



Agenda

FAMILY AND HUMAN SERVICES COMMITTEE

August 2, 2010

1:00 P.M.

651 Pine Street, Room 101, Martinez

Supervisor Gayle B. Uilkema, District II, Chair
Supervisor Federal D. Glover, District V, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. Referral #101 – FACT (Family and Children’s Trust) Committee Appointments
Presenter: Rhonda Smith
4. Referral #102 – Work of the Consolidated Planning Advisory Workgroup
Presenter: Donna Wigand

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Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family and Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Dorothy Sansoe, Committee Staff
Phone (925) 335-1009, Fax (925) 646-1353
dsans@cao.cccounty.us

Glossary of Acronyms, Abbreviations, and other Terms (in alphabetical order):

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. Following is a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings:

AB	Assembly Bill	HCD	(State Dept of) Housing & Community Development
ABAG	Association of Bay Area Governments	HHS	Department of Health and Human Services
ACA	Assembly Constitutional Amendment	HIPAA	Health Insurance Portability and Accountability Act
ADA	Americans with Disabilities Act of 1990	HIV	Human Immunodeficiency Syndrome
AFSCME	American Federation of State County and Municipal Employees	HOV	High Occupancy Vehicle
AICP	American Institute of Certified Planners	HR	Human Resources
AIDS	Acquired Immunodeficiency Syndrome	HUD	United States Department of Housing and Urban Development
ALUC	Airport Land Use Commission	Inc.	Incorporated
AOD	Alcohol and Other Drugs	IOC	Internal Operations Committee
BAAQMD	Bay Area Air Quality Management District	ISO	Industrial Safety Ordinance
BART	Bay Area Rapid Transit District	JPA	Joint (exercise of) Powers Authority or Agreement
BCDC	Bay Conservation & Development Commission	Lamorinda	Lafayette-Moraga-Orinda Area
BGO	Better Government Ordinance	LAFCo	Local Agency Formation Commission
BOS	Board of Supervisors	LLC	Limited Liability Company
CALTRANS	California Department of Transportation	LLP	Limited Liability Partnership
CalWIN	California Works Information Network	Local 1	Public Employees Union Local 1
CalWORKS	California Work Opportunity and Responsibility to Kids	LVN	Licensed Vocational Nurse
CAER	Community Awareness Emergency Response	MAC	Municipal Advisory Council
CAO	County Administrative Officer or Office	MBE	Minority Business Enterprise
CCHP	Contra Costa Health Plan	M.D.	Medical Doctor
CCTA	Contra Costa Transportation Authority	M.F.T.	Marriage and Family Therapist
CDBG	Community Development Block Grant	MIS	Management Information System
CEQA	California Environmental Quality Act	MOE	Maintenance of Effort
CIO	Chief Information Officer	MOU	Memorandum of Understanding
COLA	Cost of living adjustment	MTC	Metropolitan Transportation Commission
ConFire	Contra Costa Consolidated Fire District	NACo	National Association of Counties
CPA	Certified Public Accountant	OB-GYN	Obstetrics and Gynecology
CPI	Consumer Price Index	O.D.	Doctor of Optometry
CSA	County Service Area	OES-EOC	Office of Emergency Services-Emergency Operations Center
CSAC	California State Association of Counties	OSHA	Occupational Safety and Health Administration
CTC	California Transportation Commission	Psy.D.	Doctor of Psychology
dba	doing business as	RDA	Redevelopment Agency
EBMUD	East Bay Municipal Utility District	RFI	Request For Information
EIR	Environmental Impact Report	RFP	Request For Proposal
EIS	Environmental Impact Statement	RFQ	Request For Qualifications
EMCC	Emergency Medical Care Committee	RN	Registered Nurse
EMS	Emergency Medical Services	SB	Senate Bill
EPSDT	State Early Periodic Screening, Diagnosis and treatment Program (Mental Health)	SBE	Small Business Enterprise
et al.	et ali (and others)	SWAT	Southwest Area Transportation Committee
FAA	Federal Aviation Administration	TRANSPAC	Transportation Partnership & Cooperation (Central)
FEMA	Federal Emergency Management Agency	TRANSPLAN	Transportation Planning Committee (East County)
F&HS	Family and Human Services Committee	TRE or TTE	Trustee
First 5	First Five Children and Families Commission (Proposition 10)	TWIC	Transportation, Water and Infrastructure Committee
FTE	Full Time Equivalent	VA	Department of Veterans Affairs
FY	Fiscal Year	vs.	versus (against)
GHAD	Geologic Hazard Abatement District	WAN	Wide Area Network
GIS	Geographic Information System	WBE	Women Business Enterprise
		WCCTAC	West Contra Costa Transportation Advisory Committee

Schedule of Upcoming BOS Meetings

August 3, 2010
August 10, 2010

Employment and Human Services Department
Contra Costa County

TO: Family and Human Services Committee
Supervisor Gayle B. Uilkema, Chairperson
Supervisor Federal Glover, Vice Chairperson

FROM: Joe Valentine, Director, Employment and Human Services Department
Rhonda Smith, FACT Staff

RE: FY 2010-2011 Child Care Affordability Funding Recommendation

DATE: July 28, 2010

RECOMMENDATION(S)

The Director of the Employment and Human Services Department recommends that the Family and Human Services Committee re-appoint the following member for the at-large seat to the FACT Committee for a full two-year term:

At-Large Seat, 2
Alicia Coleman-Clark
5467 Benntree Way
Antioch, CA 94531
H: (925) 726-4955
C: (925) 727-9027
Arcc22@aol.com

NOMINIEE FOR MEMBERSHIP

Over the course of the last six months, the FACT Committee has made every effort to fill its vacant seats, including its at-large member's seats. The efforts include contacting each district Supervisor's office and releasing a public notice in February 2010, inviting interested parties to consider membership and soliciting the support of current members to outreach to potential candidates for consideration for membership.

On June 7, 2010, The FHS Committee followed the recommendations of the FACT Committee and appointed four (4) candidates for membership to at-large seats with staggered term expirations to the FACT Committee.

Mrs. Coleman-Clark was appointed to At-Large Seat, 2. The seat is due to expire on September 30, 2010.

Mrs. Coleman-Clark remains committed to the FACT Committee and is dedicated to fulfilling the mission and goals as outlined in the Committees' policies and procedures.

Coming from a professional background in Project and Business Management, Ms Coleman-Clark has dedicated her time to advocacy for children with special needs. To that extent, she brings to the committee a wealth of knowledge in helping families navigate multiple systems and access vital resources necessary for family stability and child well-being. As a parent consumer of many special needs services, Ms. Clark-Coleman provides an insight into the barriers in accessing and the gaps of services for children with special needs and their families.

**CONTRA COSTA COUNTY ADVISORY BOARDS,
COMMISSIONS OR COMMITTEES APPLICATION FORM**
(Application Form Must Be Typed or Hand-Printed)

NAME OF ADVISORY BOARD APPLYING FOR: Family & Children's Services Advisory Committee

Applicant's Name: Alicia R. Coleman-Clark
Home Address: 5467 Benttree Way Ant. CA 94531 **Home Phone:** (925) 727-9027
Business Address: N/A **Work Phone:** N/A
Signature:  **Date:** 6-23-09

PERSONAL EXPERIENCE, SKILLS AND INTERESTS: Most recently, my experience involves children with disabilities. I have a two year old daughter diagnosed as autistic and for the last year I have navigated the county and state systems to obtain services for her. I am in the process of organizing a parent support group at my daughter's school (Lynn Center) that includes providing resources for parents and families of children with disabilities. Also, I am a member of YIN (Youth Intervention Network) and have developed a passion for supporting children and families. My interest in grant writing has inspired me to offer my time to assist with grant writing for ARC. Attached is my resume to provide additional history in my background of Business Management.

Education/Background: My professional background was in Project and Business Management with an emphasis on Property Management. I have no desire to go back to that field, but intend to use the skills acquired and apply them to my current interest in children and families. During my training with YIN, I am certified through DPC (Dialogue for Peaceful Change) in Conflict Resolution and Mediation. Because I view parenting as a life long profession, I have acquired over 35 hours (from January '09-June '09) of Early Childhood Education and Development training.

Occupation (student, for-pay work, not-for-pay work, retiree or similar):

As stated on my resume (attached), I have been a business owner and an owner of a Semi-Pro football team. As my children grew older, I desired to be more accessible to them and accepted employment that didn't require evenings and weekends. While in California, my employment was in the field of administration.

Community Activities: My community activities involve being and active member of YIN, participating on the original Parent Round Table with AUSD, and a regular adult participant of Challenge Day at DVHS. I also created the resource hand-out used for the Coffee With The Cops in the City of Antioch and worked closely with the chief of police during it's creation. Briefly, I sat on the Board of Directors for the Deer Valley Youth Football Team as the Public Relations Director.

Special Interests: I have developed an interest in the area of children and families with a special emphasis on families and children with disabilities. In my experience to acquire services for my daughter, I have found that there is an incredible lack of resources that actually make it to the hands of families. I have experienced this first hand and would like to be a part of a process that makes it easier for families to minimize feelings of isolation and helplessness while providing readily accessible tools and resources.

INFORMATION:

1. Mail completed application to: **Supervisor Federal D. Glover, Attn: Lynn Reichard, 315 East Leland Road, Pittsburg, CA 94565**
2. Members of some advisory bodies may be required to file an Annual Conflict of Interest Statement.
3. Meetings of some advisory bodies may be held in Martinez, or in areas not accessible by public transportation.
4. Meetings may be held either in the evenings or during the day, generally once or twice a month.
5. Some boards assign members to subcommittees or work groups requiring an additional commitment of time.

Alicia R. Coleman-Clark

5467 Benttree Way
Antioch, California 94531
(925) 776-4955 Home
(925) 727-9027 Cell
Arcc22@aol.com

Objective	To obtain a position that will utilize my administrative experience, professional skills and will be innovative and challenging.
Qualifications	<ul style="list-style-type: none">• Strong written and oral communications ability.• Excellent computer skills.• Tremendous analytical and organizational skills.• Highly motivated, strong work ethic; available as needed for training, travel, etc.
Systems Ability	MSOffice – Access, Excel, PowerPoint and Word MSWorks Publisher Quick-books
Communications Skills	Performed Tech-Support via e-mail and oral communication. Edited weekly newspaper and communicated changes to publisher. Performed travel arrangements including flight, hotel and ground transportation for business owners and entertainers. Receive and direct all incoming calls. Greet and direct office visitors. Scheduled appointments.
Office Management Skills	Managed a commercial real estate office. Managed an architects office and performed Project Management functions Perform staff training on office policies and proper use of office equipment. Consultant for new office set up consisting of office layout. Created, initiated and organized filing system. Maintained office supplies and designed a maintenance tracking system for all office equipment.
Management Skills	Experience in all back office management functions, including employee relations and routine accounting. Experience in client relations, order processing and routine upkeep of the business. Coordinated efforts between customer needs and group personnel. Responsible for designing and presenting all market research analysis and results with suggestions for projects and implementation. Delegated duties to other group personnel.
Project Management	Ensured materials were ordered in a timely fashion. Arranged and managed timelines. Arranged appointments for inspectors upon completion of work. Initiated and developed relationships with performers for the production of various comedy shows. Initiated, negotiated and managed performance contracts.

<p>Leadership Skills</p>	<p>Organized and developed Semi pro football team structure. Developed football team marketing strategy. Performed team recruiting. Managed team affairs including field procurement, team insurance, and general management of team. Managed home games by providing concession, security, and locker room management. Organized and managed a staff of 20 in various game operation functions. Networked with community teams through league association meetings.</p>
<p>Computer Form Development/ Computer Responsibilities</p>	<p>Managed all correspondence including office literature and forms. Designed company letterhead, business cards, brochures, billing forms and developed billing process. Facilitate web activity consisting of internet research and e-mail correspondence. Created and prepared first time homebuyer booklets for distribution.</p>
<p>Accounts Receivable Accounts Payable</p>	<p>Perform accounts payable and receivable functions. Executed office Payroll functions. Performed debt restructuring by setting up budgets and payment plan. Set up new organization system for tracking office accounts.</p>
<p>Employment History</p>	<p>2003 to 2008 Antioch Church Family – Community Church Position Held: Church Administrator</p> <p>2004 to 2005 Windsor Capital Mortgage Company – Mortgage and Real Estate Firm Position Held: Personal Assistant</p> <p>2000 to 2002 West Entertainment, Inc. - Comedy Show Production and Musical Group Management Position Held: Executive Assistant/Personal Assistant</p> <p>1999 to 2002 The Northwest Group – Architectural Firm Position Held: Office Manager/Project Manager</p> <p>1997 to 2002 Commercial Brokerage Specialist - Commercial Real Estate Firm Position Held: Office Manager/Administrative Assistant</p> <p>1997 to 2002 Pacific Properties – Apartment Complex Position Held: Property Manager</p> <p>1996 to 1997 The African American Business and Employment Journal – Newspaper Position Held: Executive Assistant/Office Manager</p> <p>1995 to 2002 Proficient Support – Business and Personal Support Position Held: Owner All above positions were clients under the business of Proficient Support.</p> <p>1995 to 2000 The Blue Devil's Charity Football Club – Semi-Pro Football Team Position Held: Owner/General Manager</p>
<p>References</p>	<p>Available upon request</p>

Report to Contra Costa County Board of Supervisors, Family and Human Services Committee by the Health Services Department – Mental Health Division – August 2, 2010

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW)
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RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW)
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Background/History of Request:

The Contra Costa County Board of Supervisors Internal Operations Committee met on May 10, 2010, to review staff report regarding items referred to the IOC by the Mental Health Commission. As noted in the Record of Action of that date, the IOC requested that the Health Services Department report to the Family and Human Services Committee on the work of the Mental Health Services Act (MHSA) Consolidated Planning Advisory Workgroup (CPAW) with a follow-up report on the Board of Supervisors' calendar.

The Record of Action from May 10, 2010, was revised at the Board of Supervisors' Internal Operations Committee meeting of June 7, 2010, to add that the Mental Health Director report back to the Family and Human Services Committee and to the Board of Supervisors as a whole (the latter via the consent calendar) regarding MHSA services/CPAW successes, i.e., function, what's being heard, what's being done.

MHSA Background/History:

The passage of Proposition 63 in November 2004 by California voters created the Mental Health Services Act (MHSA). The MHSA is intended to transform California's public mental health system to become a more culturally competent, consumer/family driven system with a focus on recovery and choice. The objective of the MHSA is to expand public mental health services to children, adults and older adults with a serious mental illness, with a focus on innovation, prevention and early intervention services. Funding comes from a 1% tax on California residents with incomes of over \$1million per year.

The MHSA has several central program components that have been sequentially rolled out since 2005: Community Services & Supports, Workforce Education & Training, Prevention & Early Intervention, Capital Facilities and Technological Needs, Housing, and Innovation. Key emphasis is placed on strategies that reduce negative outcomes that may result from untreated mental illness: suicide; stigma; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and removal of children from their homes.

To receive MHSA funding from the State Department of Mental Health, county Mental Health systems must develop plans and conduct broad planning efforts with community stakeholders.

MHSA Planning and Stakeholder Involvement in Contra Costa:

Contra Costa Mental Health's (CCMH) initial MHSA planning efforts in 2005 included over 1100 individuals who participated in community forums, focus groups, surveys and stakeholder workgroups. MHSA planning/implementation was carried out by an MHSA Steering Committee, comprised primarily of key county staff. There were Advisory Stakeholder Subcommittees formed,

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some of which were clustered by age (Adult, Older Adult, Transition Age Youth, Children). A Consumer Involvement Steering Committee (comprised of mental health consumers) and a Family Involvement Steering Committee (comprised of family members of adult mental health consumers) were also created as subcommittees of the MHSA Steering Committee. With the input of all of the various stakeholder advisory groups, the Community Services and Supports MHSA component plan was approved by the State Department of Mental Health in November 2005. Upon completion of the initial three-year plan, a new MHSA Stakeholder Advisory Committee was formed, to include representative stakeholders from the Adult, Older Adult, Children, and Transition Age Youth Stakeholder Advisory groups.

Beginning in 2008, CCMH began planning for the Prevention and Early Intervention MHSA component, and as such, created two separate PEI Stakeholder Advisory Groups: PEI Stakeholder Group for Age 0-25 and PEI Stakeholder Group for Age 26+. These two advisory committees also provided input to the MHSA Steering Committee. Through this planning process, over 900 individuals participated in PEI planning. In March 2009, the State Department of Mental Health approved CCMH's Prevention and Early Intervention Plan.

During Summer 2007, CCMH initiated its planning process for the Workforce Education and Training (WET) MHSA component. CCMH incorporated lessons learned from the 2005 CSS process, in recognizing the specialized needs of workforce development and the need to outreach to new stakeholders in the community. The planning included creating an internal WET Planning Group (primarily key mental health staff, and representatives from the MH Commission, Diablo Valley College, and local school districts). A WET Stakeholder Workgroup was created for public input with various community stakeholders which included county staff, contracted providers, education, consumer and family members. Activities of the WET Planning Group and WET Stakeholder Group were reported to the MHSA Steering Committee. The Workforce Training and Education Plan was approved by the State Department of Mental Health in May 2009.

During 2008, planning was initiated for the Capital Facility and Technology Needs MHSA component. Several special stakeholder planning groups were created, including: BHS Team Planning, IT Stakeholder Committee, and Capital Facility Stakeholder Committee. Multiple community meetings, forums, focus groups were conducted. CCMH's Capital Facility and Technology Need Component Proposal was approved by the State Department of Mental Health in February 2009.

During late 2008 and early 2009, there was growing concern that the MHSA Steering Committee wasn't representative enough of all of the previous special stakeholder committees and workgroups, and consisted primarily of county staff and one representative from the Mental Health Commission. As a result, the Mental Health Director disbanded the MHSA Steering Committee, and it was

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replaced with an integrated MHSA stakeholder planning committee which is called MHSA Consolidated Planning Advisory Workgroup (CPAW).

The composition and structure of CPAW was created in a unique way to afford that the ongoing MHSA planning efforts would include representatives from all of the required stakeholder entities under the Welfare and Institutions Code. A charter for CPAW was approved in April 2009.

The Consolidated Planning Advisory Workgroup continues to meet monthly to offer input for new and ongoing MHSA strategies and funding. This document is a snapshot of current MHSA-funded services in Contra Costa County. Detailed information on all the county's MHSA programs can be found at http://www.cchealth.org/services/mental_health/prop63/

MHSA Program Components: There are five MHSA program components, which include:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technology Needs (CFTN)
- Innovation (INN)

Information about planning, programs/services, funding, and successes follows in this report, for each component.

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Community Services and Supports (CSS)

Initial Planning: 2005-06 Implementation Began: 2007

CSS programs implemented in Contra Costa serve children, transition age youth, adults and older adults. *Full Service Partnership programs* (FSPs) combine the notion of fully wrapping services around an individual or family to support them in recovery. *System Development Strategies* strengthen the overall infrastructure of the county mental health system. The programs are clustered by CSS Work plans, and are structured as follows:

- **Families Forward in Brentwood:** This FSP program serves children in Far East County with severe emotional disturbances (SED) with repeated failure in learning environments, including school, preschool and home. Services are strength-based and based on the wraparound model of community-based services. Families Forward is a collaboration with Familias Unidas, Community Health for Asian Americans and County Mental Health.
- **TAY Program in West County:** This FSP program serves youth aged 16-25 living in West County with SED or severe mental illness, who are homeless or at imminent risk for homelessness. Housing supports are central to this recovery-based program, which also links consumers to education and vocational supports. The TAY Program is a collaboration with Fred Finch Youth Center, GRIP, the Latina Center and County Mental Health.
- **Bridges to Home:** This FSP program serves West County adults with severe mental illness who are homeless or at serious risk for homelessness. Supportive housing is central to this recovery-based program. Bridges to Home is a collaboration with Rubicon, Familias Unidas, Community Health for Asian Americans, Anka Behavioral Healthcare, Mental Health Consumer Concerns and County Mental Health. The Behavioral Health Court is also a part of the Adult FSP programs.
- **Older Adult Program:** The Older Adult program serves seniors 60 and over throughout the county who are the most imperiled, using teams to provide outreach, engagement and ongoing services. Additionally, CCMH is using the Impact Program model at primacy care clinics. Short-term cognitive therapy is provided on-site to a set of older adults with medical diagnoses of diabetes, cardio-vascular disease and/or chronic pain, who also show signs of depression. The Older Adult Program is a System Development strategy.
- **Housing Supports:** In addition to the housing supports in the FSP programs, CCMH awarded one-time CSS funds for supportive housing projects, in collaboration with the County's Department of Conservation & Development. Funded projects include: Villa Vasconcellos Senior Housing, Rubicon's Virginia Street Apartments and the Lillie Mae Jones Plaza.

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- **Additional System Development Strategies:** CCMH has added infrastructure to its programs through the following strategies: Expanding the Office for Consumer Empowerment; hiring additional consumer and family members throughout the system; offering Wellness Services in adult clinics; hiring Family Partners in children’s programs; hiring a housing coordinator and housing staff for each of the three regions

Marking Successes of CSS Programs and Services:

➤ Funding Received to Date:

- **\$3,506,872** for FY 05/06 CSS services – approved May 31, 2006
- **\$2,104,500** for FY 06/07 CSS services – approved June 27, 2006
- **\$2,212,450** for FY 07/08 CSS services – approved April 23, 2007
- **\$2,659,100** for additional CSS Services – approved May 9, 2008
- **\$14,657,600** for FY 08/09 CSS services – approved June 24, 2009
- **\$1,575,500** for one time additional FY 07/08 CSS Services – Approved June 24, 2009
- **\$16,250,700** for FY 09/10 CSS Services – Approved March 4, 2010
- **\$17,715,700** for FY 10/11 CSS services – May 10, 2010

➤ Program Services and Outcomes:

- CSS-Full Service Partnership programs have been operational for 30 months (to date through 2/18/10), serving **166 Adults, 76 Transition Age Youth, and 83 Children.**
- The Older Adult Program, as well as other MHSA Systems Development programs have become operational during 09/10, and as a result (through 12/31/09), a total of **85 mental health clients and their family members have received services.**
- Adult, Transition Age Youth, and Children/families have access to emergency, transitional and permanent housing through a variety of MHSA funded arrangements. The use of “vouchers” through master leases and other arrangements have resulted in successfully providing housing services for **150** mental health consumers receiving MHSA services.
- A new housing project underway during 09/10 is to provide **six units with two bedrooms each** for shared or independent living, in the Lillie Mae Jones Plaza project. Groundbreaking for this project occurred in the Fall of 2009, with construction underway. A new Notice of Funding Availability to expand housing to obtain shared housing models for transition age youth and adult full service partners was released during 2009/2010, and it is hoped that more developers will come forward to be involved in new project development for this target population.

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- Creation of a new Housing Coordinator position occurred during 09/10. Hiring for this position is nearing completion. Addition of this position will allow the division to do more in the way of housing development for consumers/family members.
- Wrap-around Services and Intensive Case Management for Children’s services continues, with the involvement of planner/evaluators in assessing the fidelity of the program through ongoing evaluation.
- Actual outcomes data information for Full Service Partners is attached as a separate document.
- Pre/Post Hospitalization data for Full Service Partners is attached as a separate document.

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Prevention & Early Intervention (PEI)

Initial Planning: 2008 Implementation Begins: 2009

Prevention in a mental health context involves involving reducing risk factors or stressors to prevent the onset of a mental illness, building skills and increasing support. The Prevention & Early Intervention component focuses on interventions and programs across the life span prior to the onset of a serious emotional or behavioral disorder, or mental illness. State-issued guidelines identified key community mental health needs and priority populations to be served using PEI funding. CCMH's PEI planning process in 2008 resulted in the development of several new projects:

- Building Connections in Underserved Cultural Communities
- Coping with Trauma Related to Community Violence
- Reducing Stigma & Awareness Education
- Suicide Prevention
- Supporting Older Adults
- Parenting Education & Support
- Supporting Families Experiencing the Juvenile Justice System
- Supporting Families Experiencing Mental Illness
- Youth Development

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Following a competitive Request For Proposal process in spring 2009, CCMH awarded contracts to 20 community based programs (for 23 projects) to implement PEI projects. Contracted providers include: Native American Health Center, RYSE, Contra Costa Crisis Center, Family Stress Center, Contra Costa Clubhouse, Center for Human Development, Martinez Unified School District and others.

Prevention and Early Intervention Programs include:

Native American Health Center

Native American Health Center provides a variety of weekly group sessions and quarterly community events for youth, adults, and elders to develop partnerships that bring consumers, families, community members and mental health professionals together and builds a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities will include an elders support group, youth wellness group (including suicide prevention and violence prevention activities), a traditional arts group (beading, quilting, arts & crafts), and quarterly events tied to the seasons. Family Communications activities will include weekly Positive Indian Parenting sessions, talking circles that improve communications skills and address domestic violence, trauma and historical trauma; and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Family members who need supplemental treatment for mental health and substance abuse problems will be referred to appropriate agencies. Mental Health Education/System Navigator Support will include quarterly cultural competency trainings for public officials and other agency personnel, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system. Facilitators and educators will be drawn from NAHC staff, community members, consultants, and staff. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county.

Expected results from these activities include increased culturally relevant mental health services offered to the Native American Community in Contra Costa County. The Native Wellness Center is designed to build a strong community, strengthen family communications, and help Native Americans navigate the complex human service systems in Contra Costa County.

Program Facilities Location:

260 23rd Street

Richmond, CA 94804

Website: www.nativehealth.org

Rainbow Community Center

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Rainbow Community Center provides a community-based social support program designed to decrease isolation, depression and suicidal ideation among members of the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community residing in Contra Costa County. Key activities include: a) a series of social support groups that are designed to promote resilience and build a sense of community affiliation in an effort to reduce stigma and isolation; b) social support services expanded to include depression and suicidal assessments among program participants; c) services that are designed to improve communication and support for LGBTQ youth with their heterosexual family members and among LGBTQ “families of choice”; d) creating an information and referral system that links LGBTQ community members into culturally competent mental health services. Services will be provided in partnership with the Pacific Center for Human Growth, the Center for Human Development and Cal State East Bay School of Social Work. Expected results include: increased skills to combat life stressors that result from discrimination and greater communications and support among family members of LGBTQ people and LGBTQ families of choice.

Program Facilities Location:
3024 Willow Pass Rd.
Concord, CA 94513
Website: www.rainbowcc.org

YMCA of the East Bay

Building Blocks for Kids (BBK), with the YMCA of the East Bay as its fiscal agent, provides diverse households in the Iron Triangle neighborhood of Richmond with improved access to health care, education, Mental Health and suicide prevention. Key activities include: Family Navigation, Family Camp, Peace Talk, Dinner Dialogues, picnics and block parties. Communications will also focus on improving life skills, such as parenting, conflict resolution, self-advocacy and other practical applications. BBK member agencies will leverage their resources and extend services to participants, identified through block-by-block outreach. One full-time Family Navigator links families to services, including mental health services of the West County Children’s Collaborative that are provided by BBK member organizations.

Program Facilities Location:
401-1st Street
Richmond, CA 94801
(also various agency locations within the Iron Triangle)
Websites: www.ymcaeastbay.org, www.bbk-richmond.org

La Clinica de La Raza

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

La Clínica de La Raza, Inc. (La Clínica) implemented Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with: a) 3,700 screenings for behavioral health issues and risk factors, such as symptoms of depression, anxiety, substance abuse, reactions to trauma, domestic violence, sleep difficulties, and pain; b) 1,375 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) psycho-educational groups facilitated by a social worker for sixty-eight (68) adults to cover variety of topics such as isolation, stress, communication and cultural adjustment.

La Clinica also implemented Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (1,800 screenings); 2) Assessment and parent coaching with the Behavioral Health Specialist for 250 parent/caretakers of children ages 0-18; and 3) Forty-eight (48) parents/caretakers will participate in the parent education and support group that will be facilitated by a Social Worker. The group will utilize an evidence-based and culturally relevant curriculum called Los Niños Bien Educados. All of the above services is provided at two La Clínica Contra Costa facilities, located in Pittsburg and Pleasant Hill (Monument Blvd).

Program Facilities Location:

La Clínica de La Raza, La Clínica Monument
2100 Monument Blvd., Suite 8
Pleasant Hill, CA 94523
(925)363-2000

La Clínica de La Raza, La Clínica Pittsburg Medical
2240 Gladstone Drive, Suite 4
Pittsburg, CA 94565
(925) 431-1230
Website: www.laclinica.org

Jewish Family & Children’s Center of the East Bay

Jewish Family & Children’s Services of the East Bay (JFCS/East Bay) provides culturally grounded, linguistically appropriate mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian, and Russian communities of Central and East Contra Costa County. Prevention and early intervention program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and mental health and health system navigation assistance. Services are provided in the context of group settings, as well as serving individuals and families

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in a variety of convenient non-traditional venues such as schools, senior centers, and client homes. The program also includes outreach to prospective clients at community cultural events. Finally, the program includes mental health training for frontline staff from JFCS/East Bay and other community agencies working with diverse cultural populations.

Program Facilities Location:
1855 Olympic Blvd., Suite 200
Walnut Creek, CA 94596
Website: www.jfcs-eastbay.org

Center for Human Development

Center for Human Development implemented *Mental Health Education/System Navigation Support for African American Health Conductors* who will provide 120 African American families in Bay Point, Pittsburg, and surrounding communities with mental health resources. Key activities include: culturally appropriate education on mental health topics through “Soul to Soul,” “Body and Soul,” and “Mind, Body, and Soul” support groups and other health education workshops. Twenty to thirty families will receive navigation assistance for Mental Health referrals.

Center for Human Development will also provide opportunities for youth to develop caring, mutually beneficial relationships with older adults throughout Contra Costa County with the *Youth-Senior Peer Outreach Project*. The expected results of the project will be to decrease older adults’ feelings of isolation and increase feelings of self-efficacy. Each youth and senior pairing will have the support and supervision of a trained Senior Peer Counselor who will facilitate the mentoring sessions. A minimum of 15 youth and 15 Senior Peer Counselors will be trained during each of the two mentoring sessions with a minimum of 15 isolated seniors reached per session. In addition, at least three senior centers will be identified for the implementation of youth-led projects, where young people will connect with a minimum of 20 seniors at each site for a total of 60 seniors.

Program Facilities Location for Lead African American Health Conductor:
Pittsburg Health Center
2311 Loveridge Road
Pittsburg, CA 94565
Website: www.chd-prevention.org

RYSE

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RYSE convened and engages stakeholder groups (youth and adults) in a planning process in West County to develop a *Trauma Response and Resilience System (TRRS)*. The TRRS will respond to the acute priorities and needs of youth from the diverse communities of West County involved in and/or experiencing direct and vicarious trauma and violence. The planning process will work to identify mechanisms for coordination and mobilization of appropriate supports and services and will also engage participants in deeper, transformative work that recognizes and addresses the histories and inequitable burden of trauma and violence experienced in West Contra Costa. Key strategies include mapping, training and education, and cross-sector dialogue that support understanding, analysis of, and attention to the social conditions that inform violence and trauma. Primary activities include: convening with distinct groups (community-based agencies and youth programs, neighborhood associations, law enforcement agencies, public officials and agencies, medical and health agencies); awareness-building and outreach that includes culture-building events and activities, and training and educational opportunities that promote dialogue, healing, and restoration. At the end of the planning process, a Trauma Response and Resilience System Plan will be in place, outlining a multi-level response to critical incidents, including the role and relationship between responders, incident assessment protocols, and communication protocols between and amongst responders and stakeholders.

RYSE also implemented a Health & Wellness program, to support young people (ages 14 to 21) from the diverse communities of West County to become better informed consumers and active agents of their own health and wellness, foster healthy peer relationships and youth-adult relationships, and enable opportunities for youth leadership and advocacy. Programs and services include drop-in, recreational, and structured activities across areas of health & wellness, arts & culture, education & career, and youth leadership & organizing. Key activities include: presentations to schools, community organizations, and public agencies; street-based outreach, monthly cultural events, and monthly membership meetings, expansion of the Contractor's current intake, youth-centered assessment, referral, and follow up with RYSE members. Activities will be developed and implemented in partnership between adult and youth staff including Youth Culture Keepers.

Program Facilities Location:
205 41st Street
Richmond, CA 94804
Website: www.rysecenter.org

Contra Costa Crisis Center

Contra Costa Crisis Center provides services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide at a time when people are most vulnerable, enhances safety and connectedness for suicidal individuals, and builds a bridge to community resources for at-risk persons. Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; assisting callers whose primary language isn't

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English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide; and training all crisis line staff and volunteers in ASIST (Applied Suicide Intervention Skills Training). As a result of these service activities: 95 percent of people who call the crisis line and are assessed to be at medium to high risk of suicide will still be alive one month later; the number of trained, multilingual/ multicultural crisis line volunteers will double by the end of the reporting period, from 10 to 20; the number of hours that a minimum of one Spanish-speaking counselor on duty will double, from 40 to 80 per week.

Website: www.crisis-center.org

Program Hours of Operation:

The Contra Costa Crisis Center will provide telephone services on a 24-hour basis, 7 days a week.

Lifelong Medical Care

Lifelong Medical Care provides isolated older adults in West Contra Costa County with opportunities for social engagement and linkage to mental health and social services. A variety of group and one-on-one approaches will be employed to provide opportunities for socialization that will appeal to different groups of seniors, and reach out to those most reluctant to participate in social activities. SNAP! Senior Network and Activity Program will be provided in three housing developments that currently lack on-site services. These activities will include regular incentivized on-site socials (3 per month at each site), outreach to invite participation in group activities and develop a rapport with residents. IMPACT geriatric depression screening, Elders Learning Community will be provided to at least 10 frail seniors, quarterly outings, and information and referral. The expected impact of these services includes: Reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reduce reluctance to revealing unmet needs or accepting support services; and improving the quality of life by reducing loneliness and promoting friendships and connections with others.

The majority of the staffing time will be spent at the following senior housing sites located in Richmond (at Nevin Plaza, Hacienda, and Friendship Manor) operated by the Richmond Housing Authority.

Website: www.lifelongmedical.org

Child Abuse Prevention Council

The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate parenting classes to, but not exclusively, African American parents residing in Western Contra Costa County, Spanish speaking families in East County, and Central County's Monument Corridor. Four classes will be provided for 60 parents and approximately 150 children under 5-years of age. The twenty-four week curriculum will immerse parents in ongoing

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training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods.

Most services will be provided at the following off-site locations:
Delta First 5 Center, 760 First St. Brentwood, CA 94565
Monument Community First 5, 1736 Clayton Rd., Concord 94520
West County First 5 Center, 2707 Dover St., San Pablo, 94806
Website: www.capc-coco.org

Family Stress Center (Merged with STAND Against Domestic Violence)

The Family Stress Center provides services using the evidence-based Triple P – Positive Parenting Program, levels 1, 2, and 4 Multi-Family Support Groups, to strengthen positive attachment between parents and children with age-appropriate parenting skills, and at no cost. Parents targeted for services include caregivers residing in underserved communities throughout Contra Costa County, specifically intended for but not limited to caregivers residing in STAND! Shelters, Monument Corridor Meadow Homes, and Mercy Housing facilities in Brentwood. Key activities include: brief supported interventions, parent training programs, health promotion and social marketing to deal with commonly encountered behavioral issues, a media-based parenting information campaign through primary care and other community based organizations, tip sheets to solve common child management or developmental problems, and seminar series for large groups of parents. The expected results of this program include: 80% of the of the parents receiving the parenting education component will demonstrate increased parenting skills, increased sense of competence in parenting abilities, improved relationship communication about parenting, and reduced parental stress; 100 parents will use a Parent Helpline, 20 staff members are trained in delivering curriculum, levels 1, 2, and 4.

Most services will be provided at but not limited to the following off-site locations:
STAND! Against Domestic Violence Shelters
Pittsburg Adult Education Center
Los Medanos College
Kaiser Permanente – Martinez

The Latina Center

The Latina Center will provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County supporting the strong emotional, social and educational development of children and youth ages 0-15, and strategies to improve family communication and reduce verbal, physical and emotional abuse. The Latina Center

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will enroll primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (*Padres Eficaces con Entrenamiento Eficaz*). Ten Parent Educators (Padres Educadores) will be trained to conduct two parenting education classes and Latino Parent Partners/Mentors will be identified to offer mentoring, support and systems navigation. In addition, The Latina Center will host family activity nights, creative learning circles for parents on topics of interest, at least two cultural celebrations for families, and two community forums on locally-identified parenting topics.

Program Facilities Location:

3919 Roosevelt Avenue

Richmond, CA 94805

Website: www.thelatinacenter.org

Contra Costa Interfaith Housing, Inc.

Contra Costa Interfaith Housing, Inc. provides on-site, on-demand, and culturally appropriate delivery of an evidence-based Strengthening Families Program to help 27 formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill to improve parenting skills, child and adult life skills, and family communication skills. Key activities include: family support group process, support for sobriety, academic 4-day-per-week homework club, and community building. The goals and outcome measures for this project include: assisting families to stabilize in permanent housing and meet their individualized goals related to self-sufficiency and sound parenting and to help the youth overcome the challenges inherent to being in a family impacted by poverty, homelessness, substance addiction, mental illness, and domestic violence. Anticipate impact of this program will be a positive change in the social and emotional trajectory of these families, and the success of children to meet the academic benchmarks for their grade level.

Program Facilities Location:

2387 Lisa Lane

Pleasant Hill, CA 94523

Website: www.ccinterfaithhousing.org

West Contra Costa Youth Service Bureau

West Contra Costa Youth Service Bureau provides comprehensive support services, countywide, for 45 multicultural youthful offenders and members of their families to assure successful compliance with probation terms and positive transitions from the Orin Allen Youth Rehabilitation Facility (OAYRF) back into their communities. Services will be geared to non-Medi-Cal children and youth, who do not receive HMO support services to address their negative behaviors and return to their communities after completion

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of sentencing time without services. Key activities will include: Developmental Activities: Tutoring and academic placement assistance, life skills training, employment readiness training, vocational placement services and advocacy, job placements, camping trips, sports outings, other planned recreational activities, employment opportunities; Community Service/Volunteer Hours: to complete any community service hours that may be mandated by the court and part of their probation to enhance their community either through beautification efforts or service to others; Intensive Group Support: 64 process oriented groups a year in West and Central County for a total of 48 youths. The younger brothers and sisters of youthful offenders, who admire their older siblings in ways that reflect unsafe practices and behaviors, will receive prevention and early intervention services. The end result of these services will be reduced supports recidivism and decreased display of antisocial and delinquent and pre-delinquent tendencies, such as school suspensions and expulsions; initial contacts with law enforcement resulting in deeper penetration into the juvenile justice system.

Program Facilities Location:

263 South 20th Street
Richmond, CA 94804

Website: www.wccysb.org

Family Institute of Richmond

The Family Institute of Richmond will provide therapy to between 20-40 multicultural youth who are involved with the Contra Costa County juvenile justice system or at risk of entering the juvenile justice system. The majority of these clients will reside in East and Central Contra Costa County. The services will range from more frequent intervention (3-4 hours per week) to less frequent intervention (1-2 hours per week), depending on a comprehensive assessment of the youth and family's needs. This work will be a combination of individual, collateral, and family therapy, and case management, following the protocol of the evidence-based model, Brief Strategic Family Therapy (BSFT) for a time limited duration. BSFT was designed specifically to reduce recidivism in juvenile offenders; reduce or eliminate drug use; ameliorate mental health problems; and, strengthen the family's ability to protect the youth from future problems. Family Institute of Richmond will service clients in their homes and in as-yet-to-be-determined office location in downtown Antioch, California, with good public transportation access.

Program Facilities Location:

207 37th Street
Richmond, CA 94805

Website: www.familyinpinole.org

The Contra Costa Clubhouses, Inc.

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The Contra Costa Clubhouses, Inc. provides peer-based programming for adults throughout Contra Costa County in recovery from psychiatric disorders, helping them to develop the support networks, vocational skills, and self-confidence needed to sustain stable and productive lives. The following services are provided with PEI funding: On-site Life Skills, Recreational and Respite Services with meals are provided three weeknights and Saturdays at the Clubhouse in Concord and include: media arts instruction, video and website production, and public education activities to reduce stigma and disseminate positive messages about the capabilities of people with mental illness; expressive arts, including open mike, poetry reading, painting, writing and music; TGIF socials, including karaoke, bingo, dancing, ping-pong, board games, cards, conversation, movies, and dinner; health and wellness, including hikes, yoga, weight-lifting, medication management, nutrition, and a 20-session smoking cessation developed by the Robert Wood Johnson Medical Center, Learning about Healthy Living. Once each month, TGIF is offered at churches, community groups, and other locations in East and West County easily accessible to concentrated populations of underserved groups. Transportation Services to and from the Clubhouse are provided at no cost, either by van, (for those on public transportation lines) paid fare, or facilitated carpooling. In-Home Peer-to-Peer Outreach up to four hours in length provided at consumer or caregiver request throughout the county. Outreach Programs for the case managers and Social Service staff of county hospitals, medical providers, and community-based organizations; Newsletter and website, and dissemination of written materials through NAMI and other consumer- or caregiver-focused agencies, outreach events or ethnic media opportunities targeting monolingual and LEP consumers and caregivers in their community.

Program Facilities Location:

3024 Willow Pass Road, Suite 230

Concord, CA 94519

Website: www.ccclubhouse.org

People Who Care

People Who Care Children's Association provides work experience for 100 multicultural youth residing in the Pittsburg/Bay Point communities, as well as, programs aimed at increasing educational success among those who are either at-risk or high-risk of dropping out of school, or committing a repeat offense. Key activities include: a six-day-a-week after school, vocational, and employment opportunity, The Hip Hop Car Wash, with referrals from Contra Costa Mental Health, Probation Department, juvenile courts, and Pittsburg Unified School District; will include monthly individual child assessments, academic and educational support, and peer-based juvenile delinquency prevention. Expected results of services include: an increasing knowledge of healthy habits, reduction of risky behaviors, improved classroom learning, and increasing knowledge and/or skills in entrepreneurship career building.

Program Facilities Location:

2231 Railroad Avenue

Pittsburgh, CA 94565

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STAND! Against Domestic Violence

STAND! Against Domestic Violence provides services to address the effects of teen dating violence/domestic violence and help maintain healthy relationships of at-risk youth throughout Contra Costa County. *STAND!* will use two evidence-based, best-practice programs: *Expect Respect* and *You Never Win with Violence* to directly affect the behaviors of youth (preventing future violence) and enhance mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include, educating middle and high school youth about teen dating through the ‘You Never Win with Violence’ curriculum, and providing teachers and other school personnel with knowledge and their awareness of scope and causes of dating violence, including bullying and sexual harassment and increase knowledge and awareness of the tenets of a healthy dating relationship. Secondary prevention activities include supporting youths experiencing or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. A referral system will also be set up at each site for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk of teen dating violence will demonstrate an increased knowledge about the difference between healthy and unhealthy teen dating relationships; an increase sense of belonging to positive peer groups; an enhanced understanding that violence doesn’t have to be “normal” and an increased knowledge of their rights and responsibilities in a dating relationship.

Program Facilities Location:

1410 Danzig Plaza, Second Floor
Concord, CA 94520

Most services will be provided at off-site school locations in the following school districts:

Antioch Unified School District
West Contra Costa Unified School District
Mt. Diablo Unified School District
Website: www.standagainstdv.org

El Cerrito High School (West Contra Costa Public Education Fund)

The James Morehouse Project, the school health center at El Cerrito High School (fiscal sponsor: YMCA of the East Bay),* will provide services that increase access to mental health/health services and a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Contractor will provide a wide range of innovative youth development programs through an on-campus collaborative of community-based agencies, local universities and County programs. Key activities designed to improving students’ well-being and success in school include: Alcohol and Other Drug Use/Abuse Prevention; Teen

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Alive(anger and violence); Arts/Spoken Word (incarcerated family members); Bereavement Groups (loss of a loved one); Da Rainbow Clique (queer youth of color); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; Peer Counseling; Peer Health Education; Pregnant, Parenting & Caretaker Teens Group; Yoga (learn to focus more effectively; reduce stress, and work more skillfully with strong emotions, such as impulse control and frustration).

* In January 2010, the El Cerrito High School Community Project took James Morehouse's name to honor his 35 years of service to the El Cerrito High School community. Mr. Morehouse loved, mentored and inspired two generations of staff and students (from 1968-2003) and the James Morehouse Project, in taking on his name, commits to carrying on his legacy of love, respect and service for generations to come.

Program Facilities Location:

The James Morehouse Project

El Cerrito High School, Room A-210

540 Ashbury Avenue

El Cerrito, CA 94530

Website: <http://www.elcerritogauchos.net/?q=node/337>; jamesmorehouseproject.org (currently under construction)

Martinez Unified School District

Martinez Unified School District provides “career academies” which will include individualized learning plans, place-based learning projects and career mentorships, and internships for 48 high school adolescent youths in Martinez of all cultural backgrounds. Key activities include: service-learning projects, career preparation, and internships, where students, school staff, parents and community partners work together on projects, all derived from California standards-based curriculum. Some of the results of participation in the academies will be: A high school diploma, transferable career skills and certification, acceptance into a college or post-high school training program, strong leadership skills and the development of the assets necessary for holistic, sustainable living.

Program Facilities Location:

921 Susana Street

Martinez, CA 94553

Website (The New Leaf Project): www1.martinez.k12.ca.us

Marking Successes of Prevention and Early Intervention Programs:

Report to Contra Costa County Board of Supervisors, Family and Human Services Committee by the Health Services Department –
Mental Health Division – August 2, 2010

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➤ Funding Approvals:

- \$2,336,300 approved funding for FY 07/08 PEI services – March 30, 2009
- \$3,216,700 approved funding for FY 08/09 PEI Services – March 30, 2009
- \$277,400 approved funding for PEI Training, Technical Assistance, and Capacity Building, for FY's 08/09 and 09/10 – December 11, 2009
- \$2,216,500 approved funding for FY 08/09 PEI Services – May 20, 2010
- \$796,290 approved funding for FY 09/10 PEI Services – May 20, 2010
- \$2,799,600 approved funding for FY 10/11 PEI Services – May 20, 2010

➤ Program Services and Outcomes:

- Program Outcomes are in the process of being compiled for the first FY (09/10) year of operation. A list of the outcomes expected for each of the PEI programs is attached as a separate document. The final list of actual outcomes will be published sometime in late August or Early September 2010.

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Workforce Education & Training (WET)

Initial Planning: 2007-08

Implementation Began: July 2009

The Workforce Education & Training component of MHSA focuses on addressing occupational shortages in the public mental health system for *future* workforce development, and education & training for individuals *currently* working in the system. The overall goal is to develop and maintain a culturally competent workforce—that includes clients and family members—capable of providing services that promote wellness, recovery and resilience and lead to measurable, values-driven outcomes. Counties must complete a detailed workforce needs assessment as part of WET planning.

Following a comprehensive planning process that began in December 2007, Contra Costa developed a WET plan with the following activities:

- System-wide staff training that enhances clinical practice with a focus on recovery
- Expansion of the county’s graduate level internship program
- Development of career pathway programs to support high school students and community college students, including use of the Psychosocial Rehabilitation Certificate curriculum (PSR)
- Expansion of the SPIRIT Consumer Training Program at Contra Costa College
- Expansion of family member training
- Psychiatric workforce development including expansion of residency programs
- Nursing workforce development
- Financial incentives for staff completing bachelors and masters level degree programs

Marking Successes for Workforce Education and Training Component:

➤ **Funding Approved:**

- **\$2,276,500** approved for WET FY 06/07 by State DMH;
- **\$2,461,500** approved for WET FY 07/08 by State DMH;
- **\$198** approved from WET FY 07/08 unapproved funds;

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➤ **Program Activities and Outcomes:**

- Convened Workforce Training Advisory Committee to guide and implement the WET component;
- Provided over 20 staff development training opportunities, subject matter experts were identified and 16 additional training sessions were conducted. An evaluation of internet-based learning was also started.
- The Service Provider Individualized Recovery Intensive Training (SPIRIT) is a training program for mental health consumers interested in employment in the mental health field. SPIRIT is offered for college credits through the Contra Costa Community College District. SPIRIT was convened during spring semester 2008, with successful completion by 32 individuals seeking work in the mental health field. Family Member Employment Strategies action was implemented, formalizing training for family members who want to be employed in the public mental health system. During 2009/2010 FY, a total of 43 mental health consumers have been enrolled in this MHSA funded program. SPIRIT participants will be placed in internships to learn job skills in the field, with graduation anticipated June 2010.
- The Psychosocial Rehabilitation Certificate (PSR) efforts commenced, and the PSR certificate consultation and coursework recommendations were developed by June 2009. The PSR program is now fully developed and classes are expected to start in Fall 2010.
- Graduate level internship opportunities were provided for 21 interns during FY 08/09. Preliminary discussions began around the development of the Psychiatry Workforce in Contra Costa during FY 08/09. For FY 09/10, a total of 23 internships have been implemented, with a stipend paid to most during the internship period. The interns complete their required internship period as part of their Master's or PhD training programs. Interns see mental health clients with supervision by licensed clinical staff, and their work adds to services billable within the Mental Health Division;
- Nursing Workforce Development became operational, with UCSF's first student clinical rotation that ended November 2009. There is currently 1 nurse who has interned in the program.
- As part of the Student Mental Health Initiative, scholarships have been awarded during 09/10 to 2 individuals in the mental health field.
- See Attached defined WET Outcome Data Requirements

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Capital Facilities & Technological Needs

Initial Planning: 2007-08

Implementation Began: July 2009

Funding for Capital Facilities supports counties by funding specified capital projects that support MHSAs programs and strategies.

Funding for Technological Needs is designed to assist counties in developing integrated information systems that can securely access and exchange information. The long term goal is to move California's public mental health system towards the implementation of electronic health records.

Marking Successes for Capital Facilities and Technology Needs:

- February 5, 2009, Contra Costa received approval for its proposed Capital Facility and Technology Need Component Proposal, to pursue project development for the purpose of getting fund approval of the allocation (\$10.2 million).
- May 12, 2010, Contra Costa County received approval from the State Department of Mental Health for a Capital Facility Project and funding in the amount of **\$4,000,000** for construction of a Mental Health Assessment and Recovery Center.
- July 21, 2010, Contra Costa County submitted its request for approval for Technology Needs Project Request funding in the amount of **\$6,200,000** for a new Behavioral Health Information System to include an Electronic Health Record (E.H.R.), Electronic Prescribing (E-Prescribing), Personal Health Record (PHR), and computer resources and internet access for mental health consumers and family members through multiple projects.

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Innovation Component

Initial Planning: Spring 2009

Implementation Began: July 2010

Innovation projects are novel, creative and/or ingenious mental health practices/approaches that contribute to learning, and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals. Essential elements of Innovation include:

- Increase access to underserved groups;
- Increase the quality of services, including better outcomes;
- Promote interagency collaboration;
- Increase access to services.

Counties can have more than one Innovation Project ongoing at any given time. Contra Costa County submitted a request for approval for its first project, which is called INN01.

Subsequent a lengthy planning, and development process, Contra Costa County's Innovation Plan (INN01), Social Supports for Lesbian, Gay, Bi-Sexual, Transgender, Queer, Questioning, Intersex, 2-Spirit (LGBTQQI2-S) Youth Program, was approved by the Mental Health Services Oversight and Accountability Commission in April 2010. The program is intended to create a sustainable social-ecological model for prevention and early intervention against feelings of isolation and poor mental health outcomes among LGBTQQI2-S youth.

Contra Costa recognized the need to better serve the often invisible population of LGBTQQI2-S youth through various community planning meetings, Innovation idea forums, Innovation Workgroup meetings, and feedback from transition age youth focus groups. The County is seeking to learn if it can improve the quality of services by focusing on issues of sexual orientation and gender while involving the existing family, peer network, and/or community members and organizations (such as religious groups). The Innovation Work Plan will determine if applying the Social Support Model to mental health services will improve the quality of services. It will test various methods of engaging, educating, and counseling LGBTQQI2-S youth as well as families, peers and communities that are interacting with youth. If results of the innovation work plan show that applying a Social Support Model to services targeting the

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LGBTQQI2-S community improve the mental health outcomes of LGBTQQI2-S youth, then the county anticipates incorporating outreach programs for social network in its future LGBTQQI2-S mental health programming.

There are plans underway to develop four more Innovation projects, subject to ongoing Innovation funding. The first project, INN01, is intended to have a three-year “lifespan” to test the learning objective.

Marking the Success of the Innovation Component:

➤ Funding Approved:

- \$404,100 for Innovation Planning for INN FY 08/09 approved by DMH on
- \$404,100 for Innovation Planning for INN FY 09/10 approved by DMH on
- \$1,212,300 for INN services for INN FY 08/09 approved by MHSOAC on May 5, 2010
- \$241,928 for INN services for INN FY 09/10 approved by MHSOAC on May 5, 2010

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Building the Prudent Reserve

Welfare and Institutions Code Section 5847[(b)(7)] requires Counties that receive funding under the Mental Health Services Act to establish and maintain a Prudent Reserve to ensure the County programs will continue to be able to serve those currently being served should MHSA revenues drop. DMH Information Notice No. 07-24 established the policy and guidelines for the Prudent Reserve and required 50 percent of the most recent annual approved funding level for the CSS component to be set aside in the Prudent Reserve to meet the intent of the Act.

The following funds have been set aside by Contra Costa for the Prudent Reserve (this requires the approval of the State Department of Mental Health):

- **\$3,812,150** committed to the Prudent Reserve, from CSS FY 05/06, CSS FY 06/07, approved by State DMH June 13, 2008.
- **\$2,216,500** committed to the Prudent Reserve, from PEI Unspent Funds FY 07/08 – approved by the MHSAOAC February 8, 2010
- **\$1,123,667** committed to the Prudent Reserve, from FY 07/08 CSS Unspent funds – approved by State DMH June 2, 2010
- **\$4,096,600** - funding committed to the Prudent Reserve, from FY 09/10 CSS allocation, approved by State DMH March 4, 2010

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

**Mental Health Services Act
Community Supports and Services
(CSS) Outcomes
FY 2008-2009**

**MHSA 2010/2011
Annual Update
April 5, 2010**



RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

Outline

- **MHSA Outreach and Engagement**
 - Overview

- **MHSA Progress Report**
 - Overview
 - FSP's; Housing; Systems Development Strategies

- **FSP Outcomes**
 - Enrollment
 - Demographics, Employment, Arrests, School Grades, School Attendance, Hospitalizations

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RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

MHSA Outreach and Engagement FY 2008-2009

	O&E with Individuals	O&E with Groups
Outreach and Engagement with Potential Full Service Partners		
Program	# of People Engaged	# of Community Forums/ Presentations
Children FSP	511	61
TAY FSP	150	10
Adult FSP	37	8
TOTAL	698 Unique People Engaged	79 Community Forums/ Presentations
Housing		
Housing For:	# of People Engaged	# of Community Forums/ Presentations
Children	0	
TAY	228	
Adults	684	
TOTAL	912 Unique People	
System Development Strategies		
Program	# of People Engaged	# of Community Forums/ Presentations
OCE	518	24
Wellness Program	1588	49
Older Adult Program	111	116
TOTAL	2217 People Engaged	189 Community Forums/ Presentations

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

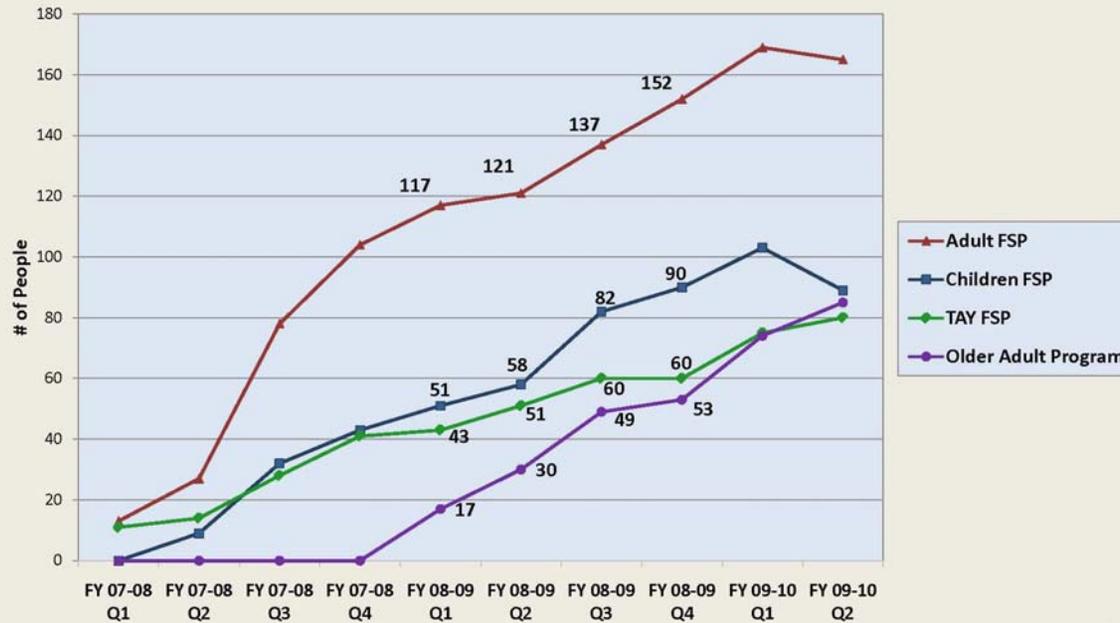
MHSA Progress Report
FY 2008-2009

	1st Quarter (07/01/2008 - 09/30/2008)	2nd Quarter (10/1/2008- 12/31/2008)	3rd Quarter (01/01/2009- 03/31/2009)	4th Quarter (04/01/2009- 06/30/2009)
Full Service Partnership Enrollment				
Program	# of FSP's	# of FSP's	# of FSP's	# of FSP's
Children's FSP	51	58	82	90
TAY FSP	43	51	60	60
Adult FSP	117	121	137	152
TOTAL FSP's	211	230	279	302
Housing for Full Service Partners				
Program	# of FSP's	# of FSP's	# of FSP's	# of FSP's
Children FSP	0	4	2	2
TAY FSP	22	35	33	37
Adults FSP	99	87	87	94
TOTAL FSP's	121	126	122	133
System Development Strategies				
Program	# of Consumers	# of Consumers	# of Consumers	# of Consumers
OCE	4	53	30	34
Wellness Program	417	434	791	535
Older Adult Program	17	30	49	53

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

MHSA Progress Report FSP & Older Adult Enrollment Trends

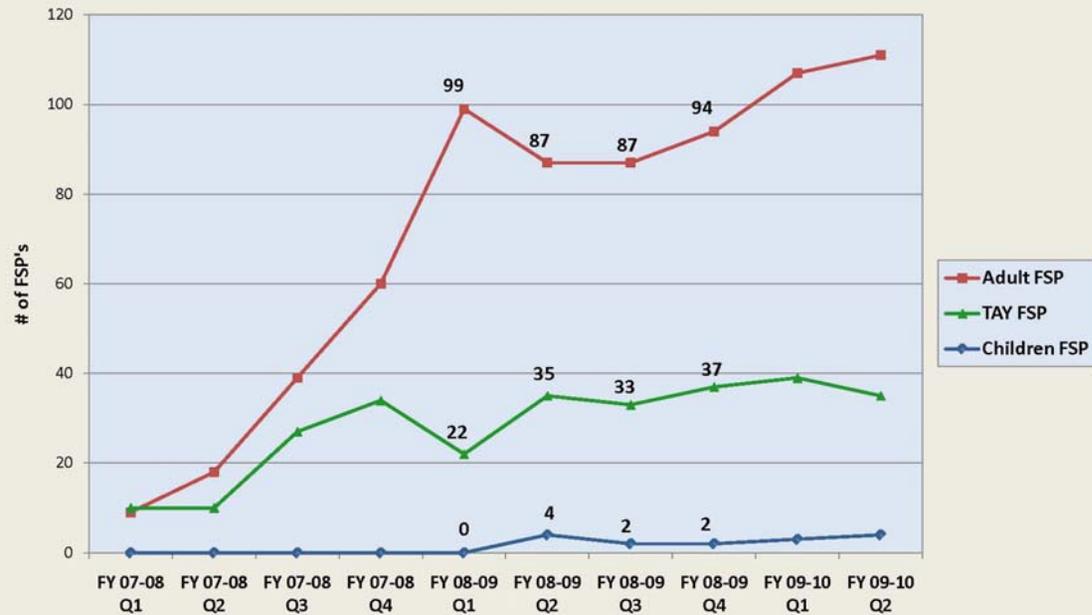


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RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

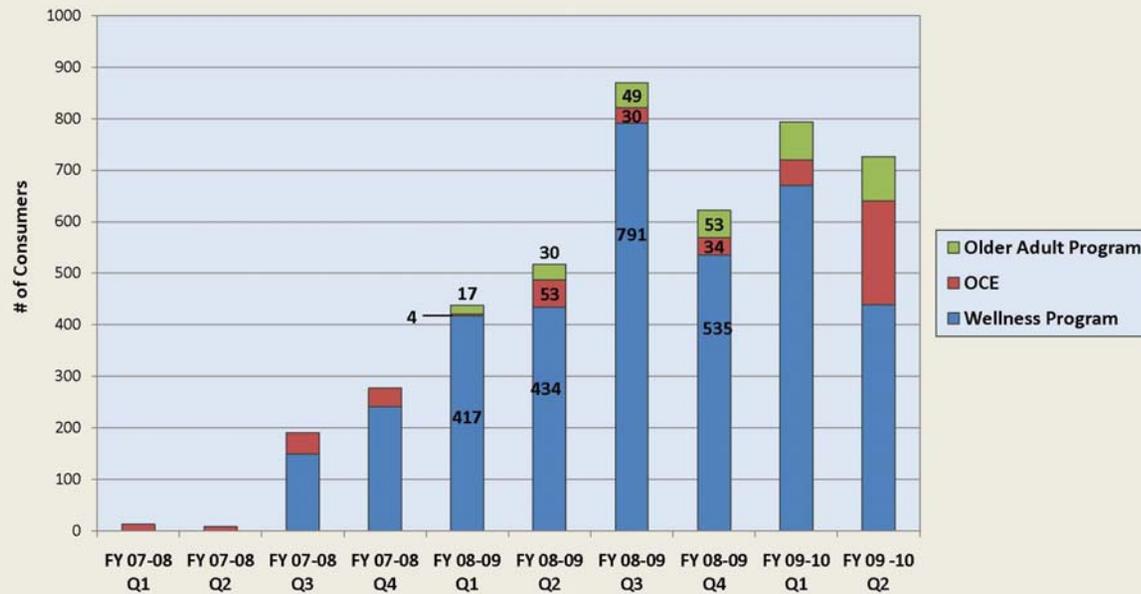
MHSA Progress Report Housing for Full Service Partners



RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

MHSA Progress Report Systems Development Strategies



RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

**Full Service Partnership Outcomes
FY 2008-2009**

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A

FSP Outcomes Continued

Program Capacity End of FY 2008-2009

Program	# of FSP's Enrolled	Program Capacity	% of Capacity
Children	90	100	90%
TAY	60	90	67%
Adult	152	150	101%

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

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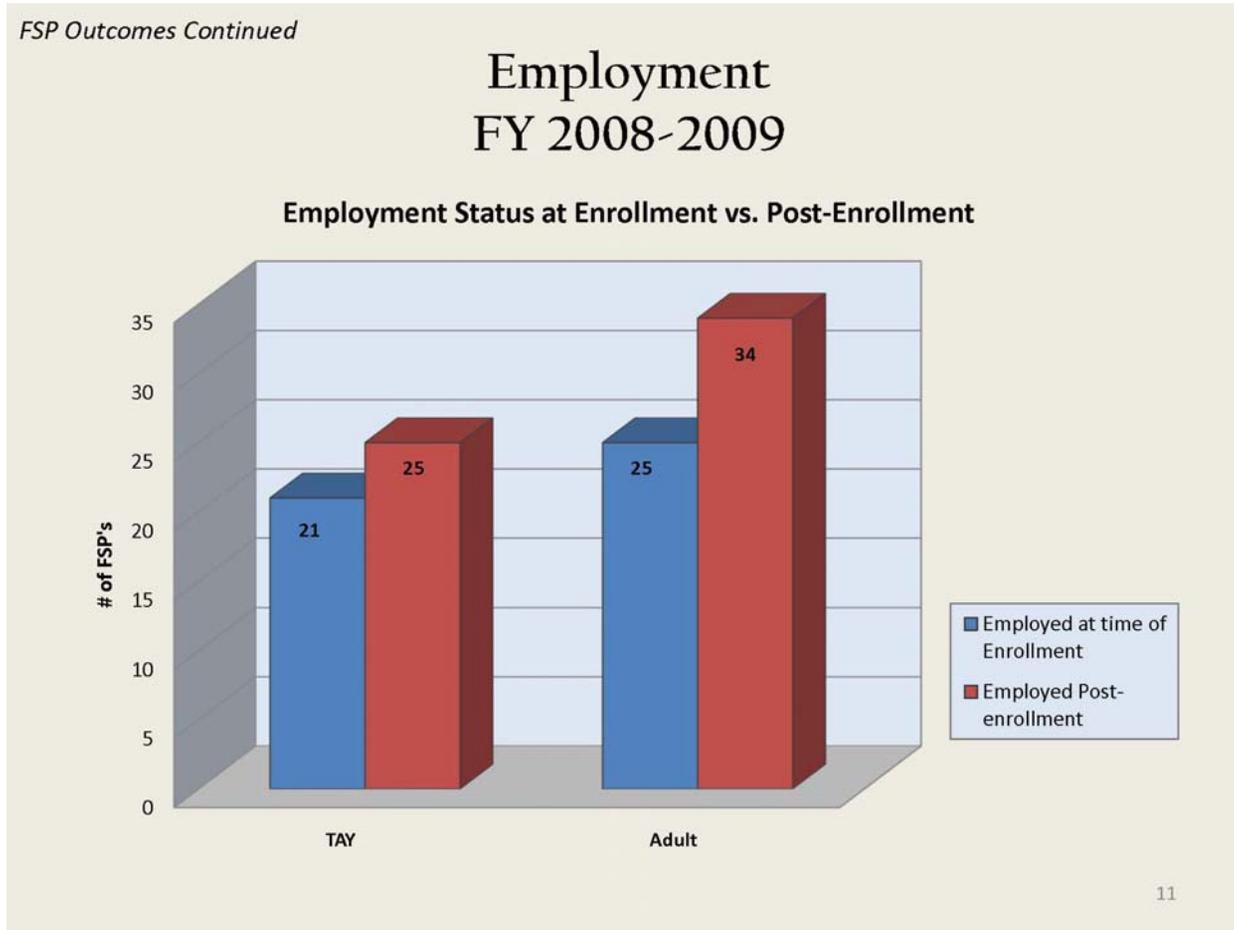
FSP Outcomes Continued

**FSP Demographics
FY 2008-2009**

	Children FSP's	TAY FSP's	Adult FSP's
Average Age	12 years old	21 years old	45 years old
Gender	57% Male 42% Female	57% Male 43% Female	47% Male 52% Female
Race/Ethnicity	Hispanic (65%) Caucasian (18%) African-American (10%) Other (7%)	African-American (51%) Caucasian (27%) Hispanic (11%) Other (11%)	African-American (41%) Caucasian (30%) Hispanic (12%) Other (17%)
Preferred Language	English (69%) Spanish (31%)	English (96%) Other (4%)	English (88%) Other (12%)

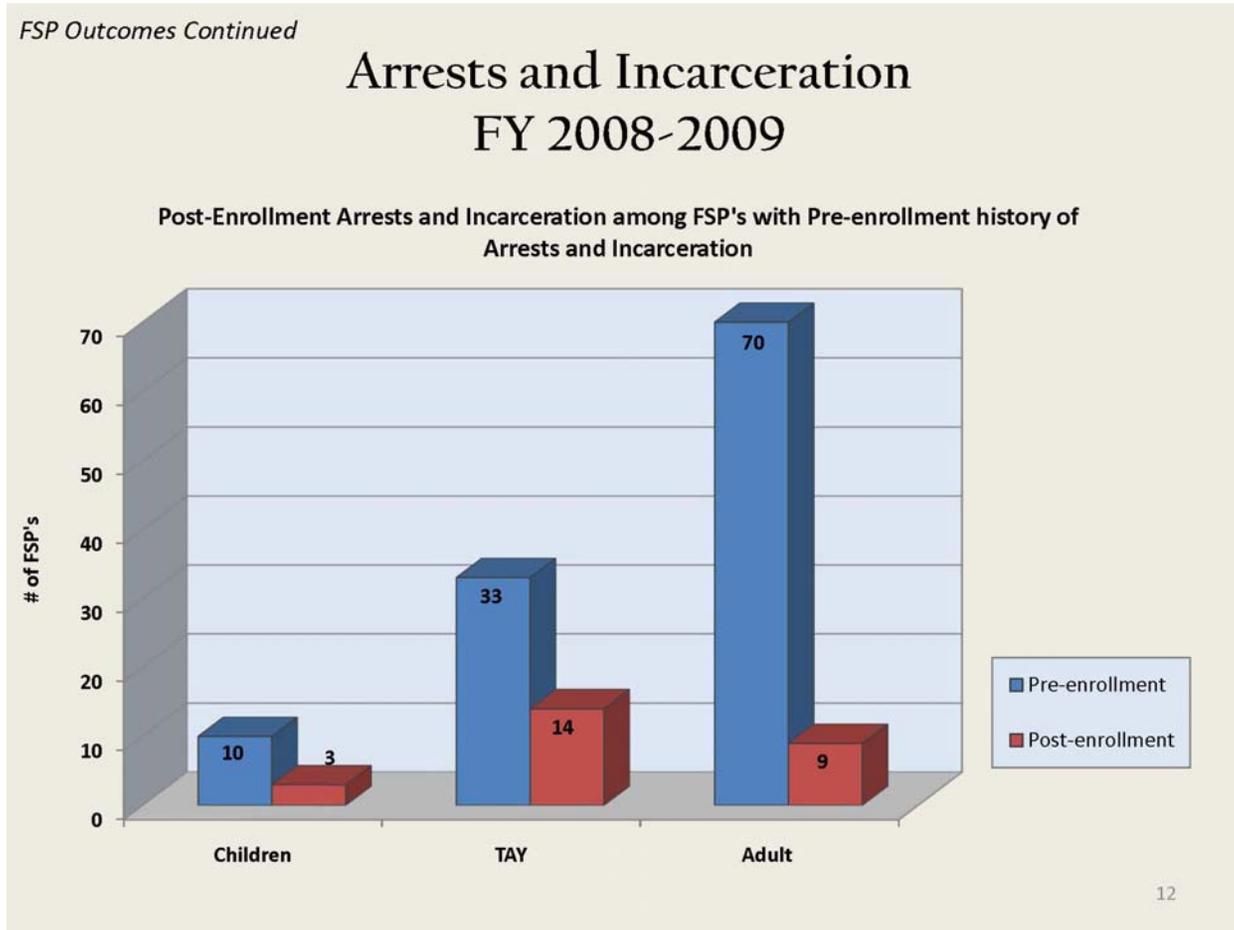
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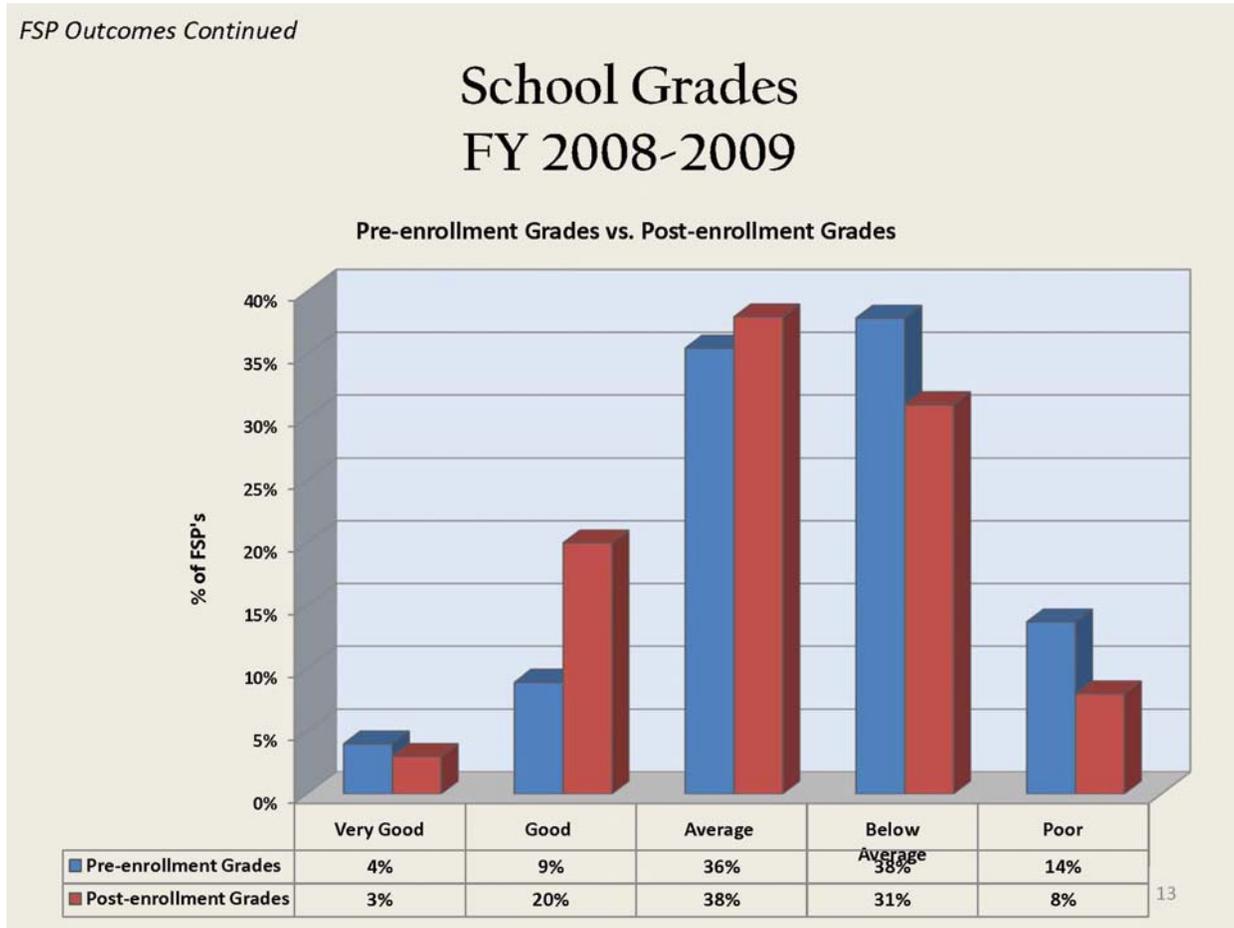
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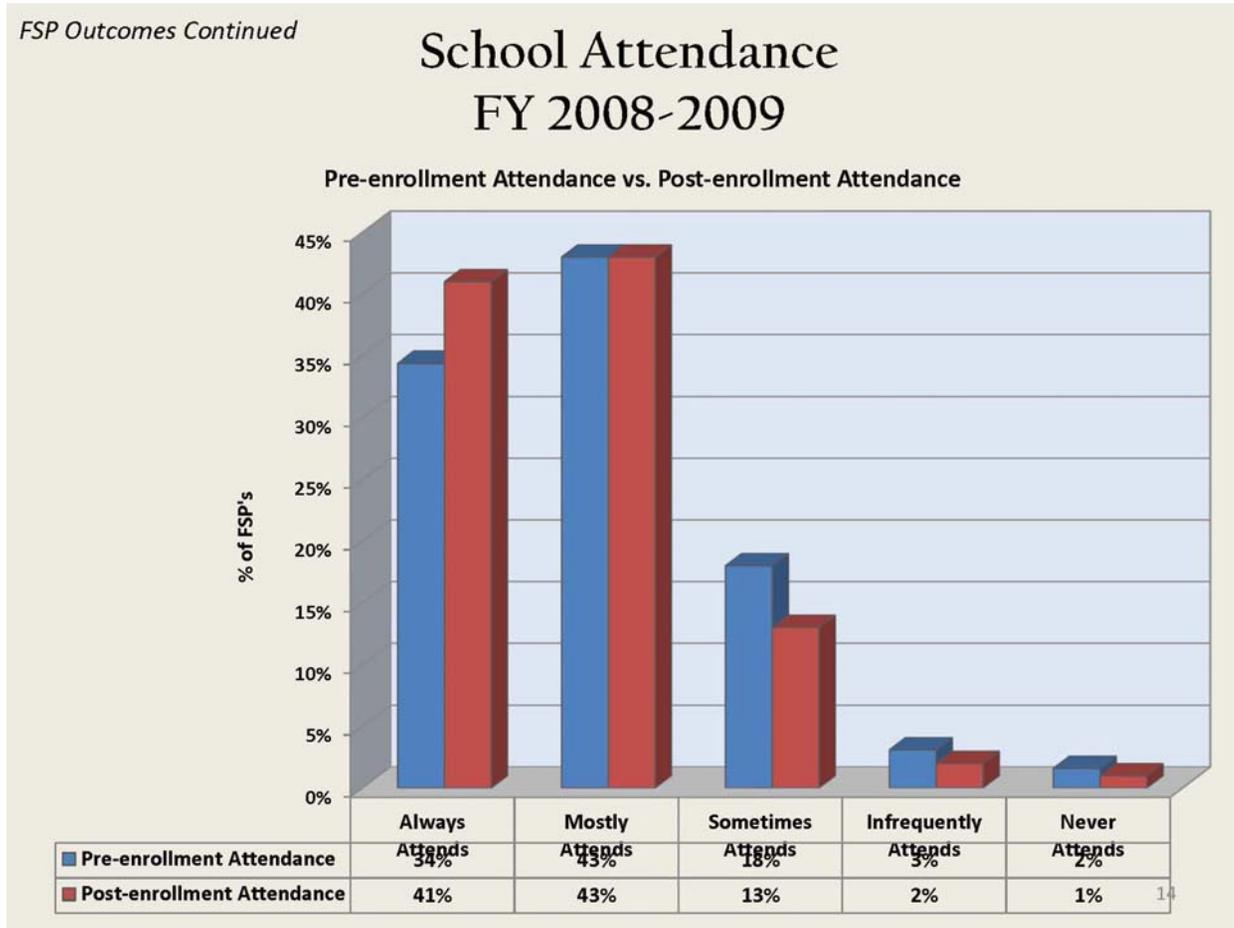
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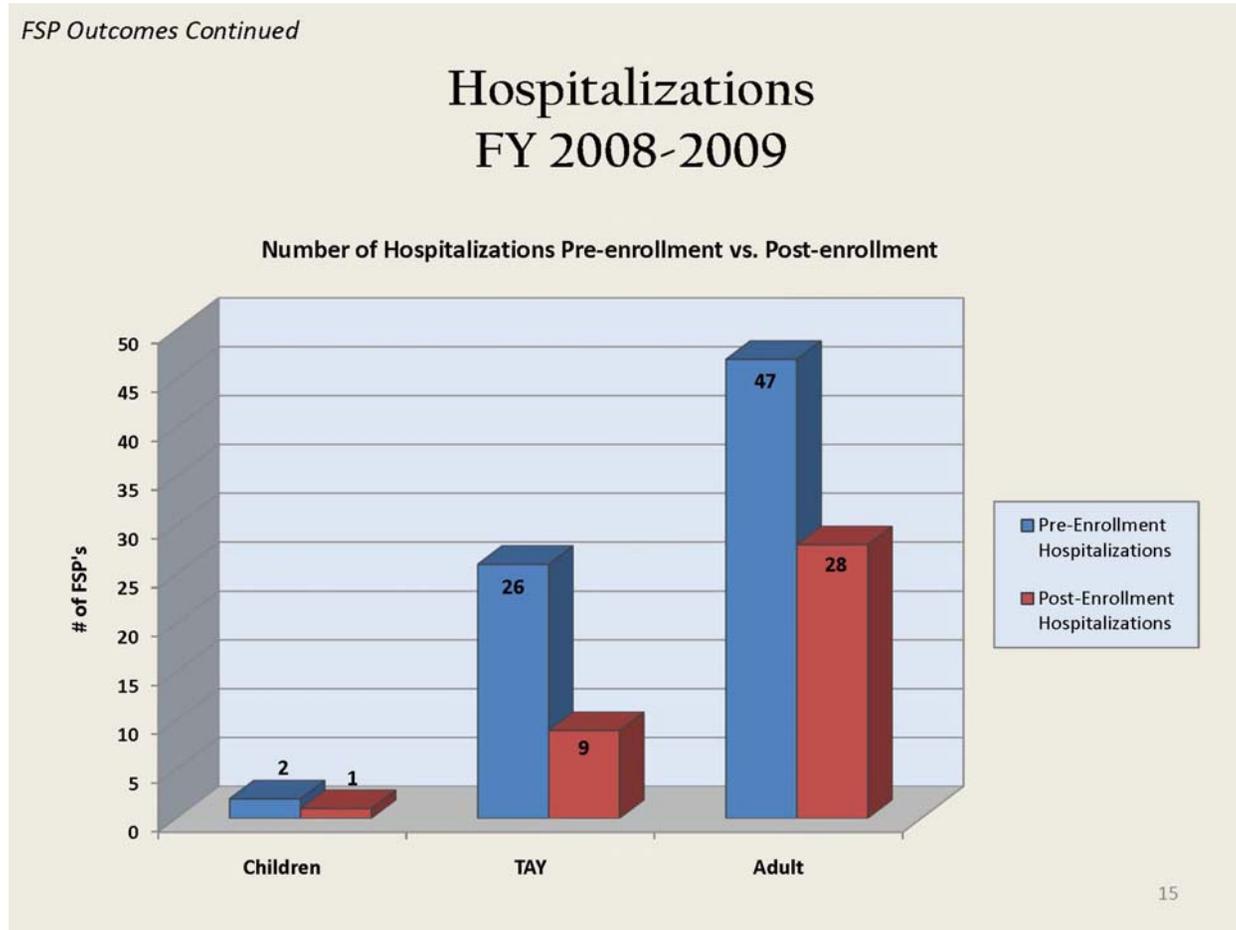
RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

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RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment A



RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment B



HOSPITALIZATIONS:
FULL SERVICE PARTNERS VS.
SYSTEM OF CARE

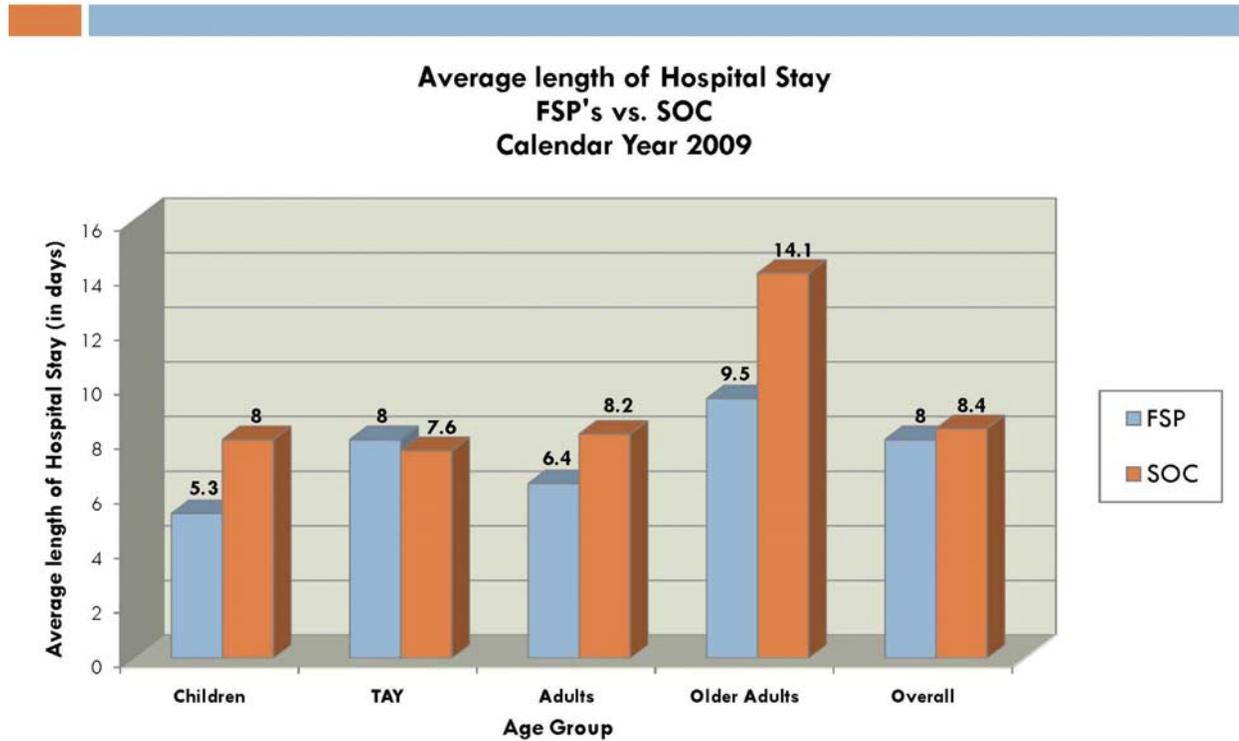


CPAW Meeting – April 1, 2010

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment B

FSP's vs. SOC



RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment B

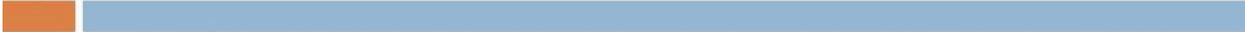
Pre-FSP status vs. SOC

Population:	Pre-FSP	SOC
Time Period:	12 months prior to enrollment	Calendar year 2009
# visits/person:	1.6	1.3
# of days/person:	18.5	12.9
# of days/visit:	11.8	9.4

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

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FSP's: Pre-enrollment vs. Post-enrollment

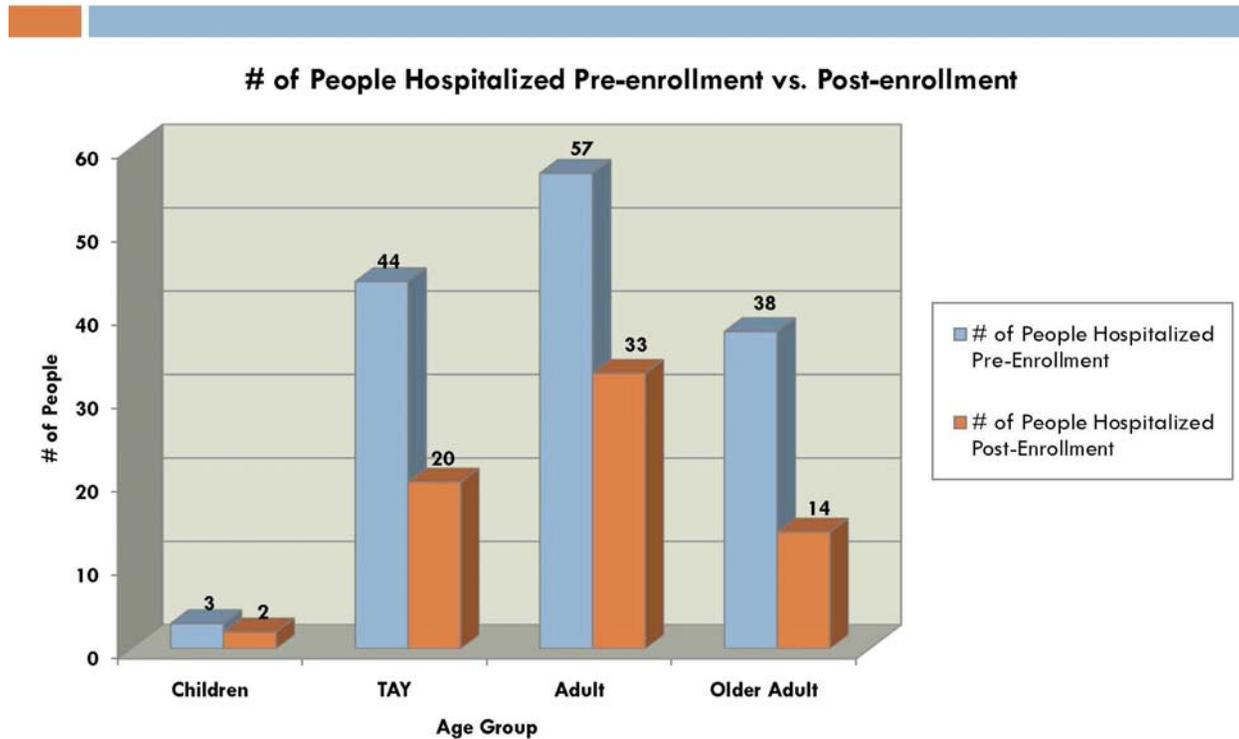


Full Service Partners	Pre-enrollment	Post-enrollment
# of Visits	245	113
# of Days	2,742	1,240
# of People	142	69

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment B

FSP's: # of People Hospitalized



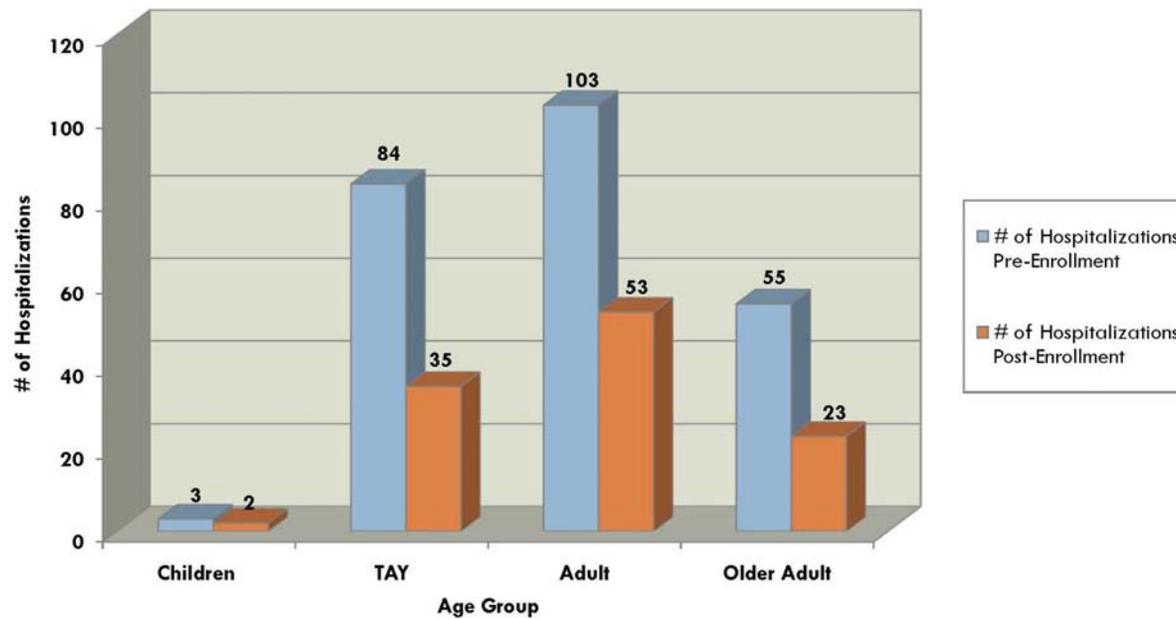
RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment B

FSP's: # of Hospitalizations



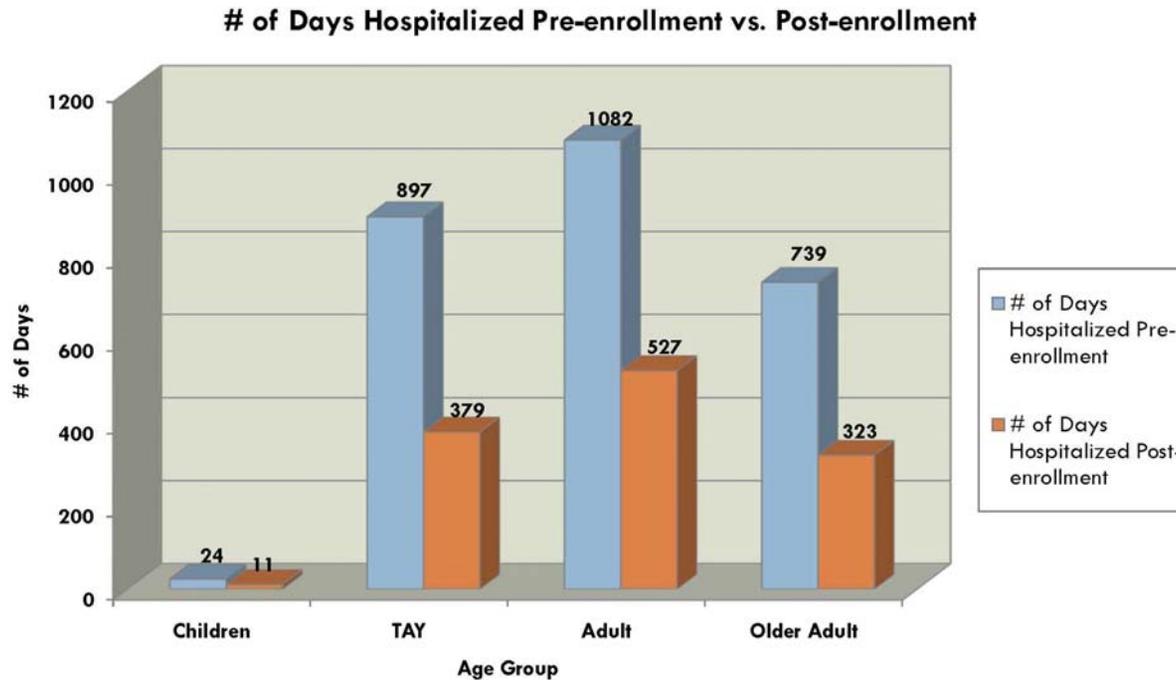
of Hospitalizations Pre-enrollment vs. Post-enrollment



RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

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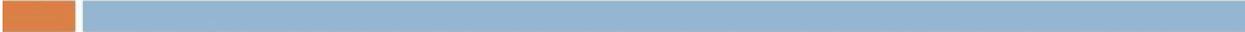
FSP's: # of Days Hospitalized



RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment B

Summary



- The average length of stay for FSP's and the SOC is approximately 8 days

- However, the FSP program effect on hospitalizations is significant

- When current FSP's are compared to the SOC prior to program intervention, they had significantly higher hospital utilization

Report to Contra Costa County Board of Supervisors, Family and Human Services Committee by the Health Services Department –
Mental Health Division – August 2, 2010

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

PROJECT #1: BUILDING CONNECTIONS IN UNDERSERVED CULTURAL COMMUNITIES

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Center for Human Development	<p>A. African Americans in Bay Point, Pittsburg, and surrounding East County communities will:</p> <ol style="list-style-type: none"> 1. Increase awareness and show an understanding of mental health issues. 2. Be more open to receive and avail themselves of mental health services. 3. Indicate reduced "stigma" associated with Mental Health issues. <p>B. Local Youth will develop caring, mutually beneficial relationships with older adults in an effort to decrease older adults' feelings of isolation and increase feelings of self-efficacy.</p> <ol style="list-style-type: none"> 1. Decrease feelings of isolation for older adults. 2. Increase positive changes in mood and behavior for older adults. 3. Improve older adult and youth relationships which will be mutually beneficial. 	<p>A. 80% of 50 participants in the "Soul Model" peer health education support groups will report an increased understanding of mental health issues within fiscal year, 2009 – 2010.</p> <p>B. 80% of 50 participants in the "Soul Model" peer health education support groups will report an increased understanding on how to support others facing mental health issues within fiscal year, 2009 – 2010.</p> <p>C. 80% of 50 participants in community mental health workshops will report increased understanding of mental health issues within fiscal year, 2009 – 2010.</p> <p>D. 70% of 100 participants/clients will show knowledge of how to access mental health services if needed within fiscal year, 2009 – 2010.</p>	<p>A. Evaluation tools used by the African American Health Conductors.</p> <p>B. Surveymonkey.</p>
Jewish Family & Children's Center of the East Bay	<p>A. Training for multilingual frontline staff members will allow staff to:</p> <ol style="list-style-type: none"> 1. Increase ability to recognize stress and risk factors and better understand mental health concepts. 2. Increase understanding of when to refer clients for further clinical services. 3. Increase ability to educate clients about mental health issues. <p>B. Mental health education will allow clients to:</p> <ol style="list-style-type: none"> 1. Increase ability to recognize stress and risk factors and better understand mental health 	<p>A. 90% of the 12-15 frontline staff from Jewish Family & Children's Services of the East Bay and other community agencies that participate in the training series will demonstrate a better understanding of cross cultural mental health concepts and an increased ability to recognize stress and risk factors by the end of one year.</p> <p>B. 95% of the 12-15 staff that participate in the training series will demonstrate an increased understanding of when to refer clients for further clinical service by the end of one year.</p> <p>C. The project staff will set up classes each to educate clients about mental health issues,</p>	<p>A. Post training session <u>evaluation forms</u> for staff members.</p> <p>B. Post education sessions <u>or</u> <u>evaluation form</u> for clients.</p> <p>C. <u>Tracking logs</u> of:</p> <ol style="list-style-type: none"> 1. Number of clients linked to Project Clinician and other mental health services.

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

Attachment C



**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	<p>concepts.</p> <ol style="list-style-type: none"> 2. Reduce feelings of stigma surrounding seeking services for emotional, psychological, and family problems. 3. Better understanding of when and how to seek help. 4. Decrease feelings of isolation and increase support. <p>C. Increase ability to navigate mental health system by one or more of the following:</p> <ol style="list-style-type: none"> 1. Early assessment 2. Appointment facilitation 3. Health consumer coaching 4. Benefits eligibility assistance 5. Direct patient advocacy or crisis resolution 6. Coaching in communicating with health care system 7. Cultural and linguistic brokerage 	<p>reaching 225 people by the end of one year.</p> <ol style="list-style-type: none"> D. 80% of 150 people who participate in mental health education in their native language will demonstrate a better understanding of mental health concepts and an increased ability to recognize stress and risk factors in themselves or their family by the end of one year. E. 80% of 150 participants who receive mental health education about stigma will report a reduction in feelings of stigma surrounding seeking services for emotional, psychological, and family problems and an increased openness to and understanding of how to seek help by the end of one year. F. 80% of 150 participants in mental health education will demonstrate a better understanding of when and how to seek help. G. 80% of 150 participants in classes and groups that address mental health education will report feeling less isolated and more supported than before coming to the group. H. 87% of 137 clients receiving health and mental health system navigation assistance will achieve one or more of the following outcomes: <ol style="list-style-type: none"> 1. Clients showing early warning signs of mental illness will receive early clinical assessment and will be successfully linked to appropriate services. 2. Successful links to appropriate person within the county health care system or other community resources for resolution of health or mental health issue. 3. Better understanding of consumer rights in relation to medical care, including right to seek a second opinion. 4. Applying for and receiving health benefits for which clients are eligible. 	<ol style="list-style-type: none"> 2. Number of people linked to Project Clinician for assessment and early intervention and to community mental health services. 3. Number of participants. 4. Number of clients receiving navigation services. D. <u>Oral surveys</u> to measure satisfaction and learning of content. E. Native language <u>survey(s)</u> on people's feelings about stigma and seeking services. F. Post mental health education <u>oral survey</u> on knowledge of mental health community resources available to limited English speaking clients. G. Pre and Post <u>evaluation survey</u>. H. <u>Focus group</u> of consumers in their own language to evaluate the effectiveness of services, satisfaction with services, and system barriers or challenges.

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		5. Progress toward resolution of specific issues. 6. Improved ability to communicate with doctors and providers about medical and mental health issues. 7. Increased understanding of health and mental health care systems in Contra Costa County. 8. Improved ability to bridge the gap between client's culture of origin and contemporary U.S. culture in reference to health and mental health prevention and early intervention.	
La Clinica de La Raza	A. Reduce disparities and increase penetration of mental health services through culturally and linguistically competent early identification, assessment and brief intervention services integrated into the medical setting. <ol style="list-style-type: none"> 1. Early identification of social isolation, mental distress and severe mental illness. 2. Increased access to mental health services. 3. Increased connection and linkage to community services. 4. Reduction in social isolation and distress. 5. Improved adjustment to life in the United States for immigrants. 6. Improved family communication across the generations. B. To promote wellness and to increase social support and connection. Individuals participating in cultural adjustment group will report: <ol style="list-style-type: none"> 1. Increased social support. 2. Decreased isolation. 3. Increased positive social interactions. 4. Increased coping skills. 	A. 3,700 Risk Factor Screenings will be completed annually by unique clients of La Clinica primary care patients. B. 1,375 clients will receive a consultation with a Behavioral Health Specialist within the fiscal year, 2009 to 2010. C. 75% of patients who have a follow up 2 nd visit with a Behavioral Health Specialist will report decrease in behavioral health distress or a decrease in risk factors per client report at a 2 nd visit within the fiscal year, 2009 to 2010. D. 68 individuals will participate in a cultural adjustment education/support group within the fiscal year, 2009 to 2010. E. 75% of participants who complete the education/ support group will demonstrate reduction of risk factors by a self-administered pre- and post group screening within the fiscal year, 2009 to 2010.	A. Tracking / Scantron computer software.

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Native American Health Ctr.	A. Increase communication skills. B. Increase social connectedness. C. Increase the ability to navigate mental health education / system support within Contra Costa County.	A. 65% of 100 participants that are engaged in the Elder's Support Group, Youth Wellness Group, Traditional Arts Class, and Community Events will increase social connectedness within a 12-month period. B. 60% of 20 participants that are engaged in Positive Indian Parenting and Talking Circles will increase communication skills within a 12-month period. C. 50% of 20 participants that are engaged in Referrals, Leadership Training for Community Members, and Mental Health Education and System Navigation Support will increase their ability to navigate mental health education / system support within a 12-month period.	A. Prevention & Early Intervention Questionnaire. B. Community Needs & Interests Questionnaire. C. Event Log. D. Referral Log. E. Sign-In Sheet. F. Various databases, including the Bay Area Red Road and an Access database.
Rainbow Community Center	A. Reduce isolation, depression, and suicidal ideation among members of Contra Costa's LGBTQ community. 1. Expand the range of community building activities and social support groups offered by the RCC by first soliciting input from community members about their needs for additional social support services. 2. Strengthen the LGBTQ Community by providing a series of groups that are designed to promote resilience, reduce isolation and build a stronger sense of community affiliation. Groups offered will be divided into two types: Social/Outreach Groups i. Social / Outreach Groups ii. Support / Psycho-educational Groups 3. Improve communication and support among LGBTQ families. Increase family acceptance for LGBT youth with their heterosexual family members and increase social support and	A. Convene at least 5 focus group/meetings for various segments of the LGBT Community with 7 participants per group by January 30 th , 2010. B. 35 people will have participated in focus groups by January 30 th , 2010. C. 12 LGBTQ Youth will complete Photo Voice / needs assessment by March 30 th , 2010. D. A report on information received in the community needs assessment will be completed by February 28 th , 2010. E. A plan to organize new outreach and psycho-educational support group services will be completed by February 28 th , 2010. Target numbers of group participants will be included in this service plan. F. Baseline data on participants' social networks and social supports will be established by February 28 th , 2010. G. Follow-up data on changes in participant's social networks and social supports will be established by	A. Community Needs Assessment, including Focus Groups, Photo Voice. B. Community Service Plan. C. Social Support Assessment Tool: UCLA Loneliness Scale, Version 3 (To be used with: Outreach groups, Psychotherapy groups, Individual counseling clients.) D. Pre-Post Client Satisfaction Surveys (To be used with: Outreach groups, Psychotherapy groups, Individual counseling clients.) E. Patient Health Questionnaire (PHQ-9) (To be used with: Psychotherapy groups,

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	<p>communication among LGBT family members.</p> <p>4. Improve LGBT people's access to mental health counseling services and referrals to public and private mental health services. Provide one-on-one services for fragile, vulnerable clients including brief therapy and mental health referrals.</p>	<p>June 30th, 2010.</p> <p>H. Service Numbers Social / Outreach Groups:</p> <p>1. Based on information collected in the needs assessment at least 5 new outreach groups will be organized at the RCC by June 30th, 2010. The service plan for new outreach groups will be completed by February 28th, 2010. Potential New Outreach Groups and suggested outcomes:</p> <p>a. <u>20 HIV+ people will be engaged in a new social – outreach group.</u> Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010.</p> <p>b. <u>18 LGBT Seniors will be engaged in a new Senior's Discussion or Activity Group.</u> Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010.</p> <p>c. <u>14 participants will be engaged in a Crystal Meth Anonymous – LGBT Recovery Group.</u> Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010.</p> <p>d. <u>14 participants will be engaged in a Smoking Cessation Group.</u> Evaluation instruments will be pilot tested with group</p>	<p>Individual counseling clients but NOT used in Outreach groups).</p> <p>F. Tracking Log for Number of Referrals.</p> <p>G. Group sign-in sheets.</p> <p>H. Client Intake / Assessment forms (To be used with: Psychotherapy groups, Individual counseling clients but NOT used in Outreach groups).</p>

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		<p>participants. Instruments will evaluate abstinence rates, and participant's sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010.</p> <p>e. 12 participants will be engaged in an <u>LGBT Parents Raising Children Group</u>. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010.</p> <p>2. The following participation and evaluation goals have been set for RCC's currently established outreach groups:</p> <p>a. 20 <u>Heterosexual parents of LGBT youth</u> will be engaged in a <u>Social – Outreach Group</u>. Evaluation instruments -will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>b. 12 <u>People with HIV/AIDS</u> will be engaged in a <u>Congregate Meal Outreach Program</u>. Evaluation instruments -will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>c. 45 <u>Lesbian Women</u> will be engaged in an <u>Outreach Group</u>. 245A/DOIT; 245B/DOIT Evaluation instruments - will be pilot tested with group participants by February 28th,</p>	

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		<p>2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>d. 15 <u>Transgender</u> people will be engaged in a monthly <u>Outreach Group</u>. Evaluation instruments -will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>e. 20 <u>Gay/Bisexual Men</u> will be engaged in an <u>Outreach Group</u>. Evaluation instruments -will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>f. 14 <u>LGBT people</u> will participate in an <u>Alcohols Anonymous</u> – LGBT Recovery Group. Evaluation instruments -will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>g. 35 <u>LGBT Seniors</u> will participate in a Congregate Meal Outreach Program. Evaluation instruments -will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>i. Service Numbers Support Groups /Psycho-Educational Groups: Based on information collected in the needs assessment at least 5</p>	

RE: Status of Mental Health Services Act – Consolidated Planning Advisory Committee (CPAW) Successes and Progress

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		<p>Psycho-Educational Groups will be organized at the RCC by June 30th, 2010. Potential New Psycho-Educational Groups and evaluation goals:</p> <ol style="list-style-type: none"> 1. By February 28th, 2010 a plan to organize new Psycho-Educational Group services will be completed. Target numbers of group participants will be included in this service plan and times for service delivery. Potential groups that may be included in the service plan include: <ol style="list-style-type: none"> a. 8 clients will participate in a <u>10-week women's coming-out group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010. b. 8 clients will participate in a <u>10-week men's coming-out group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010. c. 10 clients will participate in <u>the East County Youth Support Group</u>. Participants will <u>complete a Photo Voice project</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be 	

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**MENTAL HEALTH SERVICES ACT
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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		<p>completed by June 30, 2010.</p> <p>d. 35 clients will participate in the <u>Central County Youth Support Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p> <p>e. 15 clients will participate in a <u>TAY Skills / Leadership Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p> <p>f. 10 clients will participate in an <u>Older Adult Support Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p> <p>g. 15 clients will participate in an <u>HIV+ Support Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p>	

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		<p>J. Individual Level Counseling: At least 30 program participants will receive or be referred for individual-level counseling by June 30th, 2010. Client tracking systems for 15 minute units of service will be established by December 30th, 2009. Assessment instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010.</p>	
<p>YMCA of the East Bay</p>	<p>A. Increased participation in BBK, not simply as clients or recipients of services but as planners, and architects of neighborhood-based solutions to community challenges and of the creation of networks to engage others in community transformation.</p> <p>B. Improved communication and increased participation in neighborhood networks such as School Site Council, Neighborhood Watch, Iron Triangle neighborhood Council and Dinner Dialogues.</p> <p>C. Improved access to needed services through the Family Navigator.</p> <p>D. Reduced incidents of crime and violence.</p>	<p>A. Double, from 5 to 10 residents participating in leadership positions of neighborhood groups (described in I.B.) after one year. Presently there are 5 residents who routinely take responsibility for outreach, and mobilizing neighborhood participation in BBK events.</p> <p>B. 50% increase, from 70 to 105 residents in BBK neighborhood groups and programs such as Dinner Dialogues, New Generation, BBKamp, and PeaceTalk, representing family participation at more than one event in the year, after one year of operation in One Family at a Time.</p> <p>C. 70% of the Goals outlined in the Needs Assessments and Partnership Plans will be achieved.</p> <p>D. The Richmond Police Department will work with BBK to measure indicators of success rather than comparative crime statistics.</p> <p>1. 25% decrease in graffiti, vandalism and dumping as reported, and as perceived by residents within one fiscal year, 2009 to 2010.</p>	<p>A. BBK <u>Surveys</u>.</p> <p>B. <u>Sign-in Sheets</u>, minutes to meetings, which record community decisions and commitments, resident participation summaries.</p> <p>C. The Family Navigator will do a Needs Assessment and create a Partnership Plan for each family which they serve and will report the number of hours served. Achievement of the goals will be measured by reviewing treatment plans.</p> <p>D. City of Richmond Police Department <u>statistics</u>. Graffiti, vandalism and illegal dumping will be measured through resident <u>surveys</u> and <u>reports</u> involving Neighborhood Watch</p>

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		2. The crime statistics which will be measured for, which BBK will develop programs to improve neighborhood safety and children's security are vehicular incidents involving pedestrians, and battery. The goal is to obtain baseline data and to achieve a 10% reduction within fiscal year, 2009 to 2010.	Groups and the Iron Triangle Neighborhood Council.

PROJECT #2: COPING WITH TRAUMA RELATED TO COMMUNITY VIOLENCE

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
RYSE Center	<p>A. Increased sense of self-efficacy among involved youth. Increased sense of agency among youth involved in planning process.</p> <p>B. Increased sense of self-efficacy among involved adults. Increased sense of agency among adults involved in planning process.</p> <p>C. Increased capacity among youth and adults to work together on youth positive policies that promote healthy communities.</p> <p>D. Increase awareness of the priorities, needs, supports of West Contra Costa County youth communities.</p>	<p>A. 75% of the total number of youth and young adults stakeholders (15) working on the Trauma Response and Resilience System (TRRS) taskforce engaging in TRRS development meetings facilitated to support healthy youth-adult relationships will report increase capacity work with adults on youth positive policies that promote healthy communities within the fiscal year, 2009-2010.</p> <p>B. 75% of the total number of adult stakeholders (50) working on the Trauma Response and Resilience System (TRRS) taskforce engaging in TRRS development meetings facilitated to support healthy youth-adult relationships will report increase capacity work with youth on youth positive policies that promote healthy communities within the fiscal year, 2009 to 2010.</p> <p>C. 75% of approximately 150 community members reached through Trauma Response and Resilience System (TRRS) development and outreach activities will report increased awareness of the</p>	<p>A. Post-meeting evaluation <u>forms</u>.</p> <p>B. Post-planning process youth <u>survey</u> (or focus group).</p> <p>C. Post-launch cross-sector community awareness <u>survey</u>.</p>

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		<p>priorities, needs, supports of West Contra Costa County youth communities within the fiscal year, 2009-2010.</p> <p>D. 75% of the total number of stake-holders (65) participating in initial meetings to present initial concept and need will report positively a sense of shared understanding of the Trauma Response and Resilience System (TRRS) by engaging in activities such as dialogue and recognition of the histories and root causes of trauma / community violence and through involvement in culture-building events within the fiscal year, 2009-2010.</p>	

PROJECT #4: SUICIDE PREVENTION

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
<p>Contra Costa Crisis Center (CCCC)</p>	<p>A. Increase number of hours per week of Spanish-language counselors to answer Spanish-speaking people.</p> <p>B. Improve Service: 1. Faster response times. 2. Lower abandonment rates. 3. Immediate counseling, emotional support, and resource information.</p> <p>C. Increase number of medium to high-risk callers who will survive.</p> <p>D. Increase trained multilingual / multicultural crisis line volunteers.</p>	<p>A. Double, from 40 to 80, the number of hours per week of one Spanish-language counselor available to answer calls from Spanish-speaking people within one fiscal year.</p> <p>C. 10% or less – call abandonment rate and 10 second or less – average response time for answering local calls to the National Suicide Prevention Lifeline’s Spanish-Language Hotline.</p> <p>D. 95% of 900 people who call Contra Costa County’s 24-hour suicide hotline and are assessed to be at medium to high risk of suicide will still be alive one month later.</p> <p>E. Double, from 10 to 20, the number of trained,</p>	<p>A. IRis case management software.</p> <p>B. Tracking logs: 1. Scheduling Records. 2. Call Records 3. Follow-Up Calls 4. Coroner’s Office Records. 5. Volunteer Records</p> <p>C. Call SWEET or other call management program.</p>

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	E. Increase service to diverse populations.	multilingual / multicultural crisis line volunteers within one fiscal year, which will increase service to diverse populations.	

PROJECT #5: SUPPORTING OLDER ADULTS

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Center for Human Development (CHD)	A. Decrease feelings of isolation for older adults. B. Increase positive changes in mood and behavior for older adults. C. Improve older adult and youth relationships, which will be mutually beneficial.	A. 80% of the total 30 senior participants will report decreased feelings of isolation. B. 80% of the total 30 Senior Peer Counselors will report a positive change in the senior participant's mood and behavior. C. 75% of the total 90 participants (seniors, Senior Peer Counselors and youth) in the project will report opportunities to build positive and healthy relationships.	A. Multiple choice questions related to participant satisfaction and perceptions. B. Open-ended questions.
Lifelong Medical Care	A. Reduce perceived isolation. B. Increase engagement in pleasant activities. C. Strengthen social networks.	A. 50% of 115 SNAP! Participants who are engaged in on-site group and individual activities will feel less isolated by July 2010. B. 75% of 115 SNAP! Participants in on-site group and individual activities are satisfied with the engagements and activities provided by SNAP! Staff, volunteers and peers by July 2010. C. 50% of 115 SNAP! Participants in on-site group and individual activities will make friends or connections through the program that were not present in their lives prior to participating by July 2010.	A. Pre and Post-test Surveys. B. PHQ-2 screen used only for intensive engagements.

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PROJECT #6: PARENTING EDUCATION & SUPPORT

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
<p>Child Abuse Prevention Council (CAPC)</p>	<p>A. Increase in positive parenting skills in the following five areas: 1) Inappropriate expectations of children 2) Lack of empathy 3) Physical punishment 4) Role reversal 5) Power and independence</p> <p>B. Increase in competence and confidence in parenting for each parent in attendance.</p>	<p>A. 90% increase in positive parenting skills from all 60 parents attending classes over the 24-week curriculum measured through the 10-point scale of the Adult/Adolescent Parenting Inventory (AAPI).</p> <p>B. 100% graduation from the 15 parents in the Brentwood class in East County.</p> <p>C. 100% graduation from the 30 parents in the Concord class in Central County.</p> <p>D. 80% graduation from the 15 parents in the San Pablo class in West County.</p>	<p>A. Evidence-based <u>AAPI pre- and post- test</u> administered to parents during the first weeks of the class and again during the last weeks of the class; used to determine an increase in parenting skills. The test is comprised of 40 questions designed to measure the risk factors that have been addressed in the course of the curriculum: 1. Nurturing and attachment 2. Knowledge of parent and child development 3. Parental resilience 4. Social connections 5. Support for parents</p>
<p>Contra Costa Interfaith Housing, Inc.</p>	<p>A. Improved family functioning for 16 high-risk families including parents with mental health/substance abuse problems and their children, ages 6-16.</p> <p>B. Improved school functioning of the school-aged youth at Garden Park Apartments.</p> <p>C. Improved family functioning in the realm of self-sufficiency for families living at Garden Park Apartments.</p> <p>D. Improved self-esteem and progress on self-identified goals for adults living in Garden Park Apartments.</p>	<p>A. At least 75% of the families participating in the Strengthening Families Group program will show improvements in their functioning as measured by the post-test. We anticipate that we will have at least 8 families signed up for our first 14-week class in the fall of 2009. Using this number we anticipate 6 families will show improvement. We anticipate an additional 8 families will enroll in our second 14-week class in the winter of 2010.</p> <p>B. At least 75% of the youth attending homework club (approximately 12-15 youth) will attend homework club at least 75% of the time within the fiscal year, 2009 to 2010.</p>	<p>A. Strengthening Families Program outcome measure is a nationally recognized tool with 21 areas of evaluation utilizing a <u>pre- and post-test format</u>. Some of the areas of evaluation are: 1. Drug/alcohol use. 2. Parenting skills. 3. Youth social skills. 4. Anger management. 5. Depression. 6. Peer relations.</p>

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		<p>C. At least 75% of the 23 families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured bi-annually on the 20 area, self-sufficiency matrix within the fiscal year, 2009 to 2010.</p> <p>D. Two (2) family vignettes each quarter showing the improvements positive outcomes of the work of this project will be provided within the fiscal year, 2009 to 2010.</p>	<p>B. Report Cards / Attendance Records reported on a quarterly basis (10/15/09, 1/15/09, 4/15/09, 7/15/09).</p> <p>C. Self-Sufficiency Matrix (20 category tool).</p> <p>D. Family/Individual Action Plan form, which captures goals and action plans generated by the adults in a family living at Garden Park Apartments.</p> <p>E. Vignettes of successes or challenges.</p>
Family Stress Center	<p>A. Improve parenting skills. B. Increase parents' sense of competence in their parenting abilities. C. Improve awareness of parenting issues. D. Reduce parenting stress. E. Improve mental health outcomes for both children and parents.</p>	<p>A. 80% of 100 parents/caregivers receiving telephone support with a particular parenting issue will report increased skills development, competency and confidence regarding the particular parenting issue by the end of the telephone call based on facilitator notes from the telephone support form.</p> <p>B. 80% of 200 parents/caregivers enrolled in Triple P Seminar Series will show increased skills development, competency and confidence with a particular parenting issue based on pre and post skill assessment of parenting skills and child/teen development and behaviors after completing three 90-minute sessions focused a particular parenting issue.</p> <p>C. 80% of 150 parents/caregivers enrolled in Group Triple P and Group Teen Triple P will show increased skills development, competency, and</p>	<p>A. Parent/caregiver information form. B. Telephone support information form. C. Seminar/class enrollment form. D. Triple P Pre and Post parent skill and child behavior assessments. E. Course evaluation form.</p>

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
La Clinica de La Raza	<p>A. Parents of youth 0-18 will receive education and support to be strong parents and to raise healthy and emotionally healthy children:</p> <ol style="list-style-type: none"> 1. Early identification of severe mental illness. 2. Identification of behavior problems and parenting issues. 3. Reduction in acuity of distress. 4. Increased access to mental health services. 5. Increased connection and linkage to community services. <p>B. Parents involved in parenting education and support will report increased competence and confidence in their parenting:</p> <ol style="list-style-type: none"> 1. Increased use of effective praise. 2. Increased use of non-violent disciplinary skill such as social disapproval and time out. 3. Improved relationship between parent and child. 4. Increased competence and confidence in parenting skills. <p>C. Parents involved in parenting education and support will report improved behaviors in their children.</p> <ol style="list-style-type: none"> 1. Increased responsiveness to parental direction. 2. Improved parent-child relationships. 	<p>confidence based on pre and post-test skills assessment of both parenting skills and child/teen development and behaviors after completing the eight to ten week intensive training session.</p> <p>A. 1,800 Behavioral Screenings of patients aged 0 – 18 will be completed during the 12-month period by parents and adolescents.</p> <p>B. A total of 250 Parent coaching sessions will be provided for fiscal year, 2009 to 2010.</p> <p>C. 75% of patients who have a follow up 2nd parent coaching visit with a Behavioral Health Specialist will report decrease in a risk factor or increase in a protective factor as measured through the risk-factor screen.</p> <p>D. 48 parents / caretakers will participate in a parenting education / support group "Los Niños Bien Educados".</p> <p>E. 90% of participants who complete "Los Niños Bien Educados" will demonstrate an increase in knowledge about positive family communication.</p> <p>F. 75% of parents completing "Los Niños Bien Educados" will report improvements in their relationships with their children.</p>	<p>A. <u>Tracking / Scantron</u> computer software.</p> <p>B. <u>Pre and Post-Test Assessment of Family Relationships</u> related to family communication using the <u>Retrospective Assessment of Family Relationship Questionnaire</u>.</p> <p>C. <u>Pre and Post-Test Assessment of child and parent behaviors</u>.</p>
The Latina Center	<p>A. Increase awareness of age appropriate disciplinary techniques (including distraction, redirection, negotiation, agreements, & consequences) among Latino parent participants in the <i>Primero Nuestros Niños/Our Children First</i> parenting education program.</p>	<p>A. At least 80% of 300 parents (240) who complete <i>Primero Nuestros Niños</i> will set 2-3 personal goals for creating change in their parenting by June 30, 2010.</p> <p>B. At least 50% of 300 parents (150) who complete <i>Primero Nuestros Niños</i> will identify 1-3</p>	<p>A. Written evaluation tools developed by Program Staff of <i>Primero Nuestros Niños / Our Children First</i>.</p> <p>B. Final Impact Evaluation.</p> <p>C. Pre- and post-test surveys.</p>

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	<ul style="list-style-type: none"> B. Increase enrollment of fathers in the parenting education classes. C. Increase peer/social support among parents who complete the <i>Primero Nuestros Niños/Our Children First</i> parenting education program. D. Reduce parental stress. E. Increase parenting skills among Latino parent participants who complete the <i>Primero Nuestros Niños/Our Children First</i> parenting education program. F. Improve family communication. 	<ul style="list-style-type: none"> individuals they can turn to for peer support by June 30, 2010. C. At least 50% of 300 parents (150) will participate in family activity nights and other family support and cultural activities organized by the <i>Primero Nuestros Niños</i> program by June 30, 2010. D. At least 20% of 300 parents (60) who complete <i>Primero Nuestros Niños</i> will be Latino fathers by June 30, 2010. E. At least 75% of 300 parents (225) who complete <i>Primero Nuestros Niños</i> will provide examples of increased parenting skills as measured by their responses on a final impact survey administered by class facilitators by June 30, 2010. F. A random sample of 10% of 300 parents (30) who complete <i>Primero Nuestros Niños</i> will demonstrate increased parent confidence 3 months after completing the program as measured by a follow up telephone interview by June 30, 2010. 	<ul style="list-style-type: none"> D. Follow-up participant interviews.

PROJECT #7: FAMILIES EXPERIENCING THE JUVENILE JUSTICE SYSTEM

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
<p>Family Institute of Richmond (FIR)</p>	<ul style="list-style-type: none"> A. Improve mental health function. B. Improve family function. C. Improve high school attendance. D. Reduce arrests. 	<ul style="list-style-type: none"> A. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve mental health function within six months. B. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve family function within six months. C. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve high school attendance within six months. D. 70% of 80 participants who are receiving Brief 	<ul style="list-style-type: none"> A. Counseling attendance records after 6 weeks and post-intervention. B. Pre- and Post-Treatment Youth Outcome Questionnaire. C. Pre- and Post-Treatment Family Assessment Measure. D. School attendance records

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		Strategic Family Therapy will improve arrest rates within one fiscal year.	E. for unexcused absences. Juvenile arrest records obtained from parent / guardian report one-year follow-up post-intervention.
West Contra Costa Youth Services Bureau	<ul style="list-style-type: none"> A. Reduce recidivistic behaviors. B. Increase in academic performance and in individual commitment to education. C. Increase knowledge and skill sets in the areas of youth development, resiliency strategy building, and leadership education. D. Reduce school suspensions, expulsions, and the number of home/school disciplinary actions. 	<ul style="list-style-type: none"> A. 85% of 45 program participants in Wraparound services and leadership/resiliency skill building will successfully complete probation, and reduce recidivistic behaviors within the fiscal year, 2009 to 2010. B. 80% of 45 program participants in Wraparound services and leadership/resiliency skill building will positively increase in academic performance and in individual commitment to education within the fiscal year, 2009 to 2010. C. 100% of 45 program participants in Wraparound services and leadership / resiliency skill building programming will have increased knowledge and skill sets in the areas of youth development, resiliency strategy building, and leadership education within the fiscal year, 2009 to 2010. D. 100% of 90 sibling participants receiving support services and prevention activities will have increased knowledge and skill sets in the areas of anger management, conflict resolution, and responsible citizenship in the home, community and school setting. 	<ul style="list-style-type: none"> A. <u>Tracking Logs / Records</u> for: <ul style="list-style-type: none"> 1. Vacation of probation status. 2. Incarceration rates of participants. 3. Reduction of suspensions and expulsions. 4. Grade point average. 5. School attendance. B. <u>Pre/Post Test</u> by all participants.

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PROJECT #8: FAMILIES EXPERIENCING MENTAL ILLNESS

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
The Contra Costa Clubhouses, Inc.	<p>A. Increase program access to families in need of support.</p> <ol style="list-style-type: none"> 1. Increase participation of families in need via targeted outreach and programs. 2. Increase member access to Clubhouse activities. 3. Increase participation of younger members (ages 18-25) via targeted outreach and programs. <p>B. Increase family wellness by reducing stress related to care-giving.</p> <ol style="list-style-type: none"> 1. Provide options for caregiver respite through Clubhouse programs. 2. Reduce caregiver sense of isolation. 3. Improve family well-being. 	<p>A. At least 17 outreach/media events (targeting families in need) will be held in the County within 2009-10 fiscal year.</p> <p>B. At least 15 in-service presentations will be delivered to medical and social service providers during 2009-10 fiscal year.</p> <p>C. At least 120 in-home peer-to-peer outreach visits will occur within 2009-10 fiscal year.</p> <p>D. At least 200 families (members & caregivers) will participate in at least one Clubhouse activity within 2009-10 fiscal year.</p> <p>E. At least 600 van rides will be provided within 2009-10 fiscal year.</p> <p>F. At least 36 young adults (ages 18-25) will participate in at least one Clubhouse activity within 2009-10 fiscal year.</p> <p>G. At least 10 TGIF events (targeting young adults) will be held in East/West County within 2009-10 fiscal year.</p> <p>H. At least 960 hours of onsite respite programming will be delivered within 2009-10 fiscal year.</p> <p>I. At least 100 families (members & caregivers) will complete the Follow-Up Surveys.</p> <p>J. At least 75% of families completing the Follow-Up Surveys will report a high level of satisfaction with Clubhouse activities and programs within 2009-10 fiscal year.</p> <p>K. At least 60% of caregivers completing the Follow-Up Surveys will report an increase in opportunities to network with other caregivers within 2009-10 fiscal year.</p> <p>L. At least 60% of caregivers will report an increase in</p>	<p>A. Program Data Records / Appilistic Software Program</p> <p>B. Member Follow-Up Surveys.</p> <p>C. Caregiver Follow-Up Surveys.</p>

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		opportunities to access community resources within 2009-10 fiscal year. M. At least 9,000 meals will be served to members within 2009-10 fiscal year. N. At least 60% of families completing the Follow-Up Surveys will report an increase in mental, physical, and emotional well-being from baseline to follow-up within 2009-10 fiscal year. O. At least 60% of members completing the Follow-Up Surveys will report an increase in peer contacts within 2009-10 fiscal year.	

PROJECT #9: YOUTH DEVELOPMENT

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
El Cerrito High School (ECHS)	A. Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self confidence, etc). B. Stronger connection to caring adults/peers (build relationships with caring adult(s), peers). C. Strengthen connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults). D. Increase sense of a positive future (hopes about post-secondary schooling or work opportunities). E. Strengthen tools for dealing with anxiety, stress, and conflict. F. Reduce likelihood of participating youth developing mental illness or severe behavioral problems. G. Reduce likelihood of participating youth being involved in the juvenile justice system.	A. 15% of 300 youth participating in youth development programs will also cross-participate in substance abuse prevention classes and/or clinical mental health services, measured using the RDA After School Database and a locally developed database to track student services within the academic year, 2009 to 2010. B. 35 students referred for violent / disruptive behavior will be enrolled in youth development programs with formal leadership skills training and/or opportunities to make presentations to the school and larger community within the academic year, 2009 to 2010. C. 70% of 300 participating students will increase their score across a range of resiliency indicators, using a locally developed resiliency assessment tool that measures change in assets within the academic year, 2009 to 2010. D. 70% of 300 participating students will report an	A. Pre and Post Assessment based on the "Resiliency and Youth Development Module", California Healthy Kids Survey.

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		increase in well-being through self-report on a locally developed qualitative evaluation tool within the academic year, 2009 to 2010.	
Martinez Unified School District (MUSD)	<ul style="list-style-type: none"> A. Improve attendance rates of students identified to have attendance issues. B. Reduce the number of discipline entries into AERIES for students identified to have had discipline issues. C. Improve students: <ul style="list-style-type: none"> 1. Rate of credit accrual 2. Grade Point Average 3. CST scores 4. Passing CAHSEE D. 4 out of 6 Individualized Success and Achievement Plan (ISAP) goals achieved. 	<ul style="list-style-type: none"> A. 70% of the 48 New Leaf students identified to have attendance issues will improve their attendance rate by 20% by the end of the first semester. Identified students will have a 95% attendance rate by the end of the school year. B. 70% of 48 New Leaf students identified to have had discipline issues will reduce the number of discipline entries into AERIES by 50% in comparison to the previous school year as measured at the end of the school year. C. 70% of the 48 New Leaf students will earn 100% of the expected grade level credits as measured at the end of the school year. D. 70% of 48 New Leaf students will improve their California Standardized Test (CST) scores will improve their scores by 5% as measured by end of the school year. E. 70% of 48 New Leaf students that need to pass the California High School Exit Exam (CAHSEE) scores will improve their scores by 5% as measured by end of the school year. F. 70% of the 48 New Leaf students will achieve 4 out of 6 Individual Success and Achievement Plan (ISAP) goals by the end of school year. The data from this goal will be analyzed in an end of year report at the 1st quarter of the next school year. 	<ul style="list-style-type: none"> A. Developmental Asset Profile (assessment instrument from the Search Institute) B. Individual Success and Achievement Plan (developed by teacher, internship coordinator and mental health counselor) C. Data Director (data analysis software) D. AERIES (school database) E. EXCEL spreadsheets
People Who Care (PWC)	<ul style="list-style-type: none"> A. Enhance the Quality of and Access to Resources. B. Reduce recidivism. Develop a safer environment for at-risk youth who are chronically truant or on probation. C. Create a culture of career success among at-risk youth, which will: 	<ul style="list-style-type: none"> A. 25% of the 100 program participants will increase their knowledge of entrepreneurial and computer technological and engineering skills according to program curricula in order to achieve goals within one fiscal year, 2009 to 2010. B. 75% of 100 youth program participants will not re- 	<ul style="list-style-type: none"> A. Program planning and progress report templates / logs. B. Pittsburg Unified School District (PUSD) Academic Databases. C. California Healthy Kids

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	1. Increase school day attendance. 2. Reduce school tardiness.	offend within one fiscal year, 2009 to 2010. C. 60% of 100 youth participants will report that they have a caring relationship with an adult in the community or at school within one fiscal year, 2009 to 2010. D. 25% increase in school day attendance among 100 youth participants within one fiscal year, 2009 to 2010. E. 25% decrease in the number of school tardiness among 100 youth participants within one fiscal year, 2009 to 2010.	Survey. D. Contra Costa County School Health Services Evaluation. E. Participant Pre/Post Surveys. F. Contra Costa County Juvenile (Probation Database). G. Referral Logs. H. Satisfaction Surveys. I. Curriculum Attendance Logs. J. Observations. K. Fidelity Checklists. L. Focus Groups. M. Referrals to Services. N. Interviews.
RYSE Center	A. Increased sense of self-efficacy among RYSE members. B. Improved sense of positive peer-to-peer and youth-adult relationships. C. Improved sense of self-efficacy among RYSE members in impacting change in the community.	A. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report increased sense of self-efficacy within the fiscal year, 2009-2010. B. 60% of 300 RYSE members will have completed a wellness plan within the fiscal year, 2009-2010. C. 60% of 300 RYSE members who have completed a wellness plan participate in at least 3 activities that align with goals outlined in their plan within fiscal year, 2009-2010. D. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report positively their experience of healthy relationships with adults at RYSE	A. RYSE partner <u>survey</u> . B. RYSE youth <u>survey</u> . C. Program and Virtual Center utilization <u>reports</u> . D. Documented attendance of youth <u>focus groups</u> .

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		within the fiscal year, 2009-2010. E. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report positively their experience of healthy relationships with peers at RYSE within the fiscal year, 2009-2010. F. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report positively their sense of community during RYSE activities within the fiscal year, 2009-2010.	
STAND!	A. Reduce the incidence of teen-dating violence by educating and engaging youth. B. Increase mental health outcomes for youth experiencing or at-risk for, teen dating violence and help them speak out against teen dating violence through positive peer group interactions; ensuring boys are provided with enhanced opportunities to get involved as change-makers.	A. 80% of 1500 students participating in the "You Never Win With Violence" two-day curriculum will demonstrate increased knowledge about the difference between healthy and unhealthy teen dating relationships, as evidenced by pre- and post-surveys. B. 80% of 1500 students participating in the "You Never Win With Violence" two-day curriculum will demonstrate increased confidence to seek help for self or others experiencing teen dating or domestic violence, as evidenced by pre- and post-test surveys and increased referrals/calls to the crisis line. C. 100% of 20 target schools and community based organizations will create an established method of referrals for teens experiencing teen dating violence, domestic violence, or who experiencing high levels of mental health issues including anxiety, depression and suicidal thoughts as evidenced by referral protocols at each site.	A. Pre-and post-test surveys. B. Referrals / calls to the crisis line. C. Referral protocols at each school site. D. Curriculum evaluation tools. E. Self-reports.

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**MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		<p>D. 80% of 250 participants in <i>Expect Respect</i> support groups will demonstrate one or more of the following: knowledge about the difference between healthy and unhealthy teen dating relationships; an increased sense of belonging to positive peer groups; an enhanced understanding that violence doesn't have to be "normal"; and increased knowledge of their rights and responsibilities in a dating relationship by June 30, 2010.</p> <p>E. 80% of 250 participants in <i>Expect Respect</i> support groups will demonstrate one or more of the following: increased self-esteem resulting in youth establishing relationship that are healthy, increased communication skills that identify needs in a relationships and use of conflict resolution skills by June 30, 2010.</p> <p>F. 75% of 75 boys engaged in <i>Expect Respect</i> support groups will demonstrate alternative ways to think about stereotypical gender-roles and ways they can be advocates for change within their schools by June 30, 2010.</p> <p>G. 75% of 250 participants in <i>Expect Respect</i> support groups will demonstrate an increase in self-esteem, reporting lower levels of anxiety, depression, or stress by June 30, 2010.</p> <p>H. 100% of 150 adults participating in project trainings will increase their knowledge of teen dating violence and be better able to identify it, how to be an advocate for youth experiencing any type of violence, how to refer youth experiencing violence and/or mental health problems (including suicide contemplation) to appropriate supportive services by June 30, 2010.</p>	

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DRAFT-Contra Costa Mental Health Workforce Education & Training- Goals and Objectives

Action #	Action Name	Goals	Measures of Success	Target Met?	Evaluation Tool	Activities
A. WORKFORCE STAFFING SUPPORT						
1	Workforce Education and Training Coordination	Develop a comprehensive training program for staff and consumers	Hire 1 Intern Supervisor by the end of FY 08-09		Personnel records	Manage the rollout and ongoing activities in the WE&T plan, including developing Plan updates.
			Hire 0.5 FTE Consumer Employment Coordinator by the end of FY 08-09			Coordinate training and technical assistance efforts for County and Community Based Organization (CBO) staff as well as network providers.
			Hire 1.0 FTE Sr. Clerk by the end of FY 08-09			Ensure that family members, consumers and underserved and underrepresented communities are included as both trainers and participants.
			Convene the Training Advisory Group at least three times annually.		Sign in sheets, agendas, meeting minutes	Increase the availability of information on regional education and employment activities, including internship opportunities.
B. TRAINING AND TECHNICAL ASSISTANCE						
2	Staff Development Training Initiative	Increase internal agency capacity by providing a variety of training opportunities for clinicians, contract providers and staff	Conduct 1 staff development training in FY 08-09		Sign in sheets, agendas	Develop a Staff Development Training Calendar that includes clinical and other training topics for all staff. Offer trainings to at least 150 County and contracted agency (CBO) staff during FY 08-09.
			Conduct 80% of target number (8 out of 10) of staff development trainings annually, beginning FY 09-10		Training List (Source: CCMH Internal Training Database)	Begin recruiting and developing internal Subject Matter Experts to offer technical assistance on best practices.
		Conduct 1 core foundational training in FY 08-09		Training List (Source: CCMH Internal Training Database)	Explore the purchase and utilization of an eLearning system that meets CCMH's needs for training subject matter, including Wellness Recovery Action Planning and a learning management system (for reporting and organizational purposes). Explore the possibility of regional coordination in the Bay Area in this effort, in collaboration with Bay Area regional workforce development activities.	
		Conduct 2 core foundational trainings annually, beginning in FY 09-10		Training List (Source: CCMH Internal Training Database)	Plan and implement the Recovery in Diverse Communities Conference in Fall 2009 to focus on reducing stigma among mental health professionals	

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A. WORKFORCE STAFFING SUPPORT						
			Conduct 1 'Recovery in Diverse Communities' Conference in FY 09/10		Training List (Source: CCMH Internal Training Database)	
			Complete E-Learning system contract in FY 09-10; support up till FY 11-12		Meeting documentation related to the purchase of and e-learning system	
			Provide 1 Co-occurring Disorders Certificate Training annually, beginning FY 09-10		Training List (Source: CCMH Internal Training Database)	
			Provide 1 Spanish language training annually, beginning FY 09-10		Training List (Source: CCMH Internal Training Database)	
3	Mental Health Training for Law Enforcement	Increase law enforcement's capacity to safely respond to consumer crisis situations Decrease in reported incidents in unsafe crisis responses annually for Contra Costa law enforcement	Sponsor 1 CIT training per year, beginning FY 08-09 Award stipends to at least 80% of target number of recipients annually (28 out of 35 stipends)		Finance reports MHSA Budgets/ Special Programs Report	Offer technical assistance to targeted Law Enforcement agencies in Contra Costa County with regard to CIT. Collaborate with local Law Enforcement agencies to offer CIT training to Law Enforcement and mental health staff. Increase cultural awareness of law enforcement towards issues specific to mental health consumers. Promote an integrated service experience for mental health consumers involved with law enforcement. Leverage the use of funds between PEI and WE&T. The \$25,000 cost for this training is covered under the WET proposal only.
C. MENTAL HEALTH CAREER PATHWAYS PROGRAMS						
4	Consumer Employment Strategies - SPIRIT Program Expansion & Enhancement	Provide leadership and advocacy for student consumers and increase consumer employment/ internship opportunities	Hire 1 SPIRIT college instructor in FY 08-09		Personnel report	Work with Contra Costa College staff and faculty to formalize the SPIRIT course in Contra Costa College's academic catalog by academic year 2009-10.

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A. WORKFORCE STAFFING SUPPORT						
	Enhancement	Increase in the number of consumers working in MH Improvements in consumers	90% of students enrolled in SPIRIT will complete internship annually		List of SPIRIT enrollees/graduates	With staffing from the Consumer Employment Coordinator, develop a SPIRIT alumni network for ongoing support and sharing of resources.
5	Family Member Employment Strategies	Increase employment and training opportunities for family members/consumers to become MH employees.	Conduct at least 1 Family Psycho Education Training per year, beginning FY 09-10 (only 1 training in FY 08-09)		Training List (Source: CCMH Internal Training Database)	Explore the development of a formalized family member training for employment in the public mental health system.
		Increase number of family members employed in CCMH	The number of family members employed by CCMH will increase X% every year		Personnel report	Staff development trainings for family partner staff/volunteers annually.
						Training for current Contra Costa County staff.
6	Developing Mental Health Concentration in High School Health Academies	Develop a mental health concentration to increase the number of high school students interested in working in the MH field Increase in the # of students enrolled in MH courses in their HS academy Increase the number of HS students who are interested in entering the mental health profession	Develop a high school curriculum in FY 09-10 Award stipends for at least 80% of target number of recipients annually (12 out of 15 stipends)		Meeting Minutes Intern list MHSA Budgets/ Special Programs Report	1. Convene a small workgroup of interested high school staff/educators in existing high school Health Academy(s) to explore developing a mental health concentration. 2. Develop curriculum for a mental health concentration in existing High School Health Academy. 3. Support development of this activity through recruiting staff as guest speakers and eventually offering a limited internship appropriate for high school students enrolled in Health Academies to expose them to careers in the public mental health system. 4. Link current high school students to community college curriculum (PSR - see Activity # 6) as appropriate. 5. Develop a stipend program for high school students enrolled in this program.

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A. WORKFORCE STAFFING SUPPORT						
7	Community College Partnerships: Psychosocial Rehabilitation Certificate (PSR)	Provide an alternative academic program for students interested in MH Increase the number of Psychosocial Rehabilitation certificate students	Provide training and TA to develop PSR certificate program in FY 08-09 and 09-10. Develop PSR Curriculum in FY 08-09/09-10 Offer annual PSR course for CCMH staff to earn PSR certificate beginning FY 10-11		Meeting minutes Course curriculum Enrollment roster	1. Complete PSR certificate consultation and coursework recommendations by August 2009. 2. Convene an advisory group of providers to assist with promoting and recruiting for the PSR program. 3. Track enrollment and completions in the initial PSR program at Contra Costa College. 4. Train CCMH staff in the PSR certificate program.
8	Psychiatric Technician Program	Explore existing psychiatric technician programs in and around the county to help with planning for CCMH's psych. tech. program Create psychiatric technician program in CC County Increase the number of psych.	Conduct meetings with potential collaborators		Meeting minutes	1. Explore existing and potential Psychiatric Technician Programs in Contra Costa and surrounding areas. 2. Explore ways to incorporate and develop psychiatric technicians in the workforce.
D. RESIDENCY, INTERNSHIP PROGRAMS						

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A. WORKFORCE STAFFING SUPPORT						
9	Expanding Graduate Level Internship Opportunities	<p>Increase the number of well-trained and culturally competent MFT, psychiatrists and social worker interns through on-the-job training opportunities</p> <p>Increase the number of well-trained professionals in workforce pipeline, to include ethnically diverse and bilingual candidates</p> <p>Increase the # of 'grow your own" MH professionals in CCMH (current staff for licensure)</p>	<p>Hire at least 80% of the target (19 of 24) of student workers in internship programs annually, beginning in FY 09-10</p> <p>Provide salary for at least 80% of the target number (5 of 7) of bilingual student workers in internship programs annually, beginning in FY 09-10</p> <p>Provide stipends for at least 80% of the target number (16 of 20) of CBO interns annually, beginning in FY 09-10</p>		<p>MHSA Budgets/ Special Programs Report</p> <p>Intern list</p>	<p>1. Place graduate level interns/trainees in the Adult and Older Adult system in the next 18 months. Emphasize recruitment of bilingual/bicultural individuals; and with consumer/family member experience.</p> <p>2. Increase access to clinical supervision for staff, residents, and interns employed and/ or placed with the Division. Hire a part-time staff member to support the provision of clinical supervision. Provide structured supervision with administrative oversight for staff and interns.</p> <p>3. Coordinate periodic meetings for clinical supervisors to provide supervision training, and to review difficult cases.</p> <p>4. Expand internship program to provide stipends for interns placed at CBOs.</p>

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Action #	Action Name	Goals	Measures of Success	Target Met?	Evaluation Tool	Activities
A. WORKFORCE STAFFING SUPPORT						
10	Psychiatry Workforce Development	<p>Provide mentors to train and supervise in evidence-based clinical practices for psychiatry students</p> <p>Increase the number of well trained psychiatrists who are knowledgeable and culturally competent, client focused and in specialty areas</p>	<p>Provide a part time Senior Psychiatrist, beginning FY 09-10</p> <p>Conduct meetings with potential collaborators</p> <p>Increase the number of students participating in program</p> <p>Develop team of psychologists as subject matter experts</p>		<p>Personnel Report</p> <p>Meeting minutes</p> <p>Student roster</p>	<p>1. Develop an affiliation with UC Davis and UCSF to explore developing a Psychiatric residency and/or Fellowship program for CCMH. Promote the development of culturally relevant, recovery-oriented curriculum and experience to include both county and CBO systems of care.</p> <p>2. Explore the training and professional development needs of psychiatrists in Contra Costa County (both CCMH and CBO).</p> <p>3. To provide training/supervision for psychiatrists and other medical staff that addresses the needs of consumers and family members.</p> <p>4. Develop a team of psychiatrists as subject matter experts with specialization, including community psychiatry, children, geriatric, forensics, co-occurring disorders (and other areas) to train CCMH staff.</p>
11	Nursing Workforce Development	<p>Provide opportunities for nurses to enhance skills in psy nursing field through clinical rotation in MH clinics</p> <p>Increase the number of outreach and engagement activities to current psychiatric nursing students at the selected colleges</p> <p>Better training psych nurses</p> <p>More diverse psychiatric nurse workforce</p>	<p>Support at least 50% (3 of 6) of student workers in psychiatric nursing clinical internships annually, beginning FY 09-10</p> <p>Support at least 1 (of three potential) bilingual student workers in psychiatric nursing clinical internships annually, beginning FY 09-10</p>		<p>MHSA Budgets/ Special Programs Report</p>	<p>1. Work with Samuel Merritt College, UC Davis and UCSF to provide outreach and recruit students to the Nursing Internship Program.</p> <p>2. Explore the training and professional development needs of nursing staff in the system.</p> <p>3. Formalize the internship program for Psychiatric Nurses and RNs.</p>

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A. WORKFORCE STAFFING SUPPORT						
E. FINANCIAL INCENTIVE PROGRAMS						
12	Scholarship Program for Bachelors level Degrees	Increase the number and diversity of CCMH employees (who may have and AA or be a CSW) enrolled in mental health-related BA programs Increased number of well-prepared and diverse staff in the MH field Increased interest in MH field	Award at least 80% of total available scholarships to current staff who are interested in pursuing BA annually, beginning FY 09-10 Awardees will include underrepresented groups, consisting of 50% ethnic/consumers/bilingual		MHSA Budgets/ Special Programs Report Awardee list, with demographic detail	1. Explore options for professional development for staff through scholarships for BA program and flexible work programs, including 20-20 programs. 2. Support development of a future workforce with an increased proportion of consumers and family members employed within the public mental health system in Contra Costa County. 3. Increase workforce diversity and language capacity
13	Scholarship Program for Masters' Level Degrees	Increase the number and diversity of CCMH employees enrolled in MSW programs Increased number of well-prepared and diverse staff in the MH field Increased interest in MH field	Award at least 80% of total available scholarships to current staff who are interested in pursuing a master's degree in Social Work annually, beginning FY 09-10 Awardees will include underrepresented groups, consisting of 50% ethnic/consumers/bilingual		MHSA Budgets/ Special Programs Report Awardee list, with demographic detail	1. Explore the different options of academic programs in Social Work for working professionals available to CCMH staff to complete an MSW program. 2. Develop an application process for current staff. Support development of a future workforce with an increased proportion of consumers and family members employed within the public mental health system in Contra Costa County. 3. Increase workforce diversity and language capacity.