SAN MATEO COUNTY

HEALTH SYSTEM

BEHAVIORAL HEALTH
AND RECOVERY SERVICES DIVISION

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

2010/11 ANNUAL UPDATE

EXHIBIT A

COUNTY SUMMARY SHEET

2010/11 ANNUAL UPDATE **EXHIBIT A**

COUNTY SUMMARY SHEET

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

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

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

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

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

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT B**

COUNTY CERTIFICATION

County Name: **San Mateo**

County Mental Health Director	Project Lead
Name: Louise 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 System Behavioral Health and Recovery Services Division 225 37th Avenue, San Mateo, CA 94403	

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

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

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

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

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

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

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

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

Patrick Miles

Signature

06/04/2010
Date

Patrick Miles, PhD (Assistant Director) for Louise Rogers, MPA
Director, Behavioral Health and Recovery Services

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

2010/11 ANNUAL UPDATE **EXHIBIT C**

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: San Mateo

Date: June 4, 2010

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

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

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.
The planning structure originally devised by San Mateo County to seek input for the Community Services and Supports component of the MHSA –the first one to be implemented- remains in place, and has since framed all planning activities related to any component of the MHSA. The Mental Health 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 are open to the public, and attendance is encouraged through various means: notice of meetings (flyers, emails) are sent to a broad, ever growing network of contacts including community partners and County agencies as well as consumer and advocacy organizations, and the general public; announcements are made at various meetings and venues; presentations and progress reports are provided by BHRS, and input is sought on an ongoing basis at the different committees of the Mental Heath Board (they meet monthly); at the monthly Mental Health Board meeting; at meetings with community partners and advocates; and internally with staff. Over the summer of 2009, the Behavioral Health and Recovery Services Division engaged the large BHRS stakeholder community in a Budget Development Forum for FY 10-11 (all funding sources, including MHSA). The Forum focused of developing a response to the local directive to address San Mateo County's structural deficit that has occurred because revenues have not kept pace with expenses. We had tremendous engagement from more than 130 stakeholders on average, who participated in six initial planning meetings chaired by Cameron Johnson of the Mental Health Board, and George Torney, a retired Alcohol and Other Drug provider. The group was charged with developing scenarios we would adopt if faced with either a 10, 20, or 30 percent reduction in the County's net contribution to our funding. Another work product of the Forum was the development of a series of principles within which to frame funding decisions to be

taken to respond to the decline in MHSA revenue.

The MHSA Steering Committee met on November 10, 2009, when an annual activities progress report was provided. The Committee approved the principles mentioned in the previous sentence.

More recently, on January 26, 2010, a meeting was convened of the same stakeholder group that participated in the budget forum last year. BHRS provided an update of revenue projections, and the group discussed strategies to address the decline in all funding sources, including MHSA.

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

The MHSA Steering Committee heard the plan on March 24, 2010. The Mental Health Board released the plan for public comment on April 7, 2010. Public comment was closed on May 7, 2010, when the Mental Health Board held a public hearing on the subject.

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

As we have stated above and in previous submissions, MHSA is very much an ever present and vibrant part of BHRS's day-to-day business. Information is shared with a diverse group of stakeholders on an ongoing basis through progress reports, and by sharing successes and challenges. All the information is made available to stakeholders on the Network of Care website, and on the San Mateo County Behavioral Health and Recovery Services website –which contains an MHSA webpage. Hard copies are made available upon request.

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

Lastly, the MHSA Steering Committee comprises representatives from all BHRS stakeholder groups, including consumers, family members, advocates, community partners serving the diverse San Mateo community, the education, law enforcement, criminal justice and probation communities, other government partners, staff, and top County executive leadership. All these stakeholder groups participated in the planning process.

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

No programs were eliminated. However, a prevention oriented program originally funded through CSS was redirected to PEI in order to expand a similar prevention program approved as part of San Mateo County's PEI Plan. The original approved CSS Plan included a program called "School-Based Initiative" (known internally as "Project Growth"). At the time when this program was included in the CSS Plan and prioritized for

implementation by the stakeholder group that crafted the Plan, the PEI component had not been yet rolled out. As a matter of fact, our original approved CSS Plan included a number of prevention-related activities because the stakeholder community believed the need was so high that it couldn't wait to be addressed until the release of the PEI guidelines, which took place 2 years later. 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.

Local Review Process

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

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

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

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

- **Karen Philip, Deputy Superintendent, San Mateo County Office of Education, MHSA Steering Committee member:**
  - Having just been through a round of budget cuts ourselves in the Office of Education I know how extraordinarily difficult this is --trying to do as much as you can with less. I just want to compliment you on a job well done. How difficult this must be, to try to still get your good work done, advance Community Services and Supports and Prevention and Early Intervention, in the midst of cuts this year and in future years. Thank you so much for the work you've done.

- **Judith Schutzman, Family Member, Mental Health Board Chair and MHSA Steering Committee Co-Chair**
  - I have a question about reserves. Can you explain again the reserves piece? *Answer: There are two pieces to the reserve; the State gave us the ability to have an operating reserve, and that has only been in the budget for one year --but will now not be requested. That was a reserve that gave us a little flexibility if we overspent in one area. And the second piece is a portion of the overall BHRS reserve. Another question that has been asked is why we can't move unspent monies in different pots into the prudent reserve as a way to move the dollars around, but that is not allowed.*

  - Is there any possibility to put the Capital Facilities dollars that we can't really use locally to a different use?

Answer: The Capital Facilities dollars could be diverted to Technology. There is also some potential that the rule around only using those dollars on a County-owned asset be changed. Legislation on the matter has been floated and has some support; this legislation would change that requirement thus providing more flexibility in the use of the Capital Facilities funds.

- **Luna Calderon, Clinical Services Manager, Youth System, Behavioral Health and Recovery Services**
  - The reduction in Community Services and Supports, is that because that money was only allocated for a certain number of years or is it because of a reduction in the overall MHSA available dollars?

  - *Answer: It's basically the tax revenue for the whole pot what has gone down; it's just that the way that the State chose to target some of the categories as one time versus an annual amount; we just happened to still have some one time monies remaining in those other categories. We chose to use our one time dollars in a multi-year period to stretch it out and make it last longer.*

- **John Herbert, Psychiatrist, Union of American Physicians and Dentists (UAPD) Representative in the MHSA Steering Committee**
  - It seems like the core of what this draft proposal is saying is that we are dealing with this first big loss fairly easily by taking away all of our reserves; but then facing a very, very significant loss the following year for which we won't have any reserves.

  - *Answer: Correct. There is a chance that we will see Medi-Cal revenues go up a bit next year; there is a chance that realignment will go up a bit --because realignment is also tied to the economy. But we have basically pushed off a problem rather than take the cuts this year, and we've also said we want to strategize around how these other funding buckets can be used to support us in this context that we're in, in which direct services are going to be impacted quite a bit. Not everybody is aware of this, but the overall budget picture for BHRS for next year is about a $10 million reduction, so this $1.88 million in MHSA funds reduction is just one part of a much bigger picture. We are indeed pushing the problem to next year hoping that there will be some other positive changes but knowing that chances are we are going to have to take some pretty harsh reductions.*

- **Melissa Platte, Executive Director, Mental Health Association and MHSA Steering Committee member**
  - I'm assuming that there is some advocacy effort to try and increase the local flexibility for the MHSA.
    Answer: There are a number of things that are helpful. Some of it is hard-baked in the legislation itself, but there's certainly been a lot of advocacy around the State, their process, and how they use the discretion they have in these matters. Also, there is a pretty strong effort to look at regional issues. Some of the money is earmarked for regional or statewide efforts. We are hopeful, for example, that regional issues like suicide prevention (like the one we face with Caltrain along with neighbor counties) perhaps can be funded through some of those efforts. But

again, in terms of lack of flexibility, some of it is hard-baked in the original legislation.

- **Randall Fox, Client, Mental Health Board and MHSA Steering Committee member**
  - In the Technology bucket, is that specifically for administrative types of things or can it be used clinically to purchase equipment or things like that?
    Answer: The Technology bucket could cover a variety of different types of technological improvements that support evidence-based practices. Introducing the electronic health record, as we are, is probably as much as we will be able to take out of our initial Technology allocation. But if the economy were to improve over time it could become a way to pay for other kinds of innovations such as personal health records, or some of those improvements that have become common in the healthcare arena. Right now the technology dollars are paying for the electronic health record we're implementing, and the associated equipment.

  - This all seems very straightforward and makes sense to me; I am in support of this proposal.

- **Robert Ortiz, Client, Mental Health Board and MHSA Steering Committee member**
  - I don't like service cuts! But I also understand that times are tough. Please let's try to limit the damage to the clients.
    Answer: Every effort has been made to develop appropriate strategies to address the reduced MHSA revenues in FY 10/11 while avoiding impacts to clients. However, future years of projected further decline in MHSA revenue might leave us with tougher decisions ahead.

- **Raja Mitry, Community Advocate**
  - Hello Sandra: First, excellent work on the plan update! I'd like to provide some comments as a community member and advocate for stakeholder voice. Page 12: In reviewing the breakdown of ethnicities, there is no identification of San Mateo County's middle-eastern clients seen from different countries of that ethnic background, even though the number of Arabic language speakers are indicated (however that doesn't specify the country of origin). The numbers are not large - but important, nonetheless. As a person of Arab heritage, I could fall under 2 different categories if Middle Eastern was offered on that list: 1) White (referring to my racial identity), doesn't provide any cultural information data-wise about me; however, 2) ethnicity as Middle-Eastern (specifically an Arab-American of Palestinian heritage and Christian faith would be more revealing and relevant to how services can be assessed and delivered). I note the importance of country of origin because it has impact on outcome issues around identity, addressing stigma, etc., that could influence penetration into communities and retention rates of clients.

    People of Mid-Eastern descent come from different regions of the Arab world, spanning the Mediterranean area to further east, as well as the north African countries, and refugees of different groups displaced by war. It is a very diverse

population with a common written language but many different spoken dialects and vernacular, and religions including a variety of Christian denominations besides the worship of the Islamic faith and its affiliations. I believe it's important to identify in a meaningful way these individuals and families in order to better serve them and develop outreach strategies to the communities through informed awareness about the history and geography, sensitivity to different cultural traditions and values, and understanding of various religious beliefs and practices. [It's crucial to distinguish between the peoples of the Arab-speaking world and those countries located in south Asia such as Pakistan, Afghanistan, etc. and not mistakenly confuse historical, geographical and linguistic contexts.]

There are large numbers indicated for "Other" and "Unknown." I wonder if these numbers include some of the people to which I refer.

Thank you very much for the well-implemented plan.

Answer: Thank you very much for your comments. In the past few years BHRS has redoubled efforts to better capture demographic information of persons who come into contact with our system. Much work remains to be done in this arena, and we continue to look at our data collection systems and processes in order to improve them. Your assumption that Arab and other Middle Eastern communities would probably fall under the "other" and/or "unknown" categories in our data set is correct. 2000 U.S. Census data show that Arab and other Middle Eastern communities represent roughly 1.8% of San Mateo County's total population. The breakdown offered by the census data includes the following categories: Arab/Arabic; Egyptian; Iraqi; Jordanian; Lebanese; Moroccan; Palestinian; Syrian. We do not currently have prevalence data of mental illness for the Arab and other Middle Eastern population. We wholeheartedly agree with your view that it is important to develop outreach strategies that are culture and language appropriate, and that cultural considerations should be taken into account when providing services. We have made great strides in this regard with the populations identified as un-served and underserved in our County. We intend to further our work in this area and will take your recommendation into consideration as we further our work.

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2010/11 ANNUAL UPDATE **EXHIBIT C1**

IMPLEMENTATION PROGRESS REPORT ON FY 2008/09 ANNUAL UPDATE

County: San Mateo

Date: June 4, 2010

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

CSS, WET and PEI
1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges. **[X] Please check box if PEI component not implemented in FY 08/09.**

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

Turning Point TAY FSP enrollees are engaged in a variety of supported education activities including GED prep activities, high school completion, education readiness groups at the Drop-In Center and attending the College of San Mateo. In collaboration with the Mental Health Association (MHA), Turning Point has 5 transitional age youth living in supported individual apartments. In addition, there currently exists a spectrum of housing options for TAY including board and care and SRO's. MHA continues to work with Edgewood to identify housing options most appropriate for the TAY FSP enrollees, and has obtained consultation from a housing consultant who has worked with similar populations to identify best practices. MHA continues to participate with San Mateo County's Department of Housing and Human Services Agency and others in planning and

implementing the County's Ten Year Plan to End Homelessness (HOPE) that has a significant "special needs/supported housing" component.

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

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

By the end of FY 08/09 the Full Service Partnerships had served a total of 336 clients. In addition, 4707 clients were served through Outreach and Engagement activities, and 3,684 clients were served through System Development initiatives. Behind these high level numbers are many meaningful outcomes, of which the following are only a few:

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

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

Through Outreach and Engagement activities and targeted programmatic efforts BHRS is expanding the client base within un-served and underserved populations, although not without challenges. In addition, through a series of culture/identity groups focused initiatives BHRS promotes the Division's cultural competence mission. These initiatives

support the engagement of un-served and underserved communities. There has been a significant addition of community partners and clients in the Cultural Competence Committee, which helps support and guide these initiatives.

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

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

activities and projects that should be undertaken, as well as partnerships that should be formed so as to achieve these goals. These recommendations were summarized and distributed to attendees and BHRS leadership. It also informed the BHRS Chinese Initiative Planning Committee as it prioritized activities for FY 09-10.

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

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

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

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

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

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

PEI

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

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

PEI was not implemented in FY 08/09.

CLIENTS SERVED THROUGH CSS

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

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

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

LANGUAGE (Latest data available FY 07/08)

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☐</td><td>☒</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☒</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Priority populations to be served by the program are: 1) Seriously emotionally disturbed children, youth and their families, who are at risk of out-of-home placement or returning from residential placement, with juvenile justice or child welfare involvement; 2) Seriously emotionally disturbed and dually diagnosed transition age youth at risk of or returning from residential placement</td></tr>
</table>

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

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

Date: **March 24, 2010**

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

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

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

Population to be served: Seriously mentally ill adults who may also have co-occurring disorders to be served by the FSP include: 1) Those eligible for diversion from criminal justice incarceration if adequate multi-agency community supports can be provided; 2) Currently incarcerated individuals for whom early discharge planning and post-release partnership structure and support may prevent recidivism and/or re-hospitalization; 3) Individuals placed in locked mental health facilities who can succeed in the community with intensive supports; and 4) Individuals whose mental illness results in frequent emergency room

visits, hospitalizations, and homelessness that puts them at risk of criminal justice or institutional placement. The program focuses on engagement of Latino, African American and Pacific Islander populations that are over-represented in the criminal justice system and underrepresented in the mental health system.

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

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

County: **San Mateo**

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

Date: **June 4, 2010**

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
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<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☐</td><td>☒</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
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<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☒</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">This Full Service Partnership serves seriously mentally ill older adults and medically fragile individuals who are either at risk of institutionalization or currently institutionalized and who, with more intensive supports, could live in a community setting. In many instances these individuals have co-occurring medical conditions that significantly impact their ability to remain at home</td></tr>
</table>

or in a community-based setting. The program outreaches especially to Asian, Pacific Islander and Latino individuals, as these populations are under-represented in the current service population.

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

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

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

Date: **June 4, 2010**

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><th>No</th><th>Question</th><th>Yes</th><th>No</th><th></th></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☐</td><td>☒</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☒</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☒</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>☒</td><td>If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td>$1,410,551</td><td>$1,045,623</td><td>-34.9%</td></tr>
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</td></tr>
<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
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</table>

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: **San Mateo**

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

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

Date: **June 4, 2010**

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
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<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☒</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☒</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
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<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">The Pathways Program serves seriously mentally ill (SMI) nonviolent offenders with co-occurring disorders -mental health and substance use/abuse. The program was designed to be appropriate to the issues and needs of Latino, African Americans and Pacific Islander populations, as they are over-represented in the criminal justice system.</td></tr>
</table>

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

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

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

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: June 4, 2010

<table>
<tr><th colspan="5">CSS and WET</th></tr>
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Population served: Seriously mentally ill (SMI) older adults, including those served by specialty field-based outpatient mental health team, County clinics, community-based mental health providers, mental health managed care network providers (private practitioners and agencies), primary care providers, Aging and Adult Services, and community agencies that provide senior services. There is an emphasis on specific ethnic/linguistic populations for different regions of the County. For example, in the</td></tr>
</table>

Coast region the focus is on Latino populations, while in North County the focus is on Asian populations, and in South and Central County the focus is on African American, Latino, and Asian and Pacific Islander populations.

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: June 4, 2010

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<tr><td colspan="5">All populations served by Behavioral Health and Recovery Services benefit, with an emphasis on improving services to ethnic and linguistic populations that experience disparities in access and appropriateness of services, and assuring integrated and evidence-based services to those with co-occurring disorders.</td></tr>
</table>

- Throughout the MHSA outreach and planning process, participants spoke about the need to fundamentally transform many aspects of the system to truly enact wellness and recovery philosophy and practice, and more successfully engage un-served ethnic and linguistic populations in services. The System Transformation and Effectiveness Strategies Work Plan contains the elements identified as critical to the transformation in the planning process, including a focus on recovery/resilience and transformation; increased capacity and effectiveness of County and contractor services through an infusion of training, bilingual/bicultural clinicians, peers/peer-run services and parent partners; and implementation of evidence based and culturally competent practices.
- Cultural competence training for all providers serving all ages
- Family support and education training for all providers serving all ages
- Wellness and recovery training including the SAMHSA wellness management and recovery toolkit, and Wellness Recovery Action Plans (WRAP) for providers serving transition age youth, adults and older adults. Wellness and recovery training includes modules led by consumers and family members.

Other system transformation strategies include expanded family support/education services for children/youth/transition age youth, and peer supports for adults and older adults, as well as consumer self-help centers.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

Objectives:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Range of proposed trainings activities, as follows:
A) Trainings delivered by and for consumers and family members. Examples include Paving the Way, a San Mateo model that provides training and supports for consumers and family members joining our workforce, and that also supports existing</td></tr>
</table>

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

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

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

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

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

Objectives:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

Objectives:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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<tr><td colspan="5">Description:
Training in the area of cultural competence is designed to reduce health disparities in our community, to provide instruction in culturally and linguistically competent services, and to increase access, capacity, and understanding by partnering with community groups and resources. Educational and training activities will be available to consumers, family members,</td></tr>
</table>

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

Objectives:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

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

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

Objective: Improve competency of clinical staff in best practices.

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

<table>
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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Description:
Staff surveys indicated that the preferred means of training was through clinical consultation on specific treatment challenges. San Mateo County has piloted this approach with the hiring of a Coordinator of Integrated Dual Disorder Treatment who meets</td></tr>
</table>

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

Objective:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

CSS and WET				
Previously Approved				
No	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☒	☐	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☐	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☐	If yes, complete Exh. F1; If no, answer question #4
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a)	Is the change within ±15% of previously approved amount?	☐	☐	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
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FY 09/10 funding	FY 10/11 funding	Percent Change

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

Objective:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Description:
San Mateo County competes with other similar organizations and the private sector to hire employees with specialized, needed skills into a number of positions that are difficult to fill. Offering financial incentives to attract and retain candidates to these</td></tr>
</table>

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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</table>

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

Objectives:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

<table>
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<tr><td colspan="5">Description:
Many adult workers consider career change after developing a long work history, and accumulating excellent work and life experience. Giving the current economic downturn, many experienced adult workers are changing careers or returning to the</td></tr>
</table>

workforce, and healthcare is an attractive option. Mental healthcare can best benefit from the experience of these workers by providing them with opportunities to engage in mental healthcare occupational experiences.

Objective:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

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

Objective:
To achieve diverse staff retention by:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

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

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

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>☐</td><td>If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Description:
The Child Psychiatry Fellowship was initiated in 2007-08 and 08-09 utilizing WET dollars advanced to San Mateo County, and early implementer of the MSHA. It is our hope to sustain the fellowship in future years. The Child Psychiatry Fellowship</td></tr>
</table>

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

Objective:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>6.</td><td>Is this an existing program with no changes?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>7.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>8.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>9.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>☐</td><td>If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
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</table>
</td></tr>
<tr><td>10.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.
For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</td></tr>
<tr><td colspan="5">Description:
This action provides stipends to trainees from local universities who contribute to expand the diversity as well as the linguistic and cultural competence of our workforce. Our stipend program for interns offers a fixed amount to students in our system to</td></tr>
</table>

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

Objective:

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: June 4, 2010

Prevention and Early Intervention				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	☐	☒	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than15% of the previously approved amount?	☒	☐	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	☐	☐	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			

San Mateo County's original approved Community Services and Supports (CSS) Plan included a program called "School-Based Initiative" (known internally as "Project Growth"). At the time when this program was included in the CSS Plan and prioritized for implementation by the stakeholder group that crafted the Plan, the Prevention and Early Intervention (PEI) component had not been yet rolled out. When the PEI guidelines were released San Mateo County developed its now approved Prevention and Early Intervention Plan, which includes a program called "Community Interventions for School and Transition Age Youth". The population to be served by that program includes school age children, youth, and transitional age youth (TAY) who are at-risk and those who are un-served and/or underserved. The program reaches out to children and youth/TAY 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 und-served and underserved populations. The project comprises three interventions, as follows:

- The first intervention (unchanged) addresses the social skill needs of students who display aggression, immaturity, withdrawal, or other problem behaviors. It does so by using the "Teaching Prosocial Skills – (TPS)" model, which 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 (hereby expanded) works by placing highly trained professionals in the schools to provide a full range of prevention and early intervention services. In the original approved PEI Plan, the program achieves its goal through "Project SUCCESS", a research-based model that builds on the findings of other successful prevention programs by using interventions that are effective in reducing risk factors and enhancing protective factors, with strategies such as information dissemination, normative and prevention education, problem identification and referral, community based process and environmental approaches. Through the planning process for the FY 10/11 Annual Update our stakeholder community saw it fitting to expand this intervention by adding the "School-Based Initiative" formerly funded through CSS to achieve the same goal of placing professionals in the schools to provide prevention and early intervention services. Schools offer a normative environment that is community-based, culturally diverse, involves families, and focuses on resilience in all areas of life. The "School-Based Initiative" (or "Project Growth") identifies children and their families at risk and uses interventions that are effective in reducing risk factors and enhancing protective factors, with strategies such as information dissemination, problem identification and referral, psycho-education, and bolstering individual and family strengths through individual, group and family counseling. This intervention is offered in middle schools with a high proportion of un-served and underserved populations, predominantly Latinos and other students from low income families. School staff initiates the process. Services are individualized and based on the youth's assessment. Referrals are provided as needed. The constellation of prevention and early intervention services offered aims at enabling the youth to remain at home and out of the juvenile justice or child welfare systems.
- The third intervention (unchanged) focuses on helping people attain safety from trauma/Post Traumatic Stress Disorder (PTSD) and substance abuse. It does so through the use of "Seeking Safety", an intervention that 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.

5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates Total Individuals: 421 Total Families: Had not reported # of families to be served in previous submission. Unknown at this time.

5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	**Prevention**	**Early Intervention**
	Total Individuals:	230	191
	Total Families:	-	-

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

2010/11 ANNUAL UPDATE **EXHIBIT D**

PREVIOUSLY APPROVED PROGRAM

County: San Mateo

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

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

Date: March 24, 2010

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

2010/11 ANNUAL UPDATE **EXHIBIT D1**

ELIMINATION OF PROGRAM

Select one:

☒ **CSS**
☐ **WET**
☐ **CF**
☐ **TN**
☐ **PEI**[1]
☐ **INN**

County: San Mateo

Program/Project Number/ Name: School-Based Services – Community Services and Supports Work Plan #5

Date: June 4, 2010

1. Clearly identify the program/project proposed for elimination.

This program is being redirected from CSS to PEI. Per DMH instructions the program needs to technically eliminated from the CSS component and redirected to PEI, in this case, as an expansion of an existing approved PEI program, in light that it shares with it its priority population, community needs and project description. As explained elsewhere in this Annual Update, San Mateo's original approved CSS Plan included a program called "School-Based Initiative" (known internally as "Project Growth"), which identifies children at risk and uses interventions that are effective in reducing risk factors and enhancing protective factors. Strategies include information dissemination, problem identification and referral, psycho-education and bolstering individual and family strengths through individual, group and family counseling. This intervention is offered in middle schools with a high proportion of un-served and underserved populations, predominantly Latinos and other students from low income families.

2. Describe the rationale for eliminating the program/project.

At the time when this program was included in the CSS Plan and prioritized for implementation by the stakeholder group that crafted the Plan, the PEI component had not been yet rolled out. (San Mateo is one of the early implementers of CSS). Our original approved CSS Plan included a number of prevention-related activities that the stakeholder community felt it was critical to implement right away, instead of waiting until the release of the PEI guidelines. 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.

3. Describe how the funding for the eliminated program/project will be used.

The funding will be used to mitigate part of the impact of the decline in available CSS revenue for FY 10/11. San Mateo's allocation for FY 10/11 is $1,881,300 smaller than that of FY 09/10.

[1] For PEI only – Counties eliminating a project with funds targeted toward Children, Youth, and Transitional-Aged Youth, the PEI Funding Request (Exhibit E4) should reflect that at least 51% of PEI funds are directed towards individuals under age 25. Small counties are exempt from this requirement. The PEI Program selected for local evaluation may not be eliminated.

2010/11 ANNUAL UPDATE **EXHIBIT E**

MHSA SUMMARY FUNDING REQUEST

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

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

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

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

2010/11 ANNUAL UPDATE

EXHIBIT E1

CSS BUDGET SUMMARY

FY 2010/11

EXHIBIT E1

CSS BUDGET SUMMARY

County: San Mateo

Date: 7/22/2010

	CSS Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs											
1.	1	FSP Child/Youth/TAY	$2,764,622	$2,764,622				$1,382,311	$1,382,311		
2.	2	FSP Adults	$2,564,565	$2,564,565						$2,564,565	
3.	3	FSP Aolder Adults	$1,182,062	$1,182,062							$1,182,062
4.	6	Pathways - Criminal Justice Initiative	$578,196	$190,805		$387,391				$578,196	
5.	7	Older Adults System of Care	$385,784		$385,784						$385,784
6.	8	System Transformation	$3,775,341		$3,775,341			$943,835	$943,835	$943,835	$943,835
7.			$0								
8.			$0								
9.			$0								
10.			$0								
11.			$0								
12.			$0								
13.			$0								
14.			$0								
15.			$0								
16.	Subtotal: Programs [a/]		$11,250,570	$6,702,054	$4,161,125	$387,391	$0	$2,326,146	$2,326,146	$4,086,596	$2,511,681
17.	Plus up to 15% County Administration		$368,807								
18.	Plus up to 10% Operating Reserve										
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$11,619,377								
New Programs											
1.	4	Community Outreach and Engagement	$1,045,623	$130,703		$914,920		$261,406	$261,406	$261,406	$261,406
2.			$0								
3.			$0								
4.			$0								
5.			$0								
6.	Subtotal: Programs [a/]		$1,045,623	$130,703	$0	$914,920	$0	$261,406	$261,406	$261,406	$261,406
7.	Plus up to 15% County Administration		$0								
8.	Plus up to 10% Operating Reserve		$0								
9.	Subtotal: New Programs/County Admin./Operating Reserve		$1,045,623								
10.	**Total MHSA Funds Requested for CSS**		$12,665,000								

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

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

WET BUDGET SUMMARY

2010/11 ANNUAL UPDATE

EXHIBIT E2

County: San Mateo

Date: 6/4/2010

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

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

FY 2010/11 **EXHIBIT E4**

PEI BUDGET SUMMARY

PEI BUDGET SUMMARY

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

	PEI Programs		FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs									
1.	1	Early Childhood Community Team	$390,448	$346,523	$43,925	$390,448			
2.	2	Community Interventions for School Age and Transition Age Youth	$831,253	$548,627	$282,626	$554,169	$277,084		
3.	3	Primary Care/Behavioral Health Integration for Adults and Older Adults	$1,205,659		$1,205,659		$120,566	$542,547	$542,547
4.	4	Total Wellness for Adults and Older Adults	$30,000				$3,000	$13,500	$13,500
5.	5	Stigma Initiative	$0						
6.	6	Youth/TAY Identification and Early Referral	$0						
7.			$0						
8.			$0						
9.			$0						
10.			$0						
11.			$0						
12.			$0						
13.			$0						
14.			$0						
15.			$0						
16.	Subtotal: Programs*		$2,457,360	$895,150	$1,532,210	$944,617	$400,650	$556,047	$556,047
17.	Plus up to 15% County Administration		$107,807						
18.	Plus up to 10% Operating Reserve								
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		$2,565,167						
New Programs									
1.	7	Community Outreach, Engagement, and Capacity Building	$490,970	$490,970		$122,743	$122,743	$122,743	$122,743
2.			$0						
3.			$0						
4.			$0						
5.			$0						
6.	Subtotal: Programs*		$490,970	$490,970	$0	$122,743	$122,743	$122,743	$122,743
7.	Plus up to 15% County Administration								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: New Programs/County Admin./Operating Reserve		$490,970						
10.	**Total MHSA Funds Requested for PEI**		$3,056,137						

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

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

2010/11 ANNUAL UPDATE

EXHIBIT F

County: San Mateo

Date: June 24,2010

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

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures	$978,876			$978,876
4. Operating Expenditures	$121,199		$227,469	$348,668
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$1,100,075**	**$0**	**$227,469**	**$1,327,544**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)	$281,921			$281,921
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$281,921**	**$0**	**$0**	**$281,921**
C. TOTAL FUNDING REQUESTED	**$818,154**	**$0**	**$227,469**	**$1,045,623**

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

Justification:

Please include your budget narrative on a separate page.

Prepared by: Tess Tiong

Telephone Number: (650) 573-2212

BUDGET NARRATIVE for "OUTREACH & ENGAGEMENT"
(Community Services and Supports Program #4)

A. Expenditures

Personnel

The total budget of $978,876 consists of the cost of staff who provide outreach and engagement program services and activities, $856,807; and the cost of staff supporting the program, $122,069.

Operating Expenses

The total budget of $348,668 consists of the cost of contract providers, $227,469; and operating/overhead cost of $121,199. The contract providers are agencies that deliver services related to this program component. The overhead cost is the program's share of charges and supplies such as telephone/automation, office supplies, printing, copying and other related expenses necessary to operate the program.

B. Revenues

Estimated Medi-Cal revenue of $281,921 is budgeted based on estimated billable costs -FFP portion.

2010/11 ANNUAL UPDATE

EXHIBIT F

County: San Mateo

Date: 16-Jul-10

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

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel			$106,090	$106,090
2. Operating Expenditures			$12,760	$12,760
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services			$372,120	$372,120
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$490,970**	**$490,970**
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$490,970**	**$490,970**

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

Please include your budget narrative on a separate page.

Prepared by: Sandra Santana-Mora

Telephone Number: 650-573-2889

BUDGET NARRATIVE for "COMMUNITY OUTREACH, ENGAGEMENT, AND CAPACITY BUILDING"

A. Expenditures

The Behavioral Health and Recovery Services Division of San Mateo County intends to implement the activities included in this program by contracting with community based providers. Personnel, operating, non-recurring and other costs will be determined upon contracts negotiation based on deliverables. Below is a tentative breakdown of expected costs:

ESTIMATED PERSONNEL COSTS	ESTIMATED OPERATING EXPENSES	ESTIMATED SUBCONTRACTS/ PROFESSIONAL SERVICES
$106,090 (*)	$12,760 (**)	$372,120 (***)

(*) 1FTE Clinician for Crisis Hotline = $106,090
(**) Includes $10,760 for operating costs of organization that will act as fiscal agent for the Community Capacity Building activities; $1,500 for training costs associated with training of partners in Navigator activities; and $500 for translation of materials involving Navigator activities.
(***) The Navigator Program comprises two organizations (one in the East Palo Alto area – EPA, and one in the North part of the County - NC) which function as community anchors or convening entities. These entities subcontract with other community based organizations in the communities of inception. Amounts estimated to be allocated, are: EPA = $146,650; NC = $127,640. Estimated operating expenses for Community Capacity Building activities amount to $97,830 and are aimed, among other things, at improving capacity to incorporate evidence-based practices into day-to-day resources through partnerships and collaboration within a network of community based providers.

B. Revenues

No additional revenues other than MHSA PEI dollars.

2010/11 ANNUAL UPDATE **EXHIBIT F1**

CSS and WET NEW PROGRAM DESCRIPTION

County: San Mateo

Program Number/Name: Outreach and Engagement CSS Program #4

Check boxes that apply:
☒ **CSS** ☐ **WET**
☒ **New** ☐ **Consolidation** ☐ **Expansion** ☒ **Reduction**

Date: June 24, 2010
CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY	65	875	500	$21,266
TAY	65	875	500	$21,266
Adults	219	1010	511	$13,928
OA	50	1725	511	$13,928
Total	399	4485	2022	
Total Number of Clients to be Served (all service categories):			6906	

NEW PROGRAMS ONLY

CSS and WET

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

NOTE: *This is an existing program that will remain unchanged from the standpoint of services. The only change in the program is the way in which it will be funded starting on FY 10/11: until now, the program has been funded 100% with CSS dollars. In FY 10/11 some program elements are being redirected under PEI. The reduction in CSS funding surpasses the 15% threshold established in DMH's guidelines, hence prompting the administrative need to consider this a "new program". Again, we would like to emphasize that the service experience from the perspective of clients will not change.*

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

- **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. One additional initiative focuses on the LGBTQQI population using similar strategies.

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

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

- **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.

Slated for reduction from CSS and redirection to PEI are the *Navigator Program* and the *Crisis Hotline for Youth*; we say "reduction" to adjust to the terminology established by DMH's guidelines. In reality, these services will not be reduced nor changed in any way; they will be funded differently.

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

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

The activities, as well as amount and nature of services of this program remain unchanged, except for the way in which they are funded. This program is part of San Mateo's original CSS approved plan, and has been funded until FY 09/10 exclusively through CSS dollars. Starting on FY 10/11, certain activities will be redirected under PEI; however, the services will remain unchanged. There is no departure from the priorities identified in the Community Planning

Process that lead to the creation of this program in 2005 and to its continued existence ever since.

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

All MHSA and non MHSA-funded programs in San Mateo County are in complete harmony with the planning, implementation and evaluation standards per CCR, Title IX, § 3320 in terms of community collaboration, cultural competence, client and family driven services with a wellness, recovery and resilience oriented focus, aiming at providing a seamless service experience for all who come into contact with our system.

Item 1 above, provides a succinct self explanatory description of how the program relates to the MHSA General Standards. In addition, it is worth noting that this program seeks to identify diverse un-served populations where they are more likely to seek care. By improving access stigma is reduced, which results in appropriately connecting those with Serious Mental Illness and Severe Emotional Disturbance to a level of service that supports recovery/resiliency and the achievement of individual goals.

Consumers of mental health services statewide and nationally have noted that poorly designed crisis systems and their interface with the criminal justice system have the effect of additionally traumatizing people who are in psychiatric crisis—certainly, the antithesis of supporting recovery/resiliency. This program uses modest resources to improve the current crisis system along with a commitment to collaborative planning, which has resulted and continues to result in improvements that incorporate the needs of diverse populations.

The development of community connections aligns with concepts pioneered in children's system of care—be strengths-based and use natural supports. The development of relationships by outreach workers and community planning not only bring people into the mental health programs they need, but build ongoing supports for them in the community. Our work with the community gives us the opportunity to address stigma and educate people on the role they can play in supporting recovery/resiliency for those receiving mental health services.

Another key to this program that illustrates its positive relation to the MHSA General Standards is that the collaborative relationships are with culturally and linguistically diverse communities, bringing them into the process of changing the mental health system to make it more culturally competent.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

As noted above, targeted populations include African-American, Asian, Filipino, Pacific Islander, and Latino individuals. Strategies include population-based community needs assessment, planning and development of materials to identify and engage diverse populations in services.

Special emphasis is given to building relationships with neighborhood and cultural leaders to ensure that un-served and underserved communities are more aware of the availability of behavioral health services, and so that these leaders and their communities can have more consistent input about how their communities are served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

The County has a tradition of operating solid systems of care for children, youth, transition age youth, adults, and older adults. The Behavioral Health and Recovery Services Division (BHRS) has strong capacity for self-assessment and data gathering for monitoring and improving system capacity to meet the needs of racially, ethnically and linguistically diverse populations. BHRS has conducted several self-assessments of its organizational capacity and that of its subcontracted providers to serve a racially, ethnically, and linguistically diverse population. In addition to identifying the racial/ethnic characteristics and linguistic capabilities of the workforce, the Division has collected information about workforce training competencies and gaps, perceptions of barriers to access for racially, ethnically, and linguistically diverse populations.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A.

WET Only

1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

N/A.

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

See #1 above under "New Program".

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

As stated above, the items to redirect from CSS to PEI are the *Navigator Program* and the *Crisis Hotline for Youth*. At the time when these activities were included in the CSS Plan and prioritized for implementation by the stakeholder group that crafted the Plan, the PEI component had not been yet rolled out. (San Mateo is one of the early implementers of CSS). Our original approved CSS Plan included a number of prevention-related activities that the stakeholder community felt it was critical to implement right away, instead of waiting until the release of the PEI guidelines. 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; stakeholders endorsed this redirection and participated in the decision through the planning process to develop the Annual Update. Future Annual Updates may include further redirections until all prevention activities are funded through the corresponding PEI component.

2010/11 ANNUAL UPDATE **EXHIBIT F4**

PEI NEW PROGRAM DESCRIPTION

County: San Mateo

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

Date: June 25, 2010

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

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

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

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage un-served and underserved multicultural communities.

For the development of our initial Community Services and Supports Plan, San Mateo County engaged in a broad and comprehensive process to seek input from the community in terms of unmet needs, identification of un-served and underserved populations, and public perception of the behavioral health system. The process encompassed focus groups, key informant interviews,

town-hall style meetings and a variety of surveys that reached out to the diverse communities of our County where they live and work in order to elicit their opinions. Complementing the input gathered through those strategies, data analyses that used State prevalence methods compared to 200% of FPL (Federal Poverty Level) were utilized to identify un-served and underserved populations and unmet need. In the interest of consistency, and taking advantage of the wealth of information gathered, we have built upon our initial findings and updated the data in successive MHSA planning efforts of which the FY 10/11 Annual Update is not an exception. While we have made inroads since the initial implementation of the Mental Health Services Act, the following assertions continue to ring true:

- ⇨ Outreach and community/provider education are perceived as key strategies to help improve the understanding of the behavioral health system
- ⇨ Stigma, shame and isolation are identified as barriers to care
- ⇨ Un-served and underserved communities, including Latino, Filipino, Chinese, Tongan, and African American communities, see stigma as an especially strong deterrent to seeking mental health services; there is consensus on the need to reach out to the different communities through effective strategies that incorporate community leaders who can lend their credibility to and participate in targeted outreach efforts. At the same time, those community leaders recognize the need for capacity building within the provider community in order to better address the behavioral health needs of the population, especially those traditionally under/unrepresented in the behavioral health system.
- ⇨ Community/provider education and informational materials in the language and culture of the communities those materials intend to target continue to be identified as key to demystifying and fostering understanding of mental illness.
- ⇨ Peer involvement in different spheres is viewed as a key engagement strategy, as is family involvement.
- ⇨ Outreach strategies and support to youth and transition age youth in the areas of stigma and suicide prevention are also areas identified with high need.

A number of activities to address the above issues were included in our original approved CSS Plan, under the Outreach and Engagement Work Plan #4 (see details on pages # 80 and 81). Most of them are prevention activities that our stakeholders deemed urgent enough not to wait until the release of the PEI guidelines to implement. Through this Annual Update we intend to cease funding two of those prevention activities through CSS in order to bring them under the more appropriate umbrella of PEI. The stakeholder community participated in this decision and agrees with the rationale behind it.

Since these two strategies are already in operation, the assertion that they are succeeding in reaching out and engaging un-served and underserved communities is supported by empirical data. For example, for the third quarter of FY 09/10, community based organizations that are part of the East Palo Alto Outreach Collaborative had contacts with Hispanic (black and non-black), African American, Asian Indian, Chinese, Filipino, Tongan, Native Hawaiian, White/Caucasian and other individuals of unknown/unidentified race and ethnicity. The majority of the contacts fell with the Hispanic, African American and Tongan population, consistent with the ethnic and racial makeup of that geographic area. During the same quarter, the community based organizations that are part of the North County Outreach Collaborative engaged with a majority of Filipino individuals and other Asian/Pacific Islander groups (Chinese, Cambodian, Tongan, Samoan,

Asian Indian), as well as with Latinos, also consistent with the ethnic and racial landscape of the North County area. We plan to continue these efforts as they are proving successful.

A third strategy –not previously funded through the Outreach and Engagement CSS Work Plan #4- involves developing capacity in the provider community, realizing one of the objectives of the PEI component in terms of increasing ability to provide prevention and early intervention services run by appropriately trained and supervised individuals, including standardized identification and increased knowledge base regarding screening and integrated models of treatment for trauma and co-occurring disorders; improved capacity to incorporate evidence-based practices into day-to-day resources; improved cultural and linguistic competency; and improved capabilities to collaborate, partner and share resources and information.

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

The goal of the Community Outreach and Engagement Prevention and Early Intervention Program is to identify individuals who are currently un-served and who will benefit from engaging with the behavioral health system in a way that meets their needs. This program builds bridges with ethnic and linguistic populations that currently do not access behavioral health services or find the services unresponsive to their needs. Community based workers and population based community needs assessments, with planning and materials development are key strategies to engage diverse populations in services. This goal will be achieved through the following activity:

- Navigator Program - As described elsewhere in this Annual Update, this program utilizes a successful model that 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 demystify the system, reduce stigma, and engage community leaders in supporting and connecting people appropriately. 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.

Additional strategies involve ensuring linkage of youth at risk of suicide or self harm, as follows:

- Attached to an otherwise funded 24/7 suicide prevention hotline operated by Youth and Family Enrichment Services -a youth-focused community-based organization-, a licensed mental health clinician will be supported through this activity to provide clinical expertise and to ensure follow-up and linkage to the behavioral health system as needed to youth identified as at risk.

Additional strategies build capacity in the network of community based organizations, as follows:

- Improved capacity to incorporate evidence-based practices into day-to-day resources; improved cultural and linguistic competency; standardized identification and increased

knowledge base regarding screening and integrated models of treatment for trauma and co-occurring disorders; improved capabilities to collaborate, partner and share resources and information.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:			Number of months in operation through June 2011
		Prevention	**Early Intervention**	
Navigator Program	Individuals: Families:	3,500 500		12
Crisis Hotline for Youth	Individuals: Families:		900	12
Community Capacity Building	Individuals: (Families)	2000 30 Providers		12
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	5,500 500	900	

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

A percentage of those served through these PEI services may be referred as needed into formal behavioral health services. There is a structure already in place for such linkages to occur. For example, in East Palo Alto, the outreach effort is connected to the Mental Health Clinic in a way that allows for same-day access if needed. San Mateo County's initiation and engagement rates are among the highest of all California counties.

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

Partnering in a structured collaboration with community-based organizations with credibility and known involvement with multicultural communities results in the legitimization of the outreach effort while building capacity in the community. Other elements include involving key constituencies such as the faith community and other community based organizations that focus on diverse aspects of community life, from education to health and human services. Bridging elements include multicultural leadership on both sides of the equation, identification of shared values, creation of a safe space for collaboration, and the development of a welcoming culture. The development of community connections aligns with concepts pioneered in children's system of care, such as a strengths-based approach and the use of natural supports. The development of relationships by outreach workers and community planning does not only build bridges for un-served and underserved communities but also builds ongoing supports for them in the community. In addition, this work with the community offers the opportunity to address stigma and educate communities.

7. Describe intended outcomes.

- ⇨ Successful bridging of ethnic and linguistic populations that currently do not access behavioral health services or find services unresponsive to their needs
- ⇨ Ongoing community education and linkages to appropriate services/relevant information
- ⇨ Increased access to services for those proven with a concrete need
- ⇨ Community education
- ⇨ Improved trust between diverse communities and the behavioral health system through ongoing collaboration
- ⇨ Identification and linkage of youth identified as at risk of suicide
- ⇨ Increased ability of community based organizations to provide prevention and early intervention services that are evidence based.

8. Describe coordination with Other MHSA Components.

MHSA funded programs and activities are part of the continuum of care in San Mateo County, not isolated programs with no connection with the rest of the system. As a corollary of this philosophy, all MHSA programs and activities are interconnected, and there is a strong culture of collaboration and coordination in the Behavioral Health and Recovery Services Division.

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

Please see page #80, BUDGET NARRATIVE for "COMMUNITY OUTREACH, ENGAGEMENT, AND CAPACITY BUILDING"