



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, MS, MPH, FACHE
DIRECTOR

ALFREDO AGUIRRE, LCSW
MENTAL HEALTH SERVICES DIRECTOR

JENNIFER SCHAFER, Ph.D.
BEHAVIORAL HEALTH DIRECTOR

BEHAVIORAL HEALTH DIVISION
3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CALIFORNIA 92108
(619) 563-2700 • FAX (619) 563-2705

SUSAN BOWER, MSW, MPH
ALCOHOL AND DRUG SERVICES DIRECTOR

MARSHALL LEWIS, MD, DFAPA
CLINICAL DIRECTOR

April 15, 2011

Department of Mental Health
Attn: MHSA Plan Review
1600 9th Street, Room 150
Sacramento, CA 95814

Dear Assistant Deputy Director:

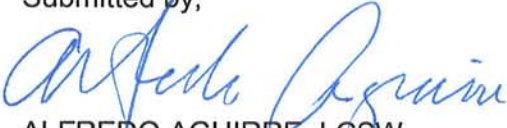
The County of San Diego, Health and Human Services Agency, Behavioral Health Services is pleased to submit its request for Mental Health Services Act (MHSA) Fiscal Year (FY) 2011/12 funds. This Annual Update is based on guidelines and estimates of DMH Information Notice 10-21. It also serves as the Three Year Plan as required by AB 100, signed into law on March 24, 2011.

In addition to requesting funding for Community Services and Supports, Prevention and Early Intervention, and Innovation funding, we are requesting the remaining Workforce Education and Training funds in the amount of \$40, and the remaining \$1,017,600 for PEI Training, Technical Assistance and Capacity Building.

The FY 2011/12 Annual Update was made available for public review and comment for a 30-day period (pursuant to Welfare and Institutions Code §5848(a)), from March 3, 2011 to April 1, 2011. The Annual Update was presented at our Mental Health Board, posting electronically on our community access website and via e-mail distribution to Council and Board participants. A public hearing was held by the Mental Health Board on April 7, 2011. No comments were received at the public hearing. Comments received during the 30-day public review period are noted in Exhibit B.

We appreciate your consideration of this request. If you have any questions or comments, please contact Karen Ventimiglia, MHSA Coordinator, at (619) 584-3012.

Submitted by,


ALFREDO AGUIRRE, LCSW
Deputy Director
Mental Health Services

cc: MHSOAC

COUNTY CERTIFICATION

County: San Diego

Components Included:

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

County Mental Health Director	Project Lead
Name: Alfredo Aguirre	Name: Karen Ventimiglia
Telephone Number: (619) 563-2700	Telephone Number: (619) 584-3012
E-mail: alfredo.aguirre@sdcounty.ca.gov	E-mail: karen.ventimiglia@sdcounty.ca.gov
Mailing Address: San Diego County Behavioral Health Services 3255 Camino del Rio South, MS: P-531C San Diego, CA 92108	

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.

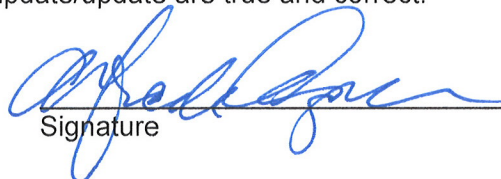
The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

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.

Alfredo Aguirre, LCSW
Mental Health Director/Designee (PRINT)

 4-15-11
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.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Diego30-day Public Comment period dates: 3/1/2011 to 3/30/2011Date: 4/15/11Date of Public Hearing (Annual update only): 4/7/2011

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
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>The County of San Diego integrated information from the extensive CSS Planning process, data from the MHSA Gap Analysis, and community input from our stakeholder-led councils (Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, and Mental Health Board) in the development of our Fiscal Year 2011/12 Annual Update.</p> <p>The stakeholder-led councils provide a forum for both Council representatives and the public to stay informed and involved in the planning and implementation of MHSA programs. The members of these councils received draft materials and presentations by Karen Ventimiglia, MHSA Coordinator, on DMH guidelines and the County's proposal for the Annual Update. Community input from these councils was collected during the FY 2011/12 planning phase and considered during development of the Annual Update. Council members also shared MHSA information with their constituents and other groups involved in mental health services and issues.</p> <p>In addition, the MHSA Planning Team utilizes an extensive list of interested parties (e.g., stakeholders, providers, consumers, family members) to send updates and communications about planning meetings, documents, and proposed updates to the MHSA Plan. Annual Update information and input requests were e-mailed to other stakeholder distribution lists, including the Mental Health Coalition and Contractor's Association.</p> <p>The draft Annual Update was posted on the County's Network of Care website and community and stakeholder input was also solicited and received via telephone (local and toll-free lines), internet, and e-mail using the County's MHSA Proposition 63 comment/question line.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)</p> <p>Membership within the Children's, Adult, and Older Adult System of Care Councils includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.</p> <p>The Mental Health Board is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.</p> <p>The County's Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout MHSA planning activities, ADS providers offered essential input on the needs for specialized mental health assistance for</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

clients currently receiving treatment in ADS-contracted programs. ADS input were received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings.

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.

N/A

Local Review Process

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

The Fiscal Year 2011/12 Annual Update will be publicly posted with the Clerk of the Board of Supervisors, and distributed in hardcopy or electronically to the Children's, Adult, Older Adult, and Housing Councils, the TAY Work Group members and to our Consumer/Family Liaisons for distribution to the mental health community. The County maintains an extensive email distribution list for MHSA related materials and information. Additionally, the information and documentation was posted on the County's Network of Care website and at the Office of the Clerk of the Board.

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.

Comment: We are disturbed that \$175,000 is being eliminated from Older Adults programs and that this was not brought to our attention.

Response: Program budget was brought in alignment with its expenditure trend.

Comment: There doesn't seem to be any LGBTQ people served throughout the report, could this be correct? Of all the MHSA dollars, none has benefitted LGBTQ consumers?

Response: LGBTQ may be served in all programs, however, many programs do not collect that specific data.

Comment: Primary language information is missing on page 7, 55, 62, 88 (no demographic data), 102, 111 (much demographic information is 'unavailable'), 119.

Response: New database was created for collecting PEI demographic data was not available until 12/09.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: San DiegoDate: 4/15/11

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 (CSS)

Implementation activities of MHSA Community Services and Supports programs are generally proceeding as described in the County's approved plan, plan amendments and subsequently adopted MHSA agreement. All programs identified in the initial CSS plan have begun to provide services.

During Fiscal Year (FY) 09/10, enhancements were approved to augment and expand services in several work plans: school and home based services (CY-1), cultural/language specific outpatient (CY-3); mobile psychiatric emergency response/children's walk-in assessment center in North County (CY-4.2); wraparound service (CY-7); child welfare supportive services and treatment (CY-8); case management (CY-10); dual diagnosis residential treatment program (TA-2); legal aid services (TAOA-1); North County walk-in assessment center (TAOA-2); integrated services & supported housing (TAY-1 and A-1); client-operated peer support services (A-3); clubhouse enhancement with employment (A-5); enhanced outpatient services (TAY-4 and AOA-1); psychiatric emergency response team (ALL-5); mental health services and primary care services integration (ALL-6).

Additionally, consolidation of forty (40) CSS work plans into seven (7) work plans was approved in January 2010:

- CY-FSP: Children and Youth Full Service Partnerships
- CY-OE: Children and Youth Outreach & Engagement
- CY-SD: Children and Youth System Development
- TAOA-FSP: Transition Age Youth, Adult & Older Adult Full Service Partnerships
- TAOA-SD: Transition Age Youth, Adult & Older Adult System Development
- ALL-OE: All Ages Outreach & Engagement
- ALL-SD: All Ages System Development

By consolidating similar projects under the seven work plans, reporting has been streamlined.

In FY 09/10, the Mental Health Calendar, a coordinated partnership between County Mental Health Services and the Justice and Probation Departments, was implemented.

As of June 30, 2010, all CSS programs have been implemented.

Workforce Education and Training (WET)

San Diego County's MHSA Workforce Education and Training plan was approved in July 2009. Programs initially funded with WET planning and early implementation funds continued as planned. The Consumer/Family Academy continues to train and support the employment of individuals with mental health client and family member experience in the public mental health system. The agencies providing these services include NAMI, Recovery Innovations of California (RICA) and Family Youth Roundtable. The comprehensive, system-wide education and training program initially piloted under the

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

Community Services and Supports component (OT-1) and incorporated into WET Training and Technical Assistance program continued to provide quality cultural competence training to all providers and programs in the Adult/Older Adult and Children's systems. During FY 09/10, the County hired a workforce education and training consultant to assist with WET program implementation and the development of a WET Collaborative for San Diego County. As of June 30, 2010, implementation was proceeding as described in the County's approved plan. The challenge in starting up new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

Prevention and Early Intervention (PEI)

The County's MHSA Prevention and Early Intervention (PEI) Plan was approved by the State in January 2009.

Implementation proceeded as described in the County's approved plan. Family as Partners (DV-01) and Native American Initiative (NA-01) continued to provide services throughout the fiscal year and twenty (20) programs began providing services:

- Suicide Prevention and Stigma Reduction Media Campaign (PS-01B.1)
- Stigma and Housing Discrimination Reduction Media Campaign (PS-01B.2)
- Suicide Prevention Action Plan (PS-01B.3)
- Breaking Down Barriers (PS-01C)
- Fotonovela (PS-01D)
- Family and Youth Peer Support Line (PS-01E and PS-01F)
- Courage to Call (VF-01)
- Alliance for Community Empowerment (DV-03)
- Rural Integrated Behavioral Health and Primary Care Services (RC-01)
- Positive Parenting Program (Triple P) (EC-01)
- School Based Program (SA-01)
- Suicide Prevention Education Awareness and Knowledge (SPEAK) (SA-02)
- Kick Start (FB-01)
- Bridge to Recovery (CO-01)
- Screening by Community Based ADS Providers (CO-02)
- Elder Multicultural Access and Support (EMASS) (OA-01)
- Positive Solutions (OA-02)
- Aging Well (formerly Life Long Learning) (OA-03)
- REACHing Out (OA-03)
- Salud (OA-05)

All family and youth peer support lines (PS-02, PS-03) were consolidated into PS01 in May 2009. The County's request for one-time allocation of supplemental PEI funds was approved for use in PS-01.

As of June 30, 2010, the Adult/Family Support Line (PS-01) and the South Region Trauma Exposed Services (DV-02) had not been implemented.

Innovation (INN)

The County's MHSA Innovation Plan was approved by the State in December 2010. As of June 30, 2010, implementation was proceeding as described in the County's approved plan. No programs were implemented due to the competitive procurement process which takes approximately nine months to obtain executed contracts and start 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.)

San Diego County Mental Health Services continues to develop and monitor the provision of linguistically and culturally appropriate services for the diverse populations of our County, focusing special attention on unserved/underserved communities. Below are a number highlights that represent only part of the contribution of our programs has made to address ethnic and racial service disparities and system transformation.

Community Services and Supports (CSS)

The total number of clients served by Adult /Older Adult specialty mental health programs has leveled off at about 43,400, after a rise of approximately 6% from FY 07-08 to FY 08/09 and 15% from FY 06/07 (38,124) to FY 08/09 (43,691). In FY

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

09/10, few new programs were started in CSS although a significant number of County core programs were transformed into Full Service Partnerships to provide more complete services to existing clients. The growth rate for the adult mental health population had been spurred by the creation of CSS programs between FY 06/07 and FY 08/09, specifically for Transitional Age Youth (TAY) and for Older Adults. Prior to the implementation of MHSA, these age groups had been only peripherally involved in adult programming because of a lack of available funding to tailor programming for their special needs. With the new MHSA programming, the number of TAY served has increased 29% between FY 06/07 and FY 09/10 (leveling off at 2% growth from FY 08/09 to FY 09/10) and the number of Older Adults increased by 41% (6% between FY 08/09 and FY 09/10). The growth rate for adults (ages 25-59) in specialty mental health programs was 10% from FY 06/07 to FY 08/09, but declined by 2% between FY 08/09 and FY 09/10.

The total number of clients served by the Children's programs has shown a smaller increase, leveling off at approximately 17,650 in FY 09/10, after an increase of 3% between FY 06/07 (17,253) to FY 08/09 (17,779). This may be partially explained by the types of MHSA services provided. The percentage of children served in various age groups has remained largely the same between FY 06/07 to FY 09/10. New services had been tailored for the comparatively small population of 0-5 year olds with mental health problems. The bulk of MHSA funding continues to be used for expanded efforts by existing services to reach out to underserved, including, specific ethnic groups, children without insurance, and children already involved with public services. School-based service expansion continues to constitute approximately a quarter of the MHSA CSS children's funding and includes some funding for the unserved population of uninsured children and special language groups. An additional 30%+ of MHSA CSS funding has been used to create more comprehensive services for under-served children already involved with Child Welfare Services and the Court system. In the children's mental health population in FY 08/09, 23% of the clients were involved with Child Welfare Services and 18% received Probation Services. Since youth age out of the Children's system, the capacity of the system to expand may be more limited than the adult system. Approximately 30-37% of the clients, depending on the type of program, have historically been new clients.

In FY 09/10, Hispanic children comprised 51% (8,990) of the children's mental health population, an 8% increase in the number of clients from FY 06/07, while the number of White child clients decreased by 9% and the number of African American child clients decreased by 8%. In FY 09/10, Asian/Pacific Islander children comprised 3% (464) of the children's mental health population, a 10% increase in number of clients from FY 06/07. The number of Native American children served remained relatively constant (approximately 115). The increase in the numbers of minority populations served is an indication that outreach efforts to under-served met with a degree of success, although continued outreach is necessary to bring these numbers closer to the percentages in the population as a whole.

Among the adult mental health population, Hispanic clients made up 20% of those served, a 7% increase in numbers served from FY 06/07 to FY 09/10. However, the Hispanic population of the County is approximately 30% of the total, indicating a need for additional services. The White and African American mental health populations each rose by 12% and the number of Asian Pacific Islanders by 9% during that period. In FY 09/10, Whites comprised 51% of the mental health clients and about the same percentage of the County population, while African Americans comprise 12% of the mental clients and 5% of the County population (based on 2007 population figures). Starting with a small base of 227 mental health clients in FY 06/07, the number of Native American mental health clients rose to 318 in FY 09/10 (a 40% increase). The increase in the numbers of White and African American populations may have been influenced by Full Service Partnership programs targeted specifically at the homeless and those released from jail. The increases in the Asian/Pacific Islander population and the Native American population may be indicative of successful outreach efforts, although further, continued efforts are needed.

The percentage of clients with English as their preferred language declined from 84% of the mental health adult population in FY 06/07 to 79% in FY 09/10. The percentage of clients with Spanish and Middle Eastern as preferred languages remained constant at 7% and 1% respectively. The percentage of clients with Vietnamese or another Asian language declined from 3% to 2% in FY 09/10.

Prevention and Early Intervention (PEI)

With the addition of twenty PEI programs in FY 09/10, the County was able to enhance their goals of addressing co-occurring disorders, school age and early childhood, community and domestic violence, first break of psychosis, rural community issues and older adult issues.

During FY 09/10, a new database with centralized data acquisition and reporting was created for PEI programs for collecting demographic and system-wide outcomes data. This database was created in response to the challenge of how to best measure system-wide outcomes with the varying attributes of the specific PEI programs. With the assistance of the

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

University of California, San Diego (UCSD) Health Services Research Center (HSRC) and UCSD Child and Adolescent Services Research Center (CASRC), a general outcomes survey, which serves as a common currency for different programs, was created. The four survey items that vastly different stakeholders and policymakers could agree upon addressed satisfaction, access, coping and knowledge.

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)	2025	White	1060	English		LGBTQ	
Transition Age Youth (16-25)	719	African American	250	Spanish		Veteran	284
Adult (18-59)	4650	Asian	197	Vietnamese		Other	
Older Adult (60+)	945	Pacific Islander	9	Cantonese			
		Native American	1406	Mandarin			
		Hispanic	2238	Tagalog			
		Multi	36	Cambodian			
		Unknown	842	Hmong			
		Other	49	Russian			
				Farsi			
				Arabic			
				Other			

*Data Source: CASRC Reports on the following PEI work plans - SA-01, NA-01, FB-01, EC-01, DV-01 and HSRC Reports on the following PEI work plans - CO-01, OA-01, OA-03, OA-04 and OA-05

2. Provide the name of the PEI program selected for the local evaluation¹. ☐ N/A

FB-01 Kick Start

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 ²	Target Audience/Participants ³
1. Several activities are planned for FY 10/11, FY 11/12 and FY 12/13	Consumers, family, administrators, program staff, gatekeepers, southern counties and counties throughout California

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

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

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

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Diego☐ No funding is being requested for this program.Program Number/Name: ALL-OE All Ages – Outreach & EngagementDate: 4/15/11

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			63	
TAY			146	
Adults			1,086	
Older Adults			89	
Total			1,384	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1,384	

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	509	English	819	LGBTQ	N/A
African American	63	Spanish	293	Veteran	N/A
Asian/Pacific Islander	36	Vietnamese	0	Other	
Native American	39	Cantonese	0	Foster Youth	3
Hispanic	500	Mandarin	0	African Refugee	29
Multi	0	Tagalog	3	Middle Eastern	24
Unknown	15	Cambodian	0	Hearing Impaired	35
Other	76	Hmong	0		
		Russian	0		
		Farsi	0		
		Arabic	3		
		Other	111		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During FY 09/10, the San Diego Deaf Mental Health Services continued to provide a specialized outpatient service for underserved/unserved individuals of all ages who are deaf or hard of hearing, including those who may have a co-occurring substance use disorder, to achieve a more adaptive level of functioning. San Diego Deaf Mental Health Services provided services and staff who are culturally and linguistically competent to work with deaf and hard of hearing clients by using American Sign Language and other forms of communication to meet the client needs. Survivors of Torture, International, met its goal of providing specialized services to 65 uninsured, unserved clients who are victims of trauma and torture and the Council of Community Clinics improved countywide access to mental health services to unserved and uninsured people who have serious emotional disorder/serious mental illness.

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.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

- 1) Is there a change in the service population to be served?

Yes ☐ No ☒

- 2) Is there a change in services?

Yes ☐ No ☒

- 3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
2,067,784	2,329,784	+13%

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

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			545	
TAY			242	
Adults			1,050	
Older Adults			182	
Total			2,019	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 2,019				

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.

*In FY 11/12, this program will be enhanced with \$262,000 and 99 clients will be added.

This program serves seriously emotionally disturbed children (0-17 years) and seriously mentally ill transition age youth (18-24 years), adults (18-59 years), and older adults (60 years and older) who are deaf or hard of hearing or victims of trauma and torture. This program also serves uninsured individuals receiving physical health care at community clinics who are not currently receiving mental health services. Special focus is placed on individuals identified as unserved or underserved by San Diego County's Gap Analysis, which includes Native Americans, Latinos, Asians/Pacific Islanders, and African Americans.

This program offers a variety of outreach and engagement, and outpatient mental health services, including care coordination, linkage, and individualized/family-driven services and supports. Clients are provided with necessary linkages to appropriate agencies for psychotropic medication management if necessary, as well as services for co-occurring substance abuse disorders. Targeted services include:

- § Services for the Deaf and Hard of Hearing reaches out to, and offers, specialized counseling for individuals with hearing impairments. The program provides interventions to assist clients and families to achieve a more adaptive level of functioning. Services are provided in Communication Accessible languages including, but not limited to, American Sign Language.
- § Services for Victims of Trauma and Torture reaches out, engages with, and provides specialized interventions for these individuals, as well as trainings for other providers on working more competently and effectively with victims of trauma and torture.
- § Mental Health Services in Community Clinics provides treatment services to uninsured individuals through a master agreement with the Council of Community Clinics for management and authorization of care and general system management. The Council of Community Clinics represents a

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

consortium of community clinics and Indian Health Services providers in San Diego County. The goal of this program is to integrate care between the primary care provider and the mental health provider within the same clinic structure.

These services advance MHSA goals by increasing access to services for unserved and underserved individuals through an integrated system of collaboration with mental health and community providers. These services reduce mental disability and restore functioning for individuals through education, targeted services, and support for enhanced self-sufficiency. In addition, this program provides a range of rehabilitation interventions to assist persons with serious mental illness achieve a desired quality of life consistent with a bio-psychosocial approach.

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

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

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: San Diego☐ No funding is being requested for this program.Program Number/Name: ALL-SD All Ages – System DevelopmentDate: 4/15/11

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		323		
TAY		256		
Adults		1,811		
Older Adults		408		
Total		2,800		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2,800	

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	1,352	English	1,474	LGBTQ	N/A
African American	231	Spanish	67	Veteran	N/A
Asian/Pacific Islander	104	Vietnamese	7	Other	
Native American	13	Cantonese	0	Foster Youth	0
Hispanic	461	Mandarin	0	African Refugee	4
Multi	0	Tagalog	4	Middle Eastern	260
Unknown	71	Cambodian	0	Hearing Impaired	5
Other	310	Hmong	0		
		Russian	0		
		Farsi	0		
		Arabic	228		
		Other	762		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY09/10, to increase the effectiveness of this program in reaching the at risk Chaldean youth, the treatment focus was shifted from individual therapy to group therapy. The groups are conducted at the East San Diego County high schools affected by the large influx of displaced Chaldean and Iraqi children as well as at the Chaldean-Middle Eastern Social Service Center. Of course individual therapy is still provided to those individuals who require that level of care. This shift in focus has allowed more youth to receive services and has opened the door to reach out to the families of these children. The program exceeded their target number for clients served for the year by almost 2 times. The Chaldean program furthers the goals of the MHSA through the implementation of rehabilitation principles that are effective in reducing psychiatric hospitalization or incarceration by utilizing the least restrictive level of appropriate care and assisting unserved and underserved persons with a mental illness to become more productive community members. These services ensure timely access to mental health care and address the disparities gap for individuals of diverse multilingual communities. Service providers collaborate with County mental health providers, increasing service integration and coordination across the system.

Enhancement was provided to the crisis intervention services in the east region with limited follow-up services from a Psychiatric Emergency Response Team (PERT) clinician that specializes in Native American culture. A clinician who was specialized in Veteran and homeless issues was assigned to ride with the San Diego Police Homeless Outreach Team in central, downtown region of the county. The clinicians provided training to other PERT members about the populations they were servicing.

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.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes ☐ No ☒

2) Is there a change in services? Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
1,860,000	1,940,000	+4%

b) Is the FY 11/12 funding requested outside the \pm 25% of the previously Yes ☐ No ☒

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit 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			714	
TAY			265	
Adults			1376	
Older Adults			291	
Total			2,646	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 2,646				
B. Answer the following questions about this program.				
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.				
<p>*In FY 11/12, this program will be enhanced with \$80,000 and 30 clients will be added.</p> <p>This plan provides services to children, transition age youth (TAY), families, adults, and older adults who are unserved and underserved and have a serious mental illness or serious emotional disturbance. Targeted populations include individuals of Middle Eastern descent, Veterans, homeless individuals, Native Americans, children or TAY who are bilingual with a parent or caretaker who is monolingual, adults who are monolingual or not proficient in the English language, and adults who prefer to speak in their native language.</p> <p>The plan offers a variety of services to individuals of all ages in the community including:</p> <p>§ <u>Interpreter Services</u> provides interpretation in multiple languages for clients and families receiving services by a clinician, case manager, psychiatrist, or other staff person at a mental health program. When services are requested, assigned interpreters travel to the program site to work with the client and</p>				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

care coordinator. In a situation identified as urgent, services are provided within four hours.

- § Psychiatric Emergency Response Team (PERT) assists individuals in crisis that come to the attention of law enforcement. PERT seeks to optimize safe outcomes for these individuals through on-scene assessment, crisis intervention, referral, and access to appropriate services. Services are provided by a licensed mental health professional and a specially-trained PERT law enforcement officer. PERT clinicians also provide education and training to the law enforcement community. A PERT clinician also rides with the San Diego Police Homeless Outreach Team focusing on Veterans.
- § Chaldean Services focuses on the Middle Eastern community who have not traditionally accessed mental health services due to cultural or language barriers. The goal of this program is to decrease stigma around mental health issues through provision of culturally competent services that increase well being and symptom management. Services are provided by bilingual and bicultural Middle Eastern mental health service professionals and include counseling, outreach and education, and training for mental health professionals on Middle Eastern populations and the manifestations of mental disorders in this population. The program collaborates with current mental health providers, Children's Welfare Services, Chaldean Catholic Church in El Cajon, Survivors of Torture & Trauma, law enforcement, and Middle Eastern providers of physical and mental health services in private practice.

This plan furthers the goals of the MHSA through the implementation of rehabilitation principles that are effective in reducing psychiatric hospitalization or incarceration by utilizing the least restrictive level of appropriate care and assisting unserved and underserved persons with a mental illness to become more productive community members. The services ensure timely access to mental health care and address the disparities gap for individuals of diverse multilingual communities. Service providers collaborate with County mental health providers, increasing service integration and coordination across the system.

2. If this is a consolidation of two or more programs, provide the following information:
 - a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: San Diego☐ No funding is being requested for this program.Program Number/Name: CY-FSP Children and Youth – Full Service PartnershipDate: 4/15/11

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	1,152			
TAY				
Adults	96			
Older Adults				
Total	1,248			\$3,948
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1,248	

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	326	English	1,004	LGBTQ	N/A
African American	181	Spanish	228	Veteran	N/A
Asian/Pacific Islander	44	Vietnamese	4	Other	
Native American	5	Cantonese	0	Foster Youth	37
Hispanic	649	Mandarin	0	African Refugee	4
Multi	0	Tagalog	1	Hearing Impaired	1
Unknown	26	Cambodian	0		
Other	16	Hmong	0		
		Russian	0		
		Farsi	0		
		Arabic	1		
		Other	10		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The program continued to increase access to mental health services for unserved and/or underserved populations including seriously emotionally disturbed (SED) Latino and Asian/Pacific Islander children and their families, and homeless and runaway children and youth in the FY 09/10 by expanding full service partnership services. Thereby, offering transformational services to SED children and families with a focus on increasing integration of behavioral health and primary health care. Programs ensured that clients/families were connected to health care provider or "medical homes" in order to foster a more integrated mental health and physical care approach with families. Programs also assisted all youth and families to develop a "Wellness Notebook" which is a tool that is used to organize information about a child/youth's health condition and care, which allows for a holistic perspective of the child. The Wellness Notebook is particularly important for clients with chronic health issues including but not limited to diabetes, asthma and obesity. Programs have received positive feedback from families that the tool is very helpful to them.

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.

New program staff was trained on how to use the Department of Mental Health Data Collection and Reporting System. With the expansion of the FSP programs, we have faced a lot of new challenges in navigating and problem-solving in the system but programs have worked diligently to meet reporting requirements.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

- 1) Is there a change in the service population to be served?

Yes ☐ No ☒

- 2) Is there a change in services?

Yes ☐ No ☒

- 3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
6,157,019	6,847,818	+11%

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

Yes ☐ No ☒

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.</p>				
<p>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</p>				
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	1,672			
TAY				
Adults				
Older Adults				
Total	1,672			\$4,066
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1,672				
<p>B. Answer the following questions about this program.</p>				
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>				
<p>*In FY 11/12, this program will be enhanced with \$690,000 and 75 clients will be added.</p> <p>This plan serves children, youth, and transition age youth (TAY) up to age 21, who have a diagnosis of serious emotional disturbance or serious mental illness and their families. Special targeted populations include indigent/unserved Latinos and Asian/Pacific Islanders (API), homeless or runaway children and youth, and children and youth who are Medi-Cal eligible, transitioning home or to a home-like setting from residential-based services, and at risk of returning to a higher level of care.</p> <p>This plan provides an array of full service partnership services including assessment, case management, intensive mental health services and supports, psychiatric services, referrals, linkage with community organizations and co-occurring services. Services are strength-based, family-oriented, focus on resilience and recovery, and encompass mental health education, outreach, and a range of mental health services as required by the needs of the target populations. This plan offers three targeted approaches.</p> <p>§ <u>Cultural/Language Specific Services</u> is based on principles of community involvement, cultural and linguistic competence, and outreach to underserved</p>				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Latino and Asian/Pacific Islander (API) children and youth and their families.

- § Homeless and Runaway Services focuses on conducting outreach and engagement to homeless youth, making connections with homeless-specific community organizations, and linking clients to existing homeless youth outreach workers and community resources.
- § Child Welfare Services (CWS) and Probation Department Services provide highly individualized services to maximize the capacity of the family to meet the child's needs, thereby reducing the child's level of care from a group home placement to a home or home-like setting. In addition, Early Periodic Screening Diagnosis and Treatment (EPSDT) services provide medication support for children and adolescents who are full scope Medi-Cal beneficiaries.
- § Clinic-Based Services are provided in six locations throughout the County to a diverse range of children, youth, and families. These services are designed to promote access to medical, social, rehabilitative, or other needed community services and supports. Case managers/rehabilitation workers provide mental health rehabilitative services, home visits, and assistance to parents to manage treatment appointments and service plans. Many case managers/rehabilitation workers have bilingual language capacity to serve parents who are often monolingual.

This plan furthers the goals of the MHSA by providing culturally competent, wraparound services for identified unserved and underserved populations with a focus on family inclusion. Services are designed to address access disparities and reduce stigma associated with mental health services and treatment. The plan also strives to reduce institutionalization and promote integrated service experiences for clients and families.

2. If this is a consolidation of two or more programs, provide the following information:
 - a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

1st County: San Diego☐ No funding is being requested for this program.Program Number/Name: CY-OE Children and Youth – Outreach & EngagementDate: 4/15/11

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			1,598	
TAY				
Adults			48	
Older Adults				
Total			1,646	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			1,646	

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	215	English	1,093	LGBTQ	N/A
African American	87	Spanish	546	Veteran	N/A
Asian/Pacific Islander	38	Vietnamese	2	Other	
Native American	5	Cantonese	0	Foster Youth	5
Hispanic	1,268	Mandarin	0	Middle Eastern	3
Multi	0	Tagalog	0		
Unknown	19	Cambodian	0		
Other	14	Hmong	0		
		Russian	0		
		Farsi	0		
		Arabic	0		
		Other	5		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

During FY 09/10, the program was successful in providing outpatient and rehab services to 1,646 unduplicated clients that more than doubled the target for the fiscal year of 685 unduplicated clients. With MHSA enhancements, program providers are able to hire case managers who conducted community/school outreach activities and informing the families of the mental health services available to them through the program particularly to children and their families without Medi-Cal but are eligible to receive the services. Case managers are able to complement the work the family is doing with the clinician and provide more direct support to the families which allows for a more comprehensive treatment intervention. Programs continue to work on increasing referrals.

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.

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
3,654,507	3,364,714	-8%

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

Yes ☐ No ☒

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

Yes ☐ No ☐

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

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			730	
TAY				
Adults				
Older Adults				
Total			730	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				730

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.

This work plan serves children and youth, up to age 18, with serious emotional disturbance who are indigent and unserved or underserved and their families. Targeted outreach is made to Latino youth and youth involved in the juvenile justice system and associated community schools and children and youth with co-occurring disorders.

This plan offers outreach and engagement, assessment, medication management, case management, referral and linkage, co-occurring mental health/substance use treatment, and individual, group, and family therapy. Services are individualized, culturally-competent, resilience-focused, strength-based, and designed to have families and youth actively participate in the development of their treatment plans.

School-Based and Home Services offer evidenced-based services at designated school sites during regular hours. Family services and services after school hours or during school breaks are offered in the home or office-based locations. Service providers work closely with school personnel to engage and support youth and their families in defining their vision and purpose, which then can be translated into strength-based goals. Juvenile Court and Community School services are designed to assist youth in returning to their home school districts in order to increase academic success. This program is dual-diagnosis capable.

This plan addresses MHSA goals by increasing timely access to care for indigent children and youth who would otherwise remain unserved/underserved and by providing client and family-driven, strength-based, culturally-competent, and recovery-oriented services in school and community-based settings. The program strives to reduce institutionalization and promote integrated service experiences for clients and families.

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

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

<p>a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.</p>
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: San Diego☐ No funding is being requested for this program.Program Number/Name: CY-SD Children and Youth - System DevelopmentDate: 4/15/11

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		2,562		
TAY				
Adults		264		
Older Adults				
Total		2,826		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2,826	

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	661	English	2,415	LGBTQ	N/A
African American	533	Spanish	365	Veteran	N/A
Asian/Pacific Islander	75	Vietnamese	3	Other	
Native American	21	Cantonese	0	Foster Youth	187
Hispanic	1,366	Mandarin	0	African Refugee	5
Multi	0	Tagalog	1	Middle Eastern	4
Unknown	133	Cambodian	0	Hearing Impaired	1
Other	35	Hmong	0		
		Russian	0		
		Farsi	0		
		Arabic	1		
		Other	41		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

This program serves children and youth, up to age 18, with serious emotional disturbance and their families. Special outreach is made to unserved and underserved populations including Latinos and Asian/Pacific Islanders, children and youth referred by the Probation Department and Kearny Mesa Juvenile Detention Facility, youth who reside in residential treatment facilities, and children and youth placed at home, foster care, or small group home at risk of a change in placement (i.e., placement at a higher level of care and therefore at risk of being removed from their home, foster home, or small group home).

This program was enhanced in FY 09/10 to serve 3,769 clients. This target number was not served due to the new contracts providing services for only six months of the fiscal year.

The enhancement for the San Diego Center for Children's Clark Program operates a fully integrated mental health day intensive treatment program designed to meet the treatment needs of emotionally disturbed adolescents, 13 through 17 years old. The Clark Adolescent Day Treatment Program highlights the following services:

- Provide clients with social skills and independent living skills training, education appropriate to adolescent issues/lifestyle concerns (i.e. sex education, drug education), opportunities to be engaged in the community in age-appropriate activities, and opportunities for vocational/career counseling and community employment.
- Assure that the specialized treatment requirements of youth with multiple co-occurring behavioral and emotional conditions and highly traumatized youth are addressed through the provision of group and individual therapy specifically designed for these populations.
- Provide chemical dependency treatment services to those youth who are dually diagnosed with mental illness and with a substance abuse or addiction problem, including therapeutic recovery groups and relapse prevention, step study, and transportation to community 12 step meetings.

San Pasqual Academy Clinic is a day rehab program for teens in a long term residential facility for foster care youth. Therapeutic services are milieu based and offered in the campus community, residential facilities, and clinic offices. Modalities include the following: individual therapy, milieu therapy, group therapy, family/sibling therapy (when applicable), recreational therapy, independent living skills training, psychiatric consultation and medication monitoring, and medical services to help clients to achieve their mental health objectives. The academy has been very successful with peer mentoring peer programs.

Child Net (0-5 yrs) and Incredible Families (2-11 yrs) serve children with serious emotional disturbances and their families. Many families served are involved in the child welfare services system. Co-occurring disorders are many times present for the parents of these children. Program services include parent training, behavioral health counseling, play therapy, family therapy, teacher training and consultation, case management and rehab services, and psychiatric evaluation and medication support. Services are provided in a variety of settings serving uninsured and underinsured children of low-income families. Culturally appropriate interventions and support to our families are ensured by linking them to regional networks and other community services.

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.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> <tr> <td style="padding: 5px;">8,304,692</td> <td style="padding: 5px;">8,454,692</td> <td style="padding: 5px;">2%</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	8,304,692	8,454,692	2%	<div style="margin-top: 20px;"> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or, <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? </div> <div style="margin-top: 20px;"> c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below. </div>
FY 10/11 funding	FY 11/12 funding	Percent Change					
8,304,692	8,454,692	2%					

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		7,766		
TAY				
Adults				
Older Adults				
Total		7,766		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				7,766

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

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

This plan serves children and youth, up to age 18, with serious emotional disturbance and their families. Special outreach is made to unserved and underserved populations including Latinos and Asian/Pacific Islanders, children and youth referred by the Probation Department and Kearny Mesa Juvenile Detention Facility, youth who reside in residential treatment facilities, and children and youth placed at home, foster care, or small group home at risk of a change in placement (i.e., placement at a higher level of care and therefore at risk of being removed from their home, foster home, or small group home).

This work plan consists of a number of different programs designed to transform the mental health system.

- § Family and Youth Peer Support and Partner Services hires family members to provide support, education, information, linkage to services, and advocacy for children, youth, and their families. This program offers leadership training opportunities enabling family and youth partners, who have experience with the mental health system, to serve as role models and leaders for the community. Other activities include treatment meetings, care planning, wraparound meetings, intake and assessments, case management, and home visits.
- § Crisis Intervention Services aim to prevent escalation, promote management of mental illness, increase safety, and reduce unnecessary and costly utilization of emergency and inpatient services. This program is staffed by one mobile team that provides emergency mental health evaluations, crisis intervention, linkage, and treatment plan development. The program refers and links individuals to services as an alternative/diversion to hospitalization when clinically indicated.
- § Screening and Medication Management Services provide short-term stabilization treatment with psychotropic medication, case management, and linkage to on-going treatment. Services include psychiatric evaluation, consultation, assessment, and medication monitoring. The program also offers screening, brief interventions, and referral for clients with co-occurring disorders.
- § Early Childhood Services provide family therapy for children age 0-5. The goal of this program is early treatment intervention in order to increase resilience of the child and family, prepare the child to function in school, and enable the child to interact appropriately with other children. Program staff lead parent groups, parent and child interaction training, trauma intervention, and social skills training for young children.
- § Supportive Services and Treatment Program works in conjunction with Child Welfare Services (CWS) and the Department of Probation to provide a full range of rehabilitation options designed to: 1) return children and youth to their family or family-like settings, 2) deter children and youth from being placed in a higher level of care, and 3) stabilize placement. Clients receive case management, assessment, life-skills training, therapeutic support for substance abuse issues, employment support, and specialized treatment. The program also includes a peer mentorship program. Peer mentors serve as a bridge to the adult environment by providing inspiration and hope as youth prepare to leave the San Pasqual Academy.

This plan advances goals of the MHSA by:

- § Promoting rehabilitation and recovery for an underserved/unserved group of individuals.
- § Increasing client and family participation in service delivery by hiring family members to provide direct service and peer support.
- § Offering education to decrease stigma associated with mental health services.
- § Minimizing barriers and increasing access to integrated, family-driven services and supports.

Providing services for clients using the least restrictive environments.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: San Diego☐ No funding is being requested for this program.Program Number/Name: TAOA-FSP Transition Age Youth, Adult & Older Adult – Full Service PartnershipDate: 4/15/11

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	10			
TAY	439			
Adults	2,828			
Older Adults	334			
Total	3,611			\$4,685
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			3,611	

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

*Pacific Islander is included with Asian

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1,785	English	2,949	LGBTQ	N/A
African American	510	Spanish	120	Veteran	N/A
Asian	160	Vietnamese	18	Other	
Pacific Islander*	N/A	Cantonese	0	African Refugee	13
Native American	34	Mandarin	0	Middle Eastern	27
Hispanic	562	Tagalog	6	Hearing Impaired	2
Multi	0	Cambodian	0		
Unknown	43	Hmong	0		
Other	78	Russian	0		
		Farsi	0		
		Arabic	8		
		Other	71		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In addition to delivering an array of full service partnership services to persons living in the community, this program expanded to provide a range of case-management and peer-delivered services to persons age 18 to 59 who are or have been living in locked long-term facilities in and out of the County. There was also an expansion of the homeless integrated services and supported housing to include more transitional age youth and adults. Enhancements were made to provide an array of full service partnership services to clients who have been residing in skilled nursing facilities. The dual diagnosis residential treatment expansion in FY 09/10 transformed the program into a recovery-oriented learning environment with on-site services that include psycho-education and symptom/wellness groups, employment and education screening/readiness, skill development, peer support and mentoring. Physical health screening, consultation, linkage, referral and follow up with primary care professionals were also linked services. The residential facilities employed a recovery-center approach that integrated evidence-based treatments with recovery principles. All these enhancements advances MHSA goals by providing client-directed services that are individualized, reducing the effects of untreated mental illness and increasing access to care for ethnically diverse individuals.

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.

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?

Yes ☐ No ☒

2) Is there a change in services?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
24,420,250	26,292,251	+8%

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

Yes ☐ No ☒

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

Yes ☐ No ☐

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.				
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.				
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.				
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total	3,935			\$6,773
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				3,935
B. Answer the following questions about this program.				
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>				
<p>*In FY 11/12, this program will be enhanced with \$1,872,001 and 100 clients will be added.</p> <p>This work plan, which is made up of several services of varying focus, serves unserved or underserved transition age youth (TAY, age 16 to 24), adults (age 25-59), and older adults (age 60 and above) who have a diagnosis of serious mental illness (SMI) and may have a co-occurring substance use disorder. These individuals may be homeless or at risk of becoming homeless, living in a locked long-term care or skilled nursing facility, high utilizers of acute inpatient care and medical services, emergency departments, shelters and psychiatric hospital and those under the care of institutions or at the risk of institutionalization or have active or recent criminal justice involvement. The program also reaches out and engages women, African-Americans, Latinos, and Asian/Pacific Islanders with SMI.</p> <p>The work plan provides a variety of integrated services which may include supported housing (temporary, transitional, permanent), which includes age and developmentally appropriate outreach and engagement, 24/7 intensive case management, wraparound services, community-based outpatient mental health services, rehabilitation and recovery services, supported housing, supported employment and education, dual diagnosis services, peer support services, diversion and reentry services, and other housing options. Some services utilize the Assertive Community Treatment (ACT) model, which is an evidence-based practice that has repeatedly demonstrated effectiveness for people who have serious mental illness who have not been adequately served by the usual service system. All services are culturally competent and linguistically appropriate. This plan includes the following unique components and services:</p> <p>§ <u>Housing Trust Fund</u>, based on the recommendation of the stakeholders in San Diego, sets aside unspent one-time and ongoing housing funds that are used to increase permanent supportive housing opportunities for transition age youth, adults, and older adults in the CSS Full Service Partnership (FSP)</p>				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

integrated homeless programs. These funds are set-aside in this trust fund to leverage the development of affordable project-based permanent supportive housing for these low income clients.

- § Mental Health Calendar provides mental health services for individuals with SMI who have been found guilty of a non-violent crime (either misdemeanor or felony) and are awaiting sentencing. Most individuals are repeat offenders who may have received mental health services while incarcerated or in the community and are referred for services via the justice system. The program is delivered by a specialized, multi-agency Mental Health Calendar that includes Superior Court, District Attorney, Sheriff, Public Defender, Probation, and Behavioral Health Services (Mental Health and Alcohol and Drug Services).
- § Residential Integrated Treatment provides 24-hour rehabilitation and recovery services, psycho-education, care coordination, supported employment and education, and peer support services. Physical health screening, consultation, linkage, referral and follow up with primary care provider. This service develops community collaborations to provide employment, housing, and other supports for clients transitioning to independent living.
- § Case Management is based on the Strength-Based Care Management model that provides treatment, education, and skill building activities for older adults. Outreach, screening/assessment, social skills training, co-occurring services, assistance with activities of daily living, brokerage, and support services are offered.
- § Transition Team Services works to reduce psychiatric hospitalization and improve community support through short-term intensive case management services to individuals who have Medi-Cal, no current Care Coordinator, and are hospitalized at one of San Diego's Medi-Cal psychiatric hospitals.
- § High Utilizers of emergency departments, shelters, psychiatric hospitals and those who have had legal and/or justice system involvement are provided intensive services.

The plan was expanded to provide a range of Case Management and peer-delivered services to persons 18-59 who are or have been living in institutional care facilities.

This plan advances the MHSA goals to reduce incarceration and institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness and to provide timely access to needed help for unserved and underserved individuals by providing intensive, wraparound services. In addition, this program advances rehabilitation and recovery practices by assisting clients in their personal recovery via a wellness and resilience focus, as well as in seeking and sustaining employment and educational goals.

2. If this is a consolidation of two or more programs, provide the following information:
 - a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: San Diego☐ No funding is being requested for this program.Program Number/Name: TAOA-SD Transition Age Youth, Adult & Older Adult – System DevelopmentDate: 4/15/11

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		13		
TAY		1,033		
Adults		5,457		
Older Adults		995		
Total		7,498		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			7,498	

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

*Pacific Islander is included with Asian

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	3,148	English	5,369	LGBTQ	N/A
African American	685	Spanish	810	Veteran	N/A
Asian	427	Vietnamese	52	Other	
Pacific Islander	N/A	Cantonese	0	African Refugee	16
Native American	49	Mandarin	0	Middle Eastern	37
Hispanic	1,903	Tagalog	46	Hearing Impaired	5
Multi	0	Cambodian	0		
Unknown	99	Hmong	0		
Other	154	Russian	0		
		Farsi	0		
		Arabic	10		
		Other	178		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY 09/10, to increase the effectiveness of reaching Latinos and Asian/Pacific Islanders who are unserved and underserved and in Board & Care Facilities and Emergency Shelter & Transitional Housing programs an enhancement and additional services were provided. The programs were transferred by providing multiple peer support specialists working with the consumer individually and through the provision of psycho-educational classes. An enhancement was provided to clubhouses to provide increased supported employment and peer support services and classes on psycho-education, wellness, fitness, smoking cessation and illness management with special emphasis placed on outreach to underserved individuals with serious mental illness who are African-American, Latino, Asian/Pacific Islander, Native American and/or women. There were additional program enhancements to outpatient mental health services that included creation of levels of care, field capable services, psychiatric/primary care collaboration, psycho-education classes, integrated co-occurring disorders treatment, IMPACT care management, employment specialist and peer support specialists. Staffing from the Legal Aid Society of San Diego increased to review additional Supplemental Security Income (SSI) applications and provide support to SSI Advocates working with clients in the clinics and clubhouses.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

The outpatient mental health services was enhanced to include funding to serve additional clients and ensure continuity of service provision, thereby addressing access and wait time concerns impacting the service system.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

- 1) Is there a change in the service population to be served?

Yes ☐ No ☐

- 2) Is there a change in services?

Yes ☐ No ☐

- 3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
18,185,476	23,242,607	+27% with 1x funding
18,185,476	22,292,607	+23% w/o 1x funding

Yes ☐ No ☒

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

Yes ☐ No ☒

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>				
<p>FY11/12 budget includes \$950,000 of one-time funding. When the one-time funding is removed from the budget, there is a 23% increase in funding.</p>				
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.</p>				
<p>A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.</p>				
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY			1,730	
Adults			7,499	
Older Adults			5,192	
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 14,421				
<p>B. Answer the following questions about this program.</p>				
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>				
<p>*In FY 11/12, this program will be enhanced with \$4,936,632 and 2,824 clients will be added.</p> <p>This work plan, which is made up of several services of varying focus, serves the unserved and underserved transition age youth (TAY, 18 to 24 years), adults (18-59 years), and older adults (60 years and above) with serious mental illness who may have a co-occurring substance abuse disorder, and their families. Special emphasis is placed on outreach and engagement to African-Americans, Latinos, Asian/ Pacific Islanders, Native Americans, women, individuals who are homeless or at risk of homelessness, individuals with a high incidence of emergency and inpatient service utilization, and individuals residing in board and care facilities, emergency shelters, and transitional housing programs.</p> <p>Adult System Development Services promote wellness and recovery goals, increase timely access and use of mental health services, develop self-sufficiency, and create support networks for clients through the following programs and services:</p> <p>§ <u>Outpatient Bio-psychosocial Rehabilitation</u> clinics provide outreach/engagement, assessment, integrated dual disorders treatment, rehabilitation/recovery services, employment/education support, and psycho-education classes. Outpatient services have been enhanced to create levels of care, field capable services, psychiatric/primary care collaboration and increase the walk-in and urgent capacity at clinics.</p> <p>§ <u>Clubhouses</u> are member-run services that provide opportunities for skill development, social rehabilitation, and symptom management through an array of peer-led educational support groups and community activities. Three clubhouses primarily serve specific ethnic groups: Asian/Pacific Islanders, African-</p>				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Americans, and Latinos; one is designed specifically for TAY.

- § Peer Support and Liaison Services offer peer education delivered by peer counselors. Peers lead classes including Wellness Recovery Action Planning (WRAP) and other best practice curricula.
- § Family Education Services offers a series of classes to educate/support families who have relatives with mental illness. This course is taught by families and increases coping skills while encouraging involvement with the mental health system. A 'train-the-trainer' component supports family members willing to become trainers. Classes target English-, Spanish-, Vietnamese-, and Arabic-language speakers.
- § Supported Employment Services offers job screening, preparation, development, supports, coaching, placements, and employment opportunities. This program uses the SAMHSA evidence-based practice model for Supported Employment. The goal of this program is to assist individuals in finding and maintaining competitive jobs leading to recovery and independence.
- § Patient Advocacy Program provides advocacy services to clients residing in licensed board and care facilities. These services include forming liaisons with staff and residents; providing information on community resources and the rights and responsibilities of residents and staff; conducting site visits; and investigation of client complaints and grievances.
- § Mobile Outreach Services provides engagement, mental health/substance abuse screening, benefits information, linkages, and referrals. Services are offered 24/7 to isolated seniors in-home and to persons who are homeless, including on-site services in the community.
- § Social Security Income (SSI) Support Services provides for the training and consultation of SSI. In their employed role as SSI advocates, consumers assist other consumers through the benefit application process. This service also provides benefits application training and support to advocates on preparation of a thorough and accurate SSI application.
- § Walk-in Centers are voluntary, drop-in assessment centers that provide comprehensive and integrated assessment of mental health/substance abuse, crisis intervention, follow-up appointments, telepsychiatry, and medication management.
- § Geriatric Specialist clinicians provide community based outreach services to isolated older adults, including age appropriate assessments of mental health/substance abuse and physical health needs; case management linkage and recovery services delivered onsite or via outreach and home visits. Clinicians also assist transition of stable clients to lower level resources.

This plan furthers the goals of the MHSA through implementation of rehabilitation principles proven to be effective in reducing psychiatric hospitalizations and assisting unserved and underserved persons with a mental illness to become more productive community members. These family and client-driven services also strive to reduce racial disparities in access to care, decrease the stigma of mental illness and empower peer and family involvement in the service delivery system.

2. If this is a consolidation of two or more programs, provide the following information:
 - a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego☒ No funding is being requested for this program.Program Number/Name: #1 Workforce Staffing & SupportDate: 4/15/11

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

☐ This program did not exist during FY 09/10.

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

As part of implementation, Workforce Education and Training (WET) coordination was funded to provide a structure that supports building and retaining a public mental health workforce consistent with the intent of the MHSA and WET fundamental concepts: to have a culturally competent workforce that includes clients and family members capable of offering client- and family-driven wellness, recovery, and resilience-oriented services within an integrated service experience. A request for solicitation of qualifications (RFSQ) was issued in December, 2009 for the WET Consultant. Consultant's start date was March 15, 2010. The Consultant assisted in development of San Diego's WET Collaborative. The WET Collaborative has been formed to represent the community and public mental health workforce stakeholders. The Collaborative's goal is to ensure a community voice and feedback on MHSA funded WET programs and provide subject matter expertise in assessing WET Plan implementation and effectiveness and leveraging opportunities. The WET Collaborative is part of Program #1, Workforce Staffing Support. The first meeting was held August 6, 2010.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

<p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>	

A. Type of Funding by Category

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

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>No changes</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>No changes</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego☒ No funding is being requested for this program.Program Number/Name: #2 Training and Technical Assistance-Specialized Training ModulesDate: 4/15/11

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

☐ This program did not exist during FY 09/10.

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

This program was designed to increase the number and diversity of trainings offered to San Diego County's public mental health workforce. The training modules outlined below support the core competencies for the public mental health workforce - the philosophy of client- and family-driven, wellness and recovery/resilience oriented services that lead to evidenced-based, value-driven outcomes. Specific trainings series include: Psychosocial Rehabilitation (PSR) Training Academy, Recovery 101, Physicians Training, Behavioral Health Training Curriculum (BHTC), Case Management Training, Cultural Competence Academy (CCA), 0-5 Certification Program and Clinical Interventions for Victims of Trauma. Additional trainings may be added to meet the future demands of the County of San Diego mental health workforce. Training will be aligned with targeted population groups such as children, youth, transition age youth, adults, and older adults.

- § Behavioral Health Training Curriculum- Classroom and e-learning trainings were provided in FY 09/10 at no cost to our current public mental health workforce.
- § A request for proposal (RFP) was issued in FY 09/10 for the 0-5 Certification Program - Early Childhood (0-5) Certificate Program. The contract was awarded to San Diego State University Research Foundation and started on July 1, 2010.
- § Procurement for additional specific trainings will occur in FY 10/11 and FY 11/12.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3) a) Complete the table below:		

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

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

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

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

Yes ☐ No ☒

Yes ☐ No ☐

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

A. Type of Funding by Category

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

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No Changes
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
No changes

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego

☒ No funding is being requested for this program.

Program Number/Name: #3 Mental Health Career Pathway Programs-Public Mental Health Academy

Date: 4/15/11

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

☐ This program did not exist during FY 09/10.

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

This program uses multiple strategies to reduce barriers to employment and create opportunities for individuals, including consumer and family members, to become part of San Diego County's public mental health workforce. The Academy is intended to be a collaborative, community-based educational academy with two distinct but related pathway tracks that lead to certification, skill development and employment in the public mental health workforce. The Public Mental Health Academy includes: Public Mental Health Credential/Certificate Pathway, Geriatric Mental Health Certificate Training Program, and Consumer Family Pathways. Training will focus on delivery of services to targeted population groups such as children, youth, transition age youth, adults, and older adults.

- Consumer Family Pathways- Services were provided in FY 09/10 by RICA, NAMI and Youth/Family Roundtable. Trainings include Family/Youth Employment Training to increase the active involvement of family/youth in leadership roles and promote the principle of authentic consumer and family/youth participation, Principles to Family/Youth Professional Partnership to introduce and educate administrative and direct service staff to the value of incorporating family/youth partners at different program levels, family education, peer education to encourage client awareness of mental illness, coping skills, resources available, and mutual support possibilities.
- The request for proposal (RFP) for the Public Mental Health Academy was posted 2/11/10. The contracts were awarded to San Diego Community College District-City Campus and partial award recommendation was made to Alliant International University-Community Academy. Programs started in FY 10/11.
- Geriatric Mental Health Certificate Training Program is being provided by BHETA and courses will be offered in FY 10/11.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

- | | | |
|---|------------------------------|--|
| 1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2) Is there a change in the activities and strategies? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

<p>3) a) Complete the table below:</p> <table border="1" style="width:100%; border-collapse: collapse; margin: 10px 0;"> <tr> <th style="width:33%;">FY 10/11 funding</th> <th style="width:33%;">FY 11/12 funding</th> <th style="width:33%;">Percent Change</th> </tr> <tr> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	0	0	0	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
0	0	0					
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>							

A. Type of Funding by Category

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

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>	
<p>No changes</p>	
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>	
<p>No changes</p>	

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego☒ No funding is being requested for this program.Program Number/Name: #4 Mental Health Career Pathway Programs-School-Based Pathways/AcademyDate: 4/15/11

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

☒ This program did not exist during FY 09/10.

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

In order to promote mental health careers to students, this program will create a partnership between the County of San Diego and San Diego County schools to implement a mental health component/track. The School-Based Pathways/Academy will primarily be offered at the high school level with some career exposure opportunities at middle school level. There will be a focus on occupations that serve particular areas of need such as children, youth, transition age youth, adults, and older adults.

Extensive outreach was conducted in FY 09/10, including an Industry Day to promote the School-Based Pathway. A request for proposal was also issued in FY 09/10 with the contract being awarded to Health Sciences High & Middle College for a mental health specific pathway. The program started on September 1, 2010.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously Yes ☐ No ☒

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

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

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
No changes

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego☒ No funding is being requested for this program.Program Number/Name: #5 Mental Health Career Pathway Programs-Nursing Partnership for Public Mental Health ProfessionalsDate: 4/15/11

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

☒ This program did not exist during FY 09/10.

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

The County of San Diego explored partnering with local higher education institutions that offer programs in a variety of nursing pathways/areas to expand the capacity for developing additional public mental health professionals in nursing occupations that are most needed.

- § A request for proposal was issued in FY 09/10 and awarded to California State University San Marcos School of Nursing for an integrated Psychiatric/Mental Health Clinical Nurse Specialist and Nurse Practitioner program. This Advance Practice Nurse will receive a Master of Science in Nursing, be eligible for national certification, and may practice in inpatient, outpatient or community settings with prescriptive authority and skills in psychotherapy and other treatment modalities. The program started on September 1, 2010.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

<p>b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the \pm25% criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>	

A. Type of Funding by Category

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

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>No changes</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="margin-left: 20px;">a) Name of the programs.</p> <p style="margin-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="margin-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>No changes</p>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego☒ No funding is being requested for this program.Program Number/Name: #6 Residency, Internship Programs-Community Psychiatry FellowshipsDate: 4/15/11

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

☒ This program did not exist during FY 09/10.

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

In FY 09/10 extensive develop of the fellowship program occurred including the development of the statement of work. Research and outreach to local educational institutions was conducted and strategies were developed on the best approach for implementation of services.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

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

Yes ☐ No ☒

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

Yes ☐ No ☐

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

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

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

A. Type of Funding by Category

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

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

No changes

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

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

No changes

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego☒ No funding is being requested for this program.Program Number/Name: #7 Residency, Internship Programs-Child Psychiatry FellowshipDate: 4/15/2011

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

☒ This program did not exist during FY 09/10.

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

In FY 09/10 extensive develop of the Child Psychiatry Fellowship program occurred including the development of the statement of work. Research and outreach to local educational institutions was conducted and strategies developed on the best approach for implementation of services.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

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

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

Yes ☐ No ☒

Yes ☐ No ☐

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

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

A. Type of Funding by Category

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

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
No changes

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego☒ No funding is being requested for this program.Program Number/Name: #8 Residency, Internship Program-LCSW/MFT Residency/InternDate: 4/15/11

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

☒ This program did not exist during FY 09/10.

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

This program is specifically looking to increase the presence of licensed individuals in San Diego County, by developing a partnership with established LCSW and MFT training programs to fund residency/internship slots to offer students compensation in exchange for a commitment to practice in San Diego County's public mental health workforce. The RFP issued also encouraged funding for supervision and a prep course for licensure. Extensive outreach was conducted to advertise the RFP to the masters' level programs in San Diego.

A request for proposal was issued in FY 09/10. San Diego State University Linguistically and Ethically Diverse (LEAD) Project, Alliant International University and San Ysidro Health Center were all awarded contracts to train, provide supervision and stipends to MSW and MFT students and graduates. The programs started on September 1, 2010.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	0	0

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

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

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
No changes

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

County: San Diego

☐ No funding is being requested for this program.

Program Number/Name: #9 Financial Incentive Program-Targeted Financial Incentives to Recruit and Retain Licensable and Culturally, Linguistically and/or Ethnically Diverse Public Mental Health Staff

Date: 4/15/11

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

☒ This program did not exist during FY 09/10.

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

This program is designed to aid in the recruitment and retention of license eligible and culturally, linguistically and/or ethnically diverse public mental health staff to work in both the County and contracting community-based organizations (CBOs). Candidates will receive preparation to work with specifically targeted populations such as children, youth, transition age youth, adults, and older adults. Recipients of the masters' level stipends will be contractually obligated to work for Mental Health Services or contracting CBOs after completing studies for a period of time equal to the period in which they received support, with a minimum commitment of two years.

In FY 09/10 the financial incentives were incorporated into multiple request for proposals including the School-Based Pathway, the Public Mental Health Academy and the LCSW/MFT Residency/Intern program. This allowed for an increase of stipends and programs/services offered to the community. All of these programs began in FY 10/11.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes ☐ No ☒

2) Is there a change in the activities and strategies?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
0	\$40	0%

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

<p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="padding-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>The County of San Diego is requesting the remaining \$40 of the county's WET allocation for financial incentives for consumers and family members in program #9.</p>	
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>	

A. Type of Funding by Category

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

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>No changes</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information:</p> <p style="padding-left: 20px;">a) Name of the programs.</p> <p style="padding-left: 20px;">b) The rationale for the decision to consolidate programs.</p> <p style="padding-left: 20px;">c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>No changes</p>

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: CO-01 Co-Occurring Disorders - Bridge to Recovery
for the local evaluation

☐ Please check box if this program was selected

Date: 4/15/11

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.

N/A

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

*Data Collection Start Date: 3/1/10

**Primary Language of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	276	English		LGBTQ	
Transition Age Youth (18-24)	65	African American	53	Spanish		Veteran	26
Adult (18-59)	388	Asian	15	Vietnamese		Other	
Older Adult (60+)	15	Pacific Islander	2	Cantonese			
		Native American	25	Mandarin			
		Hispanic	87	Tagalog			
		Multi	0	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

CO-01 Bridge to Recovery provides screening, brief intervention, education, linkages, and referrals to transition age youth, adults, and older adults. The program also offers peer case management support to clients who need treatment or additional resources. Services are provided on-site at the San Diego County Psychiatric Hospital to individuals with low mental health needs and high substance abuse issues. Individuals served at the hospital are indigent, often homeless, highly vulnerable and disenfranchised.

Contract executed: 12/15/09

Services started: 3/1/10

of months providing service in FY 09/10: 4 months

Major challenges with implementation of the program included:

- Determining the criteria for peer specialists who could work effectively within the hospital setting with highly unstable patients
- Integration of staff and new program into well-established hospital setting with multidisciplinary staff
- Bridge to Recovery staff was not given access to patient information without release of information being signed.
- Determining how best to implement the "team" concept as required by the contract
- Lack of clarity on the purpose/role of the program on the inpatient units. The lack of clarity eventually led to considerable problems.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

During the 3 months of providing service in FY 09/10, Bridge to Recovery utilized a short survey for each psycho-education/evaluation group.

- Out of the 353 survey participants, 75.6% agreed with the statement "I know where to get help when I need it."
- Out of the 352 survey participants, 76.1% agreed with the statement "I am more comfortable seeking help."
- Out of the 358 survey participants, 50.8% agreed with the statement "I am better able to handle things."
- Out of the 355 survey participants, 87.3% agreed with the statement "Overall, I am satisfied with the services I received here."

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

3. a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>1,500,000</td> <td>1,500,000</td> <td>0%</td> </tr> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	1,500,000	1,500,000	0%	<div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div>		
FY 10/11 funding	FY 11/12 funding	Percent Change									
1,500,000	1,500,000	0%									
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?			<div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>								
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.											
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.											
A. Answer the following questions about this program.											
1. Please include a description of any additional proposed changes to this PEI program, if applicable.											
N/A											
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 											
N/A											
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:	100		1,800								
Total Families:											

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: CO-02 Screening by Community Based ADS Providers ☐ Please check box if this program was selected for the local evaluation

Date: 4/15/11

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.

N/A

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

*No data collected in FY 09/10. Data collection started in July 2010.

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

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

CO-02 Screening by Community Based ADS Providers places mental health counselors in Alcohol and Drug Services (ADS) contracted programs to identify and screen clients who exhibit mental health concerns prior to their development of a serious mental health diagnosis and to provide PEI services. Thirteen treatment and recovery programs receive funding and the following underserved racial/ethnic and cultural populations are served in individual programs, including:

- Trauma Exposed Individuals
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children and Youth in Stressed Families
- Children and Youth at Risk for School Failure
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement
- Underserved Cultural Populations, including Asian and Pacific Islanders, and Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ)

Contract executed: 1/1/10

Services started: 1/11/10

of months providing service in FY 09/10: 5 months

Tremendous progress has been accomplished to ensure that selected target populations who are experiencing mental health problems with their substance abuse issues, are supported in their efforts to attain and maintain an alcohol and drug free style of living and receive services that comprehensively address both issues. Contractors with PEI funded mental health counselors consistently describe the positive impact these individuals have had on the clients in their programs. Prior to receiving PEI funding, most of the ADS contracted programs were unable to address mental health needs of clients. Now, clinical staff provides screening, assessment for mental health issues, crisis intervention, and referral to intensive mental health services for those who need them. The programs are able to address many more facets of the individuals' situations and treatment.

At a Teen Recovery Center, the youth have an opportunity to not only address their substance abuse treatment issues but to also identify and begin to address a multitude of mental health issues in an effort to prevent more serious mental health disorders from developing. At another recovery program targeting adolescents and their families, mental wellness was shifted from a disease model that incapacitates the poor and culturally diverse populations to a modality that empowers and encourages wellness. This shift along with structured interventions with adolescents and their families, the program has been able to build a trusting alliance with their clients.

At a women's center that serves co-occurring homeless women who have few treatment options, a presence of the counseling staff has become helpful as they have offered women counseling and opportunity to relieve immediate tensions and anxieties.

The procurement process was challenging due to the number of programs applying for funding as well as the number of target populations to be served. Although the procurement process was challenging, it was fair and allowed any ADS contractor the opportunity to apply for the funding.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

No data was collected in FY 09/10. Data collection started in July 2010.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
1,000,000	1,000,000	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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

A. Answer the following questions about this program.

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

N/A

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)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	720	
Total Families:	100	

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: DV-01 Families as Partners

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

Date: 4/15/11

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.

N/A

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

*Data Collection Start Date: 7/1/09

**Primary Language of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	140	White	29	English		LGBTQ	
Transition Age Youth (18-24)	22	African American	28	Spanish		Veteran	3
Adult (18-59)	105	Asian	21	Vietnamese		Other	
Older Adult (60+)	1	Pacific Islander	0	Cantonese			
Unknown/Missing	2	Native American	0	Mandarin			
		Hispanic	81	Tagalog			
		Multi	2	Cambodian			
		Unknown	82	Hmong			
		Other	5	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

DV-01 Families as Partners is a "Point of Engagement" (POE) Service with a South Region partnership between families, Child Welfare Services, and community service providers establishing a community safety net for the well being of the South Region's high-risk children and their families. Families as Partners program gives immediate provision of services and engagement with community resources and supports families to maintain a safe home and reduce the effects of trauma exposure. All of the participants served have been exposed to domestic violence and/or community violence or children whose parents are mentally ill or who may have had contact with law enforcement due to a crime or drug related offenses. Referrals come from law enforcement, Child Welfare Services, Domestic Violence Response Team, and/or community based organizations.

Contract executed: 5/1/09

Services started: 11/1/09

of months providing service in FY09/10: 8 months

From November 2009 to December 2010, 580 children were served by Families as Partners program. Ninety-three percent were able to safely remain in their home. The remaining 7% were placed into the foster care system. The estimated cost savings as a result range from \$0.3 million to \$4.3 million. Cost savings derived from diverting children from the dependency out of home care is based on the average cost for foster homes of \$566 per month. The estimated savings of diverting 97 children from foster care for 6 to 12 months range from \$0.3 million to \$0.6 million. The estimated cost savings in social worker positions by providing family maintenance services to 443 at-risk children based on average duration of 6 to 12 months range from \$0.5 million to \$1.0 million. An estimated cost savings in social worker positions by referring 443 at-risk children to prevention services and not opening a family reunification case range from \$0.6 million to \$1.3 million. Foster care cost savings estimate is \$1.5 million to \$3.0 million.

A strong service delivery system was developed that serves clients and decreases the need for future mental health services. In the process, barriers in services delivery were eliminated by building strong collaboration between County programs/departments, with external service providers, and key stakeholders.

A key difference with the implementation of this program is with the use of clinicians completing assessments. Originally, the concept was to have clinicians assess every family member. This resulted in major delays with producing the assessments. A key major challenge with implementation of the program included delays caused by staffing shortages.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

By utilizing a collaborative and multi-disciplinary approach which includes the family in the team decision-making process, 93% of the children served were able to safely remain in their home. Thereby, achieving an intended outcome of reducing out-of-home placements. In FY 09/10, 186 individuals were assessed or screened which assisted in the reduction of negative psycho-social impact of trauma. In an effort to increase prevention efforts and response to early signs of trauma and emotional and behavioral health problems by reducing the multiple referrals from the same household, 28 families worked with a Parent Partner.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

Below are the results from the program satisfaction survey utilized from Families as Partners for the 3rd and 4th quarter of FY 09/10. There were 28 participants:

- 82.1% agreed with the statement "I know where to get help when I need it."
- 67.9% agreed with the statement "I am comfortable seeking help."
- 78.6% agreed with the statement "I am better able to handle things."
- 82.2% agreed with the statement "Overall, I am satisfied with the services received."

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
500,008	500,008	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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

A. Answer the following questions about this program.

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

N/A

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

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	1,450	
Total Families:	1,450	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: DV-02 South Region Trauma Exposed Services
local evaluation

☐ Please check box if this program was selected for the

Date: 4/15/11

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.

DV-02 South Region Trauma Exposed Services Program works with DV-01 Families as Partners and other community partners in the South Region as a PEI Program. The program offers a variety of levels of evidence-based Positive Parenting Program (Triple P) practices to families in the South Region dealing with issues including domestic violence, chemical dependency, and abuse/neglect. The goal of the program is to detect any potential issues early allowing referrals to be made and reducing families' enrollment into the Child Welfare System (CWS). Triple P will be enhanced with comprehensive case management and linkage to appropriate community and specialty resources. The program is co-located in CWS South Bay Marina office with a unit from DV-01 Families as Partners program.

Contract Executed: July 1, 2010
Services Started: July 1, 2010
No services were provided in FY 09/10

There is a delay in implementation because the competitive procurement process takes approximately nine months to obtain executed contracts and start services.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (18-24)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
Unknown/Missing		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

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.
N/A
2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of PEI program.
N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
801,907	801,907	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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

A. Answer the following questions about this program.

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

N/A

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)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:		
Total Families:		700

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: DV-03 Alliance for Communnith Empowerment ☐ Please check box if this program was selected for the local evaluation

Date: 4/15/2011

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

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

N/A

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

*Data Collection Start Date: 1/4/10

**Primary Language and Culture of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture**	# of Individuals
Child and Youth (0-17)	121	White	5	English		LGBTQ	
Transition Age Youth (18-24)	7	African American	92	Spanish		Veteran	
Adult (18-59)	0	Asian/Pacific Islander	16	Vietnamese		Other	
Older Adult (60+)	0	Native American	0	Cantonese			
		Hispanic	133	Mandarin			
		Multi	0	Tagalog			
		Unknown	1	Cambodian			
		Other	8	Hmong			
				Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p> <p>DV-03 Alliance for Community Empowerment targets youth, siblings, and families of gang members or those exposed or at risk to exposure of violence. The goals of the program are to increase individual, family, and community resiliency; to reduce the impact of community violence and trauma; and reduce the negative impact of gangs. The program delivers its services through two components: 1) Direct Services to children-at-risk and their families and 2) Community Violence Response Team services.</p> <p>Contract executed: 12/1/09 Services started: 1/4/10 # of months providing service in FY 09/10: 6 months</p> <p>During the 6 months of service in FY 09/10, the direct services component of the program which includes the Leadership Academy and the Gang Awareness for Teen strengthened its outreach to community organizations and faith-based programs, as well as added more participants. Thereby, enhancing system capacity to provide prevention services. In response to the recent violence involving Burmese youth in City Heights, Alliance for Community Empowerment provided a very insightful and profound Gang Awareness workshop for about 15 Burmese parents. Mobile Response started a weekly "triage" at a middle school that have many students affected by community violence. The Alliance for Community Empowerment Response Team was available on campus once a week to provide support to these students confidentially. During this time, the expansion of the Alliance for Community Empower Grief Support Team expanded to assist the Compassion Project network at a community center.</p>	
<p>2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.</p> <p>During the 6 months of service in FY 09/10, 141 individuals were referred to the direct services component of the program. A total of 251 unduplicated youth and their families were served in the direct services component, surpassing their goal of 200 unduplicated youth and their families. A total of 42 unduplicated families were directly served by the Community Violence Response team. However, the goal was to directly service a minimum of 200.</p>	
SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
<p>1. Is there a change in the Priority Population or the Community Mental Health Needs?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>2. Is there a change in the type of PEI activities to be provided?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. a) Complete the table below:</p>	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

FY 10/11 funding	FY 11/12 funding	Percent Change	<p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
498,085	498,085	0%		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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.

N/A

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)

N/A

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:	200	
Total Families:	200	200

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: EC-01 Positive Parenting Program (Triple P) ☐ Please check box if this program was selected for the local evaluation

Date: 4/15/2011

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

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

N/A

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

*Data Collection Start Date: 1/3/10

**Primary Language of those served not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	6	White	115	English		LGBTQ	
Transition Age Youth (18-24)	99	African American	37	Spanish		Veteran	30
Adult (18-59)	1201	Asian	33	Vietnamese		Other	
Older Adult (60+)	24	Pacific Islander	0	Cantonese			
		Native American	2	Mandarin			
		Hispanic	1075	Tagalog			
		Multi	6	Cambodian			
		Unknown	26	Hmong			
		Other	3	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

EC-01 Position Parenting Program (Triple P) serves Head Start (HS) and Early Head Start (EHS) Centers to strengthen the skills of parents, HS/EHS center staff, and educators to promote the development, growth, health, and social competence of young children. Services are designed to benefit the child by working primarily with the parent/caregiver in collaboration with the Head Start staff to promote their education and enhance their ability to work with the child. Staff is also trained to provide on-going support to the family/caregiver once the Triple P curriculum is completed. The prevention model focuses on reducing the risk for behavioral/emotional problems in young children. Early intervention is done by providing assistance for parents of young children who are beginning to show behavioral or emotional difficulties. The program will serve the Central and North Coastal regions of San Diego.

Contract Executed: 6/30/09

Services Started: 9/1/09

of months providing services in FY 09/10: 10 months

During its initial year of operations in FY 09/10, the program utilized a total of 18 Head Start Centers (exceeding the minimum goal of 15) serving a total of 771 parents and 270 staff members in Selected Triple P level, 139 in Primary Triple P level, and 319 in Group Triple P level. Eleven of these centers are located in the Central Region while seven are in the North Coastal region with 3 centers located in school campuses. They also have a center with significant military family participants.

The program was able to conduct a total of 13 series of seminars in all 6 regions of the county, meeting its goal of providing services to all regions of the county. These seminars benefited a total of 178 parents and 80 caregivers respectively.

During the year, the Pilot Project program provided a series of three one-time seminars in 29 low-income elementary schools located throughout the county. A total of 16,975 schoolchildren in low-income elementary schools through their parents were reached by the Pilot Project surpassing their goal of 15,000 students. Also, through advertising and outreach, 568 parents and 8 school staff has attended and completed the seminars provided by the program.

The most meaningful highlights received by the program during the year came from the testimonials of parents and administrators. One testimonial to the effectiveness of the Triple P program came from the principal of Darnall Charter School located in the San Diego Unified School District, who at first did not want to sign an MOU with JFS, said that Triple P is the most successful program she has seen in 35 years as an educator. Also, one father from John Marshall Head Start center wrote a note to the Triple P Educator saying that the program has taught him to use positive approach not only in parenting but in his everyday life and situation that made him not only a positive parent but also a positive husband to his wife. Another survey response received from a parent from Urban Village II commented that every parent should take the class to improve their parenting skills.

Several issues contributed to a slow start at the Head Start Centers that resulted to a low turn-out of parents and staff during the first 6 months of the program. One problem was that the Triple P materials were published in English and had to be translated into Spanish by Triple P staff. There was a lack of space to hold classes. However, educators and administrative staffs were able to seek out for community facilities to hold these classes. Also, some parents preferred the parenting skills program administer to groups over the program administered to individuals because they felt supported in their role as a parent. The reverse was true for military families who preferred individual to group work because of military culture and concerns about confidentiality.

On the Community Component of the program, low attendance was a concern during the early months of the program implementation but the problem was

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

addressed by increasing the incentives given to participants.

A delay with the start of the Triple P program was due to the fact that many schools were not available for seminars until the end of September. Also several schools decided not to hold training during the month of June because parents would not be available since it would be the end of the school year. On several occasions, there was a low turn-out on scheduled seminars, so the program increased the incentives to have more parents attend the seminars.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

During the 9 months of providing service in FY 09/10, Triple P utilized a short program satisfaction survey.

- Out of the 1461 survey participants, 93% agreed with the statement "I know where to get help when I need it."
- Out of the 1469 survey participants, 94% agreed with the statement "I am more comfortable seeking help."
- Out of the 1470 survey participants, 95% agreed with the statement "I am better able to handle things."
- Out of the 1470 survey participants, 97% agreed with the statement "Overall, I am satisfied with the services I received here."

Head Start parents surveyed reported a 90% improvement with their parenting skills. Parents who participated in community seminars reported a 92% improvement with their parenting skills and parents who attended the Pilot Project seminars reported a 95% improvement with their parenting skills.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
1,200,000	1,350,000	+13%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

Increase to Fiscal Year 2011/12 budget is one-time funding for continued pilot.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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.

N/A

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)

N/A

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:	16,125	281 (Duplicated)
Total Families:		

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: FB-01 Kick Start

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

Date: 4/15/11

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.

N/A

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

*Data Collection Start Date: 4/1/10. This report only includes demographic and satisfaction information from the gatekeeper trainings as the TAY services did not start until FY 10/11.

**Primary Language of those served not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	79	English		LGBTQ	
Transition Age Youth (18-24)	21	African American	13	Spanish		Veteran	4
Adult (18-59)	134	Asian	16	Vietnamese		Other	
Older Adult (60+)	5	Pacific Islander	0	Cantonese			
		Native American	2	Mandarin			
		Hispanic	58	Tagalog			
		Multi	7	Cambodian			
		Unknown	9	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

FB-01 Kick Start provides services for individuals at-risk for developing or experiencing a first break of serious mental illness that includes outreach, education and intervention. The goal of this program is provide services to individuals experiencing the onset of mental illness and to reduce the potential negative outcomes associated with mental health issues in the early stages of illness. The target population is youth and TAY in the Central Region. This program was selected for the local evaluation of a PEI program.

Contract Executed: 12/1/09

Services Started: 4/1/10

of months providing services in FY 09/10: 3 months

During the start up period, the program materials were developed and specialized training was provided to all staff by the developers of the Portland Identification and Early Referral (PIER) program model. As of June 30, 2010, the program provided outreach and educational interactions to 397 community members identified as potential "gatekeepers" and opened 6 clients for treatment, following fidelity to the PIER model. The age of the target population was revised to work with 12 to 24 year olds, rather than the original 14 to 24 year olds because the question was raised regarding the fidelity of the model. Challenges have included the development of a comprehensive evaluation plan, and there has been some resistance from a school district in the targeted region.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

As stated above, during its 3 months of services in FY 09/10, First Break was involved with start-up activities. Demographic and satisfaction survey information is from the gatekeeper trainings. Services to transition age youth did not start until FY 10/11. Therefore, a summary of available information about individual, system and program level outcomes are not available. However, during the start-up period, methods to measure outcome success were in place and will be gauged through the number of screenings, mental health assessments, and short term interventions administered through each component of the program.

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

Below are results from the short program satisfaction survey given to individuals taking the gatekeeper trainings in FY 09/10:

- Out of the 180 survey participants, 47.2% agreed with the statement "I know where to get help when I need it."
- Out of the 171 survey participants, 39.8% agreed with the statement "I am more comfortable seeking help."
- Out of the 164 survey participants, 27.4% agreed with the statement "I am better able to handle things."
- Out of the 157 survey participants, 43.3% agreed with the statement "Overall, I am satisfied with the services I received here."

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
1,300,000	1,300,000	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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

A. Answer the following questions about this program.

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

N/A

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

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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)		
N/A		
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:	450	100 (Duplicated)
Total Families:		100

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: NA-01 Collaborative Native American Initiative
local evaluation

☐ Please check box if this program was selected for the

Date: 4/15/11

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.

N/A

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

*Report Period by Program: Indian Health Council & Southern Indian Health Clinic: Jan-June 2010; Sycuan: July 2009-June 2010; Urban Youth Center: October 2009-June 2010

** Primary Language of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	1541	White	90	English		LGBTQ	
Transition Age Youth (16-25)	435	African American	5	Spanish		Veteran	107
Adult (18-59)	2104	Asian	25	Vietnamese		Other	
Older Adult (60+)	484	Pacific Islander	0	Cantonese			
		Native American	1368	Mandarin			
		Hispanic	109	Tagalog			
		Multi	0	Cambodian			
		Unknown	230	Hmong			
		Other	33	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

NA-01 Collaborative Native American Programs – The Dream Weaver PEI Native American Consortium, which is made up of four Native American health clinics, provides PEI services to the Native American Community within San Diego County. The Consortium casts a broad net to educate and inform community members about PEI activities. The PEI services are delivered through the Urban Youth Center, Elder Services/Navigator Program, and Outreach/Behavioral Health Prevention Education program with a special focus on Suicide Prevention by counselors, outreach educators, caseworkers, and elder navigators. The program serves all age groups from children to older adults. Outreach and prevention education activities promote and support community wellness, cultural activities, support groups, and referral services. Emphasis will be placed on enhancing individual, family, and community wellness by promoting and increasing awareness and access to cultural events that are known to support resilience. These services may include: traditional health gatherings, cultural programs that maintain language, knowledge of basket weaving (a local tradition for many tribes), nutrition programs, self-esteem activities, male involvement strategies, positive parenting, exercise programs, and the promotion of overall increased medical and dental health. All of these services will have the goal of preventing the onset of serious mental health problems.

Contract Executed: 4/13/09

Services Started: 4/13/09

of months of providing services in FY 09/10: 12 months

During FY 09/10, the Indian Health Council (IHC) clinic promoted wellness and prevention and early intervention of behavioral health issues by offering computer classes for elders, parenting classes, developed a monthly veterans' group, Stitch to Wellness group, by doing outreach at Powwows, health fairs and other events and by delivering outreach suicide prevention education presentations.

In June 2010, six meetings for the American Indian Veterans Association and several Color Guard trainings were facilitated in preparation for the IHC 40th Anniversary. Throughout the process of supporting the American Indian Veterans Association development, the group agreed to participate in a joint Native American veteran digital and video story-telling series with Southern Indian Health Council geared toward preserving their stories and developing a male Native American mentor program that addresses mental health and substance abuse issues among tribal youth around the County. Clinical efforts included accompanying community health nurses on home visits, conducting comprehensive assessments, providing interventions, therapy and case management with individuals from multiple consortium reservations.

The Southern Indian Health Council (SIHC) clinic, through Elder Services/Navigator program, worked on reducing isolation in the Kumeyaay community through Senior Congregate meals, including them in the monthly Mother/Daughter nights, and bringing together Elders and Youth at the bi-weekly Elder-Youth Luncheons. The Elder-Youth luncheons continued to foster new relationships and integrate cultural traditions and history. The program staff and SIHC's Senior Outreach program continued to collaborate in providing activities that promote wellness among the Kumeyaay Elder community. Additionally, staff presented trainings in the community on historical trauma in the context of mental health issues and cultural competency and mental health awareness. The PEI Therapy Groups continued to increase in numbers.

The San Diego American Indian Health Center's Urban Youth Center provided prevention activities to 515 people in FY 09/10. Staff conducted screening/assessment of the risk for mental health needs and provided early intervention services to 63 youth and young adults. These PEI services were delivered through weekly activities at the Youth Center such as healthy cooking classes, Walk & Talk, exercise classes, and creating video clips to post on their website. Youth Center staff, members and volunteers have also done outreach at Pow Wows, Soaring Eagles, Native Wellness Conference, etc.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Sycuan Clinic promoted awareness of PEI services through community events such as Health and Wellness conferences, mother and daughter dinners, craft functions, Sycuan health fair and other small social circle gatherings. The clinic has had involvement with Tribe Assistance Native American Families and Native American Tribal Court dealing with children and family issues relating to Prevention and Early Intervention. The staff has attended various trainings which included the 2010 Indigenous Psychology Conference which dealt with family intervention, cultural identity, American Indian Adolescents, Indigenous Psychology and practice of good medicine.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program

During FY 09/10, the Dream Weaver PEI Native American Consortium provided PEI services to a total of 3,549 community residents. Among them 3,277 received prevention services through Elder Services/Navigator Program and Outreach/Prevention Education program and 272 received early intervention services. Thereby increasing awareness of eligibility services for San Diego American Indians/Alaska Natives in all age groups. Due to the increased awareness of the numerous weekly wellness and cultural programs provided at the Indian Health Council, Southern Indian Health Clinic and Urban Youth Center, community wellness increased among the San Diego American Indians/Alaska Natives. Through the Dream Weaver PEI Native American Consortium, there is a stronger and enhanced coordination of efforts among the San Diego American Indians/Alaska Natives

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
1,600,000	1,600,000	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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.

N/A

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)

N/A

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

	Prevention	Early Intervention
Total Individuals:	1,854	175 (Duplicated)
Total Families:		

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: OA-01 Elder Multicultural Access and Support Services (EMASS)

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

Date: 4/15/11

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.

N/A

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

*Data Collection Start Date: 2/16/10

**Primary Language of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	1	English		LGBTQ	
Transition Age Youth (16-25)		African American	67	Spanish		Veteran	13
Adult (Under 60)	2	Asian	47	Vietnamese		Other	
Older Adult (60+)	186	Pacific Islander	0	Cantonese			
		Native American	2	Mandarin			
		Hispanic	85	Tagalog			
		Multi	0	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

OA-01 Elder Multicultural Access and Support Services (EMASS) program provides outreach, education, advocacy, peer counseling support and transportation services to older adult Hispanics, African refugees, African American and Filipino seniors by Promotoras and community health workers. EMASS uses the threshold languages in many of their written materials and in peer education provided to the participants. Promotoras assist participants in understanding documents not in the participants' own language. The program seeks to identify and prevent mental health issues, reduce inappropriate utilization of services (such as emergency room visits), and increase access to healthcare services. This program offers transportation assistance to their participants.

Contract Executed: 9/1/09

Services Started: 9/8/09

of months providing services in FY 09/10: 10 months

During FY 09/10, the program served 410 North County individuals, surpassing the goal of serving 333. The program served 272 Central Region individuals, surpassing the goal of serving 166. In addition the program served 166 South Region individuals, surpassing the goal of serving 166. In North County, transportation services were provided to 223 unduplicated clients, surpassing its goal of a minimum of 166 unduplicated clients.

A key difference with implantation of the program was the enhancement of a partnership developed with HHSA Aging and Independent Services in providing good mental health and healthier living workshops. The program challenges were delays with on-the-job training for staff to enhance their Promotora skills; limited staff and mileage budget; lack of mental health resources to older adults whose English is limited; and numerous requests were received for older adults who did not meet the targeted cultural population.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

During the 9 months of providing service in FY 09/10, EMASS utilized a short program satisfaction survey for their clients. Two hundred and seven (207) clients participated in the survey.

- 94.2% agreed with the statement "I know where to get help when I need it."
- 93.2% agreed with the statement "I am more comfortable seeking help."
- 90.4% agreed with the statement "I am better able to handle things."
- 95.2% agreed with the statement "Overall, I am satisfied with the services I received here."

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"/>

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

<p>3. a) Complete the table below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>387,153</td> <td>387,153</td> <td>0%</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	387,153	387,153	0%	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
387,153	387,153	0%					
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.</p>							
<p>A. Answer the following questions about this program.</p>							
<p>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</p>							
<p>N/A</p>							
<p>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</p> <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 							
<p>N/A</p>							
<p>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</p>							
	Prevention	Early Intervention					
Total Individuals:	800						
Total Families:							

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: OA-02 Positive Solutions

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

Date: 4/15/2011

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

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

N/A

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

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

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

OA-02 Positive Solutions program delivers education, linkages to services, prevention and short-term early intervention mental health services to underserved older adults who are racially, ethnically, and culturally diverse. This program seeks to increase knowledge of mental health warning signs, and reduce stigma and disparities to mental health services access.

Contract Executed: 9/1/09

Services Started: 9/8/09

of months providing services in FY 09/10: 10 months

In FY 09/10, Positive Solutions provided outreach and services to many unserved/underserved population including Hispanic population in North County region, Vietnamese Veterans and Chinese older adults in the Downtown area of San Diego. Positive Solutions established relationships with providers who frequently encounter older adults in order to increase outreach older adults of all cultural backgrounds. The program provided outreach education to older adults by partnering with HHSA Aging and Independence Services and OA-01 Elder Multicultural Access Support Services. The program provided training to providers who frequently encounter older adults to increase their awareness of mental illness.

Through enhanced partnerships with other older adult providers, such as Mobile Physician Services, Senior Centers, Police Department, and community organizations, Positive Solutions provided comprehensive and integrated services to homebound seniors. Mental Health training originally designed for home delivery staff and volunteers was extended to other non-mental health providers

By looking for how mutual objectives can be satisfied, the major challenge of building of new partnerships without an incentive to the new community partners was overcome. Another difficulty was that many older adults have insufficient mental health awareness, and therefore, it took more than a "short-term" intervention to engage, educate and provide them with services. Because Positive Solutions is limited to home-bound seniors in two of the County's six regions, some individuals who might benefit from PS services are denied if they do not meet the current operational definition or target area. However, Positive Solutions does their best to provide them with resources and uses interns to provide limited services to those who are not the target population.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

Data collected for the short program satisfaction survey given to individuals served by Positive Solutions began in March 2010. Nine (9) individuals participated in the survey.

- 77.8% agreed with the statement "I know where to get help when I need it."
- 77.8% agreed with the statement "I am more comfortable seeking help."
- 77.8% agreed with the statement "I am better able to handle things."
- 100% agreed with the statement "Overall, I am satisfied with the services I received here."
-

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> <tr> <td style="padding: 5px;">488,805</td> <td style="padding: 5px;">488,805</td> <td style="padding: 5px;">0%</td> </tr> </table> <p style="margin-top: 10px;">b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="margin-top: 10px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p style="margin-top: 10px;">c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	488,805	488,805	0%	<p style="margin-top: 100px;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p style="margin-top: 10px;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
488,805	488,805	0%					
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.							
A. Answer the following questions about this program.							
1. Please include a description of any additional proposed changes to this PEI program, if applicable.							
N/A							
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 							
N/A							
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.							
Total Individuals:	Prevention 400						
Total Families:	Early Intervention 200 (Duplicated)						

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: OA-03 Aging Well (formerly Life Long Learning)
local evaluation

☐ Please check box if this program was selected for the

Date: 4/15/2011

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

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

N/A

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

*Data Collection Start Date: 2/10/10

**Primary Language of those served not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	57	English		LGBTQ	
Transition Age Youth (16-25)		African American	27	Spanish		Veteran	8
Adult (Under 54)	25	Asian	15	Vietnamese		Other	
Older Adult (Over 55)	73	Pacific Islander	2	Cantonese			
		Native American	1	Mandarin			
		Hispanic	8	Tagalog			
		Multi	1	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

OA-03 Aging Well formerly named Life Long Learning delivers age-appropriate, culturally and linguistically appropriate, educational activities and materials about mental health to older adults, family/caregivers, and health and social services providers. Program staff presents lectures and materials at community senior centers, adult day health centers, senior low income housing, and faith-based community organizations.

Contract Executed: 9/1/09

Services Started: 9/1/09

of months providing services in FY 09/10: 10 months.

During FY 09/10, training modules for providers, older adults and for older adult caregivers were developed as well as a compendium reference handbook. As of June 30, 2010, a total of 297 providers, older adults and older adult caregivers were trained.

An enhancement to the program is the use of an e-learning that would reach unserved and underserved populations through the internet.

The original contractor requested to terminate their contract after 10 months due to their changing business practices. To ensure there were no breaks in services, the program was incorporated into an existing contract for behavioral health trainings.

Outcomes reporting have yet to be set up in a database to collect and analyze evaluations of the trainings. This is a challenge because data analysis is important with tracking progress and recognizing where further improvements can be made.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

In FY 09/10, Aging Well utilized a program satisfaction survey to individuals served in the Older Adult program and Provider program. Data collected from these surveys started in February 2010.

From the Older Adult Program:

- Out of the 71 survey participants, 63.4% agreed with the statement "I know where to get help when I need it."
- Out of the 72 survey participants, 54.1% agreed with the statement "I am more comfortable seeking help."
- Out of the 71 survey participants, 52.2% agreed with the statement "I am better able to handle things."
- Out of the 73 survey participants, 61.7% agreed with the statement "Overall, I am satisfied with the services I received here."

From the Provider Program:

- Out of the 36 survey participants, 5.6% agreed with the statement "I know where to get help when I need it."
- Out of the 37 survey participants, 5.4% agreed with the statement "I am more comfortable seeking help."
- Out of the 37 survey participants, 8.1% agreed with the statement "I am better able to handle things."
- Out of the 36 survey participants, 5.6% agreed with the statement "Overall, I am satisfied with the services I received here."

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
174,925	174,925	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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

A. Answer the following questions about this program.

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

N/A

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)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	500	
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: OA-04 REACHing Out

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

Date: 4/15/2011

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

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

N/A

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

*Data Collection Start Date: 6/21/10

**Primary Language of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	11	English		LGBTQ	
Transition Age Youth (16-25)		African American	0	Spanish		Veteran	0
Adult (18-59)	7	Asian	0	Vietnamese		Other	
Older Adult (60+)	5	Pacific Islander	0	Cantonese			
		Native American	0	Mandarin			
		Hispanic	12	Tagalog			
		Multi	0	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

OA-04 REACHing Out program is a multifaceted, personalized intervention intended to prevent or decrease depression symptoms due to isolation and burden of care in Hispanic caregivers of Alzheimer's patients. The program intervention includes nine home visits, three 30 minute telephone check-ups, and five structured telephone support sessions for caregivers by a trained project staff member.

Contract Executed: 10/1/09

Services Started: 10/1/09

of months providing services in FY 09/10: 9 months

During the start-up period, materials were developed, training and orientation was provided to Promotora staff, and an advisory council was formed. In addition, the program collected and evaluated The Resources for Enhancing Alzheimer's Caregiver Health (REACH) intervention model materials with the goal of enhancing their applicability to Latinos, the target population of this contract.

As of June 30, 2010, Promotoras provided outreach to over 1,200 individuals and used a variety of methods of outreach including one-on-one outreach, linking with existing community events/activities where families are present, presentations at group meetings, service orientation presentations to professionals, and flyer distribution. In addition, early intervention services, specifically group psycho-educational classes, were delivered to 18 individuals.

Enhancing the applicability of the REACH intervention materials to the Hispanic population has been a challenge. However, the program engaged a principal REACH advisor and a local advisor to address cultural competence and in FY 10/11, this issue was no longer a concern.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program,

REACHing Out utilized a program satisfaction survey in FY 09/10. Data collected from the surveys started in June 2010. There were 13 survey participants.

- 100% agreed with the statement "I know where to get help when I need it."
- 100% agreed with the statement "I am more comfortable seeking help."
- 92.3% agreed with the statement "I am better able to handle things."
- 100% agreed with the statement "Overall, I am satisfied with the services I received here."

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"/>

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

<p>3. a) Complete the table below:</p> <table border="1" style="width:100%; border-collapse: collapse; margin: 10px 0;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>460,380</td> <td>460,380</td> <td>0%</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	460,380	460,380	0%	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
460,380	460,380	0%					
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.</p>							
<p>A. Answer the following questions about this program.</p>							
<p>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</p> <p>N/A</p>							
<p>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</p> <p style="margin-left: 20px;">a. Names of the programs being consolidated</p> <p style="margin-left: 20px;">b. The rationale for consolidation</p> <p style="margin-left: 20px;">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)</p> <p>N/A</p>							
<p>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</p>							
	Prevention	Early Intervention					
Total Individuals:	400	200 (Duplicated)					
Total Families:							

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: OA-05 Salud

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

Date: 4/15/2011

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

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

N/A

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

*Data Collection Start Date: 5/11/10

**Primary Language of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	17	English		LGBTQ	
Transition Age Youth (16-25)	0	African American	0	Spanish		Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese		Other	
Older Adult (60+)	19	Pacific Islander	0	Cantonese			
		Native American	1	Mandarin			
		Hispanic	17	Tagalog			
		Multi	0	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

OA-05 Salud provides integrated care for mental health and medical conditions to Hispanic older adults. Early intervention includes integrated diabetes/depression care management by a Master's level RN, and intervention is delivered in primary care settings.

Contract Executed: 8/1/09

Services Started: 8/1/09

of months providing services in FY 09/10: 11 months

The contracts for participating clinics began on August 1, 2009, while the contract for the evaluation component began on September 1, 2009.

During their start-up period, staff was hired and identified to attend the required Diabetes Self Management Program (DSMP) Training. Program materials were developed, training and orientation was provided to Promotora staff and the processes between the two clinics and the evaluation provider were determined and documented. During FY 09/10, the Problem Solving Therapy training occurred and recruitment of clients began as a first step in completing staff certification. As of June 30, 2010, Promotoras provided outreach to over 340 older adults and 32 persons were referred to the Diabetes Self Management Program groups. The follow-up assessments to evaluate outcomes, continued recruitment efforts and formal implementation of the Problem Solving Therapy are scheduled to begin FY 10/11.

Major challenges include recruitment and retention of qualified staff. Due to the specialized training required, the limited times offered and training costs which are prohibitive present an obstacle when there is staff turnover. In addition, clinics have found that participants have difficulty in completing the entire training series. This poses a concern for the evaluation component as well, and policies have been devised to assist with determining the clients' ability to return to a current group series versus waiting for the next available one.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

Salud utilized a program satisfaction survey to individuals served by the program. Data collected from the survey started in May 2010. There were 10 individuals that participated in the survey.

- 100% agreed with the statement "I know where to get help when I need it."
- 100% agreed with the statement "I am more comfortable seeking help."
- 100% agreed with the statement "I am better able to handle things."
- 100% agreed with the statement "Overall, I am satisfied with the services I received here."

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
552,595	552,595	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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

A. Answer the following questions about this program.

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

N/A

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)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	400	130 (Duplicated)
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: PS-01 Primary and Secondary Prevention – Public Outreach, Education and Support Lines

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

Date: 4/15/2011

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

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

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

*Data Collection Start Date: 4/26/10. Data collected for Suicide Prevention and Stigma Reduction Media Campaign. This is from a telephone survey that was conducted to provide baseline data prior to the launch of the media campaign.

**Primary Language of those served was not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	359	English		LGBTQ	
Transition Age Youth (18-24)	67	African American	14	Spanish		Veteran	89
Adult (18-59)	461	Asian	21	Vietnamese		Other	
Older Adult (60+)	141	Pacific Islander	5	Cantonese			
		Native American	5	Mandarin			
		Hispanic	177	Tagalog			
		Multi	20	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

This project is a two-pronged approach to increase public awareness and understanding of mental illness through media-based outreach and education campaigns to targeted underserved and unserved populations.

1. **Primary Prevention, Media-Based Outreach, and Education** – These programs enhance and expand upon the DMH plans on stigma reduction and suicide prevention. The programs utilizes strategies and directions from a number of sources, including *Developing a Stigma Reduction Initiative* (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration [SAMHSA], 2006); *What a Difference a Friend Makes* (SAMHSA, 2006); and *Youth Champions for Hope* (United Advocates for Children and Families, 2007). This program also builds upon the California Strategic Plan on Suicide Prevention (2008) produced by the DMH. These strategies have been modified to address the unique characteristics of San Diego County and specific target populations.

- Suicide Prevention and Stigma Reduction Media Campaign

Contract executed: 4/1/10

Services started: 4/1/10

of months providing services in FY 09/10: 3 months

During the 3 months of providing services in FY 09/10, It's Up to Us, the Suicide Prevention and Stigma Reduction Media Campaign, completed research through a Baseline Study, stakeholder input and formative research. Through the research, the contractor developed creative messaging directions from the data. Broadcast pre-production and media planning began, and the contractor continued to develop campaign brand creative, revised script concepts, proceeded with web design, development and content and built a comprehensive media plan for It's Up to Us. One key difference in the program from original conception is the development of the Physicians' Campaign. The Physicians' Campaign was strategized and developed to inform and engage San Diego physicians as an initial phase of the campaign.

- Stigma and Housing Discrimination Reduction Media Campaign

Contract executed: 10/13/09

Services started: 10/15/09

of months providing services in FY 09/10: 9 months

During FY 09/10, Housing Matters, the Stigma and Housing Discrimination Reduction Media Campaign, conducted an initial baseline study to gauge public awareness of mental illness and related housing discrimination. One enhancement to this program was the forming of a steering committee to provide feedback of the campaign development and implementation.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

- Suicide Prevention Action Plan

Contract executed: 4/1/10

Services started: 4/1/10

of months providing services in FY 09/10: 3 months

During the 3 months of providing services, in FY 09/10, the contractor for the Suicide Prevention Action Plan, established a monthly suicide prevention action plan meeting, strengthened partnerships with other PEI programs and began planning for the kickoff meeting to bring stakeholders together.

- County Health Promotion Specialists and Aging Specialists

Contract executed: 4/1/09

Services started: 4/1/09

of months providing services in FY 09/10: 12 months

The County Health Promotion Specialists and Aging Specialists continued to develop much needed mental health resources such as developing Lactation Resources packet that includes information and resources for postpartum depression. The Specialists provided mental health outreach at a numerous health fairs and collaborated with community and provider linkages. In October 2009, the Specialists organized depression screenings through San Diego County at the Health and Human Services Agency Regional facilities. Overall, 235 individuals were screened and approximately 36% of those saw a clinician on site for an assessment and connection to follow-up services.

2. Secondary Prevention, Targeted Populations Outreach, and Education

- Breaking Down Barriers

This program uses a cultural broker outreach model to create effective collaborations with various agencies, community groups, client and family member organizations, and other stakeholders to reduce mental health stigma and increase access to mental health services for unserved and underserved communities.

Contract executed: 6/29/09

Services started: 7/1/09

of months providing services in FY 09/10: 12 months

During FY 09/10, the outreach specialists of Breaking Down Barriers engaged in their respective communities to connect with community leaders and to discuss access strategies and outreach opportunities. In addition to outreach, multiple presentations were made to educate members about mental illness and resources. Since the original conception, the targeted communities have expanded, and outreach and educational activities have evolved.

- Fotonovela

A photo-booklet with Spanish narrative presented in captions at the top and bottom of each frame has been created to educate and outreach to the local Hispanic community. The thematic content of this project targets reduction in stigma and discrimination towards mental illness in a culturally appropriate context. Additional subjects include suicide risk awareness and education on early detection of mental illness.

Contract executed: 12/15/09

Services started: 12/15/09

of months providing services in FY 09/10: 7 months

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

During FY 09/10, forty thousand (40,000) copies of the Fotonovela were distributed in one month to various centers around the County that were identified as serving Latinos and the mental health consumers. The response from the community centers for additional copies is a great indication of the impact Fotonovela has made in advertising the services available for Latinos and the greater population. The publication has great impact on the general community beyond the original Latino population targeted mainly because it was published in both Spanish and English versus just Spanish as originally conceived for the program. In fact, 70,000 additional copies have been ordered to fulfill the demand after the original 40,000 were distributed. These additional copies will be distributed in Fiscal Year 2011/12. Also, publication in Latino newspapers increased the reach of the campaign from the estimated 217,500 people to 392,600 people.

- Family and Youth Support Lines

The Youth Talk Line serves children/youth including TAY struggling with continuum of stressors linked to behavioral health issues. The Family Support Line serves caregivers/family members of children/youth with stressors or at-risk behaviors related to behavioral health. The Peer Support Lines are staffed by youth and caregivers/family members who hold experience as recipients of behavioral services or as caregivers/family members of a behavioral health service recipient.

Contract executed: 2/17/10

Services started: 5/1/10

of months providing services in FY 09/10: 2 months

During FY 09/10, the program has done a lot of outreach to advertise and promote the lines throughout the County. The outreach has been in the form of doing presentations, dropping flyers, or having one-on-one meetings. The outreach continues to be a central activity as reaching children and youth has been difficult. The outreach is targeted to schools, communities and programs that serve children and families who live in high-risk, low socio-economic communities with high concentration of ethnic minorities, including underserved Asian and Pacific Islanders, Latinos, and military families. What they have found very effective in reaching out to youth is the distribution of different colored wristbands that have the Youth Talkline number. The program continues to work with monitoring team to assess and enhance the outreach plan.

Additionally, the program distributed monthly newsletters to create awareness and to promote prevention and early intervention of behavioral health issues that face families and youth. The featured topics include: teen pregnancy, healthy eating and living, going back to school – tips for smooth transition, addressing school problems, teen suicide, bullying, and teen violence.

The program receives feedback from callers regularly. Callers are happy to be able to talk to a live person when they call. At the end of the call, each caller is asked to stay on the phone for a few minutes to take an anonymous, automated satisfaction survey to help the program provide better service. They have received feedback that callers want early hours of service. After a careful analysis of calls received for a period of time, the program has changed hours of operation to 12am-6pm from 2pm-8pm effective February 2011 to better serve families and youth.

- Adult/Family Peer Support Lines

Contract executed: 7/1/10

Services started: 7/15/10

No services were provided in FY 09/10.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

The data below is from a telephone survey that was conducted to provide baseline data prior to the launch of the Suicide Prevention and Stigma Reduction Media Campaign. The data collection start date was on April 26, 2010.

- Out of the 556 survey participants, 60.2% agreed with the statement "My community has resources for mental health problems that are easy to access and understand."
- Out of the 600 survey participants, 88.9% agreed with the statement "I would be comfortable talking to a friend or family member about their mental health."
- Out of the 601 survey participants, 93.7% agreed with the statement "I would attempt to get help for myself if I was having mental health problems."
- Out of the 588 survey participants, 58.4% agreed with the statement "I know how to recognize the warning signs of suicide in other people."
- Out of the 595 survey participants, 80.9% agreed with the statement "I know where to seek help if I saw someone in my family showing warning signs of suicide."

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
7,349,219	5,521,238	-25%

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

Yes ☒

No ☐

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

Yes ☐

No ☐

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

The Fiscal Year 2010/11 budget included the one time allocation of supplemental funds.

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.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

N/A

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)

N/A

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

This work plan contains projects of a universal nature and as such the number of individuals and families to be reached by these activities is a large part of the San Diego County population.

	Prevention	Early Intervention
Total Individuals:	TBD	
Total Families:		

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: RC-01 Rural Integrated Behavioral Health & Primary Care Services

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

Date: 4/15/2011

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

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

N/A

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

*Services Started: 4/1/10

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	8	White	70	English		LGBTQ	
Transition Age Youth (16-25)	9	African American	0	Spanish		Veteran	
Adult (18-59)	99	Asian	0	Vietnamese		Other	
Older Adult (60+)	4	Pacific Islander	0	Cantonese			
		Native American	2	Mandarin			
		Hispanic	47	Tagalog			
		Multi	1	Cambodian			
		Unknown	0	Hmong			
		Other	0	Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

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

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

RC-01 Rural Integrated Behavioral Health and Primary Care Services program includes assessments and short-term interventions in rural community clinics for individuals who may be at risk for or are in the early stages of mental illness. The program goals are to prevent patients in rural community clinics from developing an increased level of behavioral health issues, severe mental illness, or addiction. The target population includes children, adolescents, transition age youth, adults and older adults in community clinics located in rural areas of San Diego.

Contract Executed: 1/1/10

Services Started: 4/1/10

of months providing services in FY 09/10: 3 months

With the contract executed on January 1, 2010, Vista Hill SmartCare began providing Community Wellness Activities and Events in April 2010. Integrated Prevention and Early Intervention services began in Neighborhood Health Care Pauma Valley in May 2010 and in North County Health Services Ramona in June 2010. During this time period, a total of 20 Community Wellness Activities were provided, with 190 community member participants. One hundred and fifty (150) patients/clients were admitted for services, receiving a total of 120 prevention services and 67 early intervention services. Encouraging component of the project has been the realization that it is a catalyst in the community for collaboration across disciplines. Schools in three communities, local businesses and community gatekeepers across this region and county has come together to provide support for prevention services for their community members.

A key difference in the original conception of the program is that one of the three proposed primary care clinic partners did not join the project. Staffing became an issue with the third clinic not participating. Some staff members had to be let go. The program was unable to come to an agreement with one of the primary care clinics that agreed to partner with the project. However, the schools and community members in this particular rural area/town have specifically requested for continuation of services despite non-clinic involvement.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

During the 3 months of providing services in FY 09/10, the Rural Integrated Behavioral Health and Primary Care Services program, is showing examples of achieving the outcomes established for the services such as increasing access to mental health wellness information by increasing the number of mental health wellness events.

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"/>

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

<p>3. a) Complete the table below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>1,400,000</td> <td>1,520,000</td> <td>9%</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	1,400,000	1,520,000	9%	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
1,400,000	1,520,000	9%					
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.</p>							
<p>A. Answer the following questions about this program.</p>							
<p>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</p>							
<p>N/A</p>							
<p>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</p> <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 							
<p>N/A</p>							
<p>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</p>							
	Prevention	Early Intervention					
Total Individuals:	3,800	1,550 (Duplicated)					
Total Families:	2,020	808 (Duplicated)					

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: SA-01 School-Based Program

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

Date: 4/15/2011

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

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

N/A

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

*Data Collection Start Date: 1/1/10. Data collected is from SA-01 North County.

**Primary Language of those served not collected.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language**	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	338	White	26	English		LGBTQ	
Transition Age Youth (18-24)	10	African American	6	Spanish		Veteran	4
Adult (18-59)	182	Asian	4	Vietnamese		Other	
Older Adult (60+)	2	Pacific Islander	0	Cantonese			
		Native American	0	Mandarin			
		Hispanic	547	Tagalog			
		Multi	0	Cambodian			
		Unknown	495	Hmong			
		Other	8	Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

SA-01 School-Based Program provides a family-focused prevention and early intervention plan for school age children and their families in high risk communities with high ratios of Asian/Pacific Islanders and Latinos and socio-economically disadvantaged families in North and East Region through its unique design of school and family components. School component served children and their families in by providing social-emotional mental health evidence-based prevention and early intervention services. The Positive Behavioral Support (PBS) is implemented through the Building Effective School Together (BEST) model and Incredible Years (IY), and a family component focused on resiliency is delivered through community outreach specialists (COS). Interventions are coordinated to increase resiliency and protective factors for children by improving child/parent social and emotional skills and reducing parental stress. The aim is to minimize barriers to learning while supporting children in academic and personal success.

North Region

Contract Executed: 10/20/09

Services Started: 11/2/09

of months providing services in FY 09/10: 8 months

During FY 09/10, IY Classroom intervention using prevention curriculum was presented in 84 classrooms of preschool-3rd grades in English and Spanish with 1792 children received the intervention. There were 331 at-risk children screened at the targeted schools and 274 were identified to receive prevention/early intervention activities such as IY Dinosaur School, IY one on one coaching, IY Parenting Class in addition to the IY Classroom Intervention.

The school component staff supported the schools to establish the foundation of BEST to achieve a successful 7-month implementation. They worked with schools to: solidify administrative leadership; clarify and teach behavioral expectations to all students; provide positive reinforcement for pro-social behavior to all students; provide performance-based feedback to school personnel; provide effective classroom management to school personnel; and provide individual student supports in participating schools.

The program's family component staff conducted outreach with school staff and administrators to increase awareness of their services. Staff attended parent meetings, held parent meetings called "Cafecitos" to present information and education on family wellness and community resources. The featured topics included Free and Low Cost Food Sources in Your Community, Promoting Early Learning and Literacy in Your Family, Family Life and Stress Management, Nutrition and Health Tips, and Hands on School Tour. Staff also held a 9-week reading circle discussing a book on parenthood from a Hispanic father's perspective, hosted a 4-week knitting circle, and hosted one Speaker's Event with a former youth gang member sharing his story with parents of school aged children. Staff conducted extensive community research to learn about available community resources for referral needs during case management services.

During FY 09/10, family component's staff provided a total of 66 group events across 4 schools, provided approximately 64 Drop In Case Management "shifts," screened 334 parents for additional services, and served 565 families. The program recorded a total of 321 group participants most of whom attended more than one event and logged 2,923 contacts with the target population.

Initial implementing at 2 schools in Escondido was a challenge due to issues with a district employee working with BEST. The contractor worked with the district to problem-solve and the district hired new personnel for the position for FY 10/11. After the personnel change, the program and BEST implementation is successfully moving forward.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

East Region

Services Started: 7/1/10

of months providing service in FY 09/10: 0 months

The School-Based Program in East Region will be partnering with La Mesa Spring Valley Elementary School District, Avondale Elementary School in Spring Valley and La Mesa Dale Elementary in La Mesa. Avondale and La Mesa Dale Schools are located in low socio-economic, high risk communities and both schools have over 400 students enrolled. Avondale student population is approximately 80% ethnic minorities and La Mesa Dale's population is approximately 74% ethnic minorities. Both schools are diverse with a predominately Latino population but also have 5 to 10% underserved Asians and Pacific Islanders enrolled. Avondale and La Mesa Dale schools are both underachieving academically and the schools are on school improvement plans.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

School Based Program – North County utilized a program satisfaction survey given to individuals participating in the Family Community Partnership component and School Age Services Component. Data from collected from the surveys started in January 2010.

From the Family Community Partnership component, 262 individuals participated in the survey. The mean age was 34.6.

- 92.4% agreed with the statement "I know where to get help when I need it."
- 76.8% agreed with the statement "I am more comfortable seeking help."
- 77.4% agreed with the statement "I am better able to handle things."
- 95.8% agreed with the statement "Overall, I am satisfied with the services I received here."

From the School Age Services component, 218 individuals participated in the survey. The mean age was 7.6.

- 78.9% agreed with the statement "I know where to get help when I need it."
- 61.0% agreed with the statement "I am more comfortable seeking help."
- 76.6% agreed with the statement "I am better able to handle things."
- 94.1% agreed with the statement "Overall, I am satisfied with the services I received here."

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">FY 11/12 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td>2,800,000</td> <td>2,800,000</td> <td>0%</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	2,800,000	2,800,000	0%
FY 10/11 funding	FY 11/12 funding	Percent Change						
2,800,000	2,800,000	0%						

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or, <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.		
A. Answer the following questions about this program.		
1. Please include a description of any additional proposed changes to this PEI program, if applicable.		
N/A		
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)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	3,100	1,550 (duplicated)
Total Families:	1,550	620 (duplicated)

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: San Diego

Program Number/Name: SA-02 Suicide Prevention Education Awareness and Knowledge (SPEAK)

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

Date: 4/15/2011

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

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

N/A

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

*Data is not available because services started in FY 10/11.

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

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

SA-02 Suicide Prevention Education Awareness and Knowledge (SPEAK) is a suicide prevention program to serve students through education, outreach, screening and referrals in schools. It includes education to school staff and families. The program goals are to reduce suicides and the negative impact of suicides in schools and to increase education of the education community and families. The target population is children, youth, TAY, schools staff, gatekeepers, families and caregivers.

Contract executed: 11/5/09

Services started: 9/1/10

No services were provided in FY 09/10.

During FY 09/10, SA-02 SPEAK was involved in start-up activities. Because this is a school-based program, direct services started on September 2010, the beginning of the 2010 school year.

In FY 09/10, staff continued the training for the Yellow Ribbon Suicide Prevention Program (YRSPP), a program designed to reach students who are at risk of suicide through education within a classroom setting, and it is designed to train gatekeepers and all youth in identifying both risks and protective factors related to suicide and self harm. Program materials were translated in Spanish and Vietnamese. Schools' administrators brainstormed ideas on how to recruit the highest number of parents to receive the Be-A-Link training. Strategies implemented include sending a letter to parents at the beginning of each school year advising them about the implementation of the SPEAK program on their child's campus and letting them know about the upcoming parent component. The school administrators also plan to utilize the Ed-Connect calls to parents in a variety of languages personally encouraging their attendance. Another strategy is the SPEAK team will also attend the Fall open house at each campus so they can meet parents and personally invite them to the parent presentation as another strategy to encourage their attendance at the Be-A-Link presentations. The SPEAK team also begun to look at program elements specific to the LGBTQ population by holding an initial meeting with the San Diego Unified School District HIV Prevention and Sex Education Program, which has previously worked with the Gay Straight Alliance advisors at various high schools within the district. The San Diego School District HIV Prevention and Sex Education Program will serve as a resource to our team in connecting with this high risk population.

In FY 09/10, the SPEAK team have become increasingly more aware of the concern that school staff have about discussing the issue of suicide with students. The myth that talking about suicide may cause someone to attempt is more prevalent than they had anticipated. They became more aware that school counselors required more skills in order to do an effective job in this area thus requiring more support from the SPEAK mental health staff. Another concern was the school staff report about the number of times families have refused to pursue mental health treatment for their child and the staffs' sense of helplessness about next steps. In response as a prevention activity, the SPEAK team worked closely with Counseling and Guidance to provide outreach to those families with the goal of linking them to services. The need for mental health staff on the SPEAK team was greater than they initially anticipated. As a result, they decided to reduce the District Counselor staff from two to one and added a Licensed Mental Health Clinician.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

Yes ☐

No ☒

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

Yes ☐

No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
817,596	817,596	0%

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

Yes ☐

No ☒

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

Yes ☐

No ☐

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

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

A. Answer the following questions about this program.

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

N/A

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)

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	2,000	100 (Duplicated)
Total Families:	200 (Duplicated)	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Diego

Program Number/Name: VF-01 Courage to Call

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

Date: 4/15/2011

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

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

N/A

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

*Data for FY 09/10 is not available. Program started data collection on 7/1/10.

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

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

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

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

VF-01 Courage to Call program is a confidential, peer-staffed outreach, education, and training services to the Veteran community and its service providers. The program goals are to increase awareness of the prevalence of mental illness in this community, reduce mental health risk factors or stressors, and improve access to mental health and PEI services, information and support. The target population includes Veterans, active duty military, Reservists, National Guard and family members.

Contract Executed: 10/7/09

Services Started: 10/7/09

of months providing services in FY 09/10: 9 months

During FY 09/10 Courage to Call has worked to serve unreached and underserved populations in the County of San Diego with intense direct outreach countywide to over 6,000 potential consumers, many of which were outside of typical behavioral health setting.

Some examples of these outreach efforts, in no particular order, include community health centers, senior recreation centers, Indian health centers & clinics, LGBT Veterans Pride events, welfare services centers known as Family Resource Centers, military installations that process service personnel out of the military with other than honorable discharges as these individuals are likely to be at risk for behavioral health issues and not eligible for veterans benefits & services, recreation centers (e.g. city parks, YMCA's, Boys & Girls Clubs, etc.), homeless service centers, local Barrio events, department stores, grocery stores & markets, networking with school counselors & faculty, in area jails & prison, at bail bonds offices, churches & faith centers and activities countywide, the San Diego Gay Pride parade & activities, employment resource fairs for especially for diverse communities (African American, Latino, etc.), networking with dozens of apartment managers, LGBT support groups & activities, libraries countywide, women's resource centers, low rent hotels, cold weather shelters, cities' & communities' ethnic recreational events, pawn shops, barber shops & beauty salons, local bars, bookstores, and others.

2. Please provide any available data on program outcomes. This program was not selected for the local evaluation of a PEI program.

Data for FY 09/10 is not available. Program started data collection on 7/1/10.

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:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width:33%;">FY 10/11 funding</th> <th style="width:33%;">FY 11/12 funding</th> <th style="width:33%;">Percent Change</th> </tr> <tr> <td align="center">1,000,000</td> <td align="center">1,250,000</td> <td align="center">+25%</td> </tr> </table> <p>b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or,</p> <p style="margin-left: 20px;"><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the \pm25% criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	1,000,000	1,250,000	+25%	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
1,000,000	1,250,000	+25%					
<p>\$250,000 in one-time funding is added for Fiscal Year 11/12.</p>							
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.</p>							
<p>A. Answer the following questions about this program.</p>							
<p>1. Please include a description of any additional proposed changes to this PEI program, if applicable.</p>							
<p>N/A</p>							
<p>2. If this is a consolidation of two or more previously approved programs, please provide the following information:</p> <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 							
<p>N/A</p>							
<p>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</p>							
	Prevention	Early Intervention					
Total Individuals:	1,000						
Total Families:	1,000						

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-01 Wellness and Self-Regulation for Children and Youth

Date: 4/15/2011

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

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

The Innovation Work Plan was approved by the State in December 2009. The challenge in starting new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-02 Peer and Family Engagement Project

Date: 4/15/2011

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

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

The Innovation Work Plan was approved by the State in December 2009. The challenge in starting new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-03 Physical Health Integration Proejct

Date: 4/15/2011

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

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

The Innovation Work Plan was approved by the State in December 2009. The challenge in starting new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

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

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

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

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-04 Mobility Management in North San Diego County

Date: 4/15/2011

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

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

The Innovation Work Plan was approved by the State in December 2009. The challenge in starting new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-05 Positive Parenting for Men in Recovery

Date: 4/15/2011

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

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

The Innovation Work Plan was approved by the State in December 2009. The challenge in starting new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-06 After School Inclusion

Date: 4/15/2011

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

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

This Innovation program was developed in FY 10/11.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-07 Transition Age and Foster Youth Program

Date: 4/15/2011

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

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

This Innovation program was developed in FY 10/11.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-08 Independent Living Facilities (ILF) Project

Date: 4/15/2011

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

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

This Innovation program was developed in FY 10/11.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-09 Health Literacy

Date: 4/15/2011

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

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

This Innovation program was developed in FY 10/11.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: San Diego

Program Number/Name: INN-10 In Home Outreach Teams (IHOT)

Date: 4/15/2011

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

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

This Innovation program was developed in FY 10/11.

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

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

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

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

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

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

County: San DiegoDate: 4/15/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$60,240,700			\$15,668,800	\$3,991,400	
2. Transfer from FY 11/12 ^{ai}						
3. Adjusted Component Allocation	\$60,240,700					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$91,524,479	\$40		\$28,491,205	\$11,327,555	
2. Requested Funding for CPP	\$0					
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$32,983,672			\$33,257,236	\$9,240,497	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$5,492,205			\$18,804,400	\$3,900,000	
c. Unexpended Funds from FY 10/11	\$0					
d. Total Net Available Unexpended Funds	\$27,491,467	\$0		\$14,452,836	\$5,340,497	
4. Total FY 2011/12 Funding Request	\$64,033,012	\$40	\$0	\$14,038,369	\$5,987,058	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations		\$40				
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{bi}	\$0					
5. Unapproved FY 10/11 Component Allocations ^{bi}	\$3,792,312			\$1,190,665	\$5,987,058	
6. Unapproved FY 11/12 Component Allocations ^{bi}	\$60,240,700			\$12,847,704		
Sub-total	\$64,033,012	\$40	\$0	\$14,038,369	\$5,987,058	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{ci}	\$64,033,012	\$40	\$0	\$14,038,369	\$5,987,058	

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.

^{ai}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.

^{bi}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.

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

CSS FUNDING REQUEST

County: San DiegoDate: 4/15/2011

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.	CY-FSP	Children and Youth Full Service Partnerships	\$6,847,818	\$6,847,818				\$6,847,818				
2.	CY-OE	Children and Youth Outreach & Engagement	\$3,364,714			\$3,364,714		\$3,364,714				
3.	CY-SD	Children and Youth System Development	\$8,454,692		\$8,454,692			\$8,454,692				
4.	TAOA-FSP	Transition Age Youth, Adult & Older Adult Full Service	\$26,292,251	\$21,882,250			\$4,410,001		\$5,273,903	\$18,076,141	\$2,942,207	
5.	TAOA-SD	Transition Age Youth, Adult & Older Adult System	\$23,122,108	\$1,019,685	\$22,102,423				\$4,041,890	\$16,191,199	\$2,889,019	
6.	ALL-SD	All Ages System Development	\$1,940,000	\$79,205	\$1,860,795			\$599,184	\$331,003	\$813,695	\$196,118	
7.	ALL-OE	All Ages Outreach & Engagement	\$2,329,784			\$2,329,784		\$595,786	\$440,408	\$1,030,907	\$262,684	
8.			\$0									
9.			\$0									
10.			\$0									
11.			\$0									
12.			\$0									
13.			\$0									
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$72,351,367	\$29,828,958	\$32,417,910	\$5,694,498	\$4,410,001	\$19,862,194	\$10,087,204	\$36,111,942	\$6,290,028	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$10,852,705									15%
18.	Plus up to 10% Operating Reserve		\$8,320,407									10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$91,524,479									
New Programs/Revised Previously Approved Programs												
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											#VALUE!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0									
10.	Total MHSA Funds Requested for CSS		\$91,524,479									

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

43.90%

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										Total %
	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	
Total Mental Health Expenditures:	\$29,828,958	\$1,825,063	\$0	\$7,346,930	\$0	\$0	\$0	\$0	\$321,125	\$39,322,076	54%

Revised 12/29/10

WET FUNDING REQUEST

County: San DiegoDate: 4/15/2011

Workforce Education and Training			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				
	No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs								
1.	1	Workforce Staffing Support	\$0					
2.	2	Training and Technical Assistance	\$0					
3.	3	Mental Health Career Pathway Programs - Public Mental	\$0					
4.	4	Mental Health Career Pathway Programs - School-Based	\$0					
5.	5	Mental Health Career Pathway Programs - Nursing	\$0					
6.	6	Residency, Internship Programs - Community Psychiatry	\$0					
7.	7	Residency, Internship Programs - Child Psychiatry	\$0					
8.	8	Residency, Internship Programs - LCSW/MFT	\$0					
9.	9	Financial Incentive Programs	\$40					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs ^{a/}		\$40	\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% Indirect Administrative Costs							
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$40					
New Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: WET New Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0					
10.	Total MHSA Funds Requested		\$40					

Percentage
#VALUE!
#VALUE!

Percentage
#VALUE!
#VALUE!

Percentage

#VALUE!

#VALUE!

Percentage

#VALUE!

#VALUE!

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

Revised 12/29/10

PEI FUNDING REQUEST

County: San Diego

Date: 4/15/2011

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.	PS01	Public Outreach, Education and Support Lines	\$5,521,238	\$5,521,238		\$850,408	\$850,408	\$2,404,867	\$1,415,555
2.	VF01	Courage to Call (formerly Veterans & Families Outreach &	\$1,250,000	\$1,250,000		\$200,000	\$425,000	\$525,000	\$100,000
3.	DV01	Families as Partners (formerly So Region Point of Engager	\$500,008	\$500,008		\$75,001	\$225,004	\$200,003	
4.	DV02	South Region Trauma Exposed Services	\$801,907		\$801,907	\$641,526	\$160,381		
5.	DV03	Alliance for Community Empowerment (formerlyCentral Re	\$498,085	\$249,043	\$249,042	\$298,851		\$199,234	
6.	RC01	Rural Integrated Behavioral Health & Primary Care Service	\$1,520,000	\$1,079,626	\$440,374	\$532,000	\$258,400	\$516,800	\$212,800
7.	NA01	Collaborative Native American Initiative	\$1,600,000	\$1,462,001	\$137,999	\$898,786	\$350,607	\$233,738	\$116,869
8.	EC01	Positive Parenting Program (Triple P)	\$1,350,000	\$1,080,192	\$269,808	\$1,350,000			
9.	SA01	School-Based Program	\$2,800,000	\$1,866,667	\$933,333	\$2,800,000			
10.	SA02	School-Based Suicide Prevention	\$817,596	\$778,663	\$38,933	\$204,399	\$613,197		
11.	FB01	Kick Start (formerly Cool Program)	\$1,300,000	\$1,011,110	\$288,890	\$325,000	\$910,000	\$65,000	
12.	CO01	Bridge to Recovery	\$1,500,000	\$78,948	\$1,421,052		\$195,000	\$1,110,000	\$195,000
13.	CO02	Screening, Community Based ADS Programs	\$1,000,000	\$1,000,000		\$220,000	\$110,000	\$560,000	\$110,000
14.	OA01	Elder Multicultural Access and Support Services	\$387,153	\$387,153					\$387,153
15.	OA02	Positive Solutions (fomerly Home Based Gatekeeper)	\$488,805	\$325,870	\$162,935				\$488,805
16.	OA03	Life Long Learning	\$174,925	\$174,925					\$174,925
17.	OA04	REACHing Out	\$460,380	\$306,920	\$153,460			\$345,285	\$115,095
15.	OA05	Salud	\$552,595	\$417,053	\$135,542				\$552,595
16.	Subtotal: Programs*		\$22,522,692	\$17,489,417	\$5,033,275	\$8,395,971	\$4,097,997	\$6,159,927	\$3,868,797
17.	Plus up to 15% Indirect Administrative Costs		\$3,378,404						
18.	Plus up to 10% Operating Reserve		\$2,590,110						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$28,491,205						
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		\$28,491,205						

Percentage

15%

10.0%

Percentage

#VALUE!

#VALUE!

Percentage

15%

10.0%

Percentage

#VALUE!

#VALUE!

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 55%

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.

INN FUNDING REQUEST

County: San Diego

Date: 4/15/2011

INN Programs			FY 11/12 Requested MHSA Funding
	No.	Name	
Previously Approved Programs			
1.	INN-01	Wellness and Self-Regulation for Children and Youth	\$1,500,000
2.	INN-02	Peer and Family Engagement Project	\$1,600,000
3.	INN-03	Physical Health Integration Project	\$800,000
4.	INN-04	Mobility Mangement in North San Diego County	\$350,000
5.	INN-05	Positive Parenting for Men in Recovery	\$250,000
6.	INN-06	After School Coaching	\$1,154,192
7.	INN-07	Transition Age and Foster Youth	\$1,812,706
8.	INN-08	Independent Living Facilities	\$428,593
9.	INN-09	Health Literacy	\$25,000
10.	INN-10	In-Home Outreach Teams	\$1,034,098
11.			
12.			
13.			
14.			
15.			
16.	Subtotal: Programs		\$8,954,589
17.	Plus up to 15% Indirect Administrative Costs		\$1,343,188
18.	Plus up to 10% Operating Reserve		\$1,029,778
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		\$11,327,555
New Programs			
1.			
2.			
3.			
4.			
5.			
6.	Subtotal: Programs		\$0
7.	Plus up to 15% Indirect Administrative Costs		
8.	Plus up to 10% Operating Reserve		
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0
10.	Total MHSA Funds Requested for INN		\$11,327,555

Percentage	15%
	10.0%
Percentage	#VALUE!
	#VALUE!

Percentage
15%
10.0%

Percentage
#VALUE!
#VALUE!

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

Innovation Projects INN-06 through INN-10 have not yet been approved.

Revised 12/29/10

County: San DiegoDate: 4/15/2011

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs
1.	SD-1	Mental Health Management Information System	E	\$0		
2.	SD-2	Consumer Family Empowerment		\$0		
3.	SD-3	Personal Health Record		\$0		
4.	SD-4	Appointment Reminder		\$0		
5.	SD-5	Telemedicine Expansion		\$0		
6.	SD-6	MH MIS Expansion		\$0		
7.	SD-7	PSpeEd Link		\$0		
8.	SD-8	Data Exchange		\$0		
9.	CF-1	Juvenile Forensic MHS Office Building		\$0		
10.	CF-2	North Coastal Mental Health Facility		\$0		
11.	CF-3	East Region Mental Health Facility		\$0		
12.				\$0		
13.				\$0		
14.				\$0		
15.				\$0		
16.				\$0		
17.				\$0		
18.				\$0		
19.				\$0		
20.				\$0		
21.				\$0		
22.				\$0		
23.				\$0		
24.				\$0		
25.				\$0		
26.	Subtotal: Work Plans/Projects			\$0	\$0	\$0
27.	Plus up to 15% Indirect Administrative Costs			\$0		
28.	Plus up to 10% Operating Reserve			\$0		
29.	Total MHSA Funds Requested			\$0		

Percentage

#DIV/0!

#DIV/0!

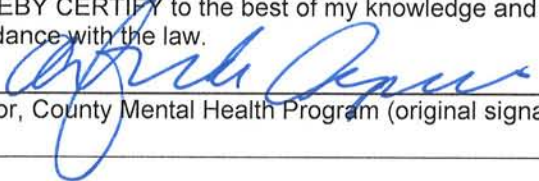
Revised 12/29/10

Note: Technological Needs Projects SD-2 through SD-8 were submitted as updates to the Fiscal Year 2010/11 Annual Update and has not yet been approved.

**Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Program)**

☒ **Previously approved with no changes**

☐ **New**

Date: 4/15/11	County Name: San Diego
Amount Requested for FY 2011/12: \$1,017,600	
<p>A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).</p> <p>San Diego County is developing several activities with this funding that will include partnering with other Counties in our region in order to establish a knowledge exchange and to leverage resources. A partnership with CIMH may also be considered as another way to leverage resources or as a clearinghouse for information to be exchanged with counties throughout the state. The primary activity to strengthen training and technical assistance in our system will include development of a training plan in collaboration with our Behavioral Health Services Training and Education Committee (BHSTEC) and our Workforce Education and Training (WET) Coordinator to implement local trainings. These trainings coincide with the needs of our system and priorities established in PEI plans, such as training individuals within the community as gatekeepers. These individuals are not mental health providers, but have access to individuals who may be experiencing early signs of mental illness through schools, churches, and other community gathering places. Trainings and technical assistance available may include train the trainer, interactive and practicum sessions, peer support, development and dissemination of material, web resources and online sessions, and consultations. Capacity building activities may include enhancing the sharing of information and resources across systems, co-sponsoring webinars and conferences.</p>	
<p>B. The County and its contractor(s) for these services agree to comply with the following criteria:</p> <ol style="list-style-type: none"> 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan. 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services. 3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892. 4) These funds may not be used to pay for any other program. 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892. 6) These funds shall be used to support a project(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. 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. 	
<p>Certification</p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p> <p></p> <p>_____ Director, County Mental Health Program (original signature)</p>	