

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

<b>County:</b>		San Benito																	Revised 05/11/10			
		<i>Exhibits</i>																				
		<b>A</b>	<b>B</b>	<b>C</b>	<b>C1</b>	<b>D</b>	<b>D1*</b>	<b>E</b>	<b>E1</b>	<b>E2</b>	<b>E3</b>	<b>E4</b>	<b>E5</b>	<b>F**</b>	<b>F1**</b>	<b>F2**</b>	<b>F3**</b>	<b>F4**</b>	<b>F5**</b>	<b>G***</b>	<b>H****</b>	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
<b>Component</b>	<b>Previously Approved</b>	<b>New</b>																				
<input checked="" type="checkbox"/> CSS	\$ 1,930,000	\$ -			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET	\$ -	\$ -			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> CF	\$ -	\$ -					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> TN	\$ -	\$ -					<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>					
<input checked="" type="checkbox"/> PEI	\$ 443,854	\$ -			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>				
<input type="checkbox"/> INN	\$ -	\$ -				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		
<b>Total</b>	<b>\$ 2,373,854</b>	<b>0</b>																				
<b>Dates of 30-day public review comment period:</b>		<b>March 17 through April 15, 2010</b>																				
<b>Date of Public Hearing:</b>		<b>Thursday, April 15, 2010</b>																				
<b>Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:</b>		<b>April 6, 2010</b>																				

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

**COUNTY CERTIFICATION**

County: **San Benito**

County Mental Health Director	Project Lead
Name: <b>Alan Yamamoto</b>	Name: <b>Alan Yamamoto</b>
Telephone Number: <b>831-636-4020</b>	Telephone Number: <b>831-636-4020</b>
E-mail: <b>alan@sbcmh.org</b>	E-mail: <b>alan@sbcmh.org</b>
Mailing Address: <b>1131 San Felipe Road, Hollister, CA 95023</b>	

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

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

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.<sup>1</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 2010/11 annual update/update are true and correct.

Alan Yamamoto LCSW  
Mental Health Director/Designee (PRINT)

Alan Yamamoto 5-4-10  
Signature Date

<sup>1</sup> Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

County: **San Benito Behavioral Health**  
Date: **May 4, 2010**

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315. Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

<b>Community Program Planning</b>
<p><b>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</b></p> <p>The Community Program Planning (CPP) process for the development of the FY 2010/11 Annual Update builds upon the planning process that we utilized for the development of our original Three-Year Community Services and Supports (CSS) Plan and our original Prevention and Early Intervention (PEI) Plan. These planning processes were comprehensive and included the input of over 1,000 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop a MHSA program that is well designed for our county. The overall goals of the CSS and PEI Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2010/11.</p> <p>The planning process for this MHSA FY 10/11 Annual Update included discussions of the MHSA plan development and implementation, and funding priorities with stakeholders from a number of different venues. We met with the local Behavioral Health Board, which is a combined Mental Health and Substance Abuse board. The Behavioral Health Board is comprised of consumers, family members, and allied agency representation, including members from a nearby hospital, special education, the County Health Department, and other public interest members who have leadership roles in the community. This Board has diverse and involved representation from our community, with over 40% Hispanic, 40% Caucasian, and 20% Other races. Over 50% of the Board represents consumers and family members. The Behavioral Health Board has been heavily invested in taking a leadership role in all of the local MHSA input and plan development processes.</p> <p>In addition, we have engaged stakeholders throughout the development of this request. There are a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities. All stakeholder groups and boards are in full support of this MHSA Annual Update and maintaining the services as originally outlined in the CSS and PEI Plans.</p> <p>We have also 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 management 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 and expand FSP services for our clients and families.</p>

The Annual Update was developed and approved by the Behavioral Health Board after reviewing data on our current programs (including FSP data), analyzing community needs based on past stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA Annual Update was shared at staff meetings and at consumer meetings to obtain input and feedback on services.

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

A number of different stakeholders were involved in the CPP process. Input was obtained at the Behavioral Health Board meetings, which are attended by MHSA staff, consumers, family members, Behavioral Health Director, Program Managers, fiscal staff, quality improvement staff, representatives from allied providers and agencies, and others involved in the delivery of MHSA services. The CPP also included input from child and adult team meetings in mental health and substance abuse services, and the multiple agencies involved with the Children's Interagency Coordinating Council. Consumers who utilize the Esperanza Wellness Center were also involved in the CPP through facilitated group meetings.

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

No MHSA programs will be eliminated at this time.

**Local Review Process**

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

This proposed MHSA Annual Update was posted for a 30-day public review and comment period from March 17 through April 15, 2010. An electronic copy was available online at [www.san-benito.ca.us](http://www.san-benito.ca.us). Hard copies of the document were available at the Behavioral Health clinic and in the lobbies of all frequently accessed public areas, including the Court House, Hazel Hawkins Hospital, County Administration, and the local library. In addition, a hard copy of the proposed Update was distributed to all members of the Behavioral Health Board; consumer groups; staff; at Esperanza Center (the Adult/TAY Wellness Center); and with partner agencies.

Two consumer meetings were held during the 30-day review period as a means for consumers to access the Annual Update and to provide feedback. One meeting was held on March 15, 2010; 6 consumers and 2 staff members attended this meeting. The second meeting was held on March 19, 2010; 13 consumers and 4 staff members attended. Consumer feedback on the Annual Update is included in Section 5, below.

In addition, a public hearing was held on Thursday, April 15, 2010, at the County Behavioral Health Department, 1131 San Felipe Road, Main Conference Room, Hollister, CA 95023, and beginning at 12:00 pm. This meeting was held in conjunction with the Behavioral Health Board meeting; participants were all Board members and included one consumer Board member. The Board approved a motion to support the plan renewal and move forward for County Board of Supervisors' approval and submission to the Board of Supervisors.

**5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.**

During the public review and hearing process, stakeholders supported all of the efforts utilizing MHSA funds that have already been designated in the plans. Consumer and family member feedback focused on the wellness center and improving outreach efforts, as follows:

- Consumers agreed that continued and increased outreach efforts are needed to decrease the stigma of mental health.
- A family member suggested having consumers stand outside the Esperanza Center, our wellness center, to encourage people walking down the street to visit the center. The community member may not need to utilize the services themselves, but they would be exposed to the services offered and could recommend the services to their family and friends. They also could be aware of the services in case they needed the assistance later.
  - Our QI Supervisor suggested that consumers could take turns greeting people at the front door, have them complete the Esperanza Center Survey, give them a calendar of events, and provide a tour of the Esperanza Center. She clarified that people can drop by three times before needing to enroll in mental health services.
- Consumers expressed positive experiences at the Esperanza Center overall. A consumer board member shared that at the recent board meeting, they discussed getting more furniture for the Esperanza Center; 5 computers are being donated, a field trip to another wellness center will be organized, and an information table at the main clinic will be provided by consumer volunteers to inform other consumers about the Esperanza Center.
- They mentioned that a low turnout of consumers decreases their enthusiasm, and more effort is needed to have consistent consumer involvement.
- Stakeholders discussed designating consumers in leadership roles at the Esperanza Center. A consumer stated he would like to be called a “Peer Leader” and another wanted to be recognized for his “maintenance manager” role at the Esperanza Center.
  - Nametags for consumers have been created during this week for those who support other consumers and/or lead peer run groups.
- Consumers expressed interest to go on outings: for example, a trip to the beach once a year or a baseball game in the Bay Area. These activities could be available to those consumers who actively participate at the wellness center.
- A consumer mentioned that she sees many people at the homeless shelter who could use mental health services. Lynda informed her that once a week a clinician provides outreach services to the homeless shelter, but she was commended for her efforts to encourage them to seek additional mental health services.
- Consumers agreed that participating in groups, creating crafts, and helping others improves their self-esteem and mental health. Suggested groups are as follows:

- A consumer is interested in starting a knitting group, and will work with staff for the April 2010 calendar.
  - Another consumer thought a music class would be helpful: possibly have a consumer lead the class (guitar) and teach other consumers.
  - Consumers agreed to continue the exercise groups: line dancing, walking, playing basketball.
  - Consumers agreed to continue the craft groups, and another consumer was interested in participating and contributing. They will continue to schedule activities each month, (i.e., beading, scrap booking, card making, etc.) and rotate activities each month.
  - A consumer plans to start a peer run recovery group called “Pathways.” There was interest from another consumer to co-facilitate the group.
  - A clinician suggested a DMV drivers’ license studying group at the Esperanza Center. Jocelyn will assist consumers to help each other pass the DMV driving test with a class in April.
- Consumers shared that transportation assistance has been helpful. A consumer requested scheduled transportation to the Esperanza Center to provide emotional support to get to the center. Sometimes consumers do not have the energy to come to the Esperanza Center, but they feel better when they get out of their homes and do not isolate. Reminder calls to come to the center assists consumers to receive the support they need to stay engaged at the center.
  - A consumer stated they “feel stuck” and it improves their self-esteem by being part of something. Consumers stated, it “feels good to help others” and not focus on own problem. The consumer shared that just creating a small craft item helps her feel as if she accomplished something and improves her mood.

The comments provided additional ideas for improvement of daily operations at the Esperanza Center, but no substantive changes to the proposed Annual Update were required as a result of these comments.

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

County: **San Benito**  
Date: **March 16, 2010**

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

**CSS, WET, and PEI**

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

The implementation of our MHSA activities in FY 2008/09 was very successful. During this fiscal year, we combined the four separate work plans (Children, TAY, Adult, Older Adult) into one "MHSA CSS System Transformation Program." In addition, we redesigned our service delivery system to have age-specific service delivery teams. The clinician and case management staff pool had been too small in the past to provide service assignments in any other manner than to practice as generalists without age-specific team assignments. Service delivery teams are now assigned to the Adult/Older Adult population and the Children/TAY population.

We continued to implement our FSP programs for Children and Adults, enabling us to provide services in the schools and work closely with families to enhance our treatment services. The implementation of the Esperanza Center expanded our service delivery system and created a welcoming environment for adults outside of the regular outpatient clinic setting. The Esperanza Center, located in downtown Hollister, provides a community-based program for clients to socialize, receive services, and participate in classes, such as nutrition, anger management, and budgeting. The Center is available to adults all day Mondays and Wednesdays, as well as Friday mornings.

In FY 08/09, we expanded our FSP program to include Transition Age Youth (TAY) and Older Adults. The goal for the TAY program has been to divert youth from juvenile hall and other out-of-home placements, through intensive services, involvement of families and other support persons, and coordination with probation, the courts, and social services. For those youth who are already in juvenile hall or out-of-home placement, we work with families and provide them with the skills needed to successfully transition back into the home and community. Whenever possible, we utilize the CSOC Team to prevent out-of-home placements, and/or return youth home and to the community as soon as possible.

We also have been working to develop Family Care Plans through a Family Care Plan Meeting with each youth's family. This process promotes youth-guided, family-directed services, and helps to ensure that youth and families are actively involved in planning the youth's services and are engaged in the treatment process.

As the TAY youth turn 18, the TAY program supports them to develop independent living skills, attend college or obtain employment, and engage in healthy lifestyles. The TAY Team fully supports the youth to move into independent living situations, when desired.

The highest need youth are enrolled in the Full Service Partnership (FSP) program. The FSP program provides a full range of services to youth and families, as well as the availability of 24/7 response. The availability of flexible funds has been very effective in helping to achieve the youth's goals and positive outcomes. The Esperanza Center is also available to youth every Tuesday, Thursday, and Friday afternoons. This Wellness Center is building a foundation of services for youth and working to create a welcoming, warm environment where youth feel safe and valued.

In addition to expanding the TAY program in FY 08/09, we expanded our Full Service Partnership program to include the Older Adult population, which, due to funding limitations, was not identified as an FSP population in our initial CSS Plan. The goal for FSP older adults is to help maintain his/her independent living situation through mental health services, physical health care, and linkages to other needed services, providing 'whatever it takes' to ensure positive outcomes. We continue to offer mental health services at the local senior center, *Jóvenes de Antaño*, creating the opportunity to outreach to seniors in the community, as well as receive referrals from other community programs, such as Meals on Wheels.

*Note: The SBCBH PEI and WET Plans were not approved until late FY 2008/09. As a result, implementation of these two components did not begin until FY 2009/10.*

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

The CSS programs have provided the opportunity to outreach to persons who are unserved and underserved. We have been able to effectively outreach to the homeless community in our county. We have been able to offer services to some of these individuals through the services available at the Esperanza Center.

There is a seasonal homeless shelter open in the county during the months of November through March. A mental health clinician is assigned to visit the shelter in the evenings each week to provide behavioral health education and access-to-services information. The clinician can make referrals for homeless individuals interested in receiving behavioral health services at the main clinic or the Esperanza Center. In addition, the Esperanza Center offers a welcoming environment for our Transition Age Youth who need a supportive, youth-friendly, safe place to meet other youth, participate in social activities, and receive services. Esperanza offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and the reduction of stigma.

Services for all age groups, including the persons who have been identified as FSP, are delivered in a culturally and linguistically competent manner. Our client population closely reflects the county population of 53% Hispanic/Latino. The race/ethnicity of persons served in the CSS, FSP, and PEI programs reflect the race/ethnicity of our county. In addition, a number of our FSP clients are Latino. We continually try to reduce service disparities through outreach activities by our Case Managers and Vocational Assistants. Most of these staff persons are bilingual and bicultural, and are able to reach out into the Mexican American community and engage individuals to access services.

We find that the most difficult group to engage in services is the migrant worker population. These individuals work long hours, hold low paying jobs in agriculture, and have little time available to access services. They often work seven days a week, and prefer to spend any free time with their families. However, we continue to provide outreach services to this population in



an effort to engage them in utilizing prevention and early intervention services. One of our more successful strategies to reach out to this population is to visit the seasonal migrant labor camps that are open through the peak planting and harvesting seasons. Spanish-speaking Behavioral Health staff visit the camps and provide behavioral health education and access information.

We also are working to coordinate services with primary physical health care services to link mental health and health care services. There are physical care management concerns for the population that we serve. It is a known fact that individuals with behavioral health issues show a higher prevalence for the development of a range of physical health diagnoses, including shorter average life spans due to serious physical illnesses. In addition, the less-assimilated Latino populations, such as migrant workers, more readily utilize physical healthcare as opposed to behavioral healthcare. We believe that better coordination with physical health providers and improvement in their education about recognition of behavioral health symptoms, services, and referral options can improve the access to behavioral services for this hard-to-reach population.

Across all age groups, we continue to work to reduce ethnic disparities, outreaching to the Spanish-speaking community, as well as the lesbian, gay, bisexual, transgender, questioning, intersex, two spirit (LGBTQI2-S) community. We also expanded our training efforts to increase our staff's understanding of consumer culture.

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

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	264		Workforce Staff Support	
Transition Age Youth	400		Training/Technical Assist.	
Adult	901		MH Career Pathway	
Older Adult	99		Residency & Internship	
<b>Race/Ethnicity</b>			Financial Incentive	
White	699		[X] WET not implemented in 08/09 [X] PEI not implemented in 08/09	
African/American	34			
Asian	50			
Pacific Islander				
Native				
Hispanic	832			
Multi				
Other	49			
<b>Other Cultural Groups</b>				
LGBTQ				
Other				
<b>Primary Language</b>				
English	1,491			
Spanish	167			
Vietnamese				
Cantonese				
Mandarin				
Tagalog				
Cambodian				
Hmong				
Russian				
Farsi				
Arabic				
Other	6			

**PEI**

**4. Please provide the following information for each PEI Program:**

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

The PEI Plan was not approved until late FY 2008/09. As a result, implementation of this component did not begin until FY 2009/10.

**PREVIOUSLY APPROVED PROGRAM**

County: **San Benito Behavioral Health**  
Program Number/Name: **MHSA CSS System Transformation Program**  
Date: **March 16, 2010**

Select one:  
 **CSS**  
 **WET**  
 **PEI**  
 **INN**

**CSS and WET**

**Previously Approved**

No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</b>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change								

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity, and language spoken of the population to be served.

The SBCBH 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. The CSS Program embraces 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; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our Adult Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment. In addition, several days per week, Esperanza Center provides Transition Age Youth (TAY) with a safe, comfortable place to receive services and participate in age-appropriate activities.

**Existing Programs to be Consolidated – \*NOT APPLICABLE TO THIS ANNUAL UPDATE\***

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>If no, answer questions for existing program above</b>

**PREVIOUSLY APPROVED PROGRAM**

County: **San Benito**  
Program Number/Name: **Children and Youth Prevention and Early Intervention Services**  
Date: **March 16, 2010**

Select one:  
 CSS  
 WET  
 PEI  
 INN

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

Existing Programs to be Consolidated – *NOT APPLICABLE TO THIS ANNUAL UPDATE*				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**PREVIOUSLY APPROVED PROGRAM**

County: **San Benito**  
 Program Number/Name: **Suicide Prevention Training for First Responders**  
 Date: **March 16, 2010**

Select one:

- CSS
- WET
- PEI
- INN

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

Existing Programs to be Consolidated – *NOT APPLICABLE TO THIS ANNUAL UPDATE*				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**PREVIOUSLY APPROVED PROGRAM**

County: **San Benito**  
Program Number/Name: **Older Adult Prevention and Early Intervention Services**  
Date: **March 16, 2010**

Select one:

- CSS
- WET
- PEI
- INN

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

Existing Programs to be Consolidated – *NOT APPLICABLE TO THIS ANNUAL UPDATE*				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**PREVIOUSLY APPROVED PROGRAM**

County: **San Benito**  
Program Number/Name: **Women's Prevention and Early Intervention Services**  
Date: **March 16, 2010**

Select one:

- CSS
- WET
- PEI
- INN

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

Existing Programs to be Consolidated – *NOT APPLICABLE TO THIS ANNUAL UPDATE*				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

County: San Benito

Date: 5/11/2010

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2010/11 Planning Estimates</b>						
1. Published Planning Estimate	\$1,680,400			\$306,500	\$237,700	
2. Transfers						
3. Adjusted Planning Estimates	\$1,680,400					
<b>B. FY 2010/11 Funding Request</b>						
1. Requested Funding in FY 2010/11	\$1,930,000	\$0		\$443,854	\$0	
2. Requested Funding for CPP	\$0					
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds		\$0				
b. Unexpended FY 2007/08 Funds <sup>a/</sup>	\$0					
c. Unexpended FY 2008/09 Funds	\$904,613			\$501,300	\$36,250	
d. Adjustment for FY 2009/2010	\$655,013			\$363,946	\$36,250	
e. Total Net Available Unexpended Funds	\$249,600	\$0	\$0	\$137,354	\$0	
<b>4. Total FY 2010/11 Funding Request</b>	<b>\$1,680,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$306,500</b>	<b>\$0</b>	
<b>C. Funds Requested for FY 2010/11</b>						
<b>1. Previously Approved Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates	\$1,680,400			\$306,500		
<b>Sub-total</b>	<b>\$1,680,400</b>	<b>\$0</b>		<b>\$306,500</b>	<b>\$0</b>	
f. Local Prudent Reserve						
<b>2. New Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
<b>Sub-total</b>	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
<b>3. FY 2010/11 Total Allocation<sup>b/</sup></b>	<b>\$1,680,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$306,500</b>	<b>\$0</b>	

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

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





PEI BUDGET SUMMARY

County: San Benito

Date: 3/15/2010

PEI Programs			FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Type of Intervention			Estimated MHSAs Funds by Age Group			
No.	Name	Universal Prevention		Selected/ Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>										
1.	1	Children and Youth	\$172,610		\$103,565	\$69,045	\$86,305	\$86,305		
2.	2	Suicide Prevention Training for 1st Responders	\$5,400	\$5,400			\$1,350	\$1,350	\$1,350	
3.	3	Older Adult PEI Svcs.	\$154,573		\$77,287	\$77,286			\$154,573	
4.	4	Women PEI Svcs.	\$22,500		\$11,250	\$11,250		\$6,750	\$15,750	
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		\$355,083	\$5,400	\$192,102	\$157,581	\$87,655	\$94,405	\$17,100	\$155,923
17.	Plus up to 15% County Administration		\$53,262							
18.	Plus up to 10% Operating Reserve		\$35,508							
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$443,854							
<b>New 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% County Administration									
8.	Plus up to 10% Operating Reserve									
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0							
10.	<b>Total MHSAs Funds Requested for PEI</b>		\$443,854							

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