San Mateo County Health System
Behavioral Health and Recovery Services Division

MHSA Steering Committee

October 26, 2010 - 3 to 5 p.m. - 225 37th Avenue, Room 100, San Mateo

AGENDA

1. **Welcome and introductions** — 3 to 3:25
   - Agenda for the day — *Richard Gordon, Supervisor District 3, Co-Chair*
   - Welcome new members and incoming Co-Chair — *Judy Schutzman, MHSARC Chair, MHSA Steering Committee Co-Chair*

2. **Mental Health and Substance Abuse Recovery Commission Special Meeting (MHSARC)** — 3:25 to 3:30
   - Call to order — *Judy Schutzman*

3. **Innovation proposed plan: "Total Wellness"** — 3:30 to 4:15
   - Framework — *Sandra Santana-Mora*
   - The "Total Wellness" Project — *Celia Moreno, Medical Director; Chris Coppola, Deputy Director, Adults and Older Adults*
   - Breakout Session — *All*

     Three self selected groups:
     1. Children, Youth, TAY (Paul Sorbo, facilitator)
     2. Adults (Chris Coppola, facilitator)
     3. Older Adults (Diane Dworkin, facilitator)

     Question for discussion: What services and supports should a "person centered healthcare home" provide for your age group?

4. **Overview of proposed MHSA local plan amendments** — 4:15 to 4:30
   - Strategy — *Louise Rogers, BHRS Director*
   - Proposed plan amendments — *Sandra Santana-Mora, MHSA Coordinator*
     - Redirection of allowable prevention items
     - Early onset - Youth and TAY (Transitional Age Youth)

5. **Overview of proposed strategy for MHSA statewide projects** — 4:30 to 4:45
   - Framework — *Sandra Santana-Mora*
   - Technical Assistance and Capacity Building — *Kristin Dempsey, WET Director*
   - Joint Powers Authority - CalMHSA (remaining statewide projects) — *Sandra Santana-Mora*

6. **MHSARC action items** — 4:45 to 4:55
   - Vote to release for public comment the following items:
     - Draft MHSA plan amendments
     - Draft Innovation Plan: "Total Wellness"
     - MHSA Statewide projects
       - Draft Technical Assistance and Capacity Building
       - Membership in Joint Powers Authority (CalMHSA)

   Judy Schutzman

7. **Next steps and closing remarks** — 4:55 to 5:00

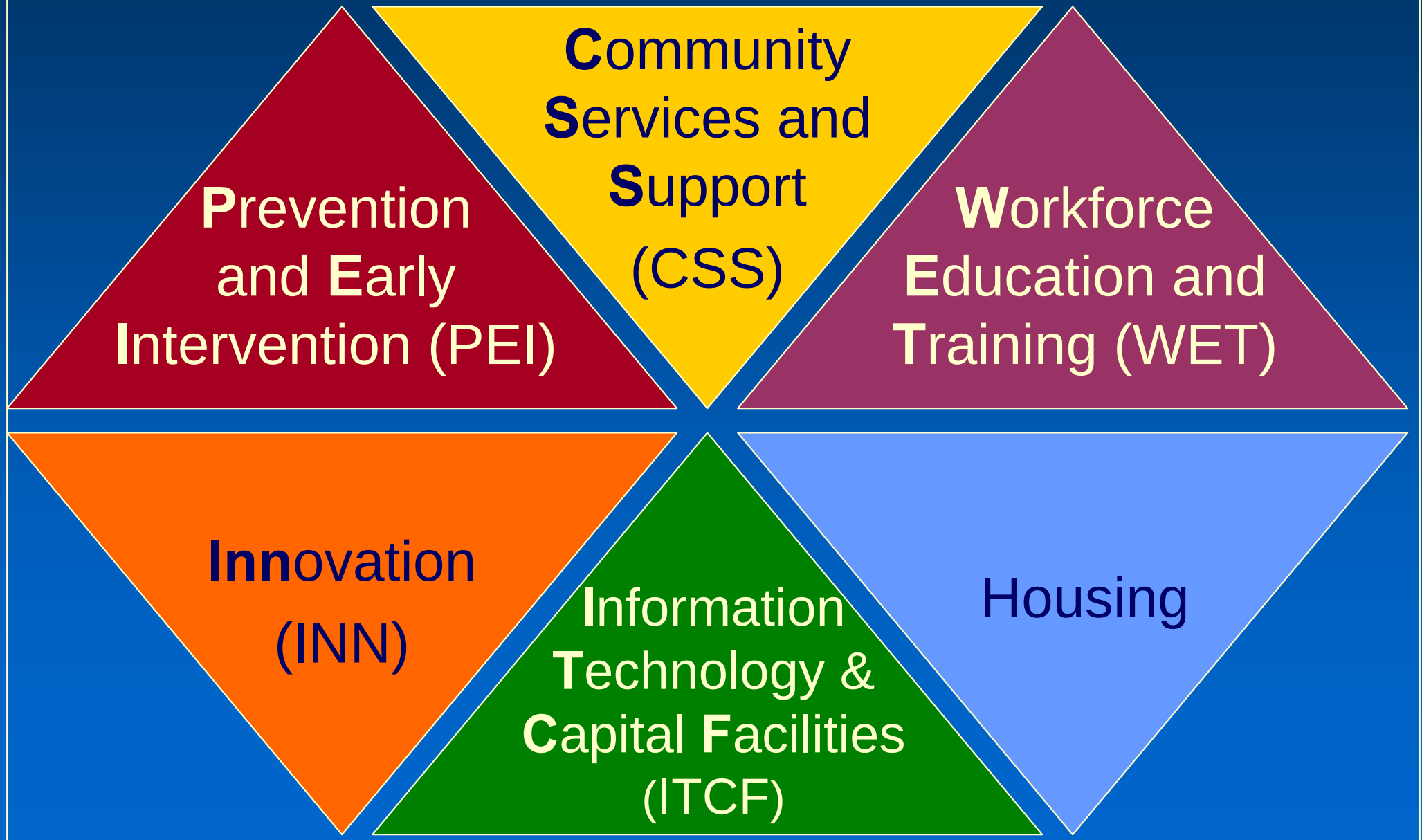
   Supervisor Richard Gordon

San Mateo County Health System

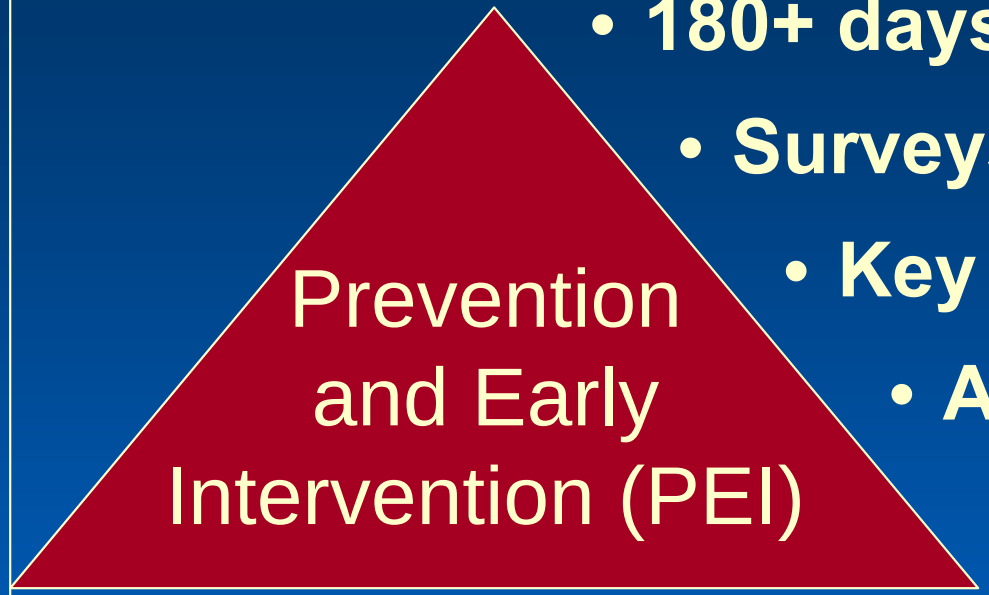
MENTAL HEALTH SERVICES ACT

MHSA STEERING COMMITTEE MEETING
October 26, 2010

MHSA COMPONENTS (funding streams)



PREVENTION AND EARLY INTERVENTION



- 180+ days
- 200+ participants
- Surveys
- Focus groups
- Key informant interviews
- Approved plan includes "funded" and "unfunded" programs

- YOUTH/TRANSITION AGE YOUTH IDENTIFICATION AND EARLY REFERRAL
- TOTAL WELLNESS

UNFUNDED

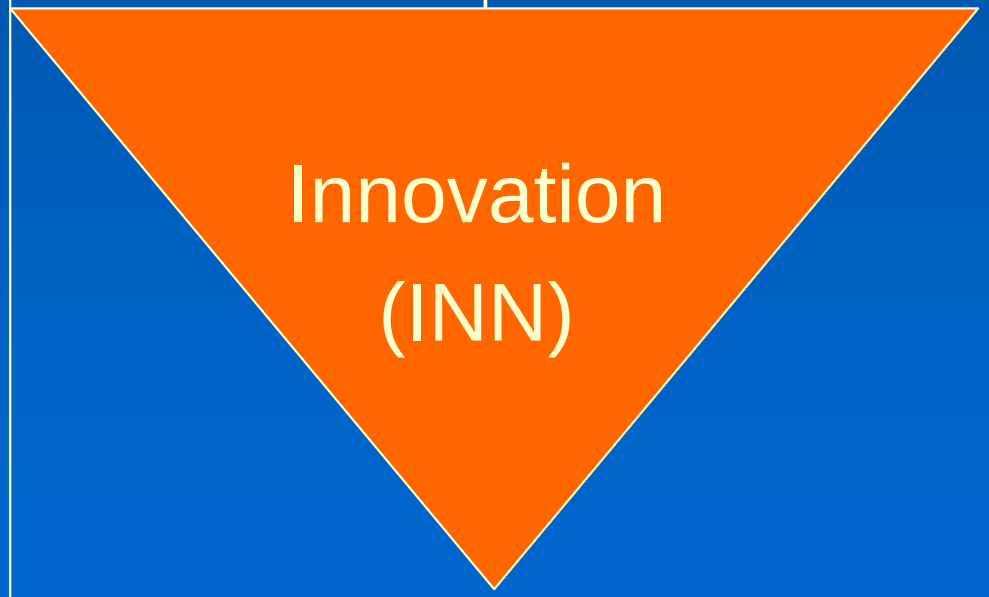
INNOVATION – STATE DIRECTION

Innovation projects must contribute to a "learning" in one or more of the following three ways:

Innovation (INN)

1) **By introducing a new approach that has not been tried before;**
2) **By making a change to an existing approach or practice, including adaptation for a new setting or community; or**
3) **By introducing a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings**

INNOVATION – STATE DIRECTION



"If an Innovation was identified previously through the Community Planning Process, and stakeholders expressed support for making the Innovation the focus of a project, then no additional/separate process is required and the Local Review process can begin"

INNOVATION – LOCAL DIRECTION

LEVERAGE
STATE AND FEDERAL
DOLLARS

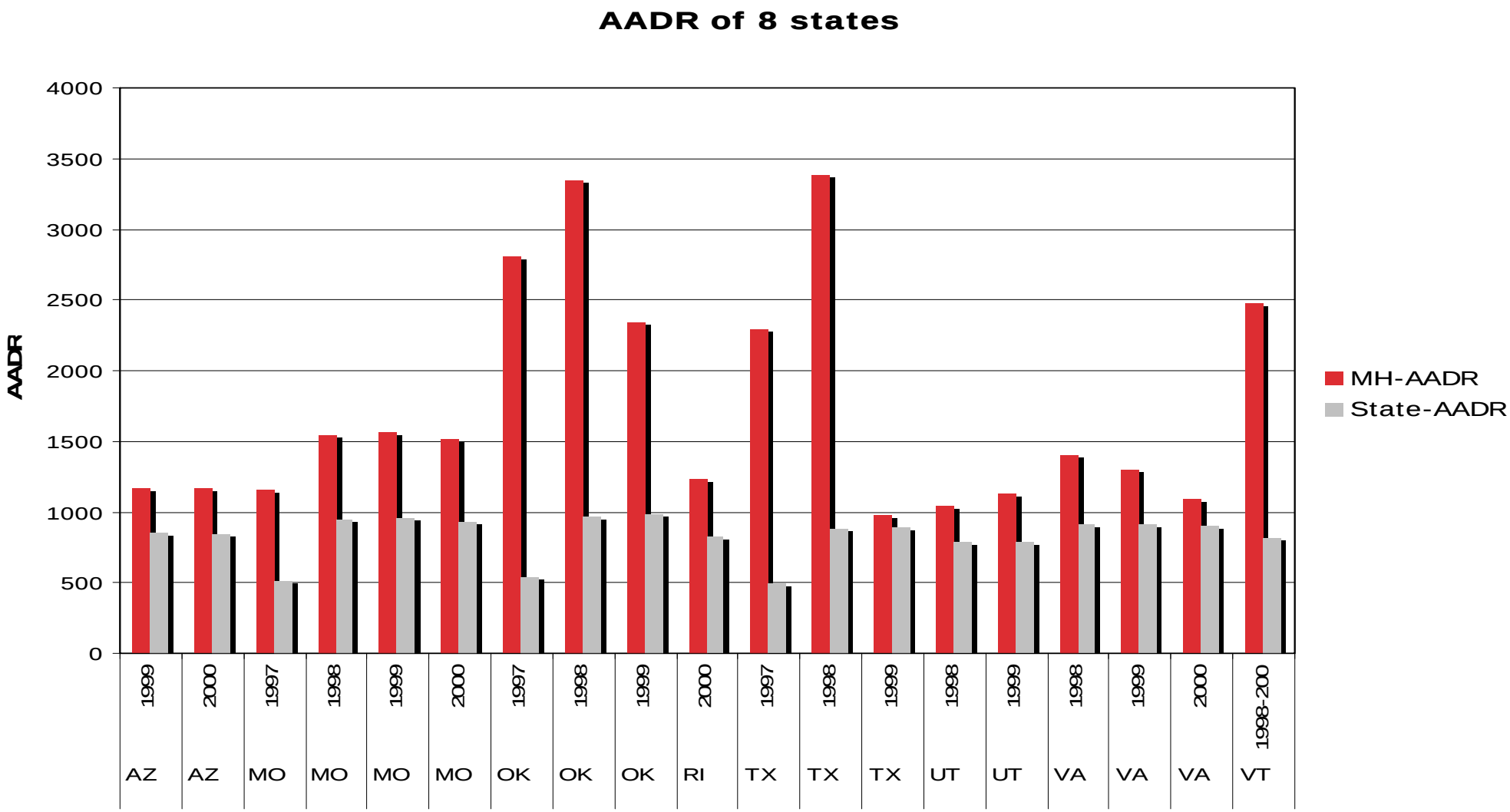
Innovation
(INN)

addressing morbidity and mortality in people with SMI

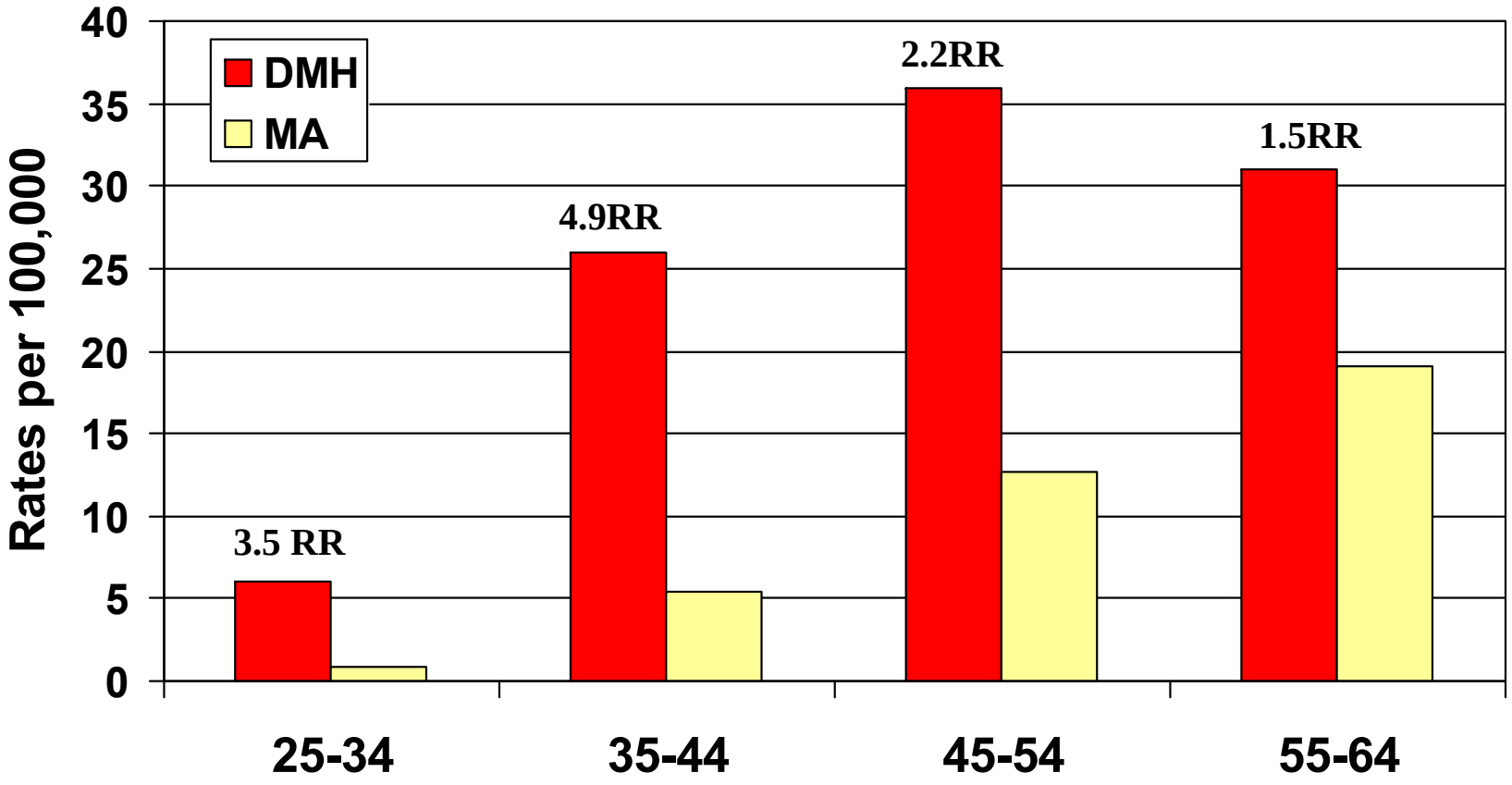
facts

- Persons with serious mental illness (SMI) are dying **25 years earlier than the general population**
- While suicide and injury account for about 30-40% of excess mortality, **60% of premature deaths in persons with schizophrenia** are due to medical conditions such as cardiovascular, pulmonary and infectious diseases

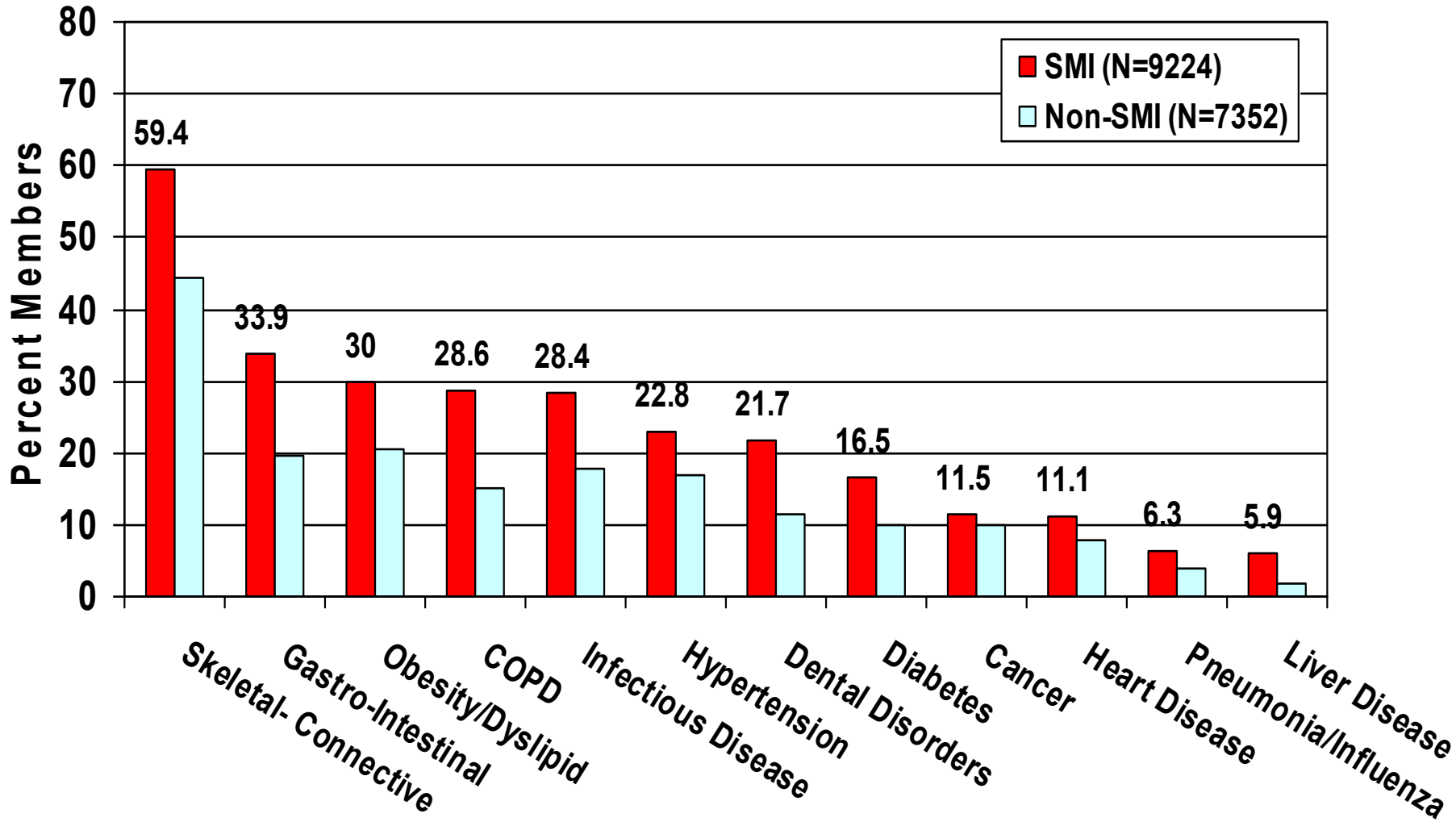
16-STATE STUDY RESULTS
AGE ADJUSTED DEATH RATE



MASSACHUSETTS STUDY: DEATHS FROM HEART DISEASE BY AGE GROUP/DMH ENROLLEES w/SMI COMPARED TO MASSACHUSETTS 1998-2000



MAINE STUDY: COMPARISON OF HEALTH GROUP DISORDERS BETWEEN SMI AND NON-SMI GROUPS

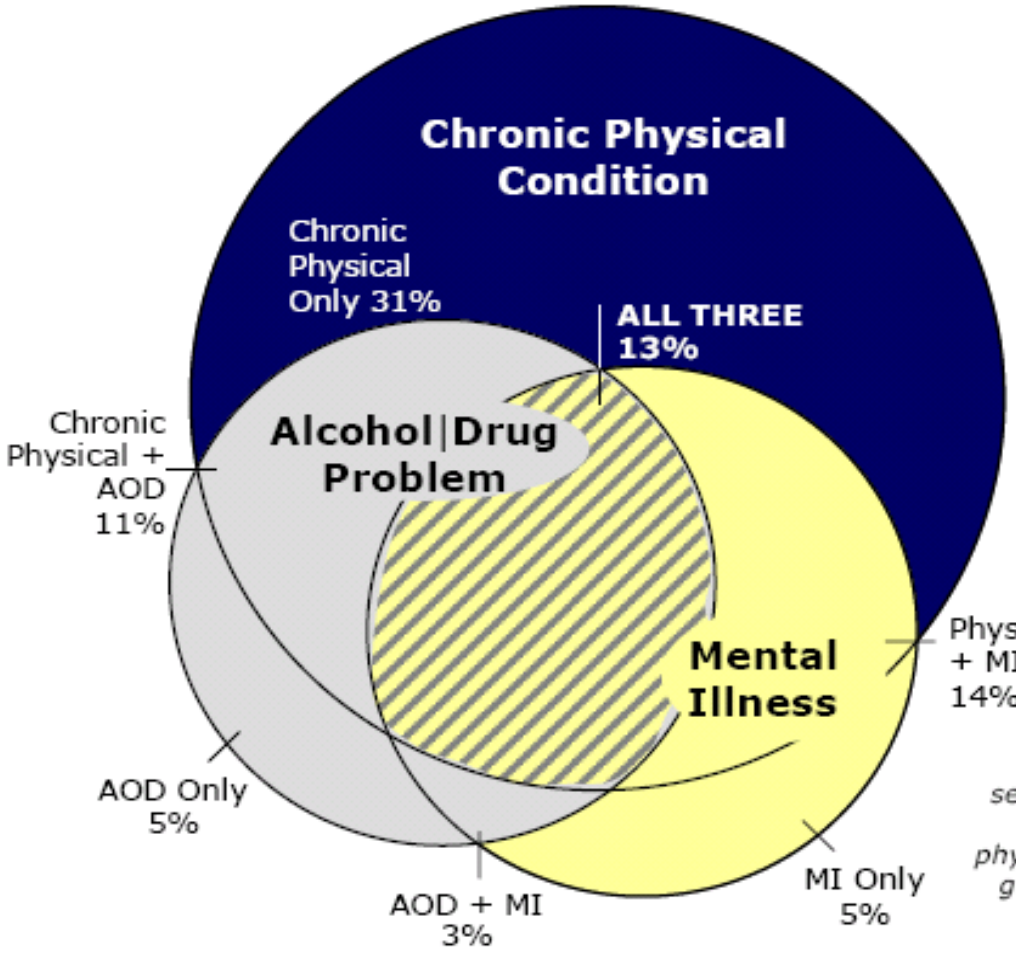


WASHINGTON STATE
GENERAL ASSISTANCE POPULATION

Co-occurring Diagnoses and the GA-U Population

52 percent had **substance abuse** or **mental illness** identified

31 percent had a **chronic physical condition** only



PRIMARY CONDITIONS	
Chronic Physical	69%
Mental Illness	36%
Substance Abuse	32%

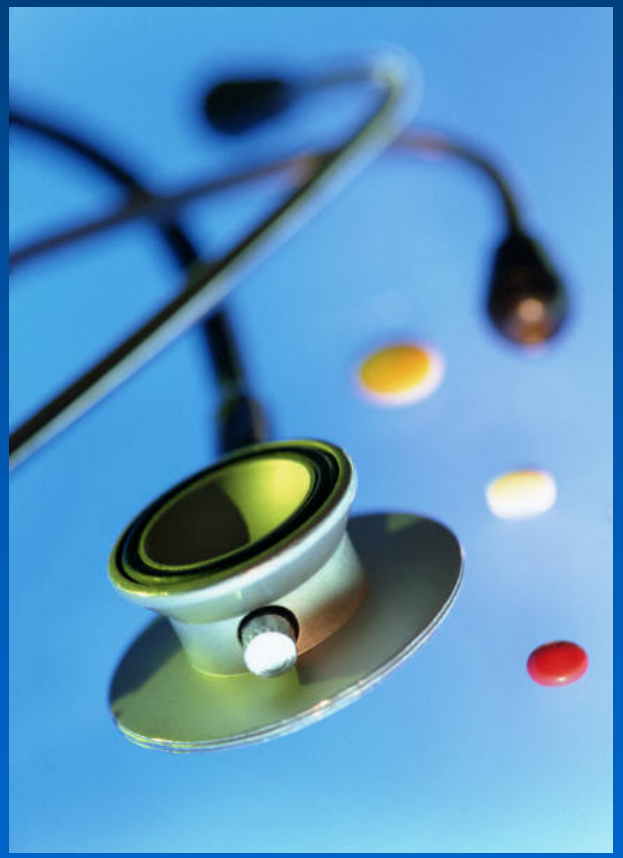
SOURCES: MMIS claims, TARGET service encounters, and WSP arrest records, FY 2003-04. Chronic physical and mental illness diagnosis groups derived from CDPS grouper

MORBIDITY AND MORTALITY - SMI

- **Higher rates of modifiable risk factors:**
  - Smoking (44% of cigarettes consumed nationally)
  - Alcohol consumption
  - Poor nutrition / obesity
  - Lack of exercise
  - “Unsafe” sexual behavior
  - IV drug use
  - Residence in group care facilities and homeless shelters
- **Vulnerability due to higher rates of:**
  - Homelessness
  - Victimization / trauma
  - Unemployment
  - Poverty
  - Incarceration
  - Social isolation

ATYPICALS AND POTENTIAL SIDE EFFECTS

- Weight gain. Not all the same.
- Elevation of lipids and cholesterol. Not all the same.
- Increase risk of DM.
- Metabolic Syndrome
- Risk of arrhythmias? Prolongation of QTC



METABOLIC SYNDROME

- Central or truncal obesity
- Insulin resistance
- Dyslipidemia
- Impaired glucose tolerance
- Hypertension

POTENTIAL CLINICAL CONSEQUENCES

- Hypertension
- Atherosclerosis
- Type II Diabetes
- Cardiovascular disease
- Stroke
- Stigmatization
- Noncompliance
- Impaired Quality of Life and Isolation

CATIE STUDY

Comparison of Metabolic Syndrome and Individual Criterion Prevalence in Fasting SMI Subjects and Matched General Population Subjects

	Males		Females	
	SMI N=509	Gen.Pop. N=509	SMI N=180	Gen.Pop. N=180
Metabolic Syndrome Prevalence	36.0%	19.7%	51.6%	25.1%
Waist Circumference Criterion	35.5%	24.8%	76.3%	57.0%
Triglyceride Criterion	50.7%	32.1%	42.3%	19.6%
HDL Criterion	48.9%	31.9%	63.3%	36.3%
BP Criterion	47.2%	31.1%	46.9%	26.8%
Glucose Criterion	14.1%	14.2%	21.7%	11.2%

CATIE source for SMI data
NHANESIII source for general population data
Meyer et al., Presented at APA annual meeting, May 21-26, 2005.
McEvoy JP et al. *Schizophr Res*. 2005; (August 29).

CATIE STUDY

- At baseline:
  - 88% of subjects who had dyslipidemia;
  - 62.4% of subjects who had hypertension;
  - 30.2% of subjects who had diabetes…

…WERE NOT RECEIVING TREATMENT FOR THESE CONDITIONS…

DEPRESSION AND CARDIOVASCULAR DISEASE

- Depression is independently associated with a 1.5 to 2 fold increase in the risk or coronary disease.
- Regulies found an overall relative risk (RR) of CHD of 2.69 in patients with Major Depression.

SIDE EFFECTS OF ANTIDEPRESSANTS

- Weight gain again common. Buproprion may be weight neutral.
- Risk of GI bleed with SSRI agents, including venlafaxine especially when combined with non steroidal anti-inflammatory agents in the absence of acid suppressing agents. Hyponatremia in the elderly.

WHY REDUCE RISK FACTORS IN PEOPLE WITH SERIOUS MENTALL ILLNESS?

% Reduction in Risk Factor		% Reduction in Coronary Heart Disease (CHD)
10% in cholesterol	= ↓	30% in heart disease
Ideal Body weight	= ↓	35%-55% in heart disease
Exercise	= ↓	5%-55% in heart disease
BP by 5 points	= ↓	16% in CHD, 42% in stroke
Stop Smoking	= ↓	50% - 70% in CHD

TOTAL WELLNESS

TOTAL WELLNESS IN A NUTSHELL

PURPOSE:
To reduce preventable physical conditions and improve health outcomes for behavioral care clients.

STRATEGY:
Partner with key stakeholders to deliver integrated primary/behavioral care services.

TARGET POPULATION:
Seriously mentally ill clients (including those who are on newer atypical antipsychotic medication).

KEY LEARNING:
Inclusion of consumers and family members as “Health and Wellness Coaches” to engage clients in the self-management of their chronic health conditions.

GOALS OF THE PROJECT

goal #1

Improve access to and utilization of primary care, specialty services and wellness groups among program participants.

SOME STRATEGIES ARE:

- **Increase the proportion of seriously mentally ill BHRS clients who:**
  - **have baseline profiles developed with family history of diabetes; hypertension; and cardiovascular disease**
  - **are screened for lipid and glucose levels annually, blood pressure and weight/Body Mass Index (BMI) quarterly**
  - **are assessed for tobacco use, co-occurring substance abuse**
  - **make and keep timely follow-up appointments for primary care and other services**

GOALS OF THE PROJECT

goal #2

Promote and increase utilization of County wellness programs and opportunities among program participants.

STRATEGY:

Increase utilization of wellness services among program participants in Wellness Recovery Action Planning (WRAP), tobacco cessation, exercise promotion, nutrition awareness, and sleep management programs

GOALS OF THE PROJECT

goal #3

Develop an infrastructure of resources, relationships and practices that foster the ongoing improvement and expansion of the Total Wellness program.

SOME STRATEGIES ARE:

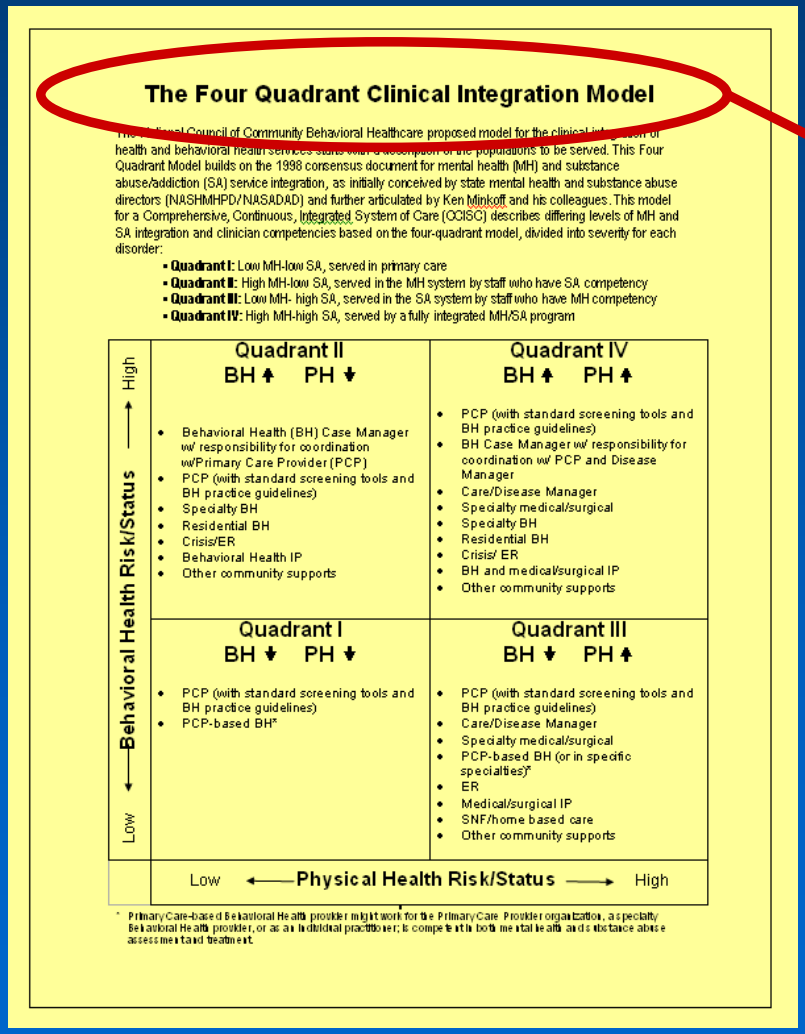
- **Implement a registry and tracking system**
- **Create standards of care for primary care service delivery in behavioral care settings, and reasonable outcome standards for participants**
- **With College of San Mateo, create a psychiatric nurse aide career pathway for consumers**
- **In partnership with UCSF, increase the number of nurse practitioners who successfully work with people with serious mental illness and co-occurring disorders.**

BEHAVIORAL HEALTH/PRIMARY CARE INTEGRATION MODEL

- We have adopted a model proposed by the National Council of Community Behavioral Healthcare for the clinical integration of health and behavioral health services, called the FOUR QUADRANT INTEGRATION MODEL.
- The model builds on the 1998 consensus document for mental health (MH) and substance abuse/addiction (SA) service integration, as initially conceived by state mental health and substance abuse directors, and further articulated by Ken Minkoff and his colleagues.
- This model for a Comprehensive, Continuous, Integrated System of Care (CCISC) describes differing levels of MH and SA integration and clinician competencies based on the four-quadrant model, divided into severity for each disorder, as follows.

PLEASE LOOK IN YOUR PACKET…

…FOR A HANDOUT THAT LOOKS LIKE THIS (YELLOW PAPER)



The Four Quadrant Clinical Integration Model

The National Council of Community Behavioral Healthcare proposed model for the clinical integration of health and behavioral health services starts with a description of the populations to be served. This Four Quadrant Model builds on the 1998 consensus document for mental health (MH) and substance abuse/addiction (SA) service integration, as initially conceived by state mental health and substance abuse directors (NASHMHPD/NASADAD) and further articulated by Ken Minkoff and his colleagues. This model for a Comprehensive, Continuous, Integrated System of Care (CCISC) describes differing levels of MH and SA integration and clinician competencies based on the four-quadrant model, divided into severity for each disorder:

- **Quadrant I:** Low MH-low SA, served in primary care
- **Quadrant II:** High MH-low SA, served in the MH system by staff who have SA competency
- **Quadrant III:** Low MH- high SA, served in the SA system by staff who have MH competency
- **Quadrant IV:** High MH-high SA, served by a fully integrated MH/SA program

Quadrant II
BH ↑ PH ↓

- Behavioral Health (BH) Case Manager w/ responsibility for coordination w/Primary Care Provider (PCP)
- PCP (with standard screening tools and BH practice guidelines)
- Specialty BH
- Residential BH
- Crisis/ER
- Behavioral Health IP
- Other community supports

Quadrant IV
BH ↑ PH ↑

- PCP (with standard screening tools and BH practice guidelines)
- BH Case Manager w/ responsibility for coordination w/ PCP and Disease Manager
- Care/Disease Manager
- Specialty medical/surgical
- Specialty BH
- Residential BH
- Crisis/ ER
- BH and medical/surgical IP
- Other community supports

Quadrant I
BH ↓ PH ↓

- PCP (with standard screening tools and BH practice guidelines)
- PCP-based BH*

Quadrant III
BH ↓ PH ↑

- PCP (with standard screening tools and BH practice guidelines)
- Care/Disease Manager
- Specialty medical/surgical
- PCP-based BH (or in specific specialties)*
- ER
- Medical/surgical IP
- SNF/home based care
- Other community supports

High ← Behavioral Health Risk/Status → Low

Low ← Physical Health Risk/Status → High

* Primary Care-based Behavioral Health provider might work for the Primary Care Provider organization, a specialty Behavioral Health provider, or as an individual practitioner; is competent in both mental health and substance abuse assessment and treatment.

“THE FOUR QUADRANT CLINICAL INTEGRATION MODEL”

THE FOUR QUADRANT MODEL - EXAMPLES

QUADRANT II

Severely emotionally disturbed/co-occurring TAY with no or minor health condition

QUADRANT IV

Diabetic seriously mentally ill adult on atypical anti-psychotics, and with alcohol addiction

QUADRANT I

Client is depressed/ anxious; may or may not have a health condition

QUADRANT III

Medically complex older adult client seen at the Ron Robinson Center

TOTAL WELLNESS STRATEGIES

- Expansion of outreach and engagement to **ensure earlier access to screening and assessment**;
- **Adaptation of evidence-based primary care practices** to behavioral care settings to make proven screening and treatment practices standard;
- **Embedding nurse care manager services** and **peer health and wellness coaches** to assist with adhering to appointment schedules, screening protocols and treatment regimens;

TOTAL WELLNESS STRATEGIES

- **Expanding embedded nurse practitioner capacity and primary care physician consultation** to improve access, timely appointments and early identification of health conditions;
- Improving monitoring of client health indicators and service utilization **by implementing a registry**;
- Increasing client participation in a range of **evidence-based practice wellness groups** already in place in San Mateo County, and development of new ones.

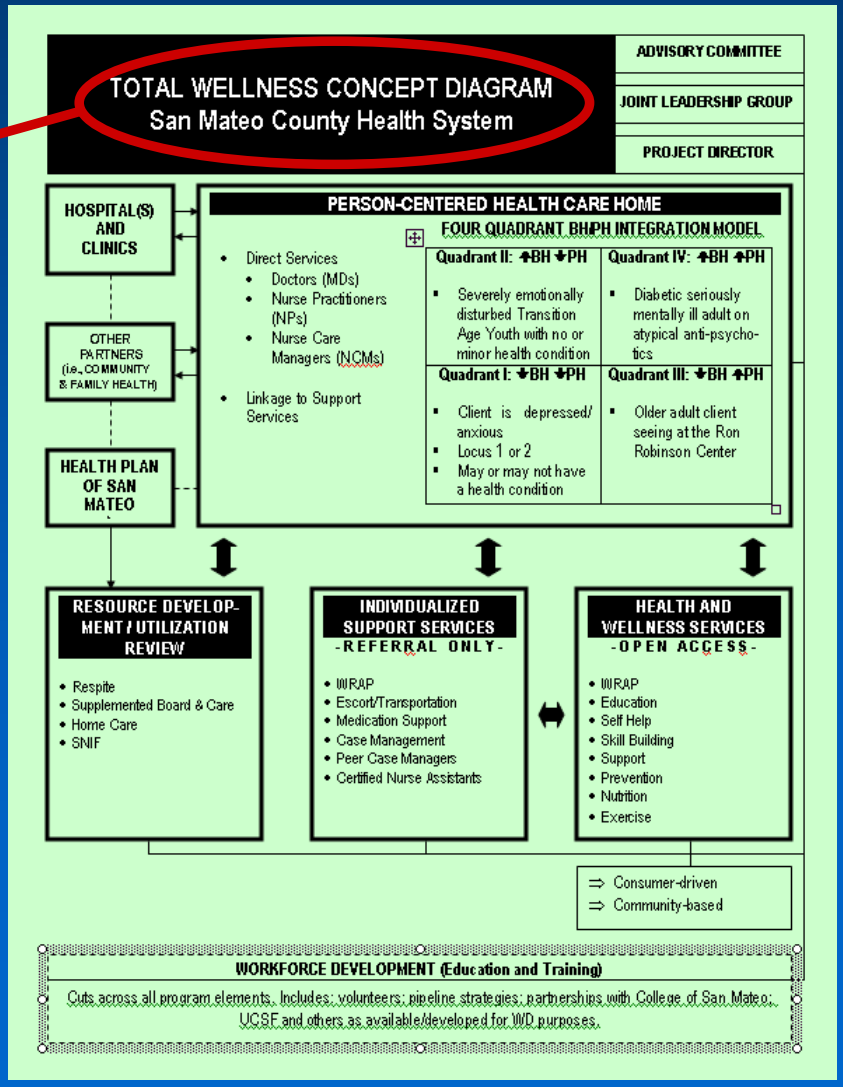
PARTNERS

- San Mateo Medical Center and Primary Care Clinics
- Health Plan of San Mateo
- Behavioral Health and Recovery Services
- University of California at San Francisco (UCSF)
- College of San Mateo
- Stanford University
- Heart & Soul and other self-help client organizations

NOW LOOK IN YOUR PACKET…

…FOR A HANDOUT THAT LOOKS LIKE THIS (GREEN PAPER)

"TOTAL WELLNESS CONCEPT DIAGRAM"



total wellness
breakout session

QUESTION

What services and supports should a "person-centered healthcare home" provide for your age group?

THREE SELF-SELECTED, AGE-FOCUSED GROUPS

1) Children, Youth, Transition Age Youth
2) Adults
3) Older Adults

} BHRS CLIENTS, INCLUDING CO-OCCURRING MH/SA

proposed plan amendment

FY 2010/11

MAXIMIZATION OF COMPONENTS

REDIRECTION (from CSS to PEI)	$
MHSA implementation and administration	$334,878
Cultural competence and health equity activities	$80,787
Portion of the outreach activities within the Senior Peer Counseling program	$180,224
TOTAL REDIRECTION FROM CSS TO PEI (Annualized)	$595,889

PEI EXPANSION (Annualized)	$
Expansion of integrated services and training that supplement Total Wellness	$196,313

early onset of psychotic illness for youth and TAY

early onset of psychotic illness for youth and TAY

PROGRAM CHARACTERISTICS AT A GLANCE
Target population: Unserved or underserved 12 to 25 youth and transition age youth at risk of, or experiencing early onset of psychotic illnesses
Geographic focus: countywide
Core services and methodology: Heavy outreach and promotion in places where youth congregate (non-traditional mental health settings), and through youth-friendly means (i.e., peer to peer, social media); immediate screening post identification, and thorough assessment post screening within 7 business days of first contact.

early onset of psychotic illness for youth and TAY

PROGRAM CHARACTERISTICS AT A GLANCE (cont.)

Core services and methodology (cont.):
Medication support services, minimizing use of medication as much as possible. Family involvement. Cognitive Behavioral Therapy (individual). Multifamily groups. Intensive Case Management. Other services as needed -wraparound philosophy (i.e., supported employment).

Staffing: Psychiatrist - Nurse - Occupational Therapist – Case Managers - Supported Employment/Education Specialist - Clinical and Program Coordination - Billing Specialist

ANNUALIZED $ REQUEST: $500,000

MHSA PREVENTION AND EARLY INTERVENTION STATEWIDE PROJECTS

five statewide projects

1. Suicide Prevention
2. Stigma and Discrimination Reduction
3. Reduction of Disparities
4. Student Mental Health Initiative
5. Technical Assistance and Capacity Building

MHSA PREVENTION AND EARLY INTERVENTION STATEWIDE PROJECTS

five statewide projects

1. Suicide Prevention
2. Stigma and Discrimination
3. Reduction of Disparities
4. Student Mental Health Initiative

State-administered

5. Technical Assistance and Capacity Building

Locally-administered

TECHNICAL ASSISTANCE AND CAPACITY BUILDING

three TA areas:

1. The first area involves training BHRS' and contractors' staff to become trainers in the "**ASSIST**" 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.
2. Outreach and education effort aimed at providing primary care practitioners with training in Evidence Based Practices in order to help them address suicidality in their offices, among other things.
3. Collaboration with stakeholders from non-traditional mental health settings in order to develop community capacity building strategies targeting broad audiences.

MHSA PREVENTION AND EARLY INTERVENTION STATEWIDE PROJECTS

five statewide projects

1. Suicide Prevention
2. Stigma and Discrimination
3. Reduction of Disparities
4. Student Mental Health Initiative

State-administered

5. Technical Assistance and Capacity Building

Locally-administered

MHSA PREVENTION AND EARLY INTERVENTION STATEWIDE PROJECTS

three options

Option 1
Implementation through Joint Powers Authority (CalMHSA)

Option 2
Implementation through multi-county collaboration of a statewide and/or replicable program

Option 3
Implementation through assignment to DMH

JOINT POWERS AUTHORITY (JPA) - CalMHSA

what is a JPA?

A JPA is an institution permitted under law Section 6500 State Government Code, whereby two or more public authorities (e.g., local governments) can operate collectively.

- Separate, distinct governance from member counties
- Power and control is established by participating counties
  - Can employ or contract out with providers to carry out the work
  - Has to comply with the Brown Act
  - Accountability through fiscal audit requirements
  - Joint delivery of services—e.g., Behavioral Health, Fire, Police, Sanitation, Education, Legal, Others

CalMHSA

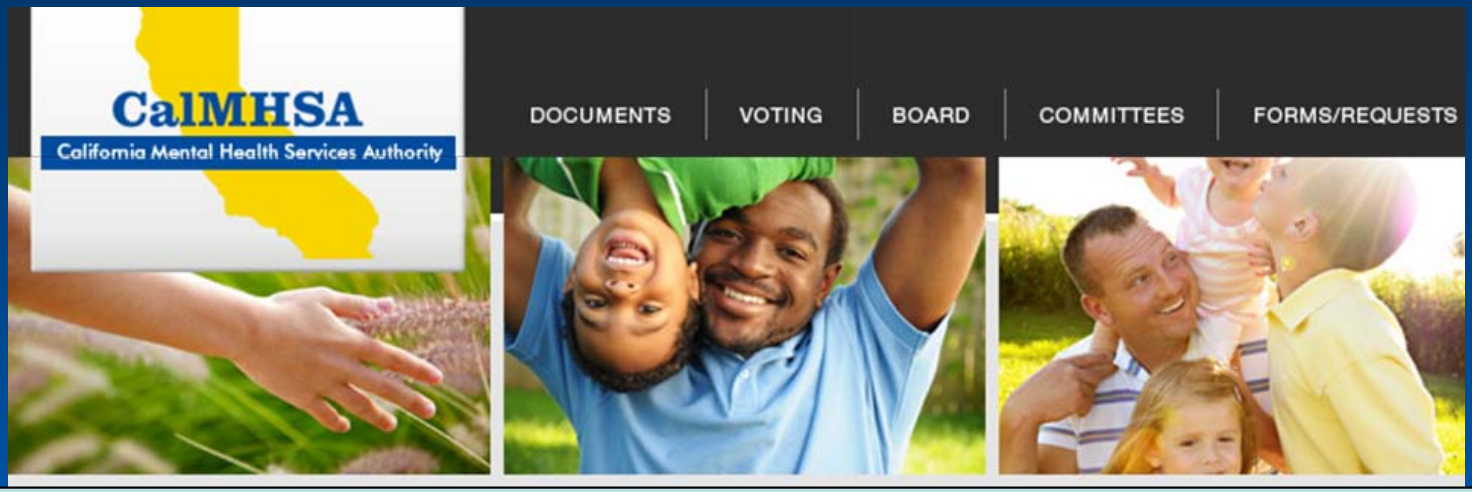
CalMHSA is the Joint Powers Authority formed in late 2009 for mental health services

mission statement

The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in:

- **Development and implementation of common strategies and programs**
- **Fiscal integrity, protections, and management of collective risk**
- **Accountability at State, Regional and Local Levels**

JOINT POWERS AUTHORITY (JPA) - CalMHSA



www.CalMHSA.org

CalMHSA Program Plans

Stakeholder Input for Priorities in Development of Implementation Plans for Statewide PEI

- Stakeholder Plan Process
- Step by Step Instructions

Stakeholder Input Templates:

- Stigma & Discrimination Reduction
- Student Mental Health

An idea whose time has come!

The California Mental Health Services Authority (CalMHSA) is an Independent Administrative and Fiscal Governments Agency focused on the efficient delivery of California Mental Health Projects. Member counties jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional, and local levels.

CalMHSA is not a legislative agency, nor are we an approval or advocacy body. We are a best practice inter-governmental structure with growing capacity and capability to promote systems and services arising from a shared member commitment to community mental health. CalMHSA supports the values of the *California Mental Health Services Act*:

CalMHSA – OUT FOR PUBLIC COMMENT

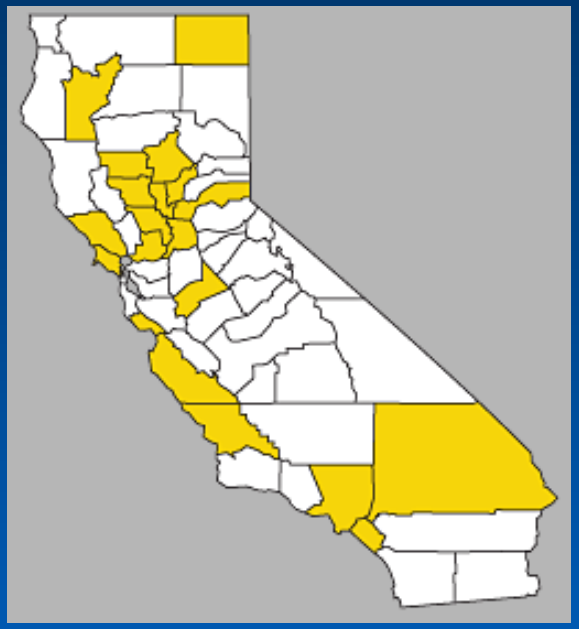
public input

- CalMHSA IMPLEMENTATION WORK PLAN FOR STATEWIDE PREVENTION AND EARLY INTERVENTION
  Public comment open until November 6, 2010

- Includes:
  - Strategic plans for suicide prevention, stigma and discrimination reduction, and student mental health initiative

CalMHSA CURRENT MEMBERS

Butte County
Colusa County
Glenn County
Los Angeles County
Marin County
Modoc County
Monterey County
Orange County
Placer County
Sacramento County
San Bernardino County
San Luis Obispo County
Santa Cruz County
Solano County
Sonoma County
Stanislaus County
Sutter County
Trinity County
Yolo County
Yuba County



20 counties

QUESTIONS?

WHERE TO FIND DOCUMENTS REFERENCED IN THE PRESENTATIONS TO THE MENTAL HEALTH SERVICES ACT STEERING COMMITTEE ON 10/26/10

Agenda item #3, 'Innovation proposed plan: "Total Wellness"'

- **Prevention and Early Intervention Approved Plan:** http://www.smhealth.org/bhrs/mhsa, click on the Prevention and Early Intervention link
- **FY10/11 Annual Update:** http://www.smhealth.org/bhrs/mhsa, click on the Community Services and Supports link, Annual Updates, FY10/11
- **Innovation Component Guidelines:** http://www.dmh.ca.gov/Prop_63/MHSA/Innovation/default.asp

Agenda item #4, "Overview of proposed MHSA local plan amendments"

- **FY10/11 Annual Update:** http://www.smhealth.org/bhrs/mhsa, click on the Community Services and Supports link, Annual Updates, FY10/11
- **PREP – Early onset program:** http://www.prepwellness.org/index.html

Agenda item #5, "Overview of proposed strategy for MHSA statewide projects"

- **California Strategic Plan on Suicide Prevention** http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/SuicidePreventionCommittee/FINAL_CalSPSP_V9.pdf
- **California Strategic Plan on Reducing Mental Health Stigma and Discrimination** http://www.dmh.ca.gov/PEIStatewideProjects/docs/Reducing_Disparities/CDMH_MH_Stigma_Plan_09_V5.pdf
- **Student Mental Health Initiative** http://www.dmh.ca.gov/MHSOAC/docs/StudentMentalHealth%20Initiative_091807.pdf
- **California Reducing Disparities Project** http://www.dmh.ca.gov/Multicultural_Services/docs/CRDP_FactSheet_Final_February2010.pdf
- **Technical Assistance and Capacity Building** http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-37.pdf
- **Joint Powers Authority – CalMHSA** http://www.calmhsa.org

Having trouble accessing the files? Would like a hard copy? Questions? Please call or email Sandra Santana-Mora - (650) 573-2889, ssantana-mora@co.sanmateo.ca.us

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

Date: November 1st, 2010	County Name: San Mateo
Amount Requested for FY 2010/11: $100,000	Amount Requested for FY 2011/12: $100,000

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 "Assist" 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, in order to help them address in their offices an array of mental illness identification strategies including 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; it also recognizes that the majority of individuals who completed suicide had a recent primary care visit. 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 addressing public perception on 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.

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.

_____
Louise Rogers, Director of Behavioral Health and Recovery Services

Elements of a "Person-Centered Health Care Home"

The American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association released their **Joint Principles of the Patient-Centered Medical Home** in 2007. Here is a brief summary:

- **Personal physician**—each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous, and comprehensive care.

- **Physician directed medical practice**—the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

- **Whole person orientation**—the personal physician is responsible for providing for all the patient's healthcare needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life: acute care, chronic care, preventive services, and end of life care.

- **Care is coordinated** and/or integrated across all elements of the complex healthcare system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community based services). Care is facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

- **Quality and safety** are hallmarks of the medical home.

- **Enhanced access** to care is available through systems such as open scheduling, expanded hours, and new options for communication between patients, their personal physician, and practice staff.

- **Payment** appropriately recognizes the added value provided to patients who have a patient-centered medical home.

The Four Quadrant Clinical Integration Model

The National Council of Community Behavioral Healthcare proposed model for the clinical integration of health and behavioral health services starts with a description of the populations to be served. This Four Quadrant Model builds on the 1998 consensus document for mental health (MH) and substance abuse/addiction (SA) service integration, as initially conceived by state mental health and substance abuse directors (NASHMHPD/ NASADAD) and further articulated by Ken Minkoff and his colleagues. This model for a Comprehensive, Continuous, Integrated System of Care (CCISC) describes differing levels of MH and SA integration and clinician competencies based on the four-quadrant model, divided into severity for each disorder:

- Quadrant I: Low MH-low SA, served in primary care
- Quadrant II: High MH-low SA, served in the MH system by staff who have SA competency
- Quadrant III: Low MH- high SA, served in the SA system by staff who have MH competency
- Quadrant IV: High MH-high SA, served by a fully integrated MH/SA program

Behavioral Health Risk/Status (High ↑ / Low ↓)

Quadrant II
BH ↑ PH ↓

- Behavioral Health **(BH)** Case Manager w/ responsibility for coordination w/Primary Care Provider **(PCP)**
- PCP (with standard screening tools and BH practice guidelines)
- Specialty BH
- Residential BH
- Crisis/ER
- Behavioral Health IP
- Other community supports

Quadrant IV
BH ↑ PH ↑

- PCP (with standard screening tools and BH practice guidelines)
- BH Case Manager w/ responsibility for coordination w/ PCP and Disease Manager
- Care/Disease Manager
- Specialty medical/surgical
- Specialty BH
- Residential BH
- Crisis/ ER
- BH and medical/surgical IP
- Other community supports

Quadrant I
BH ↓ PH ↓

- PCP (with standard screening tools and BH practice guidelines)
- PCP-based BH*

Quadrant III
BH ↓ PH ↑

- PCP (with standard screening tools and BH practice guidelines)
- Care/Disease Manager
- Specialty medical/surgical
- PCP-based BH (or in specific specialties)*
- ER
- Medical/surgical IP
- SNF/home based care
- Other community supports

Low ← **Physical Health Risk/Status** → High

* Primary Care-based Behavioral Health provider might work for the Primary Care Provider organization, a specialty Behavioral Health provider, or as an individual practitioner; is competent in both mental health and substance abuse assessment and treatment.

TOTAL WELLNESS CONCEPT DIAGRAM
San Mateo County Health System

ADVISORY COMMITTEE

JOINT LEADERSHIP GROUP

PROJECT DIRECTOR

HOSPITAL(S) AND CLINICS

OTHER PARTNERS (i.e., COMMUNITY & FAMILY HEALTH)

HEALTH PLAN OF SAN MATEO

PERSON-CENTERED HEALTH CARE HOME

- Direct Services
  - Doctors (MDs)
  - Nurse Practitioners (NPs)
  - Nurse Care Managers (NCMs)
- Linkage to Support Services

FOUR QUADRANT BH/PH INTEGRATION MODEL

Quadrant II: ↑BH ↓PH ▪ Severely emotionally disturbed Transition Age Youth with no or minor health condition	Quadrant IV: ↑BH ↑PH ▪ Diabetic seriously mentally ill adult on atypical anti-psychotics
Quadrant I: ↓BH ↓PH ▪ Client is depressed/ anxious ▪ Locus 1 or 2 ▪ May or may not have a health condition	Quadrant III: ↓BH ↑PH ▪ Older adult client seeing at the Ron Robinson Center

RESOURCE DEVELOPMENT / UTILIZATION REVIEW

- Respite
- Supplemented Board & Care
- Home Care
- SNIF

INDIVIDUALIZED SUPPORT SERVICES

-REFERRAL ONLY-

- WRAP
- Escort/Transportation
- Medication Support
- Case Management
- Peer Case Managers
- Certified Nurse Assistants

HEALTH AND WELLNESS SERVICES

-OPEN ACCESS-

- WRAP
- Education
- Self Help
- Skill Building
- Support
- Prevention
- Nutrition
- Exercise

⇒ Consumer-driven
⇒ Community-based

WORKFORCE DEVELOPMENT (Education and Training)

Cuts across all program elements. Includes: volunteers; pipeline strategies; partnerships with College of San Mateo; UCSF and others as available/developed for WD purposes.

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: San Mateo

County Mental Health Director	**Program Lead**
Name: Louise F. Rogers, MPA	Name: Sandra M. Santana-Mora
Telephone Number: (650) 573-2544	Telephone Number: (650) 573-2889
E-mail: LRogers@co.sanmateo.ca.us	E-mail: sSantana-mora@co.sanmateo.ca.us
Mailing Address: Behavioral Health and Recovery Services Division 225 37th Avenue, 3rd Floor San Mateo, CA 94403 (650) 573-2541	

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this update to the Three-Year Program and Expenditure Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.
This Plan or update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315. The draft Program and Expenditure Plan or update was circulated for 30 days to stakeholders for review and comment. If this is the county's first submission of a PEI component, the local mental health board or commission has held a public hearing on the Plan. All input has been considered with adjustments made, as appropriate.
All documents in the attached Program and Expenditure Plan or Update are true and correct.

_____	12/07/2010	Director, Behavioral Health & Recovery Services
Signature Local MH Director/Designee	Date	Title

EXHIBIT B

INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name:	San Mateo
Work Plan Name:	Total Wellness

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.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

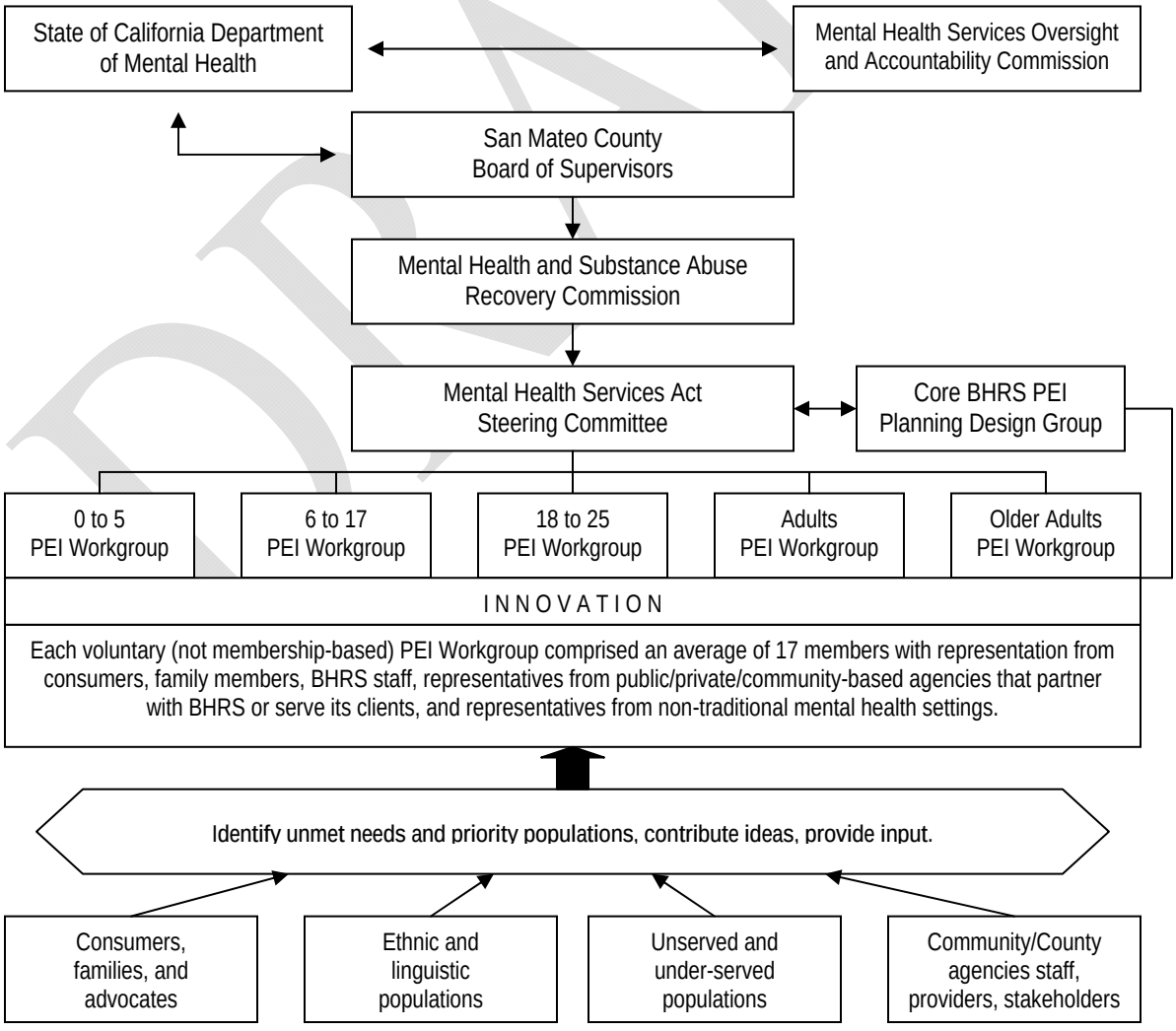
   San Mateo County's MHSA planning processes are designed to facilitate meaningful participation from stakeholders, including unserved and underserved communities. We have described at length our overall planning structure, common to all planning processes, in our previous plan submissions; this applies to all MHSA components, with any necessary adjustments. The role of the MHSA Steering Committee and of the Mental Health and Substance Abuse Recovery Commission (formerly Mental Health Board) in these processes remains in place. For the development of the Innovation proposal, we decided on a concurrent planning strategy that resulted in the development of a Prevention and Early Intervention proposal, and in the selection of "Total Wellness" as our Innovation project. The Director of the Behavioral Health and Recovery Services Division (BHRS) provided overall guidance and direction to the project, while the Director of Alcohol and Other Drug Services and the MHSA Coordinator (BHRS) designed and carried out the planning process. All three constitute the Core BHRS PEI Planning Design Group. Coordination and management for Innovation rested primarily with the MHSA Coordinator, with assistance in facilitation and research from Barbara Mauer, MSW, from *MCPP Healthcare Consulting* (www.mcpphealthcare.com). Ms. Mauer is a nationally recognized authority in integration of behavioral health and primary care. Leadership and staff of the Children, Youth (including Transition Age Youth), Adults and Older Adults Units of the Behavioral Health and Recovery Services Division were heavily involved throughout the process and collaborated and facilitated our outreach efforts.

   Aggressive outreach strategies were used to secure participation of representatives of unserved and underserved populations as well as from the community at large. Examples of our outreach strategies include:

   - Posters and flyers (bilingual) created and sent to/placed at county facilities, as well as other venues like family resource centers and community-based organizations.
   - E-mails disseminating information about the planning process sent to over 1,000 electronic addresses in our ever-expanding database.

- Outreach materials emphasized the MHSA principles of transformation, with the overarching goal of making the mental health delivery system more responsive to the needs of those unserved and underserved.
- Refreshments and food were provided, and consumers and family members were offered stipends for their time; taxi vouchers were provided to facilitate transportation for individuals who needed assistance.
- We held special meetings with family partners to seek out their input and ideas (with simultaneous interpretation in Spanish). We held a meeting at a senior facility that houses older adults on the more elderly side of the age spectrum; this was the only way in which this particular group could provide input into the process. A similar meeting was held for Spanish-speaking seniors.
- Examples of participating organizations serving unserved and underserved communities that collaborated with outreach and/or were directly involved in the planning process include: Heart and Soul; One East Palo Alto; El Concilio; Free at Last; For Youth By Youth; Pyramid Alternatives; Asian American Recovery Services, Edgewood Center for Children and Families, Caminar, among many others.

The diagram below depicts the planning structure, followed by the composition of both the MHSA Steering Committee and the MHSARC.



Mental Health Services Act Steering Committee

Maya Altman Executive Director Health Plan of San Mateo	Debby Armstrong Executive Director First 5 San Mateo County	Beverly Beasley Johnson Director, Human Services Agency County of San Mateo
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	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
Jean S. Fraser Health System Chief San Mateo County	Richard Gordon President of the Board of Supervisors San Mate County	Richard Holober President SMCO Community College District
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, and BHRS Contractors Association	Richard Napier Executive Director City/ County Association of Government of SM County	Karen Philip Deputy Superintendent of Schools San Mateo County Offfice of Education
Melissa Platte Executive Director Mental Health Association	Stuart Forrest Chief Probation Officer Probation Department County of San Mateo	Steve Robison NAMI
Marc Sabin Executive Director – Project 90	Janeen Smith Deputy Director Sitike/Pyramid Alternatives	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)

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

2. Identify the stakeholder entities involved in the Community Program Planning Process.

   The following stakeholder groups also participated, in addition to those identified on item 1 above:

Organizations/Stakeholder Groups
34 Clients, Consumers and Family Members participated in the planning process
4C's of San Mateo County (Child Care Coordinating Council)
Achieve Kids, Palo Alto (serves children and youth with behavioral problems)
African American Community Health Advisory Committee (addresses health issues in the community)
Aging and Adult Services (SMC)
Alcohol and Other Drug Services (BHRS)
Asian American Recovery Services (serving the Asian Community)
Bay Area Partnership for Children and Youth (helps schools access public funding)
Bayshore Childcare (gives affordable childcare to families)
Behavioral Health and Recovery Services leadership and line staff
Belmont Police Department (law enforcement)
CAMINAR (support services in communities for people with disabilities)
Commission on Aging
Commission on Disabilities
Community Gatepath (helps children and adults achieve goals and dreams)
Community Learning Center
Crisis Center (promotes awareness about suicide and suicide prevention programs)
Doelger Senior Center (commits to improving the lives of senior cititzens)
Edgewood Center for Children and Families (serving Youth and Families of various ethnicities)
El Concilio of San Mateo (serving the Latino Community)
Family Services Agency
First 5
For Youth by Youth (youth driven youth services agency)
Fred Finch Youth Center (serving Youth and Families of various ethnicities)
Free at Last (offers street outreach and intervention for persons struggling with AOD issues)
Health Plan of San Mateo
Health System Policy and Planning (SMC)
Heart and Soul (consumer run self-help center)
Human Services Agency

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

   The draft of the Innovation Plan was released for public comment on October 26; public comment closed on December 1st, day in which a public hearing was held by the MHSARC. Here is the summary of the public comment received during that period:

TO BE COMPLETED AT THE END OF THE PUBLIC COMMENT PERIOD.

EXHIBIT C

Innovation Work Plan Narrative

Date: December 7, 2010

County: San Mateo

Work Plan #: 1

Work Plan Name: Total Wellness

Purpose of Proposed Innovation Project (check all that apply)

- ☑ INCREASE ACCESS TO UNDERSERVED GROUPS
- ☑ INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- ☑ PROMOTE INTERAGENCY COLLABORATION
- ☑ INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

- INCREASE ACCESS TO UNDERSERVED GROUPS:
  While suicide and injury account for about 30-40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases. From the standpoint of addressing physical healthcare needs of persons with serious mental illness, this group is unquestionably underserved. National data tells us that persons with serious mental illness are dying 25 years earlier than the general population. Our Total Wellness project will improve access to healthcare services for this underserved group.

- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES:
  Reduction of health risk factors in persons with serious mental illness will result in better care and improved outcomes, especially taking into account the following:

% Reduction in Risk Factor ➲ results in ➲	% Reduction in Coronary Heart Disease (CHD)
10% in cholesterol	30% decrease in heart disease
Ideal Body weight	35% to 55% decrease in heart disease
Exercise	5% to 55% decrease in heart disease
Blood pressure by 5 points	16% decrease in CHD, 42% decrease in stroke
Stop Smoking	50% to 70% decrease in CHD
Blood pressure by 5 points	16% in CHD, 42% in stroke

- PROMOTE INTERAGENCY COLLABORATION:
  The Total Wellness model will be initiated with the goal of helping consumers become connected with primary care services in the community for their ongoing healthcare, and with wellness groups offered by public and community based organizations. People may also be linked with other specialized teams as needed, in both the public and private sectors.

- INCREASE ACCESS TO SERVICES:
  A key goal of Total wellness is to improve access to and utilization of primary care, specialty services and wellness groups among program participants. Total Wellness will increase the proportion of seriously mentally ill clients who:
    - have baseline profiles developed with family history of diabetes, hypertension, and cardiovascular disease;
    - are screened for lipid and glucose levels annually, blood pressure and weight/Body Mass Index (BMI) quarterly;
    - are assessed for tobacco use and co-occurring substance abuse;
    - make and keep timely follow up appointments for primary care and other services.

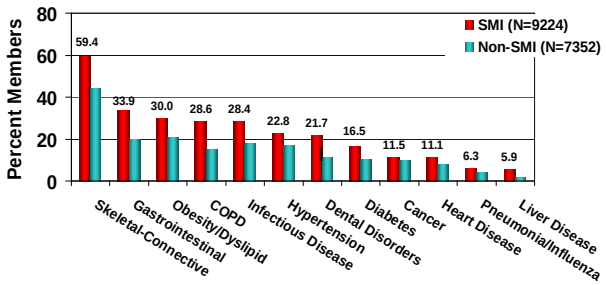
EXHIBIT C

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e., how the innovation project may create positive change. Include a statement of how the innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length – one page)

Maine Study Results:
Comparison of Health Disorders Between SMI and Non-SMI Groups



COPD=Chronic obstructive pulmonary disease

9

National Association of State Mental Health Program Directors (NASMHPD) MedicalDirectors Council. In: Parks J, Svendsen D, Singer P, Foti ME, eds. Morbidity and Mortality in People with Serious Mental Illness. Technical Report, October 2006..

The Behavioral Health and Recovery Services Division will build on several promising practices for this program we have called **TOTAL WELLNESS**. As the graphic to the left shows, people with serious mental illness have a range of healthcare issues that compromise their ability to pursue recovery, and the behavioral health system should function as their entry point into primary healthcare --if they are not already being served or if they are underserved.

The Total Wellness model has been designed to be parallel to the IMPACT model for the identification and treatment of depression and other behavioral health issues in primary care. Total Wellness will use the current evidence based practices developed in the world of primary care to improve the health status of serious mentally ill individuals with chronic health conditions, adapting these practices for use in the behavioral health system. It also builds upon and supports the practices of the nurse practitioners currently located in BHRS clinics, providing support and backup to their provision of general healthcare services in the behavioral health setting. The intent is to provide smooth and seamless collaboration among all care providers.

Total Wellness will assure universal screening and registry tracking for all BHRS consumers receiving psychotropic medications. Tracking will include blood pressure, Body Mass Index (weight), smoking status, as well as screening for glucose and lipid levels at the time of psychiatric visits.

Nurse care managers will work with individuals who have elevated levels of blood pressure, glucose and lipids, assuring that:

- They are connected to ongoing healthcare in a primary care medical home (using the mental health/substance use entry point as the entry point into primary healthcare as well as access to dental services)
- Get clinical preventive screenings (for example, mammograms and other cancer screenings) and appropriate primary and specialty healthcare for chronic health conditions (by coaching and/or supporting them in primary care visits (or arranging for peers to accompany them)
- Follow up on medications prescribed for physical health conditions
- Engage in the Chronic Disease Self Management Program described below.

The nurse care manager would also link people to benefits counseling, peer health and wellness coaches, the new Smoking Cessation initiative, and plan and co-lead with peers ongoing groups that support weight management and physical exercise.

The centerpiece of the Total Wellness program is the Chronic Disease Self Management Program, a proven approach developed by Kate Lorig at Stanford University for people with chronic health conditions such as diabetes. The Lorig model uses structured materials, trained peers ("health and wellness coaches" in our model) and group processes that are effective in helping people take control of their chronic health conditions. BHRS will use a model now being researched in Atlanta, in which the Lorig materials have been revised for use in the behavioral health system, and consumer peers have been trained to be the wellness group facilitators.

It is the combination of efforts that will make a difference in the health status of our consumers: regular screening and tracking of health status, nurse care managers who assure preventive clinical screening and engagement in a primary care medical home, and use of peer health and wellness coaches to assist consumers in the management of their conditions, capitalizing on their lived experience.

EXHIBIT C

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length – one page)

A recent study published in December of 2009[1] looked at 407 persons with serious mental illness with the goal of testing a population-based medical care management intervention designed to improve primary care in community mental health settings. In an urban community mental health setting the authors assigned these 407 persons to either a medical care management intervention or usual care. "For individuals in the intervention group, care managers provided communication and advocacy with medical providers, health education, and support in overcoming system-level fragmentation and barriers to primary medical care." The results were compelling:

> *At a 12-month follow-up evaluation, the intervention group received an average of 58.7% of recommended preventive services compared with a rate of 21.8% in the usual care group. They also received a significantly higher proportion of evidence-based services for cardio-metabolic conditions (34.9% versus 27.7%), and were more likely to have a primary care provider (71.2% versus 51.9%). […] Among subjects with available laboratory data, scores on the Framingham Cardiovascular Risk Index were significantly better in the intervention group (6.9%) than the usual care group (9.8%)."*

The authors concluded that "medical care management was associated with significant improvements in the quality and outcomes of primary care. These findings suggest that care management is a promising approach for improving medical care for patients treated in community mental health settings."

Total Wellness will utilize consumers and family members as "Health and Wellness Coaches". Health and Wellness Coaches will play a key role in care management by partnering with other team members (nurse care managers, nurse practitioners) to assist clients with communication and advocacy with medical providers, health education, and support.

[1] Benjamin G. Druss, M.D., M.P.H., Silke A. von Esenwein, Ph.D., Michael T. Compton, M.D., M.P.H., Kimberly J. Rask, M.D., Ph.D., Liping Zhao, M.S.P.H., and Ruth M. Parker, M.D.: "A Randomized Trial of Medical Care Management for Community Mental Health Settings: The Primary Care Access, Referral, and Evaluation (PCARE) Study". In: American Journal of Psychiatry 2010; 167:151-159. Original publication: December 2009.

Health and Wellness Coaches will help clients engage in the management of their chronic health conditions and will support them on their journey through many strategies: from assisting them with keeping their appointments with specialty care to accompanying them to their appointments, to arranging for transportation, to making sure they utilize the wide array of support services at their disposal. San Mateo County has a longstanding tradition of involvement of peer partners (consumers and family members) as part of mental health treatment teams. The innovation introduced through Total Wellness will try this model assisting with the management of health conditions.

We predict that the lived experience of consumers and family members in this "Health and Wellness Coach" role will enhance the clients' experience, will engage them in the management of their health conditions, and will be an invaluable support to their journey of wellness and recovery. Furthermore, as the work of these coaches becomes apparent in the community, especially in those communities in which mental illness and substance abuse disorders are misunderstood, or are a source of shame or fear or both, we believe that this work will have a de-stigmatizing effect in those communities, bringing hope to families and clients alike. This is the main learning we hope to elicit from this project, although we foresee there will be other learnings.

EXHIBIT C

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication (suggested length – one page)

Implementation/Completion Dates: 02/11 06/14
MM/YY – MM/YY

Having not implemented this program before we cannot definitively plan how our timeline will emerge. Below is our initial projection, which in our view will allow sufficient time for learnings to occur and feasibility of replication to be assessed.

Pre-Project Development (February 2011 - December 2011)

- Develop screening protocols and registry tracking system for use in all BHRS psychiatric medication sites
- Develop priority mechanisms for ensuring consumer access to primary care sites
- Develop a pharmacy assistance program for uninsured consumers to support access to necessary medications for chronic health conditions
- Recruit nurse care managers for the program, making every effort to seek staff who represent the cultures and languages that have been targeted
- Train staff and psychiatric providers in the protocols, registry, and the overall program model
- Develop partnership with College of San Mateo to offer a program for peer health education facilitators ("Health and Wellness Coaches", building it as an appropriate certification for previously certified peer counselors
- Obtain adapted wellness materials and curriculum for peer training in health education facilitator role (coordinate with Lorig/Stanford and Druss/Emory)
- RFP for community based agency(ies) to provide wellness groups and hire Health and Wellness Coaches
- Training

Phase I: Screening and nurse care manager services initiated (December 2011 – February 2012)

- Implement process for screening, nurse care management and engagement in primary care services

Phase II: Chronic Disease Self Management Groups (March 2012 – June 2012)

- Initiate Chronic Disease Self Management Program groups

Phase III: Full Scale Implementation of Total Wellness (June 2012 – June 2014)

- Full scale implementation with all pieces in place including data collection and analysis. Presentation of findings to several stakeholder groups throughout the County, including clients involved, MHSA Steering Committee, Mental Health and Substance Abuse Recovery Commission, among others. Development and submission of a Total Wellness Project Report to the Mental Health Services Oversight and Accountability Commission and to the State Department of Mental Health. The report will also be available online.

EXHIBIT C

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The intended outcomes for our Total Wellness project include:

- Identification of consumers with SMI and chronic health conditions and engagement in primary care and ongoing wellness groups;
- Improvement on health status indicators such as blood pressure, weight, smoking, glucose and lipid levels
- Improvement in community functioning
- Improvement in self-efficacy
- Greater acquisition of health care advance directives
- Capacity built into the community of consumers and family members who can aptly perform the role of Health and Wellness Coaches

Total Wellness will use evidence-based approaches as described below, which presupposes a set of measures tracking and its corresponding outcomes implied in these models:

- The HOPEs (Helping Older People with SMI Experience Success) is an NIMH 3 year (randomized controlled trial) study conducted in three sites on the east coast. The model uses Nurse Care Managers working with standard protocols and curriculum to provide the following services: intake assessment; health examination; medication list; vital signs monitoring; preventive health care; disease specific goals; action plan; health care proxy**;** health education; accompany visit to physician with consumer; medical information communication; monthly (or more frequent) visits.[2]
- The HARP project (Health and Recovery Peer Project) is an NIMH-funded study (NIMH R34MH078583) to adapt a peer-led medical self-management program for mental health consumers in Atlanta, Georgia. It utilizes proven materials developed by Lorig at Stanford for engaging individuals in managing their chronic health conditions, and has been adapted for use in the mental health setting, with peers serving as the group facilitators. The Georgia Mental Health Consumer Network and Appalachian Consulting Group are building wellness skills into their peer training programs.[3]

An input gathering mechanism for inclusion of stakeholders' perspectives will be built into the project review and assessment.

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[2] Bartels, S. A Model of Rehabilitation and Health Care for Older Adults with Serious Mental Illness: The HOPES Model, National Council for Community Behavioral Healthcare Conference, 5/08.

[3] Druss, B. Addressing the Primary Medical Care of Mental Health Consumers. National Council for Community Behavioral Healthcare Conference, 5/08.

EXHIBIT C

Innovation Work Plan Narrative

Leveraging Resources (if applicable).

Provide a list of resources expected to be leveraged, if applicable.

In September of 2010 San Mateo County was awarded a grant for the integration of primary care and behavioral healthcare by the Substance Abuse and Mental Health Administration. That project is slated to commence in February 2011, and we foresee synergies between it and Total Wellness and an opportunity for leveraging resources.

EXHIBIT D

Innovation Work Plan Description

(For Posting on DMH Website)

County Name:

San Mateo

Work Plan Name:

Total Wellness

Annual Number of Clients to Be Served (If Applicable):
1200 Total

Population to Be Served (if applicable):

The purpose of ***Total Wellness*** **(TW)** is to reduce preventable physical conditions and improve health outcomes for behavioral care clients. To achieve this purpose, the San Mateo County Health System and its partners will increase access to and appropriate use of primary care, specialty care, and wellness programs by delivering integrated primary/behavioral care services at behavioral care clinics. A key strategy within ***Total Wellness*** is utilizing consumers and family members as "Health and Wellness Coaches", partnering with other team members to help project participants manage their health conditions and assist them in their journey towards achieving "total wellness".

Project Description (suggested length – one half page): Provide a concise overall description of the proposed innovation.

People with serious mental illness have a range of healthcare issues that compromise their ability to pursue recovery, and the behavioral health system should function as their entry point into primary. **TW** will use the current evidence based practices developed in the world of primary care to improve the health status of serious mentally ill individuals with chronic health conditions, adapting these practices for use in the behavioral health system. **TW** builds upon and supports the practices of the nurse practitioners currently located in BHRS clinics, providing support and backup to their provision of general healthcare services in the behavioral health setting. A key innovation introduced by **TW** is the use of clients and family members as "Health and Wellness Coaches **(HWC)**", an integral part of the treatment team. The intent is to provide smooth and seamless collaboration among all care providers.

TW will assure universal screening and registry tracking for all BHRS consumers receiving psychotropic medications. Tracking will include blood pressure, Body Mass Index (weight), smoking status, as well as screening for glucose and lipid levels at the time of psychiatric visits. The centerpiece of the Total Wellness program is the Chronic Disease Self Management Program, a proven approach that uses structured materials, trained peers (HWCs), and group processes that are effective in helping people take control of their chronic health conditions.

It is the combination of efforts that will make a difference in the health status of our consumers: regular screening and tracking of health status, nurse care managers and health and wellness coaches who assure preventive clinical screening and engagement in a primary care medical home, and use of peer health and wellness coaches to assist consumers in the management of their conditions.

EXHIBIT E

Mental Health Services Act
Innovation Funding Request

County: San Mateo Date: 7-Dec-10

	Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth,	Transition Age Youth	Adult	Older Adult
1	1	Total Wellness	$963,165		$144,475	$674,216	$144,475
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		$963,165	$0	$144,475	$674,216	$144,475
27	Plus County Administration	15%	$144,475				
28	Plus Optional 10% Operating Reserve						
29	Total MHSA Funds Required for Innovation		$1,107,640				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: San Mateo
Fiscal Year: 2010/11
Work Plan #: 1
Work Plan Name: Total Wellness
New Work Plan ☑
Expansion ☐
Months of Operation: 02/2011-06/2014
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agenices	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personel Expenditures	$1,854,877		$512,481	2,367,358
2. Operating Expenditures	$104,857			104,857
3. Non-recurring Expenditures				0
4. Training Consultant Contracts	$50,000			50,000
5. Work Plan Management	$37,921			37,921
6. Total Proposed Work Plan Expenditures	**$2,047,655**		**$512,481**	**2,560,136**
B. Revenues				
1. Existing Revenues				
2. Additional Revenues				
a. In-kind	$365,328			365,328
b. MHSA PEI	$226,313			226,313
c. Billing (Mental Health and Medical)	$509,087			509,087
c. SAMHSA	$496,243			496,243
2. Total New Revenues	**$1,596,971**			**1,596,971**
2. Total Revenues	**$1,596,971**			**1,596,971**
C. Total Funding Requirements	**$450,684**		**$512,481**	**963,165**

Prepared by: Sandra M. Santana-Mora
Date: 10/24/10
Telephone Number: (65) 573-2889

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

2010/11 ANNUAL UPDATE

EXHIBIT A

COUNTY SUMMARY SHEET

2010/11 ANNUAL UPDATE **EXHIBIT A**

COUNTY SUMMARY SHEET

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

County:	***San Mateo***																				
			Exhibits																		
			A	**B**	**C**	**C1**	**D**	**D1***	**E**	**E1**	**E2**	**E3**	**E4**	**E5**	**F****	**F1****	**F2****	**F3****	**F4****	**F5****	**G*****	**H******
For each annual update/update:			☑	☑	☑	☑			☑													
Component	**Previously Approved**	**New**																				
☑ CSS	$11,619,377	$1,045,623				☑	☑	☑		☑					☐	☐					☐	☐
☑ WET	$1,341,970					☑	☑	☐			☑				☐	☐						
☐ CF								☐				☐			☐		☐					
☐ TN								☐				☐			☐			☐				
☑ PEI	$2,565,167	$490,970				☑	☑	☐					☑		☑				☑			
☐ INN							☐	☐						☐	☐					☐		
Total	$15,526,514	$1,536,593																				

Dates of 30-day public review comment period:	April 7, 2010 - May 7, 2010
Date of Public Hearing***:**	7-May-10
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	11-Mar-10

*Exhibit D1 is only required for program/project elimination.

**Exhibit F - F5 is only required for new programs/projects.

***Exhibit G is only required for assigning funds to the Local Prudent Reserve.

****Exhibit H is only required for assigning funds to the MHSA Housing Program.

*****Public Hearings are required for annual updates, but not for updates.

2010/11 ANNUAL UPDATE **EXHIBIT B**

COUNTY CERTIFICATION

County Name: **San Mateo**

County Mental Health Director	**Project Lead**
Name: Louise F. Rogers Telephone Number: (650) 573-2544 E-mail: lrogers@co.sanmateo.ca.us	Name: Sandra M. Santana-Mora Telephone Number: (650) 573-2889 E-mail: ssantana-mora@co.sanmateo.ca.us
Mailing Address: San Mateo County Health System Behavioral Health and Recovery Services Division 225 37th Avenue, 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 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[1]

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

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

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

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

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

_____	**12/07/2010**	**Louise Rogers, MPA**
Signature	Date	**Director, Behavioral Health and Recovery Services**

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

2010/11 ANNUAL UPDATE **EXHIBIT C**

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: San Mateo

Date: December 7, 2010

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

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

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.
The planning structure originally devised by San Mateo County to seek input for the Community Services and Supports component of the MHSA –the first one to be implemented- remains in place, and has since framed all planning activities related to any component of the MHSA. The Mental Health Substance Abuse and Recovery Commission (MHSARC -formerly Mental Health Board) as a whole and through its committee structure is involved in all MHSA planning activities providing input and receiving regular updates, as is the MHSA 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 growing network of contacts including community partners and County agencies as well as consumer and advocacy organizations, and the general public; announcements are made at various 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 Mental Heath Board (they meet monthly); at the monthly Mental Health Substance Abuse and Recovery Commission meeting; at meetings with community partners and advocates; and internally with staff. The MHSA Steering Committee heard the update plan on October 26, 2010. The Mental Health Substance Abuse and Recovery Commission released the plan for public comment on the same day, and a public hearing was held on December 1.
2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.
As we have stated above and in previous submissions, MHSA is very much an ever present and vibrant 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. All the 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. Hard copies 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. All these stakeholder groups participated in the planning process.

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

No programs were eliminated.

Local Review Process

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

As discussed in Sections 1 and 2, flyers and emails with notification about relevant meetings and news -including proposals released for public comment and all other MHSA-related business are sent to a broad, ever growing network of contacts including provider and County agencies as well as consumer and advocacy organizations.

In addition, the proposal was posted on our County's Network of Care and on BHRS's website. A notice of the availability of the draft for public comment was posted twice in a local newspaper of large circulation.

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 AFTER CLOSING OF PUBLIC COMMENT.

IMPLEMENTATION PROGRESS REPORT ON FY 2008/09 ANNUAL UPDATE

County: San Mateo

Date: December 7, 2010

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

CSS, WET and PEI
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. **[X] Please check box if PEI component not implemented in FY 08/09.**

EXHIBIT C1 WAS INCLUDED IN ITS ENTIRETY IN OUR ANNUAL UPDATE SUBMISSION EARLIER IN THE YEAR.

The enrollees in **"TURNING POINT" FOR CHILD/YOUTH/TRANSITION AGE YOUTH FULL SERVICE PARTNERSHIP** have a high level of acuity, a high incidence of co-occurring substance abuse problems (10% of TAY) and developmental delays (15% of TAY). They have been older on average (TAY average age is 20.5 years old, and Child/Youth average is 14.5 years old) and have high intensity needs, many stepping down from group homes, coming out of juvenile justice (16%), and emancipating from foster care (17.5 % of TAY). These percentages are of June 30, 2009. The cultural diversity of the program staff is strong with 16% African American representation, 21% Latino, 16% Middle Eastern/Asian and 20% bi-lingual Spanish. There are three peer partners and four family partners on staff. As of June 30, 2009, the enrollees were: 46% Caucasian, 16% African American, 26% Latino, 4% Filipino and 8% mixed. At the end of the third quarter of FY 08-09 ending June 30, Turning Point was serving 32 children/youth and 43 TAY. For most of the quarter, there were 40 enrollees in each. The Drop-In Center has continued to be quite successful. The biggest challenge we faced is that the building burned down in July of 2009. This was a devastating loss and the Center moved to a temporary facility in San Carlos. Shuttle service was provided from San Bruno to San Carlos and back again every day.

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 the College of San Mateo. In collaboration with the Mental Health Association (MHA), Turning Point has 5 transitional age youth living in supported individual apartments. In addition, there currently exists a spectrum of housing options for TAY including board and care and SRO's. MHA continues to work with Edgewood to identify housing options most appropriate for the TAY FSP enrollees, and has obtained consultation from a housing consultant who has worked with similar

populations to identify best practices. MHA continues to participate with San Mateo County's Department of Housing and Human Services Agency and others in planning and implementing the County's Ten Year Plan to End Homelessness (HOPE) that has a significant "special needs/supported housing" component.

In our **"TRANSITIONS" FOR ADULT AND OLDER ADULT FSP** 114 members were enrolled as of June 30, 2009. The program has 60 slots for Adults, 50 for Older Adults/Medically Fragile Adults, and 22 Outreach and Support slots. Many of the members are living successfully in the community. The FSP has been working on the development of a wellness component for members whose level of recovery most appropriately fit with a lower intensity of services and a different type of program. The goal is to enable clients to easily move along the continuum of FSP services as needs and circumstances change. Staffing has continued to present some challenges, although the staffing issues did not impact the program's ability to provide services or accept new referrals. The program has language capacity in English, Spanish, Mandarin, Cantonese, Taiwanese, and Tagalog.

Through a contract with Telecare, housing is provided for the Adult and Older Adult/Medically Fragile FSP. The program has been very successful, with more members in stable housing since 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 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 FY 08/09 the Full Service Partnerships had served a total of 336 clients. In addition, 4707 clients were served through Outreach and Engagement activities, and 3,684 clients were served through System Development initiatives. Behind these high level numbers are many meaningful outcomes, of which the following are only a few:

- 32 jobs were created for mentally ill adults whose histories of hospitalization stack the deck against them
- Some of our programs have now hit a new high for initiation and engagement of new clients as a result of outreach activities, with the best ones providing first and second visits within 14 days of each other to 90% of new clients
- Our overall penetration rate is 8%, which is 30% higher than the rates of other medium size counties statewide
- We now have the best penetration rate for children in foster care --or percentage of foster care children served, of any county in the State: 95% versus 55% across the rest of the State; the penetration rate for TAY is 10% in San Mateo, versus 6% in the other parts of the State
- We are serving 28% of San Mateo's disabled SSI population, versus 20% statewide

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

Through Outreach and Engagement activities and targeted programmatic efforts BHRS is expanding the client base within un-served and underserved populations, although not

without challenges. In addition, through a series of culture/identity groups focused initiatives BHRS promotes the Division's cultural competence mission. These initiatives support the engagement of un-served and underserved communities. There has been a significant addition of community partners and clients in the Cultural Competence Committee, which helps support and guide these initiatives.

African American Planning Initiative (AAPI) – On February 26, 2009, in honor of Black History Month members of the African American Planning Initiative (AAPI) hosted a Roundtable Discussion and Report-Out at the San Mateo Garden Center. In attendance were staff, supervisors, and managers from Behavioral Health and Recovery Services, other divisions within Health Services, and community partners. The purpose of this gathering was to distribute the AAPI July 2008 report and to discuss next steps for the AAPI. The African American Planning Initiative also hosted a Brown Bag Event on May 27th. The event featured the viewing of "BLACK IN AMERICA: The Black Woman and Family", the CNN special report hosted by Soledad O'Brien. The film displayed the lives and health conditions of Black women and families from various social-economic backgrounds. The attendees participated in small group discussions after viewing the film. The discussions created an opportunity for the attendees to express how racism, social determinants of health and inherent biases affect their work in the community. More than 25 Health System staff and community partners participated in this event. An African American Initiative Summit was held June 18th, 11 am - 1 pm, with keynote speaker Dr. Cecil Reeves (Atiba Babatu) at the San Mateo Library and was attended by over 60 people, including a diverse group of nearly 20 BHRS consumers and their family members. The Older Adult System of Integrated Services, the Community Counseling Center in East Palo and the Office of Consumer and Family Affairs arranged transportation and escorted several consumers to the event. The presence of consumers, community members, and partner agencies at this summit signified the importance of not only serving our communities but engaging with them on key community issues.

Chinese Initiative – Two clinicians who are active in the Chinese Workforce Development Group started a monthly support group in July 2008 which provides psycho-education, benefits, community, and other resources to Cantonese and Mandarin speaking participants for family members of adult mental health clients. The group celebrated Lunar New Year in January 2009. In addition, approximately 80 people attended the Chinese Roundtable "Addressing Stigma and Improving Access to Services" on May 21st (a 4-hour event). This event was held in May to celebrate Mental Health Month as well as Asian Pacific American Heritage Month. The group watched a segment of *Healing the Spirit: Treatment of Depression Among the Asian Elderly.* This health education video, available in nine languages, highlights that older adult Asian American women have the highest suicide rate of any racial or ethnic sub-group in the U.S. Two panels shared their perspectives about what has been effective, helpful, and what is needed in San Mateo's behavioral system to better/best serve their Chinese clients and the community. Panelists included Family Members Julie Zhao, Angela Su and Philip Gin and Consumer Monica Wong; Joicy Mean, BHRS Older Adult System of Integrated Services; Paul Yang, BHRS Psychiatrist; Maureen Lin, BHRS Primary Care Interface Team; and community partners Queenie Lui, Self-Help for the Elderly; Kent Lau, Outreach Worker for the City of Daly; and Sunjung Cho, Asian American Recovery Services. After the panel discussions, the group broke into small groups to hold a discussion on how can stigma be reduced as well

as other barriers in order to improve access to health and behavioral health services for the Chinese community in San Mateo County. The discussion revolved around specific activities and projects that should be undertaken, as well as partnerships that should be formed so as to achieve these goals. These recommendations were summarized and distributed to attendees and BHRS leadership. It also informed the BHRS Chinese Initiative Planning Committee as it prioritized activities for FY 09-10.

Filipino Mental Health Initiative (FMHI) - Filipino Mental Health Initiative continued its outreach activities and planned a new edition of its wildly successful series "Looking Through a Different Lens: A Closer Look at the Filipino Experience" for August 28th 8:00 am - 3:30 pm at Jefferson Union High in Daly City. This educational session is provided on a yearly basis and is usually very well attended (130+ persons on average).

Latino Initiative - There was a Latino Initiative Roundtable, "Health without Borders," on September 16th, 2008 at the Belmont Sports Complex, attended by over 80 people. The speaker panel included a contract provider, a BHRS client (youth) and her mother, a clinician and a psychiatrist. Simultaneous interpretation was provided during the event. The dialogue involved how to address issues faced by the Latino community and how to talk about health and increase access to services.

Pacific Islander Initiative - On March 20th, 2009, more than 80 individuals gathered at the Foster City Library for the first Pacific Islander Youth Summit in San Mateo. 48 students from Menlo Atherton, Woodside, Sequoia, Carlmont, Castano, and College of San Mateo and 34 adults from Sequoia Union High School District, Young Life, Samoan Solutions, YFES, UC Riverside, AARS, Ravenswood School District, San Mateo Health System and Club Impact came together to talk and learn about the experience of Pacific Islander youth in San Mateo County.

PRIDE Initiative – The BHRS PRIDE Initiative is an MHSA Health Equity Initiative sponsored activity to promote education and awareness of gay, lesbian, bisexual, transgender, queer, questioning and intersex client and workforce issues. This Initiative is meeting on a monthly basis. Over 30 participants from BHRS, Health System, Human Services Agency, Health Policy and Planning, Medical Center, Public Health, Pyramid Alternatives, Caminar, YFES, Second Harvest and more --including clients, family members and allies- walked this year in the 2009 San Francisco Pride Parade on June 28th.

3. Provide the following information on the number of individuals served:

	CSS	PEI	WET	
Age Group	**# of individuals**	**# of individuals (for universal prevention, use estimated #)**	**Funding Category**	**# of individuals**
Child and Youth (0-17)	**PLEASE SEE PAGES 15, 16 and 17**		Workforce Staff Support	
Transition Age Youth (16-25)			Training/Technical Assist.	
Adult (18-59)			MH Career Pathway	
Older Adult (60+)			Residency & Internship	
Race/Ethnicity			Financial Incentive	
White				
African American			[X] WET not implemented in FY 08/09 except for activities that were approved when the original CSS Plan was approved	
Asian			[X] PEI not implemented in FY 08/09	
Pacific Islander				
Native American				
Hispanic				
Multi				
Other				
Unknown				
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
English				
Spanish				
Vietnamese				
Cantonese				
Mandarin				
Tagalog				
Cambodian				
Hmong				
Russian				
Farsi				
Arabic				
Other				

PEI

4. Please provide the following information for each PEI Project in short narrative fashion:

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

PEI was not implemented in FY 08/09.

CLIENTS SERVED THROUGH CSS

PROGRAM	FY 08/09
Full Service Partnership (Adults/Older Adults)	125 A 103 OA
Full Service Partnership (Children/Youth/TAY)	60 C/Y 48 TAY
Crisis Hotline (C/Y/TAY)	877
Primary Care-Based Behavioral Health Services (All ages)	852
Outreach East Palo Alto (All ages)	2,978
North County Outreach Collaborative (All ages)	430
Older Adults System of Integrated Services (Older Adults)	259
School-based services (Children)	58
Pathways (Adults)	185
Consumer/family partners (All Ages)	764
EBP expansion (youth/adults)	2125
Puente DD (Developmentally Disabled) clinic	69
Interns (All Ages)	224

ETHNICITY/RACE (Latest data available FY 07/08)

	2000/2001		2001/2002		2002/2003		2003/2004		2004/2005		2005/2006		2006/2007		2007/2008	
Section 2: Clients by Ethnicity																
American Native	44	n/a	44	0%	37	-16%	38	3%	50	32%	54	8%	55	2%	57	4%
Asian Indian	37	n/a	26	-30%	25	-4%	31	24%	30	-3%	42	40%	41	-2%	34	-17%
Black	1,126	n/a	1,152	2%	1,133	-2%	1,151	2%	1,162	1%	1,277	10%	1,314	3%	1,329	1%
Cambodian	5	n/a	6	20%	12	100%	3	-75%	2	-33%	5	150%	1	-80%	2	100%
Chinese	163	n/a	161	-1%	147	-9%	156	6%	161	3%	190	18%	194	2%	169	-13%
Filipino	424	n/a	436	3%	406	-7%	376	-7%	430	14%	482	12%	473	-2%	499	5%
Guamanian	2	n/a	1	-50%	2	100%	5	150%	5	0%	3	-40%	2	-33%	2	0%
Hawaiian Native	10	n/a	7	-30%	8	14%	8	0%	8	0%	8	0%	11	38%	12	9%
Hispanic	2,738	n/a	3,022	10%	3,021	0%	3,021	0%	3,091	2%	3,541	15%	3,852	9%	4,277	11%
Japanese	48	n/a	43	-10%	40	-7%	40	0%	40	0%	48	20%	47	-2%	43	-9%
Korean	20	n/a	17	-15%	17	0%	19	12%	17	-11%	19	12%	19	0%	22	16%
Laotian	0	n/a	4	n/a	4	0%	1	-75%	0	-100%	2	N/A	3	N/A	3	N/A
Other (clients coded "0" by clinician)	547	n/a	574	5%	664	16%	649	-2%	661	2%	551	-17%	761	38%	632	-17%
Other Asian Pacific Islander	73	n/a	90	23%	101	12%	88	-13%	119	35%	31	-74%	148	377%	192	30%
Samoan	26	n/a	21	-19%	15	-29%	23	53%	24	4%	28	17%	19	-32%	24	26%
Unknown	648	n/a	742	15%	793	7%	796	0%	727	-9%	482	-34%	565	17%	818	45%
Vietnamese	23	n/a	26	13%	28	8%	27	-4%	25	-7%	23	-8%	24	4%	33	38%
White	4,811	n/a	4,805	0%	4,745	-1%	4,737	0%	4,412	-7%	4,705	7%	4,521	-4%	4,532	0%
All Clients	**10,745**	**n/a**	**11,177**	**4%**	**11,198**	**0%**	**11,169**	**0%**	**10,964**	**-2%**	**11,491**	**5%**	**12,050**	**5%**	**12,680**	**5%**

LANGUAGE (Latest data available FY 07/08)

	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	2005/2006		2006/2007		2007/2008	
	Annual Change	Annual Change	Annual Change	Annual Change	Annual Change		Annual Change		Annual Change		Annual Change
Section 3: Clients by Language											
Amer Sign Lang					6	5	-17%	3	-40%	3	0%
Arabic					13	14	8%	18	29%	16	-11%
Armenian					9	7	-22%	0	-100%	1	N/A
Cambodian					0	0	N/A	0	N/A	1	N/A
Cantonese					17	23	35%	33	43%	24	-27%
English					8971	9,317	4%	9,363	0%	9551	2%
Farsi					10	11	10%	14	27%	14	0%
Hebrew					0	1	N/A	0	-100%	1	N/A
Japanese					5	7	40%	3	-57%	4	33%
Korean					3	5	67%	8	60%	7	-13%
Lao					1	0	-100%	0	N/A	3	N/A
Mandarin					3	4	33%	15	275%	21	40%
Other Chinese					7	8	14%	7	-13%	8	14%
Other Non-English					34	36	6%	38	6%	36	-5%
Other Sign Lang					7	11	57%	15	36%	11	-27%
Polish					1	1	0%	1	0%	1	0%
Portuguese					14	15	7%	16	7%	21	31%
Russian					35	29	-17%	40	38%	40	0%
Samoan					2	0	-100%	4	N/A	5	25%
Spanish					1498	1,629	9%	2,001	23%	2359	18%
Tagalog					51	65	27%	81	25%	96	19%
Thai					0	0	N/A	1	N/A	1	0%
Turkish					0	1	N/A	2	100%	3	50%
Unknown					285	287	1%	372	30%	438	18%
Vietnamese					12	11	-8%	13	18%	15	15%
All Clients					**10,984**	**11,487**	5%	**12,048**	5%	**12,680**	5%
Non English					1,728	1,883	9%	2,313	23%	2,691	16%

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

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

Date: **March 24, 2010**

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☒</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
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<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">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</td></tr>
</table>

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 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.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

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

Date: **March 24, 2010**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

CSS and WET				
Previously Approved				
No	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☐	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.			

FY 09/10 funding	FY 10/11 funding	Percent Change

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.

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 Sounth/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.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

Select one:
- ☒ **CSS**
- ☐ **WET**
- ☐ **PEI**
- ☐ **INN**

County: **San Mateo**

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

Date: **June 4, 2010**

<table>
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<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">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</td></tr>
</table>

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

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

Select one:
- ☒ **CSS**
- ☐ **WET**
- ☐ **PEI**
- ☐ **INN**

Date: **June 4, 2010**

<table>
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<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
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<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td>$1,410,551</td><td>$1,045,623</td><td>-34.9%</td></tr>
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<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
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The main goal of our outreach and engagement efforts 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. Activities funded by this program include:

- **SMART –** The SMART program offers specially trained medics in a mobile van to respond to requests for ambulance transport to emergency departments for individuals that may be involuntarily detained. Commencing on FY 09/10, MHSA dollars began funding a clinical liaison position and a portion of this critical program.

- **Navigator Program –** The model includes community-based workers who provide outreach to Latino, Chinese, Filipino, Pacific Islander and African American populations of all ages, with emphasis on differing groups in differing parts of the County. These outreach workers may be peers or parent partners, but the principal requirement is that they be bilingual, bicultural and connected to the community. Outreach workers can demystify the system, reduce stigma, and engage community leaders in supporting and directing people towards services. The initial work focused in un-served and underserved populations (African American, Latino, and Pacific Islander groups) in the South part of the County, with East Palo Alto as the epicenter. A second effort is underway in the North part of County and in part of the Coast, with a focus on Chinese, Filipino, Latino and Pacific Islander populations. Future expansions may provide for this model in other areas.

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.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

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

Date: **June 4, 2010**

<table>
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<tr><td colspan="5">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.</td></tr>
</table>

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 our 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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☒ **CSS**
- ☐ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: June 4, 2010

<table>
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Population served: Seriously mentally ill (SMI) older adults, 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 senior services. There is an emphasis on specific ethnic/linguistic populations for different regions of the County. For example, in the</td></tr>
</table>

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 with SMI 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 LGBTQQI-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.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

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

Date: **June 4, 2010**

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
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<tr><td colspan="5">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.</td></tr>
</table>

- 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; and implementation of evidence based and culturally competent practices.
- Cultural competence training for all providers serving all ages
- Family support and education training for all providers serving all ages
- Wellness and recovery training including the SAMHSA wellness management and recovery toolkit, and Wellness Recovery Action Plans (WRAP) for providers serving transition age youth, adults and older adults. Wellness and recovery training includes modules led by consumers and family members.

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.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

<table>
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<tr><td colspan="5">The WET Plan is overseen by a full time Workforce Development Director. The Director supervises a .5 FTE Community Resource Specialist. This team serves as staff to the BHRS Training Committee and is responsible for:
▪ Managing implementation of the MHSA Education and Training Plan and of the BHRS Training Plan;</td></tr>
</table>

- Manage the BHRS training budget;
- Providing research, data, and communication to the BHRS Training Committee to assist in oversight of the annual work plan;
- Recruiting and orienting Training Committee members to ensure that the Committee includes both, consumers and family members, and that it represents the cultural composition of the population served;
- Developing, maintaining and strengthening relationships with a wide range of regional stakeholders in education and training and workforce development, as well as among the provider, consumer and family communities, and cultural communities;
- Organizing and scheduling training events, including identifying trainers and consultants;
- Collaborating with consumer and family members staff to expand availability of consumer-family focused training;
- Developing strategies and modalities to provide training to staff, including use of team-based training experiences, the use of consultants, and electronic training resources (video/web) to expand access to training;
- Managing intern recruitment, placement, and training;
- Liaising with the Bay Area Regional Collaborative and other regional and statewide relevant bodies and initiatives; this includes collaborating to expand training resources available locally;
- Collaborating with the MHSA Coordinator regarding relevant cross-cutting MHSA activities and reporting requirements.
- Participating in the development of pipeline workforce development strategies;
- Evaluating training activities and reporting outcomes to the Training Committee;
- Developing an annual report for staff, clients and family members to determine the extent to which training and workforce development activities are contributing to the transformation of the system of services and supports.
- Preparing and submitting periodic reports to the California Department of Mental Health, as per DMH guidelines; and
- Supervising a .5 FTE Community Program Specialist responsible for scheduling and coordinating training events

Objectives:

- Creation and maintenance of a continued Training Calendar;
- On a quarterly basis, submission of an updated calendar and summary of training activities that have been implemented to relevant bodies as required;
- Administration, monitoring and evaluation of all BHRS education and training activities.
- Preparation of relevant reports to the Training Committee, to the California Department of Mental Health summarizing activities conducted and funds expended, and to all other bodies as needed.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

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<tr><td colspan="5">Range of proposed trainings activities, as follows:
A) Trainings delivered by and for consumers and family members. Examples include Paving the Way, a San Mateo model that provides training and supports for consumers and family members joining our workforce, and that also supports existing</td></tr>
</table>

staff to welcome new consumer/family staff; Hope Awards, which highlight personal stories while educating consumers, families, staff, and the general public about recovery and stigma; Inspired at Work, which provides a framework for consumers and family members to get support and to explore issues involved with entering and remaining in the workforce.

B) Trainings provided by consumers and family members to providers and the general public designed to increase understanding of mental health issues and to reduce stigma. Examples include Stamp Out Stigma, a community advocacy and educational outreach program dedicated to eradicating the stigma associated with mental illness through forum-type presentations in which individuals with mental illness share their personal experiences with the community at large; *Breaking the Silence*, a training activity designed to address issues of gender identification in youth and the effects of community violence; consumer led trainings by youth/TAY, directed to audiences of all ages. Youth/TAY will be targeted as an audience for these trainings as well.

C) Trainings provided by consumers and family members to increase understanding of mental health issues and substance use/abuse issues, recovery and resilience, and available treatments and supports. Examples include *NAMI's Provider Education Training*, an intensive training to providers led by consumers, family members, and experts; *In Our Own Voice*, NAMI-sponsored consumer-to-consumer presentations about their experiences, which is usually presented in a number of settings, including hospitals; *Family to Family*, a NAMI-sponsored 12-week course taught by families to families of consumers about mental health, treatments, and how to focus on self-care; *Peer to Peer*, a NAMI-sponsored 9-week course taught by consumers to consumers about mental health, treatments, and recovery; *Voices of Recovery*, a client and family driven-advocacy and support effort for those who have been affected by addiction.

D) In addition, this Action also provides for selected consumers and family members to attend leadership trainings to support increased involvement of consumers and family members in various committee, commission, and planning roles. Examples include: *CMHACY (California Mental Health Advocates for Children and Youth) Conference;* educational visits to *The Village;* attendance to *NAMI, Heart & Soul,* and other community-based training activities to help perfect the leadership skills of consumers and family members. Amount requested: $10,000 (see breakdown of cost under "Budget Justification").

E) Trainings for the community to reduce stigma and increase understanding of behavioral health consumer and family issues. One example is the *Crisis Intervention Training (CIT),* which provides training to police officers in local communities about the nature of behavioral health issues, and is designed to increase understanding, reduce stigma, and lay the groundwork for more appropriate responses to consumers and family members by local police. Consumers and family members will present to first responders regarding their experience of mental illness, as well as the role and concerns of family members and consumers in promoting wellness and working with law enforcement. Consumers and family members will also address issues of stigma, and raise awareness regarding appropriate law enforcement interventions for consumers and their families.

Objectives:

- Increase training opportunities for consumers and family members designed to prepare them for entry into and permanence in the public behavioral health workforce; to advocate for reforms; and to play leadership and advisory roles in the behavioral health system.
- Increase the number of training sessions delivered by consumer and family organizations.
- Increase the ability of treatment teams to successfully engage consumers and families we have failed to engage in the past.
- Increase understanding among treatment providers of the consumer/ family perspective on treatment and supports.
- Increase understanding among treatment providers of the different cultural perspectives of consumers and family members.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

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<tr><td colspan="5">Description:
San Mateo County BHRS will engage in training to extend and support consumer wellness and recovery. An example of an activity we plan to undertake as part of this Action is the implementation of Wellness Recovery Action Plan Trainings (WRAP).</td></tr>
</table>

WRAP is a self-help approach to achieve and maintain wellness that has been used successfully with mental health consumers and consumers with co-occurring disorders. With a train-the-trainer approach, consumers, family members, and selected staff (County and contracted providers) will be trained as Master Trainers. The “Master Trainers” will then provide training and support in developing WRAP plans for consumers and staff throughout our system. Amount requested: $50,000 (see breakdown under: Budget Justification”).

Objectives:

- 150 consumers in BHRS with WRAP plans by the end of 10/11.
- Establish 5 additional WRAP support groups in the County by the end of FY 10/11.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

CSS and WET				
Previously Approved				
No	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
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FY 09/10 funding	FY 10/11 funding	Percent Change

Description:
Training in the area of cultural competence is designed to reduce health disparities in our community, to provide instruction in culturally and linguistically competent services, and to increase access, capacity, and understanding by partnering with community groups and resources. Educational and training activities will be available to consumers, family members,

providers, and those working and living in the community. The Training Plan has identified a number of components designed to address these issues, such as the use of the CA Multi-Cultural Scale to assess our system of services; trainings to increase the effective use of interpreters in service delivery; creation of a clinical consultation resource for providers working with Filipino consumers; addressing cultural issues when providing services to consumers suffering from co-occurring disorders and domestic violence. Trainings will also be used to help support key cultural disparity initiatives currently underway as part of our work on reduction of disparities. The different cultural disparity initiatives funded through CSS have been focused on the following populations: Chinese; Filipino; Pacific Islander; African American; Latino; LGBTQQI.

Objectives:

- Improved capacity to utilize interpreters with consumers who do not speak English
- Expanded incorporation of a variety of alternative and culturally specific strategies as part of ongoing treatment efforts
- Incorporation of culturally-informed engagement strategies
- Increased satisfaction with services by historically under-served and poorly served cultural populations
- Improved access and service delivery to historically under-served communities

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

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<tr><td colspan="5">Description:
The Training Committee has already begun scheduling an ongoing series of trainings designed to support transformation of the BHRS system by increasing utilization of evidence-based treatment practices that better engage consumers and family</td></tr>
</table>

members as partners in treatment, and that contribute to improved consumer quality of life. Recommendations for training on evidence-based practices to incorporate into the different series may come from consumers, family members, or public and private agency staff by submitting a form to the Workforce Development Director, who then submits the request to the Training Committee for consideration. Suggested trainings shall be consistent with the values of the MHSA and shall contribute to the creation of a more culturally competent system.

A. Some of the practices considered aim at improving family functioning, parenting, communication and at helping parents and youth to reduce problem behaviors through evidence-based and promising practices such as: *Functional Family Therapy or FFT* (a family-based intervention with at-risk youth in the criminal justice system with a focus on using family and consumer strengths to help youth gain control of their behaviors. This practice has been found to be effective with clients of diverse cultural backgrounds); *Teaching Pro-Social Skills or TPS* (a strength-based approach for at-risk youth designed to increase pro-social behaviors, involving educational and criminal justice partners in coordinated delivery of related services.)
B. Other practices considered involve interventions designed to help children, youth, their parents and others overcome the negative effects of traumatic life events such as child sexual or physical abuse, traumatic loss of a loved one, domestic, school, or community violence, or exposure to disasters, or war trauma. Examples include: *Trauma Focused Cognitive Behavioral Therapy or TF CBT* (the model integrates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment); *Seeking Safety* (with a focus on harm reduction for adult and youth consumers severely impacted by trauma; this is a strength-based approach designed to improve the ability of consumers to make safe, effective choices in their lives, and it's an integrated co-occurring approach to treatment).
C. This Action also includes training experiences to help clinicians teach coping skills for individuals with serious, self-harming personality disorders; an example is *Dialectical Behavior Therapy*, which is a promising practice focused on developing skills to more effectively deal with distress; many elements of this approach have been successful in integrated treatment for co-occurring clients.
D. Training in delivery of integrated treatment for clients suffering from co-occurring disorders is also included in this Action. Training experiences considered include *Motivational Interviewing and Enhancement* and trainings to promote a welcoming environment for these clients.
E. Training in delivery of integrated services to seriously ill youth and adults by multi-disciplinary teams prepared to serve clients 24/7. Examples include *Assertive Community Treatment* and other relevant services provided in Full Service Partnerships. Amount requested: $10,000. See breakdown under "Budget Justification" item below.

The Workforce Development Director will routinely contact participants in various EBPs (and other) training activities six-months after training has been completed to assess the degree to which the training has resulted in changed treatment practice.

Objective: Improve competency of clinical staff in best practices.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

<table>
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<tr><td colspan="5">Description:
Staff surveys indicated that the preferred means of training was through clinical consultation on specific treatment challenges. San Mateo County has piloted this approach with the hiring of a Coordinator of Integrated Dual Disorder Treatment who meets</td></tr>
</table>

with treatment teams to reinforce principles and practices introduced through the intensive training practicum developed by Kenneth Minkoff, MD and Chris Cline, MD. This model will be replicated with trainings offered via Action #5 above, and reinforced with contracted clinical consultants retained to meet with treatment teams implementing such evidence-based practices. Consultations on working with individuals with co-occurring mental health and developmental disabilities on a quarterly basis is a good illustration of this type of training experience. In addition, the Workforce Development Director will receive requests from both Community-Based Organizations and County treatment teams and will compile an inventory of expert practitioners, including consumers and family members, available to provide time-limited clinical consultations. The Workforce Development Director will present requests to the Training Committee for approval. Criteria for approval will include, among others, extent to which the consultation will reinforce the use of evidence-based practices, extent to which the consultation supports the vision and values of the MHSA, and the degree to which the consultation includes plans for disseminating learning to other treatment teams.

Objective:

- Increase ability of treatment staff to implement evidence-based practices as evidenced in annual staff survey
- Increase consumer satisfaction with services and supports introduced in training and reinforced through clinical consultations
- Increase dissemination of effective implementation of evidence-based practices beyond the treatment teams directly involved in clinical consultations
- Provide consultations on complex co-occurring cases in which there are issues associated with developmental disability

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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: March 24, 2010

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Description:
Multiple workgroup discussions concluded that strategies are necessary to address ongoing vacancies in positions which are difficult to fill. Psychiatry and community mental health nurses were identified as job classifications in which qualified staff has been challenging to obtain and retain. Cultural diversity in all positions across the board was also identified as an ongoing deficit. Consideration was given to how to address these shortages in partnership with the County's Human Resources Division in order to strategize solutions.

Objective:

- To create an expedited application process by:
- Working with the County's Human Resources Division to remove barriers to the application process e.g. the protracted length of time between recruitment, interviewing, and hiring
- Designating hard to fill positions for a fast track application process
- Reviewing and revising current job classifications/descriptions as necessary, in partnership with the County's Human Resources Division
- identifying barriers in the application process including: where and how positions are advertised; elimination of duplications in fingerprinting requirements whenever possible; streamlining of civil service requirements as permitted; and broadening employment opportunities for targeted hard-to-fill disciplines such us child and gerontology psychiatrists, nurses, etc.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

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<tr><td colspan="5">Description:
San Mateo County competes with other similar organizations and the private sector to hire employees with specialized, needed skills into a number of positions that are difficult to fill. Offering financial incentives to attract and retain candidates to these</td></tr>
</table>

positions was identified as important tools, as such incentives increase the appeal of working for community mental health services among potential job candidates.

Objective:
To develop incentives to encourage the application and retention of qualified individuals into hard to fill positions via the following strategies:

- Prioritizing hard to fill applicants in the loan assumption approval process
- Supporting child and gerontology psychiatry positions with part-time work as they complete fellowship
- Encouraging nurse employees in direct service and contract provider agencies to take advantage of MHSA statewide stipend program for advanced nursing training being flexible when tailoring practicum requirements to the needs of candidates for hard to fill positions (in coordination with contracted educational agencies)

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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: March 24, 2010

CSS and WET				
Previously Approved				
No	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
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FY 09/10 funding	FY 10/11 funding	Percent Change

Description:
In addition to incentives and breaking down application barriers, workgroup members identified positive marketing of mental health careers as an important
objective in attracting qualified individuals to hard to fill positions.

Objective:
To increase exposure to the mental health field and to County employment opportunities, by:

- Working with institutions of higher education such as UCSF, Cal State East Bay, and San Mateo Community College system –among others, to coordinate direct and indirect outreach including tailoring recruitment information and participation at career fairs
- Expanding and/or creating pipeline relationships between prospective feeder institutions (high school, undergrad, grad) and providers
- Strengthening partnerships with professional development programs (i.e., Nursing, MSW, MFT, etc.)
- Promoting County placements to fulfill practicum requirements
- Partnering with nurse practitioner student practicum to promote the mental health field, and provide career mentoring

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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: March 24, 2010

CSS and WET				
Previously Approved				
No	**Question**	**Yes**	**No**	
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FY 09/10 funding	FY 10/11 funding	Percent Change

Description: Focus groups and informal discussions have revealed a consistent interest in mental health careers among youth, including TAY youth. Through these discussions, youth/TAY youth revealed the barriers to entering mental health field, and were able to describe ways in which they believed youth could be engaged and retained in the mental health pathways. Such barriers included TAY not knowing what jobs are available in mental health settings, what such jobs entailed, what positions they qualified for, and how to train/apply for such positions. Once youth interest in the mental health field has been achieved, youth have indicated it is essential for them to have ongoing learning experiences to deepen their understanding and commitment to the field. Such experiences also provide early training, and assist with creating a more competent and diverse pool of trainees and applicants to the field.

Objectives:

1. To inform youth/TAY, including those not in school, of opportunities to engage in exploring a career in mental health, by:
   - Promoting BHRS activities, including workforce development activities on social networking and popular blog sites
   - Providing information and shadowing to high school students regarding careers in mental health
   - Delivering BHRS presentations in schools, promoting BHRS's campus tours, providing fliers promoting careers in mental health
   - Developing informational materials that reflect youth informed language and learning styles
   - Establishing mental health job fairs for middle and high school youth
   - Connecting with high school community service programs to provide BHRS site opportunities that meet the community service requirements
   - Providing opportunities for youth to be trained by and work with seasoned professionals
   - Broadening outreach to community colleges outside San Mateo County e.g. Foothill, San Francisco City College
2. To create exposure to BHRS programs and provide work experience opportunities for youth/TAY by:
   - Developing mental health training academies in high schools to include psychology, health and/or rehab/social work course work, and internship placements
   - Implementing a mentoring/summer internship program similar to local summer jobs programs already established in the community
   - Working with High School Career Centers on pipeline strategies
   - Providing management and leadership skills development opportunities
   - Building on existing peer education programs in High Schools
   - Connecting with School counselors
   - Attending schools' career and job fairs to do outreach
   - Sponsoring summer internships
   - Developing a list of internships/volunteer experiences
   - Developing a paraprofessional training program for youth (e.g., conflict resolution for youth)

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

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<tr><td colspan="5">Description:
Many adult workers consider career change after developing a long work history, and accumulating excellent work and life experience. Giving the current economic downturn, many experienced adult workers are changing careers or returning to the</td></tr>
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workforce, and healthcare is an attractive option. Mental healthcare can best benefit from the experience of these workers by providing them with opportunities to engage in mental healthcare occupational experiences.

Objective:

- To engage “unretiring” and/or displaced working adults and older adults and/or those considering a career change and/or those returning to the workforce (including but not limited to individuals leaving the business world, returning veterans, retired law enforcement, individuals involved in the faith community) to consider a career in mental health, by:
- Developing an outreach effort that informs and encourages retired or displaced adults about potential careers in mental health
- Establishing partnerships with relevant community organizations such as Peninsula Works and Job Train to develop pipeline strategies
- Offering pre-employment job readiness workshops
- Developing outreach and a curriculum specific to career retraining (e.g. NAMI Provider Training), in collaboration with community colleges, adult schools, vocational training and ESL programs,
- Creating internships for adult individuals not enrolled in mental health practica

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

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<tr><td colspan="5">Description:
A concentrated effort needs to be made to create a workforce that is more reflective of the communities served, and that has the skills and knowledge needed to best provide services to these individuals. Traditional efforts to attract diverse workers into</td></tr>
</table>

mental health jobs have had limited success, and it has become clear by discussions with relevant stakeholder groups, that strategies can be employed to increase interest in these positions.

Objective:
To recruit diverse populations (targeting language skills in addition to specific minority groups), by:

- Utilizing existing cultural initiatives and outreach collaboratives to deliver information regarding potential career opportunities
- Developing appropriate recruiting materials relevant to specific populations
- Utilizing media outlets that target specific populations
- Creating structures/processes to oversee implementation of recruiting efforts
- Contacting and engaging with culture-specific organizations such as the Historically Black Organizations or HBOs regarding career opportunities
- Outreaching to college fraternities and sororities with diverse memberships
- Targeting schools that have a high concentration of students of color for outreach and recruitment
- Ensuring diverse hiring and promotion panels (for both recruitment and retention)
- Participating in community events, i.e. health fairs, county fairs, ethnic events, to promote BHRS career opportunities

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

CSS and WET				
Previously Approved				
No	**Question**	**Yes**	**No**	
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FY 09/10 funding	FY 10/11 funding	Percent Change

Description:
Current input from existing diverse staff, as well as from the participants in the workforce development group, indicate that diverse staff want to promote in mental health care, but are not always sure how, or if they have the skills necessary to move up in the organizations. The following interventions are designed to address the issue of ongoing skills development as well as

staff understanding of the systems and opportunities to participate in these systems.

Objective:
To achieve diverse staff retention by:

- Creating exposure and interest across job classes, including administrative/clerical staff, via mentoring
- Promoting cross-training and temporary job changes
- Providing exposure to management and executive level staff
- Developing a leadership academy for supervisors
- Offering “promotion readiness” workshops for current staff
- Re-examining workload distribution and bilingual pay differential of staff receiving such differential

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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: **March 24, 2010**

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<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
</table>

Description:
San Mateo County BHRS and contracted agencies have been successful in hiring, promoting and fully utilizing dozens of community workers and family partners into their respective systems of care. In addition to providing essential practical support, guidance and training, recruitment and hiring teams have also worked hard to battle stigma, and to create a safe working culture for these essential new employees. That said, much more work remains to be done in relation to the issue of stigma and how it impacts the recruitment and retention of consumers and family members. As consumers and family embers become more fully integrated into the system, it is imperative that these valuable workers be retained, and that their skills and leadership needs be brought to all levels of their respective organizations.

Objective:
To enhance current and create new professional development opportunities for consumers and family members –from entry level to top leadership positions, by:

- Considering consumer and family member role in developing career paths (e.g. personal experience)
- Using youth/young adults as peer partners in order to help with engagement, support, and peer education
- Providing financial support for consumers and family members pursuing education, in order to assist with expenses not covered by other sources
- Creating a mentorship program especially developed for consumers and family members, with participation from supervisors and management
- Broadening employment opportunities
- Offering and supporting consumer and family volunteer opportunities
- Providing technical assistance to BHRS contractors not currently employing consumer/family members
- Building upon/expanding existing collaborations (i.e., College of San Mateo), and creating new ones, to support consumers and family members in their pursuit of certifications and advanced degrees.
- Offering paid or unpaid internships for consumers/family members
- Creating a Family Partner Certification Program
- Empowering current and former mental health consumers to seek employment opportunities in the BHRS system
- Expanding support of consumers and family members during the application process in order to guide them through it by providing assistance on how to understand the HR lingo, and/or by conducting **"**mock interviews" to assist in the development of interviewing skills

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>☐</td><td>If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Description:
Consumer and family member employees are a precious resource within the behavioral health system of care. They are not only essential in providing sensitive appropriate services to highly diverse populations, but they are also inherently</td></tr>
</table>

transforming the systems of care by their presence in the workforce. Their empathy, experience and advocacy skills are creating the shift toward total health and wellness which reinforces every aspect of the San Mateo County mission to provide high quality, community based health care.

Objective:
To increase retention rates for consumer and family partner employees, by:

- Building upon/expanding WRAP and similar current initiatives to support physical and emotional health of consumers and family members
- Building upon/expanding BHRS's efforts to successfully integrate consumer and family members in the workforce as essential to providing meaningful services and supports
- Utilizing the BHRS Stigma Initiative as a vehicle to address workplace issues
- Supporting flexible work schedule

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
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<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Description:
The Child Psychiatry Fellowship was initiated in 2007-08 and 08-09 utilizing WET dollars advanced to San Mateo County, and early implementer of the MSHA. It is our hope to sustain the fellowship in future years. The Child Psychiatry Fellowship</td></tr>
</table>

responds to a critical, historically hard to fill position within the San Mateo County BHRS system. The Fellowship is a partnership of San Mateo County BHRS and Stanford University designed to serve high-risk youth in inpatient, outpatient, and community settings. It is also designed to provide education to a new generation of psychiatrists about recovery-based, strength-based service delivery.

Objective:

- Increase the availability of psychiatric services to youth consumers of BHRS.
- Increase the knowledge and understanding of psychiatric fellows of the values and commitments of recovery-based, strength-based services offered in BHRS.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☒ **WET**
- ☐ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>6.</td><td>Is this an existing program with no changes?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>7.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>8.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>9.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Description:
This action provides stipends to trainees from local universities who contribute to expand the diversity as well as the linguistic and cultural competence of our workforce. Our stipend program for interns offers a fixed amount to students in our system to</td></tr>
</table>

assist in covering their expenses in hopes they will pursue careers in public mental health. The Workforce Development Director conducts the outreach to graduate schools to identify a diverse pool of trainees, and works with mental health programs to develop placements and provide ongoing training.

Objective:

- Increase the availability of culturally and linguistically competent services to all consumers and family members of BHRS.
- Increase the knowledge and understanding of trainees of the values and commitments of recovery-based, strength-based services offered in BHRS.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☐ **WET**
- ☒ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
The change is only to variations in				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: no change Total Families: no change			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Prevention**	**Early Intervention**	
	Total Individuals:	no change	no change	
	Total Families:			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☐ **WET**
- ☒ **PEI**
- ☐ **INN**

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

Date: June 4, 2010

Prevention and Early Intervention					
No.	**Question**	**Yes**	**No**		
1.	Is this an existing program with no changes?	☒	☐	If yes, complete Exh. E4; If no, answer question #2	
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If yes, completed Exh. F4; If no, answer question #3	
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer question #4	
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b	
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 421 Total Families: Had not reported # of families to be served in previous submission. Unknown at this time.				
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:		**Prevention**		**Early Intervention**
	Total Individuals:		230		191
	Total Families:		-		-

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☐ **WET**
- ☒ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
N/A				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Prevention**	**Early Intervention**	
	Total Individuals:			
	Total Families:			

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

Select one:
- ☐ **CSS**
- ☐ **WET**
- ☒ **PEI**
- ☐ **INN**

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

Date: March 24, 2010

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
6.	Is this an existing program with no changes?	☒	☐	If yes, complete Exh. E4; If no, answer question #2
7.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☐	If yes, completed Exh. F4; If no, answer question #3
8.	Is the current funding requested greater than15% of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer question #4
9.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
10.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
N/A				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Prevention**	**Early Intervention**	
	Total Individuals:			
	Total Families:			

2010/11 ANNUAL UPDATE **EXHIBIT E**

MHSA SUMMARY FUNDING REQUEST

County: San Mateo **Date:** 7/16/2010

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	$12,665,000			$3,661,600	$1,953,100	
2. Transfers						
3. Adjusted Planning Estimates	$12,665,000					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	$12,665,000	$1,341,970		$3,056,137		
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds		$73,781				
b. Unexpended FY 2007/08 Funds[a/]						
c. Unexpended FY 2008/09 Funds	$621,275			$4,916,051		
d. Adjustment for FY 2009/2010	$621,275	$73,781		$4,916,051		
e. Total Net Available Unexpended Funds	$0	$0	$0	$0	$0	
4. Total FY 2010/11 Funding Request	**$12,665,000**	**$1,341,970**	**$0**	**$3,056,137**	**$0**	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates[a/]		$1,341,970				
c. Unapproved FY 08/09 Planning Estimates				$944,187		
d. Unapproved FY 09/10 Planning Estimates				$1,620,980		
e. Unapproved FY10/11 Planning Estimates	$11,619,377					
Sub-total	**$11,619,377**	**$1,341,970**		**$2,565,167**	**$0**	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates[a/]						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates				$490,970		
e. Unapproved FY10/11 Planning Estimates	$1,045,623					
Sub-total	$1,045,623	$0	$0	$490,970	$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation [b/]	**$12,665,000**	**$1,341,970**	**$0**	**$3,056,137**	**$0**	

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

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

2010/11 ANNUAL UPDATE

EXHIBIT E1

CSS BUDGET SUMMARY

FY 2010/11

EXHIBIT E1

CSS BUDGET SUMMARY

County: San Mateo

Date: 7/22/2010

	CSS Programs		FY 10/11 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						$2,564,565	
3.	3	FSP Aolder Adults	$1,182,062	$1,182,062							$1,182,062
4.	6	Pathways - Criminal Justice Initiative	$578,196	$190,805		$387,391				$578,196	
5.	7	Older Adults System of Care	$385,784		$385,784						$385,784
6.	8	System Transformation	$3,775,341		$3,775,341			$943,835	$943,835	$943,835	$943,835
7.			$0								
8.			$0								
9.			$0								
10.			$0								
11.			$0								
12.			$0								
13.			$0								
14.			$0								
15.			$0								
16.	Subtotal: Programs [a/]		$11,250,570	$6,702,054	$4,161,125	$387,391	$0	$2,326,146	$2,326,146	$4,086,596	$2,511,681
17.	Plus up to 15% County Administration		$368,807								
18.	Plus up to 10% Operating Reserve										
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$11,619,377								
New Programs											
1.	4	Community Outreach and Engagement	$1,045,623	$130,703		$914,920		$261,406	$261,406	$261,406	$261,406
2.			$0								
3.			$0								
4.			$0								
5.			$0								
6.	Subtotal: Programs [a/]		$1,045,623	$130,703	$0	$914,920	$0	$261,406	$261,406	$261,406	$261,406
7.	Plus up to 15% County Administration		$0								
8.	Plus up to 10% Operating Reserve		$0								
9.	Subtotal: New Programs/County Admin./Operating Reserve		$1,045,623								
10.	**Total MHSA Funds Requested for CSS**		$12,665,000								

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 55.60%

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

WET BUDGET SUMMARY

2010/11 ANNUAL UPDATE

EXHIBIT E2

County: San Mateo

Date: 6/4/2010

		Workforce Education and Training	FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Category				
	No.	**Name**		**Workforce Staffing Support**	**Training and Technical Assistance**	**Mental Health Career Pathway**	**Residency and Internship**	**Financial Incentive**
Previously Approved Programs								
1.		Workforce education and training plan coordination and implementation	$200,166	$200,166				
2.		Targeted training for and by consumers and family members	$98,000		$98,000			
3.		Trainings to support wellness and recovery	$50,000		$50,000			
4.		Cultural competence training	$50,000		$50,000			
5.		Evidence-based practices training for system transformation	$123,000		$123,000			
6.		Expanded site-based clinical consultation	$25,000		$25,000			
7.		Attract prospective candidates to hard-to-fill positions via addressing barriers in the application process	$15,600			$15,600		
8.		Attract prospective candidates to positions through incentives	$157,800			$157,800		
9.		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	$12,800			$12,800		
10.		Promote interest among and provide opportunities for youth/TAY in pursuing careers in mental health	$116,000			$116,000		
11.		Engage adult workers in the mental health workforce	$80,000			$80,000		
12.		Increase diversity of staff to better reflect diversity of client population	$30,600			$30,600		
13.		Retain diverse staff	$23,400			$23,400		
14.		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	$100,000			$100,000		
15.		Ongoing engagement and development of client and family workers	$22,500			$22,500		
16.		Child psychiatry fellowship	$187,104				$187,104	
17.		Stipended internships to create a more culturally competent system	$50,000					$50,000
18.			$0					
19.		Subtotal: Previously Approved Programs	$1,341,970	$200,166	$346,000	$558,700	$187,104	$50,000
20.		Plus up to 15% County Administration						
21.		Plus up to 10% Operating Reserve						
22.		Subtotal: Previously Approved Programs/County Admin./Operating Reserve	$1,341,970					
New Programs								
1.			$0					
2.			$0					
3.			$0					
4.			$0					
5.			$0					
6.		Subtotal: WET New Programs	$0	$0	$0	$0	$0	$0
7.		Plus up to 15% County Administration						
8.		Plus up to 10% Operating Reserve						
9.		Subtotal: New Programs/County Admin./Operating Reserve	$0					
10.		**Total MHSA Funds Requested**	$1,341,970					

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

FY 2010/11 **EXHIBIT E4**

PEI BUDGET SUMMARY

PEI BUDGET SUMMARY

County: San Mateo **Date:** 6/4/2010

	PEI Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
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 Transition Age Youth	$831,253	$548,627	$282,626	$554,169	$277,084		
3.	3	Primary Care/Behavioral Health Integration for Adults and Older Adults	$1,205,659		$1,205,659		$120,566	$542,547	$542,547
4.	4	Total Wellness for Adults and Older Adults	$30,000				$3,000	$13,500	$13,500
5.	5	Stigma Initiative	$0						
6.	6	Youth/TAY Identification and Early Referral	$0						
7.			$0						
8.			$0						
9.			$0						
10.			$0						
11.			$0						
12.			$0						
13.			$0						
14.			$0						
15.			$0						
16.	Subtotal: Programs*		$2,457,360	$895,150	$1,532,210	$944,617	$400,650	$556,047	$556,047
17.	Plus up to 15% County Administration		$107,807						
18.	Plus up to 10% Operating Reserve								
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$2,565,167						
New Programs									
1.	7	Community Outreach, Engagement, and Capacity Building	$490,970	$490,970		$122,743	$122,743	$122,743	$122,743
2.			$0						
3.			$0						
4.			$0						
5.			$0						
6.	Subtotal: Programs*		$490,970	$490,970	$0	$122,743	$122,743	$122,743	$122,743
7.	Plus up to 15% County Administration								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: New Programs/County Admin./Operating Reserve		$490,970						
10.	**Total MHSA Funds Requested for PEI**		$3,056,137						

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 54%

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

San Mateo County Health System
Behavioral Health and Recovery Services
Mental Health Services Act:
Public Comment Form

Personal information (optional)

Name: _____ Agency/Organization: _____

Phone Number: _____ Email address:_____

Mailing address: _____

Stakeholder group you identify with or represent:

__ MH Client/Consumer __ AOD Client/Consumer __ Family Member

__ Education __ Law Enforcement/Criminal Justice __ Probation

__ Social Services __ Service Provider __ Other (specify) _____

Your comments here (please use as many pages as you need):

Please turn over →

You may also send your comments via letter or email to Sandra Santana-Mora, San Mateo County MHSA Coordinator
ssantana-mora@co.sanmateo.ca.us - 225 37th Avenue – 3rd Floor – www.smhealth.org/BHRS - 650.573.2889

Comments: