

**INYO COUNTY
BEHAVIORAL HEALTH**
Mental Health Services



**Mental Health Services Act
Annual Update
Fiscal Year 2010/2011**

POSTED
April 5, 2010 through May 4, 2010

This MHSA Annual Update is available for public review and comment through May 4, 2010. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on May 5, 2010.

Public Hearing Information:

Inyo County MHSA Wellness Center
587 N. 3rd Street, Bishop, CA
Wednesday, May 5, 2010 at 1:00 pm

Questions or comments? Please contact:

Inyo County Behavioral Health
162 J Grove Street
Bishop, CA 93514
Phone 760-873-6533; Fax 760-873-3277
gzwier@inyocounty.us

Thank you!

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COUNTY SUMMARY SHEET

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

County:		Inyo																				
		<i>Exhibits</i>																				
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																				
<input checked="" type="checkbox"/> CSS		\$ -			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET	\$ -	\$ -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> CF	\$ -	\$ -					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> TN	\$ -	\$ -					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>					
<input checked="" type="checkbox"/> PEI		\$ -			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
<input type="checkbox"/> INN	\$ -	\$ -				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
Total	\$ -	0																				
Dates of 30-day public review comment period:		April 5 through May 4, 2010																				
Date of Public Hearing:		Wednesday, May 5, 2010 at 1:00 pm																				
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:		In progress; submission date to be determined																				

*Exhibit D1 is only required for program/project elimination.
 **Exhibit F - F5 is only required for new programs/projects.
 ***Exhibit G is only required for assigning funds to the Local Prudent Reserve.
 ****Exhibit H is only required for assigning funds to the MHSA Housing Program.

COUNTY CERTIFICATION

County: **Inyo**

County Mental Health Director	Project Lead
Name: Gail Zwier, Ph.D.	Name: Gail Zwier, Ph.D.
Telephone: (760) 873-6533	Telephone: (760) 873-6533
Fax Number: (760) 873-3277	Fax Number: (760) 873-3277
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Mailing Address: 162 J Grove Street Bishop, CA 93515	

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

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

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

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

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

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

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

Gail Zwier
Mental Health Director/Designee (PRINT)

<To be signed prior to submission to the State >
Signature Date

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Inyo
Date: April 5, 2010

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

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.
<p>The Community Program Planning (CPP) process for the development of the FY 2010/11 Annual Update builds upon the planning process that we utilized for the development of our original Three-Year Community Services and Supports (CSS) Plan and our original Prevention and Early Intervention (PEI) Plan. These planning processes were comprehensive and included the input of over 450 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop a MHSA program that is well designed for our county. The overall goals of the CSS and PEI Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2010/11.</p> <p>In preparation of the 2010/11 Annual Update, we analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is analyzed and reviewed by the MHSA Leadership Committee to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve services for our consumers and families.</p> <p>As this Annual Update simply maintains our original MHSA Plans, we did not conduct a new, formal stakeholder planning process. However, we continuously engage consumers and other stakeholders in discussions about the utilization of these funds through our monthly MHSA Leadership Committee meetings, weekly MHSA consumer meetings at our two Wellness Centers, and at the monthly Mental Health Board. In addition, we engaged stakeholders throughout the development of this request. There are also a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities.</p> <p>This Annual Update was developed and approved by the MHSA Leadership Committee after reviewing data on our current programs (including FSP data), analyzing community needs based on ongoing stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain services as originally outlined in the CSS and PEI Plans.</p>

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

A number of different stakeholders were involved in the CPP process. Input was obtained from clients who utilize services at the Wellness Centers. The Wellness Centers are consumer-run programs where adults come together, facilitate classes, attend activities, and have a formal meeting each week. Through these regularly scheduled meetings, we obtained input from clients on ideas for maintaining and enhancing our Wellness Centers in both Bishop and Lone Pine. In addition, we obtained input from members of the MHSA Leadership Committee, which is comprised of MHSA staff, Consumers, Mental Health Director, program managers, fiscal staff, Quality Improvement staff, and others involved in the delivery of MHSA services. The CPP also included input from child and adult staff meetings in mental health services, the multiple agencies involved with children's services, and the Mental Health Board.

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

No MHSA programs will be eliminated at this time.

Local Review Process

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

This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from April 5 through May 4, 2010. An electronic copy is posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. A copy of the Annual Update has been distributed to all members of the Mental Health Board and the MHSA Leadership Committee. Copies of the Annual Update are available in the Bishop Behavioral Health Clinic; Bishop Social Services office; Health and Human Services Administrative office; Health and Human Services, Lone Pine office; and all county libraries, including the Bishop, Big Pine, Independence, Lone Pine, Furnace Creek, and Shoshone branches.

A public hearing will be held on Wednesday, May 5, 2010, at the MHSA Wellness Center, 587 N. 3rd Street, Bishop, CA, at 1:00 pm. Stakeholder questions and comments about the Annual Update are welcomed in writing during the posting period, or at the public hearing.

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.

Input on the MHSA FY 10/11 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submitting to DMH for approval.

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

County: Inyo
Date: April 5, 2010

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

CSS, WET, and PEI

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

We have been very pleased with the implementation of our MHSA programs. The programs which have been developed have made a significant change in our service delivery system, helping us to keep clients in our community and support them to live independently. The development of the Wellness Centers in Bishop and Lone Pine for adults has created a warm, welcoming environment for our adults and older adults, so they have the support of our staff as well as from each other. The Bishop Wellness Center is co-located at the trailer park where many of the clients live, which allows them to easily access these consumer-run services.

The MHSA Human Services Supervisor who manages the Wellness Center(s) welcomes clients early in the morning, sharing a cup of coffee and discussions of how their evening went and plans for the day's activities. At both Wellness Centers, consumers meet and determine the hours of operation, the types of activities, the schedule of activities, and the goals of the program. Clients are always requesting additional hours of operation for the Wellness Centers. Some of the activities include cooking, budgeting, housing, employment, photography, writing, Karaoke, exercise, yoga, walking, gardening, canning, flowers, and education. Consumers have even submitted canned goods, photography, and art works to the annual county fair. All groups are facilitated by a consumer, which helps engage them in services and develops skills in organizing and implementing activities. In addition, we have a consumer-driven, co-occurring group that has between 8 and 15 members each week. This is one of our most popular groups, and is always well attended.

In FY 08/09, we opened a Wellness Center in Lone Pine one day a week. This center has provided a positive experience for clients in Lone Pine, allowing them to come together and share activities. Staff come to the center and work closely with the clients to meet their needs. For example, staff were successful in locating affordable, safe housing for three clients in the town in FY 08/09.

There is a Transition Age Youth (TAY) program at the Bishop Wellness Center one day per week. We have been working to engage more youth in these activities and promote their attendance. We hold a dinner each week and invite speakers to attend. In addition, youth learn life skills needed in the 'real world', as well as developing employment skills. Case managers help develop skills in independent living and cooking. They also go bowling as a group, to promote positive social interactions.

Staff has also conducted outreach activities to the Death Valley community. MHSA staff attend some of the community meetings in this remote area, to help residents feel included and reduce the stigma of mental health services. The MHSA Human Services Supervisor visited Death Valley three (3) times in FY08/09; she participated in community dinners, provided information on mental health services, and begin building a trusting relationship with community members.

In addition to our successes at the Wellness Centers, we designated two beds as crisis beds at our local residential program in Bishop, Progress House. This strategy has been very successful and helped to keep clients in the community and prevent inpatient hospitalizations. The closest inpatient facility for Inyo County residents is over 100 miles away, creating a huge barrier to accessing these services for high-risk, high-need clients. The two crisis beds at Progress House have created the opportunity to meet the needs of clients early in the crisis cycle, and we are often able to de-escalate the situation and keep the client in the community. Both clients and staff value the capacity to meet the client's needs in a local, residential environment.

The Full Service Partnership program served Transition Age Youth (TAY), adults, and older adults in FY 08/09. The program was expanded to also include children in the following year. The FSP program has been very successful at meeting the needs of our clients, providing the additional support needed to remain in the community and thrive.

We also increased the amount of time available for a nurse, to better meet the needs of older adults. By offering a 0.5 FTE nurse to this population, we have been able to coordinate physical health care with mental health care to help elders to stay in their homes and manage their health and mental health needs.

A consortium of local churches offers free lunches to community members three days a week. While many of our clients participate in the lunch service, there are also a number of our TAY and adult clients who volunteer their time to help cook and serve the meal. This is an excellent opportunity for clients to develop job skills and learn to give back to their community. The church welcomes the assistance our clients provide.

Clients also volunteer with the Salvation Army and with other community organizations. One client helps maintain the landscape and yards at local county offices. These volunteer activities are extremely effective at integrating our clients into the community and empowering them to make a difference.

Note: The Inyo PEI Plan was not approved until 09/10. As a result, there were no implementation activities in FY 08/09.

Note: The Inyo WET Plan is currently in the 30-day public review and comment period; it is anticipated that the WET Plan will be approved by the end of FY 09/10.

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

We have been providing outreach to the Latino and Native American communities and we continually try to develop activities and resources for these populations. Our bilingual, bicultural case manager does an excellent job of outreach into the community, helping to reduce discrimination and the stigma associated with mental health services, and bringing families in to services. Our bilingual, bicultural clinician is then able to work closely with the case manager to deliver services and coordinate with the case manager to meet the needs of these clients and their families. These individuals provide services in the home and community to help reduce barriers to services. They are also available to help transport clients to appointments and linking them to other services. They provide interpreter services in the clinic and at appointments, as needed.

We also help individuals in the community who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirited (LGBTQI2-S) to link them to support groups. Several of our clients attend the Parents, Families, and Friends of Lesbians and Gays (PFLAG) group on-line. This internet support group help expand our existing services and provide a positive, supportive community in this small, rural county.

We also provide outreach activities to the Native American community in Inyo County. Several of our clients are Native American; a few have been served in our Full Service Partnership program.

The Wellness Centers create a welcoming environment and have been very effective at providing services to our clients in Bishop and Lone Pine. These centers very helpful at engaging diverse clients and offering a broad range of activities to help them recover and thrive.

Services for all youth and adults, including the persons who have been identified as FSP, are culturally and linguistically competent. The race/ethnicity of persons served in the MHSA programs reflect the race/ethnicity of our county, with a number of our FSP clients from the Latino and Native American communities.

3. Provide the following information on the number of individuals served:				
	CSS	PEI	WET	
Age Group	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	3		Workforce Staff Support	
Transition Age Youth	19		Training/Technical Assist.	
Adult	180		MH Career Pathway	
Older Adult	5		Residency & Internship	
Total	207			
Race/Ethnicity			Financial Incentive	
White	184			
African/American			[X] WET not implemented in 08/09	
Asian			[X] PEI not implemented in 08/09	
Pacific Islander				
Native American	10			
Hispanic /Latino	13			
Multi				
Other				
Other Cultural Groups				
LGBTQ				
Other				
Primary Language (other than English)				
Spanish	6			
Vietnamese				
Cantonese				
Mandarin				
Tagalog				
Cambodian				
Hmong				
Russian				
Farsi				
Arabic				
Other				

PEI	
4. Please provide the following information for each PEI Project:	
<ul style="list-style-type: none"> a) The problems and needs addressed by the Project. b) The type of services provided. c) Any outcomes data, if available. (Optional) d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable). 	
<p>Note: The Inyo PEI Plan was not approved until 09/10. As a result, there were no implementation activities in FY 08/09.</p>	

PREVIOUSLY APPROVED PROGRAM

County: **Inyo**
Program Number/Name: **MHSA CSS System Transformation Program**
Date: **April 5, 2010**

Select one:
 CSS
 WET
 PEI
 INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4. a)	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.									
<p>The MHSA CSS System Transformation program provides services to all ages [children (ages 0-17); transition age youth (ages 16-25); adults (ages 18-59); older adults (ages 60+)]; all genders; and all races/ethnicities. We offer a ‘whatever it takes’ service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual’s unique needs and mental health. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual. The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; short-term hospitalizations; peer-led self-help/support groups; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our Adult and Older Adult Wellness Centers (located in Bishop and Lone Pine) provide adults and older adults with necessary services and supports in a welcoming environment. In addition, our Transition Age Youth program provides opportunities for youth to participate in age-appropriate activities. CSS programs continue to provide the opportunity to change our service delivery model and build transformational programs and services.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						

PREVIOUSLY APPROVED PROGRAM

County: **Inyo**
Program Number/Name: **PATHS Preschool (PEI Program)**
Date: **April 5, 2010**

Select one:
 CSS
 WET
 PEI
 INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Families: Total			

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PREVIOUSLY APPROVED PROGRAM

County: **Inyo**

Program Number/Name: **Parent-Child Interaction Therapy (PCIT) Community Collaboration (PEI Program)**

Date: **April 5, 2010**

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Families: Total			

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PREVIOUSLY APPROVED PROGRAM

County: **Inyo**

Program Number/Name: **Older Adult Prevention and Early Intervention Services (PEI Program)**

Date: **April 5, 2010**

Select one:

- CSS
- WET
- PEI
- INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention	Early Intervention
	Total Individuals:			
	Families: Total			

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

County: Inyo

Date: 04/05/10

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$899,900			\$147,400		
2. Transfers						
3. Adjusted Planning Estimates	\$899,900					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$899,900			\$147,400		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds	\$145,972			\$158,266		
d. Adjustment for FY 2009/2010	\$145,972			\$158,266		
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$899,900	\$0	\$0	\$147,400	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates	\$899,900			\$147,400		
Sub-total	\$899,900	\$0		\$147,400	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$899,900	\$0	\$0	\$147,400	\$0	

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

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

CSS BUDGET SUMMARY

County: Inyo

Date: 04/05/10

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs											
1.	1	System Transformation	\$767,178	\$391,261	\$300,734	\$75,183	\$153,436	\$191,795	\$268,512	\$153,436	
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.			\$0								
7.			\$0								
8.			\$0								
9.			\$0								
10.			\$0								
11.			\$0								
12.			\$0								
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs ^{a/}		\$767,178	\$391,261	\$300,734	\$75,183	\$0	\$153,436	\$191,795	\$268,512	\$153,436
17.	Plus up to 15% County Administration		\$115,077								
18.	Plus up to 10% Operating Reserve		\$17,645								
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$899,900								
New Programs											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
7.	Plus up to 15% County Administration										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0								
10.	Total MHSA Funds Requested for CSS		\$899,900								

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

51.00%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must mat 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 Mental Health Expenditures:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PEI BUDGET SUMMARY

County: Inyo

Date: 04/05/10

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	1	PATHS Preschool	\$32,753	\$24,565	\$8,188	\$32,753				
2.	2	PCIT Community Collaboration	\$46,802		\$46,802	\$46,802				
3.	3	Older Adult PEI Services	\$46,802		\$46,802				\$46,802	
4.			\$0							
5.			\$0							
6.			\$0							
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs		\$126,357	\$0	\$24,565	\$101,792	\$79,555	\$0	\$0	\$46,802
17.	Plus up to 15% County Administration		\$18,153							
18.	Plus up to 10% Operating Reserve		\$2,890							
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$147,400							
New Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration									
8.	Plus up to 10% Operating Reserve									
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0							
10.	Total MHSA Funds Requested for PEI		\$147,400							