

County: Contra Costa

Date: 3/5/2010

	CBS	WBT	CFTN	PEI	INN	Local Prudent Reserve
A: FY 2010/11 Planning Estimates						
1. Published Planning Estimates	\$17,715,700			\$5,016,100	\$2,719,900	
2. Transfers						
3. Adjusted Planning Estimates	\$17,715,700					
B: FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$17,715,700	\$198	\$10,022,200	\$7,632,593	\$5,143,900	
2. Requested Funding for OPP						
3. Not Available Unexpended Funds:						
a. Unexpended FY 08/07 Funds		\$1,980,604				
b. Unexpended FY 2007/08 Funds ^{a/}		\$2,461,302	\$97,000			
c. Unexpended FY 2008/09 Funds				\$2,568,725	\$404,100	
d. Adjustment for FY 2009/2010	\$0	\$4,451,909	\$97,000	\$2,882,590	\$404,100	
e. Total Not Available Unexpended Funds	\$0	\$0	\$0	-\$113,865	\$0	
4. Total FY 2010/11 Funding Request	\$17,715,700	\$198	\$10,022,200	\$7,646,458	\$5,143,900	
C: Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 08/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates		\$198				
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY 10/11 Planning Estimates						
Sub-total	\$0	\$198		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 08/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}			\$7,578,300			
c. Unapproved FY 08/09 Planning Estimates			\$2,443,000		\$1,212,300	
d. Unapproved FY 09/10 Planning Estimates				\$5,605,980	\$1,212,600	
e. Unapproved FY 10/11 Planning Estimates	\$17,715,700			\$1,951,078	\$2,719,300	
Sub-total	\$17,715,700	\$0	\$10,022,200	\$7,646,458	\$5,143,900	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$17,715,700	\$198	\$10,022,200	\$7,646,458	\$5,143,900	

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

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

CSS BUDGET SUMMARY

FY 2010(1)

County: Contra Costa

No.	Program Name	FY 10(1) Requested MHSA Funds	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
			Full Service Partnerships (FSP)	General Services Development	Community Engagement	MHSA Outreach Program	Children and Youth	Transitional Age Youth	Adult	Older Adult
CSS Programs										
Previously Approved Programs										
1	Children's FSP - Proj. AOCST	\$1,180,874	\$1,180,874				\$1,180,874			
2	TAY FSP - TAY Program	\$203,852	\$203,852				\$203,852			
3	Adult FSP - Bridge to Home Project	\$4,367,200	\$4,367,200				\$4,367,200			
4	Older Adult Program System Development	\$2,865,116	\$2,865,116				\$2,865,116			
5	Housing Program	\$2,771,578	\$2,771,578				\$2,771,578			
6	System Development Strategies	\$3,423,823	\$3,423,823				\$3,423,823			
7		\$0	\$0				\$0			
8		\$0	\$0				\$0			
9		\$0	\$0				\$0			
10		\$0	\$0				\$0			
11		\$0	\$0				\$0			
12		\$0	\$0				\$0			
13		\$0	\$0				\$0			
14		\$0	\$0				\$0			
15		\$0	\$0				\$0			
16	Subtotal Programs*	\$14,832,041	\$14,832,041	\$0	\$2,771,578	\$0	\$2,771,578	\$3,423,823	\$3,423,823	\$1,180,874
17	Plus up to 15% County Administration	\$2,107,367	\$2,107,367				\$2,107,367			
18	Plus up to 10% Operating Reserve	\$776,271	\$776,271				\$776,271			
19	Subtotal Previously Approved Programs/County Admin/Operating Reserve	\$17,715,700	\$17,715,700				\$17,715,700			
New Programs										
1		\$0	\$0				\$0			
2		\$0	\$0				\$0			
3		\$0	\$0				\$0			
4		\$0	\$0				\$0			
5		\$0	\$0				\$0			
6	Subtotal Programs*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7	Plus up to 15% County Administration									
8	Plus up to 10% Operating Reserve									
9	Subtotal New Programs/County Admin/Operating Reserve	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10	Total MHSA Funds Requested for CSS	\$17,715,700	\$17,715,700	\$0	\$2,771,578	\$0	\$2,771,578	\$3,423,823	\$3,423,823	\$1,180,874

38.80%

* Majority of funds must be directed towards FSPs (Cat. Code Rupp., lt. 9, § 9620, and (c)). Percent of Funds directed towards FSPs

Additional funding sources for FSP requirement: County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. In addition, the funding amounts must match the Annual Cost Report. Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs
Other Funding Sources

CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
	\$0	\$0	\$1,448,424	\$0	\$0	\$0	\$0	\$0	\$1,448,424	8%
Total Mental Health Expenditures:										
	\$0	\$517,812	\$0	\$0	\$0	\$0	\$0	\$0	\$1,466,236	8%

County: Contra Costa

Workforce Education and Training		Estimated MHSA Funds by Category				Percentage #VALUE
NO	Program Name	Previously Approved Programs	Previously Approved Programs	Previously Approved Programs	Previously Approved Programs	
1	Workforce Staffing	\$143,350	\$143,350			
2	Staff training	\$71,187	\$71,187			
3	Law Enforcement Training	\$28,750	\$28,750			
4	SFRST	\$36,225		\$36,225		
5	Family Member Employment	\$36,225		\$36,225		
6	High School Academics	\$20,000	\$20,000			
7	PSR-Cert	\$36,225		\$36,225		
8	Licensed Electronic Technician Program	\$278,579		\$278,579		
9	Intems - SW - PHS/PSYC - MFT - Nursing	\$71,760		\$71,760		
10	Psychiatric Workforce	\$28,272		\$28,272		
11	Nursing Internship Program*	\$23,000		\$23,000		
12	BA program	\$28,750		\$28,750		
13	MFA program	\$0		\$0		
14		\$0		\$0		
15	Subtotal: Previously Approved Programs	\$948,549	\$163,350	\$96,937	\$107,965	\$124,200
16	Plus up to 15% County Administration					
17	Plus up to 10% Operating Reserve					
18	Subtotal: Previously Approved Programs/County Admin/Operating Reserve	\$948,549				
19	New Programs	\$0				
20		\$0				
21		\$0				
22		\$0				
23		\$0				
24		\$0				
25		\$0				
26	Subtotal: NEW Programs	\$0	\$0	\$0	\$0	\$0
27	Plus up to 15% County Administration					
28	Plus up to 10% Operating Reserve					
29	Subtotal: New Programs/County Admin/Operating Reserve	\$0				
30	Total MHSA Funds Requested	\$948,549				

Note: Previously Approved programs to be expanded, reduced, eliminated and considered are considered New

FY 2010/11

PEI BUDGET SUMMARY

EXHIBIT 6A

3/5/2010

County: Contra Costa

Date:

No.	PEI Programs	Previously Approved Programs	Estimated MHSA Funds by Type of			Estimated MHSA Funds by Age Group			Percentage 15%	Percentage 10.0%
			Substance Abuse	Domestic Violence	Substance Abuse/Co-Occurring	Children and Youth	Stratified Age Youth	Older Adults		
1.	Building Connections on Underserved Cultural Communities	\$1,275,219	\$1,215,215	\$0	\$0	\$595,408	\$228,269	\$228,268	\$228,269	
2.	Domestic Violence Related to Community Violence	\$607,134	\$607,134	\$0	\$0	\$0	\$455,356	\$151,784	\$437,855	
3.	Stigma Reduction	\$175,137	\$175,137	\$0	\$0	\$42,784	\$43,784	\$43,784	\$43,785	
4.	Substance Prevention	\$375,405	\$375,405	\$0	\$0	\$65,951	\$93,851	\$93,851	\$93,852	
5.	Supporting Older Adult	\$490,320	\$490,320	\$0	\$0	\$0	\$325,997	\$325,997	\$325,997	
6.	Parenting Education & Support	\$1,058,942	\$1,058,942	\$0	\$0	\$442,083	\$442,094	\$442,094	\$442,094	
7.	Supporting Families Experiencing Juvenile Justice Sys.	\$684,067	\$684,067	\$0	\$0	\$0	\$114,153	\$114,153	\$114,154	
8.	Support for Families Experiencing Mental Illness	\$342,460	\$342,460	\$0	\$0	\$732,503	\$78,376	\$78,376	\$78,376	
9.	Youth Development	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
10.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
11.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
12.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
13.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
14.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
15.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
16.	Subtotal Programs	\$5,358,818	\$3,198,922	\$2,755,697	\$0	\$2,163,836	\$1,716,315	\$922,837	\$1,041,331	
17.	Plus up to 15% County Administration	\$692,193	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
18.	Plus up to 10% Operating Reserve	\$694,761	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
19.	Subtotal Previously Approved Programs/County Admin/Operating Reserve	\$7,332,493	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
20.	Subtotal New Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
21.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
22.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
23.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
24.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
25.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
26.	Subtotal Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
27.	Plus up to 15% County Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
28.	Plus up to 10% Operating Reserve	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
29.	Subtotal New Programs/County Admin/Operating Reserve	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
30.	Total MHSA Funds Requested for PEI	\$7,332,493	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

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



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 Mental Health Division
 Mental Health Services Act Administration
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Phone: (925) 957-6150

E-mail: mhsa@hsd.cccounty.us

MHSA FY 2010-2011 Plan Update

30 Day Public Comment Form

(Posting 3/5/10 through 4/5/10)

PERSONAL INFORMATION			
Name			
Agency/Organization			
Phone number		E-mail	
Mailing address (street)			
City, State, Zip			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)
COMMENTS			
(Please reference the section of the Plan that your comment(s) pertain to)			

Mental Health Services Act
Community Services and Supports

Full Service Partnership Outcomes
FY 2008-2009



Introduction

The data presented in this update details the Full Service Partners (FSP) outcomes through the end of Fiscal Year 2008-2009 (June 30, 2009) for Children, Transition Age Youth (TAY), and Adults. Providers collected data using the Partnership Assessment Form, the Key Event Tracking form and the Quarterly Assessment Form. The California Department of Mental Health (DMH) developed these three forms and requires Full Services Partnerships to use these forms with their Partners. The information collected is kept in the State's online Data Collection and Reporting (DCR) system and is used as the primary source for data analysis. Demographic information and hospitalization outcomes come from a secondary source, the County's PSP/InSyst system.

FSP Enrollment Capacity

As of June 30, 2009 the Adult FSP Program, Bridges to Home, was the only program at full capacity. As a result, the Adult Program experienced fewer Outreach and Engagement Activities when compared to the Children and TAY Programs (Refer to Outreach and Engagement chart on Page 10.)

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

FSP Demographic Characteristics

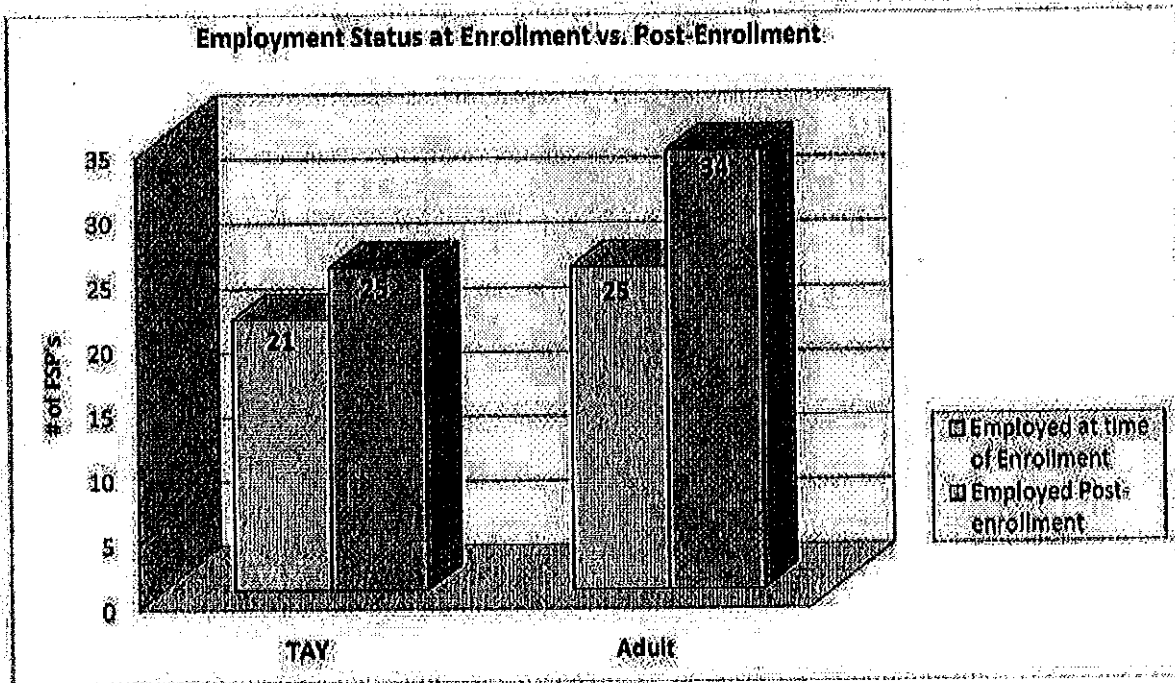
As previously mentioned, demographic information is entered in the County's PSP/InSyst system during the opening of the episode. The predominate race/ethnicity of the Children's FSP program is Hispanic and about one-third of those children prefer Spanish as their first language. The majority race/ethnicity in the TAY and Adult Program is African-American. The trend of race/ethnicity amongst the programs is most likely driven by the demographic and geographic differences of the Children's program, which is located in far East County. Whereas, the TAY and Adult FSP programs are located in West County.

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

Employment Status

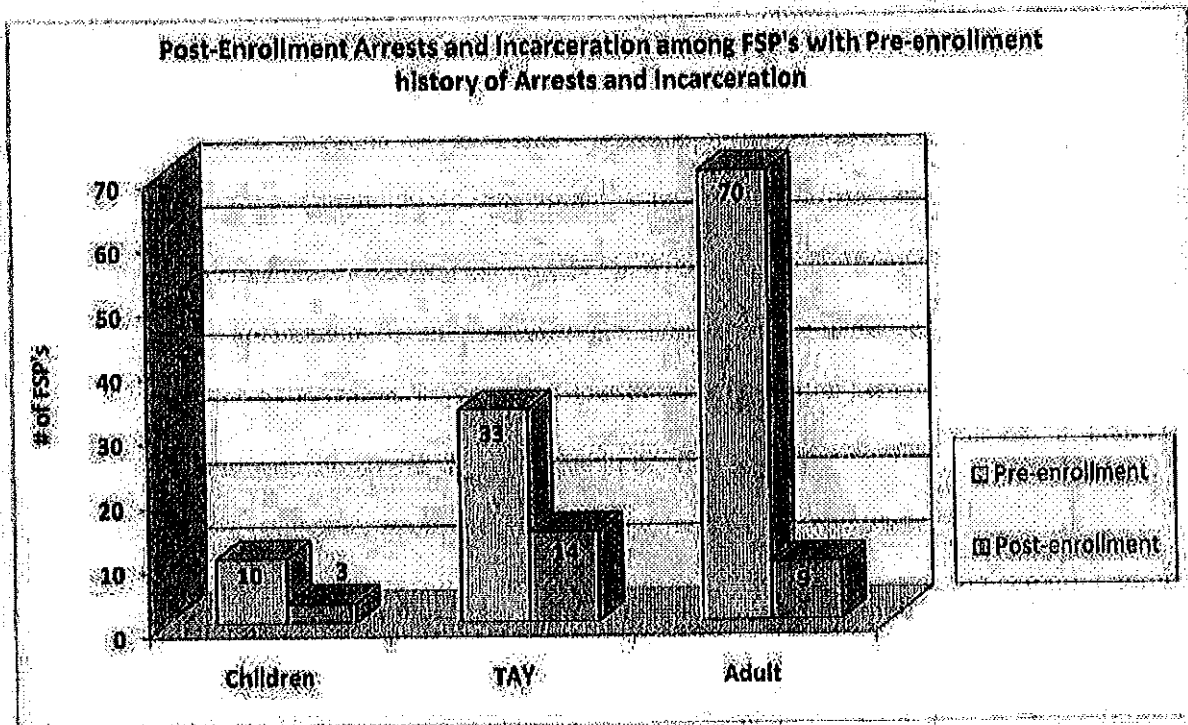
Employment information is collected on the Partnership Assessment Form and the Key Event Tracking form for Partners participating in the TAY and Adult FSP programs. Although several FSP's found employment post-enrollment, it remains a challenge for the majority of Partners. Four partners who were unemployed at the time of enrollment in the TAY FSP program, found a job after enrollment. Additionally, only 25 adults were employed at the time of enrollment into the Adults FSP program and a total of 34 adults were employed post-enrollment.

It is important to note both TAY and Adult Key Tracking Forms track "Employment as a Recovery Goal". The Partner is asked if their "current recovery goals include any kind of employment at this time?" Meaningful results stress the FSP's desire to find employment. Approximately 60 percent of Adult FSP's and 84 percent of TAY FSP's indicate employment as a recovery goal. (Data not shown)



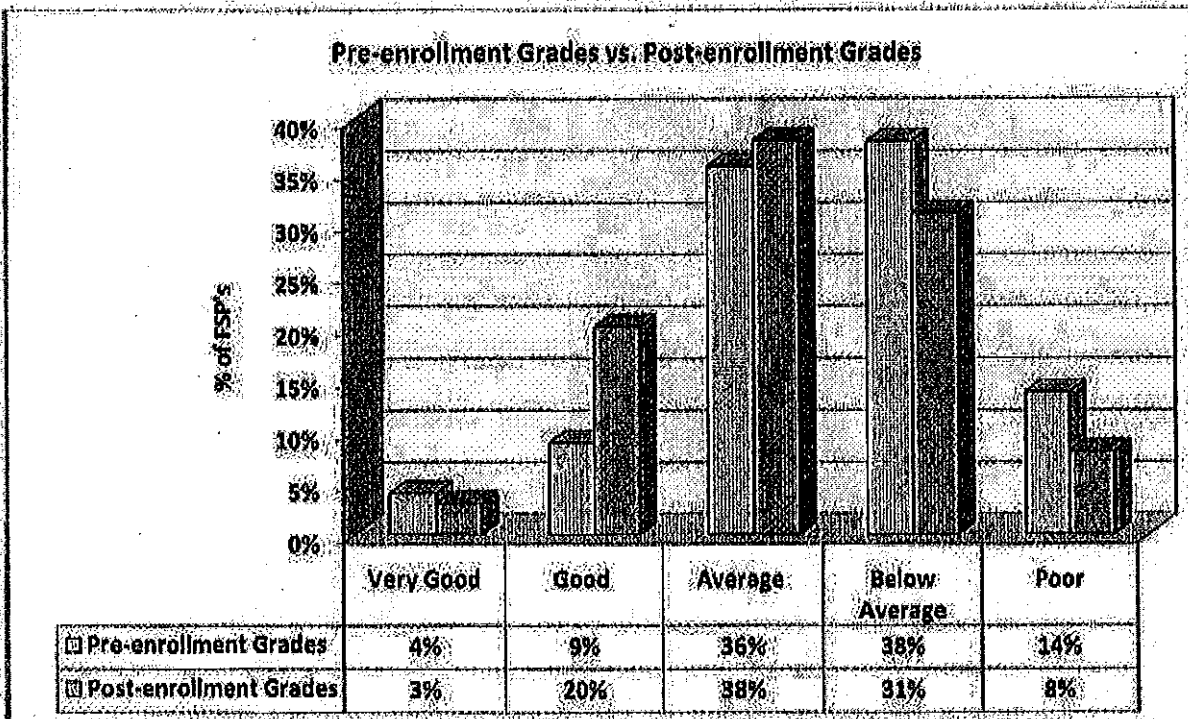
Arrest Information

Arrest information is collected on the Partnership Assessment Form and the Key Event Tracking form for Children, TAY and Adults. The information displayed in the chart below compares post-enrollment arrests and an incarceration among FSP's who had a pre-enrollment history of arrests or incarceration. (The term "pre-enrollment" in this report refers to the 12-month period of time prior to enrollment in the FSP program.) The greatest impact on recidivism was seen within the Adult FSP group with only 13 percent (9 partners) being re-arrested or incarcerated after FSP program enrollment. Among TAY FSP's who were arrested or incarcerated prior to enrollment (33 partners), 42 percent (14 partners) were re-arrested or incarcerated after enrollment into the FSP program.



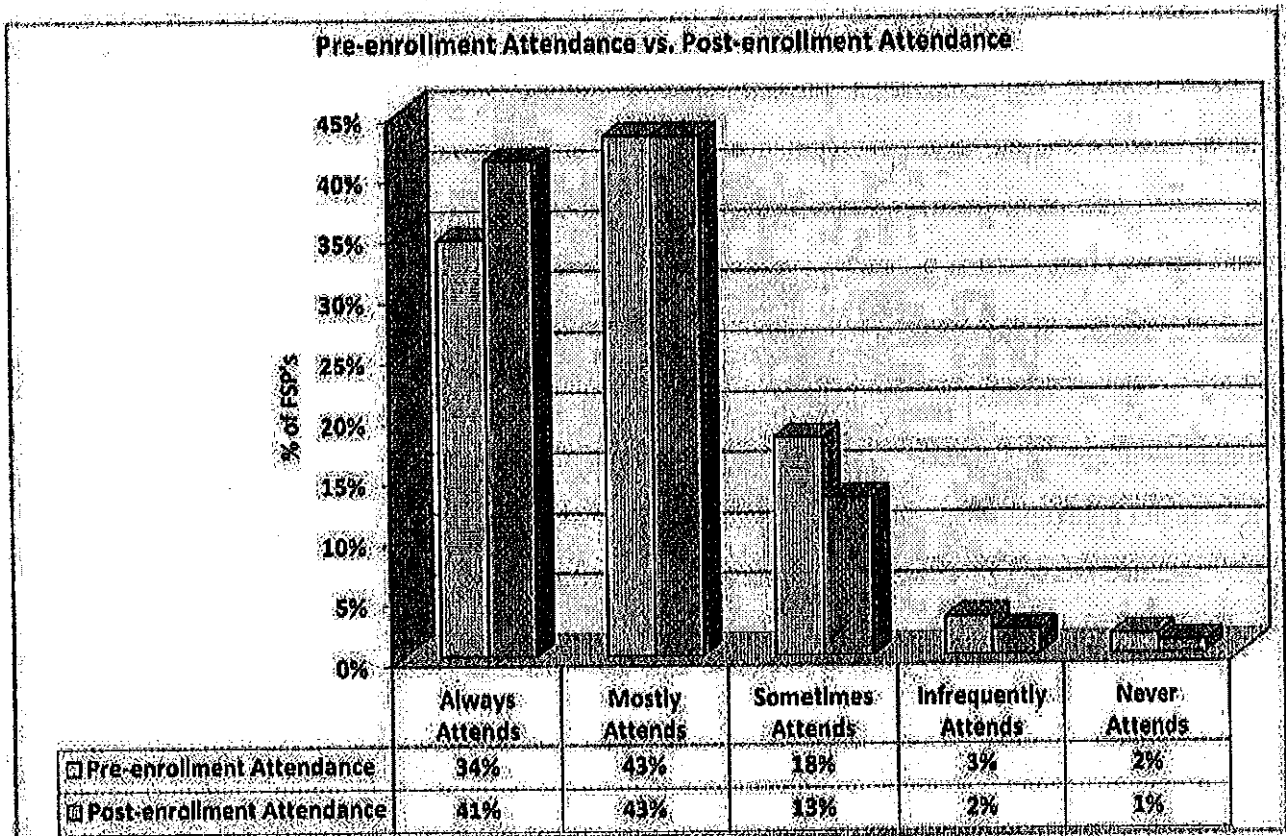
School Grades

School Grade information is collected on the Partnership Assessment Form and on the Quarterly Assessment Form for Children and TAY FSP's. Grade comparisons were made by analyzing the reported grades for the 12-month period prior to enrollment and comparing it to the grades reported on the last Quarterly Assessment received during Fiscal Year 2008-2009. Looking at post-enrollment data, "Below Average" and "Poor" grades decreased significantly while "Good" grades increased significantly.



School Attendance

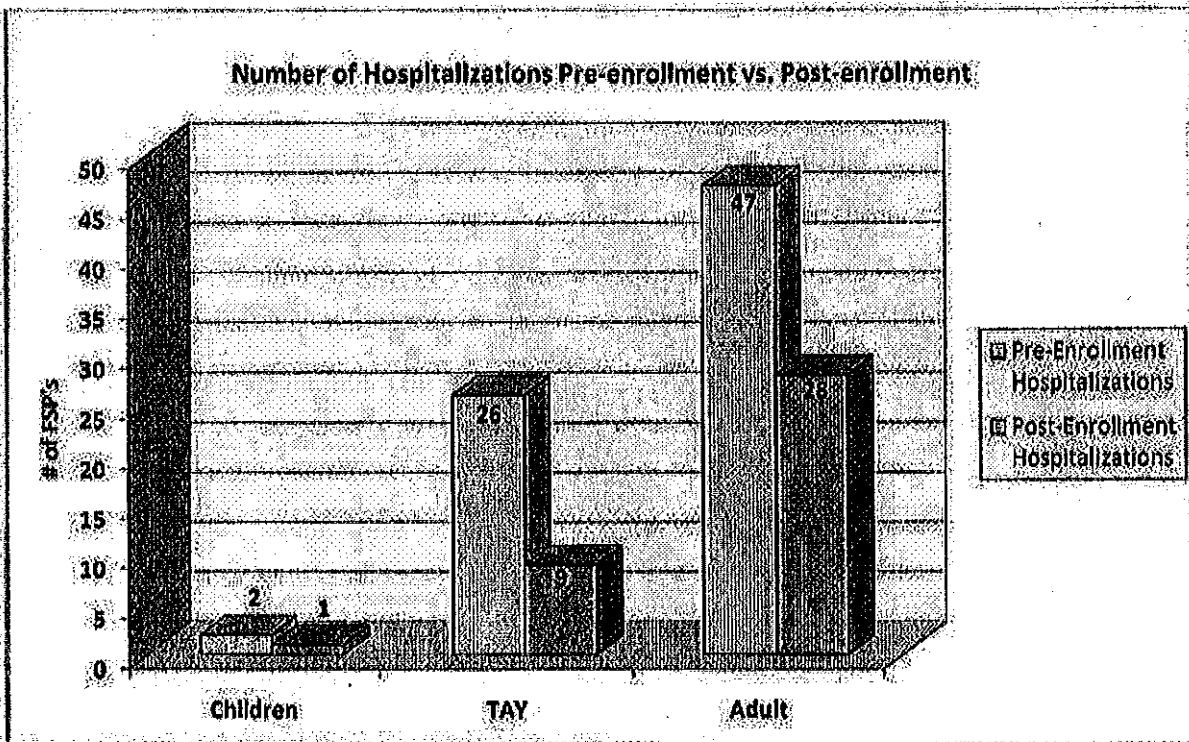
School Attendance information is collected on the Partnership Assessment Form and on the Quarterly Assessment Form for Partner's participating in the Children and TAY FSP programs. Attendance comparisons were made by analyzing the reported attendance for the 12-month period prior to enrollment and comparing it to the attendance reported on the last Quarterly Assessment Form submitted during Fiscal Year 2008-2009. The trend for post-enrollment attendance is positive, with more FSP's attending school "Always" and fewer reportedly attend school "Sometimes", "Infrequently" and "Never".



Hospitalizations

To compare the number of hospitalizations pre and post-enrollment, information in the PSP/InSyst system was analyzed. The number of pre-enrollment and post-enrollment hospitalizations was determined for each age group: Children, TAY and Adult. For this comparison, the pre-enrollment period and post-enrollment period were equivalent with respect to the number of days and unique to each FSP.

The number of Adult FSP's who were hospitalized decreased from 47 during the pre-enrollment period to 28 during the post-enrollment period. This represents a 40 percent decrease in hospitalizations for Adult FSP's. Furthermore, TAY FSP's had an even larger decrease in the number of hospitalizations post-enrollment when compared to pre-enrollment numbers. TAY FSP's experienced a 65 percent decrease in hospitalizations after enrolling into the Full Service Partnership Program.



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

MHSA Progress Report
&
Outreach and Engagement Report

The Progress Report and Outreach & Engagement information detailed on the following pages is collected and reported to the State quarterly.

Outreach and Engagement

Fiscal Year 2008-2009

O&E with Individuals				O&E with Groups			
Outreach and Engagement with Potential Full Service Partners							
Program	# of Services Provided	# of People Engaged	Total Hours	# of Community Forums/Presentations	Total # of Attendees	Total Hours	
Children FSP	1034	511	352.6	61	352	90	
TAY FSP	608	150	512	10	8	10	
Adult FSP	84	37	73.5	8	0	10.1	
TOTAL	1776 Services Provided	698 Unique People Engaged	938.1 Hours on Individual O&E	79 Community Forums/Presentations	360 Attendees*	110.1 Hours on Group O&E	
System Development Strategies							
Program	# of Services Provided	# of People Engaged	Total Hours	# of Community Forums/Presentations	Total # of Attendees	Total Hours	
OCE		518		24	143		
Wellness Program		3588		49			
Older Adult Program	175	111	161.7	116			
TOTAL	175 Services Provided	2217 People Engaged	161.7 Hours*	189 Community Forums/Presentations	143 Attendees*		
Housing							
Housing For	# of Services Provided	# of People Engaged	Total Hours	# of Community Forums/Presentations	Total # of Attendees	Total Hours	
Children		0					
TAY & Adults		912					

a. Total number of attendees was collected for Quarter 1 only.
 b. Older Adult Program reported number of Services provided for Quarter 2 only.
 c. Older Adult Program reported Total Hours for Quarter 2 only.
 d. Total number of attendees for OCE (Group O&E) was collected for Quarter 2 only.

MHSA Progress Report (July 1, 2007 to December 31, 2009)

1 st Quarter FY 07-08	2 nd Quarter FY 07-08	3 rd Quarter FY 07-08	4 th Quarter FY 07-08	1 st Quarter FY 08-09	2 nd Quarter FY 08-09	3 rd Quarter FY 08-09	4 th Quarter FY 08-09	1 st Quarter FY 09-10	2 nd Quarter FY 09-10
07/01/2007-09/30/2007	10/01/2007-12/31/2007	01/01/2008-03/31/2008	04/01/2008-06/30/2008	07/01/2008-09/30/2008	10/01/2008-12/31/2008	01/01/2009-03/31/2009	04/01/2009-06/30/2009	07/01/2009-09/30/2009	10/01/2009-12/31/2009
# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs
0	9	32	43	51	58	82	90	103	89
Children's FSP	11	28	41	43	51	60	60	75	80
TAY FSP	13 ^b	27	104	117	121	137	152	169	165
Adult FSP	24	50	158	211	230	279	302	347	334
TOTAL FSPs									

Full Service Partnership Enrollment

Housing for Full Service Partners

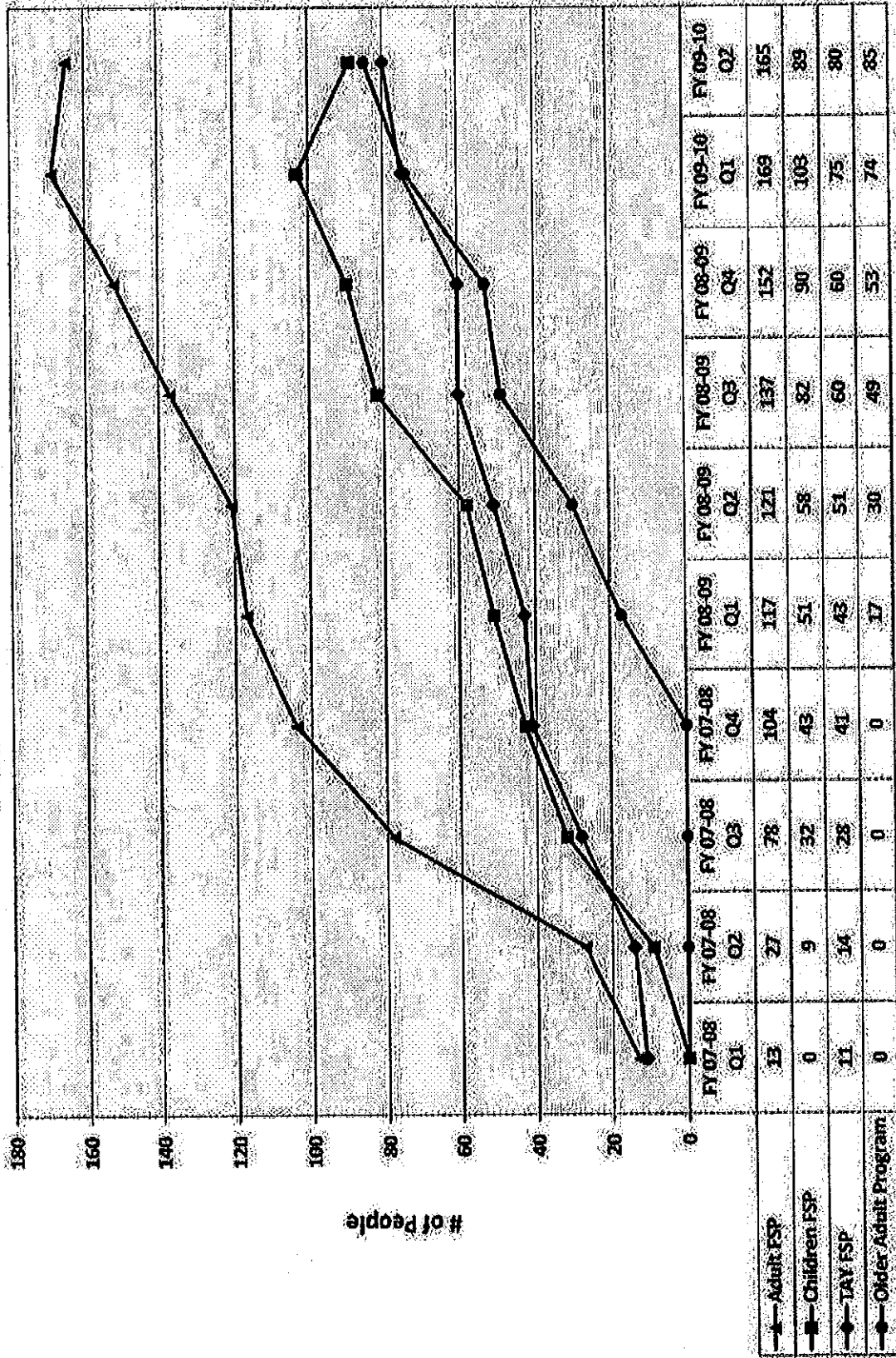
Program	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs	# of FSPs
Children's FSP	0	0	0	0	0	2	2	3	4
TAY	10	27	34	22	35	33	37	39	35
Adults	9	18	60	99	87	87	94	107	111
TOTAL FSPs	19	28	66	121	126	122	133	149	150

System Development Strategies

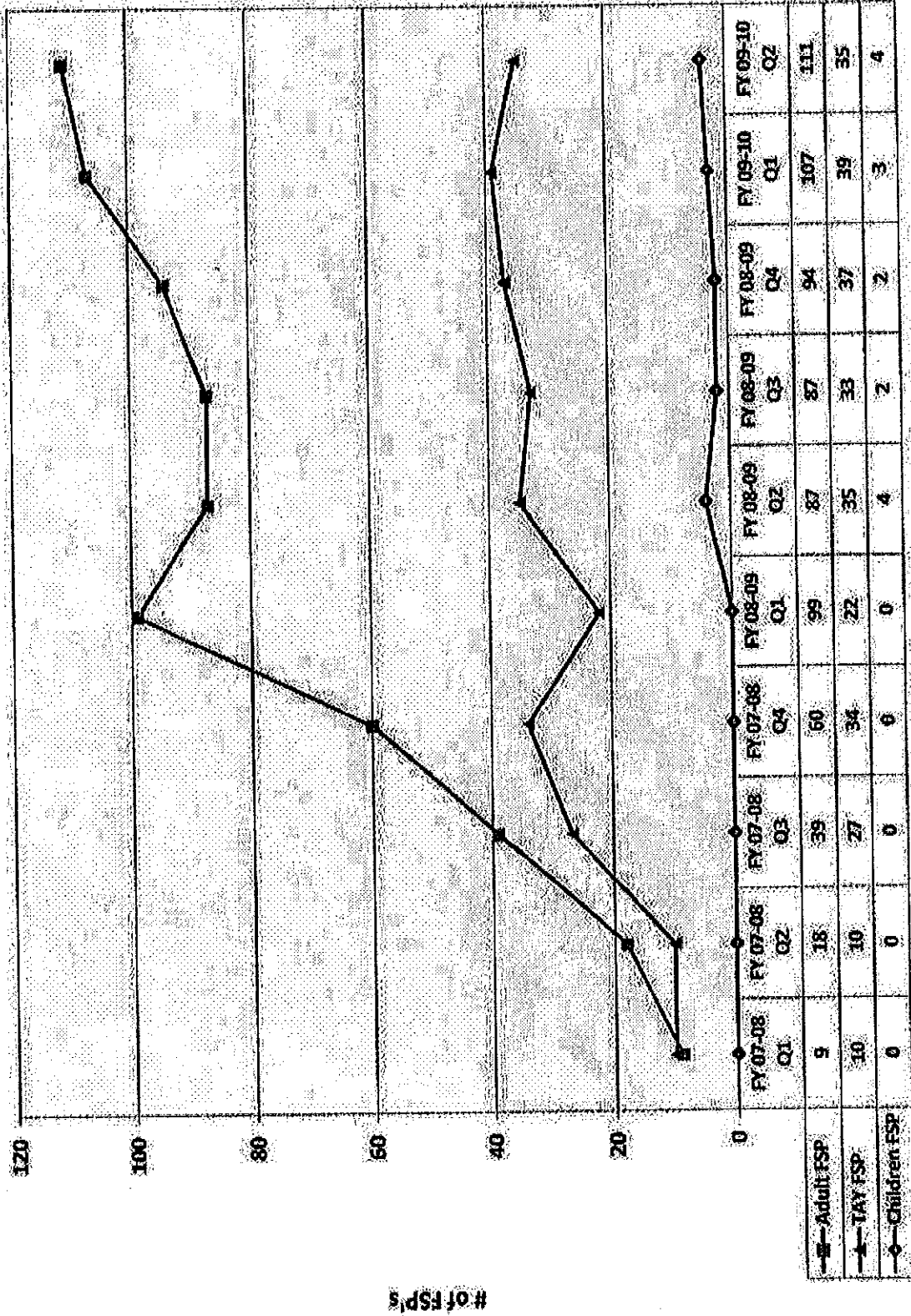
Program	# of Consumers	# of Consumers	# of Consumers	# of Consumers	# of Consumers	# of Consumers	# of Consumers	# of Consumers	# of Consumers
OCE	13 ^c	8 ^d	40 ^e	36	4	53	34	49	202
Wellness Program	---	---	150 ^f	241 ^g	417	434	535	671	439
Older Adult Program	---	---	---	---	17	30	53	74	85

- Notes:
- Includes 3 TAY FSPs who were served and subsequently discharged from the program in 2nd Quarter.
 - Includes one adult FSP who was discharged in 1st quarter.
 - Consumer Involvement Steering Committee (CIS) - SPIRITWORKS Support Group (SI) = 13 individuals.
 - Consumer Involvement Steering Committee - 8 individuals.
 - SPIRIT Training at CCC (includes those who later dropped out).
 - From January 1 through March 31, 2008, CMHR's Transition Team Nurses provided wellness-related services to 150 unique clients. Of these clients, 35% were from Central County, 31% from East County and 34% from West County. (The remaining 3% were "Unknown/Other")
 - Includes clients who attended Wellness group meetings or were referred for one or more services.

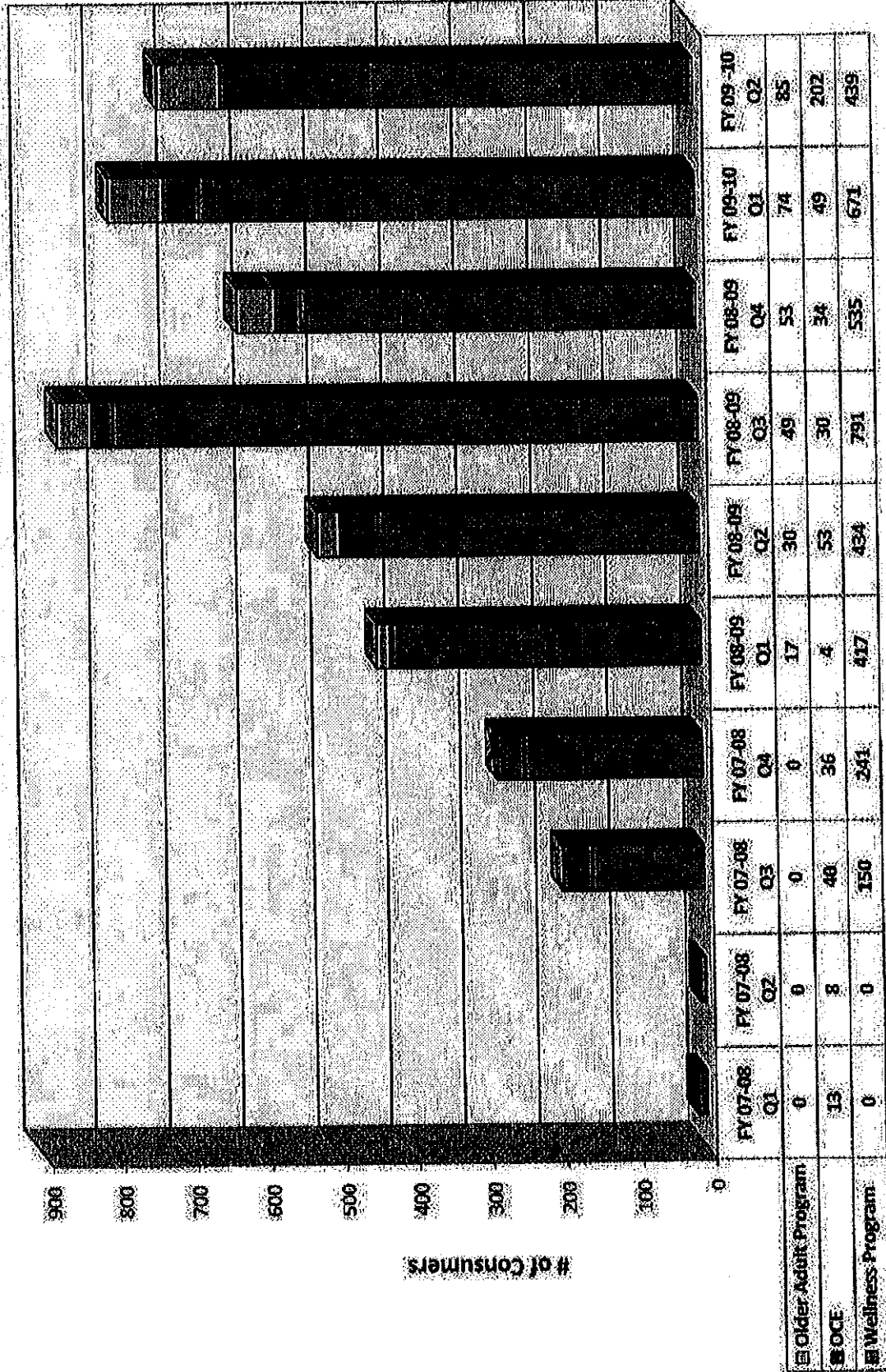
**MHSA Progress Report
FSP & Older Adult Enrollment Trends
(July 1, 2007 to December 31, 2009)**



MHSA Progress Report
 Housing for Full Service Partners
 (July 1, 2007 to December 31, 2009)



MHSA Progress Report
 Systems Development Strategies
 (July 1, 2007 to December 31, 2009)





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

PROJECT #1- BUILDING CONNECTIONS IN UNDERSERVED CULTURAL COMMUNITIES

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



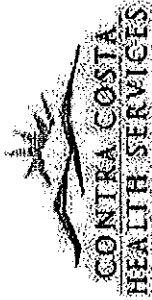
**MENTAL HEALTH SERVICES ACT
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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/EVALUATION TOOLS
	<p>2. Reduce feelings of stigma surrounding seeking services for emotional, psychological, and family problems.</p> <p>3. Better understanding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



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
<p align="center">La Clinica de La Raza</p>	<p>A. Reduce disparities and increase penetration of mental health services through culturally and linguistically competent early identification, assessment and brief intervention services integrated into the medical setting.</p> <ol style="list-style-type: none"> 1. Early identification of social isolation, mental distress and severe mental illness. 2. Increased access to mental health services. 3. Increased connection and linkage to community services. 4. Reduction in social isolation and distress. 5. Improved adjustment in life in the United States for immigrants. 6. Improved family communication across the generations. <p>B. To promote wellness and to increase social support and connection, individuals participating in cultural adjustment group will report:</p> <ol style="list-style-type: none"> 1. Increased social support. 2. Decreased isolation. 3. Increased positive social interactions. 4. Increased coping skills. 	<ol style="list-style-type: none"> 5. Progress toward resolution of specific issues. 6. Improved ability to communicate with doctors and providers about medical and mental health issues. 7. Increased understanding of health and mental health care systems in Contra Costa County. 8. Improved ability to bridge the gap between clients' culture of origin and contemporary U.S. culture in reference to health and mental health prevention and early intervention. <p>A. 3,000 Risk Factor Screenings will be completed annually by unique clients of La Clinica primary care patients.</p> <p>B. 1,375 clients will receive a consultation with a Behavioral Health Specialist within the fiscal year 2009 to 2010.</p> <p>C. 75% of patients who have a follow up 2nd visit with a Behavioral Health Specialist will report decrease in behavioral health distress or a decrease in risk factors per client report at a 2nd visit within the fiscal year, 2009 to 2010.</p> <p>D. 68 individuals will participate in a cultural adjustment education support group within the fiscal year, 2009 to 2010.</p> <p>E. 75% of participants who complete the education support group will demonstrate reduction of risk factors by a self-administered pre- and post group screening within the fiscal year, 2009 to 2010.</p>	<p>A. Tracking / Scantron computer software.</p>



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/EVALUATION TOOLS
Native American Health Ctr.	<p>A. Increase communication skills.</p> <p>B. Increase social connectedness.</p> <p>C. Increase the ability to navigate mental health education / system support within Contra Costa County.</p>	<p>A. 65% of 100 participants that are engaged in the Elder's Support Group, Youth Wellness Group, Traditional Arts Class, and Community Events will increase social connectedness within a 12-month period.</p> <p>B. 60% of 20 participants that are engaged in Positive Indian Parenting and Talking Circles will increase communication skills within a 12-month period.</p> <p>C. 50% of 20 participants that are engaged in Referrals, Leadership Training for Community Members, and Mental Health Education and System Navigation Support will increase their ability to navigate mental health education / system support within a 12-month period.</p>	<p>A. Prevention & Early Intervention Questionnaire.</p> <p>B. Community Needs & Interests Questionnaire.</p> <p>C. Event Log.</p> <p>D. Referral Log.</p> <p>E. Sign-In Sheet.</p> <p>F. Various databases, including the Bay Area Red Road and an Access database.</p>
Rainbow Community Center	<p>A. Reduce isolation, depression, and suicidal ideation among members of Contra Costa's LGBTQ community.</p> <p>1. Expand the range of community building activities and social support groups offered by the RCC by first soliciting input from community members about their needs for additional social support services.</p> <p>2. Strengthen the LGBTQ Community by providing a series of groups that are designed to promote resilience, reduce isolation and build a stronger sense of community affiliation.</p> <p>3. Groups offered will be divided into two types: Social/Outreach Groups 1. Social/Outreach Groups 4. Support/Pscho-educational Groups</p> <p>4. Improve communication and support among LGBTQ families. Increase family acceptance for LGBTQ youth with their heterosexual family members and increase social support and</p>	<p>A. Convene at least 5 focus group meetings for various segments of the LGBTQ Community with 7 participants per group by January 30th, 2010.</p> <p>B. 35 people will have participated in focus groups by January 30th, 2010.</p> <p>C. 12 LGBTQ Youth will complete Photo Voice / needs assessment by March 31st, 2010.</p> <p>D. A report on information received in the community needs assessment will be completed by February 28th, 2010.</p> <p>E. A plan to organize new outreach and psycho-educational support group services will be completed by February 28th, 2010. Target numbers of group participants will be included in this service plan.</p> <p>F. Baseline data on participants' social networks and social supports will be established by February 28th, 2010.</p> <p>G. Follow-up data on changes in participant's social networks and social supports will be established by</p>	<p>A. Community Needs Assessment, including Focus Groups, Photo Voice.</p> <p>B. Community Service Plan.</p> <p>C. Social Support Assessment Tool - UCLA Loneliness Scale - Version 3 (To be used with Outreach groups, Psychotherapy groups, Individual counseling clients).</p> <p>D. Pre-Post Client Satisfaction Surveys (To be used with Outreach groups, Psychotherapy groups, Individual counseling clients).</p> <p>E. Patient Health Questionnaire (PHQ-9) (To be used with Psychotherapy groups).</p>



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
	<p>4. communication among LGBT family members. Improve LGBT people's access to mental health counseling services and referrals to public and private mental health services. Provide one-on-one services for fragile, vulnerable clients including brief therapy and mental health referrals.</p>	<p>H. June 30th, 2010. Service Numbers Social /Outreach Groups: 1. Based on information collected in the needs assessment at least 5 new outreach groups will be organized at the RCC by June 30th, 2010. The service plan for new outreach groups will be completed by February 28th, 2010. Potential New Outreach Groups and suggested outcomes: a. 20 HIV+ people will be engaged in a new social - outreach group. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. b. 18 LGBT Seniors will be engaged in a new Senior's Discussion or Activity Group. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. c. 14 participants will be engaged in a Crystal Meth Anonymous - LGBT Recovery Group. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. d. 14 participants will be engaged in a Smoking Cessation Group. Evaluation instruments will be pilot tested with group</p>	<p>F. Individual counseling clients but NOT used in Outreach groups) Tracking Log for Number of Referrals G. Group sign-in sheets. H. Client Intake / Assessment forms (10 to be used with Psychotherapy groups. Individual counseling clients but NOT used in Outreach groups).</p>



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		<p>participants. Instruments will evaluate abstinence rates, and participants sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010.</p> <p>e. 12 participants will be engaged in an <u>LGBT Parents Raising Children Group</u>. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation and sense of community affiliation. Activities will be completed by June 30, 2010.</p> <p>2. The following participation and evaluation goals have been set for ROC's currently established outreach groups:</p> <p>a. 20 Heterosexual parents of LGBT youth will be engaged in a <u>Social – Outreach Group</u>. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>b. 12 People with <u>ELIV/AIDS</u> will be engaged in a <u>Concrete Meal Outreach Program</u>. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010.</p> <p>c. 45 Lesbian Women will be engaged in an <u>Outreach Group 24SADDT/24SBDOT</u>. Evaluation instruments will be pilot tested with group participants by February 28th</p>	



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



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
		<p>Psycho-Educational Groups will be organized at the RCC by June 30th, 2010. Potential New Psycho-Educational Groups and evaluation goals:</p> <p>1. By February 28th, 2010, a plan to organize new Psycho-Educational Group services will be completed. Target numbers of group participants will be included in this service plan and times for service delivery. Potential groups that may be included in the service plan include:</p> <p>a. 8 clients will participate in a 10-week women's support group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suitability and sense of social support. All activities will be completed by June 30, 2010.</p> <p>b. 8 clients will participate in a 10-week men's support group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suitability and sense of social support. All activities will be completed by June 30, 2010.</p> <p>c. 10 clients will participate in the East County Youth Support Group. Participants will complete a Photo Voice project. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suitability and sense of social support. All activities will be completed by June 30, 2010.</p>	



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
		<p>completed by June 30, 2010.</p> <p>d. 35 clients will participate in the <u>Central County Youth Support Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p> <p>e. 12 clients will participate in a <u>PEY Skills / Leadership Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p> <p>f. 10 clients will participate in an <u>Older Adult Support Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p> <p>g. 15 clients will participate in an <u>HHV Support Group</u>. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.</p>	



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



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
		<p>2. The crime statistics which will be measured for, which BBK will develop programs to improve neighborhood safety and children's security are vehicular incidents involving pedestrians, and battery. The goal is to obtain baseline data and to achieve a 10% reduction within fiscal year 2009 to 2010.</p>	<p>Groups and the Iron Triangle Neighborhood Council.</p>

PROJECT #2: COPING WITH TRAUMA RELATED TO COMMUNITY VIOLENCE

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



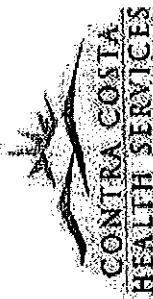
**CONTRA COSTA
HEALTH SERVICES**

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

PROJECT #4: SUICIDE PREVENTION

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



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

PROJECT #5: SUPPORTING OLDER ADULTS

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Center for Human Development (CHD)	<p>A. Decrease feelings of isolation for older adults.</p> <p>B. Increase positive changes in mood and behavior for older adults.</p> <p>C. Improve older adult and youth relationships, which will be mutually beneficial.</p>	<p>A. 80% of the total 30 senior participants will report decreased feelings of isolation.</p> <p>B. 88% of the total 30 Senior Peer Counselors will report a positive change in the senior participant's mood and behavior.</p> <p>C. 75% of the total 90 participants (seniors, Senior Peer Counselors and youth) in the project will report opportunities to build positive and healthy relationships.</p>	<p>A. Multiple choice questions related to participant satisfaction and perceptions.</p> <p>B. Open-ended questions.</p>
Lifelong Medical Care	<p>A. Reduce perceived isolation.</p> <p>B. Increase engagement in pleasant activities.</p> <p>C. Strengthen social networks.</p>	<p>A. 50% of 115 SNAP! Participants who are engaged in on-site group and individual activities will feel less isolated by July 2010.</p> <p>B. 75% of 115 SNAP! Participants in on-site group and individual activities are satisfied with the engagements and activities provided by SNAP! Staff, volunteers and peers by July 2010.</p> <p>C. 50% of 115 SNAP! Participants in on-site group and individual activities will make friends or connections through the program that were not present in their lives prior to participating by July 2010.</p>	<p>A. Pre and Post-test Surveys.</p> <p>B. PHQ-2 screen used only for intensive engagements.</p>



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PROJECT #6: PARENTING EDUCATION & SUPPORT

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
<p align="center">Child Abuse Prevention Council (CAPC)</p>	<p>A. Increase in positive parenting skills in the following five areas: 1) Inappropriate expectations of children 2) Lack of empathy 3) Physical punishment 4) Role reversal 5) Power and independence</p> <p>B. Increase in competence and confidence in parenting for each parent in attendance.</p>	<p>A. 90% increase in positive parenting skills from all 60 parents attending classes over the 24-week curriculum measured through the 10-point scale of the Adult/Adolescent Parenting Inventory (AAPI).</p> <p>B. 100% graduation from the 15 parents in the Brentwood class in East County.</p> <p>C. 100% graduation from the 30 parents in the Concord class in Central County.</p> <p>D. 80% graduation from the 15 parents in the San Pablo class in West County.</p>	<p>Evidence-based AAPI pre and post test administered to parents during the first weeks of the class and again during the last weeks of the class, used to determine an increase in parenting skills. The test is comprised of 40 questions designed to measure the risk factors that have been addressed in the course of the curriculum.</p> <ol style="list-style-type: none"> Nurturing and attachment Knowledge of parent and child development Parental resilience Social connections Support for parents
<p align="center">Contra Costa Interfaith Housing, Inc.</p>	<p>A. Improved family functioning for 16 high-risk families including parents with mental health/substance abuse problems and their children, ages 6-16.</p> <p>B. Improved school functioning of the school-aged youth at Garden Park Apartments.</p> <p>C. Improved family functioning in the realm of self-sufficiency for families living at Garden Park Apartments.</p> <p>D. Improved self-esteem and progress on self-identified goals for adults living at Garden Park Apartments.</p>	<p>A. At least 75% of the families participating in the Strengthening Families Group program will show improvements in their functioning as measured by the pre-test. We anticipate that we will have at least 3 families signed up for our first 14-week class in the fall of 2009. Using this number we anticipate 6 families will show improvement. We anticipate an additional 6 families will enroll in our second 14-week class in the winter of 2010.</p> <p>B. At least 75% of the youth attending homework club (approximately 12-15 youth) will attend homework club at least 75% of the time within the fiscal year 2009 to 2010.</p>	<p>Strengthening Families Program outcome measure is a nationally recognized tool with 21 areas of evaluation utilizing a pre and post test format. Some of the areas of evaluation are:</p> <ol style="list-style-type: none"> Drug/alcohol use Parenting skills Youth social skills Anger management Depression Peer relations



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



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PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/EVALUATION TOOLS
<p align="center">La Clínica de La Raza</p>	<p>A. Parents of youth 0-18 will receive education and support to be strong parents and to raise healthy and emotionally healthy children.</p> <ol style="list-style-type: none"> 1. Early identification of severe mental illness. 2. Identification of behavior problems and parenting issues. 3. Reduction in acuity of distress. 4. Increased access to mental health services. 5. Increased connection and linkage to community services. <p>B. Parents involved in parenting education and support will report increased competence and confidence in their parenting.</p> <ol style="list-style-type: none"> 1. Increased use of effective praise. 2. Increased use of non-violent disciplinary skills such as social disapproval and time out. 3. Improved relationship between parent and child. 4. Increased competence and confidence in parenting skills. <p>C. Parents involved in parenting education and support will report improved behaviors in their children.</p> <ol style="list-style-type: none"> 1. Increased responsiveness to parental direction. 2. Improved parent-child relationships. 	<p>confidence based on pre and post test skills assessment of both parenting skills and children development and behaviors after completing the eight to ten week intensive training session.</p> <p>1,800 Behavioral Screenings of patients aged 0-18 will be completed during the 12-month period by parents and adolescents.</p> <p>A total of 250 Parent coaching sessions will be provided for fiscal year, 2009 to 2010.</p> <p>75% of patients who have a follow up 2nd parent coaching visit with a Behavioral Health Specialist will report decrease in a risk factor or increase in a protective factor as measured through the risk factor screen.</p> <p>40 parents / caregivers will participate in a parenting education / support group "Los Niños Bien Educados".</p> <p>90% of participants who complete "Los Niños Bien Educados" will demonstrate an increase in knowledge about positive family communication.</p> <p>75% of parents completing "Los Niños Bien Educados" will report improvements in their relationships with their children.</p>	<p>A. Tracking / Scantron computer software.</p> <p>B. Pre and Post-Test Assessment of Family Relationships related to family communication using the Retrospective Assessment of Family Relationship Questionnaire.</p> <p>C. Pre and Post-Test Assessment of child and parent behaviors.</p>
<p align="center">The Latina Center</p>	<p>A. At least 30% of 300 parents (240) who complete Primero Nuestros Niños will set 2-3 personal goals for creating change in their parenting by June 30, 2010.</p> <p>B. At least 50% of 300 parents (150) who complete Primero Nuestros Niños will identify 1-3</p>	<p>A. Written evaluation tools developed by Program Staff of Primero Nuestros Niños / Our Children First.</p> <p>B. Final Impact Evaluation.</p> <p>C. Pre- and post-test surveys.</p>	



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/EVALUATION TOOLS
	<p>B. Increase enrollment of fathers in the parenting education classes.</p> <p>C. Increase psychosocial support among parents who complete the <i>Primeros Nuestrros Niños/Our Children's First</i> parenting education program.</p> <p>D. Reduce parental stress.</p> <p>E. Increase parenting skills among Latino parent participants who complete the <i>Primeros Nuestrros Niños/Our Children's First</i> parenting education program.</p> <p>F. Improve family communication.</p>	<p>C. Individuals they can turn to for peer support by June 30, 2010.</p> <p>D. At least 50% of 300 parents (150) will participate in family activity nights and other family support and cultural activities organized by the <i>Primeros Nuestrros Niños</i> program by June 30, 2010.</p> <p>E. At least 20% of 300 parents (60) who complete <i>Primeros Nuestrros Niños</i> will be Latino fathers by June 30, 2010.</p> <p>F. At least 75% of 300 parents (225) who complete <i>Primeros Nuestrros Niños</i> will provide examples of increased parenting skills as measured by their responses on a final impact survey administered by class facilitators by June 30, 2010.</p> <p>G. A random sample of 10% of 300 parents (30) who complete <i>Primeros Nuestrros Niños</i> will demonstrate increased parent confidence 3 months after completing the program as measured by a follow up telephone interview by June 30, 2010.</p>	<p>D. Follow-up participant interviews.</p>

PROJECT #7- FAMILIES EXPERENCING THE JUVENILE JUSTICE SYSTEM

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/EVALUATION TOOLS
<p>Family Institute of Richmond (FIR)</p>	<p>A. Improve mental health function.</p> <p>B. Improve family function.</p> <p>C. Improve high school attendance.</p> <p>D. Reduce arrests.</p>	<p>A. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve mental health function within six months.</p> <p>B. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve family function within six months.</p> <p>C. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve high school attendance within six months.</p> <p>D. 70% of 80 participants who are receiving Brief</p>	<p>A. Counseling attendance records after 6 weeks and post-intervention.</p> <p>B. Pre- and Post-Treatment Youth Outcome Questionnaire.</p> <p>C. Pre- and Post-Treatment Family Assessment Measure.</p> <p>D. School attendance records.</p>



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PREVENTION and EARLY INTERVENTION**

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
<p align="center">West Contra Costa Youth Services Bureau</p>	<p>A. Reduce recidivist behaviors. B. Increase in academic performance and in individual commitment to education. C. Increase knowledge and skill sets in the areas of youth development, resiliency strategy building, and leadership education. D. Reduce school suspensions, expulsions, and the number of home/school disciplinary actions.</p>	<p>Strategic Family Therapy will improve arrest rates within one fiscal year.</p> <p>A. 85% of 45 program participants in Wraparound services and leadership/resiliency skill building will successfully complete probation, and reduce recidivist behaviors within the fiscal year, 2009 to 2010.</p> <p>B. 80% of 45 program participants in Wraparound services and leadership/resiliency skill building will positively increase in academic performance and in individual commitment to education within the fiscal year, 2009 to 2010.</p> <p>C. 100% of 45 program participants in Wraparound services and leadership / resiliency skill building programming will have increased knowledge and skill sets in the areas of youth development, resiliency strategy building, and leadership education within the fiscal year, 2009 to 2010.</p> <p>D. 100% of 50 staffing participants receiving support services and prevention activities will have increased knowledge and skill sets in the areas of anger management, conflict resolution, and responsible citizenship in the home, community and school setting.</p>	<p>E. for unexcused absences, juvenile arrest records obtained from parent/guardian report one-year follow-up post-intervention.</p> <p>A. Tracking Logs / Reports for: 1. Vacation of probation status. 2. Incarceration rates of participants. 3. Reduction of suspensions and expulsions. 4. Grade point average. 5. School attendance.</p> <p>B. Pre/Post Test by all participants.</p>



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PROJECT #8: FAMILIES EXPERIENCING MENTAL ILLNESS

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



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
		<p>opportunities to access community resources within 2009-10 fiscal year.</p> <p>M. At least 3,000 meals will be served to members within 2009-10 fiscal year.</p> <p>N. At least 60% of families completing the Follow-Up Surveys will report an increase in mental, physical and emotional well-being from baseline to follow-up within 2009-10 fiscal year.</p> <p>O. At least 60% of members completing the Follow-Up Surveys will report an increase in peer contacts within 2009-10 fiscal year.</p>	

PROJECT #9: YOUTH DEVELOPMENT

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
<p>El Cerrito High School (ECHS)</p>	<p>A. Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self confidence, etc.)</p> <p>B. Stronger connection to caring adults/peers (built relationships with caring adult(s), peers).</p> <p>C. Strengthened connection to school (more positive assessment of teacher-staff relationships, positive peer connections, ties with caring adults).</p> <p>D. Increase sense of a positive future (hopes about post-secondary schooling or work opportunities).</p> <p>E. Stronger tools for dealing with anxiety, stress, and conflict.</p> <p>F. Reduce likelihood of participating youth developing mental illness or severe behavioral problems.</p> <p>G. Reduce likelihood of participating youth being involved in the juvenile justice system.</p>	<p>A. 45% of 300 youth participating in youth development programs will also cross-participate in substance abuse prevention classes and/or clinical mental health services measured using the RDA After School Database and a locally developed database to track student services within the academic year, 2009 to 2010.</p> <p>B. 35 students referred for violent/delinquent behavior will be enrolled in youth development programs with formal leadership skills training and/or opportunities to make presentations to the school and larger community within the academic year, 2009 to 2010.</p> <p>C. 70% of 300 participating students will increase their score across a range of resiliency indicators, using a locally developed resiliency assessment tool that measures change in assets within the academic year, 2009 to 2010.</p> <p>D. 70% of 300 participating students will report an</p>	<p>Pre and Post Assessment based on the "Resiliency and Youth Development Module" California Healthy Kids Survey</p>



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



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
	<ol style="list-style-type: none"> Increase school day attendance. Reduce school tardiness. 	<p>C. 60% of 100 youth participants will report that they have a caring relationship with an adult in the community or at school within one fiscal year, 2009 to 2010.</p> <p>D. 25% increase in school day attendance among 100 youth participants within one fiscal year, 2009 to 2010.</p> <p>E. 25% decrease in the number of school tardiness among 100 youth participants within one fiscal year, 2009 to 2010.</p>	<p>D. Survey. Contra Costa County School Health Services Evaluation Participant Pre/Post Surveys. Contra Costa County Juvenile Probation Database. Referral Logs. Satisfaction Surveys. Curriculum. Attendance Logs. Observations. Fidelity Checklists. Focus Groups. Referrals to Services. Interviews.</p>
RYSE Center	<ol style="list-style-type: none"> Increased sense of self-efficacy among RYSE members. Improved sense of positive peer-to-peer and youth-adult relationships. Improved sense of self-efficacy among RYSE members in impacting change in the community. 	<p>A. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report increased sense of self-efficacy within the fiscal year, 2009-2010.</p> <p>B. 60% of 300 RYSE members will have completed a wellness plan within the fiscal year, 2009-2010.</p> <p>C. 50% of 300 RYSE members who have completed a wellness plan participate in at least 3 activities that align with goals outlined in their plan within fiscal year, 2009-2010.</p> <p>D. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report positively their experience of healthy relationships with adults at RYSE.</p>	<p>A. RYSE partner survey. B. RYSE youth survey. C. Program and Virtual Center utilization reports. D. Documented attendance of youth focus groups.</p>



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



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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT/ EVALUATION TOOLS
		<p>B. 80% of 250 participants in Expect Respect support groups will demonstrate one or more of the following: knowledge about the difference between healthy and unhealthy teen dating relationships; an increased sense of belonging to positive peer groups; an enhanced understanding that violence doesn't have to be "normal"; and increased knowledge of their rights and responsibilities in a dating relationship by June 30, 2018.</p> <p>E. 80% of 250 participants in Expect Respect support groups will demonstrate one or more of the following: increased self-esteem resulting in youth establishing relationships that are healthy; increased communication skills that identify needs in a relationships; and use of conflict resolution skills by June 30, 2018.</p> <p>F. 75% of 75 boys engaged in Expect Respect support groups will demonstrate alternative ways to think about stereotypical gender-roles and ways they can be advocates for change within their schools by June 30, 2018.</p> <p>G. 75% of 250 participants in Expect Respect support groups will demonstrate an increase in self-esteem; reporting lower levels of anxiety, depression, or stress by June 30, 2018.</p> <p>H. 100% of 150 adults participating in project trainings will increase their knowledge of teen dating violence and be better able to identify it, how to be an advocate for youth experiencing any type of violence, how to refer youth experiencing violence and/or mental health problems (including suicide contemplation) to appropriate supportive services by June 30, 2018.</p>	

A. Workforce Staffing Support

Action #1: Workforce Education & Training (WET) Coordination

The Workforce Training Advisory Group plays an integral part in supporting the activities of the Workforce Education and Training plan. The group, which began with 18 members who represent county administration, clinical and non-clinical staff, met twice during the fiscal year. These meetings were vital in shaping the execution of the WET plan in Contra Costa and ensuring the trainings would serve the county's training needs. A number of training and technical assistance opportunities were offered to Contra Costa Mental Health's (CCMH), community-based organizations and network provider staff during FY 2008-2009. A total of 23 trainings were conducted during the fiscal year. To ensure that family members, consumers, and underserved/underrepresented communities were included as trainers and participants, efforts were made to conduct trainings that were lead by consumers. Consumers who participated as trainers were central to the SPIRIT program curriculum. SPIRIT is a consumer-lead course that includes guest lecturers who are consumers. Class sessions lead by consumers cover topics such as *Ex-Patient Movement and Recovery Concepts*, *the Mental Health Services Act*, *Consumer Employment*, and *Strategies for How to Become an Effective Consumer Advocate*.

As outlined in the WET plan, CCMH has continued work with local education institutions to enhance programs that address the workforce needs in mental health. The increase of available information related to regional education and employment opportunities, including internships, has lead to a successful intern orientation for FY 08-09. Twenty one students participated in Contra Costa's intern program and worked in a variety of placements, such as Chris Adams center, County Children and Adult clinics and Contra Costa Regional Medical Center. Increasing the availability of information related to educational and employment activities supports the development of the psychiatric workforce in the county.

B. Training and Technical Assistance

Action #2: Staff Development Training Initiative

Trainings that advance staff competencies, contribute to job satisfaction and retention, and serve to attract new employees are central to CCMH's staff training initiative. During FY 08-09, there were over 20 staff development training opportunities, including *Law, Ethics and Confidentiality in Behavioral Health*, *Addressing Inequities in Health*, and *Youth Suicide and Self-Harm*.

CCMH has worked to increase its internal agency capacity by identifying staff and conducting trainings for which they serve as internal experts and offer technical assistance on best practices. Included in the training list for FY 08-09 are trainings which include CCMH staff as "subject matter experts". During FY 08-09, CCMH staff conducted 16 these training sessions, covering topics such as *Documentation*, *Partnership Plan*, *EALOCUS*, and *Subpoena training* for various audiences, including Community Support Workers, nurses, and interns.

In addition to on-site trainings, conferences, and face to face meetings, the option for internet-based learning was explored to enhance staff trainings in Contra Costa County. During FY 08-09, CCMH staff participated in an online meeting with Essential Learning to view a demonstration of their product and invited a number of staff members to pilot the online *Law and Ethics* course. Following the end of the course, a survey was administered to the participants and found that for most survey items, a majority of the respondents were generally satisfied with the course. In the spring of 2009, CCMH staff reviewed Essential Learning's Community Access Site through which consumers, family members and advocates could access selected online curriculums and updates. Pricing estimates were provided by Essential Learning and CCMH will purchase an online learning product in spring 2010 as a resource for improved workforce training.

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Finally, during fall 2008 the planning process for the "Recovery in Diverse Communities Conference" was initiated. The Recovery Planning Group was created in October 2008 and includes 19 members who represent Contra Costa Mental Health Administration, community stakeholders, as well as consumers and met three times during FY 08-09. The main focus of the Planning Group was to:

- Refine the purpose of conference to encourage multicultural communities involved in reducing disparities to work together to share their expertise, and
- To raise awareness of the recovery model and bring multicultural communities together to share their expertise in addressing health disparities.

Action #3: Mental Health Training for Law Enforcement

To help local law enforcement respond to crisis situations involving mental health consumers safely and effectively, Crisis Intervention Training was offered twice to law enforcement and mental health staff during FY 08-09. There were thirty five training attendees in each session from agencies such as the Sheriff's department, and law enforcement from Concord, Pleasant Hill, and Pittsburg. Consistent with the philosophy of MESA, consumers and family members were included as guest speakers for the training. Consumers were invited to share their past experience involving law enforcement, suggest methods to communicate more effectively with consumers and their families and provide insight related to promoting an integrated service experience with law enforcement. In order to support Contra Costa's diverse mental health consumer population, cultural issues were addressed throughout the trainings. Topics related to gender issues, non-verbal cues, and language were addressed by the presenters throughout the training session to bring awareness and offer strategies to handle specific situations. Participant evaluation of these initial CIT trainings has yielded positive responses. To continue this trend, annual CIT trainings will be provided annually to support local law enforcement, ultimately improving the interactions between mental health consumers, their families and law enforcement in the county.

C. Mental Health Career Pathways Programs

Action #4: Consumer Employment Strategies - SPIRIT Program Expansion & Enhancement

Contra Costa Mental Health, in conjunction with Contra Costa College in West County, offered the Service Provider Individualized Recovery Intensive Training (SPIRIT) Program during the 2008 spring semester. SPIRIT is a 14-week consumer training program followed by a supervised internship. During FY 08-09, SPIRIT was negotiated with Contra Costa College by Vidya Iyengar, John Hollender, and Anna Lubarov, along with the help of consultant Tim Stringari, who created the application materials for CCMH to include SPIRIT in the college catalog. To support collaborations with contract agencies, Susan Medlin provided training workshops to the clerical staff and the interns. Additionally, she conducted presentations for nurses and clinical staff during on-site meetings at contract agencies to inform and educate staff regarding the SPIRIT program.

During the 08-09 school year, the SPIRIT program experienced a successful term with 35 students enrolled and 32 students completing their internships at various agencies such as Contra Costa Mental Health and with contract agencies such as Anka, Rubicon, and Crestwood. To provide ongoing support and resource sharing, the SPIRIT club was created as a network for students after graduation. The SPIRIT club is coordinated by SPIRIT alumni Hillary Westbrook from the Office for Consumer Empowerment (OCE), and is assisted by other OCE staff members. The club has 76 SPIRIT graduate contacts, from which about a fourth participate in club-sponsored events. The SPIRIT course and alumni network continues to be a valuable piece to the mental health recovery for consumers in Contra Costa demonstrated by the success and growth of the program.

Action #5: Family Member Employment Strategies

During FY 08-09, creating a training program for family member employment in the public mental health system was initiated by CCMH staff. CCMH explored integrating existing curriculum and collaborating

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with subject matter experts to guide the structure of a family member training program for employment. In efforts to formalize the family support worker position, CCMH staff recommended updates to the duties and responsibilities to the family support worker position. To support the engagement of consumers and family members as employees, a number of staff development trainings were offered to family partner staff/volunteers. As outlined in the WET plan, trainings in 2008 covered topics such as *Documentation, VanDenBerg High Fidelity Wraparound, Strengths, Needs, Culture Discovery (Part I): What is Culture, and Strengths, Needs, Culture Discovery (Part II): Changing Deficit-Focused Dialogues to Strengths*. In 2009, training sessions covered topics such as *Wraparound Training and Transitioning*, to help parent partners gain skills necessary to be effective advocates and navigate through the system, become less dependent on the traditional services and build upon the community and natural supports.

Action #6: Developing MH Concentration in High School Health Academies
No activity during FY 08-09

Action #7: Community College Partnerships - Psychosocial Rehabilitation Certificate (PSR)

Building on the partnership with Contra Costa College, CCMH worked to implement the Psychosocial Rehabilitation Certificate Program during FY 08-09. Contra Costa Mental Health initiated working with the California Association of Social Rehabilitation (CASRA) in January 2009 for a year-long contract in the amount of \$35,000 to provide consultation and technical assistance with regard to the development of the PSR program at CCC. Two consultants, Tim Stringari and Debra Brasher, participated in the planning to include new PSR detail in CCC's curriculum.

The PSR certificate consultation and coursework recommendations were developed in June 2009 by consultant Tim Stringari. Based on conversations with Contra Costa Mental Health and Contra Costa College and recommendations from Tim Stringari, a proposal was submitted to Contra Costa College, which included the following recommendations:

- Add two new courses in PSR curriculum which will be collaboratively developed and integrated in to existing Human Services curriculum and would make up the core of a new 12 unit *Certificate of Specialization in Psychosocial Rehabilitation*
- Provide in-service trainings for faculty and staff related to PSR and the Recovery paradigm, teaching techniques and students with psychological and psychiatric disabilities.

The PSR program has been developed and classes expected to begin fall 2010. Additionally during FY 08-09, the PSR Advisory Group met to assist with the promotion and recruitment for the PSR program. Twenty four individuals representing consumers, family members, community-based providers, CCMH, as well as the Department of Rehabilitation and Contra Costa College were included in the Advisory Group. Betty Dahlquist of CASRA facilitated the advisory meetings, which focused on the following areas:

- To identify and build upon employment opportunities for graduates.
- To identify and build upon opportunities for educational support, including employers, the Department of Rehabilitation, NAMI and other local advocacy groups and the community college itself.
- To review and contribute to the development of the curriculum for the 2 proposed courses.
- To develop recruitment strategies for multiple audiences: e.g., current CCMH staff, SPIRIT graduates, students in other human services programs, other social service providers, etc.
- To develop an evaluation protocol to provide data on whether the project is meeting its goals.

Action #8: Psychiatric Technician Program
No activity during FY 08-09

D. Residency & Internship Programs

Action #9: Expanding Graduate Level Internship Opportunities

Providing graduate level internship opportunities is imperative for supporting the success of the county's mental health workforce. These opportunities provide exposure to the mental health field, an opportunity to integrate current best practices, and encourage recruitment from the graduate pool. In FY 08-09, 21 interns participated in the Mental Health Internship program, of which fourteen provided outpatient services in our clinics. Seven interns provided services in other settings, such as hospitals, where they were part of treatment teams.

The placement of interns in both clinics and hospitals has enhanced care for mental health consumers in Contra Costa County. Specifically, the services that were provided by those working in our outpatient mental health clinics include 1,825 distinct services to 135 unduplicated consumers. Because the services provided in settings such as the hospital are not provided by individuals, but by the treatment team, the numbers of services and the unduplicated client count for services specifically provided by the interns working in these settings are unavailable.

Action #10: Psychiatry Workforce Development

To help alleviate the shortage of needed staff in psychiatry, such as psychiatrists, nurses, and licensed technicians, Contra Costa is working to expand the professional shortage designation areas to include more of the county. This state designation allows for incoming psychiatric staff to be eligible for various state loan forgiveness programs, thereby making Contra Costa a more attractive option for employment for new graduates. Contra Costa currently has two professional shortage area designations granted by the state (Central Richmond and North Antioch); additional areas are currently being examined in order to expand the geographic areas eligible for loan forgiveness. The outcome of the designation process will complement our work to enhance the psychiatric workforce in the county.

Preliminary discussion around developing the Psychiatry Workforce in Contra Costa County was initiated during FY 08-09. The two main ideas developed during these discussions included creating a Contra Costa College-based Community Psychiatry Fellowship in association with UCD or UCSF and creating a Community Psychiatry elective for psychiatry residence in either UCD or UCSF. Future work to develop the County's workforce plan includes getting buy-in from CCMH administrative staff and affiliated Universities and developing a curriculum.

Action #11: Nursing Workforce Development

During FY 08-09, CCMH had an executed contract affiliation agreement between the Regents of the University of California, San Francisco, School of Nursing for clinical placement of Psychiatric, Mental Health, Nurse Practitioners, Post Masters, graduate students, into our clinical internship program.

In February 2009, Pittsburg Mental Health Center was designated as UCSP's first student clinical rotation, which ended 11/24/2009. The creation of clinical placement protocols was developed with input from Program Managers, Psychiatrist and Nursing staff. During their placements, students participated in CCMH internship orientation program and required HIPPA, EMTALA, and CPI trainings. Following the students' rotation, verbal feedback obtained from UCSP interns, instructors, and a CCMH psychiatrist regarding student clinical rotation has been outstanding, as clinical objectives have been met and placements have been excellent. CCMH has a longstanding contract affiliation agreement between Samuel Merritt College; however, during 2008-2009, we did not receive nursing placement request from their university. Outreach and recruitment efforts to Samuel Merritt College and UCSF University, will continue for subsequent years.

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E. Financial Incentive Programs

Action # 12: Scholarship Program for Bachelors Level Degrees
No activity during FY 08-09.

Action #13: Scholarship Program for Masters Level Degrees
No activity during FY 08-09.