

PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: COB 1: Children's Intensive Support Services Wraparound Full Service Partnership

Date: March 21, 2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$143,675</td> <td style="text-align: center;">\$298,675</td> <td style="text-align: center;">207.8%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$143,675	\$298,675	207.8%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$143,675	\$298,675	207.8%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>The Intensive Support Services program is a community-based mental health program designed to provide intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. Priority populations include those from un-served, underserved and inappropriately served communities including: African Americans, Asian Pacific Islanders and Latinos. Interventions may include mental health counseling, parent and child psycho-education, case management, psychiatry, crisis services, brokerage, and/or stabilization for acute mental health issues. Major strategies include coordination with a range of services to promote resilience in the child and family, and the utilization of schools as an important avenue for referrals.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

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Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

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Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

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PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: COB 2: Integrated Services Expansion/Adult Full Service Partnerships

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,176,271	\$1,344,681	14%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>This program provides intensive support services to individuals with severe mental illnesses who are homeless or at risk of becoming homeless. Priority populations include Transitional Age Youth, Adults, Older Adults, and individuals in un-served, underserved and inappropriately served cultural and ethnic communities including: African Americans, Asian Pacific Islanders, Latinos, and those who identify as LGBT. A full range of mental health services are provided along with access to housing, supported employment, and other client supports. Client services and peer supports are coordinated through integrated assessment and treatment teams, which include clinicians as well as consumer staff. The main goals of the program are to reduce homelessness, hospitalization and incarceration, and increase stabilization, employment opportunities, and self-sufficiency.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

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PREVIOUSLY APPROVED PROGRAM

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**Prevention and Early Intervention**

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

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Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: COB 3: Multi-Cultural Outreach Program

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
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FY 09/10 funding	FY 10/11 funding	Percent Change								
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5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>The primary goal of this program is to identify and implement unique strategies to outreach and engage individuals who are currently un-served or underserved in the mental health service delivery system. Target populations include those from various cultural and ethnic communities including: Asian Pacific Islanders, Latinos, and LGBT individuals and families. A secondary goal is to improve service delivery by becoming more culturally competent and responsive in serving those deemed as inappropriately served in the City of Berkeley, primarily African Americans. Cultural, linguistic, and age-appropriate methods are utilized to conduct targeted outreach and engagement activities and integral strategies include partnerships with ethnic-specific community providers and a Family support component.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

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PREVIOUSLY APPROVED PROGRAM

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Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

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Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

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PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: COB 4: Transition Age Youth Support Services Team

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
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<p>This program provides outreach, supports, services and/or referrals to Transition Age Youth with serious mental health issues who are homeless and not currently receiving services. Priority is given to youth coming out of foster care and/or the juvenile justice system and particular outreach strategies are utilized to engage youth from various ethnic and cultural communities, including Asian and Latino populations, and individuals identifying as LGBT. Program strategies include: culturally appropriate outreach and engagement methods; peer counseling; assessment; individual and group therapy; family education; ancillary program referrals and linkages. The main goals are outreach to Transition Age Youth in need and the provision of services, supports and referrals to promote self-sufficiency, resiliency and wellness. Services are designed to be culturally relevant, tailored to each individual's developmental needs, and are delivered in multiple, flexible environments.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
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Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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
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Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
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Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

County: City of Berkeley

Program Number/Name: COB 5: Wellness/Recovery Support Services

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 30%;">FY 09/10 funding</th> <th style="width: 30%;">FY 10/11 funding</th> <th style="width: 40%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$615,862</td> <td style="text-align: center;">\$649,280</td> <td style="text-align: center;">5%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$615,862	\$649,280	5%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$615,862	\$649,280	5%								
5.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>To meet the goals of system improvement, this program is comprised of three components:</p> <ul style="list-style-type: none"> <li>▪ <u>Wellness/Recovery System Integration</u>—A Consumer Liaison works with staff, stakeholders, community members and clients to advance the goals of Wellness &amp; Recovery on a system wide level.</li> <li>▪ <u>Family Advocacy</u>—A Family Advocate works with family members throughout Berkeley Mental Health and the community, providing support and linkages to community services.</li> <li>▪ <u>Employment &amp; Education Support</u>—An Employment Specialist facilitates employment and educational opportunities for BMH consumers.</li> </ul> <p>Each component works to ensure that consumers and family members are aware of and involved in opportunities to provide input and direction in the service delivery system. Strategies for each of the program components include: the development of policies that facilitate the MHA goals of becoming more Wellness &amp; Recovery oriented and consumer/family member driven; the provision of family support &amp; education; supportive employment and vocational services; outreach to and inclusion of consumers and family members on the Wellness Recovery Task Force and other committees; personal growth opportunities; peer supportive services; and client advocacy.</p> <p>Additionally, a “Wellness Series” provides opportunities to create workshops, trainings and ongoing healthy groups that are of interest to consumers and family members. The series is designed in collaboration with, and builds upon, the talents of consumers and family members, whereby they have opportunities to facilitate activities of interest. Services, supports and activities are open to all populations.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							

\*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
		Total Individuals:		
		Total Families:		

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4

\*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: Action #1: Workforce, Education and Training (WET) Coordinator

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>A portion of the WET Coordinator position (0.25 FTE) is being funded for three years to organize and begin the implementation of this MHSA WET Plan. This part-time position leverages the existing BMH training coordinator position. The WET Coordinator manages all aspects of the workforce development actions defined in this Plan including but not limited to:</p> <ul style="list-style-type: none"> <li>▪ Development of annual training and workforce development plan</li> <li>▪ Contract development and monitoring for training and technical assistance</li> <li>▪ Collaboration and coordination with education and mental health partners</li> <li>▪ Maintenance of training records, program outcome measures, MHSA data and related reporting requirements</li> <li>▪ Development of policies and procedures related to training and workforce development</li> <li>▪ Coordination with the City of Berkeley Department of Human Resources and labor unions to support development of a more diverse and culturally competent workforce including hiring of mental health consumers and family members</li> </ul> <p>It is anticipated that WET Plan duties will exceed budgeted amounts in the WET Plan for this position and that it will need to be sustained in later years through Community Services and Supports (CSS) or other funds.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						

\*PEI Projects previously approved are now called Previously Approved Programs

**PREVIOUSLY APPROVED PROGRAM**

5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			

Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

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Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: Action #2: Peer Leadership Coordination

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>Objectives of this program include the utilization of a Peer Leader Trainer who provides and coordinates training for consumers, family members, and culturally and linguistically diverse community members to provide the skills necessary to: Participate on BMH committees and Boards; To acquire the skills needed to secure consumer and family member positions as they open up; and Provide wellness and recovery-based organizing in diverse Berkeley and Albany communities in order to identify prospective mental health workers and engage them in workforce pipeline strategies. The Peer Leader's role is to Develop peer and family training opportunities through BMH; Provide oversight of these training opportunities and mentoring of the trainees; Develop a system to distribute stipends for Peer Leaders; Act as a liaison with local community based programs; and Assist in the development of learning collaborations with local community colleges, adult schools and peer agencies. The program also includes the contracting with community-based organization(s) to provide training to culturally and linguistically diverse Berkeley and Albany residents in leadership development, human service/ counseling skills, or in a field that leads to a career in mental health.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken</p>									

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PREVIOUSLY APPROVED PROGRAM

	by the population to be served)., and c) Provide the rationale for consolidation.

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

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PREVIOUSLY APPROVED PROGRAM

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Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: Action #3: Staff Development and MHSA Training

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This program provides BMH staff and affiliated community agencies with training to guide the MHSA system transformation. Training topics included are as follows: Wellness and Recovery/ Resiliency, Cultural Competency, Innovative and Evidence-Based Practices, and Co-Occurring Disorders.</p> <p>Program objectives are to design a Training Plan each year that identifies a set of training objectives reflecting MHSA core values and services, including specific topics, learning objectives, measures and expected outcomes. The Training Plan is developed by a WET Committee composed of staff, consumers, family members and community stakeholders. This committee reviews and chooses trainers, training modalities to be utilized, determines the needed supplies and training costs, and researches and engages trainers or training sources for staff. A specific program objective is for approximately 50 people to attend each training held, and that approximately 66 days of training will be conducted.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

c) Provide the rationale for consolidation.

**Prevention and Early Intervention**

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		

**Existing Programs to be Consolidated**

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: Action #4: Career Pathways Adjunct Support

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>Through an MHSA Career Pathways Support Fund (CPSF) this program helps to reduce the barriers in attending local community colleges and adult schools for students pursuing human services degrees and interested in careers in public mental health. Preferences are to be given to bilingual or bicultural Berkeley and Albany residents; public mental health consumers; and family members of public mental health consumers. Program objectives include providing students assistance with food, transportation, books and material costs incurred while attending a human service credential or degree.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

County: City of Berkeley

Program Number/Name: Action #5: Graduate Level Training Program

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This program provides stipend incentives in an effort to attract more cultural and linguistic diversity among the pool of graduate level psychology, social work, and counseling trainees and interns that BMH trains each year. Via an MHSA Financial Incentives Fund (FIF) it is anticipated that 30 stipends, each in the amount of \$5,000, will be awarded to trainees or interns, through FY 2016-2017.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

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PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

County: City of Berkeley

Program Number/Name: Action #6: Peer Leader Stipend Program

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This program provides stipends for consumers and family members to participate in leadership roles at BMH and in peer counselor training roles in the clinics. Through these incentives Peer leaders may take active roles on planning committees, on panels, on the BMH MHSA Advisory Committee, or in direct service positions in the clinics. These positions in turn help prepare consumers and their family members for roles within the public mental health system. Specific program objectives are to provide four annual and 20 total, \$5,000 stipends to Consumers and Family Members over a 5 year period.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

County: City of Berkeley

Program Number/Name: Action #7: Educational Advancement Program

Date: 03/21/2011

Select one:

- CSS
- WET
- PEI
- INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" 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 checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This program provides an MHSA Educational Advancement Fund (EAF) to promote the educational advancement of Berkeley Mental Health staff in the human service's field. Program objectives include providing tuition assistance and/or book grants to a minimum of 8 Berkeley Mental Health staff to aid in achieving their goals of educational enhancement, with an emphasis on those students who help BMH expand its cultural and linguistic proficiencies or who have experience as a consumer or family member in a public mental health facility.</p>										
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input 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>Prevention</b>		<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

County: City of Berkeley

Program Number/Name: Behavioral-Emotional Assessment, Screening, Treatment, and Referral (BE A STAR)

Date: 03/21/2011

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 type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	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 If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>		<input type="checkbox"/>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

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 checked="" 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 checked="" 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 checked="" 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>Prevention</b>		<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

County: City of Berkeley

Program Number/Name: Building Effective Schools Together (B.E.S.T.)

Date: 03/21/2011

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 type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	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 If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>		<input type="checkbox"/>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

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 checked="" 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 checked="" 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 checked="" 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>Prevention</b>		<b>Early Intervention</b>
		<b>Total Individuals:</b>		
		<b>Total Families:</b>		
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

County: City of Berkeley

Program Number/Name: Community Education & Supports

Date: 03/21/2011

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 type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	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 If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>		<input type="checkbox"/>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

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 checked="" 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 checked="" 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 checked="" 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>Prevention</b>		<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs

County: City of Berkeley

Program Number/Name: Social Inclusion Project

Date: 03/21/2011

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 type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	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 If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
	a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>		<input type="checkbox"/>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 34%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></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.	<p><b>For CSS programs:</b> Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p><b>For WET programs:</b> Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
Existing Programs to be Consolidated										
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved programs to be consolidated,</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and</p> <p>c) Provide the rationale for consolidation.</p>									

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

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 checked="" 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 checked="" 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 checked="" 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>Prevention</b>		<b>Early Intervention</b>
	<b>Total Individuals:</b>			
	<b>Total Families:</b>			
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

\*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Innovation				
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, complete Exh. E5

\*PEI Projects previously approved are now called Previously Approved Programs