

COUNTY SUMMARY SHEET

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

County:		Lake - 17																				
		5/25/2010		Exhibits																		
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																				
<input checked="" type="checkbox"/> CSS	\$1,728,300	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET		\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> CF		\$						<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> TN		\$						<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>					
<input checked="" type="checkbox"/> PEI	\$421,466	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>			
<input type="checkbox"/> INN		\$					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
Total	\$2,149,766	\$																				
Dates of 30-day public review comment period:									02/17/10 to 03/19/10													
Date of Public Hearing****:									3/25/2010													
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:									4/8/2010													

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

COUNTY CERTIFICATION

County: Lake - 17

County Mental Health Director	Project Lead
Name: Kristy Kelly, MFT	Name: Jim Isherwood
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E-mail: kristyk@co.lake.ca.us	E-mail: jimmi@co.lake.ca.us
Mailing Address: 991 Parallel Drive Lakeport, CA 95453	

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

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

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

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

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

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

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

Kristy Kelly
Mental Health Director/Designee (PRINT)

Signature Date

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Lake - 17

Date: May 25, 2010

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

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

Community Program Planning	
1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.	A community planning stakeholder meeting was held on February 22, 2010 to review the MHSA activities to date and to solicit feedback. The history of the MHSA in Lake County as well as an update on current activities were presented as a lead-in to a discussion about CSS programming in FY10/11 and the soon-to-be approved PEI Plan (approved by the MHSOAC on 02/25/10). The meeting was attended by 43 stakeholders representing diverse interests and communities. Communication with key stakeholders as an ongoing element of the community planning process took place in the form of phone conversations, e-mail exchanges, and face to face meetings.
2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.	Stakeholders involved in the planning process included the following: consumers and family members, organizational representatives from NAMI, the Client Network, the Latino and Tribal communities, law enforcement, older adult services, the county departments of social services and education, First 5 Lake County, Maternal, Child and Adolescent Health, foster care providers, board and care facilities, as well as other interested community members.
3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.	N/A
Local Review Process	
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.	The 2010/2011 Annual Update was posted on the Lake County website from February 17 – March 19, 2010. Hard copies of the plan were also available for review at the department facilities (both clinics and the drop-in center) and by mail or e-mail upon request during this period. A public hearing was held on March 25, 2010 at 4pm at the Lake County Courthouse.
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.	During the stakeholder review period, the department received two calls about the implementation process for our PEI plan. These were addressed and had no impact on the Annual Update. At the public hearing, tribal stakeholders expressed a desire to revisit the O&E programming for their community. The concern was about access to services in the field. Stakeholders were assured that we are able and willing to address this concern. It was agreed that there would be no change to the Annual Update but that the department would work with the tribal organizations to develop a more responsive process to better address this need.

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

County: Lake - 17

Date: May 25, 2010

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

CSS, WET and PEI

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

The approved MHSa Community Services and Supports Plan in Lake County is comprised of three programs:

1. Full Service Partnership (FSP) – Personal and Innovative Transformation (PAIR)

FSP/PAIR programming proceeded to grow and mature as planned, continuing to move away from the traditional model of long-term placement and clinic-based services, toward community-based services and supports. The number of institutional and out-of-home placements dropped dramatically during the year as consumers and families were afforded transitional and permanent supportive housing, food, clothing, medical care, and peer and parent partner supports, in addition to existing psychiatric and therapeutic services. Recovery planning continues to be consumer- and family- driven as needs are identified within the partnership and addressed through the implementation of the recovery plan.

The change in the approach toward addressing and managing severe mental illness has been challenging for long-term consumers, as well as for service providers in the department and in the community. As consumers have returned to the community, there have been many successful transitions. However, as the attempt is made to work with consumers with a higher level of need, progress is achieved in smaller increments and will require a higher level of service.

2. General System Development (GSD) – System Transformation and Recovery (STAR)

GSD/STAR programming is comprised of five components: Crisis Response Continuum, Adult and TAY Drop-in Centers, Housing Development and Access, Forensic Mental Health Partnership, and Integrated Physical and Mental Health Services.

The Crisis Response Continuum continues to be a valuable component in the array of services funded by the MHSa CSS plan in Lake County. The warm-line, in-county crisis line, and crisis access team continue to provide the department with the ability to respond, as indicated by the level of acuity, to the needs of consumers and their families. This ability to respond proactively to the escalating needs of consumers approaching crisis has resulted in a reduction in the number of hospitalizations.

The Transitional Age Youth and Adult Drop-in Centers continue to be a gathering place for consumers in Lake County, providing access to services (including non- mental health related services), peer support, socialization, and companionship for these two age groups. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations. Collocation of mental health services at the centers provides increased access to services.

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

The development of options for permanent housing is considered a crucial piece of the MHSA puzzle in Lake County. The Housing Development and Access component provides consumers and families with housing options in the community. Engaging a third party property manager to master lease housing for consumers and families who would not otherwise qualify has increased the ability of consumers and families to establish and maintain stable housing. Housing Development and Access also provides housing subsidies for FSP consumers and families when indicated. The greatest challenge when subsidies are provided is creating a realistic plan to limit the term of the subsidy.

The Forensic Mental Health Partnership continues to serve those consumers who encounter legal problems or who are in jail or juvenile hall due to mental illness. Consumers are provided assistance in addressing their mental health needs and in navigating the legal process. Additionally, they are provided support in the community after release through service coordination, clinical services, and the Full Service Partnership program when indicated.

Integrated Physical and Mental Health continues to be addressed by the medical staff and service coordinators in the department. The lack of this critical component to comprehensive services and supports was identified as an obstacle to the recovery process for consumers experiencing mental health difficulties. Working with consumers and their primary care physicians continues to be an expanding element in the recovery planning process.

3. Outreach and Engagement (O&E)

O&E continues to serve the Latino and Tribal Communities in Lake County. This component provides an invaluable bridge to these two underserved populations in the county. The Latino community continues to benefit from interpretation and translation in times of critical need in their native Spanish language. Both communities are provided outreach in a culturally respectful manner. Once engaged, consumers and/or their families are provided ongoing support by a staff member familiar with their cultural backgrounds.

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

The Latino and Tribal ethnic/cultural communities were identified as unserved and underserved in the initial CSS Plan in Lake County. The CSS funded Outreach and Engagement program serves to provide culturally competent access and support for these two target populations. Also identified as unserved and underserved were the transitional age youth and older adult age groups in Lake County. Every effort is made to provide outreach to other, less prominent, populations in the county, including the GLBTQ and African American populations, as well as those who are homeless due to mental health issues.

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

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

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	Reported	N/A	Workforce Staff Support	N/A
Transition Age Youth	on	-	Training/Technical Assist.	N/A
Adult	Exhibit 6	-	MH Career Pathway	N/A
Older Adult	for 08/09	-	Residency & Internship	N/A
Race/Ethnicity	Estimated		Financial Incentive	N/A
White	158	-		
African/American	9	-	[X] WET not implemented in 08/09	
Asian	1	-		
Pacific Islander	2	-		
Native	17	-		
Hispanic	8	-		
Multi	11	-		
Other/Not Reported	4	-		
Other Cultural Groups				
LGBTQ	-	-		
Other	-	-		
Primary Language				
Spanish	9	-		
Vietnamese	-	-		
Cantonese	-	-		
Mandarin	-	-		
Tagalog	-	-		
Cambodian	-	-		
Hmong	-	-		
Russian	-	-		
Farsi	-	-		
Arabic	-	-		
Other	1	-		

PEI

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

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

PEI not implemented in 08/09.

County: Lake - 17

Program Number/Name: Personal and Innovative Recovery (FSP)

Date: March 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Full Service Partnership (FSP) – Personal and Innovative Transformation (PAIR)</p> <p>FSP/PAIR programming in Lake County serves consumers of all ages and ethnic/cultural populations who are experiencing serious mental health issues and who are in need of services and supports in addition to traditional clinical interventions.</p> <p>This “whatever it takes” approach to providing services and supports to those consumers and families who meet the eligibility criteria includes traditional mental health services such as psychiatric care, medication, therapeutic intervention, and service coordination, as well as services and supports such as transitional and permanent supportive housing, food and clothing, 24/7 access to crisis intervention and support (including respite), peer and parent partner support, vocational and educational services, and engagement in other informal supports in the community.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						

PREVIOUSLY APPROVED PROGRAM

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

County: Lake - 17

Program Number/Name: System Transformation and Recovery (GSD)

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>		<input type="checkbox"/>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>General System Development (GSD) – System Transformation and Recovery (STAR)</p> <p>GSD/STAR programming in Lake County serves consumers of all ages and ethnic/cultural populations who are experiencing serious mental health issues, except for the Adult and TAY Drop-in Centers, which serve the specified consumer groups.</p> <p>GSD/STAR is comprised of five components: Crisis Response Continuum, Adult and TAY Drop-in Centers, Housing Development and Access, Forensic Mental Health Partnership, and Integrated Physical and Mental Health Services.</p> <p>The Crisis Response Continuum provides funding for an in-county crisis hot-line, crisis outreach services, crisis respite, and peer supported warm-line services. The Adult and TAY Drop-in Centers provide community access to a wide range of services and peer support for these age groups. Housing options are being expanded through the Housing Development and Access program through coordination with other community based organizations. The Forensic Mental Health Partnership provides screening, support, and advocacy for those consumers with mental health problems in both the jail and juvenile hall. Integration of mental health and medical services is made possible by Integrated Physical and Mental Health Services through outreach to the local hospitals, clinics and primary care physicians.</p>										

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated: N/A				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

County: Lake - 17

Program Number/Name: Outreach and Engagement (O&E)

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	a) Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>									
<p>Outreach and Engagement (O&E)</p> <p>O&E serves the Latino and Tribal Communities in Lake County. This component will continue to build bridges to these two underserved populations in the county. The Latino community benefits from interpretation and translation services in times of critical need in their native Spanish language. Both communities are provided outreach in a culturally respectful manner. Once engaged, consumers and/or their families receive ongoing support from staff members familiar with their cultural background. O&E workers, specific to each community, will continue to develop relationships with key stakeholders and act as cultural liaisons in the engagement process. All age groups are to be served in this program.</p>										
Existing Programs to be Consolidated N/A										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	Description of Previously Approved Programs to be consolidated. Include in your description: <p>a) The names of Previously Approved programs to be consolidated,</p>									

PREVIOUSLY APPROVED PROGRAM

	<p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>
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County: Lake - 17

Program Number/Name: Early Intervention Services

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

County: Lake - 17

Program Number/Name: Early Student Support

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

County: Lake - 17

Program Number/Name: Wellness and Recovery Centers

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention

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

County: Lake - 17

Program Number/Name: Older Adult Outreach and Prevention

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

County: Lake - 17

Program Number/Name: Post Partum Depression Screening and Support

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

County: Lake - 17

Program Number/Name: TAY Peer Support

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention

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

County: Lake - 17

Program Number/Name: Community Screening and Treatment

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

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

County: Lake - 17

Program Number/Name: Prevention Mini-Grants

Date: May 25, 2010

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention

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

County: Lake - 17

Date: 5/25/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$1,728,300			\$330,100	\$246,300	
2. Transfers	\$0	\$0	\$0			\$0
3. Adjusted Planning Estimates	\$1,728,300					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$1,949,417	\$0	\$0	\$421,466	\$0	
2. Requested Funding for CPP	\$0			\$0	\$0	
3. Net Available Unexpended Funds					\$0	
a. Unexpended FY 06/07 Funds		\$0				
b. Unexpended FY 2007/08 Funds ^{a/}	\$0	\$0	\$0			
c. Unexpended FY 2008/09 Funds	\$221,117		\$0	\$0	\$0	
d. Adjustment for FY 2009/2010	\$0	\$0	\$0	\$0	\$0	
e. Total Net Available Unexpended Funds	\$221,117	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$1,728,300	\$0	\$0	\$421,466	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates		\$0				
b. Unapproved FY 07/08 Planning Estimates ^{a/}	\$0	\$0				
c. Unapproved FY 08/09 Planning Estimates	\$0			\$0	\$0	
d. Unapproved FY 09/10 Planning Estimates	\$0			\$421,466	\$0	
e. Unapproved FY10/11 Planning Estimates	\$1,728,300			\$0	\$0	
Sub-total	\$1,728,300	\$0		\$421,466	\$0	
f. Local Prudent Reserve	\$0			\$0		
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates		\$0				
b. Unapproved FY 07/08 Planning Estimates ^{a/}	\$0	\$0	\$0			
c. Unapproved FY 08/09 Planning Estimates	\$0	\$0	\$0	\$0	\$0	
d. Unapproved FY 09/10 Planning Estimates	\$0			\$0	\$0	
e. Unapproved FY10/11 Planning Estimates	\$0			\$0	\$0	
Sub-total	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve				\$0		
3. FY 2010/11 Total Allocation^{b/}	\$1,728,300	\$0	\$0	\$421,466	\$0	

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

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

PEI BUDGET SUMMARY

County: Lake - 17

Date: 5/25/2010

PEI Programs			FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Type of			Estimated MHSAs Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	Early Intervention Services	\$111,225			\$111,225		\$55,612	\$55,613		
2.	Early Student Support	\$0								
3.	Wellness and Recovery Centers	\$92,000	\$92,000			\$23,000	\$23,000	\$23,000	\$23,000	
4.	Older Adult Outreach and Prevention	\$23,000		\$23,000					\$23,000	
5.	Postpartum Depression Screening and Support	\$20,700		\$20,700		\$20,700				
6.	TAY Peer Support	\$23,000		\$23,000			\$23,000			
7.	Community Screening and Treatment	\$23,000		\$23,000			\$11,500	\$11,500		
8.	Prevention Mini-Grants	\$40,250	\$40,250			\$10,062	\$10,063	\$10,063	\$10,062	
9.		\$0								
10.		\$0								
11.		\$0								
12.		\$0								
13.		\$0								
14.		\$0								
15.		\$0								
16.	Subtotal: Programs	\$333,175	\$132,250	\$89,700	\$111,225	\$53,762	\$123,175	\$100,176	\$56,062	Percentage
17.	Plus up to 15% County Administration	\$49,976								15%
18.	Plus up to 10% Operating Reserve	\$38,315								10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$421,466								
New Programs										
1.		\$0								
2.		\$0								
3.		\$0								
4.		\$0								
5.		\$0								
6.	Subtotal: Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0								
10.	Total MHSAs Funds Requested for PEI	\$421,466								

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