

File No. 100175

Committee Item No. 11
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee BUDGET AND FINANCE

Date 3/17/10

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
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| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
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| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
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| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
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OTHER

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Completed by: Gail Johnson
Completed by: _____

Date 3/12/10
Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Approval of Mental Health Services Act FY2010-2011 Annual Plan Update]

2
3 **Resolution authorizing adoption the Mental Health Services Act Fiscal Year 2010-2011**
4 **Plan Update for the Community Services and Support, Prevention and Early**
5 **Intervention, and Workforce Education and Training and modification of Contract No.**
6 **07-77338-000 to include this Annual Update in the agreement.**

7
8 WHEREAS, an Annual Plan Update is required in order to access new funding
9 allocations for FY 2010-2011 and unrequested prior year allocations as outlined in
10 Department of Mental Health Information Notice 10-01; and,

11 WHEREAS, San Francisco County received a total allocation of \$20,808,500 for Fiscal
12 Year 2010-2011 (Community Services and Support - \$14,337,300; Prevention and Early
13 Intervention - \$4,247,900; Innovation - \$2,223,300) and \$1,172,500 in FY 2007-2008 for
14 Workforce, Education and Training; and that these allocations have been submitted to be
15 included in the FY 2010-2011 Annual Appropriations Ordinance; and,

16 WHEREAS, The approval of the Mental Health Services Act Contract No. 07-77338-
17 000 and the designation of the Community Behavioral Health Director as the signatory of this
18 agreement is on file with the Clerk of the Board of Supervisors in File No. 080122, which is
19 hereby declared to be a part of this resolution as if set forth fully herein; and,

20 WHEREAS, Mental Health Services Act unspent funds are subject to reversion if they
21 are left unspent after three years for Community Services and Support / Prevention and Early
22 Intervention / Innovation and after ten years for Workforce, Education and Training, and that
23 the County will use unspent prior years' Community Services and Support and Prevention and
24 Early Intervention funds to supplement the Community Services and Support and Prevention
25 and Early Intervention FY2010-2011 budgets; now, therefore, be it

FILE NO.

RESOLUTION NO.

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RESOLVED, That the FY2010-2011 Annual Plan Update be adopted by the Board of Supervisors; and, be it

FURTHER RESOLVED, That the Board of Supervisors authorize the modification of the Mental Health Services Act Agreement to include the FY2010-2011 Annual Plan Update.

RECOMMENDED:



Mitchell Katz, M.D.

Director of Health



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angelo Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D.
Director of Health *(Signature)*

DATE: February 10, 2010

SUBJECT: Resolution to approve the MHSA FY10-11 Annual Plan Update and to authorize the amendment of the MHSA Agreement to include this plan in the agreement

GRANT TITLE: MHSA FY10-11 Annual Plan Update

Attached please find the original and 4 copies of each of the following:

- Proposed resolution, original signed by Department
- DMH Information Notice No. 10-01 Proposed Guidelines for the MHSA FY10-11 Annual Update to the Three Year Program and Expenditure Plan
- DMH Information Notice No. 09-20 Mental Health Services Act Planning Estimate for Fiscal Year 2010-11
- Other (Explain): Section 5892 (h) of the MHSA Regulation and Resolution No. 90-08 (File No. 080122)

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Maria Iyog-O'Malley, MHSA Coordinator Phone: 255-3551

Interoffice Mail Address: CBHS, 1380 Howard Street, 4th Floor

Certified copy required Yes

No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).



Gavin Newsom
Mayor

San Francisco Department of Public Health
Community Behavioral Health Services
1380 Howard Street
San Francisco, CA 94103

MENTAL HEALTH SERVICES ACT

FISCAL YEAR 2010 -2011

ANNUAL PLAN UPDATE

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:		Exhibits																				
San Francisco		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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Component	Previously Approved	New																				
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Total	\$																					
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.

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COUNTY CERTIFICATION

County: San Francisco

County Mental Health Director	Project Lead
Name: Robert Cabaj  Telephone Number: (415)255-3447 E-mail: Bob.Cabaj@sfdph.org	Name: Maria Iyog-O'Malley Telephone Number: (415)255-3551 E-mail: Maria.Iyog-O'Malley@sfdph.org
Mailing Address: 1380 Howard St. San Francisco, CA 94103	

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.


 Mental Health Director/Designee (PRINT)

 2/2/2010
 Signature Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification. 3

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Francisco

Date: 2/5/2010

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

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.

The FY10-11 Annual Plan Update was developed with upper management within Community Behavioral Health Services, taking into account the overall budget impact of the proposed Governor's cut to the mental health system. It was posted on our website for 30 day public review and comment from February 9, 2010 to March 10, 2010. It was also discussed with the MHSA Advisory Committee at their bi-monthly meeting held on February 17, 2010. The annual plan update was discussed with MHSA funded agencies during the 30 day public comment period, wherein staff present were encouraged to submit substantive comments about the plan. Other stakeholders were notified by email and public notice posted in the San Francisco Chronicle.

~~State if there were comments received and if the comments were substantive to require action.~~

Simultaneous with the 30 day public review and comment, the FY10-11 Annual Plan Update was submitted to the Health Commission and Board of Supervisors for their support and approval. ~~Note dates here~~

The Following the 30 day public comment and review period, a public hearing was conducted by the Mental Health Board on march 10, 2010. ~~State if there were comments received and if the comments were substantive to require action.~~

~~substantive to require action.~~

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

The following were involved and appraised of the FY10-11 Annual Plan Update: Health Commission, Board of Supervisors, MHSA funded agencies, MHSA Advisory Committee, and the Mental Health Board. Members of the public and other stakeholders were notified by email and a public notice posted in the local newspaper.

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.

N/A

Local Review Process

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

The FY10-11 Annual Plan Update was posted on the DPH public website at <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp> for public review and comment, wherein members of the public were requested to submit their comments either by email or by

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

regular mail. It was circulated by email to all community based mental health organizations, substance abuse organizations, housing agencies, prevention agencies, community and primary care clinics, consumer groups, and advocacy groups. A public notice was also posted in the local newspaper.

- 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.**

~~(State if there were comments received and if the comments were substantive to require action)~~

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

County: San Francisco

Date: 2/5/2010

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.

Across all age groups, programs are at a stage where their clients are ready to transition to lower levels of care, which calls for developing a program protocol to ensure a smooth transition either to an outpatient clinic or within the community. While a partner increases their engagement and independence within the community, the potential to make room for a new client emerges. However, removing supports too quickly may risk relapse and worsening outcomes.

WP1A - Children, Families and Youth (CYF) FSP

One of the CYF FSPs has changed its service delivery by reassigning staff at three mental health clinics instead of operating at one site. This change has allowed them to reach a larger number of children with serious emotional disturbance as they now operate at three distinct neighborhoods that have a large number of low income families, community violence, as well as stigma and discrimination associated with mental illness.

WP1B - Children, Families and Youth (CYF) GSD

Behavioral Health Integration in Primary Care

The original proposal for one clinic-based program included young patients switching their primary care home to the behavioral health care team's agency. Parents, however, are reluctant to switch their child's provider. Most prefer to keep their children with their own primary care provider. In addition, although the partner primary care clinic has a child psychiatrist, it has been a challenge for the clinic to find a behaviorist (who also speaks the language) to enhance and reinforce key skills to help parents with their child's recovery.

Wellness Center and Trauma and Recovery Services

The Wellness Center continues to face significant challenges in scheduling students for individual or group services due to their varied schedules, increase in truancy rates, school restrictions that make it difficult for students to leave their classes and students' reluctance to meet with their behavioral health counselor on campus. The growing student population and static staffing has also made it more demanding to meet the behavioral health needs of students on campus.

On a positive note, during 08-09, one of the Violence Prevention and Intervention programs was recognized as a community defined best practice due to its innovative approach to healing trauma through interventions such as the youth drumming circle, healing circle for violence prevention workers and quarterly drumming circles for peace. The University of South Florida has asked IFR to participate as a pilot site in a research grant they are pursuing to further study community defined practices.

Both these programs were reassigned to Prevention and Early Intervention beginning FY09-10.

WP2A & 2B - Transitional Age Youth (TAY) FSP & GSD

The dearth of affordable, appropriate housing in the community for TAY with mental health issues continues to pose a challenge to the Housing Service Partnership agency. Housing options for TAY clients are especially limited, or exist in neighborhood settings that can significantly challenge recovery. Housing is especially challenging for FSP clients with criminal justice involvement and/or eviction histories due to behavioral issues. Significant staff time is spent on mediating issues between the property management and youth clients. The proposed TAY GSD Housing in FY10-11 would alleviate the housing inventory for TAYs by making available 40 housing units with onsite housing supports and onsite property management.

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

There has been an increase in the severity of mental health problems experienced by youth coming into the MHSA programs. This may be due in part to cutbacks on the city and state funding for point-of-entry services, resulting in curtailment of early interventions in a mental health crisis and fewer treatment services agencies available for referrals.

Behavioral Health Integration in Primary Care

In integrating behavioral health into primary care settings, much effort has been put toward working with medical staff to shift their thinking and habits from a strictly medical model, towards a mental health recovery model, and to refer TAY to MH services as quickly as possible.

WP3A & B – Adult FSP & GSD

Many clients are poly-substance addicted or have other medical conditions that need treatment, and therefore are high users of multiple systems. This population demands considerable engagement and assessment effort. Frequently, staff were not prepared or trained for what they faced. To mitigate this concern, one FSP recently partnered with a local medical clinic to provide Primary Care Services at their site. Another challenge is the coordination of treatment with other agencies especially with regard to follow-through on a coordinated Treatment Plan of Care.

Supportive Services for Housing

In FY08-09, 4 emergency stabilization units were made available to this program. Even though these are intended for short-term stay, the units are of significant assistance to participants who have a housing plan and merely need a place to stay until their longer-term housing becomes available to them. These emergency stabilization units have been integral in increasing the number of participants who obtain housing.

Residential Treatment for Dually Diagnosed Clients

Residential treatment for Dually Diagnosed Clients is in limited supply, making it difficult to get people into residential substance abuse treatment when they need it. Often the wait time is several months, even when the person is acutely in need and requesting this service.

WP 4A & 4B - Older Adults & GSD

In general, programs have been implemented as planned with few significant challenges noted.

An RFP was released for the **WET and PEI programs** in the latter part of FY08-09. Contract negotiations for 20 community based organization commenced midway through FY09-10. Therefore, there were no WET and PEI programs implemented in FY08-09

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

MHSA funded agencies predominantly serve four distinct racial/ethnic groups: African Americans, Whites, Hispanic and Asians. The foremost primary languages of MHSA clients are English and Spanish. However, the diversity of the MHSA client population extends well beyond their racial/ethnic identities. San Francisco, being a Sanctuary City, welcomes people from all backgrounds and it is not unusual for MHSA agencies to encounter clients from various socio-economic backgrounds with gender-identity issues, immigration concerns, criminal histories, unattended physical/medical/psychological ailments, chronic homelessness, long-term unattended poly-substance abuse histories, and serious mental illness.

In addressing and reducing racial/ethnic disparities and increasing access to services, MHSA funded agencies have adopted outreach activities tailored to the population they serve. For agencies serving children and youths, agency staff meets their clients where they are at, seeing them outside of conventional business hours and focusing services in the evenings and weekends. Some agencies facilitate targeted outreach to the LGBTQQ populations by going to different schools and local community health fairs and addressing mental health stigma using linguistically and culturally appropriate educational materials. Others extend their outreach to parents and family members by attending PTSA meetings, "Back to School" nights, hosting family nights, parent education evenings, and parenting classes and/or support groups.

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

African American and Latino youth are typically over-represented in Special Education classrooms. Many teachers tend to stigmatize those who "act out", not recognizing that for many of them, their behavior may have resulted from witnessing community or other kinds of violence. To broaden their understanding, reduce stigma, and minimize inappropriate consequences to trauma-based behavior, schools provide psycho-education for teachers and staff and services for students to help them get the help they need. Hiring of African American mental health therapists to be able to provide a better cultural match for critical underserved clinic populations has proven successful.

Historically, the homeless Latino population has been less likely to accept services from mental health providers due to the stigma associated with mental illness, cultural backgrounds and undocumented status. Improving access to public health services to Latino youth and families have historically been peripheral, due not only to their racial/ethnic identity, but also because of their real or perceived affiliation to gang life. The ability to remain flexible, responsive and adaptive to the changing environment is crucial to ensuring that services supported by MHSa continue to reduce health disparities among the Latino community.

Since the relocation of the Behavioral Health Access Center (BHAC) to the first floor, street level, of the CBHS building, there has been an increase in the number of Latino men and women visiting the site. This has provided an opportunity for CBHS to strengthen relations with agencies dedicated to serving the Latino population. BHAC has also seen an increased presence of people with mobility and medically related concerns, providing the opportunity to link them to primary care services.

Integrating behavioral health services in primary care has been a successful strategy for reaching out to immigrant families whose the primary language is Chinese. These families have limited resources in addition to language barriers and they benefit from this integrated model of combining primary care with mental health and psychosocial in one setting, providing continuity of care. Behavioral health integration in primary care has also helped people who struggle with health care issues (multiple STDs or pregnancies, diabetes, substance use, etc.), by assessing and addressing concrete and behavioral obstacles that make it difficult for them to take care of themselves. Hiring of multilingual and bi-cultural clinicians have expanded language capacity of clinics to welcome monolingual Spanish and Japanese speakers

Chinese American adults in San Francisco may suffer far greater rates of problem and pathological gambling than the general US population (37% vs. 2 - 5%). In FY08-09, MHSa funded an agency that provide a multitude of problem gambling services, from awareness education/ outreach to helpline consultation to one-to-one and group consultation for Chinese problem gamblers and their family members in order to address/ reduce this disparity.

Hiring of peers is a vital outreach and engagement strategy, especially for clients who are wary of services, or who are difficult to engage. Peer staff members serve as role models of success and being a staff member gives them the opportunity to give back to the community in a productive and meaningful way. For example, one FSP outreach worker is African American, diagnosed with schizophrenia and living in the Tenderloin district. He educates clients on how he keeps himself healthy, and inspires hope that they can reach the same kind of recovery. Peer employees, some of them with bi-lingual capabilities, have been hired by MHSa funded FSPs, drop-in support programs, CBHS, and low threshold peer based centers.

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

Age Group	CSS # of individuals	PEI # of individuals (for universal prevention, use estimated #)	WET	
			Funding Category	# of individuals
Child and Youth	1,750		Workforce Staff Support	
Transition Age Youth	769		Training/Technical Assist.	
Adult	5,142		MH Career Pathway	
Older Adult	989		Residency & Internship	
Race/Ethnicity			Financial Incentive	
White	2,296		<input checked="" type="checkbox"/> WET not implemented in 08/09	
African/American	3,005			
Asian	1,224			
Pacific Islander	165			
Native	87			

IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES

Hispanic	1,441	
Multi	176	
Other	256	
Other Cultural Groups		
LGBTQ	580	
Other	1,492	
Primary Language		
English	7,044	
Spanish	949	
Vietnamese	52	
Cantonese	262	
Mandarin	85	
Tagalog	105	
Cambodian	20	
Hmong	0	
Russian	30	
Farsi	4	
Arabic	8	
Other	40	

PEI

4. Please provide the following information for each PEI Project:

- 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).

PEI was not implemented in FY08-09

County: San Francisco

Date: 2/5/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$14,337,300			\$4,247,900	\$2,223,300	
2. Transfers						
3. Adjusted Planning Estimates	\$14,337,300					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$18,688,543			\$10,455,344		
2. Requested Funding for CPP				\$500,000		
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds		\$0				
b. Unexpended FY 2007/08 Funds ^{a/}		\$3,949,990				
c. Unexpended FY 2008/09 Funds	\$5,535,523			\$6,840,200		
d. Adjustment for FY 2009/2010	\$1,184,280	\$2,777,840		\$6,548,182		
e. Total Net Available Unexpended Funds	\$4,351,243	\$1,172,150	\$0	\$292,018	\$0	
4. Total FY 2010/11 Funding Request	\$14,337,300	-\$1,172,150	\$0	\$10,663,326	\$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 ^{b/}	\$0	\$1,172,150				
c. Unapproved FY 08/09 Planning Estimates	\$0					
d. Unapproved FY 09/10 Planning Estimates	\$0			\$6,415,426		
e. Unapproved FY10/11 Planning Estimates	\$0			\$4,247,900		
Sub-total	\$0	\$1,172,150		\$10,663,326	\$0	
f. Local Prudent Reserve	\$0					
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{b/}	0					
c. Unapproved FY 08/09 Planning Estimates	-					
d. Unapproved FY 09/10 Planning Estimates	-					
e. Unapproved FY10/11 Planning Estimates	14,337,300					
Sub-total	\$14,337,300	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve	0					
3. FY 2010/11 Total Allocation^{b/}	\$14,337,300	\$1,172,150	\$0	\$10,663,326	\$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.

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco
 Program Number/Name: Workplan: 1A – CYF FSP
 Date: 2/5/2010

Previously Approved		CSS and WET	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		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>Populations served:</p> <ul style="list-style-type: none"> • Children at risk of being separated from families • Children in foster care • Special outreach to African American, API, and Latino communities <p>Two full service partnerships (FSPs) will continue to be funded through this work plan. Both serve children who are at risk of being separated from their families. One of the full service partnerships also serve those who are currently housed in foster care and leverages MHSA funds with SB163 funding. Both provide wraparound services to children and their families, including tutorial services to children, culturally-specific psychiatric services, mentoring, and assistance with access to other resources provided by the Family and Youth Involvement team. Both FSPs integrate outreach into their services.</p> <p>Gender: Male & Female Race/Ethnicity: White, Black, Latino, Asian, Pacific Islander, Other/Unknown Languages: English, Spanish, Cantonese, Mandarin, Tagalog</p>		
	<p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, 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 checked="" type="checkbox"/>
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #2; if no, answer questions for existing program above If yes, answer question #3; if no, complete Exh. F1 If yes, answer question #4 If no, complete Exh. F1	

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: Workplan: 1B-CYF GSD

Date: 2/5/2010

Previously Approved			CSS and WET	
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.
		FY 09/10 funding	FY 10/11 funding	Percent Change
		\$1,674,183	\$516,353	-69%
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, 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 checked="" type="checkbox"/>
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>
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: San Francisco

Date: 2/5/2010

Program/Project Name and #: WP1B - CYF GSD

	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			-\$824,609	-\$824,609
4. Operating Expenditures			-\$198,879	-\$198,879
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	-\$1,023,488	-\$1,023,488
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: WP1B - CYF GSD

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	-\$1,023,488	-\$1,023,488

*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: Maria Iyog-O'Malley

Telephone Number: 415-255-3551

CSS and WET NEW PROGRAM DESCRIPTION

County: San Francisco

Program Number/Name: Workplan 1B-CYF GSD

Date: 2/5/2010

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	
CYF		84	589	\$
TAY				\$
Adults				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):			84	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.
2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.
3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

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.

Two agencies will continue to be funded in FY10-11 to provide:

- culturally appropriate services to API and LGBTQQ youths;
- Behavioral health assessments and treatment for API children receiving primary care services at the Chinatown Health Center.

Gender: Male & Female Race/Ethnicity: mostly Asian/Pacific Islander and Other
 Language: English, Chinese dialects, Tagalog, and Other

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

With MHSA funding, the County will be able to provide 57 API and LGBTQQ children with culturally appropriate services, and 27 API children with behavioral health assessments and treatment in a primary care setting at the Chinatown Health Center. Without this funding, these children would not be served.

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

N/A

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 following programs are proposed to be eliminated from Community Services and Supports.</p> <ul style="list-style-type: none"> • Wellness Center at School of the Arts • Trauma and Violence Recovery Program • Outreach and Engagement Services <p>The Wellness Center at School of the Arts and Trauma and Violence Recovery programs have been transferred to the Prevention and Early Intervention component as indicated in our county's PEI plan. Outreach and Engagement services were funded for one year in FY09-10 as part of the outreach effort to create awareness of the PEI programs.</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>Both the Wellness Center at School of the Arts and the Trauma and Violence Recovery programs has been approved as part of the Prevention and Early Intervention Three Year Expenditure plan. These were priorities identified in the initial planning process in 2005 in response to an overwhelming need to address the impact of mental health and behavioral issues, as well as the effects of community violence, on academic performance and social interactions of children. Since DMH rolled out the components one at a time and there were no guidelines released for PEI until FY08-09, the County initially funded these priorities through the CSS component. Since the release of the PEI guidelines and as a result of the PEI planning process, these programs were subsequently identified as priorities for the PEI plan.</p> <p>Outreach and Engagement services in various schools were funded for one-time only in FY09-10 to create awareness of the PEI programs included in the County plan. This funding will not continue in FY10-11.</p>

County: San Francisco

Program Number/Name: Workplan: 2A- TAY FSP

Select one:

- CSS
 WET
 PEI
 INN

Date: 2/5/2010

Previously Approved		CSS and WET	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" 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 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.	
		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>Target population: (ages 16-25)</p> <ul style="list-style-type: none"> Youths transitioning out of foster care Youths exiting the Juvenile Justice Center Homeless and Runaway youths <p>One full service partnership will serve <i>homeless and runaway youths</i> while the other serve <i>youths exiting from foster care homes and the Juvenile Justice Center</i>. Both full service partnerships access housing for the youths they serve through the housing service partner. In FY10-11, plans are underway to master lease a 40 unit building with 40 single room occupancy residential hotel units with shared kitchen and baths, and add a space for the full service partnership staff to meet/counsel with clients housed in the building. Existing scattered housing site negotiated last fiscal year will be maintained and may be phased out as units become empty and/or as demand for housing decrease which is anticipated to happen as the new master leased housing opens.</p> <p>Gender: Male & Female Race/ethnicity: White, Black, Latino, Asian, Pacific Islander, and Other/Unknown Language: English, Spanish, Chinese dialects, Filipino, and Other</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, 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 checked="" 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.	Description of Previously Approved Programs to be consolidated. Include in your description:		
	a) The names of Previously Approved programs to be consolidated,		
	b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and		
	c) Provide the rationale for consolidation.		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: Workplan: 2B- TAY GSD

Date: 2/5/2010

Previously Approved		CSS and WET	
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.	
		FY 09/10 funding	FY 10/11 funding
		\$1,493,448	\$2,007,295
			Percent Change
			+34%
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.		
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<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 checked="" type="checkbox"/>	<input 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: 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.		
		5a) The following approved TAY programs will be consolidated: Transitional Residential Housing; Housing Service Partnership; Supportive Services for Housing; and Peer Based Center	
		5b) Target population will be youth ages 16-25, male or female, who are served by the Full Service Partnerships and the current programs named in 5a. Youth served by these programs are homeless or at risk of homelessness, runaway youth, dually-diagnosed, and involved in the Juvenile Justice System. Race and Ethnicity include African-Americans, Asians, Native Americans, Latinos, and Whites. Languages spoken include English, Russian, and Spanish.	
		5c) The consolidation will allow the county to provide onsite supportive services to all the residents at this housing site. Supportive services will essentially be similar to the services provided to youths in all the programs identified in 5a. Services include case management, vocational and employment counseling, structured recreational and socialization activities, and full service partnership case management. Youths staying in other existing MHSA housing sites will be participating in peer-led recreational and socialization activities in this housing site as well.	

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: WP2B - TAY GSD Housing

	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		\$600,000	\$465,987	\$1,065,987
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$600,000	\$465,987	\$1,065,987
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: WP2B - TAY GSD Housing

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$600,000	\$465,987	\$1,065,987

*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: Maria Iyog-O'Malley

Telephone Number: 415-255-3551

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: Workplan: 3A- Adult FSP

Date: 2/5/2010

Previously Approved		CSS and WET	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		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>Populations served:</p> <ul style="list-style-type: none"> • Adults involved in the criminal justice system • Homeless adults • Adults living in the Tenderloin area • Adults cycling in and out of the behavioral health system • Dually diagnosed adults with multiple complex issues • Veterans <p>Four full service partnerships (FSPs) will continue to be funded through this work plan. Two full service partnerships serve those who are homeless or at risk of homelessness and clients who have long histories of unmet needs as evidenced by a continuous cycle of entering and exiting through several behavioral health agencies located in the area. One focuses on individuals living in the Tenderloin where most clients served by the behavioral health system are housed in single room occupancy hotels located in the area. Another full service partnership targets individual referred by the Behavioral Health Court. All of these agencies access housing through the housing service partner and at times, access emergency housing using their flexible funds. The Pathways to Discovery staff, a peer run wellness and recovery team, will work in tandem with the full service partnerships to support and assist their clients in integrating within their communities through educational, spiritual, recreational, and social activities.</p> <p>Gender: Male & Female Race/Ethnicity: White, Black, Latino, Asian, Pacific Islander, Other/Unknown Language: English, Spanish, Cantonese, Filipino, Italian, Other</p>	<p>If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2</p> <p>If yes, complete Exh. F1; If no, answer question #3</p> <p>If yes, complete Exh. F1; If no, answer question #4</p> <p>If yes, answer question #4(a); if no, complete Exh. E1 or E2 accordingly</p> <p>If yes, answer question #5 and complete Exh. E1 or E2; if no, complete Exh. F1 and complete table below.</p>	
<p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, 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 checked="" type="checkbox"/>
If yes, answer question #2; if no, answer questions for existing program above			

PREVIOUSLY APPROVED PROGRAM

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 \pm 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.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.			

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: Workplan: 3B- Adult GSD

Date: 2/5/2010

Previously Approved		GSS and WET	
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.	
		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>In FY10-11, \$400,000 will be redirected to GSD Housing for Adults, to partially fund an integrated clinic at 220 Golden Gate, which is a capital project development also funded through the MHSA Housing Program. 220 Golden Gate is a 9 story high rise building located in the Tenderloin. Once the building rehabilitation is completed, it will house 172 chronically homeless individuals in studio apartments, 17 of which will be designated for MHSA FSP clients. The expected rent up will be in 2012. In the course of the renovation, the design was changed to include a full-service integrated behavioral health and primary care clinic to serve residents of the building and the Tenderloin area. Many of the individuals served through the MHSA FSP and GSD programs reside in this neighborhood and will benefit significantly from the proposed inclusion of this clinic within 220 Golden Gate. Funding became available for this project due to the transfer of the Crisis Response Team support to the PEI component.</p> <p><u>Populations served:</u></p> <ul style="list-style-type: none"> • Adults living in the Tenderloin • Adults living in the 6th Street Corridor • Adults in recovery • Adult affected by violence • Homeless or at risk of homelessness <p><u>Services/strategies:</u></p> <ul style="list-style-type: none"> • The Behavioral Access Center – an integrated assessment and referral to behavioral health services and an onsite pharmacy to provide medication consultation and prescription and medication management • Three Peer Run Centers serving different neighborhoods, providing alternative therapies such as massage, art therapy, group activities, access to computers, warm line, and van service to visit families in out of city home placements • Residential treatment to dually-diagnosed clients who do not have Medi-Cal coverage • Supportive Services for housing to assist clients in securing and maintaining housing • Four stabilization units to assist clients with establishing SF residency to qualify for permanent housing within the city • Four vocational rehabilitation services, 3 of which are leveraged with the CA Dept. of Rehabilitation, to provide Spanish-speaking capability, computer classes 		

PREVIOUSLY APPROVED PROGRAM

in basic Microsoft Office applications and internet and website design, basic typing skills, access to computers with specialized software for clients with learning disabilities, and supported employment services.
 Gender: Male & Female Race/Ethnicity: White, Black, Latino, Asian, Pacific Islander, Other/Unknown
 Language: English, Spanish, Cantonese, Filipino, and Other

For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

Existing Programs to be Consolidated		Yes	No	
No.	Question			
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" 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 \pm 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.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: Workplan: 4A- Older Adults FSP

Date: 2/5/2010

Previously Approved		CSS and WET	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		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>Population served:</p> <ul style="list-style-type: none"> • Homeless or at risk of homelessness • Older adults with hoarding and cluttering compulsions • Older adults exiting from institutionalized care • Dually and multiply diagnosed older adults • Veterans <p>Service/strategies: One full service partnership (FSP) will continue to be funded through this work plan. Older adults in this full service partnership will have access to housing through the housing service partner and to new developments funded by the MHSA Housing initiative.</p> <p>Gender: Male & Female Race/Ethnicity: White, Black, Latino, Asian, Pacific Islander, Other/Unknown</p> <p>Language: English, Spanish, Cantonese, Filipino, and Other</p>		
		<p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, 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 checked="" type="checkbox"/>
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Description of Previously Approved Programs to be consolidated. Include in your description:		

PREVIOUSLY APPROVED PROGRAM

	<p>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.</p>
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2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: Workplan 4B- Older Adults GSD

Date: 2/5/2010

Previously Approved		CSS and WET							
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">FY 09/10 funding</td> <td style="width: 30%; text-align: center;">FY 10/11 funding</td> <td style="width: 40%; text-align: center;">Percent Change</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>				FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change							
5.	<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>Population served:</p> <ul style="list-style-type: none"> • Dually-diagnosed older adults • Older adults living in the 6th Street Corridor • Homeless or at risk of homelessness <p><u>Services/strategies:</u> • Two peer based centers to provide a safe haven and low threshold space for older adults to interact with their peers, engage in therapeutic, holistic, and recreational activities, participate in volunteer or paid part time activities/employment, and organize socialization and self-help group activities</p> <ul style="list-style-type: none"> • Supportive services for housing to help older adults maintain their housing and sustain independent living within the community through regular home visits by a peer outreach worker. • Integration of behavioral health services at the Tom Waddell Health Center located in the Civic Center and Curry Senior Center located at the Tenderloin, which is in close proximity to both peer based centers. <p><u>Gender:</u> Male & Female <u>Race/Ethnicity:</u> White, Black, Latino, Asian, Pacific Islander, Other/Unknown</p> <p><u>Language:</u> English, Spanish, Cantonese, Filipino, and Other</p>								
<p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, 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 checked="" type="checkbox"/>						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>						

PREVIOUSLY APPROVED PROGRAM

4.	Is the funding amount \pm 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.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.			

CSS BUDGET SUMMARY

County: San Francisco

Date: 2/5/2010

No.	CSS Programs Name	FY 10/11 Requesting MHA Funding	Estimated MHSA Funds by Service Category					Estimated MHSA Funds by Age Group			
			Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Provider Program	Child and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs											
1.	1A/B Children, Youth, and Families (CYF)	\$1,986,139	\$1,479,786	\$516,353			\$1,996,139				
2.	2A/B Transitional Age Youth (TAY)	\$3,507,965	\$1,500,670	\$2,007,295				\$3,507,965			
3.	3A/B Adult	\$7,792,929	\$5,142,752	\$2,650,177					\$7,792,929		
4.	4A/B Older Adult	\$2,175,754	\$1,169,034	\$1,006,720						\$2,175,754	
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/}	\$15,472,787	\$9,292,242	\$6,180,545	\$0	\$0	\$1,996,139	\$3,507,965	\$7,792,929	\$2,175,754	Percentage 14%
17.	Plus up to 15% County Administration	\$2,162,080									Percentage 14%
18.	Plus up to 10% Operating Reserve	\$1,053,676									Percentage 6.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$18,688,543									
New Programs											
1.		\$0									
2.		\$0									
3.		\$0									
4.		\$0									
5.		\$0									
6.	Subtotal: Programs ^{a/}	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage #VALUE!
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 MHSA Funds Requested for CSS	\$18,688,543									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 60.10%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

CSS	Other Funding Sources						Total	Total %
	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment		
Total Mental Health Expenditures:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	60%

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: WP 1 - WET Workforce Staffing and Support

Date: 2/5/2010

Previously Approved		Question		Yes	No	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
No.	Question	Yes	No									
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
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, major milestones to be reached.</p>											
<table border="1"> <tr> <td>FY 09/10 funding</td> <td>FY 10/11 funding</td> <td>Percent Change</td> </tr> <tr> <td>\$166,062</td> <td>\$410,447</td> <td>147%</td> </tr> </table>							FY 09/10 funding	FY 10/11 funding	Percent Change	\$166,062	\$410,447	147%
FY 09/10 funding	FY 10/11 funding	Percent Change										
\$166,062	\$410,447	147%										
Existing Programs to be Consolidated		Question		Yes	No	If yes, answer question #2; if no, answer questions for existing program above						
No.	Question	Yes	No									
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>									
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>									
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>									
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: San Francisco

Date: 2/5/2010

Program/Project Name and #: WET 1 - Workforce Staffing and Support

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures	\$410,447			\$410,447
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	\$410,447	\$0	\$0	\$410,447
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: WET 1 - Workforce Staffing and Support

	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	\$410,447	\$0	\$0	\$410,447

*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: Maria Iyog-O'malley

Telephone Number: 415-255-3551

CSS and WET NEW PROGRAM DESCRIPTION

County: San Francisco

Program Number/Name: WP1 - Workforce Staffing and Support

Date: 2/5/2010

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				\$
OA				\$
Total				
Total Number of Clients to be Served (all service categories):				

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.
2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.
3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

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

The WET Staffing and Support funds the coordination and oversight of the implementation of all WET programs. In FY10-11 we are adding an Evaluator who will be responsible for designing, implementing, and monitoring the outcome objectives and measurements for all WET programs. Additionally, the increase in Workforce Staffing/Support cost is due to the WET Coordinator being hired at a higher classification. The significant difference between FY09-10 and FY10-11 is also attributed to the fact that in FY09-10, we did not request for the full staffing and support costs since we have not fully implemented all of the WET programs.

Costs were calculated based on the county's salary structure for full time Manager III (WET Coordinator), Epidemiologist II (Evaluator), Management Assistant (Training Coordinator), and .30 Health Worker II. Fringe benefits are calculated at 37.5% of salaries, which is the fringe benefit rate for the county as directed by the Controller's Office.

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

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PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:
 CSS
 WET
 PEI
 INN

County: San Francisco
 Program Number/Name: WP 2 & 3 - WET Training and Technical Assistance
 Date: 2/5/2010

Previously Approved		CSS and WET							
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>						
			<table border="1"> <tr> <td>FY 09/10 funding</td> <td>FY 10/11 funding</td> <td>Percent Change</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change							
5.	<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, major milestones to be reached.</p> <p>CBHS Training Initiatives – will provide training to staff with CBHS on such topics as wellness and recovery, family support, intensive case management, and the integration of primary care and mental health services (7 trainings in FY10-11). CBHS will invite subject matter experts, some who may be consumers, family members, and members of underserved communities, who will provide system-wide trainings to administrators and staff from CBHS and CBO partners on the hiring and integration of consumers, family members, and members of underserved and underrepresented communities into the behavioral health system (once every quarter). In addition, CBHS will provide on-site technical assistance and training to behavioral health organizations (10 agencies annually; 4x/wk for 2 months per agency).</p> <p>Community-Based Organization Training: Educational Empowerment, Support, and Cross-Training - provide cross-training between agencies as well as reciprocal training between licensed and unlicensed providers (including older adults and youth). Trainings will be culturally competent and will include innovative mental health practices consistent with the values and principles of MHSA, such as traditional and natural healing approaches. It is estimated that there will be 10 trainings and 62 hours of technical assistance sessions in FY10-11.</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 checked="" type="checkbox"/>						
			If yes, answer question #2; if no, answer questions for existing program above						

PREVIOUSLY APPROVED PROGRAM

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 \pm 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.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: WP 8 - WET Residency and Internship

Date: 2/5/2010

Previously Approved		CSS and WET							
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>						
		<table border="1"> <tr> <td>FY 09/10 funding</td> <td>FY 10/11 funding</td> <td>Percent Change</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change							
5.	<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, major milestones to be reached.</p> <p>Internships for Hard-To-Fill Positions and Underrepresented Populations – will provide funding to hire behavioral health counselors at 14 primary care clinics and 2 senior centers and provide trainings on appropriate screening instruments/interventions specific to older adults. The behavioral health counselors will provide patient education, treatment monitoring, and brief behavioral health treatment. It is estimated that these behavioral health counselors will provide behavioral health screenings to 2,080 seniors and 267 interventions at DPH primary care sites and 700 at two senior health centers. Of those receiving interventions, it is estimated that there will be a 50% decrease in identified symptom levels from baseline or a reduction in clinical to sub-clinical scores within 6 months using relevant, validated measures. WET funding is leveraged with PEI funding for this program. Full implementation is expected in FY10-11.</p>								
Existing Programs to be Consolidated									
Question									
	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>						
	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>						
	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>						
Description of Previously Approved Programs to be consolidated. Include in your description:									
a) The names of Previously Approved programs to be consolidated,									
b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and									
c) Provide the rationale for consolidation.									

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: WP 4-7 - WET Mental Health Career Pathway

Date: 2/5/2010

Previously Approved		CSS and WET	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		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, major milestones to be reached. Summer Bridge Program – will promote awareness of psychological well-being and foster interest in health and human services as career options for high school youth of diverse backgrounds. This will be a eight week program for an initial period of two years. It is anticipated that 20 students will be recruited to participate in this program every year for a total of 40 enrolled students. Full implementation is expected in FY10-11.</p> <p>Peer Specialist Mental Health Certificate Program – will prepare consumers, family members, or those from underrepresented communities with basic skills and knowledge for entry level employment in the behavioral health system and offer academic/career planning that supports success in institutions of higher learning. This will be a 12-week program for an initial period of two years. It is anticipated that 10 students will be recruited for each course, for a total of 40 students in one year. Full implementation is expected in FY10-11.</p> <p>Community Mental Health Certificate Program – will train a diverse group of front-line health workers to provide culturally competent mental health services in San Francisco. This will be an 18-24 unit certificate program for an initial period of two years. It is anticipated that 10 students will enroll in this program per semester. Full implementation is expected in FY10-11.</p> <p>Supportive Services for Consumers Enrolled in Public Universities or Private Colleges – will increase access and recruitment increase retention , raise grade point averages, and maximize graduation rates of consumers, family members, and students from underrepresented groups at San Francisco State University (SFSU) College of Health and Human Services and California Institute of Integral Studies' (CIIS) Community Mental Health Program. For CIIS, the goal is to increase enrollment from underrepresented minority groups by 30% and at least 25% of the Community Mental Health Program will receive peer counseling and referrals to the community support services on campus. For SFSU, the goal is to develop evaluation procedures and data collection tool, establish an Advisory Committee and a Student Resource Center website, and develop peer counseling, intake, assessment, education and wellness plans.</p>		

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated		
No.	Question	Yes No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the funding amount \pm 15% of the sum of the previously approved amounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.	

County: San Francisco

Date: 2/5/2009

Workforce Education and Training		Requested MHSA Funding	Estimated MHSA Funds by Category				
No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentives
Previously Approved Programs							
1.	Trainings and Technical Assistance	\$0					
2.	Mental Health Career Pathways	\$33,636		\$33,636			
3.	Internships for Hard-to-Fill Positions	\$654,743			\$654,743		
4.	Administration	\$410,447	\$410,447				
5.		\$0					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.		\$0					
12.		\$0					
13.		\$0					
14.		\$0					
15.		\$0					
16.	Subtotal: Previously Approved Programs	\$1,098,826	\$410,447	\$0	\$33,636	\$654,743	\$0
17.	Plus up to 15% County Administration						
18.	Plus up to 10% Operating Reserve	\$73,324					
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$1,172,150					
New Programs							
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.	Subtotal: WET New Programs	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration						
8.	Plus up to 10% Operating Reserve						
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0					
10.	Total MHSA Funds Requested	\$1,172,150					

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

PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
 WET
 PEI
 INN

County: San Francisco

Program Number/Name: PEI- School-Based Youth-Centered Wellness

Date: 2/5/2010

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
Total Individuals: Total Families:			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention
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 checked="" type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
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: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI 1 - School Based Youth Centered Wellness

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

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI 1 - School Based Youth Centered Wellness

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

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Maria Iyog-O'malley

Telephone Number: 415-255-3551

PEI NEW PROGRAM DESCRIPTION

County: San Francisco

Program Number/Name: PEI 1 – School-Based Youth-Centered Wellness

Date: 2/5/2010

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

2. PEI Priority Population (s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Individuals Experiencing Onset of Serious Psychiatric Illness		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

Our original PEI planning process was designed to ensure that a broad representation of key PEI stakeholders contributed to the selection of the priorities and projects at every stage of the planning process. The data that contributed to the development of the School-Based Youth-Centered Wellness Project came from the following sources. (Youth Risk

- Behavior Survey and California Healthy Kids Survey
- Adolescent Health Working Group *A Snapshot of Youth Health and Wellness in San Francisco, 2008*
- Department of Children Youth and their Families (DCYF)
- San Francisco Unified School District
- Research from SF State University School of Social Work (Mowbray et al., 2005; Mowbray & Collins, 2002; Cooper, 1993; Stanley & Manthorpe, 2001; Kadison & Digeronimo, 2004)
- Physicians for Human Rights, Health and Justice for Youth
- Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) survey conducted by the National Institute of Mental Health (NIMH)
- Department of Public Health (DPH) Population Health and Prevention Management Information Systems
- KidsData.org and Lucile Packard Foundation for Children's Health
- UC Berkeley Child Welfare Research Center
- Census Current Population Survey (CPS), 2006, US Census 2000 and American Community Survey 2005
- MHSA Community Services and Supports Plan

PEI NEW PROGRAM DESCRIPTION

The School-Based Youth-Centered Wellness Project is based on research and promising practices. There is a plethora of qualitative and quantitative research documenting the wide range of mental health and behavioral issues that surface in K-12 schools and the negative impact of mental health issues on academic success. There is equally robust research on the positive impact of school-based prevention activities on students' academic, social-emotional, and healthy development.

Similarly students facing mental health and behavioral issues are an emerging population at postsecondary institutions, and meeting their needs has posed an increasing challenge. When students experience these kinds of difficulties without adequate support, it can negatively impact their academic and social functioning, and allow students with great potential to fall through the cracks. Students contending with mental health issues exhibit retention rates far below those of the general population and at the same time frequently fail to use available services and academic supports. These students are often reluctant to seek services labeled as "psychological counseling" or "disability resources" due to stigma, a lack of identification with these problem descriptions, or a conflict with cultural norms and expectations.

Building on conversations sparked by these data and findings and due to the overlap of this age group across many of the key PEI community mental health needs and priority populations, almost all of the workgroups in the original planning process identified outcomes that are addressed in some part by the implementation of School-Based Youth-Centered Wellness Projects.

There are over 52,000 students attending 104 K-12 in the San Francisco Unified School District. The demand for PEI services exceeds their availability. The five School-Based Youth-Centered Wellness projects funded through the previously approved PEI plan are only addressing a portion of the need. The proposed increase in funding will allow an expansion of these much needed services.

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

The proposed School-Based Youth-Centered Wellness expansion will support the expansion of the model outlined in the PEI Expenditure Plan to at least 6 new K-12 schools as well as to increase the capacity at the new Student Support Centers recently developed at two local institutions of higher education. The model consists of school-based best practices that address non-academic barriers to learning with strong collaboration with community-based organizations.

Program A: K-12 School-Based Services. Using public schools as hubs, this approach brings together many partners to offer a range of supports and opportunities to children, youth, families before, during and after school. This is a coordinated approach that supports student success by combining the full spectrum of prevention, early intervention and linkage to behavioral health services with other supports already provided in the school setting. It builds on the strengths of community partners who incorporate a wide variety of philosophies that are often more rooted in a prevention or resiliency model, such as youth development, peer education, culture or ritual-based healing, and family support. This PEI program specifically supports school-based services that fall under following categories:

Promoting Healthy Development and Preventing Problems

- Service coordination, e.g. coordinating Student Success Teams, Care Teams or coordination of services team, resource and referrals, and liaising with providers, school, and families
- Time limited 1:1 student contact to address specific issues, screen for larger behavioral health issues, and link as appropriate to other ongoing services
- Peer education/mentor programs
- School climate improvement activities
- School-wide behavior systems/models, e.g. PBIS (Positive Behavioral Interventions and Supports), CHAMPs (Conversation, Help, Activity, Movement, and Participation), BEST (Building Effective Schools Together), conflict managers
- Teacher training and coaching
- Family workshops and literacy
- Wellness promotion
- Well supervised clinical internship program

Early Intervention

- Time limited 1:1 intervention and linkage to services as needed
- Short-term individual, group, and family counseling
- Crisis intervention and linkage to services

PEI NEW PROGRAM DESCRIPTION

- Well supervised clinical internship program
- Substance abuse assessment and referral
- Suicide risk assessment and risk reduction counseling

The majority (at least 75%) of project funding will go to prevention activities, with up to 25% allocated for early intervention. The model will include school-wide activities, and thus we anticipate serving (total after expansion) at least 9,000 students, 3,000 families and all of the school staff at 11 or more schools each year.

Program B: Supported Higher Education. The Supported Higher Education programs are housed at a two San Francisco universities (SFSU and CIIS). The expansion will increase capacity and enhance the work of the MHSA funded student Support Centers. Using a wraparound supported education model which over the last decade has proven successful at community colleges across the United States, the centers employ a multidisciplinary approach, bridging services primarily focused on academic capacity-building and the more explicit provision of peer counseling and support and wellness promotion. While some of the specific partners and services will still be developed as the needs of students and families are better assessed, there are core components to the model:

1. **Outreach** - The Center will collaborate in its outreach to students and family members with a range of campus, student-run and community-based organizations. Particular attention is paid to the recruitment of students from underserved and underrepresented communities. In addition, outreach and recruitment will build on the existing efforts of campus outreach and support organizations, and student-run organizations. The Centers are staffed to serve students who may need to talk to someone immediately, a gap among typical campus life and disability resource programs. Public events and tabling opportunities are held at the Student Union and other campus sites. In this way, students, family members, and representatives of underserved communities will be engaged in educating the campus community about wellness and recovery.
2. **Enrollment and Assessment** - Supported education programs have been moving towards a universal model of services, i.e. serving students who do not have a psychiatric diagnosis but rather are struggling in any way that could compromise their mental health and success in school. Therefore, the Centers utilize an assessment that evaluates levels of functioning within a specific context. In collaboration with the interested student, Center providers consider the students' individual strengths and the challenges they face within the academic environment.
3. **Individual Planning** - The Center Counselors work with an individual student, their family, and other involved providers as appropriate (therapist, mentor, faculty advisory, teacher, etc.) to conduct an assessment of the student's learning goals, potential challenges to academic success, and types of supports that the group believes would be most helpful. The assessments are used to develop an individualized educational or wellness plan that covers such areas as educational and wellness goals and strategies, self-care strategies, daily maintenance plan, child care, financial planning, basic needs, potentially triggering events and early warning signs, crisis management strategies, resources and contacts.
4. **Academic and Peer Counseling** - The Center and Peer Counselors are available to provide individual academic counseling and coaching. They also plan to develop a mentoring and buddy system to promote community building and socialization through peer-provided support. Peers Counselors can accompany students to their first classes as well as other events that may engender anxiety or confusion. In addition, groups will be offered on such topics as time management, effective study techniques, communication skills, self-advocacy, employment, and stress management. The Centers provide a safe place to gather with a peer support person present, and engage in activities from social events to crisis intervention.
5. **Referrals and Linkages to Campus and Community Resources** - Students can be referred to existing campus resources such as learning assistance centers, tutoring programs, counseling centers, disability resource centers, educational and opportunity program, student health center, and campus support groups. They can also receive referrals (and follow-up support in accessing the services) to community resources including transfer and employment sites, behavioral health, legal aid, housing, crisis intervention, suicide prevention, domestic violence, and substance abuse treatment.

Two Centers are currently funded with PEI funding. Each Supported Higher Education Center can currently serve approximately 300 students per semester who are facing challenges in meeting their academic goals due to behavioral health or emotional stressors. Given the large size of the student-bodies at each campus (e.g. SFSU has 30,000 students), the need for increased capacity is clear. The expansion will allow each Center to serve over 600 students each year.

PEI NEW PROGRAM DESCRIPTION

4. Activities					
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:				Number of months in operation through June 2011
		Universal Prevention	Selective*	Early Intervention	
K-12 School Based Services	Individuals: Families:	9,000 2,000	3,000 1,000	600 400	12
Supported Higher Education	Individuals: Families:	4,000	1,000	600 200	12
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	13,000 2,000	4,000 1,000	1200 600	12

* Previously referred to as "Selected/Indicated"

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

A major component of the School-Based Youth-Centered Wellness Project is to create and enhance linkages to county and community behavioral health services. CHBS has a long history of working with the SFUSD and community-based organizations to create a comprehensive and accessible system of care for children and youth. For the School-Based Services programs, the County also provides considerable services for students with special needs, both onsite at the schools and via the AB3632 Assessment Unit that assesses and links eligible SFUSD special education students to mental health services. Furthermore, the lead agencies implementing these school-based projects will be well-versed in the behavioral health resources available, both via the County and community service providers. Each of the agencies will be a community-based agency that offers a variety of behavioral health and other core supportive services.

For the Supported Higher Education program, students who have been deemed by the Center Counselor to need more comprehensive assessment or more extended, in-depth treatment than is available through the Center will be referred to the college/university resources (Counseling and Psychological Services), County behavioral health services, or to other appropriate service providers. Support will also be offered in following through on these referrals such as accompanying the student to the first appointment because students sometimes demonstrate reluctance or anxiety about taking this next step on their own.

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

This project is, by design, a collaborative and system enhancing project. It builds on many, many years of partnership between the SFUSD, County public and mental health, and community-based organizations. The proposed School-Based Services programs will be delivered entirely by community-based organizations, onsite at public schools, in collaboration with the County and, in many cases, other community-based organizations. The Supported Higher Education programs are operated under a contract with two institutions of higher education selected through a competitive RFP process. The educational institutions will implement out the project as described here, collaborating with County behavioral health and community-based organizations to provide the full range of support services their population needs.

7. Describe intended outcomes.

Program A: K-12 School-Based Services

Individual Outcomes

- Decrease in mental health crisis episodes.
- Improved student mental health.
- Improved capacity of teachers to support student wellness.

Program Outcomes

- Students who need service coordination and 1:1 intervention services receive them.

PEI NEW PROGRAM DESCRIPTION

- Students participate in activities that improve school climate.
- Schools use school-wide behavior systems/models.
- Teachers participate in training and coaching activities.
- Families participate in family and literacy workshops.

System Outcomes

- Improved school climate among schools in San Francisco.
- Increased student access to timely, non-stigmatizing wellness services and linkage to needed behavioral health services
- Improved ability of schools to support student wellness.

As a result of this program expansion students will receive prevention services that promote healthy social and academic development. This will reduce disparities in access to behavioral health services by enabling the education and behavioral health systems to identify and address emerging mental health concerns among students early, which will prevent the development of more severe and chronic concerns.

Program B: Supported Higher Education**Individual Outcomes**

- Students identify and achieve learning goals
- Students utilize peer mentors when needed
- Students view the center as a safe place to talk and receive guidance
- Students learn stress management, effective study techniques, communication skills, and other skills that will help them thrive academically and socially at college

Program Outcomes

- Faculty receive training on behavioral health issues and how they impact the college experience for students
- The centers outreach to students who are behavioral health consumers and their family members
- The centers provide strength-based assessments of students' support needs
- The centers provide academic counseling and coaching
- The centers provide referrals to academic supports and other community resources

System Outcomes

- College students who are behavioral health consumers are encouraged and supported in achieving their educational goals.

As a result of this program expansion, more young adults in San Francisco who wish to pursue higher education but struggle with emotional and behavioral issues will enroll and work toward achieving their educational goals, which will reduce disparities in access to higher education.

8. Describe coordination with Other MHSAs Components.**Coordination with CSS:**

- The County has developed an infrastructure to support the implementation and success of the MHSAs Community Services and Supports (CSS). PEI efforts will be integrated into the MHSAs infrastructure and all projects will coordinate with CSS in the following ways:
- Referral to CSS programs: when an individual or family is identified as needing more intensive and long-term intervention, the project staff will work with BHAC to refer them to appropriate services and/or placement.
- The PEI Coordinator is working to develop standard definitions of and referral criteria for prevention, early intervention and treatment services, and a protocol for identifying when a consumer will benefit from each type of service. This framework will be folded into a referral protocol for each of the PEI projects, taking into consideration the CSS, and other county and community mental health services that are available and appropriate for that particular project and population.
- This, and all PEI projects, will be discussed at the bi-monthly MHSAs Advisory Board meetings.

Coordination with Workforce Development, Education and Training (WDET):

This project augments the WDET project, *Supportive Services for Consumers Enrolled in Public Universities or Private Colleges*. WDET funds are allocated for the staffing of student Centers at two institutions of higher education.

PEI NEW PROGRAM DESCRIPTION

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

Costs for the expansion of this program were based on the original estimate included in the SF PEI Three Year Expenditure Plan. Each contracted school is estimated to have a budget of \$150,000 to cover costs for staffing and operating expenses. The supported services in higher education will be awarded additional \$50,000 to adequately provide staffing for peer counseling and assessment and evaluation for both institutions.

10. Additional Comments (Optional)

PREVIOUSLY APPROVED PROGRAM

Select one:
 CSS
 WET
 PEI
 INN

County: San Francisco

Program Number/Name: PEI 2 - Screening, Planning, and Supportive Services for Incarcerated Youth

Date: 2/5/2010

Prevention and Early Intervention											
No.	Question	Yes No									
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/> <input type="checkbox"/>									
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/> <input checked="" type="checkbox"/>									
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/> <input checked="" type="checkbox"/>									
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/> <input checked="" type="checkbox"/>									
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.										
No changes.											
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates										
5b.	Total Individuals: <u> </u> Total Families: <u> </u> If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:										
<table border="1"> <thead> <tr> <th>Universal Prevention</th> <th>Selective/Indicated Prevention</th> <th>Early Intervention</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Universal Prevention	Selective/Indicated Prevention	Early Intervention						
Universal Prevention	Selective/Indicated Prevention	Early Intervention									
Existing Programs to be Consolidated											
No.	Question	Yes No									
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/> <input checked="" type="checkbox"/>									
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/> <input type="checkbox"/>									
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/> <input type="checkbox"/>									
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

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: PEI 3 - Re-Engagement of Truant and Out of School Youth

Date: 2/5/2010

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 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.			
No Changes.				
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates			
Total Individuals: Total Families:				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
Total Individuals: Total Families:				
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" 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			

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: PEI 4 - Holistic Wellness Promotion in a Community Setting

Date: 2/5/2010

Prevention and Early Intervention		
No.	Question	Yes No
1.	Is this an existing program with no changes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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"/> Yes <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input checked="" type="checkbox"/> No 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.	

San Francisco's approved PEI Expenditure Plan included \$750,000 to fund Holistic Wellness projects in three (\$250K each) San Francisco communities experiencing high rates of trauma. CBHS received over a dozen proposals from Community Based Organizations (CBOs) outlining projects targeting a wide range of high need communities. None of the three highest scoring proposals target the African-American or Bayview Hunters Point Communities. Both of these communities experience some of the highest rates of violence and trauma in San Francisco. For example, BVHP residents lose more years of life due to violence than from any other cause. Given the City's commitment to address the numerous health disparities and prevalence of trauma in the Bayview Hunters Point (BVHP) Community, a decision was made to fund the fourth highest scoring proposal submitted by the Bayview YMCA. The funded project is designed to "build a stronger sense of community among African American individuals and families in San Francisco, as well as decrease the impact of trauma and increase the holistic wellness of these individuals". The program will primarily target African-American families living in the 94124 zip code (Bayview). The program will also include satellite service sites in the zip codes of 94112 (Oceanview) and 94115 (Western Addition).

5a. If the total number of individuals to be served annually is different than previously reported please provide revised estimates

Total Individuals:	Total Families:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
1,200	1,200	200	200	120
If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:				
Total Individuals:	1,200			120
Total Families:	1,200			120

Existing Programs to be Consolidated		
No.	Question	Yes No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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"/> Yes <input checked="" type="checkbox"/> No If no, answer question #3; if yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, answer question #4; if no, complete Exh. F4

PREVIOUSLY APPROVED PROGRAM

	estimated number of individuals?	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation	

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI 4 - Holistic Wellness Promotion in a Community Setting

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services			\$250,000	\$250,000
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$250,000	\$250,000

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI 4 - Holistic Wellness Promotion in a Community Setting

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$250,000	\$250,000

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Maria Iyog-O'malley

Telephone Number: 415-255-3551

PEI NEW PROGRAM DESCRIPTION

County: San Francisco

Program Number/Name: PEI 4 - Holistic Wellness Promotion in a Community Setting

Date: 2/5/2010

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

See Approved PEI Plan – No change since submission

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

See Approved PEI Plan – No change since submission

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

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

San Francisco's approved PEI Expenditure Plan included \$750,000 to fund Holistic Wellness projects in three (\$250K each) San Francisco communities experiencing high rates of trauma. CBHS received over a dozen proposals from Community Based Organizations (CBOs) outlining projects targeting a wide range of high need communities.

None of the three highest scoring proposals targeted the African-American or Bayview Hunters Point Communities. Both of these communities experience some of the highest rates of violence and trauma in San Francisco. For example, BVHP residents lose more years of life due to violence than from any other cause.

Given the City's commitment to address the numerous health disparities and prevalence of trauma in the Bayview Hunters Point (BVHP) Community, a decision was made to fund the fourth highest scoring proposal, African-American Wellness, submitted by the Bayview YMCA.

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

The fourth Holistic Wellness project is designed to "build a stronger sense of community among African American individuals and families in San Francisco, as well as decrease the impact of trauma and increase the holistic wellness of these individuals". The program will primarily target African-American families living in the 94124 zip code (Bayview). The program will also include satellite service sites in the zip codes of 94112 (Oceanview) and 94115 (Western Addition).

PEI NEW PROGRAM DESCRIPTION

4. Activities					
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:				Number of months in operation through June 2011
		Universal Prevention	Selective* Prevention	Early Intervention	
Bayview YMCA African-American Wellness	Individuals: Families:	300 300	200 200	120 120	12
	Individuals: Families:				
	Individuals: Families:				
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:				

Previously referred to as "Selected/Indicated"

<p>5. Describe how the program links PEI participants to County Mental Health and providers of other needed services</p> <p><i>See Approved PEI Plan – No change since submission</i></p>
<p>6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.</p> <p><i>See Approved PEI Plan – No change since submission</i></p>
<p>7. Describe intended outcomes.</p> <p><i>See Approved PEI Plan – No change since submission</i></p>
<p>8. Describe coordination with Other MHSA Components.</p> <p><i>See Approved PEI Plan – No change since submission</i></p>
<p>9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.</p> <p>As indicated in the Stakeholders Process section above, a 4th center was added in order to serve the Bayview, Oceanview, and Western Addition communities. The cost of \$250,000 for the additional center was based on the original estimate included in the PEI Three Year Expenditure Plan. This budget is estimated to cover costs for community outreach and education, pro-social community building events, community wellness promotion activities, cultural activities and traditional healing, and service linkages to individuals, families, and community members.</p>
<p>10. Additional Comments (Optional)</p>

PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco
 Program Number/Name: PEI 5 - Early Childhood Mental Health Consultation (ECMHC)

Date: 2/5/2010

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
No Changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates		
Total Individuals: Total Families:			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:		
Total Individuals:			
Total Families:			
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
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

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: PEI 6 - Mental Health Consultation for Youth At-Risk or Involved in Juvenile Justice System

Date: 2/5/2010

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
No Changes.			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
5b.	Total Individuals: if the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Total Families:	
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 checked="" type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
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		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: PEI 7 - Behavioral Health Screening and Response

Date: 2/5/2010

Prevention and Early Intervention		
No.	Question	Yes No
1.	Is this an existing program with no changes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input checked="" type="checkbox"/> No 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.	

CBHS has been working with SFDPH Primary Care to increase their capacity to screen and serve clients with behavioral health issues. The Older Adult Behavioral Health Screening and Response project has provided an exciting opportunity to build on that groundwork. The project addresses many of the risk factors faced by our older adults, often facing the stressors and challenges of their lives in isolation, with chronic illness, and with limited access to behavioral health services and information due to barriers and stigma. The proposed Older Adult Behavioral Health Screening and Response program combines the expertise and experience of primary care with behavioral health professionals to reach, screen and serve older adults. The approach is based on a collaborative care model that has been widely researched, evaluated and integrated into primary care settings.

The response to this work has been very positive and clinics have requested more resources/staff so that the existing model used in the Older Adult project might be used to serve all ages. The proposed expansion of this project will greatly increase the capacity of community-based primary care clinics to screen and serve clients struggling with behavioral health issues. The additional funding will allow the project to expand to serve clients of all ages at all 14 DPH Primary Care Clinics. It expands San Francisco's ongoing efforts to integrate health and mental health services, ensuring the most appropriate and timely interventions. It also builds upon evidence-based practices for serving clients in a primary care setting that has been successfully implemented in surrounding counties and nationally.

5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
	Total Individuals:	22,500	Total Families:
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:		
	Total Individuals:	22,500	6000
	Total Families:		

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated		
No.	Question	Yes No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI 7 - Behavioral Health Screening and Response

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services			\$1,641,648	\$1,641,648
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$1,641,648	\$1,641,648

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI 7 - Behavioral Health Screening and Response

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$1,641,648	\$1,641,648

*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: Maria Iyog-O'malley

Telephone Number: 415-255-3551

PEI NEW PROGRAM DESCRIPTION

County: San Francisco

Program Number/Name: PEI 7- Older Adult Behavioral Health Screening and Response

Date: 2/5/2010

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

See Approved PEI Plan – No change since submission

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

See Approved PEI Plan – No change since submission

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

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

The *Suicide Prevention* workgroup of the original PEI planning process selected the Older Adult Behavioral Health Screening and Response project based on research and promising practices identified in large part by Lisa Golden, MD at Ocean Park Health Center and Patricia Areán, Professor at Langley Porter Psychiatric Institute, UCSF. Initially the proposed scope of the project and target populations were larger and included transitional age and LGBTQ youth as well as other communities underrepresented in the mental health system. However, budgetary constraints and the high level of need among older adults, the Behavioral Health Screening and Response project was narrowed to target seniors (55 years of age and older).

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

CBHS has been working with SFDPH Primary Care to increase their capacity to screen and serve clients with behavioral health issues. The Older Adult Behavioral Health Screening and Response project has provided an exciting opportunity to build on that groundwork. The proposed Older Adult Behavioral Health Screening and Response program combines the expertise and experience of primary care with behavioral health professionals to reach, screen and serve older adults. The approach is based on a collaborative care model that has been widely researched, evaluated and integrated into primary care settings.

The response to this work has been very positive and clinics have requested more resources/staff so that the existing model used in the Older Adult project might be used to serve all ages. The proposed expansion of this project will greatly increase the capacity of community-based primary care clinics to screen and serve clients struggling with behavioral health issues.

The additional funding will allow the project to expand to serve clients of all ages at all 14 DPH Primary Care Clinics.
It expands San Francisco's ongoing efforts to integrate health and mental health services, ensuring the most appropriate

PEI NEW PROGRAM DESCRIPTION

and timely interventions. It also builds upon evidence-based practices for serving clients in a primary care setting that has been successfully implemented in surrounding counties and nationally.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:			Number of months in operation through June 2011	
		Universal Prevention	Selective* Prevention		Early Intervention
Expansion of Behavioral Health Screening and Response Project	Individuals: Families:		15,000	4000	12
	Individuals: Families:				
	Individuals: Families:				
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:		22,500	6000	12

Previously referred to as "Selected/Indicated"

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

See Approved PEI Plan - No change since submission

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

See Approved PEI Plan - No change since submission

7. Describe intended outcomes.

See Approved PEI Plan - No change since submission

8. Describe coordination with Other MHSA Components.

See Approved PEI Plan - No change since submission

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

Costs for this expansion were based on estimates included in the PEI Three Year Expenditure Plan. Salaries are calculated at \$16.3/hour and fringe benefits at 37.5% of salaries. This expansion will fund a total 31.50 care managers to serve CYF, TAY, and Adult clients and administrative costs for the contracted agency that will recruit, supervise, evaluate, and administer this program. The Care Managers will provide behavioral health screening, short-term intervention, case management, and referral to long-term mental health services, if needed.

10. Additional Comments (Optional)

PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
 WET
 PEI
 INN

County: San Francisco

Program Number/Name: PEI 8 - Early Intervention and Recovery for Early Psychosis

Date: 2/5/2010

Prevention and Early Intervention	
No.	Question
1.	Is this an existing program with no changes? Yes <input checked="" type="checkbox"/> No <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? Yes <input type="checkbox"/> No <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? Yes <input type="checkbox"/> No <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? Yes <input type="checkbox"/> No <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.
No Changes.	
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates
Total Individuals: Total Families:	
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.
Total Individuals:	
Total Families:	
Existing Programs to be Consolidated	
No.	Question
1.	Is this a consolidation of two or more existing programs? Yes <input type="checkbox"/> No <input checked="" 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? Yes <input type="checkbox"/> No <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? Yes <input type="checkbox"/> No <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

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: PEI.9 - Transition Age Youth (TAY) Multi-Service Center

Date: 2/5/2010

		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 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.		
No Changes.			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:		
Total Individuals: _____			
Total Families: _____			
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" 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		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco Program Number/Name: PEI 10 - Statewide Project-Training and Technical Assistance

Date: 2/5/2010

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

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco
 Program Number/Name: PEI 11 - Trauma and Recovery Services
 Date: 2/5/2010

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. F4; 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.			
No changes.				
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates			
Total Individuals: Total Families:				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			
Total Individuals:				
Total Families:				
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" 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

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco
 Program Number/Name: PEI 12 - Crisis Response Team

Date: 2/5/2010

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
No changes.			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
5b.	Total Individuals: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention
	Total Families:		Early Intervention
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
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

Select one:

- CSS
- WET
- PEI
- INN

County: San Francisco

Program Number/Name: PEI - Community Program Planning

Date: 2/5/2010

Prevention and Early Intervention		
No.	Question	Yes No
1.	Is this an existing program with no changes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.	

Previous MHSA planning efforts in San Francisco have resulted in an exciting array of services that are helping San Francisco move closer to realizing the vision of MHSA. However, continued progress towards this vision will require CBHS to build up its knowledge base re: PEI best practices, and to better understand current capacity and gaps. Furthermore, while previous community planning efforts successfully engaged behavioral health providers, wellness focused CBOs, and behavioral health consumers, additional efforts need to be made to engage and understand the needs of programs and social service providers outside of the behavioral health system, such as after-school programs, non-wellness school staff, parents and family support providers, non-consumer older adults, ethnic communities, businesses operating in neighborhoods where behavioral health clients reside or congregate, etc.

As demonstrated in the SAMHSA's Strategic Prevention Framework, <http://prevention.samhsa.gov/about/spf.aspx>, program assessment, evaluation and development is an ongoing cycle. The PEI Planning Committee recommendations included a call for additional mapping and assessment of community services. Additional planning funding will allow CBHS to focus further mapping and assessment efforts on strategically selected discrete systems, issues and populations. For example, schools, after school programs, and family resource centers are key systems in which youth, young adults and their families are involved and provide important collaborative opportunities for MHSA PEI activities. In addition, more needs to be done to understand the community assets and needs among API, LGBTQ, Foster Care Families and older adult populations.

A concerted outreach effort will be made to invite stakeholders who have not participated in previous MHSA planning processes. It is estimated that 300 new attendees will participate in this community planning and stakeholders meetings especially from programs and social service providers operating outside the realm of behavioral health services. As a result of this planning process, PEI efforts would be enhanced to encompass the needs and gaps in services in communities identified in the mapping and assessment efforts.

5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates – NOT KNOWN YET		
	Total Individuals:	N/A	Total Families: N/A
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: NOT KNOWN YET		Early Intervention
			72

PREVIOUSLY APPROVED PROGRAM

		Total Individuals:	N/A	N/A
		Total Families:	N/A	N/A
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" 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: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI New Program - Community Program Planning

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services			\$500,000	\$500,000
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$500,000	\$500,000

County: San Francisco

Date: 2/5/2010

Program/Project Name and #: PEI New Program - Community Program Planning

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$500,000	\$500,000

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

Justification: _____

Please include your budget narrative on a separate page.

Prepared by: Maria Iyog-O'malley

Telephone Number: 415-255-3551

PEI NEW PROGRAM DESCRIPTION

County: San Francisco

Program Number/Name: PEI Community Program Planning

Date: 2/5/2010

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

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

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

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

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

4. Activities					
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:				Number of months in operation through June 2011
		Universal Prevention	Selective* Prevention	Early Intervention	
	Individuals:				
	Families:				
	Individuals:				
	Families:				
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals:				
	Families:				

* Previously referred to as "Selected/Indicated"

PEI NEW PROGRAM DESCRIPTION

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services
6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.
7. Describe intended outcomes.
8. Describe coordination with Other MHSA Components.
9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.
10. Additional Comments (Optional)



CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

January 19, 2010

DMH INFORMATION NOTICE NO.: 10-01

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: PROPOSED GUIDELINES FOR THE MENTAL HEALTH SERVICES
ACT (MHSA) FISCAL YEAR 2010/11 ANNUAL UPDATE TO THE
THREE-YEAR PROGRAM AND EXPENDITURE PLAN

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTION 5847,
SUBDIVISION (b)

Pursuant to the responsibilities of the Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) as outlined in Welfare and Institutions Code (WIC) Sections 5846 (c) and 5848 (c), this Information Notice provides proposed guidelines for Counties¹ to submit for the Fiscal Year (FY) 2010/11 annual update to their MHSA Three-Year Program and Expenditure Plans (Plan). Proposed guidelines and formats for funding requests for FY 2010/11 are provided for the Community Services and Supports (CSS), Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN), Prevention and Early Intervention (PEI), and Innovation (INN) components. The guidelines and exhibits in this Information Notice apply only to the 2010-11 annual update. Guidelines and regulations governing future updates and Plans will be issued at a later date. Enclosure 1 contains a complete listing of Exhibits A through H, instructions, and all needed exhibits and supporting documents for the annual update and future updates. Enclosure 2 includes a list of allowable Community Program Planning (CPP) activities and expenditures. This Information Notice supersedes previous DMH guidance about previously approved programs in Information Notices Nos.: 08-17 and 08-28.

Pursuant to California Code of Regulations (CCR), title 9, sections 3300, 3310, subdivision (d), and 3315, subdivision (a), the FY 2010/11 annual update shall be developed with the participation of stakeholders. The CPP Process should build on previous and ongoing

¹ "County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code section 5701.5 (Cal. Code Regs., tit. 9, § 3200.090).

engagement of stakeholders. A draft of the FY 2010/11 annual update or update shall be circulated for 30 days to stakeholders for review and comment. For the annual update, a public hearing by the local mental health board or commission is required. The public hearing must be held after the completion of the 30-day public comment period. (Welf. & Inst. Code § 5848, subd. (b))

Counties that have not yet submitted a Three-Year Program and Expenditure Plan that includes a WET or CFTN component, but intend to do so separately from this annual update, may include the applicable component's Funding Request for FY 2010/11 from this Information Notice (Exhibit E1-E3) in place of any previously released funding request worksheet. Counties that have not yet submitted a Three-Year Program and Expenditure Plan that includes all of the components should continue to meet the guidelines for the component.

I. DEFINITIONS

Previously, the term "work plan" was used to describe MHSAs funded programs, projects and actions of the various components. The following terms now apply:

- Annual update is the yearly update to the County's Three-Year Program and Expenditure Plan that is required by WIC section 5847, subdivision (b).
- Update is any update to the Three-Year Program and Expenditure Plan other than the annual update.
- Program is one or more services or activities used in an organized manner to provide strategies for services and supports to an individual to achieve positive outcomes (CSS, WET, INN). This includes housing through the General Systems Development and MHSAs Housing Program service categories of the CSS component. For INN, "Program" has its primary focus on contributing to learning rather than providing a service. It introduces a novel, creative, and/or ingenious approach to a variety of mental health practices, including those aimed at prevention and early intervention. For PEI, "program" is composed of one or more PEI activities that are designed to address one or more PEI Key Community Needs and one or more PEI Priority Populations to meet specific outcomes identified through the County's Community Program Planning process.
- Project is used to describe Capital Facilities and Technological Needs projects.
- Work plan is the document that the county submits to DMH and MHSOAC for each program/project in the Three-Year Program and Expenditure Plan, annual update or update. The work plan for the annual update is comprised of a MHSAs Funding Request (Exhibit E), a budget detail/narrative (Exhibit F), and a CSS/WET/CF/TN/PEI/INN New Program/Project Description (Exhibit F1-F5).

II. PROGRAMS AND PROJECTS

A. PROGRAMS

1. Previously Approved Programs

Pursuant to Welfare and Institutions Code section 5847, subdivision, (g)(2), the Department of Mental Health (DMH) evaluation of a county Plan or update is limited to only programs that have not been previously approved or that have previously identified problems that have been conveyed to the County. This section also requires DMH to distribute funds for the renewal of previously approved programs prior to the approval of a County's Plan or annual update or update. Previously approved programs remain approved by DMH or when applicable, the MHSOAC, and should be described in Exhibit D. Definitions of "previously approved programs" for each component are discussed below. Counties must indicate on Exhibit E from which fiscal year funds will be used for previously approved programs. The amount of funds requested for previously approved programs should be the same amount as was approved for the program in the County's previous Plan or update (within the percentages as described below).

a) Community Services and Supports and Workforce Education and Training

An existing CSS/WET program with no changes is considered previously approved.

Existing CSS/WET Programs proposed to be consolidated, expanded or reduced are considered previously approved Programs if both of the following criteria are met:

- The consolidated/expanded/reduced program serves the same target populations with the same services/strategies/activities as approved in the County's most recent Plan or update.
- The amount of funds the County is requesting for the consolidated program is within 15 percent of the sum of the previously approved programs being consolidated (it can be 15% more or 15% less than the previously approved funding amount) or
- The amount of funds the County is requesting for the expanded/reduced program is within 15 percent of the amount that was previously approved for the program (it can be 15% more or 15% less than the previously approved funding amount).

b) Innovation

An existing INN program with no changes is considered previously approved.

Existing INN programs with changes are considered previously approved if both of the following criteria are met:

- Continues to address the same essential purpose(s) and key learning goals using programs or strategies consistent with the most recently approved Plan, annual update, or Plan update; and;
- The amount of funds the County is requesting for the program is within 15 percent (15%) of the amount previously approved for the program (it can be 15% more or 15% less than the previously approved funding amount).

c) Prevention and Early Intervention

An existing PEI program with no changes is considered previously approved.

An existing PEI program with changes is considered previously approved program if it meets both of the following criteria:

- Continues to serve the same Key Community Mental Health Needs and Priority Populations with the programs that are consistent with the most recently approved Plan or update; and
- The amount of funds the county is requesting for the program is not greater than 15 percent (15%) or less than 35 percent (35%) of previously approved for the program. (Due to the significant decrease in PEI Planning Estimates, the percentage is different for PEI than for the other components to allow for flexibility.)

Existing PEI Programs proposed to be consolidated are considered previously approved Programs if both of the following criteria are met:

- Continues to serve the same Key Community Mental Health Needs and Priority Populations with the programs that are consistent with the most recently approved annual update; and
- Continues to serve the same estimated number of individuals.

The consolidated previously approved PEI program does not have to meet the funding limits of not greater than 15 percent (15%) or less than 35 percent (35%) of previously approved costs.

Consistent with the PEI Guidelines, the County must reflect programs that address all age groups and minimum of 51 percent of the County's total PEI funds shall be used to serve individuals who are under 25 years of age. Small counties, as defined in CCR, Title 9 section 3200.260, are exempt from this requirement.

2. New Programs

a) Community Services and Supports and Workforce Education and Training

If the County's annual update includes new programs or proposes to continue existing programs with changes in the target population, service description, services/strategies/activities, or funding levels beyond or below 15% of the currently approved CSS and/or WET program(s), Counties must request approval through the Plan update process using Exhibits F and F1. Counties must also include a description and justification of the previously approved programs that are being consolidated, expanded and/or reduced on Exhibit F1.

Existing programs that the County proposes to consolidate, expand and/or reduce are considered new programs when the following apply:

- There are changes to the services/strategies/activities to the target population originally approved; or
- The expansion or reduction of the program has increased or reduced the funding beyond 15% from the previously approved funding level in the County's most recently Plan or update.

b) Innovation

For INN, including new INN Programs or existing INN Programs that propose to change the essential purpose and/or learning goals, or expand or reduce funding levels greater than 15 percent from the currently approved Program, Counties must request approval through the annual update process. Consolidating previously approved INN Programs is considered a new Program. For New INN programs, Counties must complete Exhibit F6. For existing INN programs with changes, Counties must complete Exhibit D.

c) Prevention and Early Intervention

For new PEI programs or existing PEI programs that propose to change the Key Community Mental Health Needs, Priority Populations, expand funding levels by greater than 15 percent (15%) or reduce by more than 35 percent (35%) from the previously approved Program, Counties must request approval through the annual update process using Exhibit F5.

Consistent with the PEI Guidelines, the County must reflect programs that address all age groups and at least 51 percent (51%) of the total PEI funds received by the County in a fiscal year shall be used to serve individuals who are under 25 years of age. Small counties, as defined in CCR, Title 9 Section 3200.260, are exempt from this requirement.

3. Majority Requirement for Full Service Partnerships (FSP)

Pursuant to California Code Regulations (CCR), title 9, section 3620, subdivision (c), a County is required to "direct the majority of its Community Services and Supports funds to the Full-Service Partnership ["FSP"] Service Category." "Community Services and Supports funds" may include any funds that are considered and used for the programs approved through the CSS component of the Plan.

A County may choose to provide FSP services using funds other than MHSA funds, including but not limited to Medi-Cal, Medicare, and State General Fund. If Counties use non-MHSA funds to augment CSS FSP programs, those funds may be considered part of the County's CSS funds for the purposes of CCR section 3620, subdivision (c), and are allowed to be used to meet the majority requirement for FSPs.

To determine whether a County is meeting the requirement of section 3620, subdivision (c), DMH requires Counties to identify non-MHSA funds used for CSS programs in their annual updates on Exhibit E1. If Counties do not direct the majority of their MHSA CSS funds to FSP programs, they must provide an explanation and specify the amount and type of non-MHSA matching funds used to meet the majority requirement. Per CCR section 3505, subdivisions (a) through (b), Counties are responsible for maintaining these records and ensuring that the identified funds match the Cost Report.

B. PROJECTS

a) Capital Facilities and Technological Needs

Projects approved under the CFTN component of the County's Three-Year Program and Expenditure Plan are, by their very nature, considered to be single, time-limited projects and, as such, do not qualify under WIC Section 5847 subdivision (g)(2) for distribution of funds as a previously approved program. Requests for CFTN funds should follow the guidelines for a new project.

DMH acknowledges that occasionally a County may require additional funds to complete an existing, previously approved CFTN project. Examples of situations where additional funds are needed but the scope of the project is not expanded include, but are not limited to: costs associated with training, additional materials/hardware or increased costs in vendor or professional services. Counties requesting additional funds for an existing project should provide a justification of why the initial funding was insufficient to complete the project and explain how the additional funds will be used. Expansion of

an existing CFTN project beyond the originally approved scope would be considered a new project.

Exhibits E3, F, F2 and F3 have been designed for counties to submit the information needed for both new projects and requests for additional funds for existing projects. Each new TN project requires the appropriate signatures as indicated on Page 5 of Exhibit F3.

- For new or existing capital facilities projects, counties must complete Exhibits E3, F and the applicable section of Exhibit F2.
- For new or existing Technological Needs projects, counties must complete Exhibits E3, F and the applicable section of Exhibit F3.

Note that Exhibits F2 and F3 replace Enclosures 2 and 3, respectively, of DMH Information Notice No.: 08-09 for submission of CFTN Project Proposals. CFTN Project Proposals are now known as work plans. Enclosure 1 of DMH Information Notice No.: 08-09 is still required for Counties that do not have an approved Plan with a CFTN component.

C. ELIMINATION

Counties must complete Exhibit D1 for each program/project proposed for elimination and provide:

- A brief description of the rationale for the elimination of the previously approved programs/projects, and if applicable, the impact on the population to be affected by the change, if any; and
- A written notification to DMH and MHSOAC within 45 days of the decision to eliminate, which includes the basis for the decision and an explanation of the stakeholder involvement/input in that decision.

For all components, the County must describe the reasonable efforts made to ensure that all parties affected, including stakeholders, have been advised by public notice of the Program's discontinuance on Exhibit C.

If a request to eliminate a program/project is submitted separately from the annual update, the County must submit Exhibits A, B, C, D1, and E1 – E5 accordingly.

III. FISCAL INFORMATION

Counties are responsible for administering MHSAs consistent with MHSAs statutes, regulations, guidelines and program objectives, and need to ensure county records support and substantiate approved expenditures. All costs must be necessary and reasonable for proper and efficient performance of the MHSAs. DMH has the

responsibility to ensure the distribution of MHSAs funds is for reasonable and necessary expenditures, pursuant to section 3 of the MHSAs, subdivisions (d) and (e).

A. Community Program Planning (CPP) Funding Limits

Consistent with California Code of Regulations, title 9, section 3300, subdivision (d), Counties may use up to five percent (5%) of their Planning Estimates for the CPP Process. Accordingly, each County may spend up to five percent (5%) of the total amount of its combined annual Planning Estimates for all components, not to exceed five percent (5%) of any single component's Planning Estimate per FY. Counties choosing to use funds for the CPP Process should indicate the use of these funds on Exhibit E.

Funds may be used to plan for any of the components regardless of the Planning Estimates from which the funds originated provided the County does not exceed the maximum limit of five percent (5%). For example, CPP funds from the CSS Planning Estimate may be spent on planning activities for CSS and any other component as long as the funded activities meet the criteria for allowable activities specified in Enclosure 2.

There is an exception to the above-referenced policy regarding the 5% limitation of any single component. This exception only applies to Counties that have never submitted a Three Year Program and Expenditure Plan that contains a PEI and/or INN component. In such cases, Counties may exceed the 5% overall funding limit in order to plan for their first PEI and/or INN components. For more information regarding the exemption for PEI and INN Components see DMH Information Notices Nos.:08-27, 08-36, and 09-02.

B. Administrative Costs

Administrative costs are allowable to the extent they are consistent with the requirements of Welfare and Institutions Code section 5891, subdivision (a), and California Code of Regulations, title 9, section 3410.

Administrative costs are divided into two categories:

- Direct service costs, and
 - Indirect administrative costs.
1. Direct service administrative costs are those costs associated with the delivery of services to clients that can be tied to a specific program/project. Direct expenditures do not include funds dedicated to the CSS operating reserve or Local Prudent Reserve.

Typical allowable direct costs are:

- Salaries and benefits of employees for the time devoted specifically to the provision of services or activities through an approved MHSA program/project;
- Operating expenses, such as training costs for staff providing direct client services;
- Cost of materials and supplies acquired and used specifically for the approved MHSA programs/projects;
- Travel expenses incurred specifically to implement an approved MHSA program/project;
- Costs of contracts for the delivery of direct client services through an approved MHSA program/project.

These direct service administrative costs should be included in the work plan budget for the program/project.

2. Indirect administrative costs are those support costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA program or project. Indirect costs of this type may originate in a specific department (i.e. the county mental health department), or may originate in other departments that supply goods, services and facilities for the county as a whole (i.e. the county administrative office).

These costs are appropriately charged to an MHSA program/project through an acceptable allocation method that allocates the costs of support and administrative services to the benefiting programs/projects. The share of costs attributed to the MHSA funding stream should be in proportion to the extent the MHSA program/project benefits from the support activity.

Typical indirect administrative costs allowed for MHSA programs/projects are:

- Salaries and benefits of employees in support units such as accounting and budgeting, or centralized personnel units,
- Operating expenses associated with staff who do not provide direct client services;
- The MHSA portion of the countywide A-87 costs.

Counties may request MHSA funding for indirect administrative costs in an amount not to exceed 15 percent (15%) of the total cost of direct client services. If a county's indirect costs will be more than 15 percent (15%) of the total cost of direct client services, a County may request funding for indirect administrative costs above the 15 percent (15%) level. Requests above the 15 percent (15%) level must be accompanied by a signed statement by the county Mental Health Director that:

- The additional costs are based on an acceptable allocation method, consistently applied by the county in similar circumstances, which allocates an increased share of costs to the MHSA funding stream in proportion to the benefit to the program/project; and,
- That these costs do not violate the requirements of Welfare and Institutions Code section 5891, subdivision (a), and California Code of Regulations section 3410.

Proper documentation of this allocation methodology must be kept by the County to justify this request and may be subject to review by the Department. Administrative costs are identified on the applicable Exhibit E1–E5.

C. Operating Reserve

An operating reserve of up to ten percent (10%) of the total amount requested for direct program/project expenditures and administrative costs for each component is allowed. When determining the ten percent for the operating reserve, Counties should not include any funds requested for transfer to the Local Prudent Reserve. The operating reserve may be used by Counties at any time to provide funding for unexpected increases in costs or decreases in revenues associated with previously approved programs, or unforeseen administrative costs consistent with the requirements of the applicable component and the MHSA. Operating reserve funds may be requested in Exhibit E1–E5.

D. Redirection of CSS Funds

Welfare and Institutions Code section 5892, subdivision (b), specifies that in any year after FY 2007/08, an amount not to exceed 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be redirected from the CSS Planning Estimate to fund the County's Local Prudent Reserve, WET or CFTN. Please see Information Notice 09-20, dated December 10, 2009, for the specific county-by-county 20 percent (20%) limit on the use of CSS funds. Counties should indicate requests to transfer CSS funds on Exhibit E. The transfer of CSS funding to Capital Facilities and Technological Needs, Workforce Education and Training and/or the Local Prudent Reserve is irrevocable.

E. Local Prudent Reserve

DMH Information Notice No.: 09-16 requires Counties to fund the Local Prudent Reserve at 50 percent (50%) of the most recent approved funding level for the CSS component and the PEI component. The 50 percent (50%) funding level is calculated based on the amount requested in the current annual update/update. DMH Information Notice No.: 09-16 also indicated that during periods when access to the Local Prudent Reserve is allowed, the 50 percent (50%) funding level requirement will be suspended. Welfare and Institutions Code section 5847,

subdivision (b)(7), requires that funds set aside in the Local Prudent Reserve be made available during years in which "revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index." Based on current revenue projections and adjustment factors, DMH has determined that the threshold has been met. Counties will be allowed to access their Local Prudent Reserves effective FY 2010/11. Therefore, the 50 percent (50%) Local Prudent Reserve level requirement is being suspended in FY 2010/11.

For FY 2010/11, DMH will also suspend the requirement that Counties return to FY 2007/08 funding levels and dedicate future funding to the Local Prudent Reserve until they meet the required level. Once access to the Local Prudent Reserve is no longer allowed, Counties will be expected to replenish the Local Prudent Reserve to the required levels.

- Funding the Local Prudent Reserve:

Although the 50 percent (50%) Local Prudent Reserve level requirement is being suspended in FY 2010/11, Counties choosing to continue funding their Local Prudent Reserves may do so by submitting an Exhibit G. Consistent with Welfare and Institutions Code section 5892, subdivision (b), an amount equal to 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be irrevocably redirected from the CSS Planning Estimate to fund the County's Local Prudent Reserve, CFTN and WET.

- Accessing the Local Prudent Reserve:

Counties that choose to access funds in their Local Prudent Reserve in FY 2010/11 will need to identify the amount being requested from their Local Prudent Reserve for CSS and PEI on Exhibit E. Counties may access all or part of the funds set aside in their Local Prudent Reserves by requesting these funds through a Three-Year Program and Expenditure Plan, annual update or update and may use these funds to pay for any services allowable under the CSS and/or PEI components.

F. Unapproved Funding Limitations

Requests for unapproved funds from prior years' Planning Estimates that have not been requested may be submitted through the Three-Year Program and Expenditure Plan, an annual update or an update on Exhibit E. Counties may not implement any new CSS, WET, CFTN, PEI, or INN program/project using MHSA funds until the Department and/or MHSOAC, as applicable, has issued written approval of the County's request. Counties electing to begin the delivery of services for new programs using non-MHSA funds prior to DMH and/or MHSOAC approval of their

Plans/updates may not seek reimbursement for these expenditures from MHSA funds if their requests for MHSA funds are ultimately not approved.

Counties wishing to use unapproved funds for previously approved or new programs/projects should indicate the use of these funds when completing Exhibit E.

G. MHSA Housing Program – Supplemental Assignment Agreement

Each County is allowed to assign funds from its CSS Planning Estimate to the MHSA Housing Program. Provision 10 of the MHSA Agreement indicates that such assignment will occur through an assignment agreement executed between the County and DMH, which specifies the purpose of the agreement and the source of the funds.

Under previous separate cover, each County was sent an assignment agreement to allow the County to participate in the state-administered MHSA Housing Program funded from the CSS component of the MHSA. That document may continue to be used to assign funds from the County's MHSA Housing Program Planning Estimate.

Counties wanting to assign additional funds to the MHSA Housing Program from their unapproved CSS Planning Estimate funds may do so by completing the Supplemental MHSA Housing Program Assignment Agreement (Exhibit H). Additional funding assigned from CSS funds can be used for operating subsidies or capital costs of the MHSA Housing Program without the limits on operating subsidies that are in effect for funding provided through DMH Letter No.: 07-06.

IV. SUBMISSION

One hard copy and one electronic copy that is a single document in pdf format should be submitted to both the MHSA Plan Review Section and to the MHSOAC.

The address for the MHSA Plan Review Section is:

Mailing address: **MHSA Plan Review Section**
Department of Mental Health
1600 9th Street, Room 150
Sacramento, CA 95814
E-mail: ccta@dmh.ca.gov

MHSOAC copies should be sent to:

Mailing Address: **MHSOAC**
1300 17th Street, Suite 1000
Sacramento, CA 95811
E-mail: MHSOAC@dmh.ca.gov

To ensure timely payment by July 1, 2010, for FY 2010/11 funding requests, the County must submit its annual update no later than April 15, 2010.

V. REVIEW TOOLS

DMH is developing review tools for evaluating and assessing the annual updates and/or updates and anticipates the release of these tools within 60 days from the date of issuance of this Information Notice. Review tools will be posted on the DMH website at: http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

If you have questions about the CSS, CFTN, and/or WET component (s), please contact your MHSOAC Plan review representative identified on the following DMH website:

http://www.dmh.ca.gov/Services_and_Programs/Local_Program_Support/default.asp

If you have questions about the PEI and/or INN component(s), please contact the MHSOAC at (916) 445-8696.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures (2)

cc: California Mental Health Planning Council
California Mental Health Directors Association
Mental Health Services Oversight and Accountability Commission
Deputy Director, Community Services Division



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

December 10, 2009

DMH INFORMATION NOTICE NO.: 09-20

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: MENTAL HEALTH SERVICES ACT PLANNING ESTIMATES FOR
FISCAL YEAR 2010/11

REFERENCE IMPLEMENTATION OF THE MHSA, WELFARE AND INSTITUTIONS
CODE SECTIONS 5847, 5848, AND 5892

This Department of Mental Health (DMH) Information Notice transmits the Mental Health Services Act (MHSA) Planning Estimates¹ for Counties² for the Fiscal Year (FY) 2010/11 for the three components of the Three-Year Program and Expenditure Plan funded in FY 2010/11 (Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN). Enclosure 1 provides the FY 2010/11 Planning Estimates for the CSS component and Enclosures 2 and 3 provide the FY 2010/11 Planning Estimates for PEI and INN components. Enclosure 4 provides a summary of the FY 2010/11 Planning Estimates for CSS, PEI and INN. Enclosure 5 provides the maximum amount of CSS funds that can be transferred to other components pursuant to Welfare and Institutions Code (WIC) section 5892, subdivision (b).

Total statewide funding for each component is determined each year based on actual deposits into the Mental Health Services Fund (MHS Fund) compared to existing commitments and obligations against the MHS Fund. The Department, in consultation with the California Mental Health Directors' Association (CMHDA), the Mental Health Services Oversight and Accountability Commission (MHSOAC), and the Mental Health Planning Council, then establishes the total fiscal year statewide funding for each component, using the percentages set forth in the Act. (See Welf. & Inst. Code § 5892)

The MHSA services and programs are funded by revenues from the voter approved one percent (1%) tax levy on individuals earning a gross adjusted income above one million dollars. Due to the current economic recession, the numbers of individuals in this tax bracket

¹Planning Estimates are the estimates provided by the Department of each County of the maximum amount of MHSA funding by component that the County can request through its Three-Year Program and Expenditure Plan or update(s) for a given year.

² "County" means the County Mental Health Department, two or more County Mental Health Departments.

have decreased. As a result, future MHSAs revenues are expected to decline, resulting in reductions to MHSAs Planning Estimates. If deposits into the MHS Fund decline in future years, the total statewide funding for a component may be less than prior years. Also, if deposits into the MHS Fund from prior years have not been fully obligated or committed for a component, total statewide funding for that component may be greater in one year than the next.

DMH will provide further guidance on how a County can access MHSAs funds for FY 2010/11 in a separate Information Notice. Distribution of funds is subject to approval of a County's request by DMH and, for PEI and INN, the MHSOAC.

Pursuant to the MHSAs Section 5847 (f), the Act requires DMH, in consultation with CMHDA, to annually inform Counties of the amounts of funds available for services. Based on this consultation and the Principles for MHSAs Distribution Methodology developed by CMHDA, during the years in which funding available for a MHSAs component is in decline, the distribution formula applied to that component should support maintaining service obligations by applying a proportional reduction across all Counties. The reduction in individual County Planning Estimates for CSS and PEI are based on the previously used methodology updated with the most current information from state and national databases as provided in detail in DMH Information Notice No.:08-36. The Planning Estimates include the following factors that have been weighted:

1. The need for mental health services in each County
2. Adjustments to the need for mental health services in each County

Planning Estimates for INN are based on the relative share of total CSS and PEI Planning Estimates provided to each County in FY 2009/10 and 2010/11 in order to be consistent with Welfare and Institutions Code § 5892(a)(6), in which funding utilized for innovative work plans is a proportion of CSS and PEI funding (Enclosure 3).

If you have questions about this Information Notice, please contact your County Technical Assistance representative identified on the following DMH website:

[http://www.dmh.ca.gov/Services and Programs/Local Program Support/County Technical Assistance.asp](http://www.dmh.ca.gov/Services_and_Programs/Local_Program_Support/County_Technical_Assistance.asp)

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures (5)

cc: California Mental Health Planning Council
California Mental Health Directors Association
Mental Health Services Oversight and Accountability Commission
Deputy Director, Community Services Division

Enclosure 1
FY 2010/11 Community Services and Supports Planning Estimates

County	FY 09/10 Planning Estimate	Reduction	FY 10/11 Planning Estimate
Alameda	\$31,914,400	\$4,127,600	\$27,786,800
Alpine	\$872,600	\$112,900	\$759,700
Amador	\$1,648,300	\$213,200	\$1,435,100
Butte	\$5,340,000	\$690,600	\$4,649,400
Calaveras	\$1,754,300	\$226,900	\$1,527,400
Colusa	\$1,509,500	\$195,200	\$1,314,300
Contra Costa	\$20,347,300	\$2,631,600	\$17,715,700
Del Norte	\$1,574,500	\$203,600	\$1,370,900
El Dorado	\$3,744,800	\$484,300	\$3,260,500
Fresno	\$22,217,000	\$2,673,400	\$19,543,600
Glenn	\$1,584,500	\$204,900	\$1,379,600
Humboldt	\$3,340,600	\$432,100	\$2,908,500
Imperial	\$4,576,900	\$591,900	\$3,985,000
Inyo	\$1,033,600	\$133,700	\$899,900
Kern	\$19,210,900	\$2,484,600	\$16,726,300
Kings	\$3,870,700	\$500,600	\$3,370,100
Lake	\$1,985,000	\$256,700	\$1,728,300
Lassen	\$1,578,100	\$204,100	\$1,374,000
Los Angeles	\$255,155,500	\$33,000,600	\$222,154,900
Madera	\$4,037,700	\$522,200	\$3,515,500
Marin	\$5,124,500	\$662,800	\$4,461,700
Mariposa	\$1,042,600	\$134,800	\$907,800
Mendocino	\$2,361,000	\$305,400	\$2,055,600
Merced	\$6,737,600	\$871,400	\$5,866,200
Modoc	\$962,000	\$124,400	\$837,600
Mono	\$1,009,900	\$130,600	\$879,300
Monterey	\$10,576,700	\$1,367,900	\$9,208,800
Napa	\$3,107,500	\$401,900	\$2,705,600
Nevada	\$2,598,300	\$336,000	\$2,262,300
Orange	\$72,573,400	\$9,386,200	\$63,187,200
Placer	\$6,249,400	\$808,300	\$5,441,100
Plumas	\$1,458,000	\$188,600	\$1,269,400
Riverside	\$47,117,200	\$6,093,800	\$41,023,400
Sacramento	\$28,851,100	\$3,731,400	\$25,119,700
San Benito	\$1,930,000	\$249,600	\$1,680,400
San Bernardino	\$47,542,100	\$8,148,800	\$41,393,300
San Diego	\$73,166,800	\$9,462,900	\$63,703,900
San Francisco	\$16,467,000	\$2,129,700	\$14,337,300
San Joaquin	\$15,292,600	\$1,977,800	\$13,314,800
San Luis Obispo	\$6,196,500	\$801,400	\$5,395,100
San Mateo	\$14,546,300	\$1,881,300	\$12,665,000
Santa Barbara	\$10,474,700	\$1,354,700	\$9,120,000
Santa Clara	\$40,732,100	\$5,268,000	\$35,464,100
Santa Cruz	\$6,660,600	\$861,400	\$5,799,200
Shasta	\$4,464,700	\$577,400	\$3,887,300
Sierra	\$894,800	\$115,700	\$779,100
Siskiyou	\$1,724,300	\$223,000	\$1,501,300
Solano	\$9,143,000	\$1,182,500	\$7,960,500
Sonoma	\$10,235,200	\$1,323,800	\$8,911,400
Stanislaus	\$11,684,900	\$1,511,200	\$10,173,700
Sutter	\$2,379,600	\$307,800	\$2,071,800
Tehama	\$1,929,300	\$249,500	\$1,679,800
Trinity	\$1,005,600	\$130,100	\$875,500
Tulare	\$11,085,300	\$1,433,700	\$9,651,600
Tuolumne	\$1,870,700	\$241,900	\$1,628,800
Ventura	\$18,726,100	\$2,421,900	\$16,304,200
Yolo	\$4,975,000	\$643,400	\$4,331,600
Yuba	\$2,131,300	\$275,600	\$1,855,700
Berkeley City	\$2,687,100	\$347,500	\$2,339,600
Tri-City	\$4,989,000	\$645,200	\$4,343,800
Total	\$980,000,000	\$116,400,000	\$783,600,000

Enclosure 2
FY 2010/11 Prevention and Early Intervention Planning Estimates

County	FY 09/10 Planning Estimate	Reduction	FY 10/11 Planning Estimate
Alameda	\$12,224,500	\$4,215,600	\$8,008,900
Alpine	\$225,000	\$77,600	\$147,400
Amador	\$291,400	\$100,500	\$190,900
Butte	\$1,823,300	\$628,800	\$1,194,500
Cataveras	\$355,900	\$122,700	\$233,200
Colusa	\$225,000	\$77,600	\$147,400
Contra Costa	\$7,656,400	\$2,640,300	\$5,016,100
Del Norte	\$257,900	\$88,900	\$169,000
El Dorado	\$1,218,100	\$420,100	\$798,000
Fresno	\$8,018,600	\$2,765,200	\$5,253,400
Glenn	\$257,400	\$88,800	\$168,600
Humboldt	\$1,055,500	\$364,000	\$691,500
Imperial	\$1,490,800	\$514,100	\$976,700
Inyo	\$225,000	\$77,600	\$147,400
Kern	\$6,866,700	\$2,368,000	\$4,498,700
Kings	\$1,216,600	\$419,500	\$797,100
Lake	\$503,800	\$173,700	\$330,100
Lassen	\$256,900	\$88,600	\$168,300
Los Angeles	\$97,133,800	\$33,496,400	\$63,637,400
Madera	\$1,298,000	\$447,600	\$850,400
Marin	\$1,838,200	\$633,900	\$1,204,300
Mariposa	\$225,000	\$77,600	\$147,400
Mendocino	\$692,400	\$238,800	\$453,600
Merced	\$2,266,800	\$781,700	\$1,485,100
Modoc	\$225,000	\$77,600	\$147,400
Mono	\$225,000	\$77,600	\$147,400
Monterey	\$3,837,400	\$1,323,300	\$2,514,100
Napa	\$1,001,300	\$345,300	\$656,000
Nevada	\$738,900	\$254,800	\$484,100
Orange	\$27,689,900	\$9,548,800	\$18,141,100
Placer	\$2,100,400	\$724,300	\$1,376,100
Plumas	\$225,000	\$77,600	\$147,400
Riverside	\$16,927,100	\$5,837,300	\$11,089,800
Sacramento	\$10,712,200	\$3,694,100	\$7,018,100
San Benito	\$467,900	\$161,400	\$306,500
San Bernardino	\$17,349,100	\$5,982,800	\$11,366,300
San Diego	\$27,919,700	\$9,628,100	\$18,291,600
San Francisco	\$6,483,800	\$2,235,900	\$4,247,900
San Joaquin	\$5,444,000	\$1,877,400	\$3,566,600
San Luis Obispo	\$2,154,600	\$743,000	\$1,411,600
San Mateo	\$5,588,900	\$1,927,300	\$3,661,600
Santa Barbara	\$3,801,600	\$1,311,000	\$2,490,600
Santa Clara	\$16,104,200	\$5,553,500	\$10,550,700
Santa Cruz	\$2,410,900	\$831,400	\$1,579,500
Shasta	\$1,461,600	\$504,000	\$957,600
Sierra	\$225,000	\$77,600	\$147,400
Siskiyou	\$328,400	\$113,200	\$215,200
Solano	\$3,291,600	\$1,135,100	\$2,156,500
Sonoma	\$3,754,300	\$1,294,700	\$2,459,600
Stanislaus	\$4,131,700	\$1,424,800	\$2,706,900
Sutter	\$677,500	\$233,600	\$443,900
Tehama	\$480,800	\$165,800	\$315,000
Trinity	\$225,000	\$77,600	\$147,400
Tulare	\$3,880,200	\$1,338,100	\$2,542,100
Tuolumne	\$419,700	\$144,700	\$275,000
Ventura	\$6,889,700	\$2,375,900	\$4,513,800
Yolo	\$1,668,700	\$575,400	\$1,093,300
Yuba	\$594,100	\$204,900	\$389,200
Berkeley City	\$1,060,500	\$365,700	\$694,800
Tri-City	\$1,881,300	\$648,800	\$1,232,500
Total	\$330,000,000	\$113,800,000	\$216,200,000

Enclosure 3
FY 2010/11 Innovation Planning Estimates

County	Total FY 09/10 CSS and PEI Planning Estimates	Percent of Statewide Total CSS and PEI Planning Estimates	FY 10/11 Planning Estimate
Alameda	\$35,795,700	3.5803%	\$4,282,100
Alpine	\$907,100	0.0907%	\$108,600
Amador	\$1,626,000	0.1626%	\$194,600
Butte	\$5,843,900	0.5845%	\$699,100
Calaveras	\$1,760,600	0.1761%	\$210,700
Colusa	\$1,461,700	0.1462%	\$174,900
Contra Costa	\$22,731,800	2.2736%	\$2,719,300
Del Norte	\$1,539,900	0.1540%	\$184,300
El Dorado	\$4,058,500	0.4059%	\$485,500
Fresno	\$24,597,000	2.4602%	\$2,942,400
Glenn	\$1,548,200	0.1549%	\$185,300
Humboldt	\$3,600,000	0.3601%	\$430,700
Imperial	\$4,961,700	0.4963%	\$593,600
Inyo	\$1,047,300	0.1048%	\$125,300
Kern	\$21,225,000	2.1229%	\$2,539,100
Kings	\$4,167,200	0.4168%	\$498,500
Lake	\$2,056,400	0.2059%	\$246,300
Lassen	\$1,542,300	0.1543%	\$184,500
Los Angeles	\$285,792,300	28.5849%	\$34,184,400
Madera	\$4,365,900	0.4367%	\$522,300
Marin	\$5,686,000	0.5687%	\$677,800
Mariposa	\$1,055,200	0.1055%	\$126,300
Mendocino	\$2,509,200	0.2510%	\$300,200
Merced	\$7,351,300	0.7353%	\$879,400
Modoc	\$985,000	0.0985%	\$117,900
Mono	\$1,026,700	0.1027%	\$122,900
Monterey	\$11,722,900	1.1725%	\$1,402,400
Napa	\$3,361,600	0.3362%	\$402,200
Nevada	\$2,746,400	0.2747%	\$328,600
Orange	\$81,328,300	8.1345%	\$9,728,900
Placer	\$6,817,200	0.6819%	\$815,600
Plumas	\$1,416,800	0.1417%	\$169,500
Riverside	\$52,113,200	5.2124%	\$6,234,000
Sacramento	\$32,137,800	3.2144%	\$3,844,500
San Benito	\$1,986,900	0.1987%	\$237,700
San Bernardino	\$52,759,600	5.2770%	\$6,311,400
San Diego	\$81,995,500	8.2012%	\$9,808,700
San Francisco	\$18,585,200	1.8589%	\$2,223,300
San Joaquin	\$16,881,400	1.6885%	\$2,019,500
San Luis Obispo	\$6,806,700	0.6808%	\$814,300
San Mateo	\$16,326,600	1.6330%	\$1,953,100
Santa Barbara	\$11,610,600	1.1613%	\$1,389,000
Santa Clara	\$46,014,800	4.6024%	\$5,504,500
Santa Cruz	\$7,378,700	0.7380%	\$882,700
Shasta	\$4,844,900	0.4846%	\$579,600
Sierra	\$926,500	0.0927%	\$110,900
Siskiyou	\$1,716,500	0.1717%	\$205,400
Solano	\$10,117,000	1.0119%	\$1,210,300
Sonoma	\$11,371,000	1.1373%	\$1,360,300
Stanislaus	\$12,880,600	1.2883%	\$1,540,900
Sutter	\$2,515,700	0.2516%	\$301,000
Tehama	\$1,994,800	0.1995%	\$238,700
Trinity	\$1,022,900	0.1023%	\$122,400
Tulare	\$12,193,700	1.2196%	\$1,458,700
Tuolumne	\$1,903,800	0.1904%	\$227,800
Ventura	\$20,818,000	2.0822%	\$2,490,400
Yolo	\$5,424,900	0.5426%	\$649,000
Yuba	\$2,244,900	0.2245%	\$268,600
Berkeley City	\$3,034,400	0.3035%	\$363,000
Tri-City	\$5,576,300	0.5577%	\$667,100
Total	\$999,800,000	100.0000%	\$119,600,000

Enclosure 4
Summary FY 2010/11 MHSA Planning Estimates

County	CSS (Enclosure 3)	PEI (Enclosure 5)	INN (Enclosure 6)
Alameda	\$27,786,800	\$8,008,900	\$4,282,100
Alpine	\$759,700	\$147,400	\$108,600
Amador	\$1,435,100	\$190,900	\$194,800
Butte	\$4,649,400	\$1,194,500	\$699,100
Calaveras	\$1,527,400	\$233,200	\$210,700
Colusa	\$1,314,300	\$147,400	\$174,900
Contra Costa	\$17,715,700	\$5,016,100	\$2,719,300
Del Norte	\$1,370,900	\$169,000	\$184,300
El Dorado	\$3,260,500	\$798,000	\$485,500
Fresno	\$19,343,600	\$5,253,400	\$2,942,400
Glenn	\$1,379,600	\$168,600	\$185,300
Humboldt	\$2,908,500	\$691,500	\$430,700
Imperial	\$3,985,000	\$976,700	\$593,800
Inyo	\$899,900	\$147,400	\$125,300
Kern	\$16,726,300	\$4,498,700	\$2,539,100
Kings	\$3,370,100	\$797,100	\$498,500
Lake	\$1,728,300	\$330,100	\$246,300
Lassen	\$1,374,000	\$168,300	\$184,500
Los Angeles	\$222,154,900	\$63,637,400	\$34,184,400
Madera	\$3,515,500	\$850,400	\$522,300
Marin	\$4,461,700	\$1,204,300	\$677,800
Mariposa	\$907,800	\$147,400	\$126,300
Mendocino	\$2,055,600	\$453,600	\$300,200
Merced	\$5,866,200	\$1,485,100	\$879,400
Modoc	\$837,600	\$147,400	\$117,900
Mono	\$879,300	\$147,400	\$122,900
Monterey	\$9,208,800	\$2,514,100	\$1,402,400
Napa	\$2,705,600	\$658,000	\$402,200
Nevada	\$2,262,300	\$484,100	\$328,600
Orange	\$63,187,200	\$18,141,100	\$9,728,900
Placer	\$5,441,100	\$1,376,100	\$815,600
Plumas	\$1,269,400	\$147,400	\$169,500
Riverside	\$41,023,400	\$11,089,800	\$6,234,000
Sacramento	\$25,119,700	\$7,018,100	\$3,844,500
San Benito	\$1,690,400	\$306,500	\$237,700
San Bernardino	\$41,393,300	\$11,366,300	\$6,311,400
San Diego	\$63,703,900	\$18,291,800	\$9,808,700
San Francisco	\$14,337,300	\$4,247,900	\$2,223,300
San Joaquin	\$13,314,800	\$3,566,600	\$2,019,500
San Luis Obispo	\$5,395,100	\$1,411,600	\$814,300
San Mateo	\$12,665,000	\$3,661,600	\$1,953,100
Santa Barbara	\$9,120,000	\$2,490,600	\$1,389,000
Santa Clara	\$35,464,100	\$10,550,700	\$5,504,500
Santa Cruz	\$5,799,200	\$1,579,500	\$882,700
Shasta	\$3,887,300	\$957,600	\$579,600
Sierra	\$779,100	\$147,400	\$110,900
Siskiyou	\$1,501,300	\$215,200	\$205,400
Solano	\$7,960,500	\$2,156,500	\$1,210,300
Sonoma	\$8,911,400	\$2,459,600	\$1,360,300
Stanislaus	\$10,173,700	\$2,708,900	\$1,540,900
Sutter	\$2,071,800	\$443,900	\$301,000
Tehama	\$1,679,800	\$315,000	\$238,700
Trinity	\$875,500	\$147,400	\$122,400
Tulare	\$9,651,600	\$2,542,100	\$1,458,700
Tuolumne	\$1,628,800	\$275,000	\$227,800
Ventura	\$16,304,200	\$4,513,800	\$2,490,400
Yolo	\$4,331,600	\$1,093,300	\$649,000
Yuba	\$1,855,700	\$389,200	\$268,600
Berkeley City	\$2,339,600	\$694,800	\$363,000
Tri-City	\$4,343,800	\$1,232,500	\$667,100
Total	\$783,600,000	\$216,200,000	\$119,600,000

Enclosure 5

Mental Health Services Act
 Fiscal Year 2010-11 Limit on Use of CSS Funds^{a/}
 Pursuant to Welfare and Institutions Code, Section 5892(b), Updated as of 09/17/09

	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	Total	Average	Maximum
	CSS, WET	CSS, CSS Housing, PEI, CFTN, WET	CSS, PEI, CFTN, INN	CSS, PEI, INN	CSS, PEI, INN	Five Fiscal Years	Five Fiscal Years	20% Limit
Alameda	\$14,790,798	\$53,607,250	\$39,647,000	\$48,361,000	\$40,077,800	\$196,483,848	\$39,297,000	\$7,859,000
Alpine	\$479,927	\$1,283,300	\$1,023,300	\$1,184,800	\$1,015,700	\$4,987,027	\$997,000	\$199,000
Amador	\$756,570	\$2,280,900	\$1,829,600	\$2,091,100	\$1,820,600	\$8,778,770	\$1,756,000	\$351,000
Butte	\$2,541,424	\$8,894,760	\$6,528,600	\$7,832,900	\$6,543,000	\$32,340,684	\$6,468,000	\$1,294,000
Calaveras	\$834,442	\$2,560,900	\$2,011,500	\$2,284,000	\$1,971,300	\$9,662,142	\$1,932,000	\$386,000
Colusa	\$655,973	\$1,931,200	\$1,602,600	\$1,664,100	\$1,636,600	\$7,690,473	\$1,538,000	\$308,000
Contra Costa	\$9,469,309	\$33,915,830	\$25,207,000	\$30,676,000	\$25,451,100	\$124,719,239	\$24,944,000	\$4,989,000
Del Norte	\$700,514	\$2,112,400	\$1,708,100	\$1,969,600	\$1,724,200	\$8,214,814	\$1,643,000	\$329,000
El Dorado	\$1,802,852	\$7,236,820	\$4,570,700	\$5,421,800	\$4,544,000	\$23,576,172	\$4,715,000	\$943,000
Fresno	\$10,348,129	\$36,169,430	\$27,062,000	\$33,125,200	\$27,539,400	\$134,244,159	\$26,849,000	\$5,370,000
Glenn	\$711,119	\$2,114,200	\$1,720,200	\$1,981,700	\$1,733,500	\$8,260,719	\$1,652,000	\$330,000
Humboldt	\$1,607,931	\$6,180,910	\$4,040,400	\$4,799,500	\$4,030,700	\$20,659,441	\$4,132,000	\$826,000
Imperial	\$2,142,812	\$8,051,010	\$5,504,200	\$6,636,700	\$5,555,300	\$27,890,022	\$5,578,000	\$1,116,000
Inyo	\$598,705	\$1,655,600	\$1,197,000	\$1,358,500	\$1,172,600	\$5,982,405	\$1,196,000	\$239,000
Kern	\$9,026,279	\$30,836,350	\$23,387,300	\$28,565,800	\$23,764,100	\$115,579,829	\$23,116,000	\$4,623,000
Kings	\$1,865,085	\$6,748,610	\$4,652,700	\$5,558,300	\$4,665,700	\$23,490,395	\$4,698,000	\$940,000
Lake	\$985,035	\$3,165,800	\$2,381,100	\$2,706,900	\$2,304,700	\$11,543,535	\$2,309,000	\$462,000
Lassen	\$704,453	\$2,112,500	\$1,710,800	\$1,972,300	\$1,726,800	\$8,226,853	\$1,645,000	\$329,000
Los Angeles	\$119,540,711	\$425,277,710	\$316,635,500	\$386,017,900	\$319,976,700	\$1,567,448,521	\$313,490,000	\$62,698,000
Madera	\$1,886,415	\$7,415,020	\$4,848,000	\$5,833,800	\$4,888,200	\$24,871,435	\$4,974,000	\$995,000
Marin	\$2,263,827	\$9,313,480	\$6,251,900	\$7,621,700	\$6,343,800	\$31,794,707	\$6,359,000	\$1,272,000
Mariposa	\$605,977	\$1,673,200	\$1,206,700	\$1,368,200	\$1,181,500	\$6,035,577	\$1,207,000	\$241,000
Mendocino	\$1,151,687	\$4,311,400	\$2,841,800	\$3,329,100	\$2,809,400	\$14,443,387	\$2,889,000	\$578,000
Merced	\$3,186,123	\$10,607,320	\$8,146,500	\$9,853,000	\$8,230,700	\$40,023,643	\$8,005,000	\$1,601,000
Modoc	\$546,891	\$1,481,400	\$1,119,700	\$1,281,200	\$1,102,900	\$5,532,091	\$1,106,000	\$221,000
Mono	\$581,737	\$1,594,800	\$1,171,300	\$1,332,800	\$1,149,600	\$5,830,237	\$1,166,000	\$233,000
Monterey	\$5,035,818	\$16,980,600	\$13,087,200	\$15,776,500	\$13,125,300	\$64,005,418	\$12,801,000	\$2,560,000
Napa	\$1,430,272	\$5,542,160	\$3,750,900	\$4,489,000	\$3,763,800	\$18,976,132	\$3,795,000	\$759,000
Nevada	\$1,237,437	\$4,338,980	\$3,119,200	\$3,636,000	\$3,075,000	\$15,406,617	\$3,081,000	\$616,000
Orange	\$34,024,758	\$117,611,210	\$90,456,500	\$109,678,400	\$91,057,200	\$443,228,068	\$88,646,000	\$17,729,000
Placer	\$2,878,545	\$10,193,450	\$7,561,500	\$9,149,700	\$7,632,800	\$37,415,995	\$7,483,000	\$1,497,000
Plumas	\$617,188	\$1,811,900	\$1,546,600	\$1,808,100	\$1,586,300	\$7,370,088	\$1,474,000	\$295,000
Riverside	\$21,634,427	\$73,903,170	\$57,242,800	\$70,258,900	\$58,347,200	\$281,386,497	\$56,277,000	\$11,255,000
Sacramento	\$13,098,051	\$49,719,500	\$35,234,200	\$43,365,100	\$35,982,300	\$177,399,151	\$35,480,000	\$7,096,000
San Benito	\$962,007	\$3,047,400	\$2,312,200	\$2,606,600	\$2,224,600	\$11,152,807	\$2,231,000	\$446,000
San Bernardino	\$22,371,008	\$75,186,660	\$58,249,700	\$71,105,800	\$59,071,000	\$285,984,168	\$57,197,000	\$11,439,000
San Diego	\$33,920,508	\$120,164,560	\$90,603,200	\$110,788,200	\$91,804,200	\$447,280,668	\$89,456,000	\$17,891,000
San Francisco	\$7,309,699	\$28,482,590	\$20,313,600	\$25,139,300	\$20,808,500	\$102,053,689	\$20,411,000	\$4,082,000
San Joaquin	\$7,226,271	\$24,543,200	\$18,654,100	\$22,705,300	\$18,900,900	\$92,029,771	\$18,406,000	\$3,681,000
San Luis Obispo	\$2,961,878	\$10,527,110	\$7,613,500	\$9,134,800	\$7,621,000	\$37,858,288	\$7,572,000	\$1,514,000
San Mateo	\$6,708,292	\$24,363,400	\$18,125,500	\$22,050,900	\$18,279,700	\$89,527,792	\$17,906,000	\$3,581,000
Santa Barbara	\$4,994,802	\$17,918,620	\$12,967,000	\$15,626,000	\$12,999,600	\$64,506,022	\$12,901,000	\$2,580,000
Santa Clara	\$18,321,052	\$66,530,460	\$50,833,500	\$62,316,300	\$51,519,300	\$249,520,612	\$49,904,000	\$9,981,000
Santa Cruz	\$3,119,826	\$10,885,740	\$8,231,700	\$9,924,500	\$8,261,400	\$40,423,166	\$8,085,000	\$1,617,000
Shasta	\$2,143,376	\$8,480,260	\$5,414,900	\$6,475,900	\$5,424,500	\$27,938,936	\$5,588,000	\$1,118,000
Sierra	\$496,896	\$1,330,200	\$1,047,200	\$1,208,700	\$1,037,400	\$5,120,396	\$1,024,000	\$205,000
Siskiyou	\$813,535	\$2,470,800	\$1,951,500	\$2,216,700	\$1,921,900	\$9,374,435	\$1,875,000	\$375,000
Solano	\$4,223,106	\$15,014,700	\$11,211,500	\$13,615,800	\$11,327,300	\$55,392,406	\$11,078,000	\$2,216,000
Sonoma	\$4,877,394	\$17,414,070	\$12,706,000	\$15,308,500	\$12,731,300	\$63,037,264	\$12,607,000	\$2,521,000
Stanislaus	\$5,492,770	\$21,445,960	\$14,252,700	\$17,318,600	\$14,421,500	\$72,931,530	\$14,586,000	\$2,917,000
Sutter/Yuba	\$2,211,564	\$7,437,500	\$5,411,100	\$6,299,900	\$5,330,200	\$26,690,264	\$5,338,000	\$1,068,000
Tehama	\$941,402	\$3,640,600	\$2,292,500	\$2,624,400	\$2,233,500	\$11,732,402	\$2,346,000	\$469,000
Trinity	\$580,222	\$1,573,900	\$1,166,600	\$1,328,100	\$1,145,300	\$5,794,122	\$1,159,000	\$232,000
Tulare	\$5,225,799	\$17,732,720	\$13,478,500	\$16,385,600	\$13,652,400	\$66,475,019	\$13,295,000	\$2,659,000
Tuolumne	\$918,980	\$2,935,500	\$2,205,200	\$2,484,200	\$2,131,600	\$10,675,480	\$2,135,000	\$427,000
Ventura	\$8,856,115	\$30,561,770	\$23,182,800	\$28,058,900	\$23,308,400	\$113,967,985	\$22,794,000	\$4,559,000
Yolo	\$2,321,823	\$9,086,120	\$6,030,500	\$7,269,800	\$6,073,900	\$30,782,143	\$6,156,000	\$1,231,000
Berkeley City	\$1,209,884	\$5,269,160	\$3,348,300	\$4,109,600	\$3,397,400	\$17,334,344	\$3,467,000	\$693,000
Tri-City	\$2,503,690	\$9,286,930	\$6,392,300	\$7,508,000	\$6,243,400	\$31,934,320	\$6,387,000	\$1,277,000
Total	\$420,453,120	\$1,488,163,000	\$1,108,000,000	\$1,347,000,000	\$1,119,400,000	\$5,483,016,120	\$1,096,602,000	\$219,318,000

a/ Up to 20% of the most recent five year allocations to each county may be used for Capital Facilities and Technological Needs, Workforce Education and Training, and the local prudent reserve.

WELFARE AND INSTITUTIONS CODE

SECTION 5890-5898

5890. (a) The Mental Health Services Fund is hereby created in the State Treasury. The fund shall be administered by the State Department of Mental Health. Notwithstanding Section 13340 of the Government Code, all moneys in the fund are continuously appropriated to the department, without regard to fiscal years, for the purpose of funding the following programs and other related activities as designated by other provisions of this division:

(1) Part 3 (commencing with Section 5800), the Adult and Older Adult System of Care Act.

(2) Part 3.6 (commencing with Section 5840), Prevention and Early Intervention Programs.

(3) Part 4 (commencing with Section 5850), the Children's Mental Health Services Act.

(b) Nothing in the establishment of this fund, nor any other provisions of the act establishing it or the programs funded shall be construed to modify the obligation of health care service plans and disability insurance policies to provide coverage for mental health services, including those services required under Section 1374.72 of the Health and Safety Code and Section 10144.5 of the Insurance Code, related to mental health parity. Nothing in this act shall be construed to modify the oversight duties of the Department of Managed Health Care or the duties of the Department of Insurance with respect to enforcing such obligations of plans and insurance policies.

(c) Nothing in this act shall be construed to modify or reduce the existing authority or responsibility of the State Department of Mental Health.

(d) The State Department of Health Services, in consultation with the State Department of Mental Health, shall seek approval of all applicable federal Medicaid approvals to maximize the availability of federal funds and eligibility of participating children, adults and seniors for medically necessary care.

(e) Share of costs for services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division, shall be determined in accordance with the Uniform Method for Determining Ability to Pay applicable to other publicly funded mental health services, unless such Uniform Method is replaced by another method of determining co-payments, in which case the new method applicable to other mental health services shall be applicable to services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division.

5891. (a) The funding established pursuant to this act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services. The state shall continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations from the General Fund and formula distributions of dedicated funds as provided in the last fiscal year which ended prior to the effective date of this act. The state shall not make any change to the structure of financing mental

health services, which increases a county's share of costs or financial risk for mental health services unless the state includes adequate funding to fully compensate for such increased costs or financial risk. These funds shall only be used to pay for the programs authorized in Section 5892. These funds may not be used to pay for any other program. These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by Section 5892.

(b) Notwithstanding subdivision (a), the Controller may use the funds created pursuant to this part for loans to the General Fund as provided in Sections 16310 and 16381 of the Government Code. Any such loan shall be repaid from the General Fund with interest computed at 110 percent of the Pooled Money Investment Account rate, with interest commencing to accrue on the date the loan is made from the fund. This subdivision does not authorize any transfer that would interfere with the carrying out of the object for which these funds were created.

5892. (a) In order to promote efficient implementation of this act allocate the following portions of funds available in the Mental Health Services Fund in 2005-06 and each year thereafter:

(1) In 2005-06, 2006-07, and in 2007-08 10 percent shall be placed in a trust fund to be expended for education and training programs pursuant to Part 3.1.

(2) In 2005-06, 2006-07 and in 2007-08 10 percent for capital facilities and technological needs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association to implement plans developed pursuant to Section 5847.

(3) Twenty percent for prevention and early intervention programs distributed to counties in accordance with a formula developed in consultation with the California Mental Health Directors Association pursuant to Part 3.6 (commencing with Section 5840) of this division. Each county's allocation of funds shall be distributed only after its annual program for expenditure of such funds has been approved by the Mental Health Services Oversight and Accountability Commission established pursuant to Section 5845.

(4) The allocation for prevention and early intervention may be increased in any county which the department determines that such increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase. The statewide allocation for prevention and early intervention may be increased whenever the Mental Health Services Oversight and Accountability Commission determines that all counties are receiving all necessary funds for services to severely mentally ill persons and have established prudent reserves and there are additional revenues available in the fund.

(5) The balance of funds shall be distributed to county mental health programs for services to persons with severe mental illnesses pursuant to Part 4 (commencing with Section 5850), for the children's system of care and Part 3 (commencing with Section 5800), for the adult and older adult system of care.

(6) Five percent of the total funding for each county mental health program for Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division, shall be utilized for innovative programs

pursuant to an approved plan required by Section 5830 and such funds may be distributed by the department only after such programs have been approved by the Mental Health Services Oversight and Accountability Commission established pursuant to Section 5845.

(b) In any year after 2007-08, programs for services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five years pursuant to this section.

(c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848. The total of such costs shall not exceed 5 percent of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division.

(d) Prior to making the allocations pursuant to subdivisions (a), (b) and (c), the department shall also provide funds for the costs for itself, the California Mental Health Planning Council and the Mental Health Services Oversight and Accountability Commission to implement all duties pursuant to the programs set forth in this section. Such costs shall not exceed 5 percent of the total of annual revenues received for the fund. The administrative costs shall include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery or access to services. The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.

(e) In 2004-05 funds shall be allocated as follows:

(1) 45 percent for education and training pursuant to Part 3.1 (commencing with Section 5820) of this division.

(2) 45 percent for capital facilities and technology needs in the manner specified by paragraph (2) of subdivision (a).

(3) 5 percent for local planning in the manner specified in subdivision (c) and

(4) 5 percent for state implementation in the manner specified in subdivision (d).

(f) Each county shall place all funds received from the State Mental Health Services Fund in a local Mental Health Services Fund. The Local Mental Health Services Fund balance shall be invested consistent with other county funds and the interest earned on such investments shall be transferred into the fund. The earnings on investment of these funds shall be available for distribution from the fund in future years.

(g) All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847.

(h) Other than funds placed in a reserve in accordance with an

approved plan, any funds allocated to a county which have not been spent for their authorized purpose within three years shall revert to the state to be deposited into the fund and available for other counties in future years, provided however, that funds for capital facilities, technological needs or education and training may be retained for up to 10 years before reverting to the fund.

(i) If there are still additional revenues available in the fund after the Mental Health Services Oversight and Accountability Commission has determined there are prudent reserves and no unmet needs for any of the programs funded pursuant to this section, including all purposes of the Prevention and Early Intervention Program, the commission shall develop a plan for expenditures of such revenues to further the purposes of this act and the Legislature may appropriate such funds for any purpose consistent with the commission's adopted plan which furthers the purposes of this act.

5893. (a) In any year in which the funds available exceed the amount allocated to counties, such funds shall be carried forward to the next fiscal year to be available for distribution to counties in accordance with Section 5892 in that fiscal year.

(b) All funds deposited into the Mental Health Services Fund shall be invested in the same manner in which other state funds are invested. The fund shall be increased by its share of the amount earned on investments.

5894. In the event that Part 3 (commencing with Section 5800) or Part 4 (commencing with Section 5850) of this division, are restructured by legislation signed into law before the adoption of this measure, the funding provided by this measure shall be distributed in accordance with such legislation; provided, however, that nothing herein shall be construed to reduce the categories of persons entitled to receive services.

5895. In the event any provisions of Part 3 (commencing with Section 5800), or Part 4 (commencing with Section 5850) of this division, are repealed or modified so the purposes of this act cannot be accomplished, the funds in the Mental Health Services Fund shall be administered in accordance with those sections as they read on January 1, 2004.

5897. (a) Notwithstanding any other provision of state law, the State Department of Mental Health shall implement the mental health services provided by Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division through contracts with county mental health programs or counties acting jointly. A contract may be exclusive and may be awarded on a geographic basis. As used herein a county mental health program includes a city receiving funds pursuant to Section 5701.5.

(b) Two or more counties acting jointly may agree to deliver or subcontract for the delivery of such mental health services. The agreement may encompass all or any part of the mental health services

provided pursuant to these parts. Any agreement between counties shall delineate each county's responsibilities and fiscal liability.

(c) The department shall implement the provisions of Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division through the annual county mental health services performance contract, as specified in Chapter 2 (commencing with Section 5650) of Part 2 of Division 5.

(d) When a county mental health program is not in compliance with its performance contract, the department may request a plan of correction with a specific timeline to achieve improvements.

(e) Contracts awarded by the State Department of Mental Health, the California Mental Health Planning Council, and the Mental Health Services Oversight and Accountability Commission pursuant to Part 3 (commencing with Section 5800), Part 3.1 (commencing with Section 5820), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), Part 3.7 (commencing with Section 5845), Part 4 (commencing with Section 5850), and Part 4.5 (commencing with Section 5890) of this division, may be awarded in the same manner in which contracts are awarded pursuant to Section 5814 and the provisions of subdivisions (g) and (h) of Section 5814 shall apply to such contracts.

(f) For purposes of Section 5775, the allocation of funds pursuant to Section 5892 which are used to provide services to Medi-Cal beneficiaries shall be included in calculating anticipated county matching funds and the transfer to the department of the anticipated county matching funds needed for community mental health programs.

5898. The department shall develop regulations, as necessary, for the department or designated local agencies to implement this act. In 2005, the director may adopt all regulations pursuant to this act as emergency regulations in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purpose of the Administrative Procedure Act, the adoption of regulations, in 2005, shall be deemed an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. These regulations shall not be subject to the review and approval of the Office of Administrative Law and shall not be subject to automatic repeal until final regulations take effect. Emergency regulations adopted in accordance with this provision shall not remain in effect for more than a year. The final regulations shall become effective upon filing with the Secretary of State. Regulations adopted pursuant to this section shall be developed with the maximum feasible opportunity for public participation and comments.

1 [Approval of Mental Health Services Act (MHSA) Agreement and authorization to designate
2 the Director of Community Behavioral Health Services (CBHS) to sign said agreement.]

3 ^{retroactively}
4 **Resolution approving the Mental Health Services Act Contract No. 07-77338-000,**
5 **incorporating Community Program Planning Funds in FY04-05 and Community**
6 **Services and Supports Funds for Fiscal Years 05-08, with the Department of Mental**
7 **Health for \$18,922,386 and authorizing the San Francisco Department of Public Health**
8 **(SFDPH) - CBHS Director to sign said agreement and any and all amendments in the**
9 **future, including increases to add other components of MHSA.**

10 WHEREAS, the Mental Health Services Act Expenditure Plan outlined the programs,
11 services, and activities for three years from Fiscal Year 2005-2008; and,

12 WHEREAS, the Mental Health Services Act Community Services and Supports
13 Expenditure Plan was supported by the Board of Supervisors under Resolution No. 744-05 on
14 October 11, 2005; and,

15 WHEREAS, As a condition of receiving the balance of these funds, DMH requires
16 CBHS to enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk
17 of the Board of Supervisors in File No. 080122, which is hereby declared to be a part of this
18 resolution as if set forth fully herein; and,

19 WHEREAS, the Director of Community Behavioral Health Services is designated to
20 sign this Agreement and any and all amendments in the future including increases to add
21 other components of MHSA on behalf of the SFDPH; and

22 WHEREAS, the Department of Mental Health agrees to pay 75 percent of the approved
23 plan amount upon approval of this agreement, with the remaining 25 percent to be released
24 upon submission of required reports detailed in the contract; and,
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NOW, therefore, be it

RESOLVED, That SFDPH is hereby ^{retroactively} authorized to enter into a contract agreement in the amount of up to \$18,922,386 with DMH; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby designates the Director of CBHS to sign said agreement on behalf of SFPH; and, be it

FURTHER RESOLVED, That the Director of CBHS is designated to sign any and all amendments to this agreement including increases to add other components of MHSA

RECOMMENDED:



Mitchell Katz, M.D.
Director of Health



City and County of San Francisco

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Tails

Resolution

File Number: 080122

Date Passed:

Resolution retroactively approving the Mental Health Services Act Contract No. 07-77338-000, incorporating Community Program Planning Funds in FY04-05 and Community Services and Supports Funds for Fiscal Years 05-08, with the Department of Mental Health for \$18,922,386 and authorizing the San Francisco Department of Public Health (SFDPH) - CBHS Director to sign said agreement and any and all amendments in the future, including increases to add other components of MHSA.

February 26, 2008 Board of Supervisors — ADOPTED

Ayes: 10 - Alioto-Pier, Ammiano, Chu, Daly, Elsbernd, Maxwell, McGoldrick,
Mirkarimi, Peskin, Sandoval

Excused: 1 - Dufty