

COUNTY CERTIFICATION

Components Included:

County: **Glenn**

- | | |
|-----------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> CSS | <input type="checkbox"/> WET |
| <input type="checkbox"/> CF | <input type="checkbox"/> TN |
| <input checked="" type="checkbox"/> PEI | <input type="checkbox"/> INN |

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

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

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

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

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

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

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

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

Scott Gruendl

Mental Health Director/Designee (PRINT)

Signature

Date

¹ Public Hearing only required for annual updates.

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

2011/12 ANNUAL UPDATE

EXHIBIT B

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Glenn
Date: 03/08/11

30-day Public Comment period dates: March 8 – April 12, 2011
Date of Public Hearing (Annual update only): April 12, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315. Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

The Community Program Planning (CPP) process for the development of the FY 2011/12 Annual Update builds upon the planning process that we utilized for the development of our past Community Services and Supports (CSS) Plan and Updates, as well as our Prevention and Early Intervention (PEI) Plan and Updates. These planning processes were comprehensive and included the input of over 900 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop an MHSA program that is well designed for our county. The overall goals of the CSS and PEI Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2011/12.

As this Annual Update simply maintains our original MHSA Plans, we did not conduct a new, formal stakeholder planning process. However, we routinely discuss and obtain input on the utilization of these funds with our key stakeholders through our monthly MHSA Executive Leadership Team (MELT) meetings, our MHSA monthly consumer meetings, and the monthly Mental Health, Alcohol and Drug Advisory Board. In addition, we engaged stakeholders throughout the development of this update. There are also a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain services as originally outlined in the CSS and PEI Plans.

We have analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is analyzed and reviewed by the MELT to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve services for our clients and families.

The proposed Annual Update was developed and approved by the MELT after reviewing data on our current programs (including FSP data), analyzing community needs based on past stakeholder input, and determining the most effective way to further meet the needs of our unserved/ underserved populations. In addition, the MHSA Annual Update was shared with the Advisory Board and at staff meetings.

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.)

A number of different stakeholders were involved in the CPP process. Input was obtained from members of the MELT, which is comprised of MHSA staff, Consumer Advocate/Coaches, consumers, Health Services Agency Director and Deputy Directors, fiscal staff, Quality Improvement staff, and others involved in the delivery of MHSA services. The CPP also included input from child and adult staff meetings in mental health and substance abuse services, the multiple agencies involved with the Children's Interagency Coordinating Council, and the Mental Health, Alcohol and Drug Advisory Board.

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.

No MHSA programs or projects will be eliminated at this time.

Local Review Process

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

This proposed MHSA Annual Update was posted for a 30-day public review and comment period from March 8, 2011 through April 12, 2011. An electronic copy was posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. The website posting provided contact information to allow input on the plan in person, by phone, written and sent by mail, or through e-mail. A hard copy of the Annual Update was distributed to all members of the Mental Health Board, MHSA Executive Leadership Team, consumer groups, and staff. Copies of the Annual Update were been placed at the clinics in Willows and Orland; at the Family Resource Center in Hamilton City; at Harmony House (the Adult Wellness Center); at the TAY Center; with partner agencies; and at the local library. The Annual Update was available to clients and family members at all of these sites and on the County website.

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.

A public hearing was held on Tuesday, April 12, 2011, 6:00 pm, at the City Gates restaurant, 1165 Hoff Way, Orland, CA 95963). We received feedback from our stakeholders during the public hearing. The comments and responses are outlined below.

- a. A stakeholder noted that the CSS Program currently has only two (2) Adult Coaches, but the Annual Update references four (4) positions. *Glenn County response: The text of the Annual Update has been edited to include the information that we have four (4) positions budgeted in this fiscal year, but currently one (1) position is vacant, and one (1) Adult Coach is on medical leave.*
- b. A comment was made that the PEI Welcoming Families program had difficulty being fully implemented. *Glenn County response: We expanded the program to include TAY with children; we anticipate increased referrals to this program as a result of this expansion. We will evaluate the effectiveness of this program in the future.*

- c. A comment was made that the Annual Update only reports outreach and engagement activities that targeted the homeless. *Glenn County response: The text has been corrected to include all outreach and engagement activities.*
- d. There were concerns that the Annual Update was not properly posted at Harmony House, our local adult wellness center. *Glenn County response: The document was posted at other locations around the county, and was available online and accessible via the client computers at Harmony House. In the future, we will improve communication regarding distribution of the MHSA documents, and ensure that all consumer sites have hard copies of the documents.*

No other substantive comments were made. No other substantive changes were made to the posted Annual Update.

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

County: Glenn
Date: 04/13/11

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. The Glenn County MHSA activities in FY 2009/10 were very successful. We expanded our Full Service Partnership (FSP) program to include Children; this expansion completed our efforts to include all four age groups in FSP. The goal of our Children FSP program is to divert high-risk children from juvenile hall and other out-of-home placements, including inpatient services, through intensive services, involvement of families and other support persons, and coordination with probation, the courts, and social services. For those children who are already in juvenile hall or out-of-home placement, we work with families and provide them with the skills to successfully transition back into the home and community. Whenever possible, we utilize our Children's Team to prevent out-of-home placements, and/or return youth home and to the community as soon as possible. The FSP program fully engages children and their families, provides 24/7 response, and has the availability of flexible funds to support each child's goals.

In addition, we expanded the overall number of FSP that we served, ensuring compliance with the 51% FSP requirement. As a result, we are serving eight (8) children, 17 TAY, 32 adults, and four (4) older adults, for a total of 61 FSPs.

To ensure a recovery focus and to support consumer voice, we utilize four (4) Youth Peer Mentors (0.5 FTE each) and four (4) Adult Coaches (0.75 FTE each) to help deliver appropriate services and navigate the mental health system. We have had four adult coaches throughout the year. However, at the time of this Annual Update, we only have two (2) Adult Coaches, because of medical leave and a vacancy. Peer Mentors and Coaches have experience with mental health services and the circumstances affecting clients at various stages of their lives. Through their personal experiences, they are knowledgeable of community resources and how to access them to help with these transitions. Our Peer Mentors and Coaches are involved with our FSP clients, their families (when appropriate), and community support systems, ensuring that FSP clients receive "whatever it takes" to attain their goals and achieve positive outcomes.

TAY may also access services at our TAY Center in Orland, which provides youth with a safe, comfortable place to receive services and participate in age-appropriate activities. The Center offers a youth-run, youth friendly environment offering peer support, communication skills, expressive arts, mentoring, and counseling. The TAY Center is located in a comfortable house that welcomes youth to participate in healthy activities.

The Adult and Older Adult programs, including the FSP component, include the consumer-run, adult drop-in center, Harmony House. This Center is located in a warm, welcoming house near downtown Orland. Harmony House allows adults and older adults to come together, participate in a number of different groups and classes, practice cooking skills in the fully equipped kitchen, and socialize in the living room and/or family room. This consumer-run program is designed to promote recovery and wellness for adults and older adults. It provides an opportunity for individuals to develop WRAP plans and receive comprehensive mental health services.

We continue to provide Outreach and Engagement activities to persons who are poor and uninsured. We have a weekly treatment group for these individuals to provide basic services and keep them engaged and supported. A coach supports this weekly group by calling each person reminding them of the group. Transportation is provided, as needed, to ensure ongoing attendance.

Workforce Education and Training. Full implementation of the WET Plan was completed in 09/10. We contracted with Essential Learning for multi-year access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for CEUs. Consumer employees have access to this system and find it valuable for general mental health training and information. In addition, many of our consumer volunteers have access to this resource.

Through the WET Program, we also offer a stipend to one (1) MSW intern per semester who is working at the Mental Health Clinic to help pay for mileage and other expenses. This program allows us to recruit individuals from Chico State who might otherwise be unable to intern in our county due to commuting costs.

The WET Program also allowed us to offer our Ethnic Services Manager with flex time to complete her MSW degree. This flexibility allowed her to continue working full time and attend classes at Chico State University. She is now working on her hours toward licensure.

Prevention and Early Intervention. The PEI Plan developed two programs: the “Welcoming Families” and the “Welcoming Line” programs. The Welcoming Families program was developed to offer outreach and early intervention to mothers/families with newborns and infants. We had originally planned to get referrals from Public Health Nurses who go out and visit new mothers shortly after they come home with their newborn. Unfortunately, we did not receive as many referrals as expected, so we decided to expand the program to the TAY youth with young children who are receiving services in our TAY program. Our TAY Peer Mentors have been especially helpful in engaging new mothers and helping parents develop positive parenting skills. We plan to evaluate the effectiveness of this program to determine if there are other high-priority PEI populations which could utilize these funds more effectively.

The Welcoming Line is a “warm line” which is available to anyone in the community who has questions about mental health, needs linkage to other services, or needs a friendly voice to talk with. The warm line is open from 11:00 am – 7:00 pm, Monday through Friday. This line provides preventative services, responding to callers’ questions about services, and quickly linking individuals to services when needed. The Welcoming Line is located at our MHSA Adult Wellness Center, Harmony House, and is staffed by trained individuals who are Coaches and Case Managers. One of the individuals who answers the Welcoming Line is Spanish bilingual/bicultural.

The Welcoming Line project is designed to improve access to unserved and underserved populations by immediately connecting the call to an individual who is knowledgeable about resources, and is willing to listen to the caller and determine the need for services. The Welcoming Line is utilized by many different high-risk populations, including transition age youth, stressed individuals and family members; lesbian, gay, bisexual, transsexual, questioning, intersex, and two-spirit (LGBTQI2-S) individuals; and older adults. By offering

immediate interactions and supportive responses to callers, we provide the support and welcoming individuals need to remain stable and prevent an escalation in symptoms.

With our MHSA programs, we continue to work to reduce ethnic disparities, outreaching to the Spanish-speaking community and the Native American population, as well as the lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit communities. We have also expanded our training efforts to enhance our staff's understanding of consumer culture. Treatment is culturally and linguistically appropriate and delivered in the client's community, when feasible.

Our biggest challenge in FY 09/10 was engaging clients in the Welcoming Families program. There are a number of programs for new mothers in our county, including First Five and the public health Maternal/Child Health program. Although our program was slow to start, through the work of our Peer Mentors, we were able to identify that young mothers and TAY parents who were underserved. We were able to offer these at-risk individuals with early intervention and linkages to other services.

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

The highest priority community issues that were identified in the initial CSS Plan were as follows:

Children

- Child, peer, and family problems, including involvement in child welfare

TAY

- Supportive housing services, services to live independently
- Supportive work and vocational assistance
- Youth, peer, and family problems

Adults

- Supportive work and vocational assistance
- Services for clients with mental health and substance abuse problems
- Ability to manage independence (Supportive employment; Benefits counseling; Supportive housing services to maintain independent living)
- Drop in center for classes, services, support
- Managing life's problems
- Groups for Spanish speaking persons

Older Adults

- Isolation (Outreach to older adults; Mental health services to homebound older adults)
- Services at the Senior Center

MHSA funding has been critical to meeting the mental health needs of our community. We have expanded the number of persons who are FSP and helped them to achieve their goals. MHSA funding has supported our continuation of services and provided tools and services to help client achieve their goals.

PEI							
1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):							
Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	5	White	48	English	63	LGBTQ	
Transition Age Youth (16-25)	14	African American	3	Spanish	23	Veteran	
Adult (18-59)	60	Asian	0	Vietnamese	0	Other	
Older Adult (60+)	9	Pacific Islander	0	Cantonese	0		
Unknown	17	Native American	0	Mandarin	0		
		Hispanic	24	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	16	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	5		

2. Provide the name of the PEI program selected for the local evaluation³. N/A

Glenn County is a very small county and is exempt from this requirement.

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 Amount ⁴	Target Audience/Participants ⁵
1. Not applicable.	Not applicable.
2.	
3.	
4.	

³ Note that very small counties (population less than 100,000) are exempt from this requirement.

⁴ 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.

⁵ 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: Glenn

No funding is being requested for this program.

Program Number/Name: MHSA CSS Comprehensive Service Plan

Date: 03/07/11

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	8	212	79	\$ 19,357
TAY	17	117	128	\$ 18,183
Adults	32	307	372	\$ 14,904
Older Adults	4	67	17	\$ 5,767
Total	61	703	596	\$ 15,803
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 1360				

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	461	English	638	LGBTQ	
African American	10	Spanish	55	Veteran	
Asian	37	Vietnamese	0	Other	
Pacific Islander	2	Cantonese	0		
Native American	15	Mandarin	0		
Hispanic	178	Tagalog	0		
Multi	5	Cambodian	0		
Unknown	54	Hmong	31		
Other	2	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	40		

MHSA CSS Comprehensive Service Plan

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.

CSS and PEI have provided the opportunity to outreach to persons who are unserved and underserved. We have been able to effectively outreach to the homeless community in our county, through the guidance of one of our consumers and his knowledge of this population. We have been able to offer services to these individuals and invite them to visit Harmony House. We also do outreach and in-reach at the TAY program and Harmony House. The Coaches attend community events, such as the local fair, providing information and brochures to the public. In addition, there are monthly activities at the Harmony House, where the community is invited to participate in holidays, and other events (e.g., Cinco de Mayo barbecue). There are weekly Al-Anon groups at Harmony House, as well as groups in Spanish, which are open to the public. There are an average of 300 visits to the Harmony House each month (duplicated count of people). There has also been an increase in the number of persons who come to the center and utilize the facility.

The TAY youth have a monthly 'Soup Night', where the community is invited to visit the TAY Center and learn about the program. In addition, the transition age youth held a Youth Move-a-thon, and had Gary Blau, Director, Children's Services, SAMHSA give the key note speech. This was a fund raiser for the Glenn County Youth Move Chapter, which was founded by our TAY Peer Mentors. This event was well attended by youth in the community. The Coaches and Case Managers at the Harmony House create a welcoming environment. In addition, the Case Managers answer the Welcoming Line and engage callers and provide information and support.

Our TAY Center offers a welcoming environment for youth who need a supportive, youth-friendly, safe place to hang out and receive services. This Center offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and non-discrimination. The TAY Center has also been a safe environment for youth who are LGBTQI2-S and providing advocacy and support for the youth at the local high school to help resolve issues.

Services for all clients, including the persons who have been identified as FSP, are culturally and linguistically competent, as well as offering services to persons who are visually and/or physically challenged. The race/ethnicity of persons served in the CSS and PEI programs reflects the race/ethnicity of our county, with a number of our FSP clients from the Latino and Native American communities.

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.

We have been pleased with our ability to expand our services through MHSA funding to better meet the needs of our clients. The additional FSP funding has made a difference in helping clients and their families to meet their goals and achieve positive outcomes. As State mental health funding becomes scarce and reduced, our ability to keep people out of the hospital and other high-cost services becomes challenged.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

MHSA CSS Comprehensive Service Plan

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: <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>\$1,299,618</td> <td>\$1,031,304</td> <td>-20.6%</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? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,299,618	\$1,031,304	-20.6%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,299,618	\$1,031,304	-20.6%					

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	8	212	79	\$ 19,357
TAY	17	117	128	\$ 18,183
Adults	32	307	372	\$ 14,904
Older Adults	4	67	17	\$ 5,767
Total	61	703	596	\$ 15,803
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				1360

MHSA CSS Comprehensive Service Plan

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The MHSA CSS Community Services program encompasses all ages [children (ages 0-17); transition age youth (ages 16-25); adults (ages 18-59); older adults (ages 60+)]; all genders; and all races/ethnicities. Bilingual Spanish services are available; other languages are accommodated through the use of interpreters, or the Universal Language Line, if necessary. The CSS Program includes comprehensive assessment services; wellness and recovery action planning (WRAP); case management services; individual and group mental health services; crisis services; short-term hospitalizations; peer-led self-help/support groups; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our consumer-run Adult Wellness Center (Harmony House) provides adults and older adults with necessary services and supports in a welcoming environment. In addition, our Transition Age Youth Center provides youth with a safe, comfortable place to receive services and participate in age-appropriate activities.

We were able to expand our FSP program and serve more people with this enhanced support. We are also working to develop housing options for some of our FSP clients, as housing options are extremely limited in this small, rural community.

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

- Names of the programs being consolidated.
- How existing populations and services to achieve the same outcomes as the previously approved programs.
- The rationale for the decision to consolidate programs.

This program was consolidated in the 2008/09 Annual Update.

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
Prevention and Early Intervention

County: Glenn

Program Number/Name: PEI Welcoming (Warm) Line

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

Date: 03/07/11

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

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

Not applicable.

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)	4	White	44	English	58	LGBTQ	
Transition Age Youth (16-25)	11	African American	3	Spanish	21	Veteran	
Adult (18-59)	54	Asian	0	Vietnamese	0	Other	
Older Adult (60+)	9	Pacific Islander	0	Cantonese	0		
Unknown	17	Native American	0	Mandarin	0		
		Hispanic	21	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	16	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	5		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

PEI Welcoming (Warm) Line

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.

CSS and PEI have provided the opportunity to outreach to persons who are unserved and underserved. We have been able to effectively outreach to the homeless community in our county, through the guidance of one of our consumers and his knowledge of this population. As noted earlier, we also offer a wide variety of outreach activities throughout the year, to reduce stigma and increase the community's awareness of our quality programs. The Coaches and Case Managers at the Harmony House create a welcoming environment. In addition, the Case Managers answer the Welcoming Line and engage callers and provide information and support.

Our TAY Center offers a welcoming environment for youth who need a supportive, youth-friendly, safe place to hang out and receive services. This Center offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and non-discrimination. The TAY Center has also been a safe environment for youth who are LGBTQI2-S and providing advocacy and support for the youth at the local high school to help resolve issues.

Services for all clients, including the persons who have been identified as FSP, are culturally and linguistically competent, as well as offering services to persons who are visually and/or physically challenged. The race/ethnicity of persons served in the CSS and PEI programs reflects the race/ethnicity of our county, with a number of our FSP clients from the Latino and/or Native American communities.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁶, 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

As a very small county, Glenn is exempt from this requirement.

⁶ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

PEI Welcoming (Warm) Line

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"><thead><tr><th>FY 10/11 funding</th><th>FY 11/12 funding</th><th>Percent Change</th></tr></thead><tbody><tr><td>\$77,350</td><td>\$58,014</td><td>-25%</td></tr></tbody></table> 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.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$77,350	\$58,014	-25%	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$77,350	\$58,014	-25%						

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 to this PEI Program in Fiscal Year 2011-2012.

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)

Not applicable.

PEI Welcoming (Warm) Line

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:	70	35
Total Families:	55	30

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Glenn

Program Number/Name: PEI Welcoming Families

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

Date: 03/07/11

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

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

Not applicable.

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)	1	White	4	English	5	LGBTQ	1
Transition Age Youth (16-25)	3	African American	0	Spanish	2	Veteran	2
Adult (18-59)	6	Asian	0	Vietnamese	0	Hispanic	3
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0	Consumer	3
		Native American	0	Mandarin	0	Other	1
		Hispanic	3	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

PEI Welcoming Families

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.

As noted earlier, the Welcoming Families program was developed to offer outreach and early intervention to mothers/families with newborns and infants. We had originally planned to get referrals from Public Health Nurses who go out and visit new mothers shortly after they come home with their newborn. Unfortunately, we did not receive as many referrals as expected, so we decided to expand the program to the TAY youth with young children who are receiving services in our TAY program. Our TAY Peer Mentors have been helpful in engaging new mothers and helping parents develop positive parenting skills. However, we do not have a large number of new mothers needing these services. As a result, we plan to evaluate the effectiveness of this program to determine if there are other high-priority PEI populations which could utilize these funds more effectively.

The Welcoming Families Program has delivered services to culturally diverse families, as well as to offering services to persons who are visually and/or physically challenged. The race/ethnicity of persons served in the PEI program reflects the race/ethnicity of our county.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁷, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
 - f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - i) Specific program strategies implemented to ensure appropriateness for diverse participants
 - j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

As a very small county, Glenn is exempt from this requirement.

⁷ Note that very small counties (population less than 100,000) are exempt from this requirement
SUBMITTED APRIL 14, 2011

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

PEI Welcoming Families

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"><thead><tr><th>FY 10/11 funding</th><th>FY 11/12 funding</th><th>Percent Change</th></tr></thead><tbody><tr><td>\$77,350</td><td>\$58,014</td><td>-25%</td></tr></tbody></table> 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.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$77,350	\$58,014	-25%	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$77,350	\$58,014	-25%						

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 to this PEI Program in Fiscal Year 2011-2012.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
- d. Names of the programs being consolidated
 - e. The rationale for consolidation
 - f. 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)

Not applicable.

PEI Welcoming Families

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:	5	7
Total Families:	4	6

County:	Glenn	Date:	3/8/2011			
	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$1,304,600			\$144,400	\$76,200	
2. Transfer from FY 11/12 ^{a/}	\$0	\$0	\$0			\$0
3. Adjusted Component Allocation	\$1,304,600					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$1,304,600	\$0	\$0	\$146,775	\$0	
2. Requested Funding for CPP	\$0				\$0	
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$476,349				\$291,387	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$476,349				\$291,387	
c. Unexpended Funds from FY 10/11	\$0				\$0	
d. Total Net Available Unexpended Funds	\$0	\$0			\$0	
4. Total FY 2011/12 Funding Request	\$1,304,600	\$0	\$0	\$146,775	\$0	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}	\$0				\$0	
5. Unapproved FY 10/11 Component Allocations ^{b/}	\$0				\$0	
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$1,304,600				\$144,400	
Sub-total	\$1,304,600	\$0	\$0	\$144,400	\$0	
7. Access Local Prudent Reserve	\$0				\$2,375	
8. FY 2011/12 Total Allocation^{c/}	\$1,304,600	\$0	\$0	\$146,775	\$0	

NOTE:

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

County: Glenn

CSS FUNDING REQUEST

Date: 1/31/2011

CSS Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name			Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs											
1.	1	MHSA CSS Comprehensive Services Plan	\$1,031,304	\$525,965	\$454,805	\$50,534	\$0	\$350,643	\$175,322	\$402,209	\$103,130
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.			\$0								
7.			\$0								
8.			\$0								
9.			\$0								
10.			\$0								
11.			\$0								
12.			\$0								
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs ^{a/}		\$1,031,304	\$525,965	\$454,805	\$50,534	\$0	\$350,643	\$175,322	\$402,209	\$103,130
17.	Plus up to 15% Indirect Administrative Costs		\$154,696								
18.	Plus up to 10% Operating Reserve		\$118,600								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$1,304,600								
New Programs/Rewritten 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
7.	Plus up to 15% Indirect Administrative Costs										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0								
10.	Total MHSA Funds Requested for CSS		\$1,304,600								

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

51.00%

Additional funding sources for FSP requirement:

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

**CSS Majority of Funding to FSPs
Other Funding Sources**

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$525,965	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$525,965	51%

FY 2011/12 ANNUAL UPDATE

EXHIBIT E3

PEI FUNDING REQUEST

County: Glenn

Date: 1/31/2011

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 Welcoming Families		\$58,014	\$40,610	\$17,404	\$58,014			
2.	2 Warm Line		\$58,014	\$29,007	\$29,007	\$3,481	\$1,160	\$34,808	\$8,122
3.			\$0						
4.			\$0						
5.			\$0						
6.			\$0						
7.			\$0						
8.			\$0						
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$116,028	\$69,617	\$46,411	\$61,495	\$1,160	\$34,808	\$8,122
17.	Plus up to 15% Indirect Administrative Costs		\$17,404						
18.	Plus up to 10% Operating Reserve		\$13,343						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$146,775						
New/Revised Previously Approved Programs									
1.			\$0						
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested for PEI		\$146,775						

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

54%

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.