SAN MATEO COUNTY

HEALTH SYSTEM

BEHAVIORAL HEALTH
AND RECOVERY SERVICES DIVISION

MENTAL HEALTH SERVICES ACT (MHSA)
FISCAL YEAR (FY) 2009/2010
ANNUAL UPDATE TO THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

EXHIBIT A
COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE

County Name: **San Mateo**

County Mental Health Director	**Project Lead**
Name: Louise Rogers Telephone Number: (650) 573-2544 E-mail: lrogers@co.sanmateo.ca.us	Name: Sandra Santana-Mora Telephone Number: (650) 573-2889 E-mail: ssantana-mora@co.sanmateo.ca.us
Mailing Address: San Mateo County Health Department 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 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 Annual Update. 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 Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 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 or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

[ORIGINAL SIGNED]	**03/31/2009**	**Louise Rogers, MPA**
Signature	Date	**Director, Behavioral Health and Recovery Services**

EXHIBIT B
Description of Community Program Planning and Local Review Processes
MHSA FY 2009/10 ANNUAL UPDATE

County Name: **San Mateo**

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining 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 Board (MHB), 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, as well as all Work Group meetings for all MHSA components 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 provider and County agencies as well as consumer and advocacy organizations; community partners (CBOs, advocacy organizations, the general public) are notified via announcements 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 Board meeting; at meetings with community partners (such as the East Palo Alto Mental Health Advisory Group); at meetings with advocates (such as NAMI and Heart and Soul); and internally with line and management staff.

The MHSA Implementation Group, comprising the Director and Assistant Director of the Behavioral Health and Recovery Services Division (BHRS), the Director of Alcohol and Other Drug Services, the Director of the Office of Consumer and Family Affairs, the current and past president of the MHB, BHRS leadership directly responsible for implementation of MHSA programs, the Health Disparities Manager, the MHSA Coordinator and others as appropriate, meets regularly (average frequency is once every other week) to discuss implementation progress and challenges, and to provide input on ongoing processes.

The plan update hereby submitted benefited from the input of the aforementioned stakeholders. The MHSA Steering Committee approved the plan for submission on January 30, 2009.

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

Item **1** above describes the stakeholder groups involved in the Community Program Planning Process.

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

MHSA is very much an ever present and vibrant part of BHRS's day-to-day business. As explained above, stakeholders are educated about the contents and scope of all guidelines crafted by DMH and by the MHSOAC for all MHSA components at meetings of the Mental Health Board (committees and general), at MHSA Steering Committee meetings, at MHSA Implementation Group meetings, and at regular meetings with community based organizations and with all relevant stakeholder groups, including staff. Implementation progress reports are also provided on an ongoing basis. This Plan Update was presented in all these venues. The Director of Behavioral Health and Recovery Services and the MHSA Coordinator last presented a progress report on the MHSA-funded activities for FY 2007/08 as well as the proposed Annual Update for FY 2009/10 at the January 30, 2009 MHSA Steering Committee meeting, and at the February 4, 2009 Mental Health Board monthly meeting.

All information is made available to stakeholders on the Network of Care website, on the San Mateo County Behavioral Health and Recovery Services website, and in hard copy to all who request it.

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 and education tool.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

Please see Attachment 1.

5. 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 Mental Health Board released the draft proposal for a 30-day public comment period on January 30th, 2009. The public comment period ended on March 2nd. The document was posted on the County website and on Network of Care. Two notices were published in the local newspaper of largest circulation.

Notifications and flyers were sent by mail and email to all our networks including consumer and advocacy organizations, as well as providers and community partners.

A public hearing was held on March 4th, 2009.

EXHIBIT C
Report on FY 2007/08 Community Services and Supports Activities
MHSA FY 2009/10 ANNUAL UPDATE

County Name: **San Mateo**

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to un-served and underserved populations, with emphasis on reducing racial/ethnic service disparities.

In alignment with the requirements of the present update in DMH Information Notice 08-28 this report covers the period January 1st/June 30th, 2008 (second half of FY 07/08), as the first half of the fiscal year was already reported through our MHSA Implementation Progress Report for calendar year 2007 already submitted to DMH.

In the initial implementation of CSS (and this has also been the case for the most recent Prevention and Early Intervention component planning process), emphasis was placed in serving un-served and underserved populations in all major programmatic initiatives, and a great deal of progress has been made in this regard as evidenced by our outcomes. We've seen improvement in number of Latinos served (almost 1,000 more Latinos were served at the end of 2007 -total of 3,852, compared to 2005; we are currently finalizing analyzing the data for FY07/08); we have also seen an increase in clients served in the Filipino, Chinese, and Pacific Islander populations, and we continue our work to further these successes. In East Palo Alto, we have seen a 30% increase in the Clinic caseload, a direct consequence of our outreach efforts in that community; client satisfaction in that community is at 85% in terms of their experience of accessing services. 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 88% of new clients. In addition, we now have the best penetration rate of children in foster care of any county in the State (95%), versus the State average of 55%. These outcomes clearly show that we are moving in the right direction.

As a corollary, we would like to offer an account of our activities involving outreach and engagement efforts targeting specific un-served and underserved populations and groups:

- **PRIDE Initiative** – The BHRS PRIDE Initiative promotes education and awareness of gay, lesbian, bisexual, transgender, queer, questioning or intersex client and workforce issues. There is recognition in this group that there is a lot of work yet to be done to create a welcoming environment for LGBTQQI clients.

  On May 20th, 2008 the PRIDE Initiative held its kick-off event with the screening of a documentary film depicting the challenges of access to parenthood of gay men. The name of the film is "Daddy and Poppa", and the filmmaker, Johnny Symons, attended the screening and participated in a facilitated discussion afterward. The documentary explores the personal, cultural and political ramifications of the growing number of gay

men who are making a decision that is at once traditional and revolutionary: to become parents. Taking viewers inside four gay male families, the film explores the many unique issues that these families face: the ambiguous place of interracial families in America; the wonder and precariousness of surrogacy and adoption; the complexities of marriage and divorce within the gay community; and the legality of gay parenthood. The documentary also explores the ways that these families resemble others as the dads take on the daily joys and struggles of raising healthy and happy children. The film was extremely well received and over 100 persons attended the function.

Other activities of the PRIDE Initiative include awareness and sensitivity trainings for providers, as well as networking activities, outreach, and a special focus on LGBTQQI youth.

On June 29, 2008, 20 LGBTQQI staff and allies from San Mateo County, including partner agencies and youth, marched in the 2008 San Francisco Pride Parade as part of an outreach and visibility effort.

The PRIDE Initiative continues to meet monthly; there has been keen interest from non-BHRS staff. A meeting in the fall of 2008 with Human Resources and SamCera (the County's Retirement System) focused on County benefits for same-sex partners and discussions with CBOs to provide youth-focused services.

- **Pacific Islander Initiative** - A BHRS Pacific Islander (PI) staff member who is Tongan has initiated outreach and education with the highly underserved/high need Pacific Islander community. Outreach efforts include Pacific Islander faith-based organizations, schools and youth-focused groups as well as re-instituting a Pacific Islander radio show (previously discontinued due to loss of grant funding) that focuses on health --incorporating behavioral health in a framework that is less stigmatizing for Pacific Islander communities.

  Part of the education and outreach plan includes training and translation of materials, and a curriculum to train providers on the Pacific Islander culture.

  On April 18, 2008, more than 90 people (researchers, students, community advocates, staff and partner agencies) attended a Pacific Islander-focused training. Topics included discussions on Samoan, Tongan and Fijian culture as well as specific discussions on abuse, domestic violence and mental health. A Tongan client shared her personal journey of wellness. Speakers for that training included a Tongan dietician, a Tongan nurse, a Fijian psychotherapist and a Samoan community advocate.

  Our Tongan staff member provides support on an ongoing basis as a cultural liaison to clinicians who have Tongan clients; she is also holding training sessions with BHRS staff on issues related to working with Pacific Islanders.

In addition, she coordinates an Advisory Council that is made up of Pacific Islander stakeholders and community based organizations, with the purpose of networking. The Council has acted as an oversight/advisory board to the Pacific Islander Initiative.

Future activities planned include ongoing outreach, exploring partnerships with existing Pacific Islander CBOs, a youth focused summit and deepening the outreach to faith-based organizations.

In May 2008, a Pacific Islander cultural display in the Central County Clinic during Asian and Pacific Islander Appreciation Month featured the opportunity to learn more about Asian and Pacific Islander cultural values.

- **East Palo Alto (EPA) Outreach Initiative –** The MHSA outreach process in East Palo Alto evolved into a series of continuing needs assessments and planning meetings between community representatives and BHRS to identify barriers to access for EPA African American, Latino, and Pacific Islander populations. The group also identifies opportunities for collaboration and advises on program implementation issues in EPA, which includes the development of the Multi-Cultural Wellness Center. The Center has found its denomination: The Barbara A. Mouton Multicultural Wellness Center.

  BHRS entered into a contract with One East Palo Alto, a community convening and advocacy organization to provide support to this effort to include the development of an ongoing Mental Health Advisory Committee representing underserved populations and a range of community agencies. Key representatives presented at the statewide Cultural Competence Summit in San Diego on March of 2008.

  The EPA Mental Health Advisory Group (EPAMHAG) comprises community and faith based organizations, EPA residents and other stakeholders, and BHRS staff, including the Director of BHRS, the MHSA Coordinator, and other staff directly responsible for the implementation of programs. A second edition of the very successful "Family Awareness Night" held in October 2007 took place in November 2008. These events aim at discussing mental health issues affecting the community, from a culture-specific perspective. They foster communication and open discussions about the issue to facilitate access to services and reduce stigma.

- **African American Initiative –** The African American Roundtable held in November 2007 was a two hour, facilitated event to discuss two questions: (1) What is the perception of the physical and mental health/alcohol and other drug needs of African Americans in San Mateo County?; and (2) Is recruitment, retention, and promotion of African Americans a problem in San Mateo County?

  The response to this event was overwhelmingly positive and a second one has been developed.

  Out of the Roundtable Discussion, a group of African American staff (from the Health System, led by BHRS staff) created the African American Planning Initiative. The

mission of this group is to continue to work around the issues identified at the November '07 event and plan for future events.

- **Filipino Mental Health Initiative** (FMHI) - The MHSA outreach process targeting the Filipino population included a series of focused meetings with Filipino stakeholders to develop recommendations for targeted training, outreach and education, and development of an updated resource directory, all which were formalized in a Request For Proposals (RFPs). As previously reported, Asian American Recovery Services was awarded the contract for these services in September 2006. The original contract with Asian American Recovery Services officially ended on June 30th, 2008, but members of the original group, energized by the work done, continue to meet in order to discuss creative ways to continue this initiative.

  Following the success of events held in 2007, over 70 providers, community members and staff attended a training on March 28, 2008, which repeated the first awareness-raising and education event held in September of 2007.

  Another key component of FMHI is the creation of an oversight board made up of over 20 individuals who are concerned with the needs of the Filipino community. The oversight group acts as an advisory body and provides feedback about the projects.

  Another event was held at the end of June of 2008, with the primary goal of outreaching to pre-kindergarten parents associated with the Daly City Head Start program. Over 25 parents came to the presentation on the role of parents, the perspective of a father, and what to expect when children begin attending kindergarten.

  BHRS contracted with *Filipinas Magazine* for six months for a series of articles on behavioral health and recovery related issues, and information specific to the Filipino community. The June 2008 issue was the introduction to the series, with follow up articles planned for the following months.

- **Chinese Initiative** – As previously reported, BHRS hosted a monthly lunch facilitated speaker/discussion series from January-June 2007 to support workforce development for Chinese staff from BHRS, Health and other agencies serving the Chinese population in order to follow-up on recommendations from the MHSA outreach process. Topics included Face and Shame, Pathological Gambling and Other Addictions, Domestic Violence, The Role of Interpreters, and Inter-Generational Challenges.

  In 2008, the Chinese Workforce Development Group convened for Grand Rounds presentations by:

  - Dr. Timothy Fong: Pathological Gambling Among Asian-Americans: The Hidden Addiction (January)
  - Dr. Jacquelyn Chang: Tips for Treating Asian Americans (March)
  - Dr. Stanley Sue: Mental Health in Minorities (March)

- Tai Chang, Ph.D. - Asian/Asian American Worldviews and Values in Counseling (May)
- Dr. Albert Gaw: Should Psychiatry Embrace a Psycho-spiritual Approach to Patient Care? (June)

Five "Monthly Discussions" were held from February to June, including one with guest Kent Lau, an Outreach Worker with Senior and Neighborhood Services, a program of the Department of Parks and Recreation from Daly City. Mr. Lau is seen as a trusted community resource who works with the older adult Chinese community in North County.

Lastly, four BHRS staff members staffed a booth focused on outreach at the Sing Tao Expo on a weekend in May 2008.

Two clinicians who are active in the Chinese Workforce Development Group planned to begin a monthly support group in July 2008 to provide psycho-education, benefits information, community building, and other resources to Cantonese and Mandarin speaking participants for family members of adult mental health clients.

County Name

San Mateo

Work Plan Title

Full Service Partnership – Child/Youth/Transition Age Youth Community Services and Supports Work Plan #1

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

130 Total

Number of Clients By Funding Category

130 Full Service Partnerships

0 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

N/A Total

Number of Clients By Type of Prevention

N/A Early Intervention

N/A Indicated/Selected

N/A Universal

Population to Be Served

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

Work Plan Description

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, the 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. Special emphasis is placed in outreaching to LGBTQQI SED youth.

County Name
San Mateo

Work Plan Title
Full Service Partnership – Adults Community Services and Supports Work Plan #2

COMMUNITY SERVICES AND SUPPORTS
Annual Number of Clients to Be Served
215 Total
Number of Clients By Funding Category
204 Full Service Partnerships
0 System Development
11 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION
Annual Number to Be Served
N/A Total
Number of Clients By Type of Prevention
N/A Early Intervention
N/A Indicated/Selected
N/A Universal

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 under-represented in the mental health system.

Work Plan Description

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.

County Name

San Mateo

Work Plan Title

Full Service Partnership – Older Adults/Medically Fragile Individuals - Community Services and Supports Work Plan #3

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

61 Total

Number of Clients By Funding Category

50 Full Service Partnerships

0 System Development

11 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

N/A Total

Number of Clients By Type of Prevention

N/A Early Intervention

N/A Indicated/Selected

N/A Universal

Population to Be Served

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

Work Plan Description

Similar to the FSP fro 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.

County Name
San Mateo

Work Plan Title
Outreach and Engagement
Community Services and Supports Work Plan #4

COMMUNITY SERVICES AND SUPPORTS
Annual Number of Clients to Be Served
2,000 Total
Number of Clients By Funding Category
0 Full Service Partnerships
0 System Development
2,000 Outreach & Engagement

Population to Be Served

The main goal of our outreach and engagement efforts is to increase access to services for historically un-served and underserved populations and communities. The initiative builds bridges with ethnic, linguistic and cultural populations that experience health disparities and may experience the mental health system as unresponsive to their needs. Targeted populations include African-American, Asian, Filipino, Pacific Islander, and Latino individuals.

PREVENTION AND EARLY INTERVENTION
Annual Number to Be Served
N/A Total
Number of Clients By Type of Prevention
N/A Early Intervention
N/A Indicated/Selected
N/A Universal

Work Plan Description

Strategies include population-based community needs assessment, planning and materials development, hiring of community based "navigators", as well as primary care-based services to identify and engage diverse populations in services. Community Workers build relationships with neighborhood and cultural leaders to ensure that un-served and underserved communities are more aware of the availability of mental health services, and so that these leaders and their communities can have more consistent input about how their communities are served. A number of initiatives are included in this work plan, as follows:

- 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.
- Health Disparity Initiatives – Through cultural disparities grant processes, these initiatives focus on capacity building in African American, Asian, Filipino, Latino, and Pacific Islander communities, with consideration given to the differing approaches and needs of each one of those communities. The model involves community-driven/centered collaborations, outreach, planning processes, needs assessments, pilot projects, materials development, human resources development, specific service design and linkage-building into the behavioral health system.
- Primary Care Interface – This program identifies and serves at-risk individuals that present for healthcare in primary care practices and assures that they receive appropriate behavioral health services, improving access for un-served and under-served populations. The program targets children, youth and families in north and south County served by primary care clinics, and a community-based Federally Qualified Health Center (FQHC). These clinics serve Medi-Cal or uninsured patients and have a high proportion of Asian, Pacific Islander, Latino and African American patients in their populations. In addition, we continue our efforts focused on public and private primary care providers with a high proportion of dual eligible (Medicare/Medi-Cal) older adults in their patient populations, including Latino, Asian, Pacific Islander, and African American patients. Bilingual/bicultural clinicians mirror the populations served in the clinics. Their role is to provide assessment, brief treatment and referral for more intensive services required by patients with SMI or SED, as well as consultation for primary care providers. The program has psychiatric capacity to provide training and consultation to primary care providers serving all ages, and consultation to the mental health clinicians.
- Crisis Hotline for Youth – MHSA funds a licensed mental health clinician attached to an otherwise funded 24/7 suicide prevention hotline operated by Youth and Family Enrichment Services -a youth-focused community-based organization. The licensed mental health clinician provides clinical expertise and ensures follow-up and linkage to the behavioral health system.
- 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 will fund a clinical liaison position and a portion of this critical program.

County Name

San Mateo

Work Plan Title

School-Based Services
Community Services and Supports Work Plan #5

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

65 Total

Number of Clients By Funding Category

0	Full Service Partnerships
65	System Development
0	Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

N/A Total

Number of Clients By Type of Prevention

N/A Early Intervention

N/A Indicated/Selected

N/A Universal

Population to Be Served

This program identifies and serves seriously emotionally disturbed youth that are not receiving 26.5 (Individualized Education Plan [IEP]) or other mental health services, may have co-occurring disorders, and are at risk of school drop-out, gang involvement/ juvenile justice or child welfare involvement. The program targets Asian, Pacific Islander, Latino, and African American youth in selected middle schools in un-served and underserved regions of the County. Asian, Pacific Islander and Latino populations are under-represented in the behavioral health system; African Americans are over-represented in child welfare and juvenile justice populations.

Work Plan Description

Schools offer a normative environment that is community-based, culturally diverse, involves families, and focuses on resilience in all areas of life. Our School-Based program offers mental health services on-site at middle schools, eliminating barriers to access. Youth and their families are engaged in mental health services to enable staying at home and out of the juvenile justice or child welfare systems.

Key aspects of the program:

- Identification of, and referral mechanisms for, seriously emotionally disturbed (SED) children and their families
- Referral of those children eligible for 26.5 services
- Mental health services to at-risk youth

School staff initiates the process. Services are individualized and based on the youth's mental health assessment. Individual, group and family therapy is provided on an as-needed basis.

County Name

San Mateo

Work Plan Title

Pathways: A Mental Health Court Program Community Services and Supports Work Plan #6

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

150 Total

Number of Clients By Funding Category

15 Full Service Partnerships

135 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

N/A Total

Number of Clients By Type of Prevention

N/A Early Intervention

N/A Indicated/Selected

N/A Universal

Population to Be Served

The Pathways Program serves seriously mentally ill (SMI) non-violent 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.

Work Plan Description

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

County Name

San Mateo

Work Plan Title

Older Adult System of Care Development Community Services and Supports Work Plan #7

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

850 Total

Number of Clients By Funding Category

0 Full Service Partnerships

850 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

N/A Total

Number of Clients By Type of Prevention

N/A Early Intervention

N/A Indicated/Selected

N/A Universal

Population to Be 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 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.

Work Plan Description

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 is 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.

County Name

San Mateo

Work Plan Title

System Transformation and Effectiveness Strategies Community Services and Supports Work Plan #8

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

3,500 Total

Number of Clients By Funding Category

0 Full Service Partnerships

3,500 System Development

0 Outreach & Engagement

Population to Be Served

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

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

N/A Total

Number of Clients By Type of Prevention

N/A Early Intervention

N/A Indicated/Selected

N/A Universal

Work Plan Description

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 engage un-served ethnic and linguistic populations more successfully 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.

Training initiatives included in this plan (soon to be funded through the MHSA Workforce Education and Training component) are a critical aspect of System Transformation, as follows:

- Multi-year integrated services program development and training for co-occurring alcohol, other drug, and psychiatric disorders for all providers (BHRS –Mental Health + AOD, and contracted providers) serving all ages.
- Cultural competence training for all providers serving all ages
- Family support and education training for all providers serving all ages
- Cognitive behavioral approaches for all clinicians serving all ages, including Trauma focused Cognitive Behavioral Therapy for those serving populations affected by trauma (children/youth in the child welfare system, girls and young women, etc.)
- 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 Evidence Based Practices and emerging practices as resources permit, including Functional Family Therapy (FFT), Dialectical Behavioral Therapy, and Teaching Pro-social Skills.
- Supported employment and training for peer and parent partners.

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.

County Name

San Mateo

Work Plan Title

Early Childhood Community Team Prevention and Early Intervention Work Plan #1

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

0 Total

Number of Clients By Funding Category

0 Full Service Partnerships

0 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

180 Individuals (I), 60 Families (F) Total

Number of Clients By Type of Prevention

27 (I) Early Intervention

153 (I) 60 (F) Indicated/Selected

0 Universal

Population to Be Served

Families at risk due to demographics, children in families with known risk, and ultimately all families are identified by this program among its priority populations. Each team will be targeted to serve a specific geographic community within San Mateo County, in order to build close networking relationships with local community partners also available to support young families. Per recommendations made by stakeholders during the planning process, initial targeted communities are those with a high proportion of Latino and/or isolated farm worker families, and those experiencing a significant degree of interpersonal violence, which has significant impact on families and young children.

Work Plan Description

The Early Childhood Community Team project incorporates several major components that build on current models in our community in order to support healthy social emotional development of young children.

A Community Team comprises a community outreach worker, an early childhood mental health consultant, and a licensed clinician.

- The community outreach worker is tasked with networking within the community and community-based services to identify young families with children between birth and three years of age, and connect them with necessary supports. Another role of the community worker is to offer groups for families with young children using the Touchpoints Program. This approach is based on the concept of building relationships between children, parents and providers around the framework of key points in early development.
- The early childhood mental health consultant focuses on supporting social emotional development in child care settings by providing early childhood mental health consultation.
- The third team member, a licensed clinician, provides brief, focused services to families that are identified with a need by the community outreach worker, the early childhood mental health consultant or partners in the network of community services such as primary care providers. Brief services are defined as less than one year. Among the licensed clinician tasks are screening for postpartum depression and facilitating appropriate service plans with primary care and/or mental health services.

County Name

San Mateo

Work Plan Title

Community Interventions for School Age and Transition Age Youth Prevention and Early Intervention Work Plan #2

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

0 Total

Number of Clients By Funding Category

0 Full Service Partnerships

0 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

356 Total

Number of Clients By Type of Prevention

126 Early Intervention

230 Indicated/Selected

0 Universal

Population to Be Served

Priority populations for this project as identified by the stakeholders during the planning process are school age children and youth and transitional age youth who are at risk, who are un-served or underserved, and those experiencing early onset of psychotic illnesses.

Work Plan Description

This project reaches out to children and youth (including transition age youth) in non-traditional settings such as schools and community based agencies, such as substance abuse programs, drop-in centers, youth-focused and other organizations operating in communities with a high proportion of underserved populations. The project comprises three interventions, as follows:

- The first intervention, Teaching Prosocial Skills (TPS), addresses the social skill needs of students who display aggression, immaturity, withdrawal, or other problem behaviors. Teaching Prosocial Skills is based on Aggression Replacement Training (ART). TPS has three key components: *Skillstreaming* (the behavioral component), which teaches what to do; *Anger Control Training* (the emotional component), which teaches what not to do; and *Moral Reasoning Training* (the values component), which teaches why to use the learned skills. This intervention targets 6 to 9 yr. old children.
- The second intervention, Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students), is considered a SAMHSA model program that prevents and reduces substance use and abuse and associated behavioral issues among high risk, multi-problem adolescents. It works by placing highly trained professionals (Project SUCCESS counselors) in the schools to provide a full range of prevention and early intervention services. Project SUCCESS is a research-based program that builds on the findings of other successful prevention programs by using interventions that are effective in reducing risk factors and enhancing protective factors. Intervention strategies used are information dissemination, normative and prevention education, problem identification and referral, community based process and environmental approaches. In addition, resistance and social competency skills, such as communication, decision making, stress and anger management, problem solving, and resisting peer pressure are taught, both individually and in small groups.
- The third intervention, Seeking Safety, is an approach to help people attain safety from trauma/Post Traumatic Stress Disorder (PTSD) and substance abuse. Within this project, Seeking Safety targets Transition Age Youth through their contacts with community based organizations. Seeking Safety is a manualized intervention (also available in Spanish), providing both client handouts and guidance for clinicians. It is conducted in group and individual format; with diverse populations; for women, men, and mixed-gender groups; in a variety of settings; and for both substance abuse and dependence. It has also been used with people who have a trauma history, but do not meet criteria for PTSD.

County Name

San Mateo

Work Plan Title

Adults and Older Adults Primary Care/Behavioral Health Integration
Prevention and Early Intervention Work Plan #3

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

0 Total

Number of Clients By Funding Category

0 Full Service Partnerships

0 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

600 Total

Number of Clients By Type of Prevention

600 Early Intervention

0 Indicated/Selected

0 Universal

Population to Be Served

On the Adults side, the project targets individuals who are in other service systems, those who are at-risk, stressed, traumatized, those who are disconnected, and those who are unidentified but need intervention. On the Older Adults side, the population to be served includes individuals who are isolated, who are un-served or underserved, and those experiencing deteriorating health and cognition, which puts them at risk of serious psychiatric illness.

Minority populations, including African America, Asian, Filipino, Latino and Pacific Islander populations, tend to be over-represented within these groups.

Work Plan Description

The project, modeled after the proven IMPACT model, aims to identify and treat individuals in primary care who do not have Serious Mental Illness, and are unlikely to seek services from the formal behavioral health system. The most essential elements of the model are:

- Collaborative care as the cornerstone, and functions in two main ways:
  - The individual's primary care physician works with a care manager/behavioral health consultant to develop and implement a treatment plan (medications and/or brief, evidence-based psychotherapy)
  - The care manager and primary care provider consult with psychiatrist to change treatment plans if individuals do not improve.
- Care Manager/Behavioral Health Consultant (nurse, social worker or psychologist), whom: educates the individual about depression/other conditions; supports medication therapy prescribed by the individual's primary care provider if appropriate; coaches individuals in behavioral activation and pleasant events scheduling/self management plan; offers a brief (six/eight session) course of counseling, such as Problem-Solving Treatment in Primary Care; monitors symptoms for treatment response; completes a relapse prevention plan with each individual who has improved
- A designated Psychiatrist consults to the care manager and primary care physician on the care of individuals who do not respond to treatments as expected
- Outcome measurement: Care managers measure depressive or other symptoms at the start of an individual's treatment and regularly thereafter.
- Stepped care: this means that the treatment is adjusted based on clinical outcomes and according to an evidence-based algorithm.

County Name

San Mateo

Work Plan Title

Total Wellness for Adults and Older Adults Prevention and Early Intervention Work Plan #4

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

0 Total

Number of Clients By Funding Category

0 Full Service Partnerships

0 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

200 Total This number refers only to the number of persons to be trained through the PEI-funded training component of Total Wellness

Number of Clients By Type of Prevention

0 Early Intervention

200 Indicated/Selected

0 Universal

Population to Be Served

On the Adults side, the project targets individuals who are in other service systems, those who are at-risk, stressed, traumatized, those who are disconnected, and those who are unidentified but need intervention. On the Older Adults side, the population to be served includes individuals who are isolated, who are un-served or underserved, and those experiencing deteriorating health and cognition (which puts them at risk of serious psychiatric illness).

Minority populations tend to be over-represented within these groups.

Work Plan Description

We built on several promising practices when devising this program called Total Wellness. BHRS studies of mortality and morbidity in the San Mateo mental health population point to the importance of giving attention to the critical issue of co-morbid conditions. People with serious mental illness have a range of health care 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. Attention to co-morbidity is a top prevention strategy for BHRS.

The Total Wellness model has been designed to be parallel to the IMPACT model, using the current evidence-based practices developed in the world of primary care to improve the health status of 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 mental health setting.

When fully implemented, 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.

A small contribution from MHSA Prevention and Early Intervention dollars funds an integrated training piece included as part of Total Wellness, and focused on providing trainings for all types of providers (County clinics and contract providers serving the target population) on the spectrum of issues related to co-morbid conditions. These training activities aim at providing professionals with the necessary information to help them understand the interconnectedness and the interdependence between mental and physical health. Such very much needed trainings will help bridge a gap in knowledge.

County Name

San Mateo

Work Plan Title

Stigma
Prevention and Early Intervention Work Plan #5

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

0 Total

Number of Clients By Funding Category

0 Full Service Partnerships
0 System Development
0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

8,000 Total

Number of Clients By Type of Prevention

0 Early Intervention
0 Indicated/Selected
8,000 Universal

Population to Be Served

This project, focused on destigmatizing mental illness and substance use and abuse, aims at reaching the San Mateo County community as a whole.

Work Plan Description

There are several components to this initiative regarding stigma, which is designed to form the foundation for a long term effort to focus specific activities within San Mateo County, while avoiding duplicating MHSA statewide initiatives and media campaigns. Those components are:

- Acknowledging that there is a need for ongoing coordination and oversight of local anti-stigma initiatives as well as coordination with state level media and other projects, an Anti-Stigma Advisory Council will provide an ongoing point of focus. Membership to include representatives from different regions and constituencies, providers, consumers, advocates and community leadership. After the initial implementation phase of the PEI projects, the Advisory Council hopes to focus on creating ongoing, local media programs that get out the message to the broader community.
- Among the PEI projects that make up San Mateo County's plan, some have a significant outreach and public education component to them. The initial work in the community, creating connections with community groups, schools, the healthcare system, and other key partners is substantial in a County as densely populated and complex as San Mateo, therefore it requires substantial investment in community mobilization. Short term community mobilization includes contacting and mobilizing either specific ethnic or geographic communities or large and complex systems (schools and colleges, businesses, healthcare providers), working with BHRS and contracted community based-agencies to advance the PEI projects.
- Development of materials that are language and culture appropriate, with different types of materials that are mindful of the right messaging for each ethnic and age group.
- Anti-stigma efforts within the project include addressing the stigmatizing attitude that exists within schools, health, human services, criminal justice and benefits organizations (social security, health plans); staff development and training are key to addressing this issue.
- San Mateo County supports anti-stigma efforts that provide trainings and presentations featuring consumers and family members as presenters. Presenters from ethnic and language communities that are under-served are ideal partners for the anti-stigma work.
- Taking into account that Community Colleges are a resource for reaching young people at the beginning of their career development as well as for reaching young leaders from ethnic and language communities, the project also seeks the opportunity for placement of a curriculum component that educates individuals about mental health and substance use issues, the services that are available, and how to support friends and family members with a mental health and/or substance use issue.

EXHIBIT E - Summary Funding Request

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: **San Mateo** Date: 3/30/2009

	MHSA Component				
	CSS	**CFTN**	**WET**	**PEI**	**Inn**
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate[a/]	$14,546,300	$7,279,700	$3,437,600	$5,588,900	$1,163,000
2. Transfers[b/]					
3. Adjusted Planning Estimates	$14,546,300	$7,279,700	$3,437,600	$5,588,900	$1,163,000
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10[c/]	$14,546,300	$1,936,196	$0	$2,871,036	$0
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds[d/]	$809,952		$73,781	$46,000	
b. Adjustment for FY 2008/09[e/]	$809,952		$73,781	$46,000	
c. Total Net Available Unspent Funds	$0	$0	$0	$0	$0
3. Total FY 2009/10 Funding Request	**$14,546,300**	**$1,936,196**	**$0**	**$2,871,036**	**$0**
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates		$1,936,196			
3. Unapproved FY 08/09 Planning Estimates				$2,871,036	
4. Unapproved FY 09/10 Planning Estimates	$14,546,300				$0
5. Total Funding[f/]	**$14,546,300**	**$1,936,196**	**$0**	**$2,871,036**	**$0**

a/ Published in DMH Information Notices
b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.
c/ From Total Required Funding line of Exhibit E for each component
d/ From FY 2007/08 MHSA Revenue and Expenditure Report
e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted
f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

NOTE: WET funds for FY 09/10 are being requested as part of our MHSA Education and Training Plan submitted to DMH in April 2009.

EXHIBIT E1 - CSS Funding Request

FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request

County: **San Mateo** Date: 3/30/2009

	CSS Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name	New (N)/ Approved Existing (E)		Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	**1**	Full Service Partnership, Child/Youth/TAY	E	$2,472,977	$2,472,977				$1,236,489	$1,236,489		
2.	**2**	Full Service Partnership, Adults	E	$2,740,688	$2,740,688						$2,740,688	
3.	**3**	Full Service Partnership, Older Adults	E	$1,263,518	$1,263,518							$1,263,518
4.	**4**	Community Outreach and Engagement	E	$1,410,551	$141,055		$1,269,496		$352,638	$352,668	$352,668	$352,668
5.	**5**	School Based Services	E	$265,635		$265,635			$265,635			
6.	**6**	Criminal Justive Initiative	E	$673,772	$211,886	$461,886					$673,772	
7.	**7**	Older Adult System of Care	E	$340,226		$340,226						$340,226
8.	**8**	System Transformation	E	$4,281,041		$4,281,041			$1,070,260	$1,070,260	$1,070,260	$1,070,260
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
21.												
22.												
23.												
24.												
25.												
26.	Subtotal: Work Plans[a/]			$13,448,408	$6,830,124	$5,348,788	$1,269,496	$0	$2,925,022	$2,659,417	$4,837,388	$3,026,672
27.	Plus County Administration			$597,892								
28.	Plus Optional 10% Operating Reserve			$500,000								
29.	Plus CSS Prudent Reserve[b/]											
30.	Total MHSA Funds Required for CSS			$14,546,300								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= 50.79%
b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

Please see Attachment 2 for details on expansion items.

EXHIBIT E2 - WET Funding Request

This Exhibit is part of San Mateo's MHSA Education and Training Plan submitted to DMH in April 2009.

EXHIBIT E3 - Technological Needs Funding Request

FY 2009/10 Mental Health Services Act
Capital Facilities and Technological Needs Funding Request

County: **San Mateo** Date: 3/30/2009

Capital Facilities and Technological Needs Work Plans				FY 09/10 Required MHSA Funding	Type of Project	
	No.	Name	New (N)/ Approved Existing (E)		Capital Facilities	Technological Needs
1.	**1**	E-Clinical Care	E	$1,421,716		**X**
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			$1,421,716	$0	$0
27.	Plus County Administration					
28.	Plus Optional 10% Operating Reserve			$514,480		
29.	Total MHSA Funds Required for Capital Facilities and Technological Needs			$1,936,196		

DMH has already approved $3,310,078 for the original proposal in May 2008. In December 2008, an additional $413,010 was approved by DMH as part of the Technological Needs Proposal expansion plan for FY 08/09. For FY 09/10, we are hereby requesting $1,421,716 totaling $5,144,804 for this component. No amount for an operating reserve has been requested for this component until now. The requested amount totals 10% of $5,144,804 ($514,480).

Please see Attachment 2 for details on expansion items.

EXHIBIT E4-Prevention and Early Intervention Funding Request

FY 2009/10 Mental Health Services Act
Prevention and Early Intervention Funding Request

County: **San Mateo** Date: 3/30/2009

	PEI Work Plans		FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
	No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
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	$661,763		$427,499	$234,264	$441,175	$220,588		
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		$30,000			$3,000	$13,500	$13,500
5.	5	Stigma Initiative	$475,359	$475,359			$118,840	$118,840	$118,840	$118,840
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.	**Subtotal: Work Plans**[a/]		**$2,763,229**	$475,359	$804,021	$1,483,849	$950,463	$462,993	$674,886	$674,886
27.	**Plus County Administration**		**$107,807**							
28.	**Plus Optional 10% Operating Reserve**									
31.	**Total MHSA Funds Required for PEI**		**$2,871,036**							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years= 51.15%

Please see Attachment 2 for details on expansion items

EXHIBIT G

Community Services and Supports Prudent Reserve Plan
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County San Mateo **Date 03/30/2009**

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding **$14,546,300**
Enter the total funds requested from Exhibit E1 – CSS line 26.

2. Less: Non-Recurring Expenditures **- $0**
Subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration **+ $597,892**
Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

4. Sub-total **$15,144,192**

5. Maximum Prudent Reserve (50%) **$7,572,096**
Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

6. Prudent Reserve Balance from Prior Approvals **$0**
Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update **+ $0**
Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.

8. Prudent Reserve Balance **$0**
Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50% **$7,572,096**
Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.

The strategies for achieving the prudent reserve levels stipulated in DMH's regulations have been, and will continue to be, the subject matter of discussions with stakeholders in the context of ongoing MHSA planning processes. We continue to analyze our options, one of which definitely entails dedicating future increases in CSS planning estimates to the prudent reserve before funding program expansions.

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.

Date: 30/01/2009	Medium: Written comment, public comment form, MHSA Steering Committee meeting	From: Anonymous
Well done. Outstanding presentation. Very impressive.		Response from BHRS: Thank you.

Date: 30/01/2009	Medium: Public comment, MHSA Steering Committee meeting	From: Karen Philip, Deputy Superintendent, San Mateo County Office of Education
This is a very good plan and I believe it reflects the input received during the planning process from everyone involved.		Response from BHRS: Thank you.

Date: 02/04/2009	Medium: Written comment, public comment form, Mental Health Board meeting. Comment also made orally during public comment session.	From: George Culores, Consumer, Older Adult, Caminar Regional Advisory Board Member and Heart and Soul Board of Directors Member
I do not know if we have one, but there should be a master plan of all services available to mental health clients, an inventory of services.		Response from BHRS: We currently don't have what you're recommending, and we believe it is a good idea. We would like to mention that the San Mateo Network of Care website has a section that was thought out as an inventory of services. The section gives providers a way to describe what they do. We have found that this feature is not as well utilized as it could be; providers haven't kept up their descriptions updated. We continue to encourage them to do so. Organizing ourselves so that we use this Network of Care feature more effectively might be a way to address your suggestion. Thank you for your comment.

Date: 02/04/2009	Medium: Public comment at Mental Health Board meeting.	From: George Culores, Consumer, Older Adult, Caminar Regional Advisory Board Member and Heart and Soul Board of Directors Member
[Apropos the Governor's proposal to redirect MHSA funds to mitigate the State budget gap]. Do we rely on the media and newspapers to broadcast our plight?		Response from BHRS: We all agree that media outreach is a powerful advocacy strategy at the reach of all those who wish to advocate for or against this proposal. With regards to Proposition 1E, what we know at this point, and what stakeholders have agreed to, is that if this measure passes we will have to hold the proposals included in the Annual Update, and rethink our strategy, as the available dollars will decline. We are moving forward with an optimistic plan, but it might not be feasible.

Date: 02/04/2009	Medium: Public comment at Mental Health Board meeting.	From: Joe Francisco, Consumer, Heart and Soul
[Apropos the Governor's proposal to redirect MHSA funds to mitigate the State budget gap]. Why is the Governor going to the voters for this? Can't he just take the money? It seems to me that there are risks without going to the voters.		Response from BHRS: The consensus is that the Governor has to go to the voters to get permission to supplant (the non-supplantation clause was included in the original legislation passed by the voters, and only the voters can change that); what he is proposing would clearly fall under supplantation. That said, you do make a good point: when AB 2034 was eliminated, MHSA unspent administrative funds were disbursed to counties to make up for the lost revenue, without requiring voter approval. This would indicate that the MHSA dollars are somewhat vulnerable.

Date: 02/04/2009	Medium: Public comment at Mental Health Board meeting.	From: George Culores, Consumer, Older Adult, Caminar Regional Advisory Board Member and heart and Soul Board of Directors Member
[Apropos the proposed FSP expansion] What is the classification for seniors over 90? It's not older adults, is it? Is it older-older adults? We have to realize that this is a special group of consumers. There has to be recognition of issues of dementia, Alzheimer, etc.		Response from BHRS: For the proposed expansion there will be RFPs (Requests For Proposals), and the new FSPs (Full Service Partnerships) may involve new providers, and may look very different than the currently funded ones. In the statewide dialogue about FSPs one of the critiques that has emerged from the current model is that we have unintendedly created a sort of double standard: on one hand, the providers that are currently providing services through the FSPs have been successful working with a population that has been primarily homeless or with people who have come out of institutions; but there are many persons who are already receiving services through other providers (such as County clinics) who may not be getting access to all of the resources of a Full Service Partnership. A year ago we had a conversation about the average hours of service for a mental health client (about 15 per year), which is actually quite low. Our goal with this phase of FSP expansion would be to try to include access to FSP for clients who have been served through our clinics and who are not really getting optimal care. Some of those new FSPs may be partnerships between private providers and the County. We have started something with Mateo Lodge at South County and something with Caminar at North County, and that looks like a promising start that we might be able to expand upon in this next version. The needs of the frail medically complex older and older-older adults are very unique. We would like to continue to hear from you all about this. Our MHSA expansion proposal is very generic at this point. We would like to hear from you how these FSPs should be targeted and what should be taken into account.

Date: 02/04/2009	Medium: Public comment at Mental Health Board meeting.	From: Carole Marble, Consumer, Heart and Soul Associate Director
[Follow-up comment] George *[Culores]* raised a good point about something that I have spoken about for years. We are getting older and this older-older adult group of people... they have no place. We have no place for these people. There is a place called Casa Olga. Is there any work, or has anything been thought about or discussed about making our own Casa Olga? We have to cross the County border to get to Casa Olga and they are very generous about accepting us, but I know that the place is full. And 20 years from now, when our residents are ready to be in that kind of a setting or have no choice but to be in that kind of a setting, what are we doing today to prepare for that?		Response from BHRS: A number of us have seen a presentation about the aging pattern in San Mateo County (the "Aging 2020" project), and heard this message loud and clear. One of the things that came up is that we will need roughly 400 new beds to accommodate some of that aging that we know will occur. It is complicated because there could be changes in technology between now and then, and there is also a question of what is an appropriate setting for people to live in; we really want people to age where they are and not in institutions. But the county has definitely made understanding of this problem and planning for it a priority, bigger than us -bigger that Behavioral Health- and put a lot of resources into studying the problem. There have been discussions about how to use the existing assets of the County to remedy this. There is a strong concern about it. It might be an appropriate presentation to have at an upcoming Mental Health Board meeting. It really is a freight train coming down the tracks.

Date: 02/26/2009 and 03/04/2009	Medium: Letter. This comment was also offered in person at the public hearing held on March 4, 2009.	From: Francine Serafin-Dickson, Chair, Emergency Medical Care Committee
Text of the letter (transcription): As Chair of the San Mateo County Emergency Medical Care Committee (EMCC), I am writing to request that the San Mateo County Mental Assessment and Referral Team (SMART) program be considered for increased funding. This program is in jeopardy as the provider, American Medical		Response from BHRS: Thank you very much for your letter, for offering comment in person, and for your thorough account of the SMART program activities. We agree with your assessment that this

Date: 02/26/2009 and 03/04/2009	Medium: Letter. This comment was also offered in person at the public hearing held on March 4, 2009.	From: Francine Serafin-Dickson, Chair, Emergency Medical Care Committee

Response (AMR), reports it is operating this program at a loss of $389,541 annually. AMR screens and triages approximately 850 clients per year.

This innovative and successful program was developed as partnership between AMR and the County in 1995. An experienced, and specially trained, paramedic responds to behavioral emergencies upon the request of law enforcement and determines what would meet the needs of the individual. The goal is to match the disposition of the client to those services that will best meet the client's needs.

Prior to the SMART program, law enforcement had only three options available when encountering a behavioral emergency: 1) do nothing; 2) place the person under arrest, or 3) place the person on a 5150 hold and have them taken to either San Mateo Medical Center or Peninsula Hospital for psychiatric evaluation. In many instances none of these three options best met the needs of the client. Examples of other options now available with the SMART program include:

- Making arrangements for food and shelter.
- Taking the client to see the mental health professional who has already been providing the mental health services.
- Contacting family members and making appropriate alternative arrangements.
- The SMART paramedic consults with the "SMART Clinician" who is a mental health professional in the County Mental Health Division. She follows up on clients seen by the SMART program. Prior to the SMART program, in many instances clients were paced on 5150, taken in for psychiatric evaluation and immediately discharged as they did not meet criteria for the 72 hour hold. In many instances, these clients presented with behavioral emergencies repeatedly as their needs were not being met. The SMART program allows us to meet the patient needs and follow-up on these individuals.

The EMCC supports the SMART program and urges to consider additional funding so that it can continue to provide this important service to people of the San Mateo County.

[Signature.]

program is a valuable service to the community of behavioral health clients and their families.

As part of the proposed expansion for Community Services and Supports for FY 09/10, we are including a $217,497 allocation, which includes both the clinical liaison position for SMART and funds for the actual SMART program.

In this budgetary climate in which revenues are declining, and taking into account the projected decline in MHSA dollars in future years, this is the best possible scenario at the moment. We will continue to look at opportunities to help sustain this program as availability of funds allow.

Please know that the current proposed plan might need to be revised if there is an immediate decline in MHSA revenue for FY 09/10, which would be a direct consequence of the passing of Proposition 1E -the Governor's proposal to redirect $460 million from MHSA in two years to mitigate the State of California budget gap. The voters will make a decision in this regard at the May 19 Special Election.

Date: 03/01/2009	Medium: Letter.	From: Clarise Blanchard, PhD., MFT, Department Director, Recovery Services, Youth and Family Enrichment Services
Text of the letter (transcription): Youth and Family Enrichment Services (YFES) would like to actively support the 2009/2010 proposed expansion plan for the Mental Health Services Act. YFES is a community based organization with over 30 years of services in San Mateo County, specifically providing treatment for clients with co-occurring disorders. The expansion plan was based on a rigorous effort that included BHRS, community based providers, consumers and their families, and YFES took a very active role in the effort. It is the belief of our organization that the 2009/2010 expansion plan accurately represents this. YFES believes that the plan makes every effort to provide resources and treatment specifically targeting at risk seriously mentally ill/emotionally disturbed clients often presenting with co-occurring disorders. YFES especially appreciates the effort of the expansion to include Full Service Partnerships between BHRS and contract providers. Services are specifically expanded to children, youths, TAY, adults, and older adults. [Signature.]		Response from BHRS: Thank you very much for your thoughtful comments.

Date: 03/01/2009	Medium: Letter.	From: Clarise Blanchard, PhD., MFT, President, San Mateo County Mental Health Contractors Association.
Text of the letter (transcription): The San Mateo County Mental Health Contractors' Association would like to go on record as supporting the 2009/2010 proposed expansion plan for the Mental Health Services Act. The Contractors Association is a coalition of approximately 20 community based organizations providing services in San Mateo County for		Response from BHRS: Thank you very much for your thoughtful comments.

Date: 03/01/2009	Medium: Letter.	From: Clarise Blanchard, PhD., MFT, President, San Mateo County Mental Health Contractors Association.
clients presenting with mental health issues and co-occurring disorders. The Contractors Association is pleased to support the 2009/2010 expansion plan presented for our consideration and input. It is the observation of the Contractors Association that the plan makes every effort to leverage each dollar to its maximum potential to provide resources and treatment specifically targeting at risk seriously mentally ill/emotionally disturbed clients often presenting with co-occurring disorders. As explicitly described in the expansion plan, 50.25% of the CSS funds are scheduled to be spent on Full Service Partnerships (FSP). The expansion plan includes FSPs between BHRS and contract providers expanding services to children, youths, TAY, adults, and older adults. The proposed expansion plan for 2009/2010 is a well thought out, carefully strategized plan that promises to deliver services to some of our most challenging consumers, and it is driven by a coalition of efforts by BHRS, providers, community representatives, clients, and their families. [Signature.]		

Date: 03/03/2009	Medium: Public comment form.	From: Gail McCann, YFES Women's Enrichment Center
Text on the form (transcription): Clients attending Women's Enrichment Center rely on the supportive, accessible, visionary services received through San Mateo County's Behavioral Health and Recovery Services. The expansion plan mindfully considers these clients in its vision.		Response from BHRS: We appreciate your kind comments.

Date: 03/03/2009 and 03/04/2009	Medium: Letter. This comment was also offered in person at the public hearing held on March 4, 2009.	From: Chief Donald J. Mattei, Vice President, San Mateo County Police Chiefs' and Sheriff' Association

Text of the letter (transcription):

I am writing on behalf of the San Mateo County Police Chiefs' and Sheriff's Association. It came to our attention that the funding for the SMART program may be in danger. I was one of the representatives for the law enforcement community that sat with the original group to help integrate the program with local law enforcement. I know SMART is a very important component in the San Mateo County Mental Health System. It would be a tragedy to lose it.

SMART provides a great of resources, experience, and information about an individual's history to police officers. SMART helps police officers make critical decisions regarding individuals in crisis by giving them choices. Prior to SMART, the answer would have been to place the individual on a 5150 W&I hold and let the hospital sort it out. Now, law enforcement views itself as part of the Mental Health team. With the advent of the Crisis Intervention Team (CIT) and the Field Crisis Consultation Committee (FCCC), SMART has become an important player by providing officers in the field with tools to deal with mental health issues they did not have before.

If the program were discontinued because of funding, it would greatly hamper the San Mateo County Mental Health System. Especially in a county where we pride ourselves on cooperation and serving those less fortunate, to lose SMART would be a misfortune. The fear I have is if this program were discontinued, we would revert back to the days where there were no choices. A police officer, who did not know all the options and did not want to leave someone alone in a hotel room, would simply place the person on hold. SMART eliminates this type of thinking and brings San Mateo County on the cutting edge of helping those needing it the most. As the representative of the San Mateo County Police Chiefs' and Sheriff's Association, I strongly suggest continuing the program.

[Signature.]

Response from BHRS:

Thank you very much for your letter, for offering comment in person, and for your thorough account of the SMART program activities. We agree with your assessment that this program is a valuable service to the community of behavioral health clients and their families. Unfortunately, it is not up to BHRS deciding the continuation of this program. However, as part of the proposed expansion for Community Services and Supports for FY 09/10, we are including a $217,497 allocation, which includes both the clinical liaison position for SMART and funds for the actual SMART program.

In this budgetary climate in which revenues are declining, and taking into account the projected decline in MHSA dollars in future years, this is the best possible scenario at the moment. We will continue to look at opportunities to help sustain this program as availability of funds allow.

Please know that the current proposed plan might need to be revised if there is an immediate decline in MHSA revenue for FY 09/10, which would be a direct consequence of the passing of Proposition 1E -the Governor's proposal to redirect $460 million from MHSA in two years to mitigate the State of California budget gap. The voters will make a decision in this regard at the May 19 Special Election.

Date: 03/04/2009	Medium: Public comment form.	From: Tonia Chen, GIRLS Program, YFES
Text on the form (transcription): The MHSA expansion proposal offers support to severely mentally ill/at-risk adolescents, providing co-occurring treatment services. This is a population that cannot be ignored or discarded. Thank you.		Response from BHRS: We appreciate your kind comments and we agree wholeheartedly with your sentiment regarding at-risk adolescents with co-occurring issues. Thank you.

MENTAL HEALTH SERVICES ACT
COMMUNITY SERVICES AND SUPPORTS
PROPOSED EXPANSION PLAN FY 09-10

CATEGORY	PROGRAM	POPULATION	FY 09-10
Administration	Health disparities/cultural competence: 1.5 staff who oversee and provide staff support to cultural disparities planning and initiatives; connect to the statewide efforts; and partner with others to support the County cultural competence initiative.	All Ages	$131,910
Full Service Partnerships [1]	Expansion will create approximately 50 slots in FSP for children, youth and TAY, and 60 slots in FSP for adults and older adults (to be determined based on RFPs). Some of these may be partnerships between County and contract providers. No change in cost per client. This proposal expands on the original approved plan, and continues to target high risk seriously mentally ill/emotionally disturbed clients who may also have co-occurring disorders, be homeless, formerly homeless, at-risk of homelessness and/or frequent emergency room visits and institutionalization. The focus continues to be an integrated approach to services, with a model that is culturally competent, client and family-driven; with a goal setting philosophy that empowers consumers and their families to engage in services; and is focused on focused on wellness, recovery and resiliency.	Children/Youth/TAY Adult /Older Adult	$900,000 $900,000
Outreach and Engagement	The proposed allocation will sustain existing outreach and engagement activities that would otherwise have to be reduced: ▪ Position to oversee development of integrated system of entry across mental health and alcohol and other drug services for un-served and underserved individuals and consumer/peer position at Access Team ($237,861); ▪ Clinical liaison and support of SMART, 911 mobile response team for people with mental illness ($217,497); ▪ Services for 50 uninsured people provided through the private provider network ($52,800). ▪ Development and production of outreach materials to consumers and family members and others ($95,467).	All ages	$603,625

[1] The Act requires that over 50% of the CSS funds be spent on Full Service Partnerships (FSP). Our current FSP/other work plans ratio is 50.25%. San Mateo County's FSPs, in alignment with the state requirements, offer intensive, field-based mental health services and a "whatever it takes" approach, to divert from the criminal justice system and/or acute and long term institutional levels of care. Services include mental health services and medication supports, case management, peer support, housing subsidies, linkage to supported education, supported employment, and other resources. Service provision accomplished through high staff-to-client ratio, with 7/24 support.

MENTAL HEALTH SERVICES ACT
COMMUNITY SERVICES AND SUPPORTS
PROPOSED EXPANSION PLAN FY 09-10

CATEGORY	PROGRAM	POPULATION	FY 09-10
System Development	The proposed allocation will sustain existing activities that would otherwise have to be reduced in the System Transformation part of the plan: Co-occurring initiative: ▪ Psychiatrists and clinician serving SMI/SED adults who are also developmentally disabled ($92,571). ▪ Clinician to co-lead groups, provide training and consultation to others to increase co-occurring treatment system-wide ($117,497). ▪ Clinician at Resource Mgmt. Outreach and Support Team to provide field based support to co-occurring adults ($111,940). ▪ System-wide psychiatry for medication support ($44,277). ▪ Capacity within drug and alcohol providers including clinical work, psychiatry, nurse practitioner for co-occurring clients of all ages ($622,638). ▪ Two clinicians serving high risk children/youth referred through Child Welfare to Partners program ($229,437). ▪ Two clinicians providing services to high risk children/youth through Youth Services Campus Probation programs ($199,940).	All ages	$1,418,300
All	Covers 4% increases in costs for all programs that occurred between 07-08 and 08-09.	All ages	$332,844
Reserve	The Act allows for the use of up to 10% of funds to constitute an operating reserve to cushion against fluctuations in MHSA and other revenue.	N/A	$500,000
TOTAL[2]			$4,786,679

[2] Total revenues assume redirection to Prevention and Early Intervention Plan of $712,413 in primary care-based behavioral health services formerly in CSS Plan.

PEI Revenue and Expenditure Budget Worksheets - Updated Form No. 4

County Name: San Mateo

Date: March 30, 2009

PEI Project Name: Primary Care/Behavioral Health Integration for Adults and Older Adults

Provider Name (if known): Unknown

Intended Provider Category: Primary health care

Proposed Total Number of Individuals to be served:	FY 08-09		FY 09-10	600
Total Number of Individuals currently being served:	FY 08-09		FY 09-10	0
Total Number of Individuals to be served through PEI Expansion:	FY 08-09		FY 09-10	600
Months of Operation:	FY 08-09	0	FY 09-10	12

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 08-09	FY 09-10	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$399,000	$1,228,549	$1,627,549
	$0	$0	$0
b. Benefits and Taxes @ % included in line 1a	$119,700	$0	$119,700
c. Total Personnel Expenditures	$518,700	$1,228,549	$1,747,249
2. Operating Expenditures			
a. Facility Cost	$2,000	$2,021	$4,021
b. Other Operating Expenses	$117,740	$161,774	$279,514
c. Total Operating Expenses	$119,740	$163,795	$283,535
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
a. Total Subcontracts	$0	$0	$0
4. Total Proposed PEI Project Budget	$638,440	$1,392,344	$2,030,784
B. Revenues (list/itemize by fund source)			
MediCal and insurance billing	$145,194	$186,685	$331,879
	$0	$0	$0
	$0	$0	$0
1. Total Revenue	$145,194	$186,685	$331,879
5. Total Funding Requested for PEI Project	$493,246	$1,205,659	$1,698,905
6. Total In-Kind Contributions	$12,995	$9,837	$22,832

PEI Revenue and Expenditure Budget Worksheets - Updated Form No. 4

BUDGET NARRATIVE for updated "PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION" PROJECT

Budget assumptions: Each primary care provider has a panel of approximately 1,200 patients, about 20% of which will have some level of mental health need during the year. Our initial target is 15 to 18 primary care providers.

A. Expenditures, 1. Personnel

The basis for all salary determinations corresponds to San Mateo County's Job Classification table.

Staffing and all considerations regarding Personnel described in the original project remain unchanged.

We are hereby submitting an expansion proposal of this existing work plan (PEI Work Plan #3) that involves the redirection of specific prevention and early intervention items originally approved and funded through the Community Services and Supports (CSS) component, as follows: As part of our Outreach and Engagement original approved Community Services and Support Work Plan #4, we created a County-operated field-based primary care consultation, assessment, brief treatment team targeting seriously mentally ill older adult clients of primary care providers serving Latino, African American, and Asian populations in northern and southern regions. These prevention and early intervention activities were originally funded out of the Community Services and Supports component because the need was among the top priorities identified as part of that initial planning process. Stakeholders understood then, and agree now, that as the PEI component is implemented, prevention and early activities should be redirected to said component to the extent possible. As we move towards integration, and taking into account the prevention and early intervention nature of the item described above, and the fact that it is a clear Primary Care/Behavioral Health Integration item that falls philosophically and practically within the purpose and intent of our approved Primary Care/Behavioral Health Integration Prevention and Early Intervention (PEI) Work Plan #3, we are expanding said project to reflect the previously approved item redirected from CSS. This is an expansion of an existing PEI Work Plan, not a new one.

The updated budget sheet in the previous page includes additional staffing, as follows: 2 FTE Psychological Social Workers, $253,224 ($126,612 each, including benefits); 1 FTE Psychiatrist, $263,241; 1 part-time (.27 FTE) Psychiatrist, $68,637; and 0.5 FTE Patient Services Assistant, $38,461. The total cost for this additional staffing is $623,563 and is calculated based on the actual budget costs for the positions that carry out the work described above.

A. Expenditures, 2. Operating Expenditures

Additional operating expenditures are $88,850, which includes services and supplies, overhead costs, printed materials, travel/mileage expenses.

B. Revenues – Unchanged.

TECHNOLOGICAL NEEDS PROJECT

♦ Expansion Plan ♦

FY 09/10

Background

San Mateo County's Technological Needs Proposal (Enclosure 3 per DMH Information Notice 08-09) was approved by the State Department of Mental Health on July 28, 2008, following approval of our County's Technological Needs and Capital Facilities Component Proposal (Enclosure 1 of DMH Information Notice 08-09). An expansion for FY 08/09 was approved in December 2008.

Availability of new funding for this component of the Mental Health Services Act was communicated to counties via DMH Information Notice 08-21, indicating that counties shall follow the guidance provided in DMH Information Notice 08-09 to request additional dollars.

Required Exhibits per DMH Information Notice 08-09

The following Exhibits (with appendices, when applicable) remain unchanged with respect to the original approved proposal:

- Exhibit 1 – Face Sheet
- Exhibit 2 – Technological Needs Assessment
- Exhibit 3 – Technological Needs Proposal Project Description
- Exhibit 5 – Stakeholder Participation Report

The following Exhibit is modified through the current proposed expansion (changes in red). Appendices to this exhibit, if applicable, remain unchanged:

- Exhibit 4 – Budget Summary

DMH Information Notice 08-09 indicates that Exhibit 6 "describes the required reporting for County Technological Needs Project implementation progress only after the Project has been approved"; it also indicates that "Counties shall submit this report, which may be prepared by the vendor, periodically as required in the Technological Needs Project Proposal." Since our project has been approved and is already being implemented, we are including this exhibit in our current submission.

- Exhibit 6 – Status Report

Community Planning Process

This proposal expands on our original approved plan. The proposed expansion is included as part of the Annual Update to the Three-Year Program and Expenditure Plan for FY 09/10. The planning process for the Annual Update was described on page 3. However, it is repeated below to facilitate the review of this section.

"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 Board (MHB), 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, as well as all Work Group meetings for all MHSA components 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 provider and County agencies as well as consumer and advocacy organizations; community partners (CBOs, advocacy organizations, the general public) are notified via announcements 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 Board meeting; at meetings with community partners (such as the East Palo Alto Mental Health Advisory Group); at meetings with advocates (such as NAMI and Heart and Soul); and internally with line and management staff."

"The MHSA Implementation Group, comprising the Director and Assistant Director of the Behavioral Health and Recovery Services Division (BHRS), the Director of Alcohol and Other Drug Services, the Director of the Office of Consumer and Family Affairs, the current and past president of the MHB, BHRS leadership directly responsible for implementation of MHSA programs, the Health Disparities Manager, the MHSA Coordinator and others as appropriate, meets regularly (average frequency is once every other week) to discuss implementation progress and challenges, and to provide input on ongoing processes."

For the Technology component we have a dedicated body, the eCC Steering Committee, which has oversight and consultation responsibility for all aspects of eCC. This Committee includes BHRS Managers, Administrative staff, Clinical Staff, Contractors, Billing and Finance Staff, as well as ISD staff.

The aforementioned stakeholders provided input into this expansion proposal included as part of the Annual Update. The MHSA Steering Committee approved submission on January 30, 2009.

Public Review

The Mental Health Board released the draft proposal for a 30-day public comment period on January 30th, 2009. The public comment period ended on March 2nd. The document was posted on the County website and on Network of Care. Two notices were published in the local newspaper of largest circulation.

Notifications and flyers were sent by mail and email to all our networks including consumer and advocacy organizations, as well as providers and community partners.

A public hearing was held on March 4th, 2009.

Summary of Public Comment: none received.

EXHIBIT 4 - BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

County: San Mateo
Project Name: eClinical Care

Category	(1) 08/09	(2) 09/10	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Personnel					
Clinical Implementer (2.5 years)	108,685	111,945	57,652	278,282	None
Administrative Implementer (2.5 years)	68,588	70,645	36,383	175,616	None
Software Trainer (3 years)	144,000	236,250	144,000	524,250	Unknown
Consultant for course and curriculum development, user guides, and help system (3 years)		236,250	TBD	236,250	198,250
Project Management (1.5 FTE)	103,728	139,080		242,808	
Total Staff (Salaries & Benefits)	425,001	794,170	238,035	1,457,206	
Hardware					
From Exhibit 2					
Topaz Signature Pads (150 units) for electronic signature capture	29,783			29,783	
Scanner with Kofax software for conversion of paper charts and on going scanning needs	2,168			2,168	
Production scanners (3 units) for conversion of paper charts and on going scanning needs	21,000			21,000	
Citrix Hardware Servers	20,000			20,000	
Citrix Software	40,000			40,000	
Scanning and Data Entry workstations for conversion of paper charts and on going scanning needs	21,000			21,000	
Server and disk space for document management		30,000		30,000	
Printers in treatment offices to print consents, treatment plans, patient education materials		80,000		80,000	
Total Hardware	133,951	110,000		243,951	

Category	(1) 08/09	(2) 09/10	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
Software					
From Exhibit 2					
Netsmart development of Outpatient Laboratory Orders and Results for Avatar Cal-PM	50,000			50,000	Maintenance costs will be included in maintenance of Avatar Cal-PM
Netsmart development of Interface to San Mateo County Medical Center – Send notification to care manager of BHRS consumer admission to PES, Emergency Department or Psychiatric Inpatient	48,000			48,000	Maintenance costs will be included in maintenance of Avatar Cal-PM
Data Conversion – Mapping, clean-up and Import of 20+ years of historical registration, demographics, CSI, episodic and authorization data.	71,250			71,250	None
Cache licenses for Netsmart Avatar application		185,344		185,344	
Infrastructure software for backup and disaster recovery		10,000		10,000	None
Total Software	169,250	195,344		364,594	
Contract Services (list services to be provided)					
ISD Project Management	154,400	154,400	154,400	463,200	
Application Analysts	157,560	157,560	78,780	393,900	
Reporting Analyst	154,400	154,400		308,800	
Interface Analyst	92,664	92,664		185,328	
Data Conversion Analyst	123,750	75,750		199,500	
Test Management Analyst		45,678		45,678	
HSA/VRS Scanning and Data Entry for conversion of paper charts	550,000			550,000	
2 Medical Records Clerks, 1 Medical Records Supervisor for chart preparation	156,000			156,000	

Category	(1) 08/09	(2) 09/10	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*
2 Finance/Billing staff	115,200	115,200		230,400	
Netsmart Technologies Professional Services	134,082	268,164		402,246	
Total Contract Services	1,638,056	719,902	233,180	2,935,052	
Administrative Overhead					
Other Expenses (Describe)					
Total Costs (A)	**2,366,258**	**2,163,330**	**471,215**	**5,000,803**	
Total Offsetting Revenues (B) **					
MHSA Funding Requirements (A-B)	**2,366,258**	**2,163,330**	**471,215**	**5,000,803**	
NOTES:					

MENTAL HEALTH SERVICES ACT
TECHNOLOGICAL NEEDS
FY 09-10

ITEM	DESCRIPTION	FY 09-10
Personnel	Project Management – 1.5 FTE. Project management ensures that San Mateo County's Electronic Health Record (EHR) and Clinical Decision Support system –"eClinical Care" is implemented on time, on budget, and in accordance with the project design.	$139,080
Professional Services	Netsmart Technologies – BHRS' contract with Netsmart Technologies contains a fixed fee payment and two lump sum payments for "Professional Services". Fixed-fee professional services include Netsmart's project management, as well as training, consultation and guidance to set up the software modules. Netsmart has a team of five people working with BHRS on the implementation of eCC; in addition to expertise in project management, this team contributes expertise in practice management and billing, clinical implementation and reporting, managed care, and document management implementation.	$268,164
Contracted Services	Billing/Accounting – 2 FTE for first half of FY 09/10 in BHRS' Finance/Billing area to maintain current level of Accounts Receivables as eCC is rolled out, hence ensuring fiscal viability.	$115,200
Software Trainer	Software Trainer	$236,250
	Course and Curriculum Development Consultant	$236,250
Server and disk space	For document management	$30,000
Printers	Printers will be installed in treatment offices to print consents, treatment plans, patient education materials, etc.	$80,000
Cache database licenses	For Netsmart Avatar application.	$185,344
Infrastructure software	For server backup and disaster recovery	$10,000
Data Conversion Analyst		$75,750
Test Management Analyst		$45,678
TOTAL[3]		$1,421,716

[3] In our Capital Facilities and Technological Needs Component Proposal we indicated that San Mateo County has yet to identify capital facilities projects that fit the State parameters for that funding. This is largely because most mental health facilities in San Mateo are not owned but leased by the County. This situation determined that we dedicated 60% of the funding available in this component for Technological Needs, and the remaining 40% for future Capital Facilities projects contingent on viability of the latter. DMH approved this request. After further analysis of the feasibility of Capital Facilities projects, and taking into account the needed expansion of the Technological Needs budget, we are modifying the Capital Facilities/Technological Needs breakdown from 40/60 to 25/75.

EXHIBIT 6 - STATUS REPORT
FOR FUNDED TECHNOLOGICAL NEEDS PROJECT

PROJECT INFORMATION
County: San Mateo

Project Name: eClinical Care — **Report Period: January 1st – March 31st, 2009**

Project Sponsor: Louise Rogers
Title: Director of Behavioral Health and Recovery Services

Project Start Date: March 3, 2008
Project End Date: November 25, 2011
(projected**)**

Project Risk Area	Risk Category	Select Response
Financial	Budget Metrics	Green
	Forecast	Green
Technology	Technology assessment	Green
	Environment	Green
	Performance	Green
Project Management	Project	Green
	Risk Management Plan	Green
	Steering Committee	Green
	Communication	Green
Technical	Customizations	Yellow
	Conversions	Green
	Interfaces	Green
	Reports	Green
Application	Functionality	Green
	Release Stability	Green
	Customization complexity	Yellow
People	FTE Commitment	Green
	Staff Skills/Training	Green
	Consultant Training/Skills	Green
	Consultant staffing level	Green
Customer Satisfaction	Product Expectations	Yellow
	Relationship with Contractor	Green
Scope & Project Schedule	Scope Definition	Green
	Scope Change Mgmt.	Green
	Project Schedule	Green