

**INYO COUNTY**  
**BEHAVIORAL HEALTH**  
Mental Health Services



**Mental Health Services Act (MHSA)**  
**Annual Update**  
**Fiscal Year 2011/2012**

**POSTED**

**June 6, 2011 through July 10, 2011**

This MHSA Annual Update is available for public review and comment from June 6, 2011 through July 10, 2011. We welcome your feedback in writing or at the Public Hearing to be held on July 11, 2011.

**Public Hearing Information:**

Monday, July 11, 2011 at 11:00 am  
MHSA Wellness Center  
587 N. 3rd Street, Bishop, CA

**Comments or Questions? Please contact:**

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

*Thank you!*

COUNTY CERTIFICATION

County: **Inyo**

**Components Included:**

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

County Mental Health Director	Project Lead
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<b>Mailing Address:</b> 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 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing<sup>1</sup> 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.<sup>2</sup>

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.

Gail Zwier  
 Mental Health Director/Designee (PRINT)

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

<sup>1</sup> Public Hearing only required for annual updates.

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

**2011/12 ANNUAL UPDATE**

**EXHIBIT B**

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

**County:** Inyo      **30-day Public Comment period dates:** June 6 – July 10, 2011

**Date:** 06/06/11      **Date of Public Hearing (Annual Update only):** July 11, 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.

<b>Community Program Planning</b>
<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 Community Program Planning (CPP) process for the development of the FY 2011/12 Annual Update builds upon the planning process that we utilized for the development of our 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 an MHSA program that is well designed for our county. The overall goals of the CSS and PEI Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2011/12.</p> <p>In preparation of the 2011/12 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.</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.)

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, the 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.

All stakeholder groups and boards are in full support of this MHSA Annual Update.

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.

The PATHS Preschool PEI project will not be renewed in FY 11/12. Stakeholders from the community, as well as consumers, were involved in the decision through MHSA Leadership Committee meetings. The project was discussed with stakeholders, who helped to decide that the funding will be eliminated in the next fiscal year. This program may be reviewed again for FY 13/14, dependent on priorities.

#### **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 as posted for a 30-day public review and comment period from June 6, 2011 through July 10, 2011. An electronic copy has been 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.

In addition, hard 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 at all county libraries, including the Bishop, Big Pine, Independence, Lone Pine, Furnace Creek, and Shoshone branches.

A public hearing will be held on July 11, 2011, at the MHSA Wellness Center, 587 N. 3rd Street, Bishop, CA, at 11:00 am. 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 2011/12 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the State.

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

**County:** Inyo  
**Date:** 06/06/11

**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.***

In 2009/10, ICBH expanded our FSP program to include Children (ages 0-17); services to this population promote the principles of MHSA and ensure positive outcomes for these clients and their families.

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 Wellness Centers in Bishop and Lone Pine offer a warm, welcoming environment for adults and older adults, providing support from 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, allowing them easy access these consumer-run services.

The MHSA Human Services Supervisor, who manages the Wellness Centers, 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 group is one of our most popular, and is always well attended.

Since we opened the Wellness Center in Lone Pine, it has provided a positive experience for clients, allowing them to come together and share activities. Staff come to the center and work closely with the clients to meet their needs. They have been successful in locating affordable, safe housing for clients and helping them access other needed services.

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 and participated in community dinners and provided information on mental health services. This outreach has been effective at strengthening our relationship with this community.

In addition to our successes at the Wellness Centers, we designated two (2) 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 serves children, Transition Age Youth (TAY), adults, and older adults. 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 continue to utilize a Nurse to meet the needs of older adults. By offering this position to the 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.

Overall, we have been very pleased with our MHSA CSS programs and how they have enhanced the lives of our clients. Clients report having improved outcomes and appreciate the focus on wellness and recovery.

### ***Prevention and Early Intervention.***

Prevention and Early Intervention dollars funded three (3) PEI Programs: 1) PATHS Preschool; 2) PCIT Community Collaboration; and 3) Older Adult PEI Services. ICBH began implementing these programs in FY 09/10.

#### **PATHS Preschool**

This program is an evidence-based early childhood program that provides prevention and early intervention services for young children (ages 0-5), especially those who are aggressive and have socialization issues. The PATHS Preschool program is an evidence-based practice that facilitates the development of self-control, positive self-esteem, emotional awareness, and interpersonal problem-solving techniques. These skills work to reduce classroom disruptions caused by bullying and other hostile behavior.

The lessons and activities of PATHS Preschool highlight writing, reading, storytelling, singing, drawing, science, and math concepts, and help students build the critical cognitive skills necessary for school readiness and academic success. The PATHS Preschool program is integrated into existing learning environments and adapted to suit individual classroom needs. The curriculum is designed to be taught by preschool teachers and integrated into regular classroom activities.

PATHS Preschool was implemented over a 2-year period in at least 20 preschool centers throughout Inyo County, including preschools managed by the local Native American tribe and the Inyo Mono Advocates for Community Action (IMACA), an organization that advocates for low-income residents of Inyo and Mono counties.

PEI funding supports a 0.5 FTE PATHS Preschool Coordinator, who oversees the implementation, training, and operational functions of the PATHS Preschool program. This position is a contract position between ICBH and the County Office of Education. PEI funds also cover the two-year curriculum for the preschool centers, as well as the training costs associated with training the PATHS Coordinator, preschool teachers, and parents as appropriate.

The preschool teachers complete a student survey at the beginning and end of the school year; these surveys help them track outcomes over time, and demonstrate to the parents the changes in behavior as a result of the program.

#### Parent-Child Interaction Therapy (PCIT) Community Collaboration

Several of our staff have been trained and certified to offer Parent-Child Interaction Therapy (PCIT), an evidence-based intensive parent-training program which has been found to be effective for families with aggressive, defiant, and non-compliant children; families with parents who have limited parenting skills; and families who have experienced domestic violence and/or child abuse. PCIT focuses on promoting positive parent-child relationships and interactions, while teaching parents effective parenting skills. PCIT has been shown to be an effective treatment program for children ages 2-7 years. This program has been adapted as an intervention for many different types of families (child welfare population, at-risk families, adoptive families, foster families, and other languages including Spanish).

PCIT teaches families individualized parenting skills that are developed through a process in which parents directly receive instruction through an earpiece that is linked to a therapist. The therapist, behind a one-way mirror and/or via a live camera feed, observes interactions between the parent and child, coaches the development of relationship enhancing techniques, and gives behavioral interventions for responding to difficult parent-child situations. Sessions last about one hour, occur over 18-20 weekly visits, and show very strong outcomes for both parents and children.

Currently, ICBH offers PCIT at one location in the county: our mental health clinic in Bishop. An ICBH mental health clinician is trained in PCIT and receives supervision and support approximately one (1) hour each week through a contract with a certified PCIT trainer. Our PCIT Community Collaborative program has been working to expand PCIT delivery in the public mental health system and into the community. We are in the process of training up to four (4) mental health clinicians, targeting both ICBH staff and personnel from local community-based organizations. PEI funding has allowed us to contract with the University of California, Davis, for PCIT instruction and follow-up, as well as fund the clinicians' time spent in training. In 09/10, the funds also allowed us to contract with a children's services clinician to provide additional support to the PCIT program.

We have purchased a second suite of PCIT mobile equipment and are able to set up an additional PCIT delivery

site at the ICBH mental health clinic in Lone Pine. This equipment is “mobile” and will be available to our trained partner organizations in the community. When appropriate, we also offer PCIT services in Spanish to meet the needs of the underserved Latino community.

PCIT is a highly effective program and the families show improved outcomes as a result of this intensive parenting program. In addition, the children and their siblings show improved behavior (positive social interactions, following directions, reduction in acting out behavior) as a result the program.

#### Older Adult PEI Services

Our community has a large number of individuals who are retired. This program has been helpful at identifying at-risk seniors who begin to exhibit symptoms of depression, prescription abuse, isolation, and other mental health conditions related to the aging population. The Older Adult Prevention and Early Intervention Program provides early mental health screening and intervention to older adults who are receiving Linkages Services, In Home Supportive Services, and/or are receiving Meals on Wheels. This program also trains agency partners, including Public Health and local physicians, to recognize the signs and symptoms of mental illness in older adults. This program provides linkage and support for older adults to access mental health and health care services.

The Older Adult Prevention and Early Intervention Program partially funds a Nurse position to support prevention and early intervention activities throughout the county in order to identify older adults who need mental health services. The program, utilizing a Mental Health Nurse, offers comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. The Nurse then links these individuals to resources within the community, including County Behavioral Health services. This program offers service alternatives for older adults who have been unserved and underserved in this community. Services are voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and are delivered in a timely manner that is sensitive to the cultural needs of the population served.

The Mental Health Nurse collaborates with other agencies that provide services to this population. These agencies include the In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Linkages Program, nursing homes, home health agencies, home delivery meals programs, and regional organizations which serve the elderly. All agencies receive training to complete a brief screening tool to help them recognize signs and symptoms of mental illness in older adults.

The Mental Health Nurse also provides services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. These positions offer prevention and early intervention services to older adults in community settings that are the natural gathering places for older adults, such as our Senior Center sites in the community sites of Bishop, Big Pine, Independence, Lone Pine, and Tecopa. Older adults who need additional services are referred to Behavioral Health for ongoing treatment, as appropriate. In 09/10, the PEI fund also allowed us to contract with an older adult services clinician to provide additional support to the Older Adult PEI program.

In addition, the Mental Health Nurse links caregivers to support groups to provide support and early intervention to family members who are caring for an elderly relative.

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

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

**Children**

- Child, peer, and family problems
- Local out-of-home placement options

The issues identified for children are being addressed through early intervention and prevention activities at the preschools, and by training parents with PCIT to manage behaviors, and through individual and groups services to treat children and their families to address symptoms of emotional disturbance and improve family interactions.

**TAY**

- Drop-in Center
- Youth, peer, and family problems

The TAY youth are engaged in healthy, youth friendly activities at the Wellness Center and through individual and group therapy services. These services are effective at developing resiliency skills and improve the youth's communication skills, involvement in school, stay out of trouble, and reduce substance use. These services also are effective at getting youth involved in community activities to promote health and wellness.

**Adults**

- Drop-in Center
- Managing independence

The Wellness Centers provide an excellent environment for promoting wellness and recovery for our adults. Individuals attending the center's activities are actively involved in leading groups, teaching skills to others, learning new skills, and engaging in activities that enhance their health.

**Older Adults**

- Mental health services at the senior center
- Support services for living independently

The Wellness Centers also provide an excellent environment for promoting wellness and recovery for older adults. Older adults are engaged in activities at the center as well as through the PEI activities. These programs have been helpful in helping them live independently and maintain a healthy lifestyle.

MHSA funding has been critical to meeting the mental health needs and priorities of our community. MHSA funding has supported our continuation of services and provided tools and services to help client achieve their goals.

**PEI**

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	304	White	851	English	1000	LGBTQ	Unknown
Transition Age Youth (16-25)		African American	4	Spanish	54	Veteran	Unknown
Adult (18-59)		Asian	2	Vietnamese		Other	Unknown
Older Adult (60+)	750	Pacific Islander	2	Cantonese			
Unknown		Native American	85	Mandarin			
		Hispanic	110	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

2. Provide the name of the PEI program selected for the local evaluation<sup>3</sup>.  N/A

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

**PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)**

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

Activity Name; Brief Description; Estimated Funding Amount <sup>4</sup>	Target Audience/Participants <sup>5</sup>
1. Not applicable in FY 09/10	Not applicable in FY 09/10

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

<sup>4</sup> 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.

<sup>5</sup> 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.

**ELIMINATION OF PROGRAM/PROJECT**

**County:** INYO

**Program/Project Number/ Name:** PATHS Preschool

**Date of Elimination:** 06/30/11 (program to be completed on 06/30/12)

**Select one:**

- CSS
- WET
- CF
- TN
- PEI
- INN

**1. Clearly identify the program/project proposed for elimination.**

The PATHS Preschool program is an evidence-based early childhood program that provides prevention and early intervention services for young children (ages 0-5), especially those who are aggressive and have socialization issues. The PATHS Preschool program facilitates the development of self-control, positive self-esteem, emotional awareness, and interpersonal problem-solving techniques. These skills work to reduce classroom disruptions caused by bullying and other hostile behavior. The PATHS Preschool program is integrated into existing learning environments and adapted to suit individual classroom needs. The curriculum is designed to be taught by preschool teachers and integrated into regular classroom activities.

PATHS Preschool was implemented over a 2-year period in six preschool centers, and across 20 teachers, throughout Inyo County, including preschools managed by the local Native American tribe and the Inyo Mono Advocates for Community Action (IMACA), an organization that advocates for low-income residents of Inyo and Mono counties.

PEI funding supported a 0.5 FTE PATHS Preschool Coordinator, who implemented, trained, and operated the PATHS Preschool program. This position was a contract position between ICBH and the County Office of Education. PEI funds also covered the two-year curriculum for the preschool centers, as well as the training costs associated with training the PATHS Coordinator, preschool teachers, and parents as appropriate.

The evaluation required that the preschool teachers complete a student survey at the beginning and end of the school year. This process was designed to track client outcomes over time, and demonstrate to the parents the changes in behavior as a result of the program.

**2. Describe the rationale for eliminating the program/project.**

Stakeholders supported a full two-year implementation of this strategy, envisioning the curriculum being implemented over two complete school years. The initial training in the curriculum occurred during the first year of implementation and the first lessons were presented to preschoolers. The curriculum was then to be implemented in its entirety for the next two school years. The funds have been used to support the purchase of the curriculum and the accompanying training of preschool providers. Funds have also been used to support the implementation efforts through the use of a half-time coordinator.

As the implementation continued, we found that it was difficult for the preschool teachers to complete the student survey twice each year. As a result, there has been little useful outcome data collected and submitted to the evaluator and Mental Health Services to date. This issue creates a difficult situation for ICBH in communicating the value of the program to parents and other stakeholders. Given the completion of the two year commitment to the project, the inability to effectively demonstrate the value of the program, and the interest in community stakeholders to use this money for other high-priority populations in the county, there has been a decision to eliminate the continued funding of the PATHS Preschool program, and to re-evaluate the program for FY 13/14, dependent on priorities.

*Note: The contract for the PATHS Preschool project will be extended into FY 2011/12, utilizing rollover funds that are available to the project; however, no additional funding will be assigned to the project from the FY 11/12 MHSA allocation.*

3. Describe how the funding for the eliminated program/project will be used.

The additional funding will be used to support and expand the remaining PEI projects (PCIT and Older Adult PEI Services). The PCIT program in Inyo County has been very effective in obtaining positive outcomes and teaching parents the skills to shape positive behaviors in their child. This funding will be used to support the PCIT services and increase the number of parents who are trained each year.

These funds will also be used to expand mental health services for the large older adult population in Inyo County. With recent cuts to other valued programs for older adults in the past few years, the community stakeholders have emphasized the importance of developing and expanding mental health services for this vulnerable population. With limited resources in this community, and regional services hard to access, providing mental health services to older adults is extremely important. This funding will be used to expand mental health outpatient services to help older adults maintain independent living, whenever possible.

4. Describe how the population that was being served by this program will continue to be served.

The contract for the PATHS Preschool project will be extended into FY 2011/12, utilizing rollover funds that are available to the project; however, no additional funding will be allocated to the project. In addition, the target population will continued to be served through programs offered by the County Office of Education, as well as through the ICBH PCIT program and outpatient mental health services for children and their families.

**PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports**

**County:** Inyo  **No funding is being requested for this program.**  
**Program Number/Name:** MHSa System Transformation Program (CSS)  
**Date:** 06/06/11

**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	0	5	20	-
TAY	9	10	20	\$18,579
Adults	21	41	90	\$18,579
Older Adults	8	8	20	\$18,579
Total	38	64	150	-
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			252	

**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	123	English	128	LGBTQ	Unknown
African American		Spanish	22	Veteran	Unknown
Asian	1	Vietnamese		Other	Unknown
Pacific Islander	1	Cantonese			
Native American	3	Mandarin			
Hispanic	22	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

MHSA System Transformation Program (CSS)

**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.

Our CSS programs now serve all four age groups. We are continuing to develop ways to engage 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 link 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 helps expand our existing services and provides 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 through 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 are successful in 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 reflects the race/ethnicity of our county, with a number of our FSP clients from the Latino and Native American communities.

**MHSA System Transformation Program (CSS)**

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

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

**PREVIOUSLY APPROVED PROGRAM  
 Community Services and Supports**

**MHSA System Transformation Program (CSS)**

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3) a) Complete the table below:								
<table border="1"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$767,178</td> <td>\$680,800</td> <td>-11%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$767,178	\$680,800	-11%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$767,178	\$680,800	-11%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								

**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	3	15	35	\$16,500
TAY	10	5	20	\$16,500
Adults	22	30	70	\$16,500
Older Adults	10	15	30	\$16,500
Total	45	65	155	-
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				265

### **MHSA System Transformation Program (CSS)**

**B. Answer the following questions about this program.**

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

The MHSA CSS 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. The TAY youth utilize the Wellness Center in Bishop once a week, meeting together to socialize, listen to guest speakers, and develop leadership skills.

CSS programs continue to provide the opportunity to change our service delivery model and build transformational programs and services.

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.

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

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

Not applicable.

**PREVIOUSLY APPROVED PROGRAM  
 Prevention and Early Intervention**

**County:** Inyo

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

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

**Date:** 06/06/11

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

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

Not applicable.

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

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

## Prevention and Early Intervention

### *Parent-Child Interaction Therapy (PCIT) Community Collaboration (PEI)*

#### **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.

Several of our staff have been trained and certified to offer Parent-Child Interaction Therapy (PCIT). This is an evidence-based intensive parent-training program which has been found to be effective for families with aggressive, defiant, and non-compliant children; families with parents who have limited parenting skills; and families who have experienced domestic violence and/or child abuse. PCIT focuses on promoting positive parent-child relationships and interactions, while teaching parents effective parenting skills. PCIT has been shown to be an effective treatment program for children ages 2-7 years. This program has been adapted as an intervention for many different types of families (child welfare population, at-risk families, adoptive families, foster families, and other languages including Spanish).

PCIT teaches families individualized parenting skills that are developed through a process in which parents directly receive instruction through an earpiece that is linked to a therapist. The therapist, behind a one-way mirror and/or via a live camera feed, observes interactions between the parent and child, coaches the development of relationship enhancing techniques, and gives behavioral interventions for responding to difficult parent-child situations. Sessions last about one hour, occur over 18-20 weekly visits, and show very strong outcomes for both parents and children.

Currently, ICBH offers PCIT at one location in the county: our mental health clinic in Bishop. An ICBH mental health clinician is trained in PCIT and receives supervision and support approximately one (1) hour each week through a contract with a certified PCIT trainer. Our PCIT Community Collaborative program has been working to expand PCIT delivery in the public mental health system and into the community. We are in the process of training up to four (4) mental health clinicians, targeting both ICBH staff and personnel from local community-based organizations. PEI funding has allowed us to contract with the University of California, Davis, for PCIT instruction and follow-up, as well as fund the clinicians' time spent in training. In 09/10, the funds also allowed us to contract with a children's services clinician to provide additional support to the PCIT program. In addition, we have provided training in PCIT to two (2) of our case managers. The case managers reinforce the PCIT principles with parents in the home and also use this language to work in the classroom.

We have purchased a second suite of PCIT equipment and are able to set up an additional PCIT delivery site at the ICBH mental health clinic in Lone Pine. This equipment will be "mobile" and available to our trained partner organizations in the community

This is a highly effective program and the families show improved outcomes as a result of this intensive parenting program. In addition, the children and their siblings show improved behavior (positive social interactions, following directions, reduction in acting out behavior) as a result the program.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>6</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
  - a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
  - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
  - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
  - d) Specific program strategies implemented to ensure appropriateness for diverse participants
  - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

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

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<sup>6</sup> Note that very small counties (population less than 100,000) are exempt from this requirement  
POSTED JUNE 6, 2011 THROUGH JULY 10, 2011

**PREVIOUSLY APPROVED PROGRAM  
 Prevention and Early Intervention**

*Parent-Child Interaction Therapy (PCIT) Community Collaboration (PEI)*

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>						
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
3. a) Complete the table below:						
<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">\$46,802</td> <td style="text-align: center; padding: 2px;">\$51,325</td> <td style="text-align: center; padding: 2px;">+10%</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$46,802
FY 10/11 funding	FY 11/12 funding	Percent Change				
\$46,802	\$51,325	+10%				
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, <b>or</b> ,  <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				
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"/>				
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.						
<b>A. Answer the following questions about this program.</b>						
1. Please include a description of any additional proposed changes to this PEI program, if applicable.						
There are no changes to this PEI Program in Fiscal Year 2011-2012.						
2. If this is a consolidation of two or more previously approved programs, please provide the following information:						
<ul style="list-style-type: none"> <li>a. Names of the programs being consolidated</li> <li>b. The rationale for consolidation</li> <li>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)</li> </ul>						
Not applicable.						

***Parent-Child Interaction Therapy (PCIT) Community Collaboration (PEI)***

<b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>		
	<b>Prevention</b>	<b>Early Intervention</b>
Total Individuals:		15
Total Families:		15

**PREVIOUSLY APPROVED PROGRAM  
 Prevention and Early Intervention**

**County:** Inyo

**Program Number/Name:** Older Adult PEI Services

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

**Date:** 06/06/11

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

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

Not applicable.

**B. 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	730	English	742	LGBTQ	Unknown
Transition Age Youth (16-25)		African American	2	Spanish	8	Veteran	Unknown
Adult (18-59)		Asian	2	Vietnamese		Consumer	Unknown
Older Adult (60+)	750	Pacific Islander	1	Cantonese		Other	Unknown
		Native American	10	Mandarin			
		Hispanic	10	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

*Older Adult PEI Services*

**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.

Our community has a large number of individuals who are retired. This program has been helpful in identifying at-risk seniors who begin to exhibit symptoms of depression, prescription abuse, isolation, and other mental health conditions related to the aging population. The Older Adult Prevention and Early Intervention Program provides early mental health screening and intervention to older adults who are receiving Linkages Services, In Home Supportive Services, and/or are receiving Meals on Wheels. This program also trains agency partners, including Public Health and local physicians, to recognize the signs and symptoms of mental illness in older adults. This program provides linkage and support for older adults to access mental health and health care services.

The Older Adult Prevention and Early Intervention Program partially funds a Nurse position to support prevention and early intervention activities throughout the county in order to identify older adults who need mental health services. The program, utilizing a Mental Health Nurse, offers comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain independent in the community. The Nurse then links these individuals to resources within the community, including County Behavioral Health services. This program offers service alternatives for older adults who have been unserved and underserved in this community. Services are voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and are delivered in a timely manner that is sensitive to the cultural needs of the population served.

The Mental Health Nurse collaborates with other agencies that provide services to this population. These agencies include the In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Linkages Program, nursing homes, home health agencies, home delivery meals programs, and regional organizations which serve the elderly. All agencies receive training to complete a brief screening tool to help them recognize signs and symptoms of mental illness in older adults.

The Mental Health Nurse also provides services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. These positions offer prevention and early intervention services to older adults in community settings that are the natural gathering places for older adults, such as our Senior Center sites in the community sites of Bishop, Big Pine, Independence, Lone Pine, and Tecopa. Older adults who need additional services are referred to Behavioral Health for ongoing treatment, as appropriate. In 09/10, the PEI fund also allowed us to contract with an older adult services clinician to provide additional support to the Older Adult PEI program. In addition, the Mental Health Nurse links caregivers to support groups to provide support and early intervention to family members who are caring for an elderly relative.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program<sup>7</sup>, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
  - f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
  - g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
  - h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
  - i) Specific program strategies implemented to ensure appropriateness for diverse participants
  - j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

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

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<sup>7</sup> Note that very small counties (population less than 100,000) are exempt from this requirement  
POSTED JUNE 6, 2011 THROUGH JULY 10, 2011

**PREVIOUSLY APPROVED PROGRAM  
Prevention and Early Intervention**

*Older Adult PEI Services*

<b>SECTION II: PROGRAM DESCRIPTION FOR FY 11/12</b>								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$46,802</td> <td style="text-align: center;">\$58,501</td> <td style="text-align: center;">+25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$46,802	\$58,501	+25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$46,802	\$58,501	+25%						
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, <b>or</b> ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.								
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
<b>A. Answer the following questions about this program.</b>								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
A full-time (1.0 FTE) Case Manager position will be added to the program, financed through a combination of MHSa funds. The full-time Case Manager will provide an increased number of prevention and early intervention services to the older adult population in our community. No other changes are proposed to this program.								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
<ul style="list-style-type: none"> <li>d. Names of the programs being consolidated</li> <li>e. The rationale for consolidation</li> <li>f. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)</li> </ul>								
Not applicable.								

***Older Adult PEI Services***

<b>B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.</b>		
	<b>Prevention</b>	<b>Early Intervention</b>
Total Individuals:	750	20
Total Families:	95	20

County: Inyo

Date: 5/18/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2011/12 Component Allocations</b>						
1. Published Component Allocation	\$851,000			\$126,300		
2. Transfer from FY 11/12 <sup>a/</sup>	\$0					
3. Adjusted Component Allocation	\$851,000					
<b>B. FY 2011/12 Funding Request</b>						
1. Requested Funding in FY 2011/12	\$851,000			\$126,300		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$0			\$28,398		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$0			\$28,398		
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$0	\$0		\$0	\$0	
<b>4. Total FY 2011/12 Funding Request</b>	<b>\$851,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$126,300</b>	<b>\$0</b>	
<b>C. Funds Requested for FY 2011/12</b>						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations <sup>b/</sup>						
5. Unapproved FY 10/11 Component Allocations <sup>b/</sup>						
6. Unapproved FY 11/12 Component Allocations <sup>b/</sup>	\$851,000			\$126,300		
<b>Sub-total</b>	<b>\$851,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$126,300</b>	<b>\$0</b>	
7. Access Local Prudent Reserve						
<b>8. FY 2011/12 Total Allocation<sup>c/</sup></b>	<b>\$851,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$126,300</b>	<b>\$0</b>	

**NOTE:**

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

County: Inyo

Date: 3/31/2011

CSS Programs			FY 11/12 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group				
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult		
<b>Previously Approved Programs</b>												
1.	1	System Transformation	\$680,800	\$188,777	\$393,618	\$98,405	\$0	\$136,160	\$170,200	\$238,280	\$136,160	
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 <sup>a/</sup>		\$680,800	\$188,777	\$393,618	\$98,405	\$0	\$136,160	\$170,200	\$238,280	\$136,160	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$102,120									15%
18.	Plus up to 10% Operating Reserve		\$68,080									8.7%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$851,000									
<b>New Programs/Revised Previously Approved Programs</b>												
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs <sup>a/</sup>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
7.	Plus up to 15% Indirect Administrative Costs											
8.	Plus up to 10% Operating Reserve											
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0									
10.	<b>Total MHA Funds Requested for CSS</b>		\$851,000									

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

27.70%

**Additional funding sources for FSP requirement:**

County must provide the majority of MHA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at [http://www.dmh.ca.gov/Prop\\_63/MHA/Community\\_Services\\_and\\_Supports/docs/FSP\\_FAQs\\_04-17-09.pdf](http://www.dmh.ca.gov/Prop_63/MHA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf)

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

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
<b>Total Mental Health Expenditures:</b>	\$188,777	\$31,083	\$0	\$127,356	\$0	\$0	\$0	\$0	\$0	\$347,216	51%

County: Inyo

Date: 5/18/2011

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	
<b>Previously Approved Programs</b>									
1.	A	PCIT Community Collaboration	\$51,325		\$51,325	\$51,325			
2.	B	Older Adult PEI Services	\$58,501	\$11,700	\$46,801				\$58,501
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*		\$109,826	\$11,700	\$98,126	\$51,325	\$0	\$0	\$58,501
17.	Plus up to 15% Indirect Administrative Costs		\$16,474						
18.	Plus up to 10% Operating Reserve								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$126,300						
<b>New/Revised Previously Approved Programs</b>									
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.	<b>Total MHSA Funds Requested for PEI</b>		\$126,300						

Percentage  
15%  
0.0%

~~\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25. (Small counties are exempt from this requirement.)~~

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.