

Kern County

Mental Health Department

Working together toward Hope, Recovery and Independence



Mental Health Services Act Fiscal Year 2011/2012 Annual Update

April 2011



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**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Kern

30-day Public Comment period dates: 2/25/11 - 3/25/11

Date: April 2011

Date of Public Hearing (Annual update only): 3/28/11

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

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

Community Program Planning	
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p>	<p>The MHSA Coordinator facilitated five public stakeholder meetings throughout Kern County to obtain input from unserved and underserved groups of individuals and families represented in Kern County. These included physical healthcare and community resource agency representatives in Delano, a large and predominantly Latino community; two consumer and family resource centers in Bakersfield, which holds the largest population of individuals in the county, as well as Ridgecrest, a rural desert community near the eastern edge of the county, 100 miles from Bakersfield; the public presentation and hearing with the community and the local Behavioral Health Board; and the MHSA Stakeholder Advisory Committee, an 18-member active stakeholder group representing consumers and families from underserved populations. Members include those from Latino communities, older adults, veterans, substance abuse prevention and treatment, mental health consumers and family members, LGBT communities, and University/Schools.</p> <p>Outreach and invitation to community stakeholders included direct invitation and announcements from county and contract mental health provider partners, widespread electronic distribution via email and the mental health system intranet, community-based non-profit resource agencies, and local newspapers. Flyers and information were distributed in both English and Spanish.</p> <p>Stakeholder comments and feedback was encouraged throughout the stakeholder meeting and 30-day public comment period. Stakeholders were given electronic and phone contact information to provide feedback via the MHSA Coordinator directly and through MHSA Stakeholder Advisory Committee members.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p>	<p>The Community Program Planning process included stakeholders from mental health and substance abuse service providers, consumers, family members, and consumer support persons (friends, co-workers, other support persons), children’s social service agencies, transition-aged youth, schools and colleges, family resource centers, ethnic community partners, the National Alliance on Mental Illness, physical healthcare clinics, adult and aging social service agencies and collaborative, and lesbian gay bisexual transgendered community.</p> <p>The MHSA Stakeholder Advisory Committee Roster: Jennifer, MHSA Coordination Nancy, Ethnic services and training, Bilingual English/Spanish Daniel, Latino community Brigid, Consumers and families Patrick, Consumers and families Linda, Substance Abuse</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

Rose, Universities/Older adults
 Aaron, Consumers and families
 Marie, Consumers and families
 Michael, Consumers and families
 Yolanda, Adults and older adults, Bilingual English/Spanish
 Chris, Latino community
 Carol, Community outreach and education
 Matthew, Veterans
 Mary, Consumers and families
 Cindy, Consumers and families
 Lamar, Technology support/LGBT
 Alex, Latino community, Bilingual English/Spanish

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

Not applicable.

Local Review Process

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

The Annual Update was posted on the mental health public website with electronic and direct phone contact information, in addition to the mental health intranet site for distribution to all county and private agency providers. Hard copies were made available in clinic site lobbies and made available to all as needed by request. Hard copies and Annual Update presentation was held at the public Behavioral Health Board meeting on March 28, 2011.

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.

Substantive comments from stakeholders included a desire to expand the PEI Student Assistance Program (SAP) to more school districts throughout the county. Additionally, stakeholders in Ridgecrest shared a desire to utilize telecommunication to increase participation by stakeholders in their area in MHSA related committees and meetings without need to travel the long distance to metro Bakersfield. Responses included assessment by the PEI SAP stakeholder implementation and evaluation committee in analyzing the key community needs and priority populations of the additional school districts to encourage expansion of SAP. Additionally, a process is taking place to increase telecommunication abilities with stakeholders in the Ridgecrest.

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

County: Kern

Date: April 2011

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

CSS, WET, PEI, and INN

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

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

- WET
- PEI
- INN

Community Services and Supports

CSS implementation progressed overall as described in Kern's approved Plan. Although state and county economic challenges continued to place strain on county and private agency staffing resources, the teams and services met or exceeded the annual service targets with individuals and families.

Workforce Education and Training

WET implementation of the Training and Technical Assistance activities and the Internship services progressed as described in Kern's Plan. Annual training included a cultural competency series, which provides for monthly two-hour trainings with staff and community partners to include a variety of ethnic and cultural diverse populations, recovery-oriented evidence-based models of treatment, and quarterly continuing education six-hour training to meet the Board of Behavioral Sciences requirements for licensed professionals and others interested in the topics presented.

The WET Career Pathways Human Services Certificate program and the Financial Incentives strategies progressed more slowly than expected. Two of the larger community colleges in the county declined changing to use of the Human Services Certificate curriculum, as they desire to maintain their current curriculum in the human/social services school programs. The activities within the Financial Incentives program also maintained slow movement, as the current economic state required personnel lay-offs. This made it difficult to implement, for example, a 30/10 program, in which graduate student staff are paid for 40 hours per week, but direct services time include 30 hours on the job and 10 hours in school. All direct services personnel were required to meet the services needs full time.

Prevention and Early Intervention

Kern's Plan includes four service programs. Extensive implementation development, including a Request For Proposal process for several desired contracts with community providers extended the implementation date of service delivery. All four PEI Plan programs began implementation in FY10/11.

Innovation

INN development progressed more slowly than anticipated. City planning regulations and construction contracting took a lengthy amount of time to resolve and allow forward progress. Facility renovation is expected to begin in Spring 2011, and program implementation with the Freise HOPE House is anticipated for Summer 2011.

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

Age Group	Community Issues	MHSA Funding Addressing Issues
Children and Youth	1. Underserved foster children 2. Loss of placement 3. Substance Abuse	The CSS MIST team utilizes a multidisciplinary team to address disabling behavioral health problems that interfere with the important areas of a

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

	<ol style="list-style-type: none"> 4. School expulsion <ul style="list-style-type: none"> • No tolerance substance use consequence in several Kern County school districts 5. Juvenile justice involvement 6. Lack of awareness to the signs and symptoms of mental health and substance abuse problems 7. Crisis psychiatric hospitalization 	<p>child's functioning, including home placement, school attendance, substance abuse, and incarceration. Currently the MIST program population is approximately 50% juvenile justice youth, 35% dependents of the court/foster system, and 15% residing with a family member.</p> <p>The CSS Youth Wraparound program addresses a variety of severe emotional and mental disturbances, outreaching to children who are discharging from crisis hospitalization services. This 9-month intensive, 24/7 crisis management service team works with children and adolescents in biological, foster, and group homes.</p> <p>The PEI Student Assistance Programs educate school personnel in the signs and symptoms of mental health and substance abuse problems. Mental health and school personnel work together on Student Assistance Teams to identify and screen youth who may require brief intervention or more intensive, short-term evidence-based program to build resilience and protective factors that impact most of the community issues and concerns.</p>
<p>Transition-Age Youth</p>	<ol style="list-style-type: none"> 1. Underserved age group 2. Homelessness 3. Substance Abuse 4. Incarceration 5. Lack of social supports 6. Lack of medical benefits 	<p>The CSS Transition-Age Youth team serves teens, ages 17 to 21 years, who are at higher risk for crisis psychiatric hospitalization, incarceration, and homelessness. The team utilizes the Transition to Independence Process (TIP) evidence-based model to help the youth set clear goals and assist them with meeting specific needs for the acquisition of housing, medical benefits, further education and job development skills, and other needs to transition into adulthood successfully. Many of the youth have recently emancipated from the foster care system.</p> <p>The PEI Future Focus program outreaches to all transition-age youth who need assistance with obtaining stability and skills needed to enter the community as a functional adult. Goals include decreasing homelessness, substance use, and criminal behavior leading to incarceration, and other circumstances leading to depression, suicide, violence, and other disorders known to this population of individuals who have traditionally been underserved. A temporary shelter allows the youth to stay from one day, up to 90 days, as needed, to allow for case management intervention to address basic needs for launching successfully, minimizing the development or worsening of mental illness conditions.</p>
<p>Adults</p>	<ol style="list-style-type: none"> 1. Inadequate support for intensive intervention required to maintain stability in the community 2. Homelessness 3. Incarceration 4. Lack of medical insurance 	<p>The CSS component provides teams and programs (Assertive Community Treatment, Adult Transition Team, Housing Development, Access to Care, Recovery Support Administration, and Outreach & Education) that address adults whose mental illness, and/or co-occurring substance use disorder,</p>

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

	<ol style="list-style-type: none"> 5. Lack of timely access to mental health services 6. Need for services in Spanish language 7. Unemployment 8. Lack of recovery 9. Negative social stigma 10. Co-occurring substance use and mental health disorders 	<p>results in frequent homelessness, incarceration, lack of medical care, participation in recovery-based mental health services, and skills required to develop functional independence in the community, increase personal agency, or sense of control over one's life.</p> <p>The PEI Integrated Physical and Behavioral Healthcare/Project Care program increases the ability for all adults who receive physical health care from local county medical clinics, to additionally obtain mental health and substance use screenings. Short-term mental health intervention is made possible in the physical health care clinics, addressing many individuals who may never consider entering a behavioral healthcare clinic for mental, emotional, or substance use difficulties.</p> <p>The INN Freise HOPE House program provides a peer-managed recovery-based service to adults at risk for repeated crisis hospitalization, homelessness, incarceration, and lack of social support necessary for sustained recovery. This crisis residential environment will be managed primarily by trained peers/individuals with lived experience of mental illness and recovery. The recovery model utilized is expected to help individuals move more rapidly into recovery and maintain positive results.</p>
<p>Older Adults</p>	<ol style="list-style-type: none"> 1. Isolation 2. Substance abuse 3. Lack of resources 	<p>The CSS WISE team and the PEI VSOP programs outreach specifically to older adults. Both programs are primarily mobile, in that service providers work with individuals in their familiar community environments. One of the greatest needs is to address the underserved, isolated older adults. The CSS WISE team focuses on individuals who have known mental health and co-occurring substance use disorder difficulties. In contrast, the PEI VSOP program seeks to minimize the increased problematic precursors to the development of mental illness and substance abuse, or decrease the exacerbation of problems that would lead to the need for specialty mental health intervention.</p>

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

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #): Program implementation began in FY 10/11, and data collection is in process for these population categories.

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

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

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

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount²	Target Audience/Participants³
PEI Evaluation: Dr. Roseanna McCleary, Ph.D. is working with the Kern County Mental Health Department and community partners to research and provide a comprehensive evaluation of the Kern County senior adult services programs under MHSA. Dr. McCleary's research and data analysis will be published and inform behavioral health agencies statewide, and reduce the barriers that prevent access to mental health services by this highly underserved, growing population in California. Estimated Funding Amount: \$41,470.00	Community Based Organizations including: <ul style="list-style-type: none"> • CSU Bakersfield • College Community Services • Clinica Sierra Vista • Kern Medical Center • Kern County Mental Health Department • National Health Services • Kern County Adult and Aging Department Key Stakeholders including: <ul style="list-style-type: none"> • Senior adult services providers • Senior adult mental health service consumers and family members

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: Kern

No funding is being requested for this program.

Program Number/Name: 01/Assertive Community Treatment (ACT)

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	8			
Adults	55			
Older Adults	5			
Total	68			\$11,512
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 68				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	40	English	64	LGBTQ	
African American	8	Spanish	4	Veteran	4
Asian	3	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	17	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p>The ACT Team provides intensive services for the most severely mentally ill adult clients served in Kern County. The majority of clients receive SSI and Medi-Cal funding. The client population is made up of diverse ethnicities as reflected by that of the county, which reflects a high percentage of Latino individuals. However, the severity of their mental illness makes our client population most unique, with the greatest difficulty in maintaining such basic needs as food, shelter and clothing. Consequently, many of the ACT clients either are or have been on LPS Conservatorship. ACT team members often work with the conservators to both assist in restoring clients' ability to live independently, terminate from conservatorship, and assist in the transition. The "culture" often includes this population as a "crisis" population. Treatment efforts involve meeting with individuals in the community wherever the crisis occurs. Daily interventions succeeded in reducing crisis hospitalizations. Individual successes were reflected also in individuals' ability to live in more independent settings, increase socialization, use of public transportation, and effective use of both medical and psychiatric services.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p>The ACT team experienced no known challenges thus far with implementation to the program.</p>

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$521,162</td> <td>\$646,191</td> <td>24%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$521,162	\$646,191	24%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$521,162		\$646,191	24%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	8			
Adults	55			
Older Adults	5			
Total	68			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 68				\$9,503

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target Population</p> <ul style="list-style-type: none"> • Transition-aged youth, adults, and older adults • Historically underserved, inappropriately served, or unserved, as traditional mental health services were ineffective in meeting the level of need • High risk for frequent psychiatric hospitalization • No limits with regard to gender, race/ethnicity, or language spoken <p>Services and Strategies</p> <ul style="list-style-type: none"> • ACT is an evidence-based, recovery-oriented mental health service model with demonstrated effectiveness in facilitating community living, psychosocial rehabilitation, and recovery for individuals with the most severe and persistent mental illnesses • Service availability 24 hours a day, 7 days a week • Individually tailored services and active involvement with individuals to enable each to live independently and achieve individual goals • Encouragement to utilize peer and other community supports and engage in meaningful activities, including employment • Services provided primarily with individuals in their communities rather than in traditional mental health settings • Integrated support services, including both mental and physical health, medication management support, vocational/educational training, life skills, and housing
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: Kern

No funding is being requested for this program.

Program Number/Name: 02/Adult Transition Team (ATT)

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	110			
Adults	303			
Older Adults	14			
Total	427			\$5,332
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 427				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	288	English	397	LGBTQ	
African American	20	Spanish	30	Veteran	9
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	113	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	6	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The ATT team served an increase of Latino and African American individuals than in the previous fiscal year. Currently, 27% of the clientele served in the program are of Latin origin, which is an increase from less than 10% in the previous year. ATT additionally served an increase of monolingual Spanish-speaking individuals, from 10 in the previous fiscal year, to 30 in FY 09/10.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There were no major challenges, but the ATT program did need to look closely at the ATT admission criteria, and confirm that the need of the individual matched the program target for service. Increased linkage to other programs was vital for those individuals that did not meet the level of intensive need required by the ATT program.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$2,755,119</td> <td>\$2,677,274</td> <td>-3%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$2,755,119	\$2,677,274	-3%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$2,755,119		\$2,677,274	-3%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	120			
Adults	350			
Older Adults	15			
Total	485			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 485				\$5,520

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target Population:</p> <ul style="list-style-type: none"> • Indigent transition-aged youth and adults who are homeless or at risk for homelessness and are involved in the criminal justice system • Individuals released from State hospitals are a primary target population • Historically underserved, inappropriately served, or unserved, as traditional mental health services were ineffective in engaging or meeting specific needs • No limits regarding ethnicity or culture <p>Services and Strategies:</p> <ul style="list-style-type: none"> • Voluntary enrollment program • Service availability 24 hours a day, 7 days a week • Housing assistance and linkage to employment/job development and education • Additional integrated support services, including mental and physical health, medication management support, crisis counseling, substance abuse counseling and support groups, and other community engagement opportunities
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Kern

No funding is being requested for this program.

Program Number/Name: 03/Transition-Age Youth (TAY)

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	141			
Adults				
Older Adults				
Total	141			\$2,606
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 141				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	61	English	137	LGBTQ	15
African American	25	Spanish	4	Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	46	Tagalog			
Multi	8	Cambodian			
Unknown		Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The TAY team actively worked to increase the Latino population by increasing referral resources to include schools in dominantly Latino populations, the foster care system, and resources outside the mental health care system. The team increased the number of bilingual Spanish-speaking staff members, as well as increased training for interpretation services. The TAY population has in itself been a historically underserved population, and the TAY team strives to reduce crisis psychiatric hospitalization, homelessness, and other mental health and substance use disorder challenges. Progress in FY 09/10 included a total of 12% of TAY individuals requiring inpatient psychiatric care, and 15% experienced homelessness at least one point during their time of receiving services. An additional challenge and focus of the TAY team is providing needed linkage services for parenting transition-aged youth.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There were challenges for both the youth served and service staff. The fluctuation in available funding made it difficult for the Department to hire permanent staff members to replace vacancies, thus relying more heavily on current staff to meet the needs, and reliance on temporary "extra help" positions. This created extra strain on existing permanent staff and created a level of instability for longer-term clients, as the rotation of therapists created challenges in sustaining the continuity and therapeutic relationships needed to help this specific population of individuals improve.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$724,975</td> <td>\$578,620</td> <td>-20%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$724,975	\$578,620	-20%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$724,975		\$578,620	-20%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	150			
Adults				
Older Adults				
Total	150			\$3,857
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 150				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target Population:</p> <ul style="list-style-type: none"> • Male and females, ages 17 to 21 years • Serious mental illness • Many recently emancipated from the foster care system • Historically underserved, as it has been difficult to serve the specific needs of the population through adult or children’s community based services • Imminent risk of homelessness • No limits on culture or ethnic origin <p>Services and Strategies:</p> <ul style="list-style-type: none"> • Integrated services aimed at decreasing crisis leading to psychiatric hospitalization, incarceration, and homelessness • Service availability 24 hours a day, 7 days a week • Client-centered, recovery-oriented service provision • Utilization of the Transitions to Independence Process (TIP) evidence-based model of treatment • Supportive services include education and employment development, housing and transition into the adult community and mental health system of care
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
No applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Kern

No funding is being requested for this program.

Program Number/Name: 04/Youth Multi-agency Integrated Services Team

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	84			
TAY				
Adults	6			
Older Adults				
Total	90			\$4,680
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 90				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	26	English	90	LGBTQ	
African American	25	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander	2	Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi	37	Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Foster children in Kern County have historically been an underserved population. The MIST program serves both dependents of the court and wards of the court. The Multidimensional Treatment Foster Care (MTFC) evidence-based program utilized provided data for FY 09/10 indicating that 72% of children successfully graduated this intensive service program. MIST goals include assisting children to maintain their residential placements. A graduation from MTFC indicates that a child who was placed in a group home successfully transitioned and maintained placement in a foster care home or biological family home.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
The MIST team lost a permanent mental health therapist and the Public Health Nurse, which has challenged the team in providing the amount of services to children and families.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$680,218</td> <td>\$605,250</td> <td>-11%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$680,218	\$605,250	-11%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$680,218		\$605,250	-11%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	84			
TAY				
Adults	6			
Older Adults				
Total	90			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 90				\$6,725

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Target Population: <ul style="list-style-type: none">• Youth ages 0 to 19 years and their families• Demonstration of disabling behavioral health problems that interfere with important areas of life functioning• More than one psychiatric inpatient hospitalization in the past year• At least one placement failure or risk of failure• No limit on culture or ethnic origin Services and Strategies: <ul style="list-style-type: none">• Collaborative program composed of team members from Kern County Mental Health, Department of Human Services, Juvenile Probation, and a Parent Partner• Targets youth who are at risk of losing their foster home, group home, or biological home placement• Provides and intensive family-centered, strength-based approach, incorporating group, individual, and family contacts to preserve the family unit• Utilizes evidence-based models of approaches, including Multidimensional Treatment Foster Care, Dialectical Behavioral Therapy, Therapeutic Behavioral Services, and Solution-Focused Brief Therapy
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none">a) Names of the programs being consolidated.b) How existing populations and services to achieve the same outcomes as the previously approved programs.c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: Kern

No funding is being requested for this program.

Program Number/Name: 05/Wellness, Independence & Senior Enrichment (WISE)

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	87			
Total	87			\$3,871
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 87				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	49	English	75	LGBTQ	2
African American	11	Spanish	10	Veteran	4
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	7	Mandarin			
Hispanic	14	Tagalog			
Multi	5	Cambodian	1		
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic	1		
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Approximately 1/3 of the WISE team clients held no prior psychiatric service history despite having severe symptoms. WISE accomplishes connections with these individuals via non-traditional outreach efforts, mobile service delivery, and by addressing individual-preferred interests and concerns. The most common goal was sustained independence, which was emphasized as much as mental health treatment. Progress was made in recruiting and adding two Spanish-speaking staff members, and increased use of the language line for translation services when needed.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
The fluctuation created challenges in number of team staff. Reduced socialization budget funding used for outings helpful for this population, including adaptive exercise classes for depressed individuals, those in physical pain and with mobility challenges, as well as obtaining needed items such as basic household goods following homelessness was negatively impacted.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$573,479</td> <td>\$489,207</td> <td>-15%</td> </tr> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$573,479	\$489,207	-15%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$573,479		\$489,207	-15%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults	110			
Total	110			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 110				\$4,447

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Target Population: <ul style="list-style-type: none">• Adults age 60 years and older• Serious mental health impairments• No limit on culture or ethnic origin Services and Strategies: <ul style="list-style-type: none">• Mobile team to provide age-competent services in the home, primary care facility, skilled nursing facility, homeless shelter, or other setting that is “natural” to the individual served• Multidisciplinary team provides comprehensive, integrated assessments of mental health, substance use, and physical healthcare referrals as needed• Planning and management, intensified mental health services, crisis intervention, and linkage to community resources
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none">a) Names of the programs being consolidated.b) How existing populations and services to achieve the same outcomes as the previously approved programs.c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: Kern

No funding is being requested for this program.

Program Number/Name: 06/Recovery Supports Administration (RSA)

Date: April 2011

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

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable. *Total counts include the 3 separate teams/activities under the RSA, which include the Self-Empowerment Team, the Consumer Family Learning Center, and the Recovery And Wellness Center team.*

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		1		
Adults		10,153		
Older Adults		30		
Total		10,184		\$0

Total Num of Individuals Served (all service categories) by the Program during FY 09/10: 10,184

B. List the number of individuals served by this program during FY 09/10, as applicable. *Able only to identify those on the Recovery And Wellness Center team.*

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	123	English	208	LGBTQ	5
African American	34	Spanish	7	Veteran	3
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	50	Tagalog			
Multi	2	Cambodian			
Unknown	10	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>
<p><u>SET</u> Types of Peer outcomes included: Increase ability to utilize public transportation; increase in participation in community college; purchase own vehicle; computer learning skills; increase in self-advocacy with financial aid, housing searches, obtaining social security card and drivers license; reunification with family; increased abstinence from alcohol and drug use; becoming an active volunteer; obtained employment; increased attendance at church and other social activities, such as dating and friendships</p> <p><u>CFLC</u> Enhanced access for consumers and family members to self-help and support services throughout Kern County of Kern</p> <p><u>RAWC</u> Experienced an increase of successful transitions from individuals fully dependent on the mental health system to obtain their needs, to active participation in the community utilizing social support systems, and including participating with primary physical health physicians. The RAWC team followed these individuals over a 6-month period of time to ensure long-term success.</p>
<p>2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.</p>
<p><u>SET</u> Challenges included limited staffing (inability to hire permanent positions) and the uniqueness of the position for individuals to self-disclose lived experience and recovery form mental illness.</p> <p><u>CFLC</u> Challenges included a decrease in replacing vacant positions, and the need to continue to operate the program with the amount of classes and activities offered.</p> <p><u>RAWC</u> There appeared to be no major challenges with this team. RAWC maintained ability to provide the level need for individuals at this stage of mental health recovery.</p>

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$5,059,383</td> <td>\$5,683,951</td> <td>12%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$5,059,383	\$5,683,951	12%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$5,059,383		\$5,683,951	12%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults	4,277	6,416		
Older Adults				
Total	4,277	6,416		\$532
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 10,693				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target Population:</p> <ul style="list-style-type: none"> • Transition-aged youth, adults, older adults, and family members • Providers of mental health and co-occurring substance use disorder treatment • General public • No limit on culture or ethnic origin <p>Services and Strategies:</p> <ul style="list-style-type: none"> • Enhanced access for consumers and families to self-help and support services throughout Kern County of Kern • SET includes consultation and assistance from professional staff with training in Peer Supports and who self-identify as having lived experience with recovery from mental illness; assists individuals working on the adult treatment teams • CFLC includes family-driven programs with focus on recovery and outreach activities, training of staff consumers and family members, and dissemination fo recovery-based education and anti-stigma information • CFLC provides recovery-based classes and support groups, computer lab access, and opportunities to outreach to peers in the community • RAWC provides recovery-oriented treatment approaches, including psychiatric medication support, solution-focused brief psychotherapy, and case management services in a manner consistent with the MHSA
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Kern

No funding is being requested for this program.

Program Number/Name: 08/Youth Wraparound

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		231		
TAY		6		
Adults				
Older Adults				
Total		237		\$0
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 237				

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	85	English	233	LGBTQ	16
African American	27	Spanish	3	Veteran	
Asian	2	Vietnamese		Other	
Pacific Islander	1	Cantonese			
Native American	1	Mandarin			
Hispanic	111	Tagalog	1		
Multi	5	Cambodian			
Unknown	5	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Youth Wraparound teams served youth and families from crisis services and included a wide array of ethnic and cultural populations.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Challenges faced revolved primarily around the ability to hire staff and replace the team to a level sufficient to meet the need of the number of individuals referred to the team for services.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$873,450</td> <td>\$654,976</td> <td>-25%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$873,450	\$654,976	-25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$873,450		\$654,976	-25%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		240		
TAY				
Adults				
Older Adults				
Total		240		\$0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 240				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target population:</p> <ul style="list-style-type: none"> • Children and youth ages 0 to 19 years • Severe emotional disorder deemed eligible for mental health services and needing intensive services to transition effectively to community living • Youth at risk for recurring crisis psychiatric hospitalization • No limit for ethnic or cultural origins <p>Services and Strategies</p> <ul style="list-style-type: none"> • Efforts to maintain children in their homes or as close to a home-like setting as possible • Crisis service availability to include evenings and weekends • Services provided to include serving families in their home environments • Provide transition service for individuals discharging from inpatient psychiatric settings, to maintain linkage and aim at successful transition back into the community • Evidence-based models of treatment included Dialectical Behavioral Therapy for transition-aged youth and Therapeutic Behavioral Services
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Kern

No funding is being requested for this program.

Program Number/Name: 09/Adult Wrapround

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults		910		
Older Adults				
Total		910		\$0
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 910				

B. List the number of individuals served by this program during FY 09/10, as applicable. *Unable to receive consistent and accurate data on listed demographics of total number served*

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
Adult Wraparound staff targeted the underserved individuals throughout the county whose mental health disabilities made it difficult to function in the community, and thus required frequent psychiatric crisis hospitalizations. Staff dedicated to this approach assisted individuals in transitioning successfully into community living.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
The Adult Wraparound approach includes working with contract service providers in the various geographic areas throughout Kern County. Fluctuation in funding made it difficult to maintain a number of permanent staff that could better serve the number of individuals that require this type of intensive service provision.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,185,393</td> <td>\$1,114,475</td> <td>-6%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,185,393	\$1,114,475	-6%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$1,185,393		\$1,114,475	-6%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults			910	
Older Adults				
Total				\$0

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 910

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target population:</p> <ul style="list-style-type: none"> • Transition-aged youth, adults and older adults at imminent risk for homelessness, substance abuse, criminal justice involvement, and/or psychiatric hospitalization • No limit on ethnic or cultural origins <p>Services and Strategies</p> <ul style="list-style-type: none"> • Outreach to individuals prior to discharge from inpatient psychiatric hospitalization • Ensure that services and supports are in place for successful transition to community living • Full array of services to include medication support, home visits, crisis services, transportation, housing and living skills assistance, substance abuse services, and family support
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: Kern

No funding is being requested for this program.

Program Number/Name: 10/Office of Program Development and Implementation (OPDI)

Date: April 2011

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

This program did not exist during FY 09/10.

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

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The OPDI staff assisted administrative services through research and data collection, training, and development of evaluation instruments and strategies. In addition, the OPDI staff assisted with flow of communication with regard to regulations and research.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
No major challenges were noted for OPDI.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$140,517</td> <td>\$162,711</td> <td>16%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$140,517	\$162,711	16%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$140,517		\$162,711	16%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target population:</p> <ul style="list-style-type: none"> • Kern County public Mental Health System • Although this Office will provide no direct services, all age groups, race/ethnicities, genders, and others identified in the MHSA Plans will benefit from its products and assistance. <p>Services and Strategies</p> <ul style="list-style-type: none"> • Administrative services, such as research, technical assistance and training, and developing outcome/evaluation instruments and strategies • Streamline information flow and facilitate decision-making on research, and support the development of new or expanded services • Improves the quality of services by providing research to guide implementation strategies, instruments to monitor fidelity, acquiring evaluation tools, and to support administration and staff charged with implementation of MHSA
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: Kern

No funding is being requested for this program.

Program Number/Name: 11/Access to Care

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		221		
TAY		760		
Adults		2117		
Older Adults		55		\$0
Total		3,153 Access 12,844 Hotline		

Total Num of Individuals Served (all service categories) by the Program during FY 09/10: 15,997

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

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1099	English		LGBTQ	
African American	274	Spanish	253	Veteran	
Asian	11	Vietnamese		Other	unknown
Pacific Islander	6	Cantonese			
Native American	25	Mandarin			
Hispanic	735	Tagalog			
Multi	27	Cambodian			
Unknown	352	Hmong			
Other	634	Russian			
		Farsi			
		Arabic			
		Other	unkown		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Access to Care strategy increased outreach to community medical clinics, the educational system, rural health collaboratives, and the higher education institutions with the goal of reaching the broader population. In particular, outreach in the educational systems enabled us to reach a more ethnically diverse group, and that is representative of our county population.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
The Access team lost two staff members in the system-wide layoffs during FY09/10. This initially decreased the number of Hotline calls able to be answered. In the months following the layoff period, however, the Hotline volunteer program launched, thus allowing for increased call volume. This Crisis Hotline serves as the 800-crisis services hotline available to all of Kern County.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
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FY 10/11 funding		FY 11/12 funding	Percent Change				
\$1,750,004		\$1,403,085	-20%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		1,625		
TAY		2,600		
Adults		9,750		
Older Adults		2,275		
Total		3250 Access 13,000 Hotline		\$0

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 16,250

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Target population: <ul style="list-style-type: none">• All individuals in Kern County• Individuals who have had previous experiences with barriers or challenges to accessing care• Individuals who have previously been underserved, unserved, or uninsured• No limit on cultural or ethnic origin Services and Strategies: <ul style="list-style-type: none">• Utilization of the evidence-based treatment model, Solution-Focused Brief Therapy• Initial mental health and co-occurring substance abuse screenings and referrals to treatment and/or referrals at the level of need that symptoms present• Assessments and screenings are administered in the language most comfortable to the individual whenever possible• The Access Hotline is designated by Lifeline and SAMSHA as part of the national 1(800) Suicide Prevention Lifeline for all Kern County residents• The Access Hotline provides immediate English and Spanish phone access for crisis intervention, mental health services, access and information
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none">a) Names of the programs being consolidated.b) How existing populations and services to achieve the same outcomes as the previously approved programs.c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Kern

No funding is being requested for this program.

Program Number/Name: 12/Community Outreach & Education

Date: April 2011

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

This program did not exist during FY 09/10.

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total			3,721	\$0
Total Num of Individuals Served (all service categories) by the Program during FY 09/10: <i>41 community events and 3,721 individuals served</i>				

B. List the number of individuals served by this program during FY 09/10, as applicable. *Unable to obtain this data.*

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Outreach and Education Committee provided outreach at 41 community events, including events for all age groups, children through older adults, education, healthcare law enforcement, foster children, and others. The number of individuals documented as recipients of the outreach efforts total 3,721 persons. Underserved populations included Latinos, residents from rural geographical county locations, foster youth, transition-aged youth, LGBT individuals, and older adults.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Initially outreach efforts were curtailed as the Department adjusted to cutbacks and staff was rearranged. However, efforts during this time targeted development and refinement of the Department's Cultural Competency Plan and action steps.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$157,978</td> <td>\$159,372</td> <td>1%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$157,978	\$159,372	1%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$157,978		\$159,372	1%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

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

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

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			1,191	
TAY			372	
Adults			1,563	
Older Adults			595	
Total			4,000	\$0

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 4,000

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
<p>Target population:</p> <ul style="list-style-type: none"> • Children and families, transition-aged youth, adults, and older adults who receive mental health services or may benefit from services • Community at large • Elected and appointed office holders • Business community <p>Services and Strategies:</p> <ul style="list-style-type: none"> • Increase community awareness and understanding of mental illness • Stigma reduction • Outreach to unserved and underserved populations with culturally competent information regarding mental illness and community resources • Collaborate with community agencies on special events and educational opportunities
2. If this is a consolidation of two or more programs, provide the following information: <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not applicable.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Kern

No funding is being requested for this program.

Program Number/Name: 03/KCMH METAmersion Project

Date: April 2011

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Kern County Mental Health Department sponsored 80-hour training course for individuals interested in working as Peer Specialists in public mental health settings. Two individuals were hired to work within the MHSA Recovery Supports Administration program, and several serve as volunteers.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$56,000	\$0	-100%

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

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

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

explanation below.	
The Department desires to maintain this WET project, as stakeholders continue to report interest and community need. There is no course scheduled for FY 11/12 due to county budget constraints with hiring new personnel. We do, however, want to maintain this project under the Kern County WET Plan.	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Kern

No funding is being requested for this program.

Program Number/Name: 04/ KCMH Expansion & Enhancement of Annual Training

Date: April 2011

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Expanded training to provider staff and community partner agencies and all interested individuals took place via the Cultural Competency Mini Series, and monthly two-hour training to include a variety of cultures served by public mental health services. Additionally, professional trainers provided Board of Behavioral Science-approved courses for licensure continuing education of Marriage and Family Therapists, Clinical Social Workers, Psychologist, and Nurses. Special emphasis was given to training that included evidence-based recovery-oriented models of treatment, including Brief Solution-Focused Therapy.

A 40-hour training course for mental health consumers and family members interested in working as Peer Specialists in public mental health, prepared several individuals to serve as consumer peers. In addition, many volunteers were trained to serve as peers in the MHS A Consumer Family Learning Center. Although current economic resources did not allow for hiring of many new staff members, many served as volunteers.

Co-occurring mental health and substance abuse treatment capability focus maintained progress through the Comprehensive Continuous Integrated System of Care Change Agents who serve throughout the mental health department and private contract provider agencies throughout Kern County.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$426,071</td> <td>\$398,932</td> <td>-6%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$426,071	\$398,932	-6%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$426,071		\$398,932	-6%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>							

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
Not applicable.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Kern

No funding is being requested for this program.

Program Number/Name: 06/Kern County High School Academies Project

Date: April 2011

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

High School Academies Program

Stockdale High School in Bakersfield approved implementation of the High School Academy behavioral health curriculum for students. Training on curriculum began taking place with faculty and there is a goal for implementation in FY 10/11.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$170,700	\$170,700	0%

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

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	
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NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
Not applicable.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
Not applicable.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Kern

No funding is being requested for this program.

Program Number/Name: 07/Internship Support Program

Date: April 2011

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

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The WET internship program provided clinical supervision for 4 Psychology doctoral students, 6 Marriage and Family Therapist Interns, and 8 Clinical Social Work Interns. The mental health department and county contract provider agencies work together to help employees achieve career advancement through clinical licensure.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$258,750	\$194,369	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**, Yes No

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

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

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input checked="" type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>Not applicable.</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
<p>Not applicable.</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: Kern

No funding is being requested for this program.

Program Number/Name: 08/Financial Incentives Plan

Date: April 2011

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

This program did not exist during FY 09/10.

- Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The original plan included a 30/10 work program to allow students to participate in a mental health-related graduate school program and work in the mental health system. This program would allow for the respective employee to work 30 hours per week and attend school 10 per week, and receive salary for 40 total hours. Due to the current economic challenges and staff shortages, this program has remained "on hold". Stakeholders support a future effort in seeking to provide this type of program for psychiatric nursing students, as there exists a shortage of mental health nurses in Kern County.

Kern County Mental Health has contract with the local United Way to distribute stipends (i.e. bus passes, mileage reimbursement) for approximately eight to ten consumers or family members to participate in MHSA stakeholder meetings and Behavioral Health Board subcommittees to represent stakeholder interests in MHSA related activities. The program was not implemented in FY 09/10, thus progress will be reported in following updates.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3) a) Complete the table below:								
	<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$80,000</td> <td>\$80,000</td> <td>0%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	\$80,000	\$80,000	0%
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$80,000	\$80,000	0%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p>approved amount, or,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>	
<p>Not applicable.</p>	
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p>a) Name of the programs.</p> <p>b) The rationale for the decision to consolidate programs.</p> <p>c) How the objectives identified in the previously approved programs will be achieved.</p>	
<p>Not applicable.</p>	

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Kern

Program Number/Name: 01/Student Assistance Programs (SAP)
evaluation

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

Date: April 2011

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

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

Progress in FY 09/10 involved program planning and development. Requests For Proposals to the community in building the contracts and infrastructure required to implement the Student Assistance Programs (SAP) services in Kern County. Contracts initiated with the Kern County Superintendent of Schools, which has experience with providing SAP programs in a small area of the county; Transforming Local Communities, with specialized service availability in data tracking and evaluation; and the Department’s contract geographic providers in various school districts throughout the county, where the populations meet the target Key Community Mental Health Needs and Priority Populations.

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

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$1,277,297</td> <td style="padding: 2px;">\$1,443,261</td> <td style="padding: 2px;">13%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,277,297	\$1,443,261	13%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$1,277,297	\$1,443,261	13%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

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A. Answer the following questions about this program.

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

There are no proposed changes to this PEI program.

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

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

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

	Prevention	Early Intervention
Total Individuals:	1,103	777
Total Families:	788	693

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Kern

Program Number/Name: 02/Future Focus

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

Date: April 2011

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

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

Progress in FY 09/10 involved program planning and development. Requests For Proposals to the community in building the contracts and infrastructure required to implement Future Focus with transition-aged youth in Kern County. Program implementation began in FY 10/11, as the Department partnered with Hearthstone Community Services in addressing the Future Focus Key Community Needs and Priority Population.

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

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

¹ Note that very small counties (population less than 100,000) are exempt from this requirement
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**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$561,312	\$733,361	31%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

Yes No

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

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

A. Answer the following questions about this program.

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

There are no proposed changes to this PEI program.

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

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	524	28
Total Families:	104	8

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Kern

Program Number/Name: 03/Integrated Physical & Behavioral Healthcare/ (Project Care) **Please check box if this program was selected for the local evaluation**

Date: April 2011

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

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

Progress in FY 09/10 involved program planning and development. Requests For Proposals to the community in building the contracts and infrastructure required for the Integrated Physical and Behavioral Healthcare/Project Care program in Kern County. Two Federally Qualified Health Center (FQHC) organizations, National Health Services and Clinica Sierra Vista, as well as the local county hospital, Kern Medical Center, outpatient clinic, will participate in implementation of the Project Care program. Implementation began in FY 10/11. Data will be available for the next Annual Update.

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

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$1,008,714</td> <td style="padding: 2px;">\$797,176</td> <td style="padding: 2px;">-21%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,008,714	\$797,176	-21%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$1,008,714	\$797,176	-21%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						

¹ Note that very small counties (population less than 100,000) are exempt from this requirement
Page 2 of 3

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.		
A. Answer the following questions about this program.		
1. Please include a description of any additional proposed changes to this PEI program, if applicable.		
There are no changes proposed to this PEI program.		
2. If this is a consolidation of two or more previously approved programs, please provide the following information:		
<ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	3,500	2,100
Total Families:	3,000	2,000

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: Kern

Program Number/Name: 04/Volunteer Senior Outreach Program (VSOP)
evaluation

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

Date: April 2011

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

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

Progress in FY 09/10 involved program planning and development. Requests For Proposals to the community in building the contracts and infrastructure required for the Volunteer Senior Outreach Program in Kern County. Implementation began in FY 10/11. Progress data and the local evaluation instruments will be available for the next Annual Update.

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

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$697,615</td> <td style="padding: 2px;">\$610,371</td> <td style="padding: 2px;">-13%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$697,615	\$610,371	-13%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$697,615	\$610,371	-13%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						

¹ Note that very small counties (population less than 100,000) are exempt from this requirement
Page 2 of 3

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

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

There are no changes proposed for this PEI program.

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

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

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

	Prevention	Early Intervention
Total Individuals:	350	175
Total Families:	300	200

PREVIOUSLY APPROVED PROGRAM
Innovation

County: Kern

Program Number/Name: 01/Freise HOPE House

Date: April 2011

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

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

Although the program incurred costs in FY 09/10 with planning and development, program implementation was delayed primarily due to regulation regarding renovation needed in the facility for the Innovation program. Kern County Mental Health developed a working relationship and contract with the Bakersfield Homeless Center, Bethany Services, and owners of the Freise building, a former hospital in metro Bakersfield. The city of Bakersfield offered Bethany Services Community Development Department finances through Housing and Urban Development (HUD). The size and location of the facility will serve the Innovation project well for implementing a peer-managed crisis residential program. Bethany Services subcontracted with Recovery Innovations to partner in providing the peer training and recovery program elements needed for the targeted goals of this Innovation project. Renovation is required primarily within the facility to convert the dorm-like setting into a more open environment conducive to the recovery program design. Several steps of approval have been required for Community Development, including construction bids, which have temporarily slowed the process toward program implementation. Construction is schedule to begin in Spring 2011, along with recruitment and training of peers, and program implementation is expected to begin in mid to late Summer 2011.

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

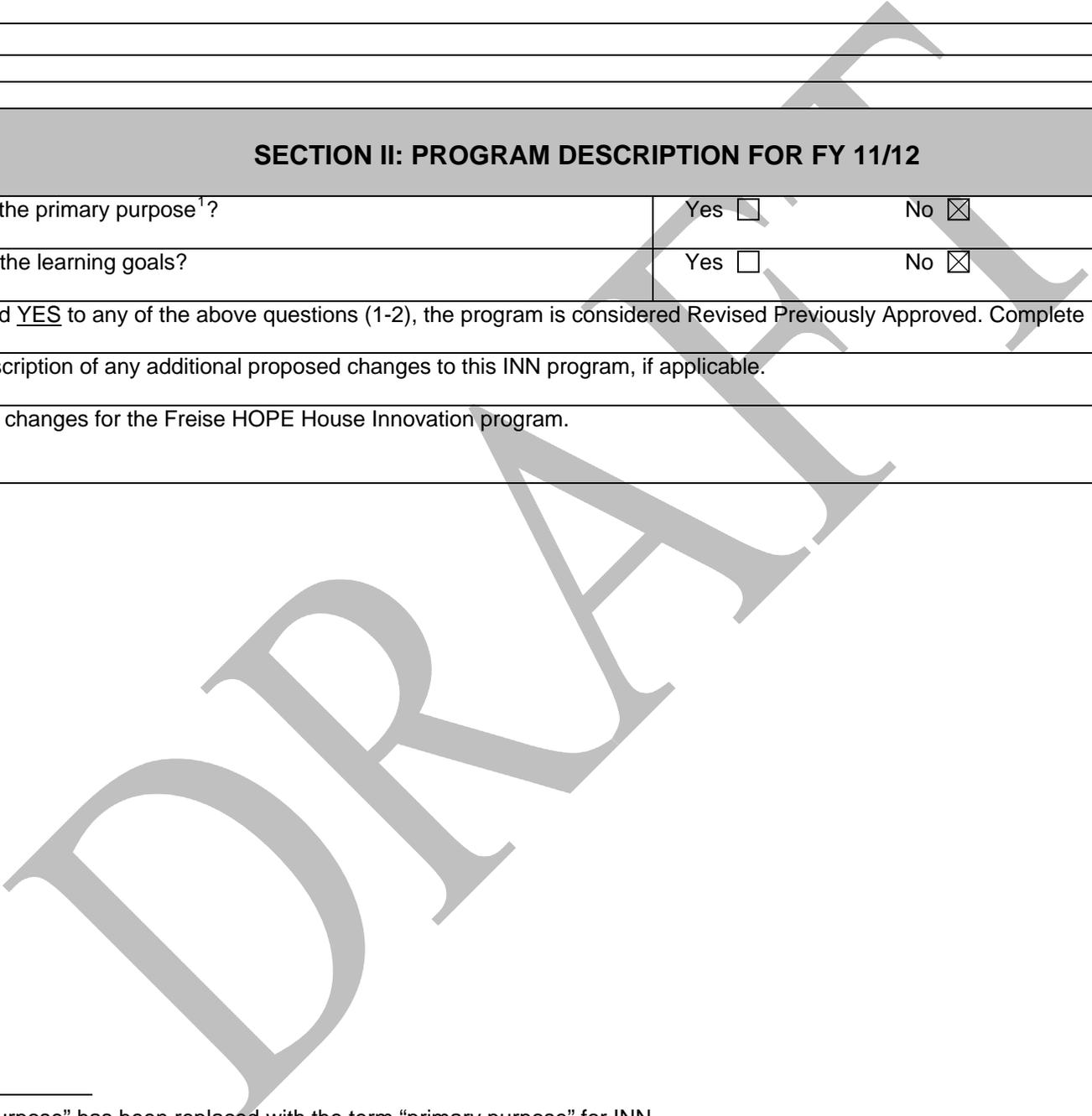
1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.		
3. Please include a description of any additional proposed changes to this INN program, if applicable.		
There are no proposed changes for the Freise HOPE House Innovation program.		



¹ The term “essential purpose” has been replaced with the term “primary purpose” for INN.
Page 2 of 2

County: Kern

Date: 4/1/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$15,817,000			\$3,853,600	\$1,034,300	
2. Transfer from FY 11/12 ^{a/}	\$0	\$0	\$0			\$0
3. Adjusted Component Allocation	\$15,817,000					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$16,751,782	\$844,001	\$688,427	\$3,788,535	\$1,495,922	
2. Requested Funding for CPP	\$0					
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$0	\$3,300,487	\$2,978,638	\$4,143,209	\$2,919,650	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$0	\$573,978	\$600,657	\$1,316,673	\$104,033	
c. Unexpended Funds from FY 10/11	\$934,782	\$0	\$0	\$0	\$0	
d. Total Net Available Unexpended Funds	\$934,782	\$2,726,509	\$2,377,981	\$2,826,536	\$2,815,617	
4. Total FY 2011/12 Funding Request	\$15,817,000	-\$1,882,508	-\$1,689,554	\$961,999	-\$1,319,695	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}	\$0			\$961,999		
5. Unapproved FY 10/11 Component Allocations ^{b/}	\$0					
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$15,817,000					
Sub-total	\$15,817,000	\$0	\$0	\$961,999	\$0	
7. Access Local Prudent Reserve	\$0			\$0		
8. FY 2011/12 Total Allocation^{c/}	\$15,817,000	\$0	\$0	\$961,999	\$0	

NOTE:

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

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

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

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

CSS FUNDING REQUEST

County: Kern County

Date: 4/1/2011

CSS Programs			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group				
No.	Name			Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.	1	ACT	\$646,191	\$646,191				\$76,022	\$522,654	\$47,514		
2.	2	Adult Transition	\$2,677,274	\$2,677,274				\$662,418	\$1,932,053	\$82,802		
3.	3	TAY	\$578,620	\$578,620				\$578,620				
4.	4	Youth Mist	\$605,250	\$605,250			\$564,900			\$40,350		
5.	5	WISE	\$489,207	\$489,207						\$489,207		
6.	6	Recovery Supports Administration	\$5,683,951	\$2,273,580	\$3,410,371				\$5,683,951			
7.	7	Housing Development	\$0		\$0							
8.	8	Youth Wraparound	\$654,976		\$654,976		\$654,976					
9.	9	Adult Wraparound	\$1,114,475		\$1,114,475				\$1,114,475			
10.	10	Program Development	\$162,711		\$162,711		\$52,068	\$16,271	\$68,339	\$26,034		
11.	11	Access to Care	\$1,403,085		\$1,403,085		\$140,309	\$224,494	\$841,851	\$196,432		
12.	12	Outreach & Education	\$159,372			\$159,372	\$50,999	\$15,937	\$66,936	\$25,500		
13.	13	Administration	\$452,898	\$230,978	\$217,391	\$4,529	\$45,290	\$49,819	\$326,087	\$31,703		
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$14,628,010	\$7,501,100	\$6,963,009	\$163,901	\$0	\$1,508,541	\$1,623,581	\$10,556,346	\$939,541	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$2,123,772									15%
18.	Plus up to 10% Operating Reserve		\$0									0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$16,751,782									
New Programs/Revised Previously Approved Programs												
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											#VALUE!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0									
10.	Total MHA Funds Requested for CSS		\$16,751,782									

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

51.30%

Additional funding sources for FSP requirement:

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

CSS Majority of Funding to FSPs

Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$7,501,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,501,100	51%

WET FUNDING REQUEST

County: KERN

Date: 4/1/2011

Workforce Education and Training			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				
No.	Name	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
Previously Approved Programs								
1.	1	KCMH Supervisors Academy	\$0					
2.	2	Recovery Specialist Academy	\$0					
3.	3	KCMH METAmersion Project	\$0					
4.	4	KCMH Expansion & Enhancement of Annual Training	\$398,932		\$398,932			
5.	5	Kern County Human Services Certificate Program	\$0					
6.	6	Kern County High School Academies Project	\$170,700			\$170,700		
7.	7	KCMH Internship Support Program	\$194,369				\$0	
8.	8	KCMH WET Financial Incentive Plan	\$80,000				\$80,000	
9.			\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs ^{a/}		\$844,001	\$0	\$398,932	\$170,700	\$194,369	\$80,000
17.	Plus up to 15% Indirect Administrative Costs							
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$844,001					
New Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: WET New Programs ^{a/}		\$0	\$0		\$0	\$0	
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0					
10.	Total MHSA Funds Requested		\$844,001					

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

PEI FUNDING REQUEST

County: Kern

Date: 4/1/2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs									
1.	1	Student Assistance Program	\$1,443,261	\$808,226	\$635,035	\$1,443,261			
2.	3	Integrated Physical & Behavioral Health Care	\$797,176	\$486,277	\$310,899		\$797,176		
3.	4	Senior Volunteer Outreach	\$610,371	\$384,534	\$225,837			\$610,371	
4.			\$0						
5.			\$0						
6.			\$0						
7.			\$0						
8.			\$0						
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$2,850,808	\$1,679,037	\$1,171,771	\$1,443,261	\$0	\$797,176	\$610,371
17.	Plus up to 15% Indirect Administrative Costs		\$162,550						
18.	Plus up to 10% Operating Reserve		\$0						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$3,013,358						
New/Revised Previously Approved Programs									
1.	2	Future Focus	\$733,361	\$696,693	\$36,668		\$733,361		
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$733,361	\$696,693	\$36,668	\$0	\$733,361	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs		\$41,816						
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$775,177						
10.	Total MHSA Funds Requested for PEI		\$3,788,535						

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 yea 61%

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

County: Kern County

Date: 4/1/2011

INN Programs		FY 11/12 Requested MHSAs Funding
No.	Name	
Previously Approved Programs		
1.	1 Freise HOPE House	\$1,482,466
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	Subtotal: Programs	\$1,482,466
17.	Plus up to 15% Indirect Administrative Costs	\$13,456
18.	Plus up to 10% Operating Reserve	
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$1,495,922
New Programs		
1.		
2.		
3.		
4.		
5.		
6.	Subtotal: Programs	\$0
7.	Plus up to 15% Indirect Administrative Costs	
8.	Plus up to 10% Operating Reserve	
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0
10.	Total MHSAs Funds Requested for INN	\$1,495,922

Percentage
1%
0.0%

Percentage
#VALUE!
#VALUE!

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

County: Kern County

Date: 4/1/2011

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	1	Communications Infrastructure Upgrade	E	\$569,991		\$569,991
2.	2	Technology Refresh	E	\$99,584		\$99,584
3.	3	E-Prescribing	E	\$4,911		\$4,911
4.	4	Recovery Oriented Treatment Plan	E	\$5,450		\$5,450
5.	5	Consumer Computer Labs	E	\$2,691		\$2,691
6.	7	Personal Health Records	E	\$1,041		\$1,041
7.	8	Network of Care	E	\$0		\$0
8.	9	MHSA FSP Data Collection	E	\$0		\$0
9.				\$0		
10.				\$0		
11.				\$0		
12.				\$0		
13.				\$0		
14.				\$0		
15.				\$0		
16.				\$0		
17.				\$0		
18.				\$0		
19.				\$0		
20.				\$0		
21.				\$0		
22.				\$0		
23.				\$0		
24.				\$0		
25.				\$0		
26.	Subtotal: Work Plans/Projects			\$683,668	\$0	\$683,668
27.	Plus up to 15% Indirect Administrative Costs			\$4,759		
28.	Plus up to 10% Operating Reserve			\$0		
29.	Total MHSA Funds Requested			\$688,427		

Revised 12/29/10

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: Kern

Completely New Program

Program Number/Name: Future Focus

Revised Previously Approved Program

Date: April 2011

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

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.
 No changes.

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

4. Activities	Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:		Number of months in operation through June 2012
		Prevention	Early Intervention	
	Future Focus	Individuals: Families: 104	28 8	
		Individuals: Families:		
		Individuals: Families:		
	Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families: 104	28 8	24

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

<p>5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.</p>
<p>No changes.</p>
<p>6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.</p>
<p>No changes.</p>
<p>7. Describe intended outcomes.</p>
<p>No changes.</p>
<p>8. Describe coordination with Other MHSA Components.</p>
<p>No changes.</p>
<p>9. Additional Comments (Optional).</p>
<p>There are no changes to program design. The number of personnel needed from the mental health department to adequately meet the need for service delivery increased from what was originally proposed. Thus the budget projection for the Future Focus program in FY 11-12 exceeds 25% of the previously approved amount.</p>

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

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

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	\$308,702			
2.	Operating Expenditures	\$9,243			
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			\$415,416	
5.	Other Expenditures				
	Total Proposed Expenditures	\$317,945	\$0	\$415,416	\$733,361
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED		\$317,945	\$0	\$415,416	\$733,361
D. TOTAL IN-KIND CONTRIBUTIONS		\$0	\$0	\$0	\$0

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

For FY 2011-12, this program consists of 2.75 FTEs: (.5) Mental Health Unit Supervisor; (1.25) Mental Health Therapist I; (.5) Mental Health Recovery Specialist III; (.5) Substance Abuse Specialist I. The total salaries & benefits for these positions are \$308,702, whereas \$415,416 is for contract services. The operating expenses are \$9,243, which includes communications charges, general liability insurance, office supplies, building leases, utilities, county-wide administration, and special department expenses.

Services provided are designed to address, and significantly reduce or prevent the negative impact associated with escalating mental and behavioral health issues, including but not limited to substance abuse, depression and suicide, homelessness, and subsequent potential criminal involvement and incarceration of Transition-age youth (TAY). Program personnel assist TAY in moving toward healthy independence through linkage to programs that facilitate health connections to peers, adult mentors, and the community in an effort to create supportive relationships and adult life skills. Individual service plans for youth and their families provide a strength-based comprehensive approach to reach the youth's goals for independence.