rationale for eliminating the program/project.

The goals of the Social Marketing Program are easily absorbed into the 2-1-1 Referral Program as well as both the English/Spanish Warm Line and LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning Youth) Warm Line. Both Warm Lines and the Referral Program increase the public's awareness of mental health and services to un/underserved populations.

3. Describe how the funding for the eliminated program/project will be used.

The \$540,649 that was originally intended for the Social Marketing Program will be used to fund the PEI Prudent Reserve.

¹ For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

County: Tulare

Date: 6/15/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$9,651,600			\$2,542,100		
2. Transfers						
3. Adjusted Planning Estimates	\$9,651,600					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$11,335,594	\$0	\$0	\$2,658,984		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}	\$0					
c. Unexpended FY 2008/09 Funds	\$1,683,994			\$116,884		
d. Adjustment for FY 2009/2010						
e. Total Net Available Unexpended Funds	\$1,683,994	\$0	\$0	\$116,884	\$0	
4. Total FY 2010/11 Funding Request	\$9,651,600	\$0	\$0	\$2,542,100	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}	\$0					
c. Unapproved FY 08/09 Planning Estimates	\$0					
d. Unapproved FY 09/10 Planning Estimates	\$0					
e. Unapproved FY10/11 Planning Estimates	\$1,813,267			\$2,542,100		
Sub-total	\$1,813,267	\$0		\$2,542,100	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}	\$0					
c. Unapproved FY 08/09 Planning Estimates	\$0					
d. Unapproved FY 09/10 Planning Estimates	\$0					
e. Unapproved FY10/11 Planning Estimates	\$7,838,333					
Sub-total	\$7,838,333	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$9,651,600	\$0	\$0	\$2,542,100	\$0	

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

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

CSS BUDGET SUMMARY

County: Tulare

Date: 6/15/2010

CSS Programs			FY 10/11 Requested MHPA Funding	Estimated MHPA Funds by Service Category				Estimated MHPA Funds by Age Group			
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHPA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs											
1.	5	Transitional Living Center (TLC)	\$1,433,413	\$1,433,413				\$186,344	\$1,161,064	\$86,005	
2.	2	Transitional Supportive Housing/TAY	\$451,000	\$451,000				\$451,000			
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 ^{a/}		\$1,884,413	\$1,884,413	\$0	\$0	\$0	\$637,344	\$1,161,064	\$86,005	
17.	Plus up to 15% County Administration		\$282,662								
18.	Plus up to 10% Operating Reserve		\$216,707								
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$2,383,782								
New Programs											
1.	1	One-Stop Center Programs (North, Central, and South Tulare County)	\$3,008,515	\$ 2,286,471.00	\$ 391,108.00	\$ 330,936.00	\$ 1,384,535.00	\$ 1,623,980.00			
2.	3	Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County	\$1,667,254	\$1,267,113	\$216,743	\$183,398	\$189,208	\$63,204	\$689,432	\$725,410	
3.	4	Full Service Partnership/Visalia & Porterville Adult Clinics	\$1,630,253	\$1,630,253				\$260,840	\$1,353,110	\$16,303	
4.	6	Mental Health Court	\$161,357	\$161,357				\$50,021	\$104,882	\$6,454	
5.	7	Transition and Linkages Team	\$493,565	\$493,565			\$34,550	\$296,139	\$162,876		
6.	8	ETAP Supportive Services	\$251,340	\$251,340					\$226,206	\$25,134	
7.	9	Wellness & Recovery Center	\$23,900		\$23,900			\$2,629	\$19,837	\$1,434	
8.											
9.											
10.											
11.											
12.	Subtotal: Programs ^{a/}		\$7,236,184	\$6,090,099	\$631,751	\$514,334	\$0	\$1,608,293	\$2,296,813	\$2,556,343	
13.	Plus up to 15% County Administration		\$1,085,428								
14.	Plus up to 10% Operating Reserve		\$630,200								
15.	Subtotal: New Programs/County Admin./Operating Reserve		\$8,951,812								
16.	Total MHPA Funds Requested for CSS		\$11,335,594								

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

87.40%

Additional funding sources for FSP requirement:

County must provide the majority of MHPA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. R

**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:	\$6,311,069	\$0	\$0	\$1,663,443	\$0	\$0	\$0	\$0	\$0	\$7,974,512	#DIV/0!

PEI BUDGET SUMMARY

County: Tulare

Date: 6/15/2010

PEI Programs			FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Type of Intervention		Estimated MHSAs Funds by Age Group				
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs										
1.	1	Children and Youth in Stressed Families	\$719,119	\$481,810	\$237,309	\$352,369	\$165,397	\$201,353		
2.	2	Children at Risk of School Failure	\$523,268	\$523,268		\$523,268				
3.	3	Early Identification and Intervention for Individuals	\$258,542	\$258,542		\$82,733	\$175,809			
4.		Experiencing Mental Illness	\$0							
5.	4	Suicide Prevention	\$335,475	\$167,738	\$167,737	\$83,869	\$83,869	\$83,868	\$83,869	
6.	5	Reducing Disparities in Access to Mental Health	\$474,951	\$474,951		\$118,738	\$118,738	\$118,737	\$118,738	
7.		Services	\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs*		\$2,311,355	\$1,906,309	\$405,046	\$1,160,977	\$543,813	\$403,958	\$202,607	Percentage
17.	Plus up to 15% County Administration		\$265,898							12%
18.	Plus up to 10% Operating Reserve		\$81,731							3.2%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$2,658,984							
New Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0							
10.	Total MHSAs Funds Requested for PEI		\$2,658,984							

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

74%

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

CSS and WET NEW PROGRAM DESCRIPTION

County: Tulare

Program Number/Name: 1 – One Stop Center Programs / North, Central and South Tulare County

Date: October 29, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY	34	65	171	\$ 3,811
TAY	41	80	209	\$ 3,811
Adults				\$
OA				\$
Total	75	145	380	
Total Number of Clients to be Served (all service categories):			600	

NEW PROGRAMS ONLY

CSS and WET

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

One Stop Center Programs provide an array of comprehensive mental health services in conjunction with alcohol and drug services for children, youth and transitional age youth (ages 16-25) with severe and persistent mental illness or serious emotional disturbance, and who are underserved, at risk of out-of-home placement, at risk of justice system involvement, and diagnosed with co-occurring disorders. Services are provided in English and Spanish. The One Stop Centers are strategically located in North, Central, and South Tulare County in an effort to optimize outreach and engagement efforts. The programs provide linkages and services consistent with CSS requirements. The One Stop Programs also collaborate with other service providers, health organizations and agencies, such as Child Welfare Services, alcohol and drug programs, private nonprofit providers, faith-based organizations and other community supports.

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

The One Stop Center Programs were created in response to a growing client base of MHSA qualified consumers throughout Tulare County. This increases the ability to respond to the community need for access to mental health services, as identified throughout the Tulare County MHSA Stakeholder process.

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

The One Stop Center Programs relate to both the community collaboration and integrated services experiences standards of California Code Regulations, Title 9, Section 3320. The standard of community collaboration is the met by the cooperation of several government and non-profit agencies working together to bring a variety of services to clients within the One Stop Center Programs. Integrated services experiences are addressed by the program's method of providing clients with resources to a variety of services within Tulare County.

CSS Only

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

The target populations are all eligible MHSA clients including children, youth and transitional age youth (ages 16-25) who have a severe and persistent mental illness or serious emotional disturbance and are un/underserved, at risk of out-of-home placement, those currently or at risk of involvement with the justice system, and/or have a co-occurring disorder.

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

CSS and WET NEW PROGRAM DESCRIPTION

In compliance with W&I Code, Section 5847, adequate personnel have been assigned to the One Stop Center Programs in order to serve the proposed number of clients.

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
<p>In FY 09/10 the One Stop Center Programs / North, Central and South Tulare County was reflected was reflected on Exhibit E-1as three lines: One Stop North, One Stop Central, and One Stop South. All of these locations continue to exist, and continue to provide the same services to the same populations; however, these three lines have been consolidated on the FY 10/11 Plan Update into one line called One Stop Center Programs / North, Central and South Tulare County. The consolidation occurred as a way to streamline the program within the CSS Plan per the recommendation by the State Department of Mental Health.</p> <p>One Stop Center Programs provide an array of comprehensive mental health services in conjunction with alcohol and drug services for children, youth and transitional age youth (ages 16-25) with severe and persistent mental illness or serious emotional disturbance, and who are underserved, at risk of out-of-home placement, at risk of justice system involvement, and diagnosed with co-occurring disorders. Services are provided in English and Spanish. The One Stop Centers are strategically located in North, Central, and South Tulare County in an effort to optimize outreach and engagement efforts. The programs provide linkages and services consistent with CSS requirements. The One Stop Programs also collaborate with other service providers, health organizations and agencies, such as Child Welfare Services, alcohol and drug programs, private nonprofit providers, faith-based organizations and other community supports.</p>
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
<p>In FY 09/10 the One Stop Center Programs / North, Central and South Tulare County was reflected was reflected on Exhibit E-1as three lines: One Stop North, One Stop Central, and One Stop South. All of these locations continue to exist, and continue to provide the same services to the same populations; however, these three lines have been consolidated on the FY 10/11 Plan Update into one line called One Stop Center Programs / North, Central and South Tulare County. The consolidation occurred as a way to streamline the program within the CSS Plan per the recommendation by the State Department of Mental Health.</p>

County: Tulare

Date: 10/29/2010

Program/Project Name and #: One Stop Center Programs / North, Central and South Tulare County - 1

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	\$22,100			\$22,100
b. Other Supports	\$52,500			\$52,500
2. General System Development Housing				\$0
3. Personnel Expenditures	\$1,303,321			\$1,303,321
4. Operating Expenditures	\$1,630,594			\$1,630,594
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$3,008,515	\$0	\$0	\$3,008,515
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Tulare

Date: 10/29/2010

Program/Project Name and #: One Stop Center Programs / North, Central and South Tulare County - 1

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$3,008,515	\$0	\$0	\$3,008,515

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tiffani Gravito

Telephone Number: (559) 624-7459

CSS New Program Budget Narrative

County: Tulare

Program Number/Name: Program 1, One Stop Centers (Central, North & South Tulare County)

Date: November 16, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is a decrease in funding of 26%. Program services will remain as previously approved.

County Mental Health Department

- 1a. Client, Family Member and Caregiver support expenditures for individual-based Housing in the amount of \$22,100 will be used to support clients.
- 1b. Client, Family Member and Caregiver support expenditures for Other Support in the amount of \$52,500 will be used to support clients.
- 3. Personnel expenditures in the amount of \$1,303,321 will be used to fund the infrastructure and administration of the program.
- 4. Operating expenditures in the amount of \$1,630,594 will be used to fund the services and supplies for the infrastructure and administrative of the program.
- 8. The total proposed expenditures are \$3,008,515 for the County of Tulare HHS Department of Mental Health.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is \$3,008,515

CSS and WET NEW PROGRAM DESCRIPTION

County: Tulare

Check boxes that apply:

Program Number/Name: 3 – Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: October 29, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY	10	32	50	\$ 1,653
TAY	3	8	12	\$ 1,653
Adults	28	91	144	\$ 1,686
OA	39	129	204	\$ 1,703
Total	80	260	410	
Total Number of Clients to be Served (all service categories):			750	

NEW PROGRAMS ONLY

CSS and WET

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

The priority population for this program is underserved and unserved children, youth, transitional age youth, adults, and older adults with severe and persistent mental illness in rural communities. Additional characteristics include those who have a mental illness and are homeless or at risk of homelessness, those with co-occurring disorders, those at risk of criminal justice involvement, those impacted by domestic violence, and individuals who are currently institutionalized or at risk of institutionalization. The program provides mental health services and linkages to other services for populations that are currently underserved and unserved in Tulare County. The Mobile Programs also collaborate with other service providers, health organizations and agencies, such as Public Health Nurse on Mobile Units, Child Welfare Services, alcohol and drug programs, private nonprofit providers, faith-based organizations and other community supports.

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

The Mobile Programs were created in response to a growing client base of MHSA qualified consumers throughout Tulare County. This increases the ability to respond to the community need for access to mental health services, as identified throughout the Tulare County MHSA Stakeholder process.

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

The Mobile Programs relate to both the community collaboration and integrated services experiences standards of California Code Regulations, Title 9, Section 3320. The standard of community collaboration is the met by the cooperation of several government and non-profit agencies working together to bring a variety of services to clients within the Mobile Programs. Integrated services experiences are addressed by the program's method of providing clients with resources to a variety of services within Tulare County.

CSS Only

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

The target populations are all eligible MHSA clients including children, youth, transitional age youth, adults and older adults who have a severe and persistent mental illness or serious emotional disturbance and are un/underserved, at risk of out-of-home placement, those currently or at risk of involvement with the justice system, and/or have a co-occurring disorder.

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

CSS and WET NEW PROGRAM DESCRIPTION

Code § 5847).
In compliance with W&I Code, Section 5847, adequate personnel have been assigned to the Mobile Programs in order to serve the proposed number of clients.
3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

CSS and WET NEW PROGRAM DESCRIPTION

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
<p>In FY 09/10 the Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County was reflected on Exhibit E-1 as two lines: Mobile South and Mobile North.. All of these locations continue to exist, and continue to provide the same services to the same populations; however, these two lines have been consolidated on the FY 10/11 Plan Update into one line called Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County. The consolidation occurred as a way to streamline the program within the CSS Plan per the recommendation by the State Department of Mental Health.</p> <p>The priority population for the Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County is underserved and unserved children, youth, transitional age youth, adults, and older adults with severe and persistent mental illness in rural communities. Additional characteristics include those who have a mental illness and are homeless or at risk of homelessness, those with co-occurring disorders, those at risk of criminal justice involvement, those impacted by domestic violence, and individuals who are currently institutionalized or at risk of institutionalization. The program provides mental health services and linkages to other services for populations that are currently underserved and unserved in Tulare County. The Mobile Programs also collaborate with other service providers, health organizations and agencies, such as Public Health Nurse on Mobile Units, Child Welfare Services, alcohol and drug programs, private nonprofit providers, faith-based organizations and other community supports.</p>
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
<p>In FY 09/10 the Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County was reflected on Exhibit E-1 as two lines: Mobile South and Mobile North.. All of these locations continue to exist, and continue to provide the same services to the same populations; however, these two lines have been consolidated on the FY 10/11 Plan Update into one line called Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County. The consolidation occurred as a way to streamline the program within the CSS Plan per the recommendation by the State Department of Mental Health.</p>

County: Tulare

Date: 10/29/2010

Program/Project Name and #: Unidos Para la Salud / United for Health Mobile Unit Program,
North Tulare County and South Tulare County - 3

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	\$43,500			\$43,500
b. Other Supports	\$121,231			\$121,231
2. General System Development Housing				\$0
3. Personnel Expenditures	\$967,428			\$967,428
4. Operating Expenditures	\$535,095			\$535,095
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$1,667,254	\$0	\$0	\$1,667,254
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Tulare

Date: 10/29/2010

Program/Project Name and #: Unidos Para la Salud / United for Health Mobile Unit Program,
North Tulare County and South Tulare County - 3

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$1,667,254	\$0	\$0	\$1,667,254

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tiffani Gravito

Telephone Number: (559) 624-7459

CSS New Program Budget Narrative

County: Tulare

Program Number/Name: Program 3, Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County

Date: November 16, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is a decrease in funding of 27%. Program services will remain as previously approved.

County Mental Health Department

- 1a. Client, Family Member and Caregiver support expenditures for individual-based Housing in the amount of \$43,500 will be used to support clients.
- 1b. Client, Family Member and Caregiver support expenditures for Other Support in the amount of \$121,231 will be used to support clients.
- 3. Personnel expenditures in the amount of \$967,428 will be used to fund the infrastructure and administration of the program.
- 4. Operating expenditures in the amount of \$535,095 will be used to fund the services and supplies for the infrastructure and administrative of the program.
- 8. The total proposed expenditures are \$1,667,254 for the County of Tulare HHS Department of Mental Health.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is \$1,667,254

CSS and WET NEW PROGRAM DESCRIPTION

County: Tulare

Check boxes that apply:

Program Number/Name: 4 - Tulare County Full Service Partnership/Visalia and Porterville Adult Clinics (VAC/PAC)

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

Date: June 15, 2010

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY	17			\$ 15,344
Adults	91			\$ 14,869
OA	1			\$ 16,303
Total	109			
Total Number of Clients to be Served (all service categories):			109	

NEW PROGRAMS ONLY

CSS and WET

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

The Tulare County Full Service Partnership (FSP) program is based on the AB 2034 model and assertive community treatment approach to engage persons at risk. Outreach and engagement strategies will be used in a non-coercive way to offer intensive services to enable the individuals to remain in the community. The overall goal of the program is to divert adults with serious and persistent mental illness from acute or long term institutionalization and instead, to succeed in the community with sufficient structure and support, consistent with the philosophy of the Mental Health Services Act.

The County FSP Co-Occurring Disorder Program will focus on wellness, not only on illness, and communicate a message of hope and reassurance by promoting self-reliance, empowerment, assertiveness and perseverance, enabling those who participate to obtain and maintain positive social connections; live in safety and in a setting which is of their choosing; have access to integrated mental health and drug/alcohol treatment if they choose; receive assistance to engage in meaningful activity such as employment or education/ training; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; have continuity in their providers; and have individualized service plans.

This program will actively attempt to reduce disparities in services to the identified ethnic groups who are currently underserved in our community; to provide improved, integrated drug/alcohol and mental health treatment for those with co-occurring disorders; to provide assistance in obtaining housing and employment, to assure a consumer-friendly approach to service planning and delivery; to offer peer-delivered services; and as a result to decrease homelessness and substance abuse and promote recovery.

The Tulare County FSP program provides the full range of services including assessment, individualized treatment, planning, case management, integrated co-occurring treatment, medication services, housing and integrated vocational services. Participants can select from a variety of services and supports to move them towards achieving greater independence. An individualized service plan and a Wellness and Recovery Plan is developed with the participant to address the type of services and specific actions desired, guided by an assessment of each individual's strengths and resources.

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

The Tulare County FSP program was created in response to a growing client base of MHSA qualified consumers at the Tulare County Visalia and Porterville Adult Clinics. This increases the ability to respond to the community need for access to mental health services, as identified throughout the Tulare County MHSA Stakeholder process.

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

The Tulare County Full Service Partnership Program relates to both the client driven and wellness, recovery, and resilience focused standards of California Code Regulations, Title 9, Section 3320. The standard of client driven services

CSS and WET NEW PROGRAM DESCRIPTION

is central to the Full Service Partnership Program as it is the client's input that will determine which services will be provided and the manner in which these services will be delivered. The wellness, recovery, and resilience focused standard is met by the variety of classes and trainings offered through the program that support this goal, such as life skills training, volunteer opportunities and encouragement of either public or independent transportation.

CSS Only

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

The Tulare County Full Service Partnership Program will provide services to transitional age youth, adults and older adults with severe and persistent mental illness, many of whom have co-occurring disorders.

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

In compliance with W&I Code, Section 5847, an appropriate level of personnel have been assigned to the Visalia Adult Clinic and Porterville Adult Clinic in order to adequately serve the proposed number of clients.

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

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Full Service Partnership/Visalia & Porterville Clinics - 4

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$1,059,020			\$1,059,020
4. Operating Expenditures	\$571,233			\$571,233
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$1,630,253	\$0	\$0	\$1,630,253
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Innovation (INN)				
1. Personnel				\$0

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Full Service Partnership/Visalia & Porterville Clinics - 4

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$1,630,253	\$0	\$0	\$1,630,253

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tiffani Gravito

Telephone Number: (559) 624-7459

CSS New Program Budget Narrative

County: Tulare

Program Number/Name: Program 4, Full Service Partnerships, Visalia & Porterville Clinics

Date: November 16, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

This program will provide funding support for the existing Visalia Adult and the Porterville Adult Clinics through the Full Service Partnership program.

County Mental Health Department

3. Personnel expenditures in the amount of \$1,059,020 will be used to fund the infrastructure and administration of the program.

4. Operating expenditures in the amount of \$571,233 will be used to fund the services and supplies for the infrastructure and administrative of the program.

8. The total proposed expenditures are \$1,630,253 for the County of Tulare HHSA Department of Mental Health.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is \$1,630,253

CSS and WET NEW PROGRAM DESCRIPTION

County: Tulare

Program Number/Name: 6 - Mental Health Court

Date: June 15, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY	8			\$ 6,253
Adults	17			\$ 6,170
OA	1			\$ 6,454
Total	26			
Total Number of Clients to be Served (all service categories):			26	

NEW PROGRAMS ONLY

CSS and WET

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

The Mental Health Court Program provides courts with resources to improve clients' social functioning and link them to employment, housing, treatment, and support services, emphasizing continuing judicial supervision and the coordinated delivery of services. This includes specialized training of criminal justice personnel to identify and address the unique needs of offenders who are mentally ill, centralized case management and continuing supervision of treatment plan compliance. The program will also provide continuity of psychiatric care at the end of the supervised period and voluntary outpatient mental health treatment, in the least restrictive manner appropriate as determined by the Court. The goal of Tulare County's Mental Health Court is to decrease the clients' frequency of contact with the criminal justice system.

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

During the initial CSS Planning process, it was noted that, unfortunately, the jail is a frequent point of contact for many individuals with mental health issues. The need to reduce the use of the jail as a system entrance or service site was the focus of the Transition and Linkages Team as well as the Mental Health Court program.

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

The Mental Health Court Program relates to both the community collaboration and integrated services experiences standards of California Code Regulations, Title 9, Section 3320. The standard of community collaboration is the met by the cooperation of several government and non-profit agencies working together to bring a variety of services to clients within the Mental Health Court Program. Integrated services experiences are addressed by the program's method of providing clients with resources to a variety of services within Tulare County.

CSS Only

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

The target populations are all eligible MHSA clients including transitional age youth, adults and older adults who have a severe and persistent mental illness or serious emotional disturbance and are un/underserved, at risk of out-of-home placement, those currently or at risk of involvement with the justice system, and/or have a co-occurring disorder. Services will be provided in both English and Spanish.

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

In compliance with W&I Code, Section 5847, more personnel have been assigned to the Mental Health Court Program in order to adequately serve the proposed number of clients.

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

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
<p>The Mental Health Court's budget was reduced by 28% from FY 09/10 to FY 10/11 due to a refinement to the budget. The Mental Health Court program was new in FY 09/10 therefore the budget was not reflective of prior years spending patterns. Once the program was in effect for a full year (FY 09/10), adjustments were able to be applied to the budget to reflect a more accurate expenditure pattern which is the basis for the 28% budget reduction in FY 10/11. No changes were made within the program or target population.</p> <p>The Mental Health Court Program provides courts with resources to improve clients' social functioning and link them to employment, housing, treatment, and support services, emphasizing continuing judicial supervision and the coordinated delivery of services. This includes specialized training of criminal justice personnel to identify and address the unique needs of offenders who are mentally ill, centralized case management and continuing supervision of treatment plan compliance. The program will also provide continuity of psychiatric care at the end of the supervised period and voluntary outpatient mental health treatment, in the least restrictive manner appropriate as determined by the Court. The goal of Tulare County's Mental Health Court is to decrease the clients' frequency of contact with the criminal justice system.</p>
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
<p>The Mental Health Court's budget was reduced by 28% from FY 09/10 to FY 10/11 due to a refinement to the budget. The Mental Health Court program was new in FY 09/10 therefore the budget was not reflective of prior years spending patterns. Once the program was in effect for a full year (FY 09/10), adjustments were able to be applied to the budget to reflect a more accurate expenditure pattern which is the basis for the 28% budget reduction in FY 10/11. No changes were made within the program or target population.</p>

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Mental Health Court - 6

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$161,357			\$161,357
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$161,357	\$0	\$0	\$161,357
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Mental Health Court - 6

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$161,357	\$0	\$0	\$161,357

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tiffani Gravito

Telephone Number: (559) 624-7459

CSS New Program Budget Narrative

County: Tulare

Program Number/Name: Program 6, Mental Health Court

Date: November 16, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is a decrease in funding of 28%. Program services will remain as previously approved.

County Mental Health Department

3. Personnel expenditures in the amount of \$161,357 will be used to fund the infrastructure and administration of the program.

8. The total proposed expenditures are \$161,357 for the County of Tulare HHS Department of Mental Health.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is \$161,357

CSS and WET NEW PROGRAM DESCRIPTION

County: Tulare

Program Number/Name: 7 - Transition and Linkages Team (formerly Jail Transition and Linkages Team)

Date: June 15, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY	6			\$ 5,758
TAY	53			\$ 5,588
Adults	29			\$ 5,616
OA				\$
Total	88			
Total Number of Clients to be Served (all service categories):			88	

NEW PROGRAMS ONLY

CSS and WET

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

The Transition and Linkages Team, formerly known as the Jail Transition and Linkages Team, identifies those individuals who meet the criteria for FSP programs and coordinates referral and linkages to same. The Team interviews and assesses referred clients to determine the level and type of care, develops a release plan, and coordinates with outpatient clinical services.

This program will provide outreach to incarcerated individuals receiving services from Criminal Justice Mental Health Services as well as individuals who are to be released from acute hospitalizations for mental illness. The purpose of the Transition and Linkages Team will be to ensure each client's return to appropriate levels of mental health services and supports (e.g., housing and employment services) prior to their release from jail or hospitalization. All Linkage services will take place while the client is incarcerated or hospitalized, thus ensuring a seamless transition from criminal justice or acute mental health services to community-based services. Clients that have a history of three or more hospitalizations for mental illness will receive more intensive case management and linkages services. The goal of these services is to prevent direct release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services and to build trust between the client and mental health service providers.

Clients will be offered intensive case management which will serve the following functions:

- Outreach and Consumer Identification
- Assessment and Planning
- Direct Service Provision/Intervention
- Monitoring, Evaluation and Follow-Up
- Information, Liaison, Advocacy, Consultation and Collaboration

Each client will be given services in three phases of decreasing intensity starting with Assessment & Stabilization, then moving on to Recovery & Maintenance, and completing the program with Peer Facilitated services. Intensive case management will be client-driven and will promote independence and an improved quality of life.

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

During the initial CSS Planning process, it was noted that, unfortunately, the jail is a frequent point of contact for many individuals with mental health issues. The need to reduce the use of the jail as a system entrance or service site was the focus of the Transition and Linkages Team as well as the Mental Health Court program.

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

The Transition and Linkages Team relates to both the Client Driven and Integrated Services Experiences standards of

CSS and WET NEW PROGRAM DESCRIPTION

California Code Regulations, Title 9, Section 3320. The standard of Client Driven services is central to the Transition and Linkages Team as it is the client's input that will determine which services will be provided and the manner in which they will be delivered. Integrated Services Experiences is addressed by the program's method of providing clients with resources to a variety of services both within Tulare County (i.e. Probation, Alcohol & Drug, Public Health, Child Welfare Services) and within the community (i.e. family resource centers, community support groups, housing, employment).

CSS Only

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

The target populations are all eligible MHSA clients including youth, transitional age youth, and adults who have a severe and persistent mental illness or serious emotional disturbance and are under/unserved; at risk of out-of-home placement or leaving placement; currently involved or at risk of involvement with the justice system; experiencing co-occurring disorders. Services will be provided in both English and Spanish.

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

In compliance with W&I Code, Section 5847, more personnel have been assigned to the Transition and Linkages Team in order to adequately serve the proposed number of clients.

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

CSS and WET NEW PROGRAM DESCRIPTION

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
<p>The budget for the Transition and Linkages Team, formerly known as the Jail Transition and Linkages Team, has been expanded 28% from FY 09/10 Plan Update. This increase allows for the addition of an Intensive Treatment Tract. Clients that have a history of three or more hospitalizations for mental illness will receive more intensive case management and linkages services. The goal of these services is to prevent direct release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services and to build trust between the client and mental health service providers.</p> <p>Clients will be offered intensive case management which will serve the following functions:</p> <ul style="list-style-type: none"> • Outreach and Consumer Identification • Assessment and Planning • Direct Service Provision/Intervention • Monitoring, Evaluation and Follow-Up • Information, Liaison, Advocacy, Consultation and Collaboration <p>Each client will be given services in three phases of decreasing intensity starting with Assessment & Stabilization, then moving on to Recovery & Maintenance, and completing the program with Peer Facilitated services. Intensive case management will be client-driven and will promote independence and an improved quality of life.</p>
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
<p>During periodic Quality Improvement Committee (QIC) reviews of the previous Jails and Linkages program, it was noted that consumer who had a more acute and recurring history of prior hospitalizations and incarcerations needed more intensive services to assist in decreasing the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services and to build trust between the client and mental health service providers. Therefore an Intensive Treatment Tract was developed for this target population in association with this program.</p>

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Transition and Linkages Team - 7

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$493,565			\$493,565
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$493,565	\$0	\$0	\$493,565
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Transition and Linkages Team - 7

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$493,565	\$0	\$0	\$493,565

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tiffani Gravito

Telephone Number: (559) 624-7459

CSS New Program Budget Narrative

County: Tulare

Program Number/Name: Program 7, Transition and Linkages Team

Date: November 16, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

The only change in this program is an increase in funding of 28%. Program services will remain as previously approved.

County Mental Health Department

3. Personnel expenditures in the amount of \$493,565 will be used to fund the infrastructure and administration of the program.

8. The total proposed expenditures are \$493,565 for the County of Tulare HHS Department of Mental Health.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is \$493,565

CSS and WET NEW PROGRAM DESCRIPTION

County: Tulare

Program Number/Name: 8 - East Tulare Avenue Program (ETAP) Supportive Services Program

Date: June 15, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY				\$
Adults	20			\$ 11,310
OA	2			\$ 12,567
Total	22			
Total Number of Clients to be Served (all service categories):			22	

NEW PROGRAMS ONLY

CSS and WET

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

The East Tulare Apartments Program (ETAP) is the acquisition and rehabilitation of an existing housing structure which will provide permanent housing to adults with severe or persistent mental health illnesses who are homeless or at-risk of homelessness. The goal of the ETAP Supportive Services Program is to provide case management services and activities that support community re-integration to adults with persistent or severe mental illness whom are housed at the ETAP. All services offered to the client will be voluntary and both the client's case manager and the resident services coordinator will work together to ensure that the on-site training will maximize the client's progress in attaining their service plan goals.

These services will be aimed at socialization/recreational activities and community re-integration, as well as general life skills training, such as cooking, doing laundry, and health education. Clients will also be offered personal growth opportunities through volunteering and community event participation. Stabilization supportive services will be provided on an as-needed basis.

Clients will develop and facilitate a tenant council as well as peer-run wellness groups. The Wellness and Recovery Centers at the nearby Transitional Living Center and the Community Living Center will be open to these clients, which offer crafts, games, peer-run wellness groups and other recreational activities. The Supportive Services Program will offer direct transportation but the clients will be encouraged to use public transportation or their own transportation method as a milestone toward long-term self-sufficiency.

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

ETAPs Supportive Services Program provides supportive services for the Tulare County Mental Health Services Act (MHSA) Housing Program, which is consistent with the Department's Community Services and Supports (CSS) Fiscal Year 2009/2010 Plan. This program provides permanent, supportive, affordable housing for homeless adults with persistent severe mental illness, many of whom have issues with substance abuse.

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

ETAP Supportive Services Program relates to both the client driven and wellness, recovery, and resilience focused standards of California Code Regulations, Title 9, Section 3320. The standard of client driven services is central to the Supportive Services program as it is the client's input that will determine which services will be provided and the manner in which these services will be delivered. The wellness, recovery, and resilience focused standard is met by the variety of classes and trainings offered through the program that support this goal, such as life skills training, volunteer opportunities and encouragement of either public or independent transportation.

CSS Only

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

The ETAP Supportive Services Program will provide services to adults and older adults with psychiatric disabilities who are homeless or at-risk of homelessness, many of whom have co-occurring disorders.

CSS and WET NEW PROGRAM DESCRIPTION

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

In compliance with W&I Code, Section 5847, Tulare County has coordinated with the Housing Authority of Tulare County in order to provide permanent housing to MHSA clients. Also, personnel have been assigned to the ETAP Supportive Services Program in order to adequately serve the proposed number of clients.

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

County: Tulare

Date: 6/15/2010

Program/Project Name and #: ETAP Supportive Services Program - 8

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing	\$1,200			\$1,200
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$186,000			\$186,000
4. Operating Expenditures	\$38,110			\$38,110
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures	\$26,030			\$26,030
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$251,340	\$0	\$0	\$251,340
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: Tulare

Date: 6/15/2010

Program/Project Name and #: ETAP Supportive Services Program - 8

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$251,340	\$0	\$0	\$251,340

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tiffani Gravito

Telephone Number: (559) 624-7459

CSS New Program Budget Narrative

County: Tulare

Program Number/Name: Program 8, ETAP Supportive Services

Date: November 16, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

This is a new program in support of a new residential care facility in Tulare County.

County Mental Health Department

1. Client, Family Member and Caregiver expenditures for individual-based Housing support expenditures in the amount of \$1,200 will be used to support the facility when client funds are insufficient.
3. Personnel expenditures in the amount of \$186,000 will be used to fund the infrastructure and administration of the program.
4. Operating expenditures in the amount of \$36,110 will be used to fund the services and supplies for the infrastructure and administrative of the program.
6. Non-recurring expenditures in the amount of \$26,030 will be used to fund services and supplies need for the initial set up of the facility.
8. The total proposed expenditures are \$251,340 for the County of Tulare HHS Department of Mental Health.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is \$251,340

CSS and WET NEW PROGRAM DESCRIPTION

County: Tulare

Program Number/Name: 9 - Wellness and Recovery Centers

Date: June 15, 2010

Check boxes that apply:

- CSS
- WET
- New
- Consolidation
- Expansion
- Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				
TAY		16		
Adults		119		
OA		9		
Total		144		
Total Number of Clients to be Served (all service categories):			144	

NEW PROGRAMS ONLY

CSS and WET

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

The Wellness and Recovery Centers (WRC) are community-based multi-service centers that provide a supportive environment offering choice and self-directed guidance for recovery and transition into community life. They are consumer operated, employ consumers and train individuals for peer counseling, peer mentoring, advocacy and leadership opportunities throughout Tulare County. Services include psycho-educational groups, educational guidance, vocational services, psychiatric support, natural healing practices and creative writing groups. Services will continue to focus on wellness and recovery skills while medication support services will be increased to provide more consumers with an opportunity to access this resource at one of the Centers.

A Peer Partner component will be added to the work plan to serve consumers across the age span. These peer partners will either have direct experience navigating the public mental health system or have bilingual/bicultural skills in Tulare County's threshold languages (Spanish, Filipino, Hmong and Laotian); the LGBTQ community; and/or transition-age youth as well as an understanding of mental health needs of their cultural community. Representatives of this Peer Partner component will be members of the Tulare County Department of Mental Health's management team to ensure youth, consumer and parent/caregiver perspectives are considered in program and policy development including but not limited to, Wellness and Recovery Action Plan (WRAP) training and support groups; assistance to consumers, youth, caregivers and family members in developing and maintaining a wellness and recovery plan; assistance to consumers in locating benefits information; facilitation of community events; linkages to cultural supports and community supports beyond traditional mental health services. This component will establish a foundation of youth, consumer and parent/caregiver voice in the system which can be built upon with the development of new plans and integration of funding. The WRC and the additional Peer Partner component strengthens Tulare County's efforts to integrate the consumer, youth, caregiver and family voice into all aspects of our mental health system and in our work with our diverse community.

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

The Wellness and Recovery Centers were created in response to a growing client base of MHSA qualified consumers throughout Tulare County. This increases the ability to respond to the community need for access to mental health services, as identified throughout the Tulare County MHSA Stakeholder process.

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

The Wellness and Recovery Centers relate to both the client driven and wellness, recovery, and resilience focused standards of California Code Regulations, Title 9, Section 3320. The standard of client driven services is central to the Wellness and Recovery Centers as it is the client's input that will determine which services will be provided and the manner in which these services will be delivered. The wellness, recovery, and resilience focused standard is met by the variety of classes and trainings offered through the program that support this goal, such as life skills training, volunteer opportunities and vocational services.

CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

<p>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Wellness and Recovery Centers will provide services to transition-age youth, adults and older adults with severe and persistent mental illness, many of whom have co-occurring disorders. The Peer Partners component will provide services to youth, transition-age youth, adults and older adults with severe and persistent mental illness, many of whom have co-occurring disorders.</p>
<p>2. Describe the County’s capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).</p>
<p>In compliance with W&I Code, Section 5847, an appropriate level of personnel has been assigned to the Wellness and Recovery Centers in order to adequately serve the proposed number of clients.</p>
<p>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</p>
<p> </p>

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Wellness and Recovery Center - 9

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$10,900			\$10,900
4. Operating Expenditures	\$13,000			\$13,000
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$23,900	\$0	\$0	\$23,900
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Innovation (INN)				
1. Personnel				\$0

County: Tulare

Date: 6/15/2010

Program/Project Name and #: Wellness and Recovery Center - 9

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$23,900	\$0	\$0	\$23,900

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tiffani Gravito

Telephone Number: (559) 624-7459

CSS New Program Budget Narrative

County: Tulare

Program Number/Name: Program 9, Wellness and Recovery Center

Date: November 16, 2010

EXPENDITURES

A. Expenditures

Community Services and Supports

This program will provide funding support for the newly completed Wellness and Recovery Center as approved in the prior Plan Update. The Wellness and Recovery Center will provide support to Full Service Partnership clients, particularly those within the Transitional Living Center and East Tulare Avenue Program.

County Mental Health Department

3. Personnel expenditures in the amount of \$10,900 will be used to fund the infrastructure and administration of the program.
4. Operating expenditures in the amount of \$13,000 will be used to fund the services and supplies for the infrastructure and administrative of the program.
8. The total proposed expenditures are \$23,900 for the County of Tulare HHSA Department of Mental Health.

C. Total Funding Requested:

County Mental Health Department

Total Funding Requested is \$23,900