



**San Mateo County Health System
Behavioral Health and Recovery Services Division**

MHSA Steering Committee

March 23, 2011 - 2 to 5 p.m.
San Mateo Library
55 W 3rd Ave, San Mateo, CA

AGENDA

- 1. Welcome and introductions** 2 to 2:15
 - Welcome and introductions *Don Horsley, Supervisor District 5, Co-Chair*
Randall Fox, Co-Chair, MHSARC Chair

- 2. Mental Health and Substance Abuse Recovery Commission
Special Meeting (MHSARC)** 2:15 to 2:20
 - Call to order *Randall Fox*

- 3. MHSA progress report. funding request, and Q&A** 2:20 to 4:00
 - FY 09/10 / FY 10/11 Status / FY 11/12 Funding Request *Louise Rogers, BHRS Director*
 - Introduction
 - Team presentation by BHRS staff:
 - Sandra Santana-Mora (MHSA 101)
 - Kristin Dempsey (Workforce Education and Training - WET)
 - Louise Rogers (Community Services and Supports - CSS)
 - Paul Sorbo and Chris Coppola (Full Service Partnerships - FSP)
 - Stephen Kaplan (Prevention and Early Intervention - PEI)
 - Judy Davila (Housing)
 - Patrick Miles (Information Technology - IT)
 - Sandra Santana-Mora (Innovation - Funding Request FY 11/12)

- 4. MHSA Housing – New Project** 4:00 to 4:40
 - Delaware Street Apartments Project *Judy Davila (BHRS)*
Mid Peninsula Representative

- 5. MHSARC Action Items** 4:40 to 4:45
 - Release new Housing project for 30-day public comment period
 - Release FY 11/12 funding request for 30-day public comment period

- 6. Closing remarks** Co-chairs

**MENTAL HEALTH SERVICES ACT
STEERING COMMITTEE MEETING**

March 23, 2011

- PROGRESS REPORT FY 09/10 -
- FY 10/11 STATUS - FUNDING REQUEST FY 11/12 -

San Mateo County Health System
Behavioral Health and Recovery Services Division



MHSA RISKS FY 11/12 – STATE BUDGET

- Governor proposes one-time redirection of MHSA dollars for a total of \$861 million in FY 11/12, to be achieved through:
 - Shift from cash-on-hand to accrual in State MHSA Fund (accounting maneuver)
 - \$861M = 1 year of delayed funding = State Administration reduction + reduction in some statewide activities + [unknown = \$60M]
 - MHSA redirection would pay for State General Fund obligations (Medi-Cal Managed Care Services + EPSDT + Special Education) in FY 11/12

MHSA RISKS – STATE BUDGET

(cont.)

- Beyond FY 11/12, those services would be funded through a new "realignment", which depends on voters approving a 5-yr extension to tax increases set to expire on June 30, 2011
- Even if voters approve the tax extension, it's unclear how much money Counties would receive
- If voters do not approve the tax extension, the one-time MHSA redirection might become permanent, resulting in a loss for San Mateo of \$9.3M (on top of other losses)
 - Medi-Cal Managed Care, EPSDT and Special Ed would be defunded

PLANNING FOR THE FUTURE

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- Follow MHSa guidelines
- Maximize revenue (e.g., MAA, Medi-Cal) for MHSa funded programs
- Prioritize direct services to clients over indirect services

PLANNING FOR THE FUTURE


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- Use reserves to mitigate impact to services (reserves rapidly decreasing)
- Evaluate potential scenarios against BHRS's Mission, Vision and Values. When the economy improves, we want to be well positioned to carry-on our work
- Avoid impacting any geographic, ethnic, or linguistic group disproportionately

MHSA 101

PROPOSITION 63:

- Passed in November of 2004
- 1% tax on personal income above \$1M
- Funds MH services exclusively
 - Co-occurring services OK
- No supplant rule

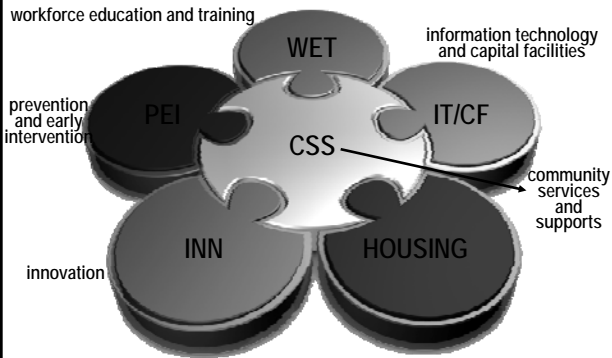


PRINCIPLES AND FUNDING BOUNDARIES

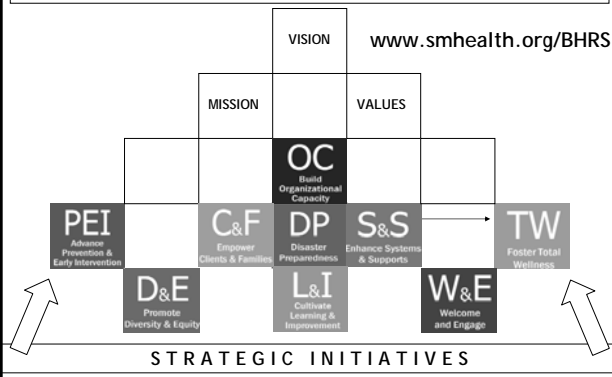
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- Wellness, recovery and resilience
 - Cultural competence
 - Consumer/family driven services
 - Integrated service experience
 - Community collaboration

Fundable activities are grouped into six components, each one with its own set of guidelines and rules.

FUNDING CATEGORIES OR COMPONENTS



BEHAVIORAL HEALTH AND RECOVERY SERVICES



WORKFORCE EDUCATION AND TRAINING

- Budget approved and received in San Mateo County on March '10.
- BHRS direct service and contracted staff have completed or are in progress on the following examples of training priorities:
 - Targeted Training by and for Consumers and Family Members (Stamp out Stigma, NAMI Provider Education, Wellness Recovery Action Planning -WRAP- facilitator training and groups)

Workforce Education and Training

OC
Build Organizational Capacity

L&I
Cultivate Learning & Improvement

S&S
Enhance Systems & Supports

C&F
Empower Clients & Families

W&E
Welcome and Engage

D&E
Promote Diversity & Equity

WORKFORCE EDUCATION AND TRAINING

- More examples:
 - Cultural Competency Training - California Brief Multicultural Scale; Cultural Initiative Based Trainings, e.g. "Cultural Considerations when Working with Filipinos"
 - Evidence-Based Practices to Support Systems Transformation - Motivational Interviewing, Trauma-Informed interventions, Seeking Safety

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WORKFORCE EDUCATION AND TRAINING

Workforce development priorities have also been put into place:

- Outreach at universities to recruit diverse interns/trainees into training placements; provision of cultural competency educational stipend to students with diverse cultural backgrounds
- Child psychiatry fellowship with Stanford in an effort to attract child psychiatrists to public behavioral healthcare

Workforce Education and Training

OC
Build Organizational Capacity

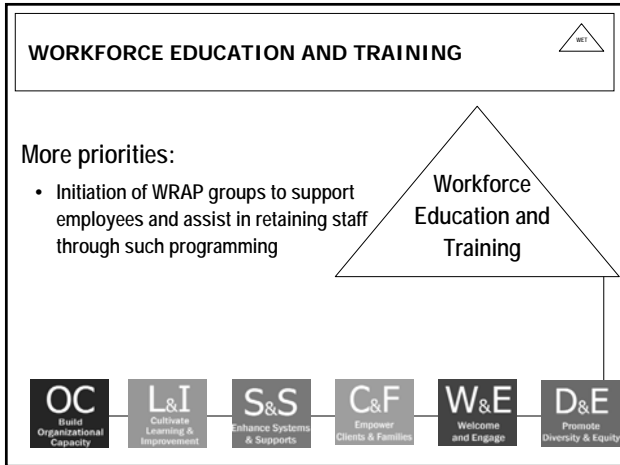
L&I
Cultivate Learning & Improvement

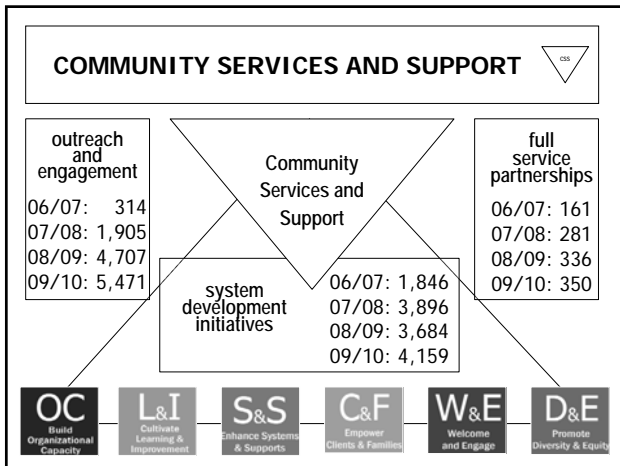
S&S
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
D&E
Promote Diversity & Equity







CLIENTS SERVED 

PROGRAM	FY 06/07	FY 07/08	FY 08/09	FY 09/10
Full Service Partnership (Adults/Older Adults)	41 A 33 OA	85 A 57 OA	125 A 103 OA	129 A 78 OA
Full Service Partnership (Children/Youth/TAY)	87 C/Y/TAY	67 C/Y 55 TAY	60 C/Y 48 TAY	89 C/Y 54 TAY
Crisis Hotline	168	539	877	728
Primary Care-Based Behavioral Health Services	128	665	852	866
Outreach East Palo Alto	N/A	1,250	2,978	3,250
Outreach North County Collaborative	N/A	N/A	430	1,242
Older Adults System of Integrated Services	100	187	259	280

CLIENTS SERVED 				
PROGRAM	FY 06/07	FY 07/08	FY 08/09	FY 09/10
School-based services	11	49	58	65
Pathways	56	181	185	123
Consumer/family partners	595	842	764	932
EBP expansion (youth/adults)	948	2,192	2,125	2,076
Puente DD clinic	N/A	N/A	69	117
Interns	135	131	224	368

BEHIND THESE HIGH LEVEL NUMBERS... 		
outreach and engagement 09/10: 5,471	system development initiatives 09/10: 4,159	full service partnerships 09/10: 350
<ul style="list-style-type: none"> • Best penetration rate for children in foster care or percentage of foster care children served of any county in the State: 82%. State average: 61% • Initiation and Engagement: In FY 09/10, 55% of clients starting new episodes had a second visit within 14 days and 35% had a 3rd and 4th visit within the following 30 days. • MHSA Outreach and Engagement programs have much higher than average initiation and engagement rates: OASIS (Elder MH Outreach) 80%; EPA Adults 85%; EPA Youth 93%; and North County Youth 66%. • Through our partnership with Vocational Rehabilitation Services, we have created 25 jobs for mentally ill adults, whose histories of hospitalization could not have predicted their insertion in the workforce. 		

FULL SERVICE PARTNERSHIPS OUTCOMES 		
OUTCOMES	CHILDREN & YOUTH	TAY
Decreased Homelessness	50%	43%
Decreased Hospitalization	61%	57%
Decreased Incarceration	0%	31%
Decreased Arrests	76%	77%
Decreased School Suspensions	58%	86%
Increased School Attendance	39%	36%
Decreased Out-of-Home Placement	52%	81%
Increased School Grades	43%	43%


STORIES OF

FULL SERVICE PARTNERSHIPS OUTCOMES CS

ADULTS		OLDER ADULTS	
Decreased Homelessness	88%	Decreased Homelessness	100%
Decreased Hospitalization	82%	Decreased Hospitalization	67%
Decreased Incarceration	96%	Decreased Incarceration	100%
Decreased Arrests	100%	Decreased Arrests	100%

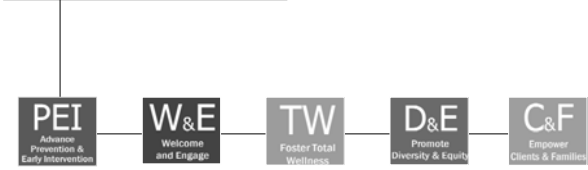
STORIES OF

PREVENTION AND EARLY INTERVENTION



Prevention and Early Intervention

- Cautious approach to implementation
- Anti-Stigma Initiative launched in October 2009; Anti-Stigma Advisory Council formed in February 2010; research into measurable ways to address stigma (i.e., SAMHSA toolkit, UCSF internalized stigma tool)
- Stigma consultant contracted in March '11




PEI: Advance Prevention & Early Intervention
 W&E: Welcome and Engage
 TW: Foster Total Wellness
 D&E: Promote Diversity & Equity
 C&F: Empower Clients & Families

ANTI-STIGMA INITIATIVE KICK-OFF



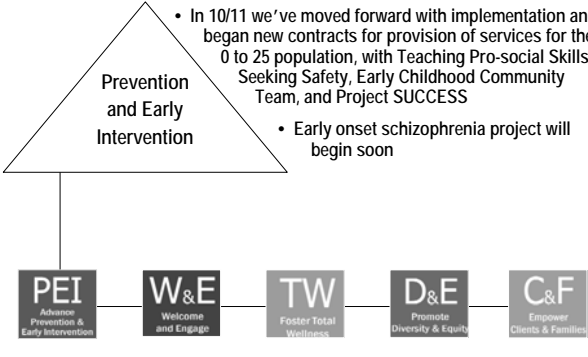

Honoring NAMI and Stamp Out Stigma TAY Team Latino Team
 Clients Team Pacific Islander Team Filipino Team
 African American Team Chinese Team

PREVENTION AND EARLY INTERVENTION



Prevention and Early Intervention

- In 10/11 we've moved forward with implementation and began new contracts for provision of services for the 0 to 25 population, with Teaching Pro-social Skills, Seeking Safety, Early Childhood Community Team, and Project SUCCESS
- Early onset schizophrenia project will begin soon



PEI: Advance Prevention & Early Intervention
 W&E: Welcome and Engage
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HOUSING – KEY ELEMENTS



- Construct or acquire housing units for SMI adults, older adults, families with SED (severely emotionally disturbed) children and transitional aged youth
- Funds for both construction and operation
- \$100,000 per unit not to exceed one third cost of unit
- Up to \$100,000 per unit operating cost
- BHRS responsible for services through FSP



Housing

HOUSING PROJECTS



- Cedar Street Apartments Project approved in 2009
- El Camino Apartments Project approved in 2010
- Delaware Street Apartment Project before you today



Housing

CEDAR STREET PROJECT – 14 UNITS



EL CAMINO APARTMENTS – 20 UNITS



HOUSING – FUNDING BREAKDOWN



ONE-TIME ALLOCATION: \$ 6,762,000

Cedar St \$ 524,150

El Camino \$ 2,163,200

BALANCE: \$ 4, 074,800



Housing

New Proposal \$ 1,124,860

REMAINING: \$ 2,949,940 + interest

TECHNOLOGY



- First pilot clinic, East Palo Alto, went live on 12/8/09
- By the end of FY 09-10, we had 450 Avatar users: administrative, billing, eligibility, support staff, psychiatrists, nurses, community workers, other clinical staff
- Full electronic medical record: electronic prescribing, assessments, treatment plans, progress notes, transfer/discharge record, document scanning to incorporate paper documents to the electronic chart



IT and
Capital
Facilities



INNOVATION



- The "Total Wellness" project is the focus of our Innovation Plan
- It addresses the health conditions of persons living with serious mental illness. Several national studies show that seriously mentally ill individuals are dying 30 years earlier than the rest of the population because of their co-morbid conditions
- Plan approval: April 2011 (MHSOAC)

Innovation



SUMMARY FUNDING REQUEST FY 11/12

COMPONENT	FY 11/12
CSS	\$12,069,111
WET	\$375,370
PEI	\$4,478,339
INNOVATION	\$1,107,640
IT	\$1,992,724

Housing \$\$ already assigned to CalHFA; process for approval of funds outside of FY 11/12 funding request

QUESTIONS?



STORIES OF HOPE

“Joan”, mid 20s:

This morning Joan woke up in her own apartment, one that she found for herself. She made breakfast for herself, her boyfriend and their beautiful 3 year old son. Like many of us, money is tight and she juggles responsibilities and finances to make things work. Overall though, she is happy. She knows all too well that her life could have looked a lot different. In fact, it was not too many years past that it did look a lot different.

Almost 4 years ago, back when she was late in her second trimester, Joan was in locked psychiatric program, which was a step down from Napa State Hospital -where she'd been earlier in the year. While being on that placement she had met her boyfriend, fallen in love, and gotten pregnant. Joan had made tremendous gains in her recovery. She was well into her pregnancy, and ready for discharge. She needed a place to live but it was going to be hard for her to find housing because she had previously been convicted of arson. Although the event was something that had taken place prior to her getting psychiatric treatment, arson is the type of issue that closes most doors with potential landlords.

At this point in time the Telecare FSP met with Joan, her boyfriend, and the facility treatment team, and began devising a plan. The FSP was able to broker a meeting between Joan and a landlord with whom the program has had positive experiences, and whom was known to be willing to work with people with various psychiatric disabilities. With coaching and help from the program, Joan met with the landlord and shared her story about her current progress in her recovery and what had led to the arson conviction. When the landlord offered her an apartment her, he cited two primary reasons for being willing to have Joan a tenant: The first was that he was impressed by Joan's honesty, openness and commitment to her recovery. The second was that his previous experience with the Telecare FSP gave him confidence that the program would be there to support Joan and her family as well as the landlord, regardless of the time of the day, day of the week, or any situation.

It's been 4 years since Joan (and her family) and Telecare FSP began working together. In that time, neither Joan nor her boyfriend have been back in the hospital, and she is not only off of conservatorship but is her own payee.

Joan has now a stable living situation and is a very dedicated mom. She is a true role model for recovery.

STORIES OF HOPE

"Ariel", 22

"Ariel" was 18 when she joined "Turning Point", the Full Service Partnership program run by Edgewood Center for Children and Families. She successfully graduated just this past January of 2011, at the age of 22 years old.

Ariel was removed from her abusive home at 4 years old and has a long history of involvement with the child welfare system since then. When Ariel joined the FSP Turning Point TAY program she was showing high levels of distress, depression, and very low self-esteem. She exhibited safety and relationship concerns, which included frequently meeting older men on the internet and/or getting herself into unsafe dating situations. She was not working, or going to school, or participating in any activities. She was having great difficulty finding motivation to introduce any change. She found herself in an unhealthy, long-term relationship with an older man with his own mental health issues. As a result of this relationship, Ariel was isolating herself from others and getting more depressed. At one point her housing closed, and so she was moved into Edgewood subsidized housing, which helped her begin to engage with her case manager and clinician from the team.

As she began using her therapy to process her past experiences and low self-esteem, she began to show signs of improvement and inner strength. She successfully completed all 4 modules of Dialectic Behavioral Therapy and was using these skills in her everyday life. She was able to end the unhealthy relationship; began engaging at the Drop In Center run by Edgewood, and met a new social support system. Ariel turned her situation around: she began caring about her appearance and health (including eating habits and hygiene), dating men her own age, working at a part time job, and reporting that she was feeling less depressed. As she continued to improve, she successfully accessed her own aftercare services with the Human Services Agency, and got an internship with the County. She independently applied for her own Section 8 housing, and has successfully stopped needing psychotropic medications, which had been one of her long-time goals.

She now has a list of family members from the FSP team's efforts at finding her family. While she is not ready just yet to reach out to these family members, she is happy to know she one day could reach out to them and explore a relationship.

When "Ariel" graduated from the program she was maintaining a job at a department store, had stable housing that she was supporting on her own, had made connections with natural supports from her past, and had a very strong relationship with her social worker, that is still ongoing.

Ariel thinks of herself, and truly is, a success story!

STORIES OF HOPE

“Leroy”, early 50s: “I live in a hole”

The very first words Leroy said to the Telecare FSP staff when he met them was “I live in a hole”. He wasn’t speaking metaphorically nor using hyperbole to describe a bad living situation: Leroy was literally living in a hole. To be more exact, Leroy was living in the hole that used to house the underground fuel tank at a local gas station that had subsequently closed.

His “roof” was a piece of particleboard that had been placed on top of the tank to keep the rain from going in.

At the time of his referral to the Telecare FSP, Leroy had been well connected to a County clinic but, despite their efforts and his hard work, Leroy needed even more assistance. When Leroy first joined the Telecare FSP, he exhibited very agitated behaviors. It took time working very closely with Leroy for things to begin to change.

Over a couple of months, as Leroy was hanging out at the office and observing other FSP members coming in and getting services, he became increasingly willing to accept that maybe we were for real when we said that we’d like to get him off the street and into a place of his own.

These days (nearly 4 years later), while Leroy may occasionally go visit the Clinic that originally referred him to the Telecare FSP, mostly he comes to the Telecare office and hangs out. No longer does he “cause a scene” but he is a welcomed guest. He’ll make coffee in the waiting room when it’s run out, and generally mingle with whoever is there.

When he leaves the office to go back to his place, he’s not going to a hole in the ground or even a metaphorical “hole in the wall”: He goes back to his apartment, with his bed and his clothes, his dresser and his food in the fridge. He goes to his home, a home he’s had for just under 4 years.



SAN MATEO COUNTY

HEALTH SYSTEM

BEHAVIORAL HEALTH AND RECOVERY SERVICES DIVISION

MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEAR (FY) 2010/2011 UPDATE TO THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

COUNTY CERTIFICATION

Components Included:

- CSS WET
- CF TN
- PEI INN

County: San Mateo

County Mental Health Director	Project Lead
Name: Louise F. Rogers, MPA	Name: Sandra M. Santana-Mora, MA
Telephone Number: (650) 573-2541	Telephone Number: (650) 573-2889
E-mail: lrogers@co.sanmateo.ca.us	E-mail: ssantana-mora@co.sanmateo.ca.us
Mailing Address: San Mateo County Health System Behavioral Health and Recovery Services Division 225 37 th Avenue, 3 rd floor San Mateo, CA 94403	

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

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.² The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

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

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

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

All documents in the attached FY 2011/12 annual update/update are true and correct.

LOUISE F. ROGERS, MPA
Mental Health Director/Designee (PRINT)

Signature

May 5, 2011
Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Mateo **30-day Public Comment period dates:** March 23, 2011 – May 4, 2011

Date: May 5, 2011 **Date of Public Hearing (Annual update only):** May 4, 2011

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

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

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>As explained in previous submissions, the planning structure originally devised by San Mateo County to seek input for the initial MHSAs component to be implemented (Community Services and Supports) has been kept in place, and has since framed all planning activities related to any component of the MHSAs. The Mental Health and Substance Abuse Recovery Commission (MHSARC, formerly the Mental Health Board), as a whole and through its committee structure, is involved in all MHSAs planning activities providing input and receiving regular updates, as is the MHSAs Steering Committee created in 2005. The meetings of these bodies are open to the public, and attendance is encouraged through various means: notice of meetings (flyers, emails) are sent to a broad, ever increasing network of contacts including community partners and County agencies as well as consumer and advocacy organizations, and the general public.</p> <p>Notice of meetings and other opportunities for input are publicized at different meetings and venues; presentations and progress reports are provided by BHRS, and input is sought on an ongoing basis at the different committees of the MHSARC (they meet monthly); at the monthly MHSARC meeting; at meetings with community partners and advocates; and internally with staff.</p> <p>In the summer of 2009, the Behavioral Health and Recovery Services Division engaged the large BHRS stakeholder community in a series of meetings to develop the budget for FY 10-11, which encompassed all funding sources, including MHSAs. That stakeholder group has received budget updates since, and has been informed of, and provided input into, the response to the local directive to address San Mateo County’s structural deficit that has occurred because revenues have not kept pace with expenses. We had tremendous engagement from more than 130 stakeholders per meeting on average, who participated in six initial planning meetings chaired by Cameron Johnson of the MHSARC, and George Torney, a retired Alcohol and Other Drug provider. The group was charged with developing scenarios we would adopt if faced with either a 10, 20, or 30 percent reduction in the County’s net contribution to our funding. The same group has been outreached to more recently as we began developing the FY 11/12 budget, preserving the principles and guidelines agreed upon for the previous process.</p> <p>The MHSAs Steering Committee heard this plan on March 23, 2011. The MHSARC released it for public comment on the same day, and the public comment period closed on May 4, 2011; on that day, the MHSARC held a public hearing.</p>

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

The Mental Health Services Act implementation is very much a part of BHRS's day-to-day business. Information is shared with a diverse group of stakeholders on an ongoing basis through progress reports, and by sharing successes and challenges. In this way, input is provided on a regular basis at various venues. All the MHSa information is made available to stakeholders on the Network of Care website, and on the San Mateo County Behavioral Health and Recovery Services website –which contains an MHSa webpage. The MHSa webpage is the hub of information for all-things MHSa. We recently incorporated a new feature that allows interested parties to sign up to receive an automated email every time the website is updated. This is a convenient and hassle-free way for stakeholders to keep apprised of MHSa developments, and learn about meetings. The current list of subscribers to that page is 353. Hard copies of all our materials are made available upon request.

BHRS's e-journal, *Wellness Matters*, which is published the first Wednesday of each month and distributed electronically to over 700 stakeholders, is also utilized as an information dissemination and educational tool.

Lastly, the MHSa Steering Committee comprises representatives from all BHRS stakeholder groups, including consumers, family members, advocates, community partners serving the diverse San Mateo community, the education, law enforcement, criminal justice and probation communities, other government partners, staff, and top County executive leadership. The Committee is co-chaired by the chair of the Mental Health and Substance Abuse Recovery Commission, and by a member of the County's Board of Supervisors. Mental Health and Substance Abuse Recovery Commission members are all members of the MHSa Steering Committee (see list attached). All these stakeholder groups participated in the planning process.

The plan update hereby submitted benefited from the input of all the aforementioned stakeholders.

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

No programs have been eliminated or consolidated.

Local Review Process

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

Outreach strategies used to circulate information and to seek public comment include: posters and flyers created and sent to/placed at county facilities, as well as other venues like family resource centers and community-based organizations; the numerous internal and external meetings mentioned in item 2) above; e-mails disseminating information about the availability of plans open for public comment are sent to over 1,000 electronic addresses in our ever-expanding database; notices are published in the local paper of largest circulation; word of mouth on the part of our committed staff and active stakeholders, among other dissemination strategies. Proposals are also posted on our County's Network of Care and on our MHSa website.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

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

TO BE COMPLETED WHEN PUBLIC COMMENT PERIOD IS OVER.

Mental Health Services Act Steering Committee

Maya Altman Executive Director Health Plan of San Mateo	Debby Armstrong Executive Director First 5 San Mateo County	Dan Becker Representative for the Hospital Council Mills Peninsula Hospitals
Clarise Blanchard Director of Substance Abuse and Co-occurring Disorders, Youth & Family Enrichment Services; Representative BHRS Contractors Association	Nick Calderon Legislative Aide Supervisor Don Horsley's Office	Linda Carlson Executive Director Women's Recovery Association
Rodina Catalano Deputy Court Executive Officer of Operations, County of San Mateo	Susan Ehrlich, MD CEO San Mateo Medical Center	Patrick Field Consumer
Stuart Forrest Chief Probation Officer Probation Department	Jean S. Fraser Health System Chief San Mateo County	Don Horsley Supervisor District 3 Board of Supervisors
Carmen Lee Stamp Out Stigma	Don Mattei Police Chief and Sheriff's Association Sheriff's Office Association	Sharon McAleavey AFSCME
Mary McMillan Deputy County Manager County of San Mateo	Alison Mills Consumer, Heart and Soul Board	Raymond Mills Consumer, Voices of Recovery
Peg Morris Executive Director, CAMINAR, and BHRS Contractors Association	Karen Philip Deputy Superintendent of Schools San Mateo County Office of Education	Melissa Platte Executive Director Mental Health Association
Steve Robison NAMI	Louise Rogers Director Behavioral Health & Recovery Services	Deborah Torres Director, Child Welfare Human Services Agency
Teresa Walker Family Member	Patricia Way NAMI	Greg Wild Executive Director, Heart and Soul

**Mental Health and Substance Abuse Recovery Commission (MHSARC)
(Formerly Mental Health Board)**

Randall Fox, Chair Holistic Care Client Advocate	Valerie Gibbs Member of the Public	Cameron Johnson Family Member
Josephine Thompson Family Member	Wilson Lim Member of the Public	Josephine Thompson Family Member
Felicitas Rodriguez Family Member	Sharon Roth Family Member	Judy Schutzman, Chair Family Member
Patrishia Ragins Consumer	Katherine Sternbach Member of the Public	
Donald Livingston Youth Commission Representative	ALL MHSARC MEMBERS ARE MEMBERS OF THE MHSA STEERING COMMITTEE	

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

County: San Mateo

Date: May 5, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSa including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

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

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- WET
 PEI
 INN

The enrollees in our Turning Point FSP for Youth and TAY have a high level of acuity, a high incidence of co-occurring substance abuse problems (30% of TAY and 7.5% of C/Y) and developmental delays (10% of TAY and 2.5% of C/Y). The average age for TAY participants is 20 years old and the Child/Youth average is at 15 years old. Both groups have high intensity needs with many stepping down from out of home placements (10% of C/Y and 25% of TAY), coming out of juvenile justice (30% of /CY), and emancipating from foster care (17.5 % of TAY). These percentages are as of June 30, 2010. The cultural diversity of the staff is strong with 13% African American representation, 26% Latino, 7.5% Middle Eastern, 10.5% Asian and 26% are bi-lingual Spanish. There are three peer partners (within the same age range as our Transitional Aged Youth) and five family partners on staff (caregivers who have raised special needs children). The age range of our staff goes is 20 years old (a peer partner) to approximately 60 years old.

We have moved into our new and larger site in San Bruno for the TAY Drop-In Center (DIC). We had a grand re-opening in May. In addition to a Drop-In Center (DIC) for TAY 18 to 25 years old, there is now another DIC for youth ages 15 to 17 at the same site but open earlier in the day. The Drop-In Center(s) continue to offer a multitude of services including: support groups; independent living skills; educational support; social skills building; recreational outings, peer to peer support, transportation assistance and a healthy meal.

Turning Point TAY FSP enrollees are engaged in a variety of supported education activities including GED prep activities, high school completion, education readiness groups at the Drop-In Center and attending local community colleges. In collaboration with Mental Health Association, Turning Point has a wide spectrum of housing options for TAY including transitional age youth living in supported individual apartments, a clustered apartment site, board and care, SROs and shelters.

The enrollees in our Isis FSP for Children and Youth have a high level of acuity, a high incidence of coming out of multiple prior hospitalizations (52%) and coming out of extended juvenile justice stays (21%). There is also a high incidence of co-occurring substance abuse problems (21%) and developmental delays (10%). The average age for ISIS participants is 13.5 years old. Participants have high intensity needs, with some stepping down from out of home placements (6%). These percentages are as of June 30, 2010.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

The cultural diversity of the staff is strong with 32% African American representation, 32% Latino, 15% Middle Eastern/Asian/American Indian, and 32% are bi-lingual Spanish. There are three peer partners serving the new San Carlos Youth Center, and three family partners on staff (caregivers who have raised special needs children). The age range of our staff is 20 years old (a peer partner) to approximately 60 years old, with most being in their 30s and 40s.

The new San Carlos Youth Center, serving youth ages 6-14 years old, opened to provide supports for youth M-F, 2:00-6:00 pm, and on Saturdays 11:30 am -3:30 pm, every week. Attendance has increased substantially as word of the new center has gotten out to our County providers. The average age of attendees is 10 years old, and attendees currently enrolled in program are composed of 9 females and 9 males. The cultural diversity of attendees is strong, as well, with 32% Caucasian, 28% Latino, 17% Asian/Pacific Islander, 17% Multiracial, and 6% African-American. The new center offers a multitude of services including: youth groups; independent living skills; educational support; social skills building; recreational groups and outings, peer to peer support, transportation assistance and healthy meals.

The ISIS program, though new, has had some early successes with maintaining youth in their homes. One example of an early success story includes intensive support with a family to maintain their child in the home who came into ISIS already previously approved for residential placement through the school district IEP process. In this cases, after three months of ISIS support, the youth is currently showing decreased symptoms in the home, school, and community, is attending school and the youth center regularly (had not attended school in two consecutive months when opened in ISIS), has had no recent hospitalizations (had five in a one month period before enrolling in ISIS), and the family has requested that the offer for residential be removed.

Caminar's FSP, R.E.A.C.H. (Recovery, Empowerment and Community Housing) Full Service Partnership Program, for Adults and Older Adult/Medically Fragile clients has seen an increase of clients engaging in Self-Help activities. Clients worked on WRAP plans in a group setting or one on one, participated in a Harm Reduction groups. Men's Seeking Safety has maintained consistent participation from FSP clients and continues into the next quarter, as well as all previous groups and activities.

The R.E.A.C.H. FSP continues to provide intensive case management services including full-service psychiatric services, injections (in-home when necessary), daily in-home medication monitoring and weekly med i sets. Nurses provide in-home assistance with teaching skills to manage diabetes, assessment, coordination and communication with medical providers. On occasion psychiatrists see clients in their homes/in the field. We transport clients to appointments, offer an after-hours Warm-line, and 24/7 emergency response. Fiscal and budgetary services are provided through a Sub-payee function in conjunction with our personal services coordination.

Challenges for the FSP have been having two terminally ill/Medically Fragile clients pass away, which was quite significant for a new program of 30, less than one year old. These illnesses and then deaths have taken an emotional toll. Staff vacancies have also been in the last quarter and impacted the program through increased caseloads. Successes such as getting two home-bound, obese, Medically Fragile clients, into the community for activities, such as swimming are something to be proud of. We have witnessed increased quality of life, reductions in weight and improved metabolic issues for several clients. Our bi-lingual nurse successfully taught diabetic management to a Spanish-speaking client and our FSP nurse has engaged

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

several clients in Healthy Business and diabetes management.

Clients are continuing to benefit from our structure and support and after years in locked and out of county placements, 78% of our clients are maintaining in independent living situations. Ethnic make-up of FSP enrollees is 10% Filipino, 4% Latino/Hispanic, 46% Caucasian, 4% Middle Eastern, 20% African American, 4% Russian, 12% Other.

Telecare, Inc. is now contracted for a total of 200 members (an increase of 20 from the previous year): 75 Adult, 75 Older Adult/Medically Fragile (an additional 10), 40 Community Case Management and 10 in a new Wellness category.

We are very excited to be able to add the Wellness program to our structure and are eager to further explore and implement evidence-based means for transferring a member between levels of care. Currently we use a combination of LOCUS scores, symptom and behavioral presentation, degree and type of service need and current, length of time since needing crisis intervention, service utilization and, of course, the members own input as our means for making such determination

In addition to psychiatric services, personal service coordination, fiscal and budgetary services, crisis management, etc, the FSP is also running WRAP groups at various locations, CBT groups, a DBT skills group, a Co-Occurring/Dual Diagnosis Recovery group, has an active Consumer Advisory panel along with it's monthly meeting for Family and Friends. The Telecare FSP runs between 22 and 30 clinical or social groups a week, depending on the week (some groups occur monthly).

Our Recovery Center at the Industrial Hotel is really a success. We have numerous social and clinical groups on site as well as health related services there weekly.

Staffing has been very unsettled as we've lost a Team Leader and 2 psychiatrists in the last quarter, all of whom were long standing employees. We do have psychiatry coverage to start soon and are actively recruiting for the Team Leader. With the additional members, we also have been able to add to the volume of personal service coordinators and have been able to add a full time Vocational Development Specialist.

Currently the program has language capacity in English, Spanish, Mandarin, Cantonese, Taiwanese, and Tagalog.

Telecare provides the housing for the Adult and Older Adult/Medically Fragile FSP programs. The housing program has been very successful, with more members in stable housing through the development of additional housing options that are either directly managed or supported by Telecare with onsite staff. This has enabled members who might otherwise be at risk of losing their housing to receive the additional oversight and support they need to stay consistently housed. Additionally, Telecare is supplementing some residential care facilities in order to enable clients who require this level of supervision and services to live in the community.

By the end of the June, 2010, the Telecare Supported Housing Program used MHSA dollars to stably house over 170 of the 180 enrolled members. At the end of the period Sixty Three (80) of the enrolled members (or

**OVERALL IMPLEMENTATION PROGRESS REPORT
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47%) live in their own apartments. The remaining 90 live in supported housing with on site staffing including congregate housing, Board and Cares, SRO hotels and Supported Independent Living homes. This represents an increase in independent apartments and a decrease of on site supported staffing while also increasing the total volume of enrolled members.

The staffing pattern of the Youth Primary Care Interface team was one part-time (16 hours a week) youth/child psychiatrist, two Spanish speaking and one Mandarin and Cantonese speaking Chinese child/youth clinicians. Additionally the MHSa is funding one part time Spanish speaking adult psychiatrist.

The Chinese clinician attached to the team resigned in December 2009 and the position was frozen due to budgetary concerns. In April 2010, one of the Spanish speaking clinicians resigned. The position was frozen but was not eliminated. At the end of June 2010, two of the three youth positions were vacant.

We continued the previous interventions: triage for acuity, was raised to triage for high acuity and the continuation of direct referral of SMI to regional treatment, referral of youth with Medi-Cal, Healthy Kids or Healthy Families to the ACCESS Team for a community therapist.

Our Spanish speaking adult psychiatrist continues to be an asset in identifying seriously mentally ill primary care patients and transferring these consumers to specialty mental health treatment.

The Interface Team has been successfully using the San Mateo Medical Center outpatient eClinical encounter form to communicate our clinical findings and recommendations or changes to the medical providers. On May 10, 2010, the Interface Team started using the Behavioral Health eClinical AVATAR system. The use of these systems has helped us save time communicating with providers and it increased the valuable of the Interface Team by clinical linking primary care and behavioral health with up-to-date health information.

Youth and Family Enrichment Services (YFES) works with Behavioral Health and Recovery Services to improve crisis response linkages to mental health through a Crisis Hotline for youth

A licensed mental health clinician provides case management and consultation follow-up as a result of calls to the hotline; outreach evaluations and follow-up at school sites where crises occur; response to hotline calls; and outreach/information to community groups

In terms of the Older Adult system of care development, the OASIS program went live with the electronic medical record on June 1, 2010 in the conversion from the paper chart to the electronic chart. Staff attended trainings to learn the new Avatar system and were given the opportunity to practice the various tasks prior to going live. As with any new system this implementation was not without its challenges and staff put in extra time and energy in completing their required documentation electronically. As OASIS is a field based program procedures needed to be designed to enable staff to still use paper documents in the field and then have them scanned into the electronic record. Staff have done an excellent job in handling the transition and are very positive about the increased benefits and efficiencies of the new system.

**OVERALL IMPLEMENTATION PROGRESS REPORT
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With regards to the Senior Peer Counseling Program, during the fiscal year which ended on June 30, 2010, 344 clients were served by the Senior Peer Counseling Program. The cultural breakdown of the clients served is 42% Latino, 40% English speaking, 8% Chinese, 6% Filipino, and 4% LGBT. Program staff participated in six senior and health fairs during this quarter to market the program as well as attending faith-based events and trainings. The LGBT coordinator was interviewed by KCBS radio which resulted in several potential new senior peer counseling volunteers. A significant challenge this quarter was the recruitment of new counselors for the Latino component of the program, *La Esperanza Vive*. Although recruitment efforts generated a list of 20 potential candidates only one of these individuals followed through with the submitting an application. New recruitment strategies are currently being explored to address this. Another challenge was a new requirement by Family Service that all agency volunteers be re-fingerprinted at a higher level. Several of the long term volunteers refused to be fingerprinted again and will need to leave the program. Another 20 volunteers had complications with the scanning process and will need to complete the process again which has been frustrating to all involved.

Pathways, Mental Health Court Program: The semi-annual client picnic was held at our local community center. It was very well attended by clients and staff including one of our Pathways' judges and both of our regular private defenders. The clients seemed pleased with all of the staff interaction, great food and activities.

The enrollees continue to be diverse: 45% Caucasian, 15% African-American, 18% Latino, 15% Asian American, 2% Pacific Islander, 3% Non-American Indian and 2% Persian.

The following initiatives substantially support capacity development within the existing county-operated and contracted public mental health system:

As the San Mateo County Workforce Development, Education and Training Plan was approved in March 2010, the remainder of the fiscal year was characterized by ongoing prioritization of the plan's seventeen actions. Much of the training continued to respond to the staff training priorities determined in 2007/08, whereas the workforce development strategies were in an earlier stage of development, and many of the activities were just in the initiation stage, although great progress was made in several areas.

Training/Education activities conducted involved:

- AVATAR / E-Clinical continues to be rolled out throughout the BHRS programs. Much thought has gone into the design of the discrete training modules, which have been specialized for clinical staff, MDs (re: medications), administrative staffs, management/supervisors, and "super users". Super users are that highly skilled staffs who are able to assist with problem-solving Avatar issues, and are a systems training resource. Because all staff are involved in AVATAR training, system-wide training in other areas during the last quarter of FY 09/10 and into Quarter 1 of FY 10/11 have been somewhat curtailed. Staff has been challenged to learn the new system, and the highly accessible, talented and approachable training team has provided superb support which is greatly facilitating the training.
- The Second Trauma Informed Services Conference; Practice is Progress attracted over 530 community members and health care providers from locations throughout Northern California. The day-long conference was held on March 12th in South San Francisco, and included two keynote speakers, a consumer panel, lunchtime discussion groups and a dozen afternoon workshops. The organizing committee, which consisted of consumers, CBO and San Mateo County clinical staff and

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

administrators, as well as a representative from Santa Clara County, applied for and received additional SAMHSA funding in order to provide additional space and workshops for the second conference. Much effort was made to make sure the participation was broad, and staff, administrators and consumers from various systems of care and local counties were invited to attend. Given the feedback from attendees at the first conference, the 2010 event was focused on skill development and best practices in the delivery of trauma-informed services. National leaders in the field of trauma treatment have agreed to speak, including Janina Fisher, Ph.D., Instructor and Senior Supervisor at The Trauma Center in Boston, an outpatient clinic founded and directed by Bessel van der Kolk and Steve Frankel, Ph.D., JD, clinical psychologist and lawyer. Smaller workgroups addressing skills necessary for trauma treatment and include such topics as "Understanding Adolescent Development and Trauma", "Culturally Sensitive Screening and Assessment Skills for Trauma Across Populations", and "Effectively Managing Trauma Symptoms in Group Dynamics", among others. Care was taken to ensure the programming meets the skill development needs diverse staffs involved in the training, as well as the goals and objectives of ongoing BHRS initiatives, such as reducing health disparities, and developing a wellness and recovery approach to treatment.

- In addition to the Trauma Conference, Trauma 101 continues to be provided by the Trauma Learning Collaborative, and continues to be in high demand. Additionally, the Residency Program continues to feature PTSD as a Grand Rounds topic. PTSD-focused grand rounds include "PTSD" (5/11), "Delivering Group Intervention for PTSD and Depression for Women with Breast Cancer in Rural Areas" (5/25).
- The 09/10 Intern/Trainee group finished the academic year. The final Intern/Trainee Seminar focused on the development of networking skills and the strategies which will assist them in becoming employed in a behavioral healthcare setting. The seminar included a panel of former intern/trainees who have found jobs in County direct-operated clinics or CBOs. Each spoke to the skills and strategies they used to obtain employment, and provided guidance on how to start looking for work. Job aids were also distributed which broke down the process of applying for civil service employment, as well as a list of "do's" and "don't" for the resume and interviewing process provided by hiring managers. The end of the day concluded with a review of attendee's resumes. Experienced BHRS staff members were able to read and comment on the resumes and provide the interns with very practical suggestions for improvement. Interns and trainees were also asked to fill out a spring version of the program evaluation in order to provide feedback to the program. Fourteen evaluations were received. Most of the respondents reported their supervisor, task supervisor, and program placement was either "very good" or "excellent". Most ranked the training they received as "good" or "very good". Goals for the upcoming year will include a push to receive more completed evaluations, as well as an exploration of how to better deliver relevant training to trainees and interns.
- In order to deepen the clinical integration of Motivational Interviewing, clinical supervisors were encouraged to participate in Supervision to Practice: Motivational Interviewing Skills for Supervisors. The intention of this training is to improve supervisor understanding of Motivational Interviewing, and teach them how to assess the competency levels of their clinical staff in delivering the intervention. In addition to a review of the basic skills of MI, the 35 attendees were taught how to code when they identified skills used in a session, and what skills are associated with basic competency in the model.
- The Office of Diversity and Equity provided the 32 hour California Brief Multicultural Scale training. Attendees from County programs and CBOs participated. Additionally, the Latino Collaborative hosted Latino Family Night. This is a very successful program which attracts dozens of families, and provides them with relevant behavioral health education in Spanish. Staffs from the Latino

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

Collaborative were also able to connect with families, creating a stronger sense of community, increasing engagement, and allowing for the development of more culturally-relevant programming. Pride Initiative educated Health Department Leadership on the essentials of the initiative and the concerns of LGBTQQI staff members and the community (6/4). The Residency Program also provided Grand Rounds on "Transgender Issues" (4/13).

- The Co-Occurring Change Agents followed up on successful programming to develop partnering practice among County and CBO providers. Day of Partnering IV, hosted by Pyramid Alternatives, an AOD/MH service provider in Pacifica, encouraged not only networking, but also assisted in the identification of "best partnering practices". Attendees were also taught the basic concepts of "warm handoffs", and had opportunities to interact with role plays demonstrating the skills of "linkage". This event attracted over 70 providers, and continued to solidify the "partnering" concept as a practice which has distinct, learnable skills. The goal of such training is to improve consumer welcoming and engagement by increasing the ability of individual providers to partner in a way that will actually result in effective service delivery for the consumer/family.
- BHRS also sponsored Carl Dawson, MS, MAC expert on the assessment and treatment of co-occurring mental health and substance use conditions. Mr. Dawson is a favored speaker on the challenges of treating complex issues. His presentation, Medications Used in Substance Abuse Recovery and Prescription Drug Use (5/18) proved to be a comprehensive review of the impact of medications on individuals in recovery, and the treatment issues which emerge from medication management of the recovering individual.
- BHRS staff members participated as attendees and presenters at the California Mental Health Advocates for Children and Youth Annual Conference May 5-7 in Asilomar. In addition to learning from and networking with other providers, San Mateo teams presented "Shaping Our Future: Implementing Effective Services for Youth and Families with Co-Occurring Conditions" and "DBT Mindfulness groups with Latino Mothers and Infants." Youth teams continued to attend the Complex Case Conference meetings available every Thursday afternoon for consultation.
- Although mandatory for most clinical licenses, Legal and Ethical Skills for Behavioral Health Clinicians is a popular training sought out for its own inherent value. Over 100 providers attended the six hour training provided by Dan Taube, JD, PhD. Although many did not need the required hours at this time, many attended because they have benefited from the review and discussion of the legal and ethical issues they face daily in their work. Of particular interest in this session was in depth discussion regarding the privacy and confidentiality issues associated with electronic storage and delivery. Not at all a "dry" discussion of the law, many evaluations were returned with requests for on going discussion and education regarding legal and ethical concerns.
- The Suicide Prevention Initiative continues to attract diverse staffs to address the suicide prevention needs of San Mateo community members and providers. Heart and Soul, a consumer operated non-profit, sponsored a Mental Health Month Film Festival May 3rd which featured the award-winning documentary *A Reason to Live*. The film was well-received, and the workgroup would like to show it throughout the County as it is an assessable tool to educate regarding suicide prevention, and offers an important message of hope. BHRS Suicide Prevention Initiative co-chairs and two Ameri-Corps volunteers were invited to speak to all tenth grade students at Summit High School April 8th to educate about the essential warning signs and possible interventions for suicide prevention. Over 120 students participated in the large group educational meeting with addressed signs and symptoms of suicidality, stress management, asking for help, and locating resources. The students then met with presenters in small groups to discuss in a more intimate environment their concerns, questions, and

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

thoughts. The presentation was well-received, and the majority of students requested ongoing discussion of suicide. It is hoped that this meeting could serve as a community education model for other schools.

Workforce Development

- BHRS Joint Policy approved the initiation of a small mentoring pilot for BHRS staff. (5/10) Based on the research and input provided throughout the spring, the mentors/mentees will be matched over the summer. The intention is to provide matching, some basic orientation to mentoring, and support and guidance as needed. The Workforce Development and Education Committee will follow up in April 2011 for evaluation and recommendations for instituting an ongoing mentorship program. Members from the cultural competency collaboratives and consumer/family employees were encouraged to participate.
- The Workforce Development Director began to meet in June with San Mateo Human Resources staff assigned to BHRS, and have started discussions on ways to best recruit hard to find, hard to retain staff. Also have discussed possible training HR could provide on leadership and job development for consumer staff.
- Input is continuing to be received regarding the potential interest among schools in starting a High School Health Academy. The Request for Proposal for a High School Health Academy is being reviewed by BHRS staff, and the RFP is anticipated to be released in the fall of 2010.

Consumer and family partners (all ages): San Mateo's consumer and family member initiative has been identified as a best practice by the Bay Area Mental Health Workforce Collaborative. Family and Peer Partners served 932 people in FY 09-10.

In terms of training and support for consumer and family partners, the Behavioral Health and Recovery Services Division contracted with Inspired at Work (a private consulting partnership) to assist in on-going training, education and support of new consumer and family partner employees. Inspired at Work worked with Diane Tom, BHRS Communications Coordinator, regarding development of a brochure and marketing materials. Inspirational quotes from people who have attended groups will be used to encourage others to try WRAP out. Here's an example of one person's experience:

"My father is my major support person and he went to Europe for few weeks. I thought I would end up in the hospital I was so worried and anxious because the only real support person I have is my dad. The WRAP helped me to make more connections with people in my daily life. I feel like it saved my life! God only knows what would have happened to me if I wasn't taught how to make plans and find some coping tools. Thanks you W R A P !!!! "

In addition, two WRAP Facilitators each wrote an article about their experiences doing WRAP which were published in the Wellness Matters BHRS newsletter. WRAP Facilitators attended a WRAP Webinar from the Copeland Center in June for additional training and inspiration. The training identified specific techniques for generating interest in WRAP. Jei Africa, BHRS Health Equity initiatives Manager, attended a WRAP Facilitator meeting in May 2010 to facilitate a discussion about cultural competence and WRAP. This heightened sensitivity and increased our ability to better meet the needs of culturally diverse groups when doing WRAP.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

OEPA operates The Mouton Center as a place where East Palo Alto residents who are consumers of mental health services and their family members can go to receive various types of support for their efforts to achieve wellness and recovery. The facility's multicultural environment is designed to affirm the inherent worth and dignity of individuals served in a community that reflects and celebrates the diversity of East Palo Alto. The Mouton Center is a place that offers a safe space where consumers and family members can choose to congregate, pursue leisure activities, explore alternative views and practices about health and wellness in the context of their cultural roots and heritage.

OEPA is a youth-focused, community-based nonprofit whose mission is to develop resident leaders, broker resources, and services, build the capacity of individuals and organizations, and advocate for change, leading to the improved social, physical, spiritual, educational, and economic well-being of East Palo Alto.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	1,366 (*)	White	(*)	English	(*)	LGBTQ	(*)
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese		Unknown	
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
		Other					

(*) This number corresponds to the Primary Care Interface (866, early intervention), and to the stigma initiative (500, prevention), the only fully implemented PEI programs in FY 09/10, which is the span of time subject matter of this report. Since MHSa funding is spread throughout the system, we do not collect data in terms of "MHSa clients" and "non-MHSa clients". We track the same information for every client we serve, regardless of the payer. In light of this, the methodology used to determine language and race/ethnicity breakdown for this particular program consisted in extrapolating the figures from our larger system, as follows:

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

Language	System-wide %	# of clients served through PEI in FY 09/10
English	67%	914
Other	1%	20
Spanish	28%	378
Tagalog	1%	7
Unknown	3%	47

Race/Ethnicity	System-wide %	# of clients served through PEI in FY 09/10
Other Asian	1%	10
Black/African American	10%	139
Chinese	1%	16
Filipino	4%	56
Hispanic/Latino	50%	690
Native American	0%	4
Other	3%	38
Pac Islander	2%	33
Unknown	9%	118
White	19%	263

2. Provide the name of the PEI program selected for the local evaluation³. N/A

Early Childhood Community Team (the program was not implemented in FY 09/10).

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount⁴	Target Audience/Participants⁵
Prevention and Early Intervention Training, Technical Assistance, and Capacity Building was not implemented in FY 09/10.	

³ Note that very small counties (population less than 100,000) are exempt from this requirement.
⁴ Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(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.
⁵ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

County: San Mateo County

No funding is being requested for this program.

Program Number/Name: Full Service Partnership – Child/Youth/Transition Age Youth - Community Services and Supports Program #1

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	89	N/A	N/A	\$17,293
TAY	54	N/A	N/A	
Adults	N/A	N/A	N/A	N/A
Older Adults	N/A	N/A	N/A	N/A
Total	143	N/A	N/A	\$2,472,977
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			143	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Implementation progressed as planned. Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities" for more details.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSa funding and overall mental health funding.

Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities".

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?

Yes No

2) Is there a change in services?

Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$2,764,622	\$2,764,622	0%

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

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

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

DRAFT

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Priority populations to be served by the program are: 1) Seriously emotionally disturbed children, youth and their families, who are at risk of out-of-home placement or returning from residential placement, with juvenile justice or child welfare involvement; 2) Seriously emotionally disturbed and dually diagnosed transition age youth at risk of or returning from residential placement or emancipating, with juvenile justice or child welfare involvement; 3) Seriously emotionally disturbed children, youth and transition age youth with multiple psychiatric emergency services episodes and/or frequent hospitalizations and extended stays are also eligible, including homeless youth and youth exiting school-based, IEP-driven services; 4) In addition to these children and youth that are known to one or more of the systems, the program also serves newly identified transition age youth that are experiencing a “first break”. The programs are open to all youth meeting the criteria described above, but targeted to Asian/Pacific Islander, Latino and African American children/youth /transition age youth as they are over-represented within school drop out, child welfare and juvenile justice populations. Asian/Pacific Islander and Latino populations are under-represented in the mental health system.

This program helps our highest risk children and youth with serious emotional disorders (SED) remain in their communities, with their families or caregivers while attending school and reducing involvement in juvenile justice and child welfare. Specialized services to transition age youth (TAY) aged 16 to 25 with serious emotional disorders are also provided to assist them to remain in or return to their communities in safe environments, support positive emancipation including transition from foster care and juvenile justice, secure safe and stable housing and achieve education and employment goals. The program helps reduce involuntary hospitalizations, homelessness, and involvement in the juvenile justice system. The 80 initial slots were divided between two 40-slot teams, one for children/youth and one for transition age youth. The current proposed expansion will add a total of 50 new slots. Supervision of both teams by a single person assures consistent vision across both teams and collaboration between them, which intends to create a more seamless relationship between services for children and services for adults. Enrollees do not experience multiple transitions between programs as they age; they have access to the expertise across teams and the entire continuum of resources for children, youth and transition age youth as their needs change over time. Enrollees benefit from the shared resources across the program including the cultural and linguistic diversity of staff, parent partners, existing collaborative relationships with Juvenile Justice, Child Welfare, Education, Housing and Employment Services, and the expertise of individual clinicians in co-occurring disorders as well as on other evidence based practices. The program reflects the core values of the Wrap Around model: to partner with families and other important people in developing service strategies and plans; to assess family, child/youth and community strengths rather than weaknesses; to assist children/youth and families in becoming the authors of their own service plans; to encourage and support a shift from professionally-centered to family-centered practice and resources; and to also assess child/youth and family needs and areas of growth. Embedded in these core values is recognition of the importance of the family’s cultural values as a strength, a source of resilience, and an integral component of service delivery. It is worth noting that the transition age youth team emphasizes the individual consumer’s role in developing their own wellness and recovery plan. This FSP also offers a drop-in center and supported education to engage TAY, which serves the FSP participants as well as other SED transition age youth in the community that

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

are receiving mental health services. The focus is to provide self-help supports, social activities, and skill building, as well as support for those seeking to enter the college system, all aimed at enhancing ability to manage independence. Emphasis is placed in outreaching to LGBTQQI SED youth.

The FY 09/10 approved expansion allowed for a new focus on San Mateo County youth ages 6 to 17 placed in foster care temporarily outside of the County. Services are designed to support and stabilize youth in the foster home, support the foster family, and facilitate the return of the youth to the family of origin in San Mateo County when feasible. This FSP also supports older adolescents transitioning out of foster care (18 years old and above), while assisting them in their journey towards young adulthood. The program design allows BHRS to serve more youth while providing a fuller array of intensive services. The FY 09/10 approved expansion also allowed the provision of integrated clinic-based FSP services for the Central/South Youth Clinic (outpatient), as well as the integrated FSP for our intensive school based services, which are provided in the Therapeutic Day School (TDS) setting, school-based milieu services, and the Non-Public School setting. Youth served are 6 to 21 years old. These two integrated FSPs provide a full array of wraparound services to support our existing mental health teams. In addition, with the expanded FSPs a second a drop-in center for children ages 6 to 15 will operate in San Carlos, supplementing the existing one in San Bruno for youth 16 to 24 years old. The drop-in centers provide a full array of social and therapeutic activities that support children and families.

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

N/A

- 3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Mateo County

No funding is being requested for this program.

Program Number/Name: Full Service Partnership – Adults Community Services and Supports Program #2

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	N/A	N/A	N/A	N/A
Adults	129	N/A	N/A	\$21,246
Older Adults	N/A	N/A	N/A	N/A
Total	129	N/A	N/A	\$2,740,688
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			129	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Implementation progressed as planned. Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities" for more details.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities".

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?

Yes No

2) Is there a change in services?

Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$2,564,565	\$2,564,565	0%

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

Yes No

Yes No

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

B. List the estimated number of individuals 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 Client FSP Only
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**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

DRAFT

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

2. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Population to be served: Seriously mentally ill adults who may also have co-occurring disorders to be served by the FSP include: 1) Those eligible for diversion from criminal justice incarceration if adequate multi-agency community supports can be provided; 2) Currently incarcerated individuals for whom early discharge planning and post-release partnership structure and support may prevent recidivism and/or re-hospitalization; 3) Individuals placed in locked mental health facilities who can succeed in the community with intensive supports; and 4) Individuals whose mental illness results in frequent emergency room visits, hospitalizations, and homelessness that puts them at risk of criminal justice or institutional placement. The program focuses on engagement of Latino, African American and Pacific Islander populations that are over-represented in the criminal justice system and underrepresented in the mental health system.

The Full Service Partnership for Adults offers “whatever it takes” to engage seriously mentally ill adults, including those who are dually diagnosed, in a partnership to achieve their individual wellness and recovery goals. Services are focused on engaging people on their terms, in the field and in institutions. While services provided through this program address the individual’s underlying mental health and behavioral health problems that may have led or contributed to involvement in the criminal justice system and institutionalization, a wide range of strategies and supports beyond mental health services are essential. The overall goal of the program is to divert from the criminal justice system and/or acute and long term institutional levels of care (locked facilities) seriously mentally ill and dually diagnosed individuals who can succeed in the community with sufficient structure and support. The program is grounded in research and evaluation findings that demonstrate that diversion and post incarceration services reduce incarceration, jail time and re-offense rates for offenders whose untreated mental illness has been a factor in their criminal behaviors. The program also follows the model and philosophies of California’s AB2034 Homeless Mentally Ill Adult programs and the assertive community treatment approach, aiming to use community-based services and a wide range of supports to enable seriously mentally ill and dually diagnosed adults to remain in the community and to reduce incarceration, homelessness, and institutionalization.

The Full Service Partnership provides the full range of mental health services including medication support with a focus on co-occurring mental health and drug and alcohol problems. Staff is trained in motivational interviewing and develops dually focused programming, including groups. Medication services include psychiatry and nursing support for ongoing dialogues with consumers about their psychiatric medication choices, symptoms, limiting side effects, and individualizing dosage schedules. Staff is available to consumers 24/7, and service plans are designed to utilize exceptional community relationships. Peer partners play a critical role, modeling personal recovery, helping consumers establish a network of peer, family, and cultural supports and, in particular, helping consumers connect with a non-profit network of peer-run self-help centers.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

The FY 09/10 approved expansion allowed for the introduction of the concept of integrated FSPs, in response to the need to be flexible in our step-up/step-down processes in order to create a more seamless service delivery experience for our clients. The word “integrated” reflects the FSP staff from community based organizations in our County-operated South/Central and North County clinics. Three levels of care are included in our redesigned FSP: an intensive level “1 to 10” (1 staff per 10 consumers/clients), a community case management level “1 to 27” (1 staff per 27 consumers/clients), and a wellness level of care soon to be incorporated.

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

N/A

- 4. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

County: San Mateo County

No funding is being requested for this program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: Full Service Partnership – Older Adults/Medically Fragile Individuals Community Services and Supports Program #3

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	N/A	N/A	N/A	N/A
Adults	N/A	N/A	N/A	N/A
Older Adults	78	N/A	N/A	\$16,199
Total	78	N/A	N/A	\$1,263,518
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			78	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Implementation progressed as planned. Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities" for more details.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities".

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<p>3) a) Complete the table below:</p> <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$1,182,062</td> <td style="padding: 5px;">\$1,182,062</td> <td style="padding: 5px;">0%</td> </tr> </tbody> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or, <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,182,062	\$1,182,062	0%	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,182,062	\$1,182,062	0%					

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

C. List the estimated number of individuals 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 Client FSP Only
Child and Youth				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

DRAFT

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.

3. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

This Full Service Partnership serves seriously mentally ill older adults and medically fragile individuals who are either at risk of institutionalization or currently institutionalized and who, with more intensive supports, could live in a community setting. In many instances these individuals have co-occurring medical conditions that significantly impact their ability to remain at home or in a community-based setting. The program outreaches especially to Asian, Pacific Islander and Latino individuals, as these populations are under-represented in the current service population.

Similar to the FSP for Adults, the goal of this program is to facilitate or offer “whatever it takes” to ensure that consumers remain in the least restrictive setting possible through the provision of a range of community-based services and supports delivered by a multidisciplinary team. The program targets seriously mentally ill older adults and medically fragile individuals who either would be at risk of placement in a more restrictive setting without intensive supports or who could be moved to a less restrictive setting with these additional supports. The program works with board and care facilities and with consumers living in the community to prevent them from being placed in locked or skilled nursing facilities, and with residents of skilled nursing and locked facilities to facilitate their returning to a less restrictive setting. Referrals to the program are received from locked facilities, skilled nursing facilities, acute care facilities, board and care facilities, primary care clinics, Aging and Adult Services, community agencies, and from individuals/family members themselves. Services are available around the clock. For many of the consumers targeted by this Full Service Partnership, their mental illness impedes their ability to adhere to essential medical protocols, and their multiple medical problems exacerbate their psychiatric symptoms. As a result, these individuals need support and assistance in following up on medical appointments, medical tests/treatments, and close day-to-day supervision of medications. Difficulties managing these issues as well as shopping, meal preparation and other routine chores often lead to institutional placements so that these basic needs can be met. The goal of the FSP is to make it possible for the consumer’s care to be managed and his/her needs to be met in a community setting. A full-time nurse enables the treatment team to more effectively collaborate with primary care providers and assist consumers in both their communications with their primary care doctors and in their follow-up on medical procedures and treatments. The licensed clinicians in the team oversee the completion of the multidisciplinary assessment and the development and implementation of a comprehensive service plan that involves all members of the team, the consumer and the family, contingent on the consumer’s wishes. Peer Partners provide support, information and practical assistance with routine tasks, and cultivate a system of volunteer support to supplement what the Peer Partner can provide. Similarly, when a family is involved and the consumer is supportive of their involvement, a Family/Caregiver Partner works with the family to build their capacity to support the consumer. With these strategies, the Full Service Partnership helps to mobilize natural supports in the consumer’s system and contributes to building those natural strengths to maintain the consumer in the least restrictive setting. In addition to the FSP staff, each FSP member receives the supports of their “virtual team” that includes the individuals/family members in their lives as well as any other needed health or social services supports for which they are qualified such as In-home Supportive Services, Meals on Wheels, senior centers/day programs, etc. These formal and natural supports

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

are identified and integrated into the consumer's individual service plan.

Similar considerations as with Program #2 regarding integrated services apply to this program per the FY 09/10 approved expansion.

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

N/A

5. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

County: San Mateo County

No funding is being requested for this program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: Outreach and Engagement - Community Services and Supports Program #4

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client (*) FSP Only
Child and Youth	136	N/A	1,231	\$259
TAY	136	N/A	1,231	\$259
Adults	137	N/A	1,231	\$257
Older Adults	138	N/A	1,231	\$256
Total	547	N/A	4,924	N/A

Total Number of Individuals Served (all service categories) by the Program during FY 09/10:

5,471

(*) Estimate.

D. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

A. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Implementation progressed as planned. Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities" for more details.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Please see Exhibit C, "Overall Implementation Progress Report on FY 09/10 Activities".

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2) Is there a change in services?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

<p>3) a) Complete the table below:</p> <table border="1" style="margin-left: 20px; width: 60%;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$964,836</td> <td style="text-align: center;">\$964,836</td> <td style="text-align: center;">0%</td> </tr> </tbody> </table> <p>b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or, <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$964,836	\$964,836	0%	<p>Yes <input type="checkbox"/></p>	No <input checked="" type="checkbox"/>
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$964,836	\$964,836	0%						
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals 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 Client FSP Only
Child and Youth				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

DRAFT

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.

4. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Targeted populations include African-American, Asian, Filipino, Pacific Islander, and Latino individuals. Strategies include population-based community needs assessment, planning and development of materials to identify and engage diverse populations in services. Special emphasis is given to building relationships with neighborhood and cultural leaders to ensure that un-served and underserved communities are more aware of the availability of behavioral health services, and so that these leaders and their communities can have more consistent input about how their communities are served.

The main goal of this program is to increase access to services for historically un-served and underserved populations and communities. This program builds bridges with ethnic, linguistic and cultural populations that experience health disparities and may find the behavioral health system unresponsive to their needs and insensitive to their cultural idiosyncrasies.

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

N/A

6. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Mateo County

No funding is being requested for this program.

Program Number/Name: Pathways, a Mental Health Court Program - Community Services and Supports Program #6

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client (*) FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	N/A	N/A	N/A	N/A
Adults	15	108	N/A	\$14,125
Older Adults	N/A	N/A	N/A	N/A
Total	15	108	N/A	N/A

Total Number of Individuals Served (all service categories) by the Program during FY 09/10:

123

(*) Estimate.

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Implementation progressed as planned.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Implementation progressed as planned.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:							
<table border="1" style="margin-left: 20px; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">FY 10/11 funding</th> <th style="padding: 5px;">FY 11/12 funding</th> <th style="padding: 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$578,196</td> <td style="padding: 5px;">\$578,196</td> <td style="padding: 5px;">0%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$578,196	\$578,196	0%	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$578,196	\$578,196	0%					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

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NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

--

D. List the estimated number of individuals 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 Client FSP Only

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

DRAFT

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.

5. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Pathways Program serves seriously mentally ill (SMI) nonviolent offenders with co-occurring disorders -mental health and substance use/abuse. The program was designed to be appropriate to the issues and needs of Latino, African Americans and Pacific Islander populations, as they are over-represented in the criminal justice system.

The Pathways Mental Health Treatment Court Program is a partnership of San Mateo County Courts, the Probation Department, the District Attorney, the Private (Public) Defender, the Sheriff's Department, Correctional Health, and the Behavioral Health and Recovery Services Division. Through criminal justice sanctions/approaches, and treatment and recovery supports addressing individuals' underlying behavioral health issues, offenders are diverted from incarceration into community-based services. The program aims at:

- Reducing recidivism and incarceration
- Stabilizing housing
- Reducing acute care utilization
- Engaging and maintaining active participation in personal recovery

Anyone can refer someone to Pathways, including self-referrals. Eligibility criteria are:

- San Mateo County residency
- A diagnosis of a serious mental illness (Axis I), with functional impairments
- Statutory eligibility for probation
- Agreement to participate in the program voluntarily

The referrals are sent to a centralized location in the Probation Department. They are then forwarded to the client's lawyer, at which point the client and the lawyer decide on whether they are interested in the Pathway services. If they are, the lawyer has the case directed to the Pathways Court calendar. Of the 140 referrals to Pathways in 2008, 72 of these were forwarded to the Pathways staff for consideration. Of the 72, 25 were enrolled in Pathways. Many people get screened out for not meeting the criteria for admission specified above or choose not to be considered for some of the following reasons:

- The lawyer presents the client with a "better deal" involving less jail/probation time
- The person referred does not identify with being seriously mentally ill
- The person referred has no desire to work towards substance abuse recovery

2. If this is a consolidation of two or more programs, provide the following information:

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- a) Names of the programs being consolidated.
- b) How existing populations and services to achieve the same outcomes as the previously approved programs.
- c) The rationale for the decision to consolidate programs.

N/A

7. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

DRAFT

County: San Mateo County

No funding is being requested for this program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: Older Adults System of Care Development - Community Services and Supports Program #7

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client (*) FSP Only
Child and Youth	N/A	N/A	N/A	N/A
TAY	N/A	N/A	N/A	N/A
Adults	N/A	N/A	N/A	N/A
Older Adults	N/A	280	N/A	N/A
Total	N/A	280	N/A	N/A
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			280	

(*) Estimate.

D. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

E. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Implementation progressed as planned.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Implementation progressed as planned.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes No

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$205,560</td> <td style="text-align: center;">\$205,560</td> <td style="text-align: center;">0%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.		FY 10/11 funding	FY 11/12 funding	Percent Change	\$205,560	\$205,560	0%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$205,560		\$205,560	0%				

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

E. List the estimated number of individuals 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 Client FSP Only
Child and Youth				
TAY				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

DRAFT

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

6. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Population served: Older adults at risk of becoming or seriously mentally ill (SMI), including those served by specialty field-based outpatient mental health team, County clinics, community-based mental health providers, mental health managed care network providers (private practitioners and agencies), primary care providers, Aging and Adult Services, and community agencies that provide other senior services. There is an emphasis on specific ethnic/linguistic populations for different regions of the County. For example, in the Coast region the focus is on Latino populations, while in North County the focus is on Asian populations, and in South and Central County the focus is on African American, Latino, and Asian and Pacific Islander populations.

This program focuses on creating a coherent, integrated set of services for older adults, in order to assure that there are sufficient supports to maintain the older adult population in need in their homes and community, and in optimal health. The intent is to assist seniors to lead dignified and fulfilling lives, and in sustaining and maintaining independence and family/ community connections to the greatest extent possible. Peer Partners provide support, information, consultation, peer counseling, and practical assistance with routine tasks such as accompanying seniors to appointments, assisting with transportation, and supporting social activities. They also recruit and participate in training volunteers to expand our existing senior peer counseling volunteer-based program in order to build additional bilingual/bicultural capacity. Senior peer counseling works with individuals and groups. “La Esperanza Vive”—a component of the current Senior Peer Counseling program, is a well-developed Latino-focused program in existence for over 20 years that recruits and trains volunteers, and provides peer counseling for Latino older adults. “La Esperanza Vive” provides a model for the development of other language/culture-specific senior peer counseling components. Senior Peer Partners serve homebound seniors through home visits and create or support the development of activities for mental health consumers at community sites such as senior centers. In addition, and as desired by SMI older adults, Senior Peer Partners facilitate consumers to attend client-run self-help centers described under System Transformation. Staff are bilingual and bicultural. The Senior Peer Counseling program has been expanded to include a Chinese-focused component, a Filipino-focused component and a LGBTQI-focused component. The field-based mental health clinical team provides in-home mental health services to homebound seniors with SMI. The team consists of psychiatrists, case managers, and a community mental health nurse, and provides assessment, medication monitoring, psycho-education, counseling and case management. The team partners with other programs serving older adults such as Aging and Adults Services and the Ron Robinson Senior Care Center with the goal of providing comprehensive care and to help consumers achieve the highest possible quality of life and remain living in a community-based setting for as long as possible.

The program has a very significant and robust outreach and engagement component that aims at identifying seniors in need through the various avenues alluded to in this program description.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

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

N/A

8. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

DRAFT

County: San Mateo County

No funding is being requested for this program.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: System Transformation and Effectiveness Strategies - Community Services and Supports Program #8

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client (*) FSP Only
Child and Youth	N/A	1,039	N/A	N/A
TAY	N/A	1,040	N/A	N/A
Adults	N/A	1,040	N/A	N/A
Older Adults	N/A	1,040	N/A	N/A
Total	N/A	4,159	N/A	N/A
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			4,159	

(*) Estimate.

F. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

G. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Implementation progressed as planned.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSa funding and overall mental health funding.

Implementation progressed as planned.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?

Yes No

2) Is there a change in services?

Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$3,775,341	\$3,775,341	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

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

Age Group	# of individuals	# of individuals	# of individuals	Cost per Client
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**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

	FSP	GSD	OE	FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

DRAFT

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.

7. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

All populations served by Behavioral Health and Recovery Services benefit, with an emphasis on improving services to ethnic and linguistic populations that experience disparities in access and appropriateness of services, and assuring integrated and evidence-based services to those with co-occurring disorders.

Throughout the MHSA outreach and planning process, participants spoke about the need to fundamentally transform many aspects of the system to truly enact wellness and recovery philosophy and practice, and more successfully engage un-served ethnic and linguistic populations in services.

The System Transformation and Effectiveness Strategies Work Plan contains the elements identified as critical to the transformation in the planning process, including a focus on recovery/resilience and transformation; increased capacity and effectiveness of County and contractor services through an infusion of training, bilingual/bicultural clinicians, peers/peer-run services and parent partners; implementation of evidence based and culturally competent practices; family support and education training for all providers serving all ages. Other system transformation strategies include expanded family support/education services for children/youth/transition age youth, and peer supports for adults and older adults, as well as consumer self-help centers.

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

N/A

9. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

NOTE: RACE/ETHNICITY AND LANGUAGE INFORMATION FOR BHRS SYSTEM

In the data collection process, we do not distinguish between “MHSA clients” and “non-MHSA clients”. We track the same information for every client we serve, regardless of the payer. Here is the system-wide breakdown for these variables for all clients

Language	System-wide %
English	67%
Other	1%
Spanish	28%
Tagalog	1%
Unknown	3%

Race/Ethnicity	System-wide %
Other Asian	1%
Black/African American	10%
Chinese	1%
Filipino	4%
Hispanic/Latino	50%
Native American	0%
Other	3%
Pac Islander	2%
Unknown	9%
White	19%

Source: San Mateo County Data Book (FY 08/09 –latest available)

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Workforce Education and Training Plan Coordination and Implementation
Workforce Staffing and Support – Program #1

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Workforce Development Director made great progress in FY 09/10, administering BHRS trainings system-wide and preparing for the implementation of the WET Plan that was approved in March 2010. Great progress was made at strengthening the Workforce Development Committee, which comprises representatives from several stakeholder groups, including consumers, family members, County and community partners' staff, and members from non-behavioral health settings, such as education.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$200,166	\$200,166	

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
N/A.	
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A.
2. If this is a consolidation of two or more previously approved programs, provide the following information: <ul style="list-style-type: none"> a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Targeted Training For and By Consumers and Family Members Training and Technical Assistance - Program #2

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

- Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Our Workforce Education and Training Plan was approved on March 2010, three months before the end of FY 09/10. As mentioned in a previous section, the WET plan's implementation of Program #2 engaged County and community partners' staff in training activities under this category such as trainings by Stamp out Stigma, and the NAMI Provider Education training.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$98,000	\$98,000	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

N/A.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

2. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

3. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Training to Support Wellness and Recovery - Training and Technical Assistance - Program #3

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Wellness Recovery Action Planning (or WRAP) facilitator training and groups were started as soon as the WET plan was approved in March 2010.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$50,000	\$0	N/A

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria,

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

please provide an explanation below.

N/A. Program will be funded with rollover from previous years.

NOTE: If you answered **YES** to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

3. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

4. If this is a consolidation of two or more previously approved programs, provide the following information:
 a) Name of the programs.
 b) The rationale for the decision to consolidate programs.
 c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Cultural Competence Training - Training and Technical Assistance - Program #4

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Cultural Initiative Based Trainings such as the "Cultural Considerations when Working with Filipinos" training was conducted post approval of the WET plan in March 2010.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$50,000	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered **YES** to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

4. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

5. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Evidence-Based Practices Training for System Transformation Training and Technical Assistance - Program #5

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

In this focus area, training on Motivational Interviewing, Trauma-Informed interventions and Seeking Safety were provided.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$123,000	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria,

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

please provide an explanation below.

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

5. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

6. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Expanded Site-Based Clinical Consultation - Training and Technical Assistance - Program #6

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$25,000	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered **YES** to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

2) If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Attract prospective candidates to hard to fill positions by addressing barriers in the application process - Mental Health Career Pathways Programs - Program #7

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$15,600	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered **YES** to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

3) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

4) If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Attract prospective candidates to hard to fill positions through incentives Mental Health Career Pathways Programs - Program #8

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

- Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes

No

2) Is there a change in the activities and strategies?

Yes

No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$157,800	\$0	0%

Yes

No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes

No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

NOTE: If you answered **YES** to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

2) If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Promote mental health field in academic institutions where potential employees are training in order to attract individuals to the public mental health system in general, and to hard to fill positions in particular - Mental Health Career Pathways Programs - Program #9

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

- Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2. Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$12,800	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

1. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Promote interest among and provide opportunities for youth/Transition Age Youth (TAY) in pursuing careers in mental health - Mental Health Career Pathways Programs - Program #10

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$116,000	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

2. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Engage adult workers into the mental health workforce - Mental Health Career Pathways Programs - Program #11

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes

No

2) Is there a change in the activities and strategies?

Yes

No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$80,000	\$0	0%

Yes

No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes

No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

dollars from previous years.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

3. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Increase diversity of staff to better reflect diversity of client population
Mental Health Career Pathways Programs - Program #12

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes

No

2) Is there a change in the activities and strategies?

Yes

No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$30,600	\$27,204	12.5%

Yes

No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes

No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

4. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Retain diverse staff
Mental Health Career Pathways Programs - Program #13

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$23,400	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered **YES** to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

3) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

5. If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Expand existing effort and create new career pathways for consumers and family members in the workforce to allow for advancement within BHRS and in other parts of the County system - Mental Health Career Pathways Programs - Program #14

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

- Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes No

2) Is there a change in the activities and strategies?

Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$100,000	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm 25\%$ criteria,

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

please provide an explanation below.

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

2) If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Ongoing engagement and development of client and family workers
Mental Health Career Pathways Programs – Program #15

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program not started in FY 09/10 (plan was approved in March 2010).

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

2) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$22,500	\$0	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

We are not requesting funding for this program in FY 11/12 because we are rolling over unspent dollars from previous years.

NOTE: If you answered **YES** to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A (program continues without any change).

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input checked="" type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

2) If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Child Psychiatry Fellowship - Residency, Internship Programs Program #16

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program proceeded as planned.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

3) Is there a change in the work detail or objective of the existing program(s) or activity(s)? Yes No

4) Is there a change in the activities and strategies? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$50,000	\$50,000	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input checked="" type="checkbox"/>

B. Answer the following questions about this program.

1) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

2) If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Mateo

No funding is being requested for this program.

Program Number/Name: Stipended internships to create a more culturally competent system
Financial Incentive Programs - Program #17

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

2. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Program proceeded as planned.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

5) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes

No

6) Is there a change in the activities and strategies?

Yes

No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$187,104	\$0	0%

Yes

No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes

No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

N/A.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input checked="" type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

3) If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A.

4) If this is a consolidation of two or more previously approved programs, provide the following information:

- a) Name of the programs.
- b) The rationale for the decision to consolidate programs.
- c) How the objectives identified in the previously approved programs will be achieved.

N/A.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Mateo

Program Number/Name: Early Childhood Community Team
Prevention and Early Intervention Program #1

Please check box if this program was selected for the local evaluation

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

In light of the unfolding budgetary uncertainty after our PEI plan was approved we decided on a cautious implementation which resulted in a phased-in approach.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁶, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

⁶ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$390,448	\$390,448	0%

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes No

Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
- a. Names of the programs being consolidated
 - b. The rationale for consolidation
 - c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	80	180
Total Families:	50	60

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Mateo

Program Number/Name: Community Interventions for School and Transition Age Youth
Prevention and Early Intervention Program #2

Please check box if this program was selected for the local evaluation

Date: May 5,2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

In light of the unfolding budgetary uncertainty after our PEI plan was approved we decided on a cautious implementation which resulted in a phased-in approach.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁷, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

⁷ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$831,253	\$831,253	0%

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes No

Yes No

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
- a. Names of the programs being consolidated
 - b. The rationale for consolidation
 - c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	100	400
Total Families:	-	-

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Mateo

Program Number/Name: Primary Care/Behavioral Health Integration for Adults and Older Adults
Prevention and Early Intervention Program #3

Please check box if this program was selected for the local evaluation

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individual s	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	866 (*)	White	(*)	English	(*)	LGBTQ	(*)
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native		Mandarin			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

	American		
	Hispanic	Tagalog	
	Multi	Cambodian	
	Unknown	Hmong	
	Other	Russian	
		Farsi	
		Arabic	
		Other	

(*) Since MHSA funding is spread throughout the system, we do not collect data in terms of “MHSA clients” and “non-MHSA clients”. We track the same information for every client we serve, regardless of the payer. In light of this, the methodology used to determine language and race/ethnicity breakdown for this particular program consisted in extrapolating the figures from our larger system, as follows:

Language	System-wide %	# of clients
English	67%	579
Other	1%	13
Spanish	28%	239
Tagalog	1%	5
Unknown	3%	30

Race/Ethnicity	System-wide %	# of clients
Other Asian	1%	6
Black/African American	10%	88
Chinese	1%	10
Filipino	4%	36
Hispanic/Latino	50%	437
Native American	0%	2
Other	3%	24
Pac Islander	2%	21
Unknown	9%	75
White	19%	166

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Data is being analyzed and will be provided as soon as it becomes available.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁸, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Data is being analyzed and will be provided as soon as it becomes available.

⁸ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$831,253	\$831,253	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A.

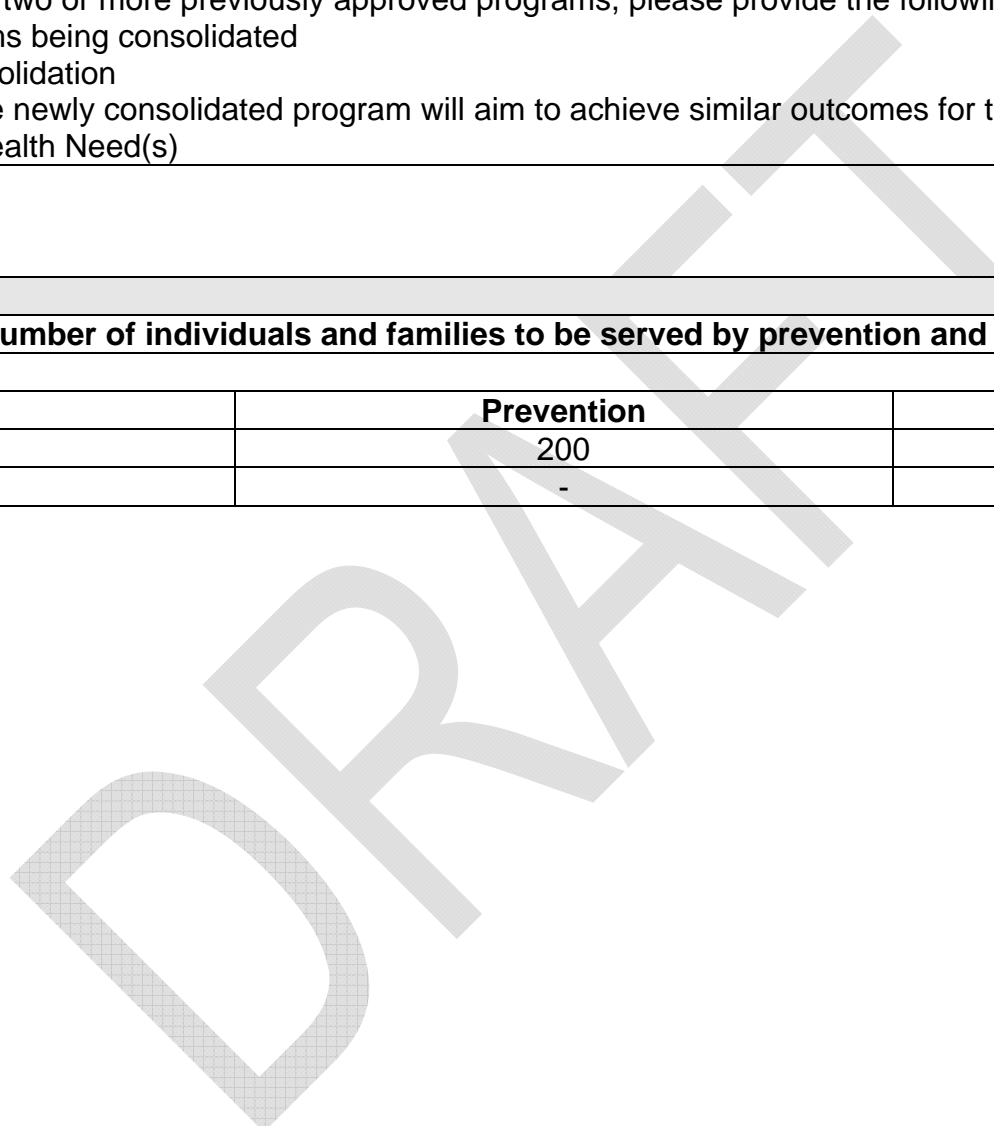
**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
- a. Names of the programs being consolidated
 - b. The rationale for consolidation
 - c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	200	900
Total Families:	-	-



PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Mateo

Program Number/Name: Total Wellness for Adults and Older Adults
Prevention and Early Intervention Program #4

Please check box if this program was selected for the local evaluation

Date: May 5,2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

In light of the unfolding budgetary uncertainty after our PEI plan was approved we decided on a cautious implementation which resulted in a phased-in approach.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individual s	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program⁹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A.

⁹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$60,000	\$60,000	0%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
- d. Names of the programs being consolidated
 - e. The rationale for consolidation
 - f. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	50 (**)	-
Total Families:	-	-

(**) This number refers to the number of persons to be trained through the PEI-funded training component of Total Wellness. However, the trainings will have a considerable multiplier effect, benefiting the numerous individuals served by each provider trained. For example, if we were to train primary care professionals, and a primary care provider has, on average, a panel of approximately 1,200 patients, all the patients in the panel stand to benefit from the proposed trainings.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Mateo

Program Number/Name: Youth/TAY Identification and Early Referral
Prevention and Early Intervention Program #6

Please check box if this program was selected for the local evaluation

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

In light of the unfolding budgetary uncertainty after our PEI plan was approved we decided on a cautious implementation which resulted in a phased-in approach.

B. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A.

4. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹⁰, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- i) Specific program strategies implemented to ensure appropriateness for diverse participants
- j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A.

¹⁰ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$0	\$850,000	N/A

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

N/A: This program was not initially funded.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

N/A.

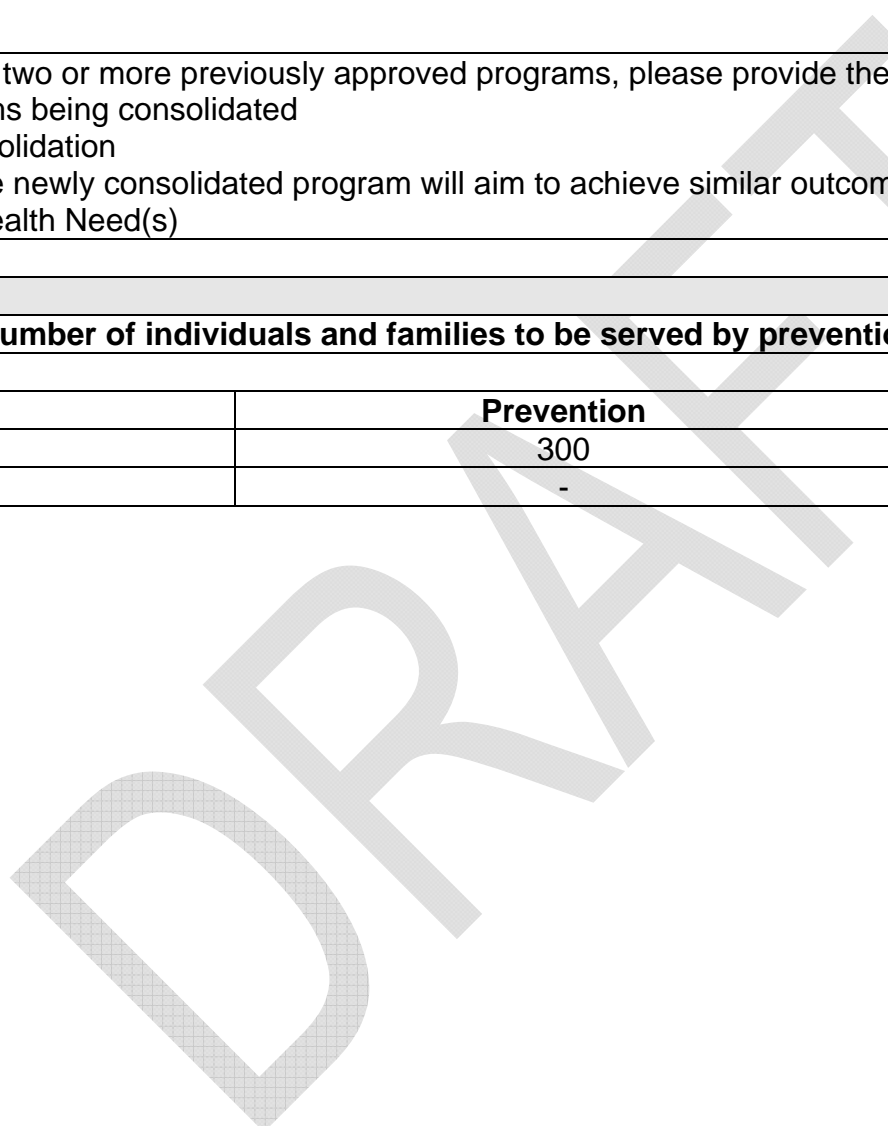
2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- g. Names of the programs being consolidated
- h. The rationale for consolidation
- i. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	300	20
Total Families:	-	-



PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Mateo

Program Number/Name: Community Outreach, Engagement, and Capacity Building
Prevention and Early Intervention Program #7

Please check box if this program was selected for the local evaluation

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

This program did not exist as part of the original approved plan.

C. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

5. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A.

6. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

- k) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- l) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- m) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- n) Specific program strategies implemented to ensure appropriateness for diverse participants
- o) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A.

¹¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes No

2. Is there a change in the type of PEI activities to be provided?

Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$1,086,859	\$1,086,859	11%

Yes No

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,

Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A.

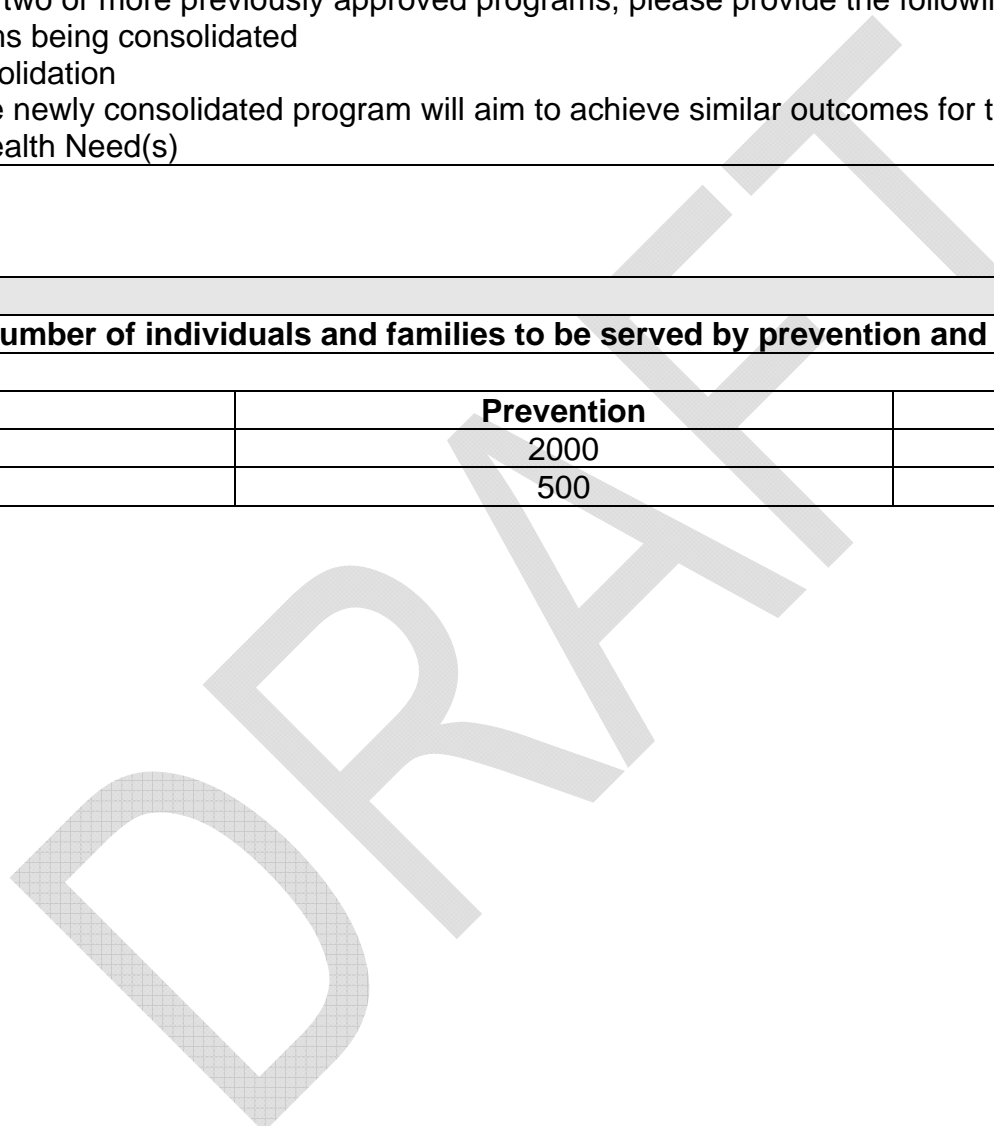
**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
- a. Names of the programs being consolidated
 - b. The rationale for consolidation
 - c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	2000	900
Total Families:	500	-



PREVIOUSLY APPROVED PROGRAM
Innovation

County: San Mateo

Program Number/Name: Total Wellness

Date: May 5, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

Plan did not exist in FY 09/10.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:

- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
- b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
- c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and

**PREVIOUSLY APPROVED PROGRAM
Innovation**

primary language spoken, if applicable
d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the primary purpose ¹² ?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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2. Is there a change to the learning goals?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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NOTE: If you answered YES to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.

3. Please include a description of any additional proposed changes to this INN program, if applicable.

N/A.

¹² The term "essential purpose" has been replaced with the term "primary purpose" for INN.

DRAFT

SUMMARY FUNDING REQUEST

County: San Mateo

Date: 5/5/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$11,976,500			\$3,136,600	\$794,700	
2. Transfer from FY 11/12 ^{a/}	\$92,611					
3. Adjusted Component Allocation	\$11,883,889					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$12,069,111			\$4,478,339	\$1,107,640	
2. Requested Funding for CPP	\$0					
3. Net Available Unexpended Funds				\$1,341,739		
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report						
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)						
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$0	\$0		\$0	\$0	
4. Total FY 2011/12 Funding Request	\$12,069,111	\$375,370	\$1,992,724	\$4,478,339	\$1,107,640	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations		\$375,370	\$665,334			
3. Unapproved FY 08/09 Component Allocations			\$1,327,390		\$1,107,640	
4. Unapproved FY 09/10 Component Allocations ^{b/}				\$3,476,950		
5. Unapproved FY 10/11 Component Allocations ^{b/}				\$1,001,389		
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$11,976,500					
Sub-total	\$11,976,500	\$375,370	\$1,992,724	\$4,478,339	\$1,107,640	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{c/}	\$11,976,500	\$375,370	\$1,992,724	\$4,478,339	\$1,107,640	

CSS FUNDING REQUEST

County: San Mateo

Date: 5/5/2011

CSS Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs											
1.	1	FSP Child/Youth/TAY	\$2,764,622	\$2,764,622			\$1,382,311	\$1,382,311			
2.	2	FSP Adults	\$2,564,565	\$2,564,565					\$2,564,656		
3.	3	FSP Older Adults	\$1,182,062	\$1,182,062						\$1,182,062	
4.	4	Community Outreach and Engagement	\$964,836	\$120,605	\$844,232		\$241,209	\$241,209	\$241,209	\$241,209	
5.	6	Pathways - Criminal Justice Initiative	\$578,196	\$190,805	\$387,391				\$578,196		
6.	7	Older Adults System of Care	\$205,560		\$205,560					\$205,560	
7.	8	System Transformation	\$3,775,341		\$3,775,341		\$943,835	\$943,835	\$943,835	\$943,835	
8.			\$0								
9.			\$0								
10.			\$0								
11.			\$0								
12.			\$0								
13.			\$0								
14.			\$0								
15.			\$0								
16.	Subtotal: Programs ^{a/}		\$12,035,182	\$6,822,659	\$3,980,901	\$1,231,623	\$0	\$2,567,355	\$2,567,355	\$4,327,896	\$2,572,666
17.	Plus up to 15% Indirect Administrative Costs		\$33,929								
18.	Plus up to 10% Operating Reserve										
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$12,069,111								
New Programs/Revised Previously Approved Programs											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
7.	Plus up to 15% Indirect Administrative Costs										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0								
10.	Total MHSA Funds Requested for CSS		\$12,069,111								

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

56.70%

County: San Mateo

Date: 5/5/2011

Workforce Education and Training			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				
No.	Name			Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive
Previously Approved Programs								
1.	1	Workforce education and training plan coordination and implementation	\$200,166					
2.	2	Targeted training for and by consumers and family members	\$98,000					
3.	12	Increase diversity of staff to better reflect diversity of client population	\$27,204					
4.	17	Stipended internships to create a more culturally competent system	\$50,000					
5.			\$0					
6.			\$0					
7.			\$0					
8.			\$0					
9.			\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs ^{af}		\$375,370	\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% Indirect Administrative Costs							
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$375,370					
New Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: WET New Programs ^{af}		\$0	\$0		\$0	\$0	\$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.	Total MHSA Funds Requested		\$375,370					

County: San Mateo

Date: 5/5/2011

PEI Programs			FY 11/12 Requested MHSAs Funding	Estimated MHSAs Funds by Type of Intervention		Estimated MHSAs Funds by Age Group			
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs									
1.	1	Early Childhood Community Team	\$390,448	\$346,523	\$43,925	\$390,448			
2.	2	Community Interventions for School Age and TAY	\$831,253	\$548,627	\$282,626	\$554,169	\$277,084		
3.	3	Primary Care/Behavioral Health Integration for Adults and Older Adults	\$1,401,972		\$1,401,972		\$280,394	\$560,789	\$560,789
4.	4	Total Wellness for Adults and Older Adults	\$60,000	\$60,000			\$12,000	\$24,000	\$24,000
5.	6	Youth/TAY Identification and Early Referral	\$600,000	\$850,000			\$850,000		
6.	7	Community Outreach, Engagement, and Capacity Building	\$1,086,859	\$1,089,859		\$271,715	\$271,715	\$271,715	\$271,715
7.			\$0						
8.			\$0						
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$4,370,532	\$2,895,009	\$1,728,523	\$1,216,332	\$1,691,193	\$856,504	\$856,504
17.	Plus up to 15% Indirect Administrative Costs		\$107,807						
18.	Plus up to 10% Operating Reserve								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$4,478,339						
New/Revised Previously Approved Programs									
1.			\$0						
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0						
10.	Total MHSAs Funds Requested for PEI		\$4,478,339						

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 67%

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.

FY 2011/12

INN FUNDING REQUEST

EXHIBIT E4

County: San Mateo

Date: 5/5/2011

INN Programs		FY 11/12 Requested MHSA Funding
No.	Name	
Previously Approved Programs		
1.	1 Total Wellness	\$963,165
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	Subtotal: Programs	\$963,165
17.	Plus up to 15% Indirect Administrative Costs	\$144,475
18.	Plus up to 10% Operating Reserve	
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$1,107,640
New Programs		
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.	Total MHSA Funds Requested for INN	\$1,107,640

County: San Mateo County

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	eClinical Care	E	1,992,724		1,992,724	
2.			\$0			
3.			\$0			
4.			\$0			
5.			\$0			
6.			\$0			
7.			\$0			
8.			\$0			
9.			\$0			
10.			\$0			
11.			\$0			
12.			\$0			
13.			\$0			
14.			\$0			
15.			\$0			
16.			\$0			
17.			\$0			
18.			\$0			
19.			\$0			
20.			\$0			
21.			\$0			
22.			\$0			
23.			\$0			
24.			\$0			
25.			\$0			
26.	Subtotal: Work Plans/Projects			\$1,992,724	\$0	\$1,992,724
27.	Plus up to 15% Indirect Administrative Costs			\$0		
28.	Plus up to 10% Operating Reserve			\$0		
29.	Total MHSA Funds Requested			\$1,992,724		

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

Previously approved with no changes

New

Date:05/05/2011	County Name: San Mateo
-----------------	------------------------

Amount Requested for FY 2011/12: \$100,000

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).

We have identified initially three areas where technical assistance and capacity building for providers and the community are needed in San Mateo County. The first area involves training BHRS' and contractors' staff to become trainers in the "ASIST" model. The funding for this training for trainers would allow such staff to provide clinical and "Gatekeepers" training for providers and community members in San Mateo and neighboring communities. Making these training opportunities available will greatly increase the capacity of community members and providers to respond, among other things, to suicidality. The second area involves launching an outreach and education effort aimed at providing primary care practitioners with training in Evidence Based Practices to help them address in their offices an array of mental illness identification strategies including but not limited to suicidality. This area of focus recognizes the fact that individuals across cultural groups and ages tend to have a connection with a primary care provider. The third area of focus involves technical assistance collaboration with stakeholders from non-traditional mental health settings in order to develop community capacity building strategies targeting broad audiences through different topics with the goal of addressing public perception of behavioral health issues. No providers have been selected for any focus area. All three areas will create opportunities for neighboring counties to participate and benefit. In addition, as programs are developed and documented, San Mateo County BHRS' Workforce Development Director will insure opportunities for the development and dissemination of training materials for other counties throughout the State. This could include but might not be limited to peer support, web resources and online sessions, on-site or by-phone consultation, joint conferences, among others.

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, Behavioral Health and Recovery Services Division (original signature)

2000 S. Delaware St. San Mateo

MidPen Housing Corp.
Presentation to the
Mental Health Services Act Steering Committee
March 23, 2011

MidPen Housing Corp.

- Founded in 1970
- Employ 300 people
- Work in 10 Northern California counties



MidPen's Supportive Housing Experience

- Strategic Focus
- 3 MHSA projects in 3 counties;
- Diverse service partners
- Set Up for Success



Fair Oaks Plaza, Sunnyvale



18 MHSA units – older adults aged 62+
Service Partner: County of Santa Clara

Main Street Village, Fremont



10 MHSA units – individuals and families
22 formerly homeless
Service Partner: Abode Services

636 El Camino, South San Francisco



20 MHSA units – individuals and families
Service Partner: San Mateo BHRS & Full Service Partners

2000 S. Delaware St. – Local Collaboration

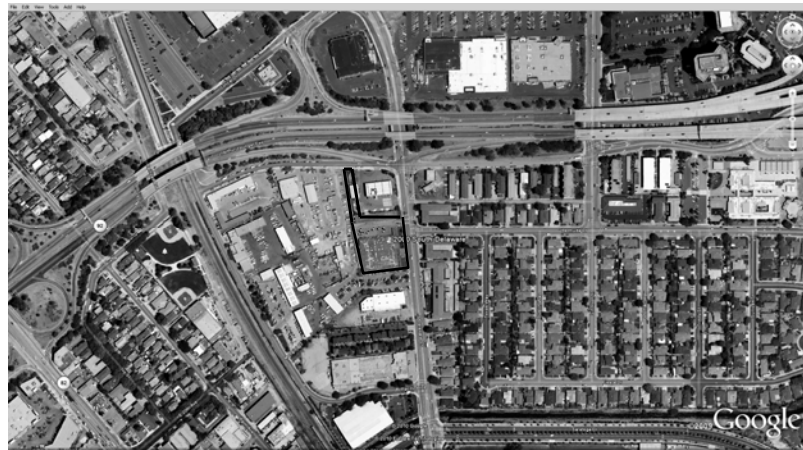


City of San Mateo – land donation & \$1.2M loan

County of San Mateo - \$1.9M loan

Housing Authority of San Mateo – 30 Section 8
Project-based Vouchers

Project Site



2000 S. Delaware St.



Palo Alto Partners
Workforce Housing
60 2-bedroom
Apartments

MidPen Housing Corp.
Affordable Housing
60 1-, 2- and 3-bedroom
Apartments

San Mateo Police Station Family Housing 1/2 mile scaled-distance map



- | | | |
|--|--|---|
| 1. SamTrans Bus Line 295
South Delaware Street | 3. Rite Aid
666 Concar Drive
San Mateo, CA | 5. Fiesta Gardens International School
1001 Bermuda Drive
San Mateo, CA |
| 2. Trader Joes Grocery Store
1820 South Grant Street
San Mateo, CA | 4. Concar Public Park
Concar Drive
San Mateo, CA | |

Amenities



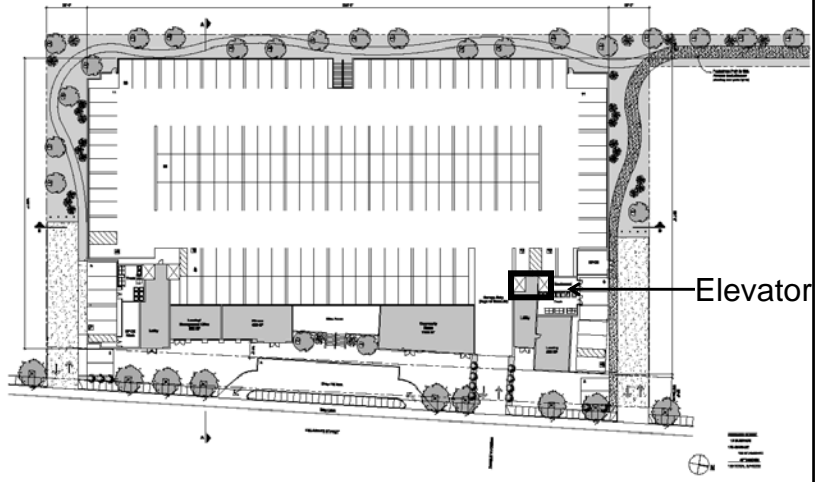
- Community Room
- Common Laundry Room
- Fitness Center
- Computer Lab
- Kid's Play Area
- Landscaped Courtyard



2000 S. Delaware St.



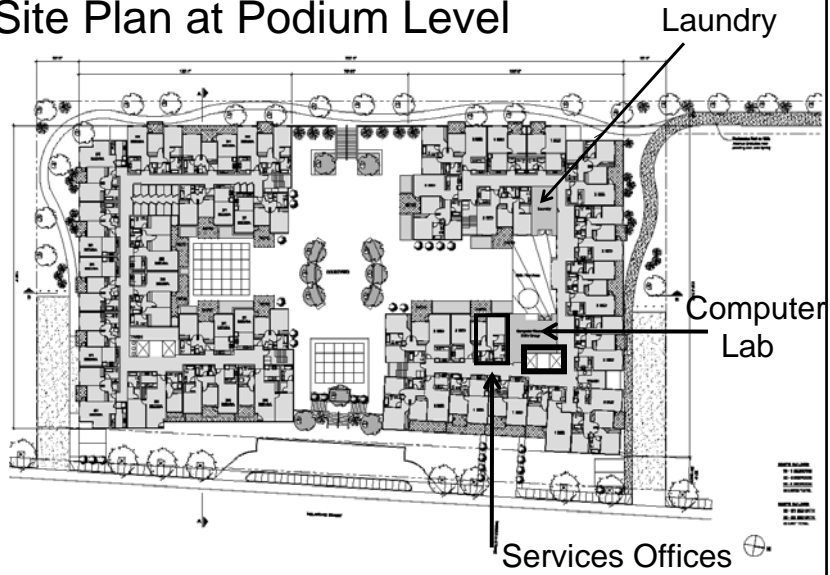
Site Plan



Elevator



Site Plan at Podium Level





Site Plan – 3rd & 4th floors



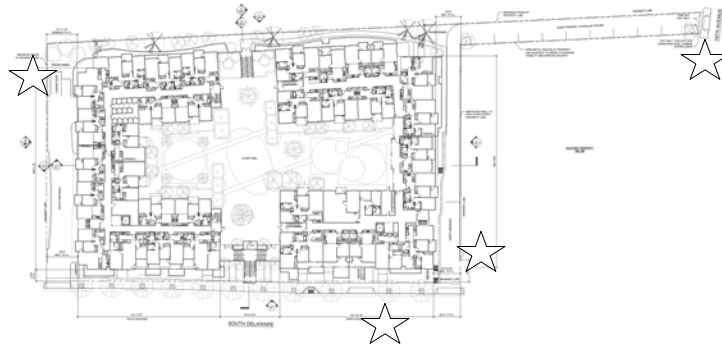
CHRISTIAN
CONCRETE

2000 SOUTH DELAWARE STREET
HOUSING
MID PENINSULA HOUSING COALITION / 2000 SOUTH DELAWARE PARTNERS

DATE: 01/14/14
DRAWN BY: JES
CHECKED BY: SEAN
PLANNING SERVICE

A2.3

Site Plan – Security Cameras



CHRISTIAN
JENSEN

2000 SOUTH DELAWARE STREET
MID-PENNSYLVANIA HOUSING COALITION 1980 SOUTH DELAWARE PARTNER



DATE: 11/11/11
BY: C. JENSEN

A1.0

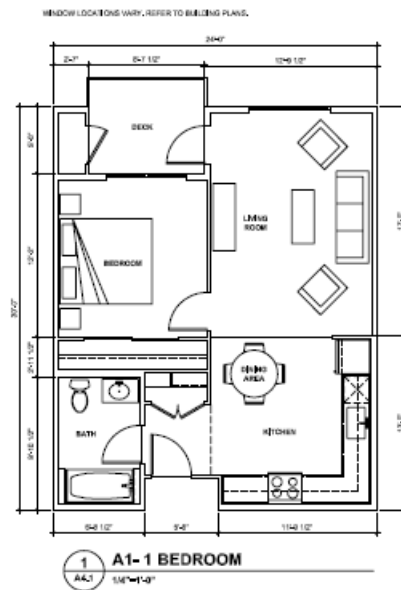
Sample Rents

<u># of Units</u>	<u>Unit Type</u>	<u>Rent</u>
18 (4*)	1br/1ba	\$557 - \$921
22 (3*)	2br/2ba	\$614 - \$1,098
<u>20 (3*)</u>	3br/2ba	\$702 - \$1,261
60		

**Residents in the MHSA units will receive Section 8 rental assistance. They will contribute no more than 30% of their income towards rent.*

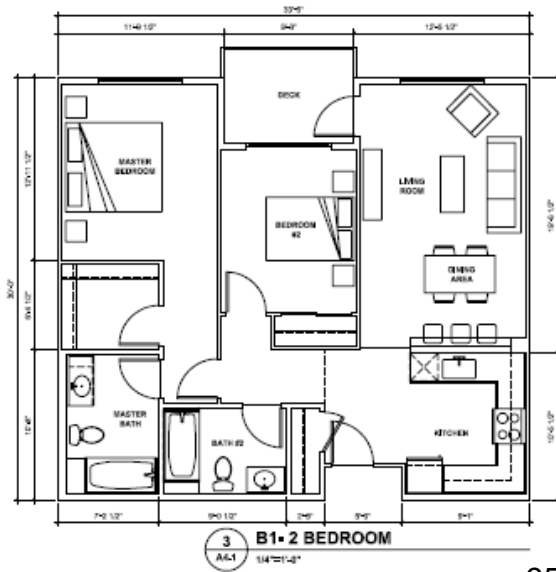
Unit Types

<u># of Units</u>	<u>Unit Type</u>	<u>Size (Sq. Ft.)</u>
18 (4)	1br/1ba	650 – 790
22 (3)	2br/2ba	950
<u>20 (3)</u>	3br/2ba	1,140 – 1,225
60		



4 units
 1 accessible/
 3 adaptable

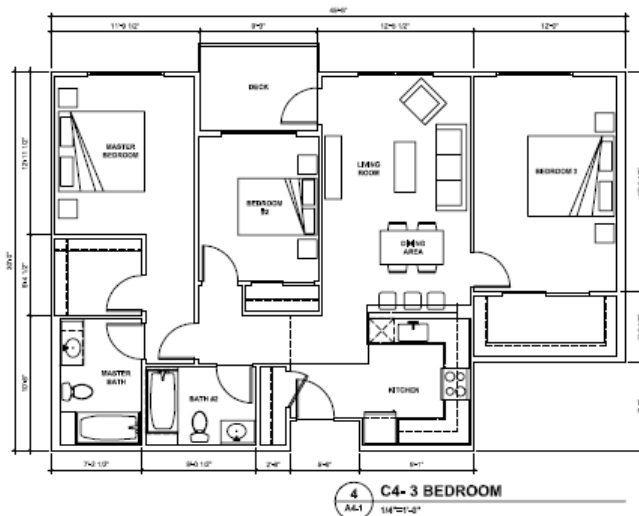
650 – 790 sq. ft.



3 units
1 accessible/
2 adaptable

950 sq. ft.

3 units
1 accessible/
2 adaptable



1,140 – 1,225 sq. ft.

Resident Services



Programs:

- Afterschool tutoring and mentoring
- Computer training
- Vocational and career development
- Fitness and health education programs
- Financial literacy classes
- Referrals to social services and benefits
- Volunteer opportunities and training



Activities:

- Picnics
- Healthy Living Courses
- Holiday Potlucks and Socials
- Neighborhood Awareness Night
- Introduction to Computer Classes



Resident Services: Integration with Full-Service Partners (FSPs)



- Staffing
- Strategies
- After Hours Assistance

2000 S. Delaware St. – Questions?

