

EXHIBIT A

**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Placer County HHS

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of public community 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. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 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 or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.



Signature

4-17-09
Date

L.C.S.W
Title

Local Mental Health Director/Designee

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: Placer

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.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input.

Placer County's Community Program Planning Process includes a large, active community stakeholder group, Placer County's System of Care staff, and various system partners. All planning and recommendations were either driven by or presented to our Campaign for Community Wellness, in an effort to coordinate and leverage key mental health initiatives and ultimately improve mental health care in Placer County for all people. Led by a steering committee of over 34 community members, advocates, providers, consumers and family members, the Campaign for Community Wellness is working to coordinate and implement the Mental Health Services Act (MHSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) programs in Placer County. Various stakeholders emerged to lead the new workgroups that were developed in 2008/09 and those being developed for 2008/09. The annual update was presented to the Campaign for Community Wellness (CCW) Steering Committee on April 24, 2009.

The 09/10 Annual Update and Executive Summary are being posted for a 30-day public review and comment period from 4-17-09 through 5-17-09. It was electronically sent to the Placer County Network distribution list (308 members), Placer County Consortium on Homelessness and Affordable Housing, Placer County Network Providers, and county mental health staff. Hard copies were placed at: Placer County Libraries, the Welcome Center (consumer drop-in center in Auburn, CA), the Adult System of Care Mental Health Clinics, and the Children's System of Care (lobbies). The general public was notified by public notice posted in five newspapers throughout Placer County. The notice included reference to the CCW website and a phone number for requesting a copy of the annual update. The public hearing, held at the Mental Health/Drug and Alcohol Board meeting on 5-18-09 was advertised in the same manner. Public review and comment closed at 5pm on 5-18-09.

EXHIBIT B

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

Placer County's Community Program Planning Process for development of the FY2009/10 Annual Update involved consumers, family members, services providers, system partners, and other interested community members, including individuals from diverse racial/ethnic and cultural backgrounds. Representation from consumers, family members, and contract providers included all age groups (child, TAY, adults, and older adults). System partners included Education, Health, Child Protective Services, Law Enforcement, Juvenile Court, Probation, Public Defender, Alcohol and Drug Services, Department of Human Assistance, and Senior and Adult Services.

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Any information provided by DMH or County was shared with stakeholders in a variety of methods. All MHSA related information and documents were discussed at length at the Campaign for Community Wellness meetings, the Mental Health/Drug and Alcohol Board, and any relevant workgroups. Updates regarding the CSS programs were provided at the public hearing for last years annual update. Minutes from relevant meetings as well as written plans, updates, etc. are posted on Placer County's website as well as the Campaign for Community Wellness website. Also, the Campaign for Community Wellness puts out a quarterly newsletter that provides updates on MHSA programs.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

The public hearing was conducted by Placer County Mental Health Alcohol and Drug Board on May 18, 2009. A public comment was not made during the hearing or any public comments received during the 30-day posting period. We also reviewed this plan during our MHSA Steering Committee Meeting on April 24, 2009 and no comments were made at this time either.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The 30-day review period is 4-17-09 through 5-17-09 and the Public Hearing will be on 5-18-09.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: Placer

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

Placer County continues to implement the Community Services and Supports Plan in 08/09. Reports on the following 7 components will be included in this report:

1. Rallying Around Families Together (RAFT) – a Full Service Partnership for children,
2. Full Service Partnerships serving: Placer Transition Age Youth, Adults, and Older Adults,
3. Lake Tahoe System Development,
4. *System Transformation (co-occurring, resiliency/recovery, cultural competency, and family/client driven system development strategies), and
5. Mental Health Crisis Response and Triage.

*System Transformation has 6 components:

- 1) Training for staff, providers, consumers, families on the principles of the recovery model.
- 2) Leadership development for consumers, families & Consumer Council
- 3) Peer support programming---Welcome Center
- 4) Latino Leadership Council
- 5) Consumer Navigators
- 6) Youth Coalition

Populations to be served by Placer County CSS programs were initially identified to include:

- Transitional Age Youth (TAY),
- Older Adults (60 and older) and Transition Age Adults (55 to 59),
- Homeless children, youth and adults,
- Unserved or underserved ethnic and cultural populations, including: Latino/Hispanic and Native American, and
- Those who are determined to be most at risk, due to serious mental illness a history of hospitalization, out-of-home placement, co-occurring substance abuse, or incarceration.

EXHIBIT C

All of Placer County's CSS programs provide outreach to unserved and underserved populations, with an emphasis on reducing racial/ethnic service disparities. Each program strives to deliver culturally and linguistically competent services to both consumers and family members. In particular the Latino Leadership Council and Native Network are working to increase services, awareness, and opportunities for underserved populations.

The Latino Leadership Council has been developing a social marketing plan as a result of Latino community input. A questionnaire was given out at a Spanish speaking event by Roberto Dannie on March 30. This event provided cultural and familial healing practices and approaches to 160 Spanish speaking community members. Based on the information gathered at this event, through focus groups, and Latino Leadership meetings, an educational campaign was proposed. The campaign will provide basic information regarding mental health issues, youth violence, substance and drug abuse, immigration and acculturation stresses and domestic violence.

The Latino Leadership Council has recently served as a focus group for the development of the Cultural Competence Plan, Prevention and Early Intervention, and Workforce Development plans. Latino community members provided information regarding community needs and strategies for improving the cultural sensitivity and services provided to the Latino populations.

The Latino Leadership Council (LLC) has also been very involved in the development of a pilot program for Placer Spanish speaking populations around youth violence. The LLC members participate in Campaign meetings and work toward ensuring this underserved population receives adequate resources to stem the increased youth violence in the town of Lincoln.

The Native Network continues an active role in providing input to county/community planning groups. Information is gathered from a consortium of local tribes and interviews by a Native American consultant with elders/leaders. The Native Network has utilized many assessments/means of gathering and reporting on the needs of Native American youth, families, and communities. They completed a Community Readiness Assessment to identify strategic planning priorities and a Placer County Native community services inventory and gaps analysis. The Network submitted the Native Family Wellness Plan to Placer County HHS Systems of Care via the MHSA planning process. They have also held several community events to educate about Native culture/practices.

Currently the Latino Leadership Council and Native Network provide input around outreach and engagement of our unserved and underserved populations for all CSS programs. The ultimate goal is to identify tools/strategies that will reduce racial/ethnic disparities throughout all programs within County and community mental health programs. Progress is most notable in the outreach and engagement increasing participants in the TAY/Youth group, and our recent Older Adult FSP expansion.

EXHIBIT C

Consumer Programs

Advances were made in consumer leadership and development in Placer this last year. Two MH consumers attended the Transformation Through Advocacy conference in Los Angeles returning with enthusiasm for change. These two then invited a peer to join them in attending a California Network of Mental Health Clients' Regional Meeting in Modesto where they collaborated with consumers from the region on positive avenues for advocacy and the need for trauma informed treatment. The Placer Consumer Council meets monthly and had an average attendance of 12 consumers. Consumer representatives are active in the county's Client Family Relations Committee, Campaign for Community Wellness steering committee and Housing Element Workshops. The Listening Well Program was strengthened by increasing from 1 to 3 certified facilitators, significantly increasing our training capabilities for consumers and family members.

Participants and staff from our consumer supported drop in center, the Welcome Center, have been working to increase community connectedness and participant ownership of the program. Programming continues to be developed and adapted based on participant input. Collaborations with neighboring counties, including reciprocal site visits, allow us to share and learn new strategies for wellness and recovery. Data collected on first time visitors this reporting period shows that the primary reasons for coming in are social interaction and food referrals. Forty one percent of the new participants stated they have no income. Community integration, including field trips and speaker presentations remain a focus of the Welcome Center.

Placer's consumer employment program (the Navigator program) continues to progress. The group meet twice monthly to works on job skills and discuss the challenges and opportunities of being a consumer within the mental health system. The group is developing a structured means for evaluation and learning about implementing Wellness Recovery Action Plans for consumers who are working.

TAY/Youth Group

In order to increase participation the group decided to explore new directions in the outreach plan. Energy was invested into building a relationship with an existing youth group, YTAT (Youth Transition Action Team). It was more efficient to use this existing group of invested adult supporters to expand upon as opposed to launching an entirely new coalition. There are currently 4 youth who are involved in attending YTAT meetings. The group is currently developing a mission/vision statement for a budding Youth Coalition with a goal for expanding greater youth involvement.

Older Adult

Enrollment increased to 12 this reporting period. Staff attended the Older Adult Conference for two days in May. A separate FSP team for older adults was formed and moved to the Public Guardian offices. This change was strategically made to increase collaboration and service utilization for programs that serve similar populations, improving service delivery to clients.

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Placer

Work Plan Title

Rallying Around Families Together (RAFT) – a Full Service Partnership for Children

Population to Be Served

Children (17 years and under) with Severe Emotional Disorders eligible for County Mental Health Services but do not meet the Government Code 26.5 criteria for Special Education Services.

Work Plan Description

CSOC works closely with the schools to identify the children who qualify for this program. Special attention and outreach occurs in the Latino community to address ethnic disparity. Working in concert with leadership development activities, staff utilize the services of Family Advocates, Youth Coordinators and Mentors.

- This project nearly met its target of 34 by serving 26 Children. They greatly exceeded their outreach and engagement projections by targeting 60 and actually reaching 119.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

___145___ Total

Number of Clients By Funding Category

___26___ Full Service Partnerships

_____ System Development

___119___ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Placer

Work Plan Title

3 Full Service Partnerships (FSPs): Placer Transition-Age Youth (PTAY) Whatever It Takes/ Older Adult FSP

Population to Be Served

PTAY: Un-served, under-served and inappropriately served, TAY between the ages of seventeen years and twenty-six with SMI transitioning from CSOC to ASOC or referred from the community.
Whatever it Takes: Adults (18-60 yrs) with Severe Mental Illnesses (SMI) who are leaving jail, hospitals or IMDs. Priority is given to unserved or inappropriately served clients who are at risk of psychiatric hospitalization, as well as, those ready to exit psychiatric Health Facilities, psychiatric hospitals, IMDs, or jail.
Older Adult FSP: Older adults (65) who meet the previous criteria and those who are newly identified as needing services.

Work Plan Description

PTAY works closely to identify youth aging out of foster care or group home that are transitioning from CSOC to ASOC. TAY also works closely with ASOC Adult Reintegration Team (ART) to identify youth recently hospitalized. Finally, TAY works closely with the leadership development activities for Youth and Families, including use of Peer Coordinators and Mentors. They also engage in outreach and brief intervention. The team works closely with available supported housing opportunities through CSOC THP Plus and ASOC AMI housing to provide assistance to support greater independence.

- This group nearly made their target of 34, by serving 29 clients. These services are expanded for FY 08-09 to serve more youth and their families. In FY 07-08 outreach was provided to many more than originally anticipated; targeting only 60 but reaching out to 546.

WIT staff went to the jail, hospital and Institutes of Mental Disease (IMD) to make contact with and engage potential clients. The team has been successful in reducing the length of time clients stay in these settings as well as successfully transitioning them to more independent living situations such as supported housing opportunities. Clients are offered self-help activities at the Welcome Center and through the Consumer Council. Clients will be supported to find their own recovery and potentially progress to working with others to find theirs.

- This year the target of 32 was greatly exceeded, but actually serving 106 clients. This was largely due to increasing the number of FSP services to homeless mentally ill adults some of which had been formerly served through a state grant (AB 2034) in which funding was eliminated. Due the amount of service given, the outreach target of 80 was not met. 58 clients were reached.

Older Adult FSP staff focused on outreach in natural settings in collaboration with the Older Adult Collaborative and other community providers. Through intensive case management, clients are moved to the lowest level of care possible/ least restrictive environment. By offering choice and self-directed guidance for recovery and transition into community life, consumers are offered peer counseling, advocacy, and leadership opportunities. They are directed to our peer led Welcome Center, our Senior Peer Counseling Program, or other relevant community opportunities. Services and activities are geared toward assisting consumers and family members to develop personal wellness and recovery skills that prevent relapse, promote support and independence, improve quality of life, and provide integration into a variety of roles in the community.

- By serving 14 clients, the Older Adult team did not meet their target of 31. However, their outreach more than doubled their expectation. Targeting only 40, but reaching out to 100.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

___ 940 ___ Total

Number of Clients By Funding Category

___ 149 ___ Full Service Partnerships

___ System Development

___ 791 ___ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

___ Total

Number of Clients By Type of Prevention

___ Early Intervention

___ Indicated/Selected

___ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Placer

Work Plan Title

Lake Tahoe System Development

Population to Be Served

Severely mentally ill clients in Lake Tahoe. Particularly, Latino/Spanish speaking clients who were previously unserved/underserved.

Work Plan Description

This Plan provides services that are culturally competent and develop a welcoming system to increase access to mental health services for the Latino population in Tahoe, and reduce the disparity of mental health services to this group. 3 bi-lingual/bicultural clinical and support staff hired through MHSA and the leveraging on SAMSHA funds significantly increased the level of service to mono lingual Spanish speaking individuals and eliminated the waiting list for services.

The Tahoe team focuses on community outreach and engagement to reduce stigma and fear of mental health services through partnerships with Latino Leadership and Family Resource Centers. They also develop training and support for identification of mental illness in families, and using their natural community strengths and cultural models.

- This team exceeded their goal by serving 42 clients. They projected only 35. This is also the case in outreach and engagement. They reached 215 clients while only projecting 80.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

257 Total

Number of Clients By Funding Category

Full Service Partnerships

42 System Development

215 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Placer

Work Plan Title System Transformation: Co-Occurring, Resiliency/ Recovery, Cultural Competency and Family/Client-driven system

Population to Be Served

Out reach to Latino and Native Communities
Out reach to TAY
Mental Health Clients (with an emphasis on those who have co-occurring substance abuse) and staff.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
2949 Total

Number of Clients By Funding Category
Full Service Partnerships
2949 System Development
Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
Total

Number of Clients By Type of Prevention
Early Intervention
Indicated/Selected
Universal

Work Plan Description

Placer continued to improve the system capacity to be co-occurring and culturally competent, recovery/resiliency oriented and have client/family driven services. Using evidence-based models, Placer is promoting recovery and increasing the level of participation of clients and families.

Strategies include:

- 1) Training for staff, providers, consumers, families on the principles of the recovery model/co-occurring Competence
- 2) Leadership development for consumers, families & Consumer Navigators
- 3) Peer support programming (Welcome Center)
- 4) Latino Leadership Counsel
- 5) Consumer Navigators
- 6) Youth Coalition
- 7) Participation in activities of the Cultural Competency Committee

Recovery oriented and co-occurring training/strategies are aimed at improving the mental health staff competence to ultimately provide higher quality services to mental health clients. Peer mentoring and work opportunities for clients (e.g. Welcome Center/ Navigator Program) provide leadership and recovery oriented activities. Leadership opportunities for Latino/Youth staff and clients help reduce stigma, provide out reach to underserved populations, fill service gaps, and provide needed input to community planning.

- This work plan was highly successful by reaching 2949 individuals and while targeting to reach 200. This is partially due to the wonderful collaborative efforts of these groups. They meet as individuals and as a collective whole (with representatives from each group).



County Name

Placer

Work Plan Title Mental Health Crisis Response and Triage

Population to Be Served

Individuals from the community and Mental Health Clients who are in crisis/at-risk.

Work Plan Description

- 1) Provide crisis services at a new one-stop hospital site.
- 2) Establish a Crisis Triage team to provide same day/next day, follow-up and outreach services for individuals who have been evaluated for hospitalization but did not meet criteria for admission to a Psychiatric Health Facility (PHF). The goal is to prevent hospitalization and/or incarceration and to ensure that no one who is experiencing a crisis "falls through the cracks." Same Day Next Day has access to urgent medication evaluations as well as provides a smooth transition to ASOC out patient and or referral into MHSA programs or other community resources. This program became operative on November 11, 2006.
 - This group successfully served 2707 individuals while targeting only 800. This success was partially achieved through successful system redesigns, shorting the time it takes to see a doctor, and streamlining the process to become evaluated. Strong relationships were also forged with community hospitals and law enforcement which also greatly contributed to the success of this team.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
2707 Total

Number of Clients By Funding Category
Full Service Partnerships
2707 System Development
Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
Total
Number of Clients By Type of Prevention
Early Intervention
Indicated/Selected
Universal

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name

Placer

Work Plan Title

Prevention and Early Intervention-Ready for Success Program

Population to Be Served

- 0-18 year olds at risk of school failure, living in stressed families and at risk of involvement in juvenile justice system
- Families with at risk children

Work Plan Description

Youth and Family Development Program is designed to address the needs and priorities that were identified in the community planning process by providing family/parenting education programs (bolstering protective factors) to those children/youth most at risk of school failure, juvenile justice involvement and stressed family situations. Specific age groups were identified to prioritize the population where these programs would focus.

Programs fit into two categories: Strengthening Families or Youth Development. The following type of programs will be utilized to meet the needs of these targeted populations:

STRENGTHENING FAMILIES APPROACH-As all the research points to, you cannot serve the at-risk youth without also serving the family unit. The first place any child or youth naturally goes to for support is the family. If the family is not able to provide this in a positive way, the risk factors for that individual start to climb. In recognition of this inseparable set of issues, the PEI Plan for addressing the needs of children and youth partners outstanding parenting programs with outstanding youth development programs.

FAMILY SUPPORT-Incredible Years (Expansion)-Across the board, the Incredible Years training program has the best outcomes for improving family functioning across a variety of ethnic demographics. To reach the priority population of young children, this program was selected as the most desirable.

The Incredible Years parent training intervention is a 12-week program focused on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies, and reduce conduct problems. The parent programs are grouped according to age. The programs in Placer will be delivered in a culturally competent, safe, nurturing setting at local Family Resource Centers. It is expected that 40% of the families served that are enrolled in this program will be Latino due to the demographics of the Family Resource Centers.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
_____ Total

Number of Clients By Funding Category
_____ Full Service Partnerships
_____ System Development
_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
845 Total

Number of Clients By Type of Prevention
_____ Early Intervention
_____ Indicated/Selected
_____ Universal



County Name

Placer

Work Plan Title

Prevention and Early Intervention-Bye Bye Blues Program

Population to Be Served

- Mothers with children 0-5 at risk of depression
- Older adults at risk of depression and suicide

Work Plan Description

Bye-Bye Blues Program

This program aims to reduce depression and suicide through culturally and age appropriate services such as counseling, screening evaluations, resources and short-term intervention therapy.

Working in partnership with the Women, Infants and Children (WIC) offices and the five Family Resource Centers in the county, as well as other organizations serving mothers with young children, referrals will be made from the depression screening tool. The depression screening for the referred mothers will be conducted by county public health nurses in the community clinics and by Family Resource Center staff. Referrals will be made for therapy as needed. A full-time bilingual therapist (funded by PEI funds) will be available to provide therapy for mothers screened and needing immediate support for depression.

Older adults will be referred for depression screening by primary care doctors and social workers. Screening and treatment will take place with-in primary care settings at Placer County Community Clinic. Those deemed in need of immediate short-term therapy will be referred to the new full-time therapist (funded by PEI funds) who will conduct 12-week individual sessions at the community clinic or other location naturally used by the older adults.

The depression-screening tool for the project will be the Edinburgh. Training on how to use the screening tool will be conducted annually for 30 community service providers.

Two therapy modalities will be used for the short-term therapy offering to consumers screened and deemed in need of an intervention: 1) Cognitive Behavioral Therapy, and 2) Interpersonal Talk Therapy. Both modalities were chosen for their successful outcomes for depression for a short-term intervention period.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 _____ Total

Number of Clients By Funding Category
 _____ Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 ___700___ Total

Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal



County Name

Placer

Work Plan Title

Prevention and Early Intervention-Bridges to Wellness Program

Population to Be Served

- At risk populations
- Suicide risk populations
- Youth at risk of school failure

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
_____ Total

Number of Clients By Funding Category
_____ Full Service Partnerships
_____ System Development
_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
_____ Total

Number of Clients By Type of Prevention
_____ Early Intervention
_____ Indicated/Selected
12,000 Universal

Work Plan Description

Bridges to Wellness

Bridges to Wellness aims, through Social Marketing, to reduce stigma and increase awareness of mental health issues through a variety of methods that target specific populations with messages that are relevant to them. Methods may include media, website development, school outreach and community-based forums and trainings.

**FY 2009/10 Mental Health Services Act
Summary Funding Request**

Exhibit E Summary/encl. 5
Date: 6/29/2009

County: Placer

	MHS Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$6,249,400			\$2,100,400	\$483,800
2. Transfers ^{b/}					
3. Adjusted Planning Estimates	\$6,249,400	\$0	\$0	\$2,100,400	\$483,800
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$6,679,939		\$320,885	\$1,295,824	
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$1,895,970		\$4,722	\$86,140	
b. Adjustment for FY 2008/09 ^{e/}	\$1,895,970		\$4,722	\$86,140	
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$6,679,939	\$0	\$320,885	\$1,295,824	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates			\$284,675		
2. Unapproved FY 07/08 Planning Estimates			\$36,210		
3. Unapproved FY 08/09 Planning Estimates	\$430,539			\$429,426	
4. Unapproved FY 09/10 Planning Estimates	\$6,249,400			\$866,398	
5. Total Funding^{f/}	\$6,679,939	\$0	\$320,885	\$1,295,824	\$0

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHS Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

Note (line B. 2. b. Adjustment for FY2008/2009):

Uses: Appr 08-09 Prudent reserve funding	\$ 1,150,000
Appr 08-09 Oper reserve funding	\$ 150,000
FY08/09 additional expenditures	\$ 595,970
	<u>\$ 1,895,970</u>

**FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

Exhibit E1

County: Placer

Date: 6/29/2009

CSS Work Plans				FY 09/10 Required MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	1	Child	E	\$230,138	\$230,138			\$230,138				
2.	2	TAY, Adult and Older Adult	E	\$2,282,646	\$2,282,646				\$307,588	\$1,706,084	\$268,974	
3.	3	System Transformation	E	\$1,205,997		\$1,205,997			\$131,681	\$966,723	\$110,000	
4.	4	Crisis Triage	E	\$690,660			\$690,660		\$52,531	\$390,122	\$45,000	
5.	5	Lake Tahoe	E	\$81,678			\$81,678		\$8,202	\$64,015	\$7,803	
6.												
7.												
26.	Subtotal: Work Plans ^{a/}			\$4,491,119	\$2,512,784	\$1,205,997	\$772,338	\$0	\$230,138	\$500,002	\$3,126,944	\$431,777
27.	Plus County Administration			\$482,737								
28.	Plus Optional 10% Operating Reserve			\$369,155								
29.	Plus CSS Prudent Reserve ^{b/}			\$1,336,928								
30.	Total MHA Funds Required for CSS			\$6,679,939								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

55.95%

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**FY 2009/10 Mental Health Services Act
Workforce Education and Training Funding Request**

Exh E2/encl 7

County: Placer County

Date: 6/29/2009

Workforce Training and Education Work Plans				FY 09/10 Required MHSA Funding	Estimated Funds Requested by Funding Category				
No.	Name	New (N)/ Approved Existing (E)			Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
1.	1	WET Coordination	E	\$155,425	\$155,425				
2.	2	Consumer/Staff Development	E	\$23,000		\$23,000			
3.	3	Leadership Development	E	\$8,000		\$8,000			
4.	4	E-Learning	E	\$3,600		\$3,600			
5.	5	Psychosocial Rehabilitation	E	\$10,000			\$10,000		
6.	6	HS Outreach/Career Tracts	E	\$1,000			\$1,000		
7.	7	Retention Efforts	E	\$3,000			\$3,000		
8.	8	Internship Programs	E	\$25,000				\$25,000	
9.	9	Stipends/Scholarships/Grants	E	\$32,069					\$32,069
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26.	Subtotal: Work Plans			\$261,094	\$155,425	\$34,600	\$14,000	\$25,000	\$32,069
27.	Plus County Administration			\$59,791					
28.	Plus Optional 10% Operating Reserve								
29.	Total MHSA Funds Required for Workforce Education and Training			\$320,885					

**FY 2009/10 Mental Health Services Act
Prevention and Early Intervention Funding Request**

Exhibit E4

County: Placer

Date: 6/17/2009

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult	
1.	1	Ready for Success	\$511,122		\$434,454	\$76,668	\$255,420	\$233,251	\$18,438	\$4,013
2.	2	Bye Bye Blues	\$349,244		\$314,320	\$34,924	\$28,742	\$23,861	\$210,523	\$86,118
3.	3	Bridges to Wellness	\$113,884	\$113,884			\$28,471	\$28,471	\$34,165	\$22,777
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26.	Subtotal: Work Plans^{a/}		\$974,250	\$113,884	\$748,773	\$111,593	\$312,633	\$285,583	\$263,126	\$112,908
27.	Plus County Administration & Coordination		\$204,574							
28.	Plus Optional 10% Operating Reserve		\$117,000							
31.	Total MHSA Funds Required for PEI		\$1,295,824							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years=

61.40%

Note: Work Plans include \$76,000 in evaluation costs

Exhibit G

**Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

County Placer Date 6/15/09

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS	4,491,119
2. Less: Non-Recurring Expenditures Subtract any identified CSS non-recurring expenditures included in #1 above.	- 0
3. Plus: CSS Administration Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.	+ 482,737
4. Sub-total	4,973,856
5. Maximum Prudent Reserve (50%) Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.	2,486,928
6. Prudent Reserve Balance from Prior Approvals Enter the total amounts previously approved through Plan Updates for the local prudent reserve.	1,150,000
7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29. Includes \$430,539 (FY 08-09 unapproved CSS funds)	1,336,928
8. Prudent Reserve Balance Add lines 6 and 7.	2,486,928
9. Prudent Reserve Shortfall to Achieving 50% <u>Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.</u>	\$0

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.