



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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 DIRECTOR



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**Revision to Alameda County’s FY 2010-11 MHSA Plan**

In order to comply with County General Fund budget reductions due to severe State funding cuts, BHCS will eliminate several programs before the end of the current fiscal year. BHCS is concerned about leaving the clients of these various programs without adequate ongoing services to meet their psychiatric treatment, support, housing and medication needs.

BHCS will utilize unspent MHSA funds to develop new programs to ensure continuity of services to these target populations. New programs will meet all the requirements and exhibit the principles of the specific MHSA funding category under which they fall.

Attached are documents pertaining to the inclusion of these new programs into the FY 2010-11 MHSA Plan. Members of the public are invited to review and comment on these changes. Comments can be sent to [mhsa@acbhcs.org](mailto:mhsa@acbhcs.org) or presented in person at the public hearing:

Alameda County Mental Health Board Meeting  
 Monday, February 14, 2011  
 2:00 – 3:00pm  
 First Five Alameda Offices  
 1100 San Leandro Blvd, Suite 130  
 San Leandro, CA

All substantive comments will be included in our final submission to the California State Department of Mental Health.

Areas of Targeted Reduction/Elimination	MHSA Strategy	MHSA Program Component
<ul style="list-style-type: none"> <li>Alcohol &amp; Other Drug Residential Treatment Programs</li> <li>Short-term Shelter-based Programs</li> </ul>	Implement treatment and housing support programs for individuals with Co-occurring Conditions	<b><i>New Community Services &amp; Supports (CSS) Program: OESD 17</i></b>
Various Crisis Response Services	Develop Suicide Prevention programs and Trauma-informed care	<b><i>New Prevention &amp; Early Intervention (PEI) Program: PEI 12</i></b>

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2010/11 Planning Estimates</b>						
1. Published Planning Estimate	\$27,786,800			\$8,008,900	\$4,282,100	
2. Transfers						
3. Adjusted Planning Estimates	\$27,786,800					
<b>B. FY 2010/11 Funding Request</b>						
1. Requested Funding in FY 2010/11	\$44,084,707			\$16,823,427	\$6,611,769	
2. Requested Funding for CPP	\$1,389,340			\$400,445	\$214,105	
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds <sup>a/</sup>						
c. Unexpended FY 2008/09 Funds	\$730,575			\$4,779,053		
d. Adjustment for FY 2009/2010	\$177,447			\$4,301,000		
e. Total Net Available Unexpended Funds	\$553,128	\$0	\$0	\$478,053	\$0	
<b>4. Total FY 2010/11 Funding Request</b>	<b>\$44,920,919</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,745,820</b>	<b>\$6,825,874</b>	
<b>C. Funds Requested for FY 2010/11</b>						
<b>1. Previously Approved Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates	\$17,134,126			\$8,736,920	\$2,543,800	
e. Unapproved FY10/11 Planning Estimates	\$27,786,793			\$8,008,900	\$4,282,074	
<b>Sub-total</b>	<b>\$44,920,919</b>	<b>\$0</b>		<b>\$16,745,820</b>	<b>\$6,825,874</b>	
f. Local Prudent Reserve						
<b>2. New Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
<b>Sub-total</b>	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
<b>3. FY 2010/11 Total Allocation<sup>b/</sup></b>	<b>\$44,920,919</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,745,820</b>	<b>\$6,825,874</b>	

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

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

**Note: In addition to amount requested above, Alameda County BHCS is requesting to fund its Prudent Reserve in the amount of \$2,081,163 using 09/10 Planning Estimate (see Exhibit G)**

CSS BUDGET SUMMARY

County: Alameda

Date: 1/1/2011

CSS Programs			FY 10/11 Requested MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group				
No.	Name			Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>												
1.	FSP 1	Homeless Outreach & Stabilization Team	\$1,725,046	\$1,725,046					\$1,725,046			
2.	FSP 2	North County Senior Homeless Program	\$877,214	\$877,214							\$877,214	
3.	FSP 3	Support Housing for TAY	\$1,092,742	\$1,092,742				\$1,092,742				
4.	FSP 4	Greater Hope Project - Tri-City Coalition	\$924,047	\$924,047						\$924,047		
5.	FSP 5	Small Scale Comprehensive Forensic ACT Team	\$1,786,685	\$1,786,685						\$1,786,685		
6.	OESD 1	Wellness & Recovery Resource Hub	\$2,262,955	\$226,296	\$753,564	\$1,283,095		\$565,739	\$565,739	\$565,739	\$565,738	
7.	OESD 2	Family Education Center	\$950,428	\$95,043		\$855,385		\$237,607	\$237,607	\$237,607	\$237,607	
8.	OESD 3a	Staffing to Asian Population (ACCESS)	\$656,095		\$209,950	\$446,145				\$656,095		
9.	OESD 3b	Staffing to Latino Populations (ACCESS)	\$694,096		\$222,111	\$471,985				\$694,096		
10.	OESD 4a	Mobile Integrated Assess Team for Seniors	\$320,331		\$192,199	\$128,132					\$320,331	
11.	OESD 5a	Crisis Response Program - Capacity for Valley	\$113,468		\$113,468					\$113,468		
12.	OESD 5b	Crisis Response Program - Capacity for Tri-City	\$167,013		\$167,013					\$167,013		
13.	OESD 7	MH Court Specialist Program	\$275,895	\$137,948	\$137,948					\$275,895		
14.	OESD 8	Juvenile Justice Transformation of Guidance Clinic	\$228,245		\$228,245			\$228,245				
15.	OESD 9	Multisystemic Therapy	\$285,542		\$285,542			\$285,542				
16.	OESD 11	Crisis Stabilization Service	\$852,145			\$852,145		\$852,145				
17.	OESD 12	Older Adult Peer Support Program	\$442,972			\$442,972					\$442,972	
18.	OESD 13	Co-Occurring Disorders Program	\$693,911		\$693,911					\$693,911		
19.	OESD 14	Youth Uprising	\$295,575		\$295,575			\$295,575				
20.	OESD 15	Recovery Education Centers	\$2,271,497		\$2,271,497		\$2,271,497					
21.												
22.												
23.												
24.												
25.	Subtotal: Programs <sup>a/</sup>		\$16,915,902	\$6,865,020	\$5,571,022	\$4,479,860	\$0	\$4,440,775	\$2,191,662	\$7,839,601	\$2,443,862	Percentage
26.	Plus up to 15% County Administration		\$3,117,817									18.4%
27.	Plus up to 10% Operating Reserve		\$2,003,372									10.0%
28.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$22,037,091									
<b>New Programs</b>												
1.	FSP 6	Transition to Independence	\$418,842	\$418,842				\$418,842				
2.	FSP 7	CHOICES for Community Living	\$10,234,690	\$10,234,690				\$1,535,204	\$7,164,283	\$1,535,204		
3.	FSP 8	Wraparound for Latino and Asian/Pacific Islander Children	\$1,113,000	\$1,113,000				\$1,113,000				
4.	FSP 9	Transitional Behavioral Health Court ACT Team	\$933,414	\$933,414						\$933,414		
5.	OESD 16	Behavioral Health Medical Home	\$1,763,025		\$881,513	\$881,513		\$264,454	\$1,234,118	\$264,454		
6.	OESD 17	Co-occurring Conditions Housing Program	\$2,461,011		\$1,230,506	\$1,230,506		\$246,101	\$1,968,809	\$246,101		
7.	Subtotal: Programs <sup>a/</sup>		\$16,923,982	\$12,699,946	\$2,112,018	\$2,112,018	\$0	\$1,113,000	\$2,464,600	\$11,300,623	\$2,045,758	Percentage
8.	Plus up to 15% County Administration		\$3,119,306									18.4%
9.	Plus up to 10% Operating Reserve		\$2,004,328									10.0%
10.	Subtotal: New Programs/County Admin./Operating Reserve		\$22,047,616									
11.	<b>Total MHA Funds Requested for CSS</b>		\$44,084,707									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=

57.80%

PEI BUDGET SUMMARY

County: Alameda

Date: 1/1/2011

PEI Programs			FY 10/11 Requested MHSAs Funding	Estimated MHSAs Funds by Type of			Estimated MHSAs Funds by Age Group				
No.	Name	Universal Prevention		Selected/Indicated Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
<b>Previously Approved Programs</b>											
1.	1.A	School-Based Mental Health Consultation in Preschools	\$247,415	\$98,966	\$98,966	\$49,483	\$247,415	\$0	\$0	\$0	
2.	1.B	School-Based Mental Health Consultation in Elementary & Middle Schools	\$547,295	\$218,918	\$109,459	\$218,918	\$547,295	\$0	\$0	\$0	
3.	1.C	School-Based Mental Health Consultation in High Schools	\$299,441	\$209,609	\$29,944	\$59,888	\$203,620	\$95,821	\$0	\$0	
4.	2	Early Intervention for the Onset of First Psychosis & SMI Among TAY	\$1,294,426	\$0	\$0	\$1,294,426	\$194,164	\$1,100,262	\$0	\$0	
5.	3.A	Mental Health-Primary Care Integration for Latino Older Adults	\$386,556	\$0	\$0	\$386,556	\$0	\$0	\$0	\$386,556	
6.	3.B	Mental Health-Primary Care Integration for API Older Adults	\$386,556	\$0	\$0	\$386,556	\$0	\$0	\$0	\$386,556	
7.	4	Stigma & Discrimination Reduction Campaign	\$1,638,757	\$819,379	\$327,751	\$491,627	\$540,790	\$262,201	\$622,728	\$213,038	
8.	5	Outreach, Education & Consultation for the Latino Community	\$913,443	\$274,033	\$182,689	\$456,722	\$356,243	\$155,285	\$356,243	\$45,672	
9.	6	Outreach, Education & Consultation for the Asian Pacific Islander Community	\$1,009,599	\$302,880	\$201,920	\$504,800	\$272,592	\$191,824	\$393,744	\$151,440	
10.	7	Outreach, Education & Consultation for the South Asian/Afghan Community	\$746,946	\$224,084	\$149,389	\$373,473	\$216,614	\$112,042	\$336,126	\$82,164	
11.	8	Outreach, Education & Consultation for the Native American Community	\$368,328	\$147,331	\$73,666	\$147,331	\$55,249	\$66,299	\$158,381	\$88,399	
12.	9	Behavioral Health-Primary Care Integration Project	\$339,671	\$67,934	\$0	\$271,737	\$112,091	\$54,347	\$129,075	\$44,157	
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs		\$8,178,433	\$2,363,133	\$1,173,784	\$4,641,516	\$2,746,073	\$2,038,082	\$1,996,296	\$1,397,982	Percentage
17.	Plus up to 15% County Administration		\$1,231,577								15.1%
18.	Plus up to 10% Operating Reserve		\$691,001								7.3%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$10,101,011								
<b>New Programs</b>											
1.	3.C	Mental Health-Primary Care Integration for Older Adults at ERs	\$2,367,489	\$0	\$0	\$2,367,489	\$0	\$0	\$0	\$2,367,489	
2.	10	Peer Support Program for Children, Transitional Age Group, and Adults	\$1,226,218	\$408,739	\$408,739	\$408,740	\$408,739	\$408,739	\$408,740	\$0	
4.	11	Prevention Grant Program	\$1,816,328	\$605,442	\$605,442	\$605,444	\$635,715	\$635,715	\$272,449	\$272,449	
5.	12	Trauma-Informed Care	\$74,106		\$37,053	\$37,053	\$36,312	\$7,411	\$14,821	\$15,562	
6.	Subtotal: Programs		\$5,484,141	\$1,014,181	\$1,051,234	\$3,418,726	\$1,080,766	\$1,051,864	\$696,011	\$2,655,500	Percentage
7.	Plus up to 15% County Administration		\$823,347								15.0%
8.	Plus up to 10% Operating Reserve		\$414,928								6.6%
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$6,722,416								
10.	<b>Total MHSAs Funds Requested for PEI</b>		\$16,823,427								50.6%

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.

County: Alameda

Date: 1/1/2011

Program/Project Name and #: Co-Occurring Conditions Housing Program - OESD 17

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures			\$2,029,271	\$2,029,271
4. Operating Expenditures			\$1,148,862	\$1,148,862
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures			\$129,149	\$129,149
7. Other Expenditures*				\$0
<b>8. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,307,282</b>	<b>\$3,307,282</b>
<b>Workforce Education and Training</b>				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Capital Facilities</b>				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Prevention and Early Intervention (PEI)</b>				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

County: Alameda

Date: 1/1/2011

Program/Project Name and #: Co-Occurring Conditions Housing Program - OESD 17

		County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN)</b>					
1.	Personnel				\$0
2.	Operating Expenditures				\$0
3.	Non-recurring Expenditures				\$0
4.	Training Consultant Contracts				\$0
5.	Work Plan Management				\$0
6.	Other				\$0
<b>7. Total Proposed Expenditures</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. REVENUES</b>					
<b>1. New Revenues</b>					
	a. Medi-Cal (FFP only)			\$432,673	\$432,673
	b. State General Funds			\$0	\$0
	c. Other Revenue			\$413,598	\$413,598
<b>2. Total Revenues</b>		<b>\$0</b>	<b>\$0</b>	<b>\$846,271</b>	<b>\$846,271</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$0</b>	<b>\$0</b>	<b>\$2,461,011</b>	<b>\$2,461,011</b>

**\*Enter the justification for items that are requested under the "Other Expenditures" category.**

Justification:

**Please include your budget narrative on a separate page.**

Prepared by: Mandy Chau

Telephone Number: (510) 639-1308

County: Alameda

Date: 1/1/2011

Program/Project Name and #: Trauma-Informed Care - #12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. EXPENDITURES</b>				
<b>Community Services and Supports</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
<b>8. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Workforce Education and Training</b>				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
<b>13. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Capital Facilities</b>				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
<b>7. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Technological Needs</b>				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Prevention and Early Intervention (PEI)</b>				
1. Personnel			\$102,749	\$102,749
2. Operating Expenditures			\$34,662	\$34,662
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
<b>6. Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$137,411</b>	<b>\$137,411</b>

County: Alameda

Date: 1/1/2011

Program/Project Name and #: Trauma-Informed Care - #12

		County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>Innovation (INN)</b>					
1.	Personnel				\$0
2.	Operating Expenditures				\$0
3.	Non-recurring Expenditures				\$0
4.	Training Consultant Contracts				\$0
5.	Work Plan Management				\$0
6.	Other				\$0
<b>7.</b>	<b>Total Proposed Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. REVENUES</b>					
<b>1.</b>	<b>New Revenues</b>				
	a. Medi-Cal (FFP only)				\$0
	b. State General Funds			\$16,604	\$16,604
	c. Other Revenue			\$63,305	\$63,305
<b>2.</b>	<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$79,909</b>	<b>\$79,909</b>
<b>C. TOTAL FUNDING REQUESTED</b>					
		<b>\$0</b>	<b>\$0</b>	<b>\$57,502</b>	<b>\$57,502</b>

\*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Mandy Chau

Telephone Number: (510) 639-1308

County: Alameda County

Program Number/Name:  
OESD 17 – Co-Occurring Conditions Housing Program

Date: January 1, 2011

Check boxes that apply:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> CSS | <input checked="" type="checkbox"/> New |
| <input type="checkbox"/> WET            | <input type="checkbox"/> Consolidation  |
|   | <input type="checkbox"/> Expansion      |
|   | <input type="checkbox"/> Reduction      |

**CSS Only**

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				\$
TAY		23	23	\$ N/A
Adults		40	40	\$
OA		10	10	\$
<b>Total</b>		<b>73</b>	<b>73</b>	
<b>Total Number of Clients to be Served (all service categories):</b>				146

**NEW PROGRAMS ONLY**

**CSS and WET**

**1. Provide narrative description of program. For WET, also include objectives to be achieved.**

This program will address the needs of individuals with co-occurring conditions: substance abuse with mental health issues. The type of services offered will be responsive to the particular life circumstance and age-specific needs of each client.

Transition Age Youth leaving psychiatric hospitals and other mental health treatment facilities with a known substance abuse issue will be placed in a three to six month transitional residential program with the goal of fully and successfully re-entering the community. The evidence-based Transition to Independence (TIP) model will be utilized to assist clients' shift to adulthood. Assistance in housing, medication management, mental health therapy, substance abuse recovery and transitional supports will be included in each clients' treatment plan. Housing will be provided in a supported and supervised setting. Education and employment goals will be identified as part of each clients' exit plan.

Services to adults and older adults will consist of evaluation, rehabilitation and therapy to maintain or restore personal independence and functioning consistent with requirements for learning and development. Specific activities to address disorders will include group therapy, individual counseling, educational workshops, lectures, films, 12-step meetings, social/recreational activities, case management and assistance in obtaining vocational rehabilitation and other needed social services. Dual diagnosis day rehabilitation full day services will be an organized and structured program for at least four hours a day. Social rehabilitation services will be provided on a 24-hour basis.

Adult group residences will have one MFT with interns on staff and house managers to ensure smooth operation of the houses throughout the day and night. In addition, each residence will have oversight by a Clinical Psychologist.

Core services to be provided will include:

- Intensive alcohol/drug treatment and supports.
- Transitional, time-limited care management/case management tailored to individual needs, averaging one year in duration
- Mental health, physical health, and psychiatric care
- Social Security benefits
- Dedicated housing slots at clean and sober, tobacco-free "transitional" housing

**2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.**

Alameda County Behavioral Health Care's Community Planning Process has identified individuals with co-occurring disorders as an priority population. Moreover, the community has identified supportive housing for individuals who are homeless or at extreme risk of homelessness as an ongoing community need.

<b>3. Provide a description of how the proposed program relates to the General Standards of the MHSa (Cal. Code Regs., tit. 9, § 3320).</b>
This program provides housing and co-occurring capability to the TAY, Adult and Older Adult populations. Housing has been identified as key to success in sustaining wellness for individuals living with mental health issues. Co-occurring capability has also been identified as an important component to treating the whole individual.
<b>CSS Only</b>
<b>1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.</b>
The target population ranged from TAY ages 18-25, Adults 18-55 and Older Adults over 55 in Alameda County meeting the following criteria: <ul style="list-style-type: none"> <li>• Living with a co-occurring condition (a serious mental illness and substance use disorder)</li> <li>• Frequent crisis mental health and AOD service contacts in one or more of the following programs: John George Psychiatric Emergency Services/hospitalization, Villa Fairmont Short Stay, Cherry Hill Detoxification/Sobering Station, Mental Health Crisis Response Programs, Woodroge Place, Criminal Justice Mental Health.</li> <li>• Currently homeless or at high risk of homelessness.</li> </ul> <p>Referrals to the programs will come from various crisis services, AOD and Detoxification programs, from various providers, and the community at large. In the event that an individual enters the program without a diagnosis but is experiencing symptoms, a referral to Sausal Creek will be made for an evaluation.</p> <p>This targeted population is majority male and African-American, Caucasian or Latino.</p>
<b>2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. &amp; Inst. Code § 5847).</b>
The County delivers the majority of services through community-based providers. The County has a diverse and well-trained network of community-based providers who can implement programs with all the core components listed under the program description.
<b>3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.</b>
This program's housing expenditures will only use General System Development funds. The housing will include transitional, temporary housing for master leasing of thirteen individual units, transitional sober living housing at an existing housing structure from St. Vincent de Paul with 25 residential beds.
<b>WET Only</b>
<b>1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.</b>
N/A
<b>CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)</b>
<b>1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.</b>
N/A
<b>2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.</b>
N/A

County: Alameda

Program Number/Name: PEI 12. Trauma-Informed Care

Date: 12/02/10

**Instructions:** Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).**

The PEI Community Planning Process found that reduced incidence of suicide was listed as the third most important desired outcome under PEI, and as the top desired outcome listed by family members. Between 2001 and 2003, there were over 350 suicides among residents of Alameda County. The suicide rate in Alameda County was 8 suicides per 100,000 residents, which was much higher than the Healthy People 2010 Objective of less than 5 suicides per 100,000 residents.

In terms of strategies to reduce the incidence of suicide, the PEI Community Planning Process identified a need to expand trained crisis intervention networks in our communities, particularly to individuals that have been highly impacted by trauma. Local consumers, family members and providers have all reported the need for trauma-informed services that recognize and de-stigmatize the role of trauma as it relates to mental health issues and risk for suicide. Local stakeholders have identified a particular need for trauma-informed services for children, youth and older adults.

The Ongoing Planning Council, the local stakeholder group that oversees MHSA planning, prioritized this program at their November 10, 2010 and December 8, 2010 meetings as a key intervention to fund in Alameda County.

**3. PEI Program Description (attach additional pages, if necessary).**

This program will provide trauma-informed individual, family and group counseling in order to reduce the incidence of suicide among specific high-risk groups:

- Children and youth who have experienced trauma due to issues such as the loss, substance abuse or unemployment of a loved one;
- Individuals, primarily adults, who have experienced the sudden loss of a loved one due to a traumatic event such as an accident, suicide or homicide;
- Home-bound and isolated seniors who experience high levels of social, physical and emotional trauma.

This program will promote an environment that is more supportive, comprehensively integrated, and empowering for trauma survivors. This program will do so by incorporating the key components of trauma-informed care:

- Understanding of trauma, the consumer/survivor, services and the service relationship;
- Values that differentiate trauma-informed care from traditional services in terms of power, control, authority, responsibility, goals and language; and

- Other prerequisites for trauma-informed services such as administrative commitment to change, universal screening, staff training/education, hiring practices, and review of policies and procedures.

<b>4. Activities</b>					
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:				Number of months in operation through June 2011
		Universal Prevention	Selective* Prevention	Early Intervention	
Counseling for children and youth who have experienced trauma	Individuals: Families:			40 5	6
Counseling for adults who have experienced the sudden loss of a loved one due to a traumatic event	Individuals: Families:			25	6
Counseling for home-bound and isolated seniors who have experienced high levels of social, physical and emotional trauma	Individuals: Families:			30 2	6
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:			95 7	6

\* Previously referred to as "Selected/Indicated"

**5. Describe how the program links PEI participants to County Mental Health and providers of other needed services**

Counselors may provide referrals to other services and supports as needed. Counselors will receive education about when and how to refer participants to County Mental Health and other needed services including those related to crisis support, employment, housing, substance use, violence prevention/recovery, primary care, recreation and mentoring.

**6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.**

This program will develop a new local resource to provide trauma-informed counseling to individuals at high risk for suicide. This program will work with the BHCS system to identify and serve individuals that have experienced traumatic loss or crisis. This program will work closely with BHCS providers and other partners, such as schools, to reach children and youth that have experienced trauma. This program will work with BHCS providers and other partners, such as Meals on Wheels, to reach homebound and isolated older adults that have experienced trauma. This program will also link with any new local programs related to suicide prevention that are prioritized for funding through the PEI Statewide Projects.

**7. Describe intended outcomes.**

Intended outcomes for this project include:

- Reduced stigma and discrimination about the role of trauma as it relates to mental health issues and risk for suicide;
- Enhanced effectiveness of services for individuals that have experienced high levels of trauma;
- Reduced suicide attempts;
- Reduced number of psychiatric hospitalizations related to suicide attempts; and
- Reduced incidence of suicide.

**8. Describe coordination with Other MHSA Components.**

*Community Services and Supports (CSS):* This program will connect with other CSS programs, particularly those with a specific focus on crisis, such as Crisis Response for Tri-Valley and Tri-Cities. The Counselors for this project will be oriented to all CSS activities, and to all of the BHCS non-MHSA programs, to develop a seamless referral system of additional resources for individuals identified as requiring more intensive or longer-term mental health services.

*Innovation (INN):* This program may learn from or connect with INN projects that serve individuals experiencing high levels of trauma. This program may also create new ideas that can later be funded under INN.

*Workforce Education and Training (WET):* At this time, no linkages have been identified with WET.

*Capital Facilities and Technology (CFT):* This program will connect with projects that will be housed at the CFT Crisis Response and Consultation Service Site, particularly the Crisis Response Programs for Tri-Valley and Tri-Cities.

**9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.**

**10. Additional Comments (Optional)**

N/A.

**Training, Technical Assistance and Capacity Building Funds Request Form  
(Prevention and Early Intervention Statewide Project)**

**Previously approved with no changes**

**New**

Date: 12/03/10	County Name: Alameda
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Amount Requested for FY 2010/11: \$220,800

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).

Alameda County Behavioral Health Care Services (ACBHCS) will work with contractors that have the demonstrated ability and experience to develop projects that provide statewide training, technical assistance, and capacity building programs in partnership with local and community partners. The contractors will identify and link us with other counties that have similar training and capacity building needs and will partner with local and community partners via sub-contracts or other arrangements in order to help assure the appropriate provision of prevention and early intervention activities in our local communities. The contractors will use methods that have demonstrated capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

ACBHCS announced the online posting of the PEI Training, Technical Assistance (TA) and Capacity Building Plan (for FYs 08/09 and 09/10) to members of its Ongoing Planning Council, the primary stakeholder group for local MHSA Planning, and to its wider MHSA Mailing/Distribution List. This Plan was also discussed via a question and answer session at the December 9, 2009 Ongoing Planning Council Meeting. The public review and comment period for this Plan ended on Monday December 21, 2009. No substantive comments or suggestions were received. There are no substantive changes to the PEI Training, TA and Capacity Building Plan for FY 10/11. The FY 10/11 Plan was posted for public review and comment on December 3, 2010.

Though Alameda County has yet to identify the specific project(s) and contractor(s) for the 11/12 funds, we have begun to identify some of the initial projects, contractors and partners for the FYs 08/09 and 09/10 funds:

- A Training of Trainers for eCPR (Emotional CPR):
  - Contractor is anticipated to be Peers Envisioning and Engaging in Recovery (PEERS).
  - The primary partners would include the Stigma and Discrimination Campaign; the Family Education Resource Center; local NAMI Chapters; and the Pool of Consumer Champions. Each of these groups is affiliated with many community stakeholders.
- Mental Health 101 Training for Faith-Based Providers:
  - Contractor is anticipated to be CIMH, who will hire facilitators trained in this model.
  - The primary community partners would include local faith-based organizations representing the spectrum of local spiritual and faith communities.
- SAMHSA Older Adult Get Connected Toolkit for Adult Day Care Providers:
  - Contractor is anticipated to be the California Elder Mental Health and Aging Coalition.
  - The primary community partners would be Adult Day Care Providers.
- Improving services for LGBT seniors (age 60+) with or at risk for serious mental health issues:
  - Contractor would be the Tides Center DBA Lavender Seniors of the East Bay.
  - This project will assess gaps in services for at risk LGBT seniors and provide technical assistance and training to local senior service providers to better serve LGBT seniors for the prevention and early intervention of serious mental health issues. Consumers will help to inform the activities.

These initial projects were identified through review of the PEI and CSS Community Planning Data and recommendations from the African American Utilization Study Group.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

- 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.
- 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
- 3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.
- 4) These funds may not be used to pay for any other program.
- 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC Section 5892.
- 6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
- 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

**Certification**

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

\_\_\_\_\_  
Director, County Mental Health Program (original signature)