



*The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.*

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION  
PUBLIC HEARING-DRAFT MHSA 2010/2011 ANNUAL UPDATE TO THE 3-YEAR  
PROGRAM AND EXPENDITURE PLAN  
Monday • April 5, 2010 • 4:30-6:30 p.m.  
651 Pine Street • Martinez • Room 101**

*The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.*

**AGENDA**

*Public Comment on items listed on the Agenda will be taken when the item is discussed.*

1. 4:30 **CALL TO ORDER / INTRODUCTIONS**
2. 4:35 **OPENING COMMENTS BY MENTAL HEALTH COMMISSION (MHC) CHAIR**
3. 4:45 **MHSA DRAFT 2010/2011 ANNUAL UPDATE TO THE 3-YEAR PROGRAM AND EXPENDITURE PLAN by MHSA Program Manager Sherry Bradley and Prevention and Early Intervention Project Manager Mary Roy**  
Update available for review at:  
[http://www.cchealth.org/services/mental\\_health/prop63/pdf/2010\\_plan\\_update.pdf](http://www.cchealth.org/services/mental_health/prop63/pdf/2010_plan_update.pdf)
4. 5:30 **PUBLIC COMMENT ON PLAN**  
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
5. 5:45 **CLOSE PUBLIC COMMENT ON PLAN**
6. 5:45 **MHC COMMENT ON THE PLAN**
7. 6:20 **DEVELOP LIST OF SUBSTANTIVE COMMENTS AND RECOMMENDATIONS TO THE COUNTY MENTAL HEALTH ADMINISTRATION (MHA) AND TO THE BOARD OF SUPERVISORS (BOS)**  
**ACTION**  
NOTE: The MHA does not have to follow the MHC's recommendations. However, the MHA must incorporate MHC recommendations as part of the adopted plan along with appropriate analysis.
10. 6:30 **CLOSE PUBLIC HEARING**

*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, 200, Martinez during normal business hours*



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

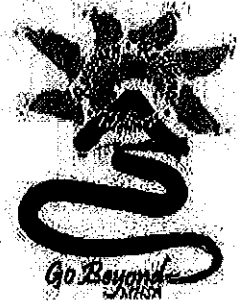


# CONTRA COSTA HEALTH SERVICES

## Go Beyond!

March 5, 2010

### Mental Health Services Act Update



**Contra Costa Mental Health Division is seeking public comment on the Mental Health Services Act (MHSA) FY 2010/2011 Annual Update to the 3-Year Program and Expenditure Plan**

*Original  
Single Sided*

90 day public comment period begins on March 5, 2010 and ends on April 5, 2010

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is

Annual Update to the 3-Year Program and Expenditure Plan follows. It is available on the CCHS website on the Mental Health Division's MHSA page at:

[http://www.cchealth.org/services/mental\\_health/prop63/](http://www.cchealth.org/services/mental_health/prop63/)

Copies of the MHSA FY 2010/2011 Annual Update to the 3-Year Program and Expenditure Plan are also available at the CCHS Mental Health Administration Offices, located at 1340 Arnold Drive, Suite 200, Martinez, CA 94553. The public may also request a copy of the proposal be sent via mail by calling 925-957-5150.

Comments should be made using the MHSA FY 2010/2011 Annual Update to the 3-Year Program and Expenditure Plan Public Comment Form, and can be hand delivered or mailed to CCHS Mental Health Administration, MHSA Program Manager - 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public can also send comments via email: [MHSA@hsd.cccounty.us](mailto:MHSA@hsd.cccounty.us) Or by fax: (925) 957-5156

# DRAFT

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

County:		Exhibits																				
Contra Costa Costa		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
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Dates of 30-day public review comment period:		3/5/2010 - 4/5/2010																				
Date of Public Hearing*****:		4/5/2010																				
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:		2/26/2010																				

\*Exhibit D1 is only required for program/project elimination.  
 \*\*Exhibit F - F5 is only required for new programs/projects.  
 \*\*\*Exhibit G is only required for assigning funds to the Local Prudent Reserve.  
 \*\*\*\*Exhibit H is only required for assigning funds to the MHSA Housing Program.  
 \*\*\*\*\*Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: Contra Costa County

<b>County Mental Health Director</b>	<b>Project Lead</b>
Name: Donna M. Wigand, LCSW	Name: Sherry Bradley, MPH
Telephone Number: (925) 957-5111	Telephone Number: (925) 957-5114
E-mail: donna.wigand@hsd.cccounty.us	E-mail: sherry.bradley@hsd.cccounty.us
Mailing Address:	
Contra Costa Mental Health Administration, 1340 Arnold Dr., Suite 200, Martinez, CA 94553	

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

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

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Donna M. Wigand, LCSW  
Mental Health Director/Designee (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

County: Contra Costa County

Date: March 1, 2010

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

**Community Program Planning**

**1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.**

The MHSa Planning Committee on February 1, 2010, reviewed the DMH Information Notice 10-01 and guidelines, and developed a timeline for the MHSa FY 2010/11 Annual Plan Update development, which included a schedule for training stakeholders regarding the 2010/11 annual update. A stakeholder training and activity update for 2008/2009 data was scheduled for the public for February 25, 2010.

The MHSa Consolidated Planning Advisory Workgroup (CPAW), the Mental Health Division's integrated stakeholder advisory group, received a briefing and mini-training, as well as timeline, for the MHSa FY 2010/11 Annual Plan Update at their meeting of February 4, 2010.

The CPAW Data Committee reviewed 2008/2009 MHSa activities data during FY 2009/2010, and did a focused review of the 2008/2009 data at their meeting of February 10, 2010. They have previously submitted report(s) to the CPAW meetings regarding 2008/2009 FSP outcome data.

On February 25, 2010, the Mental Health Division conducted a public event called MHSa 2010/2011 Annual Plan Update "Launch", which including training stakeholders and the community to the requirements under DMH Information Notice 10-01. The Launch also included a complete activities update for all MHSa components implemented and funded through 2008/2009. The MHSa 2010/2011 Annual Plan Update Launch was recorded for re-broadcast on television by Contra Costa Television (CCTV) on local television channels 27 (for those receiving Comcast services), and local television channel 32 (for those with Astound services), and AT&T U-verse Channel 99. The program was re-broadcast on March 3, 2010, at 8:00 p.m., and also on March 4, 2010, at 4:00 p.m., in order to provide broader access to the public in the event folks missed the original broadcast.

On March 4, 2010, the MHSa Consolidated Planning Advisory Workgroup met to review the draft 2010/2011 Annual Plan Update, and recommended the draft plan for circulation under the required Community Program Planning Process for the 30 day public review and comment period effective March 5, 2010.

On March 5, 2010, Contra Costa Mental Health's draft MHSa FY 2010/11 Annual Plan Update was posted for the required 30 days public review and comment period.

The local Mental Health Commission will conduct a Public Hearing on the MHSa 2010/2011 Annual Plan Update on Thursday, March 11, 2010.

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

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

Stakeholder entities involved in the Community Program Planning Process (CPP) include:

- Representatives from community based organizations serving Asian/Pacific Islanders, Latino/Latina, LGBTQQI-2S, mental health consumer providers, mental health family members;
- Individuals representing various age-defined stakeholder committees, including the older adult population, children and their families, transition age youth, and adults.
- Stakeholders on the Consolidated Planning Advisory Workgroup represent:
  - Mental Health Consumers
  - Mental Health Family members
  - Asian-Pacific Islander
  - Latino
  - African American Community
  - Older adults
  - LGBTQQI-2S
  - Public Education
  - School Boards
  - Law enforcement
  - Mental Health Providers for FSP's (TAY, Children, Adults)
  - Mental Health Commission representatives
  - NAMI
- Other stakeholders include:
  - Representatives from Foster Care affiliates;
  - NAMI members
  - California Client Network
  - Provider Network members
  - Office for Consumer Empowerment
  - Contra Costa College Health and Human Services
  - Expanding Horizons (vocational)
  - Mt. Diablo Unified School District
  - Martinez Unified School District
  - Jewish and Family Services;
  - Interested members from local communities

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

Not applicable for Contra Costa.

**Local Review Process**

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

The MHSA 2010/11 annual plan update was circulated as follows:

- Full draft plan posted to county's official MHSA website – copies provided in English, Spanish, and also in the concentration language, Vietnamese;
- Email blast to 800 subscribers providing link to the website – those subscribers include:
  - Mental health consumers, family members, NAMI, Mental Health Commission, Client and Family Network members, all mental health providers, network mental health providers, mental

**COMMUNITY PROGRAM PLANNING  
AND LOCAL REVIEW PROCESS**

health organizations contracted to provide services, all other county department representatives.

- Email blast to 500+ county mental health staff to share with clients at their respective sites.
- US Mail to 1100 individuals notifying them of availability of plan update – those included:
  - Civic community organizations, other cultural organizations with publications for their targeted populations (Asian, Latino, LGBTQI-2S), local clubs, chambers of commerce, city government, elected county and city officials, and many others;
- Media Advisory released to advise public of availability of the posted plan update to the website;
- Hard copies of the plan made available at the local mental health clinic sites, local mental health offices, public libraries (copies in English, Spanish and Vietnamese).

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

Substantive comments and description of any substantive changes will be included subsequent 30 day public review and comment period and Public Hearing.



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

County: Contra Costa County

Date: March 1, 2010

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

**CSS, WET and PEI**

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

**CSS:** Fiscal Year 2008/2009 saw all CSS Workplans and systems development strategies implemented, however, not all workplans were fully implemented. County Mental Health has experienced the following challenges during 2008/2009 in its continued implementation of all CSS workplans:

- Due to hiring freezes imposed by the County's CAO office, it has been a struggle to fill county designated positions for the Older Adult Systems Development, the Housing Coordinator and Housing Specialists, the Family Involvement Partners, and the wellness nurses. Because of this, not all the MHPA-CSS programs were fully implemented and staffed.
- Recruitment of psychiatrists with a specialty in gerontology for the Older Adult program has been extremely difficult. To continue moving forward, the county contracted with one psychiatrist who is a gerontology specialist.
- Delay in obtaining the physical space necessary for the Older Adult Program also delayed full implementation for this program in 2008/2009. The lack of physical space to "house" the program, and the delay in remodeling a new space for them was difficult, however, temporary quarters were located for them during 2008/2009, allowing them to treat clients in their temporary offices, and also to arrange field work with a "home base".
- The county's Office for Consumer Empowerment (OCE) was severely understaffed in 2008/2009. There was no mental health consumer coordinating the work of that office, therefore some of the systems development strategies for mental health consumers weren't implemented during 2008/2009. A Coordinator for the OCE was hired in July 2009.
- The Family Involvement Coordinator was not able to recruit Family Involvement Partners during 2008/2009 due to a change required in the county's job classification "Community Support Worker I and II". The delays due to the county's cumbersome human resources process were unavoidable. The job description to add Family Involvement Partners was successfully completed during FY 2009/2010.
- Full Service Partnership programs for Children and their families, Adults, and Transition Age Youth, were all fully operational during 2008/2009. The implementation activities for those workplans have generally proceeded as described in the county's approved Plan, but not without some challenges. Briefly:
  - The FamiliesForward (Children's FSP) program experienced some stops and starts during 2007/2008, but during 2008/2009, the numbers enrolled grew to nearly 90% percent of their capacity. Regular meetings with the partners in the program were helpful in resolving some of the issues that created barriers. During 2008/2009, a second office location opened to capture the shifting demographics of the target population for this workplan. The approved plan called for working in "Far East region" of the county, targeting the growing Hispanic population. However, during the 3-4 years since the initial planning process, this population has moved more west in that region, hence the opening of a smaller satellite office to better serve those folks. The capacity of the program will likely not be able to increase due to the limited amount of housing available to these FSPs. However, the good news for these FSP's is that the outcomes data for 2008/2009 show that there have been significant improvements for these children and their families. (See Appendix A for FSP Outcome Data for FY 2008/2009)
  - The Bridges to Home (Adult FSP) program ramped up fairly quickly, and during 2008/2009 achieved nearly 100% of the enrollment capacity. The major barrier, however, to increasing the capacity of this program is the lack of housing funds available for independent housing for these FSP's. In terms of how the program is succeeding, the FSP outcome data for 2008/2009 reveal considerable improvements in decreased hospitalization, decreased arrests, and decrease in homelessness for these FSP's.
  - The Transition Age Youth Program was fully implemented during 2008/2009. They have achieved 67% percent of their enrollment capacity. The FSP outcomes for this program have been very positive.

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

however, there has been significant challenge in obtaining additional independent housing for this group due to lack of funding. The county is currently evaluating how it can address the "bottleneck" that has occurred (i.e., fewer new enrollees), also due to lack of funding, and is working with a multidisciplinary group to address these challenges.

- o The Wellness Program (a system development strategy) was implemented in one region of the county (there are three distinct geographical regions) during 2008/2009. The idea was to develop a model for that, and then expand to the other regions with the hiring of appropriate nursing staff. Extending to the other regions did not occur during 2008/2009 due to hiring freeze for the county nursing positions. This has been remedied in 2009/2010.

**PEI:** During FY 2008/2009, the County's PEI Plan was approved in March 2009. There are a total of 9 projects included in the plan. Those projects were to be implemented using a combination of contracting with community organizations and recruitment/hiring of county staff. During 2008/2009, a total of 20 contracts were awarded for 23 of the PEI programs, with a start date of 7/1/2009. Job Classifications for the county positions were identified during 2008/2009, and the human resources process started during 2008/2009. Recruitment/hiring of the PEI Coordinator didn't occur until during FY 2009/2010. However, the County's Mental Health Planning/Evaluation Unit was successful in planning for and developing all outcome measures with defined goals for the PEI Projects. These were included in the contracts awarded to all PEI contractors (See Appendix B for Outcomes Measures developed for PEI Programs). Some of the challenges faced during 2008/2009 in the implementation of the PEI plan included:

- Lack of county staff available to do the PEI implementation, however, hiring of temporary project staff, and the recruitment of a very experienced PEI Planner/Evaluator, added immeasurable value to the process.
- Delay in hiring for other PEI program county positions due to fiscal restraints, including hiring freezes imposed;
- Working with new contractors (some of which had never worked with the county before) required a new skill set for county staff. The work was much more "labor intensive" than had been anticipated. Staff spent more time visiting the potential program sites, observing how the organization worked with its clients, and getting to know the culture of the new organization(s) while exploring ways to work with cultural communities in a different way. However, county staff found the experience most rewarding as there was mutual learning along the way. It appears to have worked successfully for the county and the organizations, and what has resulted is a performance based contract process that is serving as a model for the division.

Most of the PEI Plan will be implemented during FY 2009/2010, and preliminary quarterly outcomes reporting is showing that the various programs are having an impact on their represented communities.

**WET:** Contra Costa's WET Plan was approved in May 2009, therefore there was little time to implement the Actions which were planned for 2008/2009. The county submitted its WET Plan for approval in January 2009, so one of the challenges facing the county was the delay in plan approval. However, the following actions were implemented and operational during 2009/2009 (See Appendix C for WE&T Activities in FY 2008/2009):

- **Workforce Staffing Support:** The Workforce Training Advisory Committee convened 3 times during 2008/2009 to develop the training calendar for the FY;
- **Training and Technical Assistance:** There were over 20 staff development training opportunities; subject matter experts were identified and 16 additional training sessions were conducted; evaluation of internet-based learning started;
- **Mental Health Career Pathways:** The Service Provider Individualized Recovery Intensive Training (SPIRIT) Program 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; The Psychosocial Rehabilitation Certificate (PSR) efforts commenced, and 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.
- **Residency and Internship Programs:** Graduate level Internship opportunities were provided for 21 interns during FY 08/09. Preliminary discussions began around development of the Psychiatry Workforce in CCC during FY 08/09. The Nursing Workforce Development was operational, with UCSF's first student clinical rotation that ended 11/2009.

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

➤ Financial Incentive Programs: No activities for this category during FY 08/09.

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

Through it's CSS Workplans, specific cultural populations were targeted as follows:

- For Child FSP's, children 0-18 with history of repeated failure in learning environments and from families at or below 300% of poverty level or not eligible for other funding sources. Priority within this population goes to those with one or more of the risk factors included in the plan description. This target population is culturally diverse and a large number are Spanish speaking (mono-lingual Spanish). This program has been successful in engaging and doing outreach deep into the Hispanic community through hiring of bilingual and bicultural staff who understand the needs of this targeted community. They have been able to penetrate the community through cultural gatherings and events. The program has been successful in helping these children/families navigate their way through the system in order to obtain the mental health services (and other supportive services) that they need. The FSP outcomes for children and their families have shown improvement in reducing ethnic service disparities for this targeted population, in that there's been a reduction in arrests/incarceration post-enrollment, an improvement in school days post-enrollment, and some change in school attendance for those attending school. 85% of those served by this program are Hispanic, 18% Caucasian, 10% African-American, and 7% other.
- For Transition Age Youth FSP's, age 16-25 with psychiatric disabilities who are homeless or at imminent risk of homelessness, living within West Contra Costa County. TAY are youth likely to have involvement with gangs, the child welfare and criminal justice systems. They may also have co-occurring disorders, and may lack skills for independent living. The program has been successful in creating a positive youth development environment in which these youth can take personal responsibility and make good choices about their lives. The FSP outcomes for this age cohort have shown improvement by reducing disparities by improvements in achieving independent living/housing, an increase in employment post-enrollment, a 50% decrease in arrests and incarceration post-enrollment, and a 70% decrease in hospitalizations post-enrollment. TAY being served by this program are 51% African American, 27% Caucasian, 11% Hispanic, and 11% other.
- For Adult FSP's, Adults who are homeless on the street or in encampments, or at serious risk of homelessness, with serious mental illness, aged 26-59 living in the targeted region of West County, and who are currently unserved by Contra Costa Mental Health. By engaging partners that have traditionally served these communities, the County has been instrumental in providing the services and activities that meet the needs of these targeted populations. The FSP outcomes for this FSP population have shown an improvement in reducing service disparities to this community. The outcomes show improvement in the number of those adult FSP's employed post-enrollment, a drastic decrease in arrests and incarceration post-enrollment, and a decrease in hospitalizations post-enrollment (by 45%). This program serves 41% African American, 30% Caucasian, 12% Hispanic, and 17% other.
- For Older Adults, ages 60 and older who are isolated and living in the community, and severely disabled. The IMPACT Team is based in the physical health care clinics, and provides outreach services to those who might not normally be able to get the services, thereby reducing the disparity in mental health services available to this vulnerable population.

Through it's PEI programs, contracts have been established with organizations serving cultural communities where previous mental health outreach was not available, including:

- The African American community in Bay Point, Pittsburg, and surrounding East County communities, through the "soul model" peer health education support;
- Mental health education (anti-stigma) provided in native languages to previously unreached;
- Reducing of disparities and increasing penetration of mental health services through culturally and linguistically competent early identification, assessment and brief intervention services in a medical setting, in a clinic serving primarily the Hispanic community;
- Reducing isolation, depression, and suicidal ideation among members of the LGBTQQI community;
- Increasing participation of community members of the Iron Triangle to become both planners and architects of neighborhood based solutions to community challenges and by creating networks to engage others in community transformation.
- Reducing disparities through improving access to needed services through a Family Navigator;
- In order to cope with trauma related to community violence, increase self-efficacy among involved youth in the community, adults, and increase capacity of youth and adults to work together on youth positive policies.
- Increase accessibility to crisis lines by increasing the availability of Spanish speaking language counselors to

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

answer crisis line calls;

- Improving family functioning for high-risk families, including parents with mental health/substance abuse problems and their children, improve school functioning of these children;
- Conducting behavioral screenings of patients 0-18 at La Clínica de La Raza, and provide education and support to be strong parents and to raise healthy and emotionally healthy children;
- Increase awareness of age appropriate disciplinary techniques among Latino parent participants in the primero Nuestros Niños/Our Children First parenting education program.
- Work with families experiencing the juvenile justice system to reduce recidivistic behaviors, improve academic performance, reduce school suspensions, expulsions, etc.
- For families experiencing mental illness, increase program access to families in need of support, for Clubhouse activities, and to increase family wellness by reducing stress related to care giving.

Through It's WET Actions:

- Providing culturally competent and recovery oriented staff development to county and contracted provider staff;
- Providing training on Addressing Inequities in Health;
- Conference Planning on "Recovery in Diverse Communities Conference" (for Fall 2010)
- Mental Health Training for Law Enforcement, including gender issues, non-verbal cues, and language awareness – all aimed at bringing awareness to cultural differences and offering strategies to handle these specific situations.
- Training family members for employment, including topics on Strengths-Needs-Cultural Discovery (a two-part training), What Is Culture.
- Placement of Interns who are bilingual and/or bicultural

Through CSS Systems Development Strategies:

Wellness Program – development of mental health wellness materials that are easily understandable and made available in Spanish and Vietnamese. Assurances that wellness services will be provided in the desired language of those being served.

IMPLEMENTATION PROGRESS REPORT  
ON FY 08/09 ACTIVITIES

3. Provide the following information on the number of individuals served: For FY 2008/2009

Age Group	CSS	PEI	WET	
	# of Individuals	# of Individuals (for universal prevention, use estimated #)	Funding Category	# of Individuals
Child and Youth	90		Workforce Staff Support	39
Transition Age Youth	60		Training/Technical Assist.	778
Adult	152		MH Career Pathway	73
Older Adult	53		Residency & Internship	21
<b>Race/Ethnicity</b>			Financial Incentive	No activity in 08/09
White	89		<input type="checkbox"/> WET not implemented in 08/09  English: 291 Asian: 5 Laotian: 2 Unknown: 2	
African/American	117			
Asian	18			
Pacific Islander				
Native	2			
Hispanic	107			
Multi - Vietnamese 4, Unknown 10	14			
Other	8			
<b>Other Cultural Groups</b>				
LGBTQ	Not collected			
Other				
<b>Primary Language</b>				
Spanish	48			
Vietnamese				
Cantonese				
Mandarin				
Tagalog				
Cambodian				
Hmong				
Russian				
Farsi	1			
Arabic				
Other	6			

PEI

4. Please provide the following information for each PEI Project:

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

**Program 1** addresses Building Community in underserved Cultural Communities. Contracts were negotiated based on the populations identified in our community planning process. In 08-09 contracts were initiated to serve the following communities: The African American Community, The Latino Community, The Native American Community, The LGBTQ Community and the Afghan, Bosnian, Iranian and Russian Immigrant Communities. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 1 utilizes \$456,468 of In-Kind Support and \$35,600 of Outside Source Income in the form of staff time, office space, furniture & supplies, pro-bono professional fees, and matching grants. The Total Leverage amount of Program 1 is \$492,068.

**Program 2** addressed coping to Trauma Related to Community Violence. Two programs were selected to serve this population: one county run, and one contract is aimed at developing a system of response to Violent Critical Incidents. It is still too early in

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

implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010. Program 2 included no leveraged dollars.

**Program 3** targeting Stigma Reduction and Awareness in funding a county consumer run program to train consumers for employment and conduct stigma awareness activities. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 3 utilizes \$50,000 of In-Kind Support and in the form of staff time, office space and supplies & equipment. The Total Leveraged amount for Program 3 is \$50,000.

**Program 4** is aimed at increasing the language capability of our Crisis Line Provider to include Spanish and Vietnamese. It is also providing for a Suicide Prevention Committee, the development of a County wide Suicide Prevention Plan, a Suicide Prevention campaign and annual suicide prevention training. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 4 utilizes \$443,450 of In-Kind Support and \$150,000 of Outside Sources of Income in the form of income from grants, community support and crisis line volunteer hours. The Total Leveraged amount for Program 4 is \$593,450.

**Program 5** is serving the Older Adult Population in particular targeting isolated Seniors. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 5 utilized \$34,134 of In-Kind Support in the form of staff time, van-use, and volunteer time. Program 5 included no Outside Sources of Income. The Total Leveraged Amount for Program 5 is \$34,134.

**Program 6** provides for screening and Parenting Education aimed at serving the Latino families, African American Families, families experiencing Mental Illness and the larger community. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 6 utilized \$172,529 of In-Kind Support and \$77,522 of Outside Sources of Income in the form of Trust Fund income, staff time, supplies & equipment, space, grants, pro-bono professional services and volunteer time. The Total Leveraged Amount for Program 6 is \$250,051.

**Program 7** targets families experiencing the Juvenile Justice System. These programs provide screening, early intervention and discharge planning for youth reentering their communities and supports for youth and their families within the community with Juvenile Justice Involvement. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 7 utilizes \$95,400 of In-Kind Support in the form of space, supplies & equipment and program materials. Program 7 included no Outside Sources of Income. The Total Leveraged Amount for Program 7 is \$95,400.

**Program 8** provides support services to support families experiencing Mental Illness through out of home community for consumers providing work experience, recreation, and health education. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 8 utilized \$82,948 of In-Kind Support and \$60,000 of Outside Sources of Income in the form of access to other agency services, donated food and agency carryover contribution. The Total Leveraged Amount for Program 8 is \$142,948.

**Program 9** is focused on youth development including school based efforts at career development, violence education and prevention and support to pregnant and parenting teens. It is still too early in implementation to report outcomes data for FY 08/09. Outcomes data is being reported quarterly during 2009/2010.

Program 9 utilized \$578,645 of In-Kind Support and \$160,290 of Outside Sources of Income in the form of grants, space, supplies & equipment, staff time and pro-bono professional services. The Total Leveraged Amount for Program 9 is \$738,935.

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PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County

Program Number/Name: CSS Program 1 – Children’s Full Service Partnership (FSP) - FamiliesForward (Project ACCST – Active Community Services & Supports Teams)

Date: March 1, 2010

Previously Approved		CSS and WET							
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
		<table border="1"> <tr> <td>FY 08/10 funding</td> <td>FY 10/11 funding</td> <td>Percent Change</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		FY 08/10 funding	FY 10/11 funding	Percent Change			
FY 08/10 funding	FY 10/11 funding	Percent Change							
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.								

**CSS PROGRAM 1 – CHILDREN’S FULL SERVICE PARTNERSHIP (FSP) – FAMILIESFORWARD (Project ACCST – Active Community Services and Supports Teams)**

Target Population:

Uninsured children 0-18 years of age with a history of repeated failure in learning environments including home, childcare, preschool and school and who are from families at or below 300% of the poverty level and not eligible for other funding sources. Priority within this population will go to those with one or more of the risk factors of: multiple foster care or family caregiver placements, limited English proficiency, high risk parents or community, populations whose cultural differences have traditionally excluded them from mental health services, out-of-norm trauma, substance abuse, experience with the juvenile justice system, or PES visits. The target population is culturally diverse and a large number are Spanish speaking.

Services and Strategies:

The FamiliesForward project advances the goals of MESA through supports and services to improve resilience for children with emphasis on access, consumer/family involvement, a personalized/age specific support plan for each child/family, strong cultural and linguistic competence, strong community partnerships, and peer led services. This is accomplished through two 24 hour/7 day a week service teams in the east and far east region of Contra Costa County. These interagency, interdisciplinary, ethnically diverse community response teams will provide crisis stabilization, short-term case planning and problem resolution, family resource development, community linkages and advocacy, educational linkages and advocacy, and long term case management. The blended teams are comprised of staff from community based organizations and county staff, utilization of transportation aides for family support, increased availability of peer family support, the incorporation of teen peer mentors as support staff, and the requirement that staff form a multi-cultural, multi-lingual team. The project has a strong linkage with the existing wraparound services in Children’s Mental Health.

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated - NOT APPLICABLE FOR CONTRA COSTA COUNTY		
No.	Question	Yes No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved Programs to be consolidated.</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and</p> <p>c) Provide the rationale for consolidation.</p>	<p>If yes, answer question #2; if no, answer questions for existing program above</p> <p>If yes, answer question #3; if no, complete Exh. F1</p> <p>If yes, answer question #4 if no, complete Exh. F1</p> <p>If yes, answer question #5 and complete Exh. E1 or E2 accordingly if no, complete Exh. F1</p>



PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention	
No.	Question
1.	Is this an existing program with no changes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Exh. E4; if no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, completed Exh. F4; if no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Exh. F4; if no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates
Total Individuals: Total Families:	
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: Total Individuals: Total Families:
Existing Programs to be Consolidated	
No.	Question
1.	Is this a consolidation of two or more existing programs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer question #2; if no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer question #3; if yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer question #4; if no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation

PREVIOUSLY APPROVED PROGRAM

		Innovation	
No.	Question	Yes	No
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/> If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.		

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PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa

Program Number/Name: CSS Program 2 – TAY FSP – TAY Program

Date: March 1, 2010

Previously Approved		CSS and WET							
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
		<table border="1"> <tr> <td>FY 09/10 funding</td> <td>FY 10/11 funding</td> <td>Percent Change</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change							
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.								

**CSS Program 2 – TAY FSP – TAY Program**

Target Population:

The program serves transition age youth (TAY) 16-25 years of age with psychiatric disabilities, who are homeless or at imminent risk of homelessness, living within the western region of Contra Costa County (West County). This includes all areas of the county west of Martinez, including Richmond, San Pablo, Pinole, El Cerrito, and Hercules. Transition age youth are likely to have involvement with gangs, the child welfare and criminal justice systems. They may also lack skills for independent living.

Services/Strategies:

The TAY program advances the goals of MHSA by creating a positive youth development environment in which homeless or imminently homeless TAY's with psychiatric disabilities (SMI or SED) can take personal responsibility and make good choices about their lives when provided with housing, services and supports that they need. Mental health consumers' person-centered service plans define the services and supports that are provided, allowing for development of participants' self-direction and personal responsibility. By supporting consumers to address mental and physical health issues, substance abuse, housing instability, and critical social, education and vocational needs, the program prevents admission to jail, acute care hospitals, institutionalization, and unnecessary lives of poverty. Thus housing-first approach has been instituted through a partnership-based framework that builds upon successful, pre-established networks with homeless, housing, social service, health and behavioral health care providers in the region.

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated – NOT APPLICABLE FOR CONTRA COSTA COUNTY		
No.	Question	Yes No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.	

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. E4; if no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/> If yes, completed Exh. F4; if no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F4; if no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
Total Individuals: Total Families:			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:		
Total Individuals: Total Families:			
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/> If yes, answer question #2; if no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/> If no, answer question #3; if yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/> If yes, answer question #4; if no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation		

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PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F6; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

Select one:  
 CSS  
 WET  
 PEI  
 INN

**PREVIOUSLY APPROVED PROGRAM**

2010/11 ANNUAL UPDATE

County: Contra Costa County

Program Number/Name: CSS Program 3 - Adult FSP - Bridges to Home

Date: March 1, 2010

Previously Approved		Question		Yes	No	Comments	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #5 and complete Exh. E1 or E2 accordingly. If no, answer question #2	
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, complete Exh. E1. If no, answer question #3	
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, complete Exh. E1. If no, answer question #4	
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #4(a). If no, complete Exh. E1 or E2 accordingly	
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #5 and complete Exh. E1 or E2. If no, complete Exh. E1 and complete table below.	
		FY 09/10 funding	FY 10/11 funding	Percent Change			
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.						

**CSS Program 3 - Adult FSP - Bridges to Home**

Target Population:

The Adult FSP Project serves adults, aged 26-59, living within the western region of Contra Costa County (West County), which includes all areas west of Martinez, including the cities of Richmond, San Pablo, El Cerrito, Pinole and Hercules. The program targets those who are homeless or at serious risk of homelessness, or at serious risk of homelessness. Eligible participants have serious mental illness, and are currently unserved by Contra Costa Mental Health. Enrollees may have co-occurring disorders, history of hospitalization, justice system involvement.

Services/Strategies:

The Adult FSP Program advances the goals of MHSA by supporting individuals to address, reduce or resolve psychological issues and sociological conditions often linked to homelessness, and to attain hope, self-sufficiency, wellness, and a life of quality in the community. Consumers' stated needs and goals define the services and supports provided, allowing for the development of participants' self-direction and personal responsibility. This FSP assists persons with psychiatric disabilities to move from the street, homeless encampments, and situations that put them at serious risk of homelessness into permanent housing with full access to both clinical and consumer-driven supports. Culturally specific outreach efforts engage the target population. A mental health clinician serves as liaison to courts and jails. These efforts are instituted through a partnership-based framework that builds on successful, pre-established networks with homeless, housing, social service, health and behavioral health care providers.

The Adult FSP was originally developed to form a broad collaborative in West County between agency partners that had a history of working together on a number of formal and informal projects. The collaborative, including Rubicon Programs (lead agency), ANKA Behavioral Health, Families Unidas, Community Health for Asian-Americans (CHAA), and Mental Health Consumer Concerns (a consumer run and operated agency), operates in conjunction with CCMHI and Public Health Shelter, Inc. is the master leasing agency. This

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

collaborative is called *Bridges to Home*.

Based upon the experience of the collaborative during the first 2-1/2-3 years, with the cooperation of all the affiliates in *Bridges to Home*, distinct operational programs were developed and contracted as such, but allowed the partners to continue a close coordinating relationship involving cross referrals, and *Familias Unidas* separated and became responsible for distinct enrollment, record keeping, and service delivery. In operational terms, the total number of MESA participants has remained the same. *Familias Unidas* serves 30 participants with *Bridges to Home* serving the balance. (320) *Familias Unidas* maintains a separate on-call system and continues to attend and be involved in governance meetings for communication and problem solving, but no longer has decision-making responsibilities regarding *Bridges to Home* operations. These changes occurred 7/1/2008. Mental Health Consumer Concerns (the consumer operated agency) moved from field based to site-based support through their West County Wellness and Recovery Center.

A second component was initiated later in, when the MIOCR funding was eliminated by the State. As a result of the loss of that funding, the contract of ANKA Behavioral Health, and one of the partners in the *Bridges to Home* program, had their contract expanded to include this population as Full Service Partners (funding clinical case management services to the Contra Costa Behavioral Health County). This was completed as Per DMH Information Notice 08-08, issued 10/31/08). ANKA is responsible for separate enrollment, recordkeeping, on-call, and service delivery.

Contra Costa Mental Health Division continues to coordinate with all of the contract providers serving adult full service partners, as well as with Public Health, for shelter access, and in maintaining a clinician in each of the County's regional clinics to facilitate continuation of care and services to those individuals who relocate to the West County priority service area.

Existing Programs to be Consolidated - NOT APPLICABLE FOR CONTRA COSTA COUNTY

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



2010/11 ANNUAL UPDATE PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. E4; if no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/> If yes, completed Exh. F4; if no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F4; if no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
5b.	Total Individuals: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates		
	Total Families:		
	Total Individuals:		
	Total Families:		
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/> If yes, answer question #2; if no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/> If no, answer question #3; if yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/> If yes, answer question #4; if no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation			
No.	Question	Yes	No		
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2	
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3	
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4	
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5	
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5	
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.				

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:  
 CSS  
 WET  
 PEI  
 INN

County: Contra Costa County

Program Number/Name: CSS-Program 4 - Older Adult System Development

Date: March 1, 2010

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

**Program 4 - Older Adult System Development**  
**Target Population:**  
 Seniors, aged 60 years and older, who are isolated and living in the community and who are severely disabled, are the target population. They have complex presentations, often involving psychiatric and medical problems (a serious mental illness complicated by a serious medical problem) or a diagnostic confusion of the two, without adequate support and resources, including adequate insurance. The first priority is for those at risk for an unnecessary loss of ability to function, e.g., those seniors who may lose the ability to care for themselves and their health, and/or who may lose their ability to remain at home as a result of a downward spiral. Services are targeted to seniors who are Medi-Cal recipients or with incomes at 500% of federal poverty level or below.

**Services/Strategies:**  
 There are currently no specialized geriatric mental health services in Contra Costa County. The Older Adult Program advances the goals of MHSA by establishing an integrated service-delivery structure that does not currently exist for seniors. Services are consumer friendly, culturally competent and client-driven. Culturally competent outreach helps to identify and engage consumers. Co-located and integrated medical/mental health services reduces barriers to care. The core structure allows for expansion for more comprehensive services and increased service volume in the future.  
 Effective May 9, 2008, by MHSA Performance Contract Amendment, the program was expanded/enhanced to include the adoption/implementation of the impact program as its model of care to older adults experiencing depression, with the staff needed to implement the impact program in county primary care clinics.

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated - NOT APPLICABLE IN CONTRA COSTA COUNTY				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; if no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; if no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 if no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly if no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated. b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
5b.	Total Individuals: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.	Universal Prevention	Selective/Indicated Prevention
	Total Individuals:		Early Intervention
	Total Families:		
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated; b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5, if no, answer question #2.
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5, if no, answer question #3.
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5, if no, answer question #4.
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5, if no, answer question #5.
5.	Is the funding requested $\pm$ 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5, if no, complete Exh. F5.
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:  
 CSS  
 WEI  
 PEI  
 INN

County: Contra Costa County  
 Program Number/Name: CSS Program 5 - Housing Program for Full Service Partners  
 Date: March 1, 2010

Previously Approved			CSS and WEI							
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; if no, answer question #2.						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Ex. F1; if no, answer question #3.						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Ex. F1; if no, answer question #4.						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); if no, complete Ex. E1 or E2 accordingly.						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Ex. E1 or E2; if no, complete Ex. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		FY 09/10 funding	FY 10/11 funding	Percent Change				
FY 09/10 funding	FY 10/11 funding	Percent Change								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									

Program 5 - Housing Program for FSP's

Target Population:

Housing available in this program supports full service partners (FSP's) in Programs #1, 2, and 3 (Children/Families, TAY's, Adults). They are homeless (adults) or imminently homeless (children/TAY) and otherwise eligible for FSP programs 1, 2, and 3.

Services/Strategies:

Housing is a key area of development for all current and future FSP's - currently children, transition age youth (TAY) and adults. The CCMH housing program consists of several housing specific elements. The services and supports that will wrap around these housing elements include:

1. New facilities
2. Housing "vouchers" through master leases
3. Development of new housing options for all groups in the future.

During previous fiscal years, the county obtained through partnership with local community based organizations (renovations of an older apartment building), the Virginia Street Project with 6 dedicated apartments for mental health, the Villa Vasconcelos senior housing project (new construction) for 2 dedicated apartments for older adults, 2 dedicated apartments in the Lythe Mar Jones project in the west region of the county purchase construction of a modular facility with 6 dedicated apartments for mental health, transition age youth, and finally, shelter beds through an MOU with another county department for transitional housing.

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

During FY 2009/2010, additional funds were requested under the workplan to maintain housing which was already on-line and to increase capacity as follows:

1. Project development and management for 6 dedicated apartments in Phase II Lillie Mae Jones Plaza (new construction as part of separate MHSA housing allocation);
2. Increasing shared housing through master leases with Shelter, Inc;
3. New/additional contracts for Board and Care housing. Project development for additional Lillie Mae Jones Plaza (master leasing for more apartments). Collaborating with Shelter Plus Care, Section 8 Voucher/Project in East County region. Transitional housing options.

Additional strategies include (as part of this program) a Housing Coordinator, and a Housing Specialist in each region of the county (3 regions) to develop more housing options and provide ongoing support.

Existing Programs to be Consolidated - NOT APPLICABLE IN CONTRA COSTA COUNTY

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



2010/11 ANNUAL UPDATE PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	Early Intervention
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates.			
5b.	Total Individuals: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.	Total Families:		Universal Prevention
	Total Individuals:	Total Families:		Selective/Indicated Prevention
	Existing Programs to be Consolidated			Early Intervention
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; if no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; if yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; if no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:  
 CSS  
 WET  
 PEI  
 INN

County: Contra Costa County  
 Program Number/Name: CSS Program 6 - Systems Development Strategies  
 Date: March 1, 2010

Previously Approved		CSS and WEI	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.	If yes, answer question #5 and complete Exh. E1 or E2 accordingly. If no, answer question #2. If yes, complete Exh. F1. If no, answer question #3. If yes, complete Exh. F1. If no, answer question #4. If yes, answer question #4(a). If no, complete Exh. E1 or E2 accordingly. If yes, answer question #5 and complete Exh. E1 or E2. If no, complete Exh. F1 and complete table below.	
		FY 09/10 funding	FY 10/11 funding
			Percent Change

Program 6 - Systems Development Strategies

Target Population:

Priority Populations by Strategy:

- 1, 3, 5 - Mental health consumers who are TAY's, Adults, Older Adults
- 2, 6 - All mental health consumers
- 4 - Consumers of all ages

Services/Strategies:

A series of ongoing activities were identified as priorities for development of systems outside of Full Service Partnerships. The most significant of these is the Older Adult Program which is described as Work Plan 4. The additional systems development pieces do not constitute stand-alone programs but rather, are a series of strategies for overall systems development. These include:

- Strategy 1: Enhancements to the Office for Consumer Empowerment
- Strategy 2: Planning for Future Systems Development
- Strategy 3: Peer Beneficiaries Advocates
- Strategy 4: Expansion of Family Partner Program
- Strategy 5: Wellness Services
- Strategy 6: Transformation Training

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated - NOT APPLICABLE IN CONTRA COSTA		Yes	No	
No.	Question			
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2. If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3. If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated. b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity and language spoken by the population to be served), and c) Provide the rationale for consolidation.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/> If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/> If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes:		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
Total Individuals:		Total Families:	
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention
Total Individuals:		Total Families:	
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/> If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/> If no, answer question #3; if yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/> If yes, answer question #4; if no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the funding requested ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.		

If yes, complete Exh. E5; if no, answer question #2  
 If yes, complete Exh. F5; if no, answer question #3  
 If yes, complete Exh. F5; if no, answer question #4  
 If yes, complete Exh. F5; if no, answer question #5  
 If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5

PREVIOUSLY APPROVED PROGRAM

County: Contra Costa County

Program Number/Name: PEI Program 1 - Building Connections in Underserved Cultural Communities

Date: March 1, 2010

EXHIBIT D

Select one:

- CSS  
 WEI  
 PEI  
 INN

GSS and WEI

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

Existing Programs to be Consolidated

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

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. E4; if no, answer question #2.	
2.	Is there a change in the Priority Population of the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, complete Exh. F4; if no, answer question #3.	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, complete Exh. F4; if no, answer question #4.	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b.	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
<b>NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM</b>			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates.		
<b>NO CHANGE IN THE NUMBERS TO BE SERVED ANNUALLY</b>			
Total Individuals: Total Families:			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates. no changes	Universal Prevention	Selective/Indicated Prevention
Total Individuals: Total Families:			
<b>Existing Programs to be Consolidated - Not applicable to Contra Costa</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #2; if no, answer questions for existing program above.	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If no, answer question #3; if yes, complete Exh. F4.	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #4; if no, complete Exh. F4.	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation		



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PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County

Program Number/Name: PEI Program 2 - Coping with Trauma Related to Community Violence

Date: March 1, 2010

Previously Approved		CSS and WET							
No.	Question	Yes	No						
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>						
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">FY 09/10 funding</td> <td style="width: 33%;">FY 10/11 funding</td> <td style="width: 33%;">Percent Change</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change							
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.</p>								
Existing Programs to be Consolidated									
No.	Question	Yes	No						
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>						
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>						
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>						
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>						
5.	<p>Description of Previously Approved Programs to be consolidated. Include in your description:</p> <p>a) The names of Previously Approved Programs to be consolidated;</p> <p>b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served); and</p> <p>c) Provide the rationale for consolidation.</p>								

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PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention			
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
<b>No changes to the Previously Approved Program</b>					
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates No change to the number of individuals served annually				
5b.	Total Individuals: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates. No change to the number of clients by type of prevention annually.	Total Families		Universal Prevention	Selective/Indicated Prevention
Existing Programs to be Consolidated - Not applicable in Contra Costa County					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated; b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation				

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PREVIOUSLY APPROVED PROGRAM

No.	Question	Innovation		
		Yes	No	
1.	Is this an existing program with no charges?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5. If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5. If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5. If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5. If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5. If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

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PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

County: Contra Costa County

Program Number/Name: PEI Program 3 - Stigma Reduction and Awareness Education

Date: March 1, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

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

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population of the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
<b>NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM</b>			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
<b>NO CHANGE IN THE NUMBERS OF INDIVIDUALS TO BE SERVED ANNUALLY</b>			
Total Individuals:		Total Families:	
5b.	If the total number of clients by type of prevention annually is different than previously reported, please provide revised estimates. No change in number of clients by type of prevention annually.		
Total Individuals:		Total Families:	
<b>Existing Programs to be Consolidated - Not applicable to Contra Costa</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated; b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation		

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PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm$ 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

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PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County

Program Number/Name: PEI Program 4—Suicide Prevention

Date: March 1, 2010

Previously Approved		Question		Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #5 and complete Exh. E1 or E2 accordingly. If no, answer question #2.
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, complete Exh. F1; if no, answer question #3.
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, complete Exh. F1; if no, answer question #4.
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #4(a); if no, complete Exh. E for E2 accordingly.
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #5 and complete Exh. E for E2. If no, complete Exh. F1 and complete table below.
		FY 09/10 funding	FY 10/11 funding			Percent Change
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.					
Existing Programs to be Consolidated		Question		Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #2. If no, answer questions for existing program above.
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #3; if no, complete Exh. F1.
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #4 if no, complete Exh. F1.
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #5 and complete Exh. E1 or E2 accordingly if no, complete Exh. F1.
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.					



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PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; if no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; if no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; if no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM

5a. If the total number of individuals to be served annually is different than previously reported please provide revised estimates --

NO CHANGE IN THE NUMBERS OF INDIVIDUALS TO BE SERVED ANNUALLY

No.	Question	Yes	No	Universal Prevention	Selective/Indicated Prevention	Early Intervention
5b.	Total Individuals: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates. No change in number of clients by type of prevention annually.					
	Total Families:					
	Total Individuals: Total Families:					

Existing Programs to be Consolidated - Not applicable to Contra Costa

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

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PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved ININ program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County

Program Number/Name: PEI Program 5 - Supporting Older Adults

Date: March 1, 2010

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

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	Early Intervention
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 5% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
<b>NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM</b>				
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates -			
<b>NO CHANGE IN THE NUMBERS OF INDIVIDUALS TO BE SERVED ANNUALLY</b>				
Total Individuals: Total Families:				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates. No change in number of clients by type of prevention annually.			
Total Individuals: Total Families:				
<b>Existing Programs to be Consolidated - Not applicable to Contra Costa</b>				
No.	Question	Yes	No	Early Intervention
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

County: Contra Costa County

Program Number/Name: PEI Program 6 - Parenting Education and Support

Date: March 1, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

Existing Programs to be Consolidated

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

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		

NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM

5a. If the total number of individuals to be served annually is different than previously reported please provide revised estimates --

NO CHANGE IN THE NUMBERS OF INDIVIDUALS TO BE SERVED ANNUALLY

No.	Question	Total Individuals:			Total Families:		
		Universal Prevention	Selective/Indicated Prevention	Early Intervention	Universal Prevention	Selective/Indicated Prevention	Early Intervention
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates. No change in number of clients by type of prevention annually.						

Existing Programs to be Consolidated - Not applicable to Contra Costa

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

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the funding requested 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved ININ program and the rationale for the changes.		

If yes, complete Exh. E5; if no, answer question #2  
 If yes, complete Exh. F5; if no, answer question #3  
 If yes, complete Exh. F5; if no, answer question #4  
 If yes, complete Exh. F5; if no, answer question #5  
 If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5



PREVIOUSLY APPROVED PROGRAM

2010/11 ANNUAL UPDATE  
 County: Contra Costa County  
 Program Number/Name: PEI Program 7 - Supporting Families Experiencing the Juvenile Justice System  
 Date: March 1, 2010

Select one:  
 CSS  
 WEI  
 PEI  
 INN

Previously Approved		Yes		No	
No.	Question	Yes	No	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly. If no, answer question #2.	
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1. If no, answer question #3.	
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1. If no, answer question #4.	
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a). If no, complete Exh. E1 or E2 accordingly.	
a)	Is the change within ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2. If no, complete Exh. F1 and complete table below.	
		FY 09/10 funding		FY 10/11 funding	
				Percent Change	
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.				
Existing Programs to be Consolidated		Yes		No	
No.	Question	Yes	No	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2. If no, answer questions for existing program above.	
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3. If no, complete Exh. F1.	
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4. If no, complete Exh. F1.	
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly. If no, complete Exh. F1.	
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.				

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		

NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM

5a. If the total number of individuals to be served annually is different than previously reported please provide revised estimates.

NO CHANGE IN THE NUMBERS OF INDIVIDUALS TO BE SERVED ANNUALLY

		Total Individuals:		Total Families:	
No.	Question	Yes	No	Yes	No
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates. No change in number of clients by type of prevention annually.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Existing Programs to be Consolidated - Not applicable to Contra Costa

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

2010/11 ANNUAL UPDATE  
PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5	Is the funding requested $\pm$ 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:  
 CSS  
 WET  
 PEI  
 INN

County: Contra Costa County  
 Program Number/Name: PEI Program 8 - Supporting Families Experiencing Mental Illness  
 Date: March 1, 2010

CSS and WET

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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

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PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
<b>NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM</b>				
5a.	If the total number of individuals to be served annually is different than previously reported, please provide revised estimates.			
<b>NO CHANGE IN THE NUMBERS OF INDIVIDUALS TO BE SERVED ANNUALLY</b>				
Total Individuals: Total Families:				
5b.	If the total number of clients by type of prevention annually is different than previously reported, please provide revised estimates. No change in number of clients by type of prevention annually.			
Total Individuals: Total Families:				
Existing Programs to be Consolidated - Not applicable to Contra Costa				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; if no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5. If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5. If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5. If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5. If no, answer question #5
5.	Is the funding requested ± 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5. If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County

Program Number/Name: PEI Program 9 - Youth Development

Date: March 1, 2010

CSS and WET

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

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

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
<b>NO CHANGES TO THE PREVIOUSLY APPROVED PROGRAM</b>			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates -		
<b>NO CHANGE IN THE NUMBERS OF INDIVIDUALS TO BE SERVED ANNUALLY</b>			
Total Individuals: Total Families:			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates. No change in number of clients by type of prevention annually.		
Total Individuals: Total Families:			
<b>Existing Programs to be Consolidated - Not applicable to Contra Costa</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #2; if no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If no, answer question #3; if yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #4; if no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation.		



2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation	
No.	Question	Yes	No
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.		

Select one:

- CSS
- WET
- PEI
- INN

PREVIOUSLY APPROVED PROGRAM

County: Contra Costa County  
 Program Number/Name: WET - Program 1 - Workforce Education and Training (WE&T) Coordination

Date: March 1, 2010

Previously Approved		Question		Yes	No	If yes, answer question #5 and complete Exh E1 or E2 accordingly, if no, answer question #2						
No.	Question											
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below						
						<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			
FY 09/10 funding	FY 10/11 funding	Percent Change										
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.											

Program 1 - Workforce Education and Training (WET) Coordination

Objectives:

Overall objectives are to provide staffing and support to CCMH's WE&T component and to enhance the County's training infrastructure. These include:

1. Manage the rollout and ongoing activities in the WE&T plan, including developing Plan updates.
2. Coordinate training and technical assistance efforts for County and Community Based Organization (CBO) staff as well as network providers.
3. Ensure that family members, consumers and underserved and underrepresented communities are included as both trainers and participants.
4. Increase the availability of information on regional education and employment activities, including internship opportunities.
5. Convene the Training Advisory Group at least three times annually.

Goals:

- > One (1) FTE for Intern supervision and with WET implementation
- > One (1) Consumer Employment Coordinator
- > One (1) FTE Clerical Support for WET

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

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

Prevention and Early Intervention	
No.	Question
1.	Is this an existing program with no changes?
2.	Is there a change in the Priority Population of the Community Mental Health Needs?
3.	Is the current funding requested greater than 5% of the previously approved amount?
4.	Is the current funding requested greater than 35% less of the previously approved amount?
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates.
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.
Existing Programs to be Consolidated	
No.	Question
1.	Is this a consolidation of two or more existing programs?
2.	Is there a change in the Priority Population or the Community Mental Health Needs?
3.	Will the consolidated programs continue to serve the same estimated number of individuals?
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated. and c) Provide the rationale for consolidation.

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PREVIOUSLY APPROVED PROGRAM

		Innovation	
No.	Question	Yes	No
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the funding requested ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.		

If yes, complete Exh. E5. If no, answer question #2  
 If yes, complete Exh. F5. If no, answer question #3  
 If yes, complete Exh. E5. If no, answer question #4  
 If yes, complete Exh. F5. If no, answer question #5  
 If yes, answer question #6 and complete Exh. E5. If no, complete Exh. F5

PREVIOUSLY APPROVED PROGRAM

2010/11 ANNUAL UPDATE

Select one:  
 CSS  
 WET  
 PEI  
 INN

County: Contra Costa County

Program Number/Name: WET Program 2 - Staff Development Training Initiatives

Date: March 1, 2010

Previously Approved		Question		Yes	No	If yes, answer question #5 and complete Ext. E1 or E2 accordingly, if no, answer question #2	
No.	Question						
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, complete Ext. E1. If no, answer question #3	
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, complete Ext. E1. If no, answer question #4	
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			If yes, answer question #4(a). If no, complete Ext. E1 or E2 accordingly	
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			If yes, answer question #5 and complete Ext. E1 or E2. If no, complete Ext. E1 and complete table below	
		FY 09/10 funding	FY 10/11 funding	Percent Change			
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.						

WET Program 2 - Staff Development Training Initiatives

Objectives:

1. 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 (CEO) staff during FY 08-09
2. Begin recruiting and developing internal Subject Matter Experts to offer technical assistance on best practices. Explore the purchase and utilization of an e-learning system that meets CCAH'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.
4. Plan and implement the Recovery in Diverse Communities Conference in Fall 2009 (postponed to Fall 2010) to focus on reducing stigma among mental health professionals

Goals:

- > Up to 10 trainings per year
- > Core foundational training up to 2 trainings per year
- > E-learning system set up fee/maintenance
- > E-learning system set-up fee and maintenance
- > Co-occurring disorders certificate training

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

- > Spanish language training course (1 per year)
- > Conference cost (one time for 09/10 or 10/11)

Existing Programs to be Consolidated

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

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PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates.		
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.		
	Total Individuals:		
	Total Families:		
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If no, answer question #5; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved Programs to be consolidated, b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation		



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PREVIOUSLY APPROVED PROGRAM

Innovation

No.	Question	Yes	No	If yes, complete Exh. E5; if no, answer question #2
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #3
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, complete Exh. F5
5.	Is the funding requested $\pm$ 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			



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PREVIOUSLY APPROVED PROGRAM

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

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PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates			
5b.	Total Individuals: if the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.	Total Families:		
		Total Individuals:		
		Total Families:		
Existing Programs to be Consolidated				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated; b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			

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PREVIOUSLY APPROVED PROGRAM

Innovation

No.	Question	Yes	No	
1.	Is this an existing program with no changes.	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

PREVIOUSLY APPROVED PROGRAM

2010/11 ANNUAL UPDATE

Select one:  
 CSS  
 WEI  
 PEI  
 INN

County: Contra Costa County

Program Number/Name: WE&I Program 4 - Title Consumer Employment Strategies - SPIRIT Program Expansion & Enhancement

Date: March 1, 2010

CSS and WEI

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WEI programs: Describe objectives to be achieved such as: days of training, number of scholarships awarded, major milestones to be reached.

WE&I Program 4 - Consumer Employment Strategies - SPIRIT Program Expansion & Enhancement

Objectives:

1. 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.
2. With staffing from the Consumer Employment Coordinator, develop a SPIRIT alumni network for ongoing support and sharing of resources.

Goals:

- > One (1) SPIRIT College Instructor funded per year

Existing Programs to be Consolidated

No.	Question	Yes	No	If yes, answer question #2. If no, answer questions for existing program above
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3. If no, complete Exh. F1
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	

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PREVIOUSLY APPROVED PROGRAM

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





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PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested ±15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved IRIN program and the rationale for the changes:			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one

- CSS
- WET
- PEI
- INN

County: Contra Costa County  
 Program Number/Name: WE&T Program 5 - Family Member Employment Strategies  
 Date: March 1, 2010

Previously Approved		Yes		No		If yes, answer question #5 and complete Exh. E1 or E2 accordingly; if no, answer question #2		
No.	Question	Yes	No	Yes	No	FY 08/09 funding	FY 10/11 funding	Percent Change
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.							
<p><u>WE&amp;T Program 5 - Family Member Employment Strategies:</u></p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>Explore the development of a formalized family member training for employment in the public mental health system.</li> <li>Staff development trainings for family partner staff/volunteers annually.</li> <li>Training for current Contra Costa County staff.</li> </ol> <p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>Two (2) Family Psycho education trainings per year</li> </ul>								
<p><b>Existing Programs to be Consolidated</b></p> <p>No. _____ Question _____ Yes _____ No _____</p>								

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PREVIOUSLY APPROVED PROGRAM

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

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention			
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2	Early Intervention
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3	Selective/Indicated Prevention
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4	Universal Prevention
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	Early Intervention
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates.				
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.				
	Total Individuals: Total Families:				
<b>Existing Programs to be Consolidated</b>					
No.	Question	Yes	No		
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; if no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation				

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm$ 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

PREVIOUSLY APPROVED PROGRAM

Select one:  
 CSS  
 WET  
 PEI  
 INN

2010/11 ANNUAL UPDATE

County: Contra Costa County

Program Number/Name: WEST Program 6 - Developing Mental Health Concentration in High School Health Academies

Date: March 1, 2010

CSS and WET

Previously Approved No.	Question	Yes	No	If yes, answer question #5 and complete Exh. E1 or E2 accordingly, if no, answer question #2	If yes, complete Exh. F1; if no, answer question #3	If yes, complete Exh. F1; if no, answer question #4	If yes, answer question #4(a); if no, complete Exh. E1 or E2 accordingly	If yes, answer question #5 and complete Exh. E1 or E2; if no, complete Exh. F and complete table below		
								FY 09/10 funding	FY 10/11 funding	Percent Change
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.									

WEST Program 6 - Developing Mental Health Concentration in High School Health Academies

Objectives:

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.

Goals:

- > After PSR Certificate Program implemented, develop formalized High School Curriculum for this Program
- > Stipends for 15 High School Students per year

Existing Programs to be Consolidated No.	Question	Yes	No

PREVIOUSLY APPROVED PROGRAM

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

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population of the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
5b.	Total Individuals: Total Families:		
	if the total number of clients by type of prevention annually is different than previously reported please provide revised estimates		
		Universal Prevention	Selective/Indicated Prevention
			Early Intervention
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population of the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation		



2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.		

If yes, complete Exh. E5; if no, answer question #2.  
 If yes, complete Exh. F5; if no, answer question #3.  
 If yes, complete Exh. F5; if no, answer question #4.  
 If yes, complete Exh. F5; if no, answer question #5.  
 If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5.

PREVIOUSLY APPROVED PROGRAM

Select one:  
 CSS  
 WET  
 PEI  
 INN

County: Contra Costa County  
 Program Number/Name: WE&I Program 7 - Community College Partnerships: Psychosocial Rehabilitation Certificate (PSR)

Date: March 1, 2010

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

WE&I Program 7 - Community College Partnerships: Psychosocial Rehabilitation Certificate (PSR)

Objectives:

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.

Goals:

- Implement PSR Certificate Program by Fall 2010

Existing Programs to be Consolidated

No.	Question	Yes	No	If yes, answer question #2. If no, answer questions for existing program above
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	

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PREVIOUSLY APPROVED PROGRAM

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

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PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population of the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.		
		Universal Prevention	Selective/Indicated Prevention
			Early Intervention
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population of the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If no, answer question #3; if yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #4; if no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved ININ program and the rationale for the changes.			

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PREVIOUSLY APPROVED PROGRAM

Select one:  
 CSS  
 WET  
 PEI  
 INN

County: Contra Costa County

Program Number/Name: Program 8 - Psychiatric Technician Program

Date: March 1, 2010

CSS and WET

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

WE&T Program 8 - Psychiatric Technician Program

Objectives:

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.

Goals:

- Develop Psychiatric Tech Program with local college

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; if no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; if no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; if no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; if no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description.			

2010/11 ANNUAL UPDATE PREVIOUSLY APPROVED PROGRAM

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

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported, please provide revised estimates.		
5b.	Total Individuals: _____ Total Families: _____ If the total number of clients by type of prevention annually is different than previously reported, please provide revised estimates:	Universal Prevention	Selective/Indicated Prevention
			Early Intervention
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #2; If no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		If no, answer question #3; If yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, answer question #4; If no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation.		



PREVIOUSLY APPROVED PROGRAM

		Innovation	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.		

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County  
 Program Number/Name: WE&I Program 9 - Expanding Graduate Level Internship Opportunities  
 Date: March 1, 2010

CSS and WEI

Previously Approved No.	Question	Yes	No	If yes, answer question #5 and complete Exh. E1 or E2 accordingly. If no, answer question #2
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1. If no, answer question #3
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1. If no, answer question #4
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a). If no, complete Exh. E1 or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2. If no, complete Exh. F1 and complete table below.
		FY 09/10 funding	FY 10/11 funding	Percent Change
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.			

WE&I Program 9 - Expanding Graduate Level Internship Opportunities

Objectives:

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.
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.
3. Coordinate periodic meetings for clinical supervisors to provide supervision training, and to review difficult cases.
4. Expand internship program to provide stipends for interns placed at CBOs.

Goals:

- > Salary up to 24 students per year
- > Bilingual salary up to 7 students per year
- > CBO Intern stipends up to 20 students per year

PREVIOUSLY APPROVED PROGRAM

Existing Programs to be Consolidated		Question	
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the funding amount $\geq$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.		

PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention	
No.	Question
1.	Is this an existing program with no changes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Exh. E4; if no, answer question #2.
2.	Is there a change in the Priority Population of the Community Mental Health Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, completed Exh. F4; if no, answer question #3.
3.	Is the current funding requested greater than 15% of the previously approved amount? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Exh. F4; if no, answer question #4.
4.	Is the current funding requested greater than 35% less of the previously approved amount? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b.
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates.
5b.	Total Individuals: Total Families: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.
Total Individuals: _____ Total Families: _____	
Existing Programs to be Consolidated	
No.	Question
1.	Is this a consolidation of two or more existing programs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer question #2; if no, answer questions for existing program above.
2.	Is there a change in the Priority Population of the Community Mental Health Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, answer question #3; if yes, complete Exh. F4.
3.	Will the consolidated programs continue to serve the same estimated number of individuals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, answer question #4; if no, complete Exh. F4.
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation.

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

		Innovation		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; If no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F3; If no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; If no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; If no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved IMN program and the rationale for the changes.			

2010/11 ANNUAL UPDATE

PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

County: Contra Costa County

Program Number/Name: WE&T Program 10 - Psychiatry Workforce Development

Date: March 1, 2010

Select one:

- CSS  
 WET  
 PEI  
 INN

CSS and WET

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

WE&T Program 10 - Psychiatry Workforce Development

Objectives:

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.
2. Explore the training and professional development needs of psychiatrists in Contra Costa County (both CCMH and CBO).
3. To provide training/supervision for psychiatrists and other medical staff that addresses the needs of consumers and family members.
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.

Goals:

- > 1 part-time psychiatry staff/week
- > Staff time for supervision/training

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

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PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention		
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates			
		Total Families:		
		Total Individuals:		
		Total Families:		
<b>Existing Programs to be Consolidated</b>				
No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; If no, answer questions for existing program above
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>	If no, answer question #3; If yes, complete Exh. F4
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4; If no, complete Exh. F4
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated; b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation			



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PREVIOUSLY APPROVED PROGRAM

Innovation

No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. F5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

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PREVIOUSLY APPROVED PROGRAM

EXHIBIT D

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County

Program Number/Name: WE&T Program 11 - Nursing Workforce Development

Date: March 1, 2010

Previously Approved		Yes		No		if yes, answer question #5 and complete Exh. E1 or E2 accordingly. If no, answer question #2
No.	Question	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1. If no, answer question #3.
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1. If no, answer question #4.
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a). If no, complete Exh. E for E2 accordingly.
a)	Is the change within ±15% of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E for E2. If no, complete Exh. F1 and complete table below.
		FY 09/10 funding	FY 10/11 funding	Percent Change		
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.					

WE&T Program 11 - Nursing Workforce Development

Objectives:

1. Work with Samuel Merritt College, UC Davis and UCSF to provide outreach and recruit students to the Nursing Internship Program.
2. Explore the training and professional development needs of nursing staff in the system.
3. Formalize

Goals:

- > Salary for up to 6 students per year
- > Bilingual pay/salary for up to 3 students per year

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2. If no, answer questions for existing program above.
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3. If no, complete Exh. F1.
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4. If no, complete Exh. F1.

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4.	is the funding amount $\pm$ 15% of the sum of the previously approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, answer question #5 and complete Exh. E1 or E2 accordingly if no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served), and c) Provide the rationale for consolidation.			



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PREVIOUSLY APPROVED PROGRAM

Innovation

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

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PREVIOUSLY APPROVED PROGRAM

Select one:

- CSS
- WET
- PEI
- INN

County: Contra Costa County  
 Program Number/Name: WE&T Program 12 - Scholarship Program for Bachelors Level Degrees  
 Date: March 1, 2010

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

WE&T Program 12 - Scholarship Program for Bachelors level degrees

Objectives:

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

Goals:

- > Scholarships/stipends for up to 5 staff per year

Existing Programs to be Consolidated		Yes		No	
No.	Question	Yes	No	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2; if no, answer questions for existing program above	
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; if no, complete Exh. F1	
3.	Will all services from existing program continue to be offered?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4 If no, complete Exh. F1	

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PREVIOUSLY APPROVED PROGRAM

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

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PREVIOUSLY APPROVED PROGRAM

Prevention and Early Intervention			
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported, please provide revised estimates.		
5b.	Total Individuals: If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates.	Universal Prevention	Selective/Indicated Prevention
	Total Families:		Early Intervention
Existing Programs to be Consolidated			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated, and c) Provide the rationale for consolidation.		



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PREVIOUSLY APPROVED PROGRAM

Innovation

No.	Question	Yes	No	
1.	Is this an existing program with no changes	<input type="checkbox"/>	<input type="checkbox"/>	if yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm$ 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			

Select one:  
 CSS  
 WEI  
 PEI  
 INN

PREVIOUSLY APPROVED PROGRAM

County: Contra Costa County  
 Program Number/Name: WE&T Program 13 - Scholarship Program for Master's Level Degrees  
 Date: March 1, 2010

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

5. For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.  
 For WEI programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached.

WE&T Program 13 - Scholarship Program for Master's Level Degrees

Objectives:

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.

Goals:

- > Scholarships/stipends for up to 5 staff per year

Existing Programs to be Consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #2. If no, answer questions for existing program above.
2.	Will all populations of existing program continue to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #3; if no, complete Exh. F1

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

PREVIOUSLY APPROVED PROGRAM

		Prevention and Early Intervention	
No.	Question	Yes	No
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>
		if yes, complete Exh. E4; if no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		if yes, completed Exh. F4; if no, answer question #3	
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		if yes, complete Exh. F4; if no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>
		if yes, complete Exh. F4; if no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.		
5a.	If the total number of individuals to be served annually is different than previously reported please provide revised estimates		
	Total Individuals		
	Total Families		
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates		
	Universal Prevention		
	Selective/Indicated Prevention		
	Early intervention		
<b>Existing Programs to be Consolidated</b>			
No.	Question	Yes	No
1.	Is this a consolidation of two or more existing programs?	<input type="checkbox"/>	<input type="checkbox"/>
		if yes, answer question #2; if no, answer questions for existing program above	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input type="checkbox"/>
		if no, answer question #3; if yes, complete Exh. F4	
3.	Will the consolidated programs continue to serve the same estimated number of individuals?	<input type="checkbox"/>	<input type="checkbox"/>
		if yes, answer question #4; if no, complete Exh. F4	
4.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated. b) How the Previously approved programs will be consolidated; and c) Provide the rationale for consolidation		

PREVIOUSLY APPROVED PROGRAM

No.	Question	Innovation		
		Yes	No	
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E5; if no, answer question #2
2.	Is there a change in the essential purpose?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #3
3.	Is there a change to the learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #4
4.	Are two existing programs being consolidated?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F5; if no, answer question #5
5.	Is the funding requested $\pm$ 15% of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #6 and complete Exh. E5; if no, complete Exh. F5
6.	For all existing programs expanded or reduced, the County should describe the proposed changes to the most recent approved INN program and the rationale for the changes.			