



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**Alameda County’s FY 2011-12 MHSa Plan Update**

The County’s projected combined allocation for Community Services & Supports (CSS), Prevention & Early Intervention (PEI) and Innovation (INN) the fiscal year 2011-2012 is \$34.9 million. In order to maintain the current level of ongoing services, BHCS will supplement this allocation with unspent funds from previous years.

Attached are documents pertaining to the FY 2011-12 MHSa Plan Update. There are no newly-designed programs in this update to the plan. All changes to the plan from the current fiscal year are summarized in Table I. below. 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, July 11, 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.

**TABLE I. SUMMARY OF CHANGES FOR FY 11-12**

<b>Community Services &amp; Supports (CSS)</b>	<b>Change from FY 10-11</b>
<b><i>OESD 16 – Behavior Health Medical Home</i></b>	Expansion to additional clinics enables inclusion of non-Service Team clients.
<b><i>OESD 18 – Wraparound for Asian Pacific Islander &amp; Latino Children</i></b>	Change program from Full Service Partnership to Outreach & Engagement/ System Development category to facilitate implementation. Target population and program components remain intact.
<b>Prevention &amp; Early Intervention (PEI)</b>	<b>Change from FY 10-11</b>
<b><i>PEI 1A – School-Based Mental Health Consultation in Preschools</i></b>	Expansion to meet match requirements of multi-year federal Early Connections grant from Substance Abuse & Mental Health Services Administration (SAMSA).

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2011/12 Component Allocations</b>						
1. Published Component Allocation	\$26,276,200			\$6,860,500	\$1,742,400	
2. Transfer from FY 11/12 <sup>a/</sup>						
3. Adjusted Component Allocation	\$26,276,200					
<b>B. FY 2011/12 Funding Request</b>						
1. Requested Funding in FY 2011/12	\$49,117,051			\$15,711,641	\$10,502,663	
2. Requested Funding for CPP	\$2,455,853			\$785,582		
3. Net Available Unexpended Funds						
Unexpended Funds from FY 09/10 Annual MHSA						
a. Revenue and Expenditure Report	\$12,077,900			\$7,067,500		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11	\$12,077,900			\$7,067,500		
c. Unexpended Funds from FY 10/11	\$25,296,703			\$9,636,723	\$8,760,705	
d. Total Net Available Unexpended Funds	\$25,296,703	\$0		\$9,636,723	\$8,760,705	
<b>4. Total FY 2011/12 Funding Request</b>	<b>\$26,276,200</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,860,500</b>	<b>\$1,741,958</b>	
<b>C. Funds Requested for FY 2011/12</b>						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations <sup>b/</sup>						
5. Unapproved FY 10/11 Component Allocations <sup>b/</sup>						
6. Unapproved FY 11/12 Component Allocations <sup>b/</sup>	\$26,276,200			\$6,860,500	\$1,741,958	
<b>Sub-total</b>	<b>\$26,276,200</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,860,500</b>	<b>\$1,741,958</b>	
7. Access Local Prudent Reserve						
<b>8. FY 2011/12 Total Allocation<sup>c/</sup></b>	<b>\$26,276,200</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,860,500</b>	<b>\$1,741,958</b>	

**NOTE:**

- Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
- Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
- Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
- Line 3.d. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
- Line 3.d. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

<sup>a/</sup>Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

<sup>b/</sup>For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

<sup>c/</sup> Must equal line B.4. for each component.

CSS FUNDING REQUEST

County: Alameda

Date: 6/14/2011

CSS Programs			FY 11/12 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	\$1,694,698	\$1,694,698					\$1,694,698		
2.	FSP 2	North County Senior Homeless Program	\$877,055	\$877,055						\$877,055	
3.	FSP 3	Support Housing for TAY	\$1,062,580	\$1,062,580				\$1,062,580			
4.	FSP 4	Greater Hope Project - Tri-City Coalition	\$903,875	\$903,875					\$903,875		
5.	FSP 5	Small Scale Comprehensive Forensic ACT Team	\$1,379,514	\$1,379,514					\$1,379,514		
6.	FSP 6	Transition to Independence	\$418,821	\$418,821				\$418,821			
7.	FSP 7	CHOICES for Community Living	\$10,242,969	\$10,242,969				\$1,536,445	\$7,170,078	\$1,536,445	
8.	FSP 9	Transitional Behavioral Health Court ACT Team	\$933,344	\$933,344					\$933,344		
9.	OESD 1	Wellness & Recovery Resource Hub	\$2,264,101	\$226,410	\$753,946	\$1,283,745		\$566,025	\$566,025	\$566,025	
10.	OESD 2	Family Education Center	\$950,428			\$950,428		\$237,607	\$237,607	\$237,607	
11.	OESD 3a	Staffing to Asian Population (ACCESS)	\$656,095		\$209,950	\$446,145			\$656,095		
12.	OESD 3b	Staffing to Latino Populations (ACCESS)	\$694,096		\$222,111	\$471,985			\$694,096		
13.	OESD 4a	Mobile Integrated Assess Team for Seniors	\$320,331		\$192,199	\$128,132				\$320,331	
14.	OESD 5a	Crisis Response Program - Capacity for Valley	\$116,104		\$116,104				\$116,104		
15.	OESD 5b	Crisis Response Program - Capacity for Tri-City	\$170,864		\$170,864				\$170,864		
16.	OESD 7	MH Court Specialist Program	\$276,806	\$138,403	\$138,403				\$276,806		
17.	OESD 8	Juvenile Justice Transformation of Guidance Clinic	\$229,093		\$229,093			\$229,093			
18.	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	\$607,119		\$607,119				\$607,119		
19.	OESD 14	Youth Uprising	\$295,575		\$295,575			\$295,575			
20.	OESD 15	Recovery Education Centers	\$1,751,497		\$1,751,497			\$1,751,497			
21.	OESD 17	Residential Treatment for Co-occurring Disorders	\$4,708,162		\$2,354,081	\$2,354,081		\$470,816	\$3,766,529	\$470,816	
22.											
23.											
24.											
25.	Subtotal: Programs <sup>a/</sup>		\$32,133,786	\$17,877,669	\$7,326,483	\$6,929,634	\$0	\$3,921,910	\$4,587,870	\$19,172,755	\$4,451,252
26.	Plus up to 15% Indirect Administrative Costs		\$7,525,806								
27.	Plus up to 10% Operating Reserve		\$3,965,959								
28.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$43,625,551								
<b>New Programs/Revised Previously Approved Programs</b>											
1.	OESD 16	Behavioral Health Medical Home	\$2,765,178	\$393,688	\$1,185,745	\$1,185,745		\$414,777	\$1,935,625	\$414,777	
2.	OESD 18	Wraparound for Latino and Asian/Pacific Islander Children	\$1,113,000		\$556,500	\$556,500		\$1,113,000			
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs <sup>a/</sup>		\$3,878,178	\$393,688	\$1,742,245	\$1,742,245	\$0	\$1,113,000	\$414,777	\$1,935,625	\$414,777
7.	Plus up to 15% Indirect Administrative Costs		\$698,072								
8.	Plus up to 10% Operating Reserve		\$457,625								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$5,033,875								
10.	<b>Total MHA Funds Requested for CSS</b>		\$49,117,051								

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

50.70%

PEI FUNDING REQUEST

County: Alameda

Date: 6/14/2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
<b>Previously Approved Programs</b>									
1.	1.B	School-Based Mental Health Consultation in Elementary & Middle Schools	\$547,295	\$328,377	\$218,918	\$547,295	\$0	\$0	\$0
2.	1.C	School-Based Mental Health Consultation in High Schools	\$299,441	\$239,553	\$59,888	\$203,620	\$95,821	\$0	\$0
3.	2	Early Intervention for the Onset of First Psychosis & SMI Among TAY	\$1,294,426	\$0	\$1,294,426	\$194,164	\$1,100,262	\$0	\$0
4.	3.A	Mental Health-Primary Care Integration for Latino Older Adults	\$386,556	\$0	\$386,556	\$0	\$0	\$0	\$386,556
5.	3.B	Mental Health-Primary Care Integration for API Older Adults	\$386,556	\$0	\$386,556	\$0	\$0	\$0	\$386,556
6.	3.C	Mental Health-Primary Care Integration for Older Adults at ERs	\$2,374,492	\$0	\$2,374,492	\$0	\$0	\$0	\$2,374,492
7.	4	Stigma & Discrimination Reduction Campaign	\$1,638,757	\$1,147,130	\$491,627	\$573,565	\$262,201	\$589,953	\$213,038
8.	5	Outreach, Education & Consultation for the Latino Community	\$913,443	\$456,722	\$456,722	\$365,377	\$182,689	\$319,705	\$45,672
9.	6	Outreach, Education & Consultation for the Asian Pacific Islander Community	\$1,009,599	\$504,800	\$504,800	\$302,880	\$201,920	\$353,360	\$151,440
10.	7	Outreach, Education & Consultation for the South Asian/Afghan Community	\$746,946	\$373,473	\$373,473	\$224,084	\$112,042	\$336,126	\$74,695
11.	8	Outreach, Education & Consultation for the Native American Community	\$368,328	\$220,997	\$147,331	\$73,666	\$73,666	\$128,915	\$92,082
12.	9	Behavioral Health-Primary Care Integration Project	\$339,671	\$67,934	\$271,737	\$112,091	\$54,347	\$129,075	\$44,157
13.	10	Peer Support Program for Children, Transitional Age Group, and Adults	\$1,226,218	\$817,478	\$408,740	\$408,739	\$408,739	\$408,740	\$0
14.	12	Trauma-Informed Care	\$148,210	\$74,105	\$74,105	\$72,623	\$14,821	\$29,642	\$31,124
15.			\$0						
16.			\$0						
17.	Subtotal: Programs*		\$11,679,938	\$4,230,568	\$7,449,370	\$3,078,103	\$2,506,508	\$2,295,515	\$3,799,812
18.	Plus up to 15% Indirect Administrative Costs		\$1,913,372						
19.	Plus up to 10% Operating Reserve		\$1,359,331						
20.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$14,952,641						
<b>New/Revised Previously Approved Programs</b>									
1.	1.A	School-Based Mental Health Consultation in Preschools	\$600,000	\$480,000	\$120,000	\$600,000	\$0	\$0	\$0
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$600,000	\$480,000	\$120,000	\$600,000	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs		\$90,000						
8.	Plus up to 10% Operating Reserve		\$69,000						
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$759,000						
10.	<b>Total MHSA Funds Requested for PEI</b>		\$15,711,641						

\*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 50.4%

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

INN FUNDING REQUEST

County: Alameda

Date: 6/14/2011

INN Programs		FY 11/12 Requested MHSAs Funding
No.	Name	
<b>Previously Approved Programs</b>		
1.	1 Innovative Grant Project	\$8,302,500
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	Subtotal: Programs	\$8,302,500
17.	Plus up to 15% Indirect Administrative Costs	\$1,245,375
18.	Plus up to 10% Operating Reserve	\$954,788
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$10,502,663
<b>New Programs</b>		
1.		
2.		
3.		
4.		
5.		
6.	Subtotal: Programs	\$0
7.	Plus up to 15% Indirect Administrative Costs	
8.	Plus up to 10% Operating Reserve	
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0
10.	<b>Total MHSAs Funds Requested for INN</b>	<b>\$10,502,663</b>

Percentage  
15%  
10.0%

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

County: ALAMEDA COUNTY

Completely New Program

Program Number/Name: OESD 16 – Behavioral Health Medical Home  
Approved Program

Revised Previously

Date: \_\_\_\_\_

**A. List the estimated number of individuals proposed to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Individual FSP Only
Child and Youth				
TAY			<b>359</b>	
Adults			<b>1929</b>	
Older Adults			<b>359</b>	
Total				

Total Estimated Number of Individuals to be Served (all services categories) by the Program during FY 11/12: 2,647

**B. Program Narrative**

1. Briefly provide a description of the program that includes the array of services being provided. This should include information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The existing Behavioral Health Medical Home (BHMH) program provides primary health care services integrated into the sites of two Mental Health Service Teams, which provide an intensive array of mental health services including crisis stabilization, acute and sub-acute psychiatric services, medication support, alcohol and other drug (AOD) services, day treatment, and outpatient services. These services will be enhanced by the addition of primary care, specialty screening, healthcare referrals, health service coordination, and peer facilitated health and wellness education, applying evidence-based and culturally-sensitive practices.

The current BHMH target population is Mental Health Service Team clients who have a high utilization of emergency rooms and hospitals and who are not being appropriately served with preventative care. These Service Teams are the single point of responsibility for providing and/or coordinating a bio-psychosocial approach to treatment. The target population includes Service Team clients with serious mental illness adults ages 24-59, and also transition age youth (age 18 – 25) and older adults (age 60 and older). It includes males and females residing throughout all the regions of Alameda County. The target population represents the diverse race/ ethnicity in Alameda County. The majority of Service Team clients are from minority ethnic groups: approximately 26% are Caucasian, 49% are African American, 7% are Latino, 15% are Asian/ Pacific Islander, and 3% are from other ethnic groups or their ethnicity is unknown.

The primary health care team includes a Nurse Practitioner, a Nurse Care Coordinator, Peer Support Counselors, and a Medical Assistant at each of the two sites, and offering ongoing medical case management to coordinate access to specialized care.

This program expansion will include an additional site, which will target and address the needs of residents with severe mental illness, who exhibit a high need for stabilization services, medication support, and ongoing primary health care. As a “transitional medical home” this program will seek to return clients to Primary Care upon stabilization. This program will provide integrated mental health and primary healthcare for people with serious mental illness who have limited access to current primary care system. The proposed expansion will provide integrated health services beyond clients of Service Teams and serve as a transitional medical home for “medically homeless” persons with serious mental illness.

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

The BMMH Project will focus on improving the physical health status of ACBHCS mental health consumers living with Serious Mental Illness (SMI). The interface of primary care services and behavioral health screening and consultation is intended to address the priorities that resulted from the Community Planning Process: (1) provide accessible behavioral health services; (2) promote early identification of mental health and alcohol and other drug issues; (3) if necessary provide brief intervention services; and (4) have available appropriate referral to services which could effectively interrupt the progression to more serious issues. This project will reduce the number of “inappropriate” medical visits (i.e., urgent care), as utilization of behavioral health services increases.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).

The BMMH program will maximize accessibility to quality, well-matched care, make efficient use of costly provider time, and improve consumer/ family satisfaction. The BMMH program will integrate primary health care and behavioral health services by co-locating FQHC primary health care teams in the existing sites of the Alameda County Community Support Centers. These integrated services will be enhanced by the addition of peer-facilitated health and wellness education, and the use of evidence-based and culturally-sensitive practices. The selected federally qualified health centers will be community-based, and will have the cultural competency to serve the targeted population. Peer Support Counselors will be available to listen to clients, provide peer counseling, advocate for clients, empower clients to advocate for their own health care preferences, provide health education, and facilitate support groups around specific and general health issues. Consumers will be engaged in the development and oversight of this project through the creation of the BMMH Advisory Committee, which will consist of consumers, the Nurse Care Coordinator, and the Project Director.

4. Describe the County’s capacity to serve the proposed number of children, adults, and seniors (Welfare & Institutions Code § 5847).

Community-based Federally Qualified Health Centers (FQHCs) will be contracted to interface primary care services with existing services at Mental Health Community Support Centers. This program is projected to have the capacity to be financially self-sustaining with Medi-Cal reimbursements after a start-up period of roughly two-to-three years.

5. 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.

N/A

6. If this is a consolidation of two or more programs, provide the following information:  
 a) Names of the programs being consolidated.  
 b) The rationale for the decision to consolidate programs.  
 c) How existing populations and services will achieve the same outcomes as the previously approved programs.

N/A

**C. Provide an estimated annual program budget, utilizing the following line items.**

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures	765,996			765,996
4.	Operating Expenditures	1,777,212			1,777,212
5.	Non-recurring Expenditures	20,000			20,000
6.	Other Expenditures	987,310			987,310
	<b>Total Proposed Expenditures</b>	<b>3,550,518</b>			<b>3,550,518</b>
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	285,340			285,340
	b. State General Funds				
	c. Other Revenues	500,000			500,000
	<b>Total Revenues</b>	<b>785,340</b>			<b>785,340</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>2,765,178</b>			<b>2,765,178</b>

**D. Budget Narrative**

1.	Provide a detailed budget narrative explaining the proposed program expenditures for each line item. 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, non-recurring expenditures, and other expenditures associated with this CSS Program.

County: Alameda

Completely New Program

Program Number/Name

PEI – 1.A Mental Health Consultation in Preschools

Revised Previously Approved Program

Date: \_\_\_\_\_

**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 Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input checked="" 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) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

The PEI Community Planning Process found that many Alameda County children and youth live in stressed families and are exposed to various forms of trauma such as community and family violence. For example, 2004-2006 California Healthy Kids Survey data showed that about 10% of Alameda County 5th graders were home without adult supervision all or most of the time and that 35% never or only sometimes felt safe outside of school. The process also found that existing mental health services for children and youth are inadequate; that disparities exist in quality of care and that preK-12 schools are not effectively utilized as a mental health services resource for children and youth. According to national research, only 16% of American children receive any mental health services. Of those receiving care, 70-80% receive that care in a school setting.

The PEI Community Needs and Priorities Survey identified the impact of trauma, the risk for onset of serious psychiatric illness and suicide as key needs. Additionally, children and youth at risk for school failure, at risk for suicide and for juvenile justice involvement, emerged as priority populations in Alameda County.

Distressed children and adolescents place high demands on caregivers and institutions, straining economic, social and emotional resources. Bay Area youth researchers, in partnership with the University of California, San Francisco found that 20-25% of their peers reported that they had considered suicide in recent months. National data indicates that 15% of high school students have seriously considered suicide and 7% have attempted suicide in the past year.

The Ongoing Planning Council (OPC), in its deliberations as the primary stakeholder group for MHSA planning, has identified mental health programs in schools, preschools and childcare sites as a key strategy for local PEI funding.

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

PEI funds will continue to be used as a match for the expansion of the Early Childhood System of Care in Alameda County. Alameda County received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop the mental health arm of the Early Childhood System of Care. The Early Childhood System of Care is in partnership with First 5 Alameda County and United Advocates for Children and Families (UACF). PEI funds will be used to

leverage the delivery of the following PEI services: 1) general and child-specific mental health consultation to providers of early care and education (preschools); 2) developmental screening, which includes developmental social/emotional screening (Ages & Stages Questionnaire SE) in pediatric and early care and education settings; 3) Clarifying Assessments when additional information is needed to determine the appropriate referral pathway and when the child has complex behavioral, social, emotional and developmental issues. The goal of Clarifying Assessments is to provide early intervention as soon as the child enters the System of Care. The Clarifying Assessment is provided and the child and family are subsequently referred to one service delivery program. Early intervention as provided by Clarifying Assessments maximizes utilization of services and minimizes the chances that a child and family will “fall between the cracks” of the service delivery system.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
Mental Health Consultation in Preschool/ Childcare Settings	Individuals: Families:	250 *	60 *	12 months
	Individuals: Families:			
	Individuals: Families:			
<b>Total PEI Program Estimated Unduplicated Count of Individuals to be Served</b>	Individuals: Families:	250 *	60 *	

\*Please note that all interventions under this project will target the families and teachers of the students served.

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

The Early Childhood System of Care is a continuum of services for children ages birth to five and their families. This continuum of care includes prevention, early intervention and treatment. The services funded by PEI directly link young children and their families to county early childhood mental health services, community-based early childhood mental health services, developmental services, pediatric services, early care and education services and family resource services. One of the goals of an Early Childhood System of Care is to identify children with mental health concerns, or at imminent risk of mental health concerns, in their natural settings, which are the home, child care programs, and pediatric offices. As the children receive screening and assessment services and mental health consultation services in these natural settings, they are then often referred for further mental health services in the county and community-based mental health programs. Alameda County has developed capacity in the community to respond to the needs of children birth to five. We currently have 14 early childhood specific mental health programs in the community to respond to the children once they have been screened, assessed and/or received mental health consultation services (the prevention and early intervention part of the continuum of care). The majority of the 14 early childhood mental health specialty programs in Alameda County are experienced in screening and assessment of young children, as well as in the provision of mental health consultation, thus making the linkage to other services in the county as seamless as possible.

A recent expansion of the Early Childhood System of Care is the integration of Family Partners in five of the community-based early childhood mental health programs in Alameda County. Family Partners are parents/caregivers of children who have used the child-serving system when their children were young (birth-five). Family Partners work with the clinicians in the early childhood mental health programs to bring the family experience to the screening, assessment and treatment planning, and help the parents/caregivers give voice to what their child's mental health needs are in a culturally and linguistically responsive way. Family Partners are advocates for the families and are instrumental in linking families to multiples services in the community from the first phone call to the last appointment.

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

The Early Childhood System of Care that is being leveraged by PEI funding is a system that is being formalized by the SAMHSA Cooperative Agreement/grant, yet it is a system that has been in development for the past ten years. This is possible due to the collective will of the early childhood community in Alameda County. Examples of this collaboration are found in the areas of service delivery, training and policy. Alameda County Early Childhood System of Care includes training that has existed for the past ten years. We have a collaborative intensive training program that provides training in early childhood mental health services and mental health consultation to early care and education. This training is cross disciplinary and includes mental health, early care and education, child welfare and early interventionists. Early childhood mental health provider agencies meet on a monthly basis as a community to coordinate services and discuss ongoing service delivery issues. Alameda County has an Early Childhood Policy Committee that was convened in 1999 and continues to work at the local, state and national level to advocate policy for children birth-five and their families. This committee is represented by mental health, education, social services, family resource agencies, early childhood policy agencies, early care and education and the medical home community. In addition, there is consistent collaboration between F5 Alameda County, county and community-based mental health providers, education and early care and education. Alameda County has also recently begun to work more closely with family run organizations such as the Family Resource Network and United Advocates for Children and Families.

7. Describe intended outcomes.

1. Accessible on-site mental health consultation promotes early identification and intervention and can mitigate and effectively interrupt progression to more serious mental health concerns.
2. Early identification and referral will maximize early intervention when there are concerns regarding social, emotional and/or developmental concerns. Clarifying Assessments will assure that children will have a clear referral pathway for mental health and developmental concerns.
3. Mental health consultation that is provided in the communities where families live in natural settings such as the home, pediatric offices, early care and education and family resources centers can decrease stigma associated with mental health services.
4. Preventative mental health services provided in communities where families live are often more culturally and linguistically responsive to the needs of the young children and families.

8. Describe coordination with Other MHSa Components. The Early Childhood System of Care which is being leveraged by PEI funding has been collaborating with the PEI funded Mental Health Consultation in Elementary and Middle schools. The collaboration has been focused on creating an integrated system of mental health consultation with the goals of provision of mental health consultation from preschool to elementary and through high school. The collaboration has also included sharing some of the training resources that preschool mental health consultation has been using for the past ten years, namely a relationship-based systemic approach developed by Daycare Consultants, UC San Francisco.

9. Additional Comments (Optional).

**C. Provide an estimated annual program budget, utilizing the following line items.**

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				
	b. Other Supports				
2.	General System Development Housing				
3.	Personnel Expenditures	765,996			765,996
4.	Operating Expenditures	1,777,212			1,777,212
5.	Non-recurring Expenditures	20,000			20,000
6.	Other Expenditures	987,310			987,310
	<b>Total Proposed Expenditures</b>	<b>3,550,518</b>			<b>3,550,518</b>
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)	285,340			285,340
	b. State General Funds				
	c. Other Revenues	500,000			500,000
	<b>Total Revenues</b>	<b>785,340</b>			<b>785,340</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>2,765,178</b>			<b>2,765,178</b>

**D. Budget Narrative**

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. 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, non-recurring expenditures, and other expenditures associated with this CSS Program.