PREVIOUSLY APPROVED PROGRAM

Co	County: City of Berkeley Select one:									
Pr	Program Number/Name: COB 1: Children's Intensive Support Services Wraparound Full Service Partnership WET PEI									
Da	Date: March 21, 2011									
	CSS and WET									
Provi	reviously Approved									
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	\boxtimes		If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer						
٠.	is this an existing program with no changes:			question #2						
2.	Is there a change in the service population to be served?		\boxtimes							
3.	Is there a change in services?		X	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	\boxtimes		If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?		\boxtimes	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.						
				FY 09/10 funding FY 10/11 funding Percent Change \$143,675 \$298,675 207.8%						
race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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 psychoeducation, 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.										
	ing Programs to be Consolidated			<u> </u>						
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above						
2.	Will all populations of existing program continue to be served?			If yes, answer question #3; If no, complete Exh. F1						
3.	Will all services from existing program continue to be offered?			If yes, answer question #4 If no, complete Exh. F1						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?			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.										

^{*}PEI Projects previously approved are now called Previously Approved Programs

Prevention and Early Intervention							
No.	Question	Yes	No				
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	r question #2		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?		☐ ☐ If yes, completed Exh. F4; If no, answer question #3				
3.	Is the current funding requested greater than 15% of the previously approved amount?		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?			If yes, complete Exh. F4; If no, answe	r questions 5, 5a, and 5b		
5.	Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.			
50							
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:		Prevention Early Intervention				
	Total Individuals:						
	Total Families:						
	ng Programs to be Consolidated						
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?	Ш	Ш	If yes, answer question #2; If no, answ	er questions for existing program above		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4		
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4					
 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			If yes, complete Exh. E5; If no, answer question #2				
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3				
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4				
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5				
	amount?							

PREVIOUSLY APPROVED PROGRAM

Co	County: City of Berkeley Select one:						
	Program Number/Name: COB 2: Integrated Services Expansion/Adult Full Service Partnerships WET PEI Date: 03/21/2011						
		CS	S and	d WET			
Previ	ously Approved						
No.	Question	Yes	No				
1.	Is this an existing program with no changes?	\boxtimes		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?		\boxtimes	If yes, complete Exh. F1; If no, answer question #3			
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4			
4.	Is there a change in funding amount for the existing program?	\boxtimes		If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly			
a)	Is the change within ±15% of previously approved amount?	\boxtimes		If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.			
				FY 09/10 funding FY 10/11 funding Percent Change			
				\$1,176,271 \$1,344,681 14%			
includ Africa housii which stabili	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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.						
	ng Programs to be Consolidated						
No.	Question	Yes	No	If you answer greation #0. If no answer greations for existing programs above			
1.	Is this a consolidation of two or more existing programs?		ᆜ	If yes, answer question #2; If no, answer questions for existing program above			
2.	Will all populations of existing program continue to be served?	Щ	Щ.	If yes, answer question #3; If no, complete Exh. F1			
3.	Will all services from existing program continue to be offered?			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?		Ш	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1			
5.	 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. 						

^{*}PEI Projects previously approved are now called Previously Approved Programs

	Prevention and Early Intervention								
No.	Question	Yes	_						
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answer	er question #2				
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	ver question #3				
3.	Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er question #4				
4.	Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er questions 5, 5a, and 5b				
5.	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					stimates				
	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:			Prevention	Early Intervention				
	Total Individuals:								
	Total Families:								
Exist	ing Programs to be Consolidated								
No.	Question	Yes	No						
1.	Is this a consolidation of two or more existing programs?			•	ver questions for existing program above				
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp					
3.	Will the consolidated programs continue to serve the same estimated number of individuals?			If yes, answer question #4; If no, comp	olete 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			If yes, complete Exh. E5; If no, answer question #2					
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3					
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4					
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5					
	amount?								

PREVIOUSLY APPROVED PROGRAM

Select one:

Pr	□ CSS Program Number/Name: COB 3: Multi-Cultural Outreach Program □ WET							
Da	□ PEI □ 03/21/2011 □ INN							
		CS	S and	d WET				
Previ	Previously Approved							
No.	Question	Yes	No					
1.	Is this an existing program with no changes?			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?		\boxtimes	If yes, complete Exh. F1; If no, answer question #3				
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4				
4.	Is there a change in funding amount for the existing program?		\boxtimes	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly				
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.				
				FY 09/10 funding FY 10/11 funding Percent Change \$289,746 \$332,987 15%				
For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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.								
	ng Programs to be Consolidated	Yes	NI.					
No. 1.	Question Is this a consolidation of two or more existing programs?	162	No	If yes, answer question #2; If no, answer questions for existing program above				
		片	<u> </u>					
2.	Will all populations of existing program continue to be served?			If yes, answer question #3; If no, complete Exh. F1				
3.	Will all services from existing program continue to be offered?			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?		Ш	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1				
 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. 								

County: City of Berkeley

^{*}PEI Projects previously approved are now called Previously Approved Programs

Prevention and Early Intervention							
No.	Question	Yes	No				
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	r question #2		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?		☐ ☐ If yes, completed Exh. F4; If no, answer question #3				
3.	Is the current funding requested greater than 15% of the previously approved amount?		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?			If yes, complete Exh. F4; If no, answe	r questions 5, 5a, and 5b		
5.	Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.			
50							
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:		Prevention Early Intervention				
	Total Individuals:						
	Total Families:						
	ng Programs to be Consolidated						
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?	Ш	Ш	If yes, answer question #2; If no, answ	er questions for existing program above		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4		
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4					
 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			If yes, complete Exh. E5; If no, answer question #2				
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3				
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4				
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5				
	amount?							

PREVIOUSLY APPROVED PROGRAM

Select one:

Pr	☐ CSS Program Number/Name: COB 4: Transition Age Youth Support Services Team ☐ WET						
Da	□ PEI Date: 03/21/2011 □ INN						
		CS	S and	d WET			
Previ	ously Approved			• · · - ·			
No.	Question	Yes	No				
1.	Is this an existing program with no changes?			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?			If yes, complete Exh. F1; If no, answer question #3			
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4			
4.	Is there a change in funding amount for the existing program?		\boxtimes	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly			
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.			
				FY 09/10 funding FY 10/11 funding Percent Change \$101,768 \$101,768 0%			
For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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. Existing Programs to be Consolidated							
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above			
2.	Will all populations of existing program continue to be served?			If yes, answer question #3; If no, complete Exh. F1			
3.	Will all services from existing program continue to be offered?			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?			If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1			
5.							

County: City of Berkeley

^{*}PEI Projects previously approved are now called Previously Approved Programs

	Prevention and Early Intervention								
No.	Question	Yes							
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	er question #2				
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	·				
3.	Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe					
4.	Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er questions 5, 5a, and 5b				
5.	Describe the proposed changes to the Previously Approved Pro	gram a	and the	e rationale for those changes.					
5a.									
	Total Individuals: Total Families:	ı		Duarrantian	Faulu lutamantian				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			Prevention	Early Intervention				
	Total Individuals:								
	Total Families:								
Exist	ing Programs to be Consolidated								
No.	Question	Yes	No						
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	ver questions for existing program above				
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	plete Exh. F4				
3.	Will the consolidated programs continue to serve the same estimated number of individuals?		☐ ☐ If yes, answer question #4; If no, complete Exh. F4						
estimated number of individuals? 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			If yes, complete Exh. E5; If no, answer question #2			
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3			
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4			
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5			
	amount?						

PREVIOUSLY APPROVED PROGRAM

County:	City of Berkeley	Select one:
Program Nu	mber/Name: COB 5: Wellness/Recovery Support Services	⊠ CSS □ WET
Date:	03/21/2011	☐ PEI ☐ INN

	CSS and WET							
Previ	Previously Approved							
No.	Question	Yes	No					
1.	Is this an existing program with no changes?			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?		\boxtimes	If yes, complete Exh. F1; If no, answer question #3				
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4				
4.	Is there a change in funding amount for the existing program?	\boxtimes		If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly				
a)	Is the change within ±15% of previously approved amount? If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. FY 09/10 funding FY 10/11 funding Percent Change \$615,862 \$649,280 5%							
5.								

To meet the goals of system improvement, this program is comprised of three components:

- <u>Wellness/Recovery System Integration</u>—A Consumer Liaison works with staff, stakeholders, community members and clients to advance the goals of Wellness & Recovery on a system wide level.
- <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.
- <u>Employment & Education Support</u>—An Employment Specialist facilitates employment and educational opportunities for BMH consumers.

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 MHSA goals of becoming more Wellness & Recovery oriented and consumer/family member driven; the provision of family support & 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.

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.

Existi	ng Programs to be Consolidated			
No.	Question	Yes	No	

	PREVIOUSLY APPROVED PROGRAM						
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	ver questions for existing program above		
2.	Will all populations of existing program continue to be served?			If yes, answer question #3; If no, comp	plete Exh. F1		
3.	Will all services from existing program continue to be offered?			If yes, answer question #4			
			↓ _	If no, complete Exh. F1			
4.	Is the funding amount ± 15% of the sum of the previously			If yes, answer question #5 and comple	ete Exh. E1 or E2 accordingly		
5.	approved amounts?	Inch	ıdo ir	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. 						
	Droveni	tion c	nd [Coulty Intomiontion			
No.	Question	Yes	No	arly Intervention			
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answer	r question #2		
		-	₩		•		
2.	. Is there a change in the Priority Population or the Community Mental Health Needs?		·				
3.	Is the current funding requested greater than 15% of the previously approved amount?		r question #4				
4.	Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answer	r questions 5, 5a, and 5b		
5.	Describe the proposed changes to the Previously Approved Prog	gram a	and th	e rationale for those changes.			
5a.							
Ja.	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			Prevention	Early Intervention		
	different than previously reported please provide revised						
	estimates:						
	Total Individuals:						
Fortak	Total Families:						
No.	ing Programs to be Consolidated	Yes	No	T			
1.	Question Is this a consolidation of two or more existing programs?		No	If yes answer guestion #2: If no answer	er questions for existing program above		
	31 3		౼	•			
2.	Is there a change in the Priority Population or the Community	\sqcup	Ш	If no, answer question #3; If yes, comp	iele Exn. F4		

^{*}PEI Projects previously approved are now called Previously Approved Programs

2010/11 ANNUAL UPDATE		EXHIBIT D
	DDEVIOUSLY ADDDOVED DDOODAM	

	THEVIOUSET	~! ! !	TOVEDTITIONTAIN			
3.	. Will the consolidated programs continue to serve the same		If yes, answer question #4; If no, complete Exh. F4			
	estimated number of individuals?					
4.	. Description of Previously Approved Programs to be consolidated. Inclu	de in y	our 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			If yes, complete Exh. E5; If no, answer question #2				
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3				
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4				
4.	Is the funding requested ±15% of previously approved amount?			If yes, complete Exh. F5; If no, complete Exh. E5				

PREVIOUSLY APPROVED PROGRAM

Previously Approved Section Sec	Co	ounty: City of Berkeley			Select one:						
Date:	_										
CSS and WET	Pr										
Reviously Approved No. Question Yes No	Da										
No. Guestion Ves No			CS	S an	d WET						
Is this an existing program with no changes?	Previ	ously Approved									
	No.		Yes	No							
Is there a change in funding amount for the existing program?		Is this an existing program with no changes?									
Is there a change in funding amount for the existing program?	2.										
a) Is the change within ±15% of previously approved amount?											
and complete table below. FV 09/10 funding FY 10/11 funding Percent Change	4.										
race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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: • Development of annual training and workforce development plan • Contract development and monitoring for training and technical assistance • Collaboration and coordination with education and mental health partners • Development of policies and procedures related to training and workforce development • Development of policies and procedures related to training and workforce development • 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 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. Existing Programs to be Consolidated No. Question Yes No 1. Is this a consolidation of two or more existing programs? If yes, answer question #2; If no, answer questions for existing program above 2. Will all populations of existing program continue to be served? If yes, answer question #3; If no, complete Exh. F1 4. Is the funding amount ± 15% of the sum of the previously If yes, answer question #5 and complete Exh. E1 or E2 accordingly	a)	Is the change within ±15% of previously approved amount?			and complete table below.						
Community Services and Supports (CSS) or other funds. Existing Programs to be Consolidated No. Question Yes No 1. Is this a consolidation of two or more existing programs?	A poriposition	race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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: Development of annual training and workforce development plan Contract development and monitoring for training and technical assistance Collaboration and coordination with education and mental health partners Maintenance of training records, program outcome measures, MHSA data and related reporting requirements Development of policies and procedures related to training and workforce development Coordination with the City of Berkeley Department of Human Resources and labor unions to support development of a more diverse and culturally competent									
No. Question Yes No			he WE	T Pla	n for this position and that it will need to be sustained in later years through						
No. Question Yes No 1. Is this a consolidation of two or more existing programs? □ If yes, answer question #2; If no, answer questions for existing program above 2. Will all populations of existing program continue to be served? □ If yes, answer question #3; If no, complete Exh. F1 3. Will all services from existing program continue to be offered? □ If yes, answer question #4 4. Is the funding amount ± 15% of the sum of the previously □ □ If yes, answer question #5 and complete Exh. E1 or E2 accordingly											
 Is this a consolidation of two or more existing programs? Will all populations of existing program continue to be served? Will all services from existing program continue to be offered? If yes, answer question #2; If no, complete Exh. F1 Will all services from existing program continue to be offered? If yes, answer question #4 If no, complete Exh. F1 Is the funding amount ± 15% of the sum of the previously If yes, answer question #5 and complete Exh. E1 or E2 accordingly 			Ves	No							
 Will all populations of existing program continue to be served? Will all services from existing program continue to be offered? If yes, answer question #3; If no, complete Exh. F1 If yes, answer question #4 If yes, answer question #5 and complete Exh. E1 or E2 accordingly 					If yes, answer question #2: If no, answer questions for existing program above						
 Will all services from existing program continue to be offered? If yes, answer question #4 If no, complete Exh. F1 Is the funding amount ± 15% of the sum of the previously If yes, answer question #5 and complete Exh. E1 or E2 accordingly 											
4. Is the funding amount ± 15% of the sum of the previously	3.				If yes, answer question #4						
	4.				If yes, answer question #5 and complete Exh. E1 or E2 accordingly						

^{*}PEI Projects previously approved are now called Previously Approved Programs

	THE VICTOR AT THE VEB THOUGHAIN
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?			If yes, complete Exh. E4; If no, answe	er question #2		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	rer question #3		
3.	Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe	r question #4		
4.	Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answe	r questions 5, 5a, and 5b		
5.	Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e 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:	Prevention Early Intervention					
	Total Individuals:						
	Total Families:						
	ing Programs to be Consolidated						
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	er questions for existing program above		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4		
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4					
4.							

^{*}PEI Projects previously approved are now called Previously Approved Programs

2010/11 ANNUAL UPDATE		EXHIBIT D
	PREVIOUSLY APPROVED PROGRAM	

	Innovation						
No.	Question	Yes	No				
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2			
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3			
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4			
4.	Is the funding requested ±15% of previously approved amount?			If yes, complete Exh. F5; If no, complete Exh. E5			

EXHIBIT D 2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:

County: City of Berkeley Program Number/Name: Action #2: Peer Leadership Coordination Date: 03/21/2011 CSS and WET Previously Approved No. Question 1. Is this an existing program with no changes? Is there a change in the service population to be served? Is there a change in the service population to be served? Select CSS and WET I f yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no question #2 2. Is there a change in the service population to be served?	ET I N
Date: 03/21/2011 CSS and WET Previously Approved No. Question Yes No 1. Is this an existing program with no changes? Dif yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no question #2 2. Is there a change in the service population to be served? Date: 03/21/2011 CSS and WET If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no question #2 Date: 03/21/2011 Date	l l
Date:	l
CSS and WET Previously Approved No. Question Yes No 1. Is this an existing program with no changes?	
No. Question Yes No	, answer
No. Question Yes No	, answer
No. Question Yes No 1. Is this an existing program with no changes? □ If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no question #2 2. Is there a change in the service population to be served? □ □ If yes, complete Exh. F1; If no, answer question #3	, answer
 Is this an existing program with no changes? If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no question #2 Is there a change in the service population to be served? If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no question #2 If yes, complete Exh. F1; If no, answer question #3 	, answer
 question #2 Is there a change in the service population to be served? If yes, complete Exh. F1; If no, answer question #3 	, answer
3. Is there a change in services?	
4. Is there a change in funding amount for the existing program?	
a) Is the change within ±15% of previously approved amount? If yes, answer question #5 and complete Exh. E1or E2; If no, com	xh. F1
FY 09/10 funding FY 10/11 funding Percent Change	
5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender,	
race/ethnicity and language spoken of the population to be served.	
For WET programs: 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.	
Objectives of this program include the utilization of a Peer Leader Trainer who provides and coordinates training for consumers, family members, and culturall	y 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 divers	e
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 contraction	aa with
community-based organization(s) to provide training to culturally and linguistically diverse Berkeley and Albany residents in leadership development, human so	
counseling skills, or in a field that leads to a career in mental health.)1 VICC/
Existing Programs to be Consolidated	
No. Question Yes No	
1. Is this a consolidation of two or more existing programs?	above
2. Will all populations of existing program continue to be served?	45010
3. Will all services from existing program continue to be offered?	
If no, complete Exh. F1	
4. Is the funding amount ± 15% of the sum of the previously \square If yes, answer question #5 and complete Exh. E1 or E2 accordingly	
approved amounts? 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 s	

^{*}PEI Projects previously approved are now called Previously Approved Programs

	by the population to be served)., and c) Provide the rationale for consolidation.							
				arly Intervention				
No.	Question	Yes	No					
1.	Is this an existing program with no changes?	Ш		If yes, complete Exh. E4; If no, answer	er question #2			
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	•			
3.	Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe	•			
4.	Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answer	er questions 5, 5a, and 5b			
5.	Describe the proposed changes to the Previously Approved Prog	gram a	and th	e rationale for those changes.				
5a. 5b.	If the total number of Individuals to be served annually is differer Total Individuals: Total Families: If the total number of clients by type of prevention annually is	nt than	previ	ously reported please provide revised ex	stimates Early Intervention			
00.	different than previously reported please provide revised estimates:			. rovolidon	Zarry intervention			
	Total Individuals:							
	Total Families:							
	ing Programs to be Consolidated			T				
No.	Question	Yes	No	1, 10, 11				
1.	Is this a consolidation of two or more existing programs?		<u> </u>		ver questions for existing program above			
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp				
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	Ш	Ш	If yes, answer question #4; If no, comp	blete 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			If yes, complete Exh. E5; If no, answer question #2						
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3						
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4						
4.	Is the funding requested ±15% of previously approved amount?			If yes, complete Exh. F5; If no, complete Exh. E5						

PREVIOUSLY APPROVED PROGRAM

Co	County: City of Berkeley Select one:								
Program Number/Name: Action #3: Staff Development and MHSA Training Date: 03/21/2011									
	CSS and WET								
Previ	ously Approved								
No.	Question	Yes	No						
1.	Is this an existing program with no changes?			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?			If yes, complete Exh. F1; If no, answer question #3					
3.	Is there a change in services?	Ц.	\boxtimes	If yes, complete Exh. F1; If no, answer question #4					
4.	Is there a change in funding amount for the existing program?	Ц	X	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly					
a)	Is the change within ±15% of previously approved amount?	Ш	Ш	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.					
				FY 09/10 funding FY 10/11 funding Percent Change					
Progratopics and coresear	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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. 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 a developed by a WET Committee composed of staff, consumers, family members and community stakeholders. This committee reviews and choose 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.								
	ng Programs to be Consolidated								
No.	Question	Yes	No	If you are a section 40. If you are a section for a significant and a section of					
1.	Is this a consolidation of two or more existing programs?	Ц_		If yes, answer question #2; If no, answer questions for existing program above					
2.	Will all populations of existing program continue to be served?	Щ	Щ	If yes, answer question #3; If no, complete Exh. F1					
3.	Will all services from existing program continue to be offered?			If yes, answer question #4 If no, complete Exh. F1					
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?			If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1					
5.									

^{*}PEI Projects previously approved are now called Previously Approved Programs

Prevention and Early Intervention									
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	Ш	Ш	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?			If yes, completed Exh. F4; If no, answe	er question #3				
3.	Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answer	·				
4.	Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answer	questions 5, 5a, and 5b				
5.	Describe the proposed changes to the Previously Approved Pro-	gram a	and th	e rationale for those changes.					
5a.	If the total number of Individuals to be served annually is different Total Individuals: Total Families:	nt than	previ						
5a. 5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	nt than	previ	iously reported please provide revised est Prevention	timates Early Intervention				
	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals:	nt than	previ						
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Families:	nt than	previ						
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Families: ing Programs to be Consolidated	Yes							
5b. Exist	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Families:		previ		Early Intervention				
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Families: ing Programs to be Consolidated Question			Prevention	Early Intervention er questions for existing program above				
5b. Exist No.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Yes	No □	Prevention If yes, answer question #2; If no, answer If no, answer question #3; If yes, completely the second of	Early Intervention er questions for existing program above ete Exh. F4				

^{*}PEI Projects previously approved are now called Previously Approved Programs

	Innovation								
No.	Question	Yes	No						
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2					
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3					
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4					
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5					
	amount?								

EXHIBIT D 2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:

County: City of Berkeley								
Program Number/Name: Action #4: Career Pathways Adjunct Support Date: 03/21/2011								
	CSS and WET							
Previ	Previously Approved							
No.	Question	Yes	No					
1.	Is this an existing program with no changes?			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?		\boxtimes	If yes, complete Exh. F1; If no, answer question #3				
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4				
4.	Is there a change in funding amount for the existing program?		\boxtimes	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly				
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.				
				FY 09/10 funding FY 10/11 funding Percent Change				
stude Alban with f	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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. Existing Programs to be Consolidated							
No.	Question	Yes	No					
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above				
2.	Will all populations of existing program continue to be served?	Щ.	Щ	If yes, answer question #3; If no, complete Exh. F1				
3.	Will all services from existing program continue to be offered?	Ш	Ш	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?			If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1				
5.								

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	Prevention and Early Intervention								
No.	Question	Yes	No						
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	r question #2				
2.	Is there a change in the Priority Population or the Community Mental Health Needs?		If yes, completed Exh. F4; If no, answer question #3						
3.	Is the current funding requested greater than 15% of the previously approved amount?		☐ ☐ 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?			If yes, complete Exh. F4; If no, answe	r questions 5, 5a, and 5b				
5.	Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.					
5a.	5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates								
Ja.	·	iii iiiaii	previo	ously reported please provide revised es	sumates				
- Eh	Total Individuals: Total Families:			Prevention	Caulty Intermedian				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:			Prevention	Early Intervention				
	Total Individuals:								
	Total Families:								
Exist	ing Programs to be Consolidated								
No.	Question	Yes	No						
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	er questions for existing program above				
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4				
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4							
4.									

	Innovation								
No.	Question	Yes	No						
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2					
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3					
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4					
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5					
	amount?								

	PREVIOUSLY APPROVED PROGRAM								
County: City of Berkeley Program Number/Name: Action #5: Graduate Level Training Program □ CSS □ WET □ PEI □ INN									
		CS	S and	d WET					
	ously Approved	T							
No.	Question	Yes	No						
1.	Is this an existing program with no changes?			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?		\boxtimes	If yes, complete Exh. F1; If no, answer question #3					
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4					
4.	Is there a change in funding amount for the existing program?		\boxtimes	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly					
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. FY 09/10 funding FY 10/11 funding Percent Change Percent Change					
D.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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								
couns				Incentives Fund (FIF) it is anticipated that 30 stipends, each in the amount of					
Existi	ng Programs to be Consolidated								
No.	Question	Yes	No						
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above					
2.	Will all populations of existing program continue to be served?			If yes, answer question #3; If no, complete Exh. F1					
3.	Will all services from existing program continue to be offered?			If yes, answer question #4					

140.	Question	103	140	
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?			If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?			If yes, answer question #4
				If no, complete Exh. F1
4.	Is the funding amount \pm 15% of the sum of the previously			If yes, answer question #5 and complete Exh. E1 or E2 accordingly
	approved amounts?			If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated.	Inclu	de in	your description:
	a) The names of Previously Approved programs to be consolida	ıted,		
	b) Describe the target population to be served and the services/	strate	gies 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.			
		<u> </u>		

	Prevention and Early Intervention									
No.	Question	Yes	No							
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	er question #2					
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	ver question #3					
3.	Is the current funding requested greater than 15% of the previously approved amount?		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?		If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b							
5.										
5a.	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			Prevention	Early Intervention					
	different than previously reported please provide revised estimates:									
	Total Individuals:									
	Total Families:									
	ing Programs to be Consolidated									
No.	Question	Yes	No							
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	ver questions for existing program above					
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4					
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4								
4.										

	Innovation							
No.	Question	Yes	No					
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2				
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3				
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4				
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5				
	amount?							

PREVIOUSLY APPROVED PROGRAM

Select one:

Pro	☐ CSS Program Number/Name: Action #6: Peer Leader Stipend Program WET							
D-								
ра	Date: 03/21/2011 INN							
		CS	S an	d WET				
	ously Approved							
No.	Question	Yes	No					
1.	Is this an existing program with no changes?			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?		\boxtimes	If yes, complete Exh. F1; If no, answer question #3				
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4				
4.	Is there a change in funding amount for the existing program?		\boxtimes	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly				
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.				
				FY 09/10 funding FY 10/11 funding Percent Change				
For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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.								
No.	ng Programs to be Consolidated Question	Yes	No					
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above				
2.	Will all populations of existing program continue to be served?	H		If yes, answer question #3; If no, complete Exh. F1				
3.	Will all services from existing program continue to be offered?			If yes, answer question #4 If no, complete Exh. F1				
4.	Is the funding amount ± 15% of the sum of the previously approved amounts? If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1							
 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. 								

County: City of Berkeley

^{*}PEI Projects previously approved are now called Previously Approved Programs

	Prevention and Early Intervention						
No.	Question	Yes	No				
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	r question #2		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?		☐ ☐ If yes, completed Exh. F4; If no, answer question #3				
3.	Is the current funding requested greater than 15% of the previously approved amount?		☐ ☐ 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?		☐ ☐ If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b				
5.	Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.			
5a.	If the total number of Individuals to be served annually is differen	nt than	previo	puely raportad please provide ravised as	etimatos		
Ja.	·	il liiaii	previo	ously reported please provide revised es	sumates		
r.	Total Individuals: Total Families:	ı		Duamantian	Caulty Internantion		
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention Early Intervention					
	Total Individuals:						
	Total Families:						
Exist	ing Programs to be Consolidated						
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	er questions for existing program above		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4		
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ 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			If yes, complete Exh. E5; If no, answer question #2				
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3				
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4				
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5				
	amount?							

EXHIBIT D 2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:

Co	unty: City of Berkeley			Select one:			
Program Number/Name: Action #7: Educational Advancement Program CSS WE PEI							
Date: 03/21/2011							
		CS	S an	d WET			
Previo	ously Approved						
No.	Question	Yes	No				
1.	Is this an existing program with no changes?			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?		\boxtimes	If yes, complete Exh. F1; If no, answer question #3			
3.	Is there a change in services?		\boxtimes	If yes, complete Exh. F1; If no, answer question #4			
4.	Is there a change in funding amount for the existing program?	Щ		If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly			
a)	Is the change within ±15% of previously approved amount?		Ш	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.			
				FY 09/10 funding FY 10/11 funding Percent Change			
servic goals consu	race/ethnicity and language spoken of the population to be served. For WET programs: 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. 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.						
	ng Programs to be Consolidated						
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above			
2.	Will all populations of existing program continue to be served?	H	屵	If yes, answer question #3; If no, complete Exh. F1			
3.	Will all services from existing program continue to be offered?		Ш	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?			If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1			
 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. 							

^{*}PEI Projects previously approved are now called Previously Approved Programs

	Prevention and Early Intervention						
No.	Question	Yes	No				
1.	Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	r question #2		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?		☐ ☐ If yes, completed Exh. F4; If no, answer question #3				
3.	Is the current funding requested greater than 15% of the previously approved amount?		☐ ☐ 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?		☐ ☐ If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b				
5.	Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.			
5a.	If the total number of Individuals to be served annually is differen	nt than	previo	puely raportad please provide ravised as	etimatos		
Ja.	·	il liiaii	previo	ously reported please provide revised es	sumates		
r.	Total Individuals: Total Families:	ı		Duamantian	Caulty Internantion		
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention Early Intervention					
	Total Individuals:						
	Total Families:						
Exist	ing Programs to be Consolidated						
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	er questions for existing program above		
2.	Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4		
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ 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			If yes, complete Exh. E5; If no, answer question #2				
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3				
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4				
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5				
	amount?							

PREVIOUSLY APPROVED PROGRAM

Co	ounty: City of Berkeley			Select one:				
	Program Number/Name: Behavioral-Emotional Assessment, Screening, Treatment, and Referral (BE A STAR) WET PEI Date: 03/21/2011							
		CS	S an	d WET				
Previ	ously Approved							
No.	Question	Yes	No					
1.	Is this an existing program with no changes?			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?			If yes, complete Exh. F1; If no, answer question #3				
3.	Is there a change in services?			If yes, complete Exh. F1; If no, answer question #4				
4.	Is there a change in funding amount for the existing program?			If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly				
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.				
5.				FY 09/10 funding FY 10/11 funding Percent Change be served. This should include information about targeted age, gender,				
	race/ethnicity and language spoken of the population to be served. For WET programs: 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.							
	ing Programs to be Consolidated							
No.	Question	Yes	No					
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above				
2.	Will all populations of existing program continue to be served?	H		If yes, answer question #3; If no, complete Exh. F1				
3.	Will all services from existing program continue to be offered?			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?			If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1				
5.								

^{*}PEI Projects previously approved are now called Previously Approved Programs

Prevention and Early Intervention								
Question	Yes	No						
Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	er question #2				
Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	er question #3				
Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er question #4				
Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er questions 5, 5a, and 5b				
Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.					
5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates								
		Prevention Early Intervention						
different than previously reported please provide revised estimates:								
Total Individuals:								
Total Families:								
ing Programs to be Consolidated								
Question	Yes	No						
Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	ver questions for existing program above				
Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4				
Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4							
a) The names of Previously Approved programs to be consc	olidate	d,	our description:					
	Is this an existing program with no changes? Is there a change in the Priority Population or the Community Mental Health Needs? Is the current funding requested greater than15% of the previously approved amount? Is the current funding requested greater than 35% less of the previously approved amount? Describe the proposed changes to the Previously Approved Pro If the total number of Individuals to be served annually is different total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Families: Iing Programs to be Consolidated Question Is this a consolidation of two or more existing programs? Is there a change in the Priority Population or the Community Mental Health Needs? Will the consolidated programs continue to serve the same estimated number of individuals? Description of Previously Approved Programs to be consolidated. a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated.	Restion Yes	Is this an existing program with no changes?	Is this an existing program with no changes? If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list health Needs? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved changes to the Previously Approved Program and the rationale for those changes. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates: Total Families: Total Individuals: If yes, answer question #2; If no, answer list there a change in the Priority Population or the Community If yes, answer question #4; If no, composition of Previously Approved Programs to be consolidated. Include in your description: Total Individuals? If your description: Total Individuals Total Individuals? If your description: Total Individuals Total Individuals Total Individuals Total Individuals Individuals If your description: If yo				

	Innovation								
No.	Question	Yes	No						
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2					
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3					
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4					
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5					
	amount?								

PREVIOUSLY APPROVED PROGRAM

Co	unty: City of Berkeley			Select one:				
	Program Number/Name: Building Effective Schools Together (B.E.S.T.) Date:03/21/2011							
		CS	S an	d WET				
	ously Approved							
No.	Question	Yes	No					
1.	Is this an existing program with no changes?			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?			If yes, complete Exh. F1; If no, answer question #3				
3.	Is there a change in services?			If yes, complete Exh. F1; If no, answer question #4				
4.	Is there a change in funding amount for the existing program?			If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly				
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.				
				FY 09/10 funding FY 10/11 funding Percent Change o be served. This should include information about targeted age, gender,				
	race/ethnicity and language spoken of the population to be served. For WET programs: 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.							
Existi	ng Programs to be Consolidated							
No.	Question	Yes	No					
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above				
2.	Will all populations of existing program continue to be served?		Щ	If yes, answer question #3; If no, complete Exh. F1				
3.	Will all services from existing program continue to be offered?	Ш		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?			If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1				
5.	approved amounts? 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.							

^{*}PEI Projects previously approved are now called Previously Approved Programs

Prevention and Early Intervention								
Question	Yes	No						
Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	er question #2				
Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	er question #3				
Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er question #4				
Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er questions 5, 5a, and 5b				
Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.					
5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates								
		Prevention Early Intervention						
different than previously reported please provide revised estimates:								
Total Individuals:								
Total Families:								
ing Programs to be Consolidated								
Question	Yes	No						
Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	ver questions for existing program above				
Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4				
Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4							
a) The names of Previously Approved programs to be consc	olidate	d,	our description:					
	Is this an existing program with no changes? Is there a change in the Priority Population or the Community Mental Health Needs? Is the current funding requested greater than15% of the previously approved amount? Is the current funding requested greater than 35% less of the previously approved amount? Describe the proposed changes to the Previously Approved Pro If the total number of Individuals to be served annually is different total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Families: Iing Programs to be Consolidated Question Is this a consolidation of two or more existing programs? Is there a change in the Priority Population or the Community Mental Health Needs? Will the consolidated programs continue to serve the same estimated number of individuals? Description of Previously Approved Programs to be consolidated. a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated.	Restion Yes	Is this an existing program with no changes?	Is this an existing program with no changes? If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list health Needs? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved changes to the Previously Approved Program and the rationale for those changes. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates: Total Families: Total Individuals: If yes, answer question #2; If no, answer list there a change in the Priority Population or the Community If yes, answer question #4; If no, composition of Previously Approved Programs to be consolidated. Include in your description: Total Individuals? If your description: Total Individuals Total Individuals? If your description: Total Individuals Total Individuals Total Individuals Total Individuals Individuals If your description: If yo				

	Innovation								
No.	Question	Yes	No						
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2					
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3					
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4					
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5					
	amount?								

PREVIOUSLY APPROVED PROGRAM

Co	unty: City of Berkeley			Select one:		
	ogram Number/Name: Community Education & Supports te: 03/21/2011	<u>S</u>		☐ CSS ☐ WET ☑ PEI ☐ INN		
			S an	d WET		
Drovid	pusly Approved		o an	U WLI		
No.	Question	Yes	No			
1.	Is this an existing program with no changes?			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?	Щ	Щ	If yes, complete Exh. F1; If no, answer question #3		
3.	Is there a change in services?	Щ	Щ	If yes, complete Exh. F1; If no, answer question #4		
4.	Is there a change in funding amount for the existing program?		Щ	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly		
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.		
				FY 09/10 funding FY 10/11 funding Percent Change		
	race/ethnicity and language spoken of the population to be served. For WET programs: 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.					
Existi	ng Programs to be Consolidated					
No.	Question	Yes	No			
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above		
2.	Will all populations of existing program continue to be served?	Щ.	Щ	If yes, answer question #3; If no, complete Exh. F1		
3.	Will all services from existing program continue to be offered?			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?			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.						

^{*}PEI Projects previously approved are now called Previously Approved Programs

Prevention and Early Intervention								
Question	Yes	No						
Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	er question #2				
Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	er question #3				
Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er question #4				
Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er questions 5, 5a, and 5b				
Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.					
5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates								
		Prevention Early Intervention						
different than previously reported please provide revised estimates:								
Total Individuals:								
Total Families:								
ing Programs to be Consolidated								
Question	Yes	No						
Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	ver questions for existing program above				
Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4				
Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4							
a) The names of Previously Approved programs to be consc	olidate	d,	our description:					
	Is this an existing program with no changes? Is there a change in the Priority Population or the Community Mental Health Needs? Is the current funding requested greater than15% of the previously approved amount? Is the current funding requested greater than 35% less of the previously approved amount? Describe the proposed changes to the Previously Approved Pro If the total number of Individuals to be served annually is different total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Families: Iing Programs to be Consolidated Question Is this a consolidation of two or more existing programs? Is there a change in the Priority Population or the Community Mental Health Needs? Will the consolidated programs continue to serve the same estimated number of individuals? Description of Previously Approved Programs to be consolidated. a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated.	Restion Yes	Is this an existing program with no changes?	Is this an existing program with no changes? If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list health Needs? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved changes to the Previously Approved Program and the rationale for those changes. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates: Total Families: Total Individuals: If yes, answer question #2; If no, answer list there a change in the Priority Population or the Community If yes, answer question #4; If no, composition of Previously Approved Programs to be consolidated. Include in your description: Total Individuals? If your description: Total Individuals Total Individuals? If your description: Total Individuals Total Individuals Total Individuals Total Individuals Individuals If your description: If yo				

	Innovation								
No.	Question	Yes	No						
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2					
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3					
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4					
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5					
	amount?								

PREVIOUSLY APPROVED PROGRAM

Co	unty: City of Berkeley			Select one:			
	ogram Number/Name: <u>Social Inclusion Project</u> te: <u>03/21/2011</u>			☐ CSS ☐ WET ☑ PEI ☐ INN			
		CS	S an	d WET			
	ously Approved	T = =					
No.	Question	Yes	No				
1.	Is this an existing program with no changes?			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?			If yes, complete Exh. F1; If no, answer question #3			
3.	Is there a change in services?			If yes, complete Exh. F1; If no, answer question #4			
4.	Is there a change in funding amount for the existing program?			If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly			
a)	Is the change within ±15% of previously approved amount?			If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.			
				FY 09/10 funding FY 10/11 funding Percent Change			
	race/ethnicity and language spoken of the population to be served. For WET programs: 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.						
Existi	ng Programs to be Consolidated						
No.	Question	Yes	No				
1.	Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answer questions for existing program above			
2.	Will all populations of existing program continue to be served?	Щ	Щ	If yes, answer question #3; If no, complete Exh. F1			
3.	Will all services from existing program continue to be offered?			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?			If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1			
5.	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.						

^{*}PEI Projects previously approved are now called Previously Approved Programs

Prevention and Early Intervention								
Question	Yes	No						
Is this an existing program with no changes?			If yes, complete Exh. E4; If no, answe	er question #2				
Is there a change in the Priority Population or the Community Mental Health Needs?			If yes, completed Exh. F4; If no, answ	er question #3				
Is the current funding requested greater than 15% of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er question #4				
Is the current funding requested greater than 35% less of the previously approved amount?			If yes, complete Exh. F4; If no, answe	er questions 5, 5a, and 5b				
Describe the proposed changes to the Previously Approved Pro-	gram a	and the	e rationale for those changes.					
5a. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates								
		Prevention Early Intervention						
different than previously reported please provide revised estimates:								
Total Individuals:								
Total Families:								
ing Programs to be Consolidated								
Question	Yes	No						
Is this a consolidation of two or more existing programs?			If yes, answer question #2; If no, answ	ver questions for existing program above				
Is there a change in the Priority Population or the Community Mental Health Needs?			If no, answer question #3; If yes, comp	olete Exh. F4				
Will the consolidated programs continue to serve the same estimated number of individuals?	☐ ☐ If yes, answer question #4; If no, complete Exh. F4							
a) The names of Previously Approved programs to be consc	olidate	d,	our description:					
	Is this an existing program with no changes? Is there a change in the Priority Population or the Community Mental Health Needs? Is the current funding requested greater than15% of the previously approved amount? Is the current funding requested greater than 35% less of the previously approved amount? Describe the proposed changes to the Previously Approved Pro If the total number of Individuals to be served annually is different total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Individuals: Total Families: Iing Programs to be Consolidated Question Is this a consolidation of two or more existing programs? Is there a change in the Priority Population or the Community Mental Health Needs? Will the consolidated programs continue to serve the same estimated number of individuals? Description of Previously Approved Programs to be consolidated. a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated.	Restion Yes	Is this an existing program with no changes?	Is this an existing program with no changes? If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list here a change in the Priority Population or the Community If yes, complete Exh. E4; If no, answer list health Needs? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved amount? If yes, complete Exh. F4; If no, answer previously approved changes to the Previously Approved Program and the rationale for those changes. If the total number of Individuals to be served annually is different than previously reported please provide revised estimates: Total Families: Total Individuals: If yes, answer question #2; If no, answer list there a change in the Priority Population or the Community If yes, answer question #4; If no, composition of Previously Approved Programs to be consolidated. Include in your description: Total Individuals? If your description: Total Individuals Total Individuals? If your description: Total Individuals Total Individuals Total Individuals Total Individuals Individuals If your description: If yo				

	Innovation								
No.	Question	Yes	No						
1.	Is this an existing program with no changes			If yes, complete Exh. E5; If no, answer question #2					
2.	Is there a change in the essential purpose?			If yes, complete Exh. F5; If no, answer question #3					
3.	Is there a change to the learning goals?			If yes, complete Exh. F5; If no, answer question #4					
4.	Is the funding requested ±15% of previously approved			If yes, complete Exh. F5; If no, complete Exh. E5					
	amount?								