

No.	Program Name	FY13 Budget as of June 2012			FY14 Recommended Budget Plan				FY14 Proposed Changes
		Ongoing	One-time	FY13 Total	Ongoing	One-time	FY14 Total	Change	Notes
<b>MHSA CSS</b>									
C01	<b>Child FSP</b> - Intensive all-inclusive age-appropriate program for up to 60 seriously emotionally disturbed ages 0-15 that combines critical core services within a wraparound model. Target population is juvenile justice-involved and SED African-American, Native American and Latino youth at risk of, or returning from, out-of-home placement and youth.	\$1,150,074	\$0	\$1,150,074	\$1,150,074	\$0	\$1,150,074	\$0	None
C02	<b>Child System Development</b> - Establishes systems of care for at-risk young children and families through key Santa Clara County child-serving agencies involved in zero to five-age services. The objectives are to put into place quality screening, assessment, services linkage and parent support models that achieve the outcomes of increased school readiness and success among at risk young children; and to establish early identification and treatment and support interventions with children with significant developmental, behavioral and emotional challenges.	\$290,657	\$0	\$290,657	\$290,657	\$0	\$290,657	\$0	None
C03	<b>Children &amp; Family BHOS Redesign</b> - This program involves the research, design and implementation of system-wide level-of-care screening, assessment, practice guidelines and treatment services to improve the system of care for children and youth, particularly those from unserved and underserved ethnic and cultural populations. Services include: screening, assessment and linkage for young children; services for SED youth involved in the juvenile justice system; redesign of service system for foster care youth; partially funds independent living programs, which provide services to TAY foster youth; Services to Uninsured Youth; Juvenile Competency Restoration program; funding for one Family Affairs coordinator and approximately 4 FTE family partners.	\$2,666,177	\$13,250	\$2,679,427	\$2,666,177	\$41,538	\$2,707,715	\$28,288	Refer to Attachment A and C.
T01	<b>TAY FSP</b> - Intensive all-inclusive age-appropriate 100 TAY consumers with high levels of need are enrolled in an FSP Program that targets youth "aging out" of other child-serving systems.	\$1,035,965	\$0	\$1,035,965	\$1,035,965	\$0	\$1,035,965	\$0	Refer to Attachment A.
T02-04	<b>Behavioral Health Services Outpatient System Redesign / TAY Crisis and Drop-In Services</b> - Expands system of care for TAY youth through a continuum of programs that includes specialized outreach, crisis intervention, linkages, self-help, peer support and case management through a 24-hour Drop-In Center and a community center serving the LGBTQ community (500 served).	\$1,436,289	\$0	\$1,436,289	\$1,436,289	\$0	\$1,436,289	\$0	None

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<b>MHSA CSS</b>									
A01	<b>Adult FSP</b> - Intensive all-inclusive program for 175 highest risk SMI adults who are frequent users of involuntary care; and underserved homeless populations consumers with high levels of need. Based on the AB2034 philosophy, the program provides treatment, case management and community resources necessary to meet the needs of each individual's life circumstances.	\$4,545,934	\$0	\$4,545,934	\$4,351,925	\$0	\$4,351,925	(\$194,009)	Refer to Attachment A.
A02	<b>Adult BHOS Redesign</b> - This plan expands self-help and peer-support services; redesigns outpatient clinics toward a recovery model; incorporates consumer involvement; modifies levels of care to appropriately meet consumers' level of need, and works with system partners (e.g., law enforcement) to improve the care consumers receive when they interface with multiple systems. The service expansion component addresses specific population disparities in the adult system for co-occurring mental health/substance abuse disorders, co-occurring mental health/developmental disabilities, and unserved and underserved ethnic and cultural groups.	\$7,589,738	\$0	\$7,589,738	\$8,049,819	\$1,598,334	\$9,648,153	\$2,058,415	Refer to Attachment A and C.
A03	<b>Criminal Justice System Jail Aftercare Program</b> -This program serves 486 adults 18 to 59 years old with concurrent mental health and substance abuse problems who also are involved in the criminal justice system. A continuum of intensive all-inclusive services, residential, outpatient, and aftercare linkage and case management is offered to clients based on individual need.	\$6,680,608	\$0	\$6,680,608	\$6,535,151	\$0	\$6,535,151	(\$145,457)	Refer to Attachment A.
A04	<b>Urgent Care</b> - The program provides consumers and individuals with emergent needs with critical services and is an alternative to Emergency Psychiatric Services (EPS). MHUC services include crisis counseling, referrals, education, medications, as well as intensive follow-up in the community for a short period of time. This service is available to individuals who walk in for assistance. The program is open from 8AM to 10PM each day, 7 days a week and works closely with EPS staff. On a limited basis, the staff provide mobile crisis response and telephone consultation to the police as they are called to highly emotionally charged situations.	\$3,449,971	\$73,200	\$3,523,171	\$8,223,500	\$0	\$8,223,500	\$4,700,329	Refer to Attachment A and C.

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A05	<b>Consumer &amp; Family Wellness &amp; Recovery Services</b> - This is an initiative to transform the outpatient services of County- and CBO-operated clinics. The initiative provides clinics with the training and practical skills to move towards a recovery and wellness oriented service model, which emphasizes the consumer's principal role in his or her own recovery, appropriate levels of care, and infuses and expands the role of peer mentors, peer-directed services and self-help programs throughout the system.	\$1,059,761	\$0	\$1,059,761	\$1,059,761	\$0	\$1,059,761	\$0	Refer to Attachment A.
OA01	<b>Older Adult FSP</b> - this program offers up to 25 enrollees with intensive wraparound services including. FSPs for older adults are designed to meet the comprehensive needs of seriously mentally ill older adults 60+ years of age. These include psychiatric needs, homelessness or the risk of homelessness, hospitalization or other institutionalization, and the risk of being harmed physically, financially or psychologically.	\$371,288	\$0	\$371,288	\$371,288	\$0	\$371,288	\$0	None
OA02-04	<b>Older Adult Behavioral Health Services Outpatient Redesign</b> -The initiative is intended to result in improved design for age-appropriate access, engagement, screening, assessment, and level of care system assignment for outpatient services; and training and staff development plans to ensure incorporation of core transformation principles and new intervention models throughout the system, including recovery focused services, consumer/family member involvement, and cultural competency.	\$1,305,042	\$280,000	\$1,585,042	\$1,305,042	\$190,000	\$1,495,042	(\$90,000)	Refer to Attachment A and C.

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<b>MHSA CSS</b>									
HC01	<b>Behavioral &amp; Primary Health Care Partnership -</b> This program is an initiative to improve the interface between behavioral health and local medical primary care in collaboration with mental health and substance abuse providers. The program incorporates key evidenced-based administrative and direct service strategies that will improve service access, care coordination and care delivery across healthcare systems. A new Mental Health Specialty Assessment Center (MHSAC) offers mental health assessments and assistance in linking to needed services, enrollment in the VMC primary care system, annual health screenings with pharmacy education for enrolled consumers, and increased pharmacy consultation to improve primary care with psychiatric medication management.	\$5,230,979	\$0	\$5,230,979	\$0	\$0	\$0	(\$5,230,979)	Refer to Attachment A.
HO01	<b>Housing Options Initiative -</b> This program is established to help the MHD and the County directly address the housing needs of consumers through housing development, services, and interagency collaboration. The Office of Housing and Homeless Support Services (OHHSS) was created to oversee MHD's housing development, programs, and services for unserved and underserved consumers of all age groups and their families, particularly those who are homeless or are at-risk of homelessness, have co-occurring disorders, suffer from abuse or are involved in the criminal justice system. Using County General Funds, the OHHSS supports the County's effort to address homelessness throughout the County. The goals and strategies of this program intersect and are coordinated with those of agencies addressing homelessness throughout Santa Clara County.	\$1,878,391	\$558,959	\$2,437,350	\$1,865,281	\$558,959	\$2,424,240	(\$13,110)	Refer to Attachment A and C.

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LP01	<b>Learning Partnership</b> - Is a Division of the SCCMHD comprised of three Units, Decision Support (the Department's research and evaluation unit), Cultural Competency (ensures that cultural needs of the County's ethnic and racial populations are met by the Department) and Continuous Learning (responsible for staff development and consumer and family member workforce education and training). These units are tasked with working together to aid and support the transformation of the Department to a client driven/family supportive wellness and recovery system.	\$1,845,676	\$0	\$1,845,676	\$1,593,772	\$0	\$1,593,772	(\$251,904)	Refer to Attachment A.
AD01	<b>Administration</b> - Includes support staff positions and contracts for Administration, Contracts, Finance and Quality Improvement.	\$1,573,287	\$0	\$1,573,287	\$1,573,287	\$0	\$1,573,287	\$0	Refer to Attachment A.
<b>Total MHSA CSS</b>		<b>\$42,109,836</b>	<b>\$925,409</b>	<b>\$43,035,245</b>	<b>\$41,507,987</b>	<b>\$2,388,831</b>	<b>\$43,896,818</b>	<b>\$861,573</b>	

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<b>MHSA WE&amp;T</b>									
W1	<b>Workforce Education and Training Coordination</b> - Positions budgeted for Workforce, Education and Training infrastructure and are charged entirely to this budget. The infrastructure is to support the education and training for underrepresented populations to enter the Mental Health Workforce and advance within the system as desired.	\$0	\$253,414	\$253,414	\$0	\$253,414	\$253,414	\$0	None
W2	<b>Promising Practice-Based Training in Adult Recovery Principles &amp; Child, Adolescent &amp; Family Service Models</b> - This action expands training for SCCMHD and contract CBO management and staff, consumers and family members and other key stakeholders. The training will promote and encourage the integration of Wellness and Recovery methods and the value of providing peer support and the use of staff with "lived experience" via a continuous learning model.	\$0	\$1,075,577	\$1,075,577	\$0	\$1,075,577	\$1,075,577	\$0	None
W3	<b>Improved Services &amp; Outreach to Unserved and Underserved Populations</b> - This action will expand specialized cultural competency training to all staff to improve services to ethnic and cultural populations. Ethnic and Cultural populations are broadly defined to include marginalized populations such as, People of Color, the Elderly, Youth, People with Disabilities, LGBTQ individuals, Immigrant and Refugee Populations.	\$0	\$605,577	\$605,577	\$0	\$605,577	\$605,577	\$0	None
W4	<b>Welcoming Consumers and Family Members</b> - This action will develop and implement training, workshops and consultations that create an environment that welcomes consumers and family members as contributing members of the public mental health system. It creates a Consumer/Family Member Training Coordinator whose focus will be to advance the educational, employment, and leadership opportunities for consumers and family members public mental health.	\$0	\$536,153	\$536,153	\$0	\$536,153	\$536,153	\$0	None
W5	<b>WET Collaboration with Key System Partners</b> - This action will build on the collaboration between the Mental Health Department and key system partners to develop and share training and education programs so that consumers and family members receive more effective integrated services.	\$0	\$100,000	\$100,000	\$0	\$100,000	\$100,000	\$0	None

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<b>MHSA WE&amp;T</b>									
W6	<b>A Comprehensive Mental Health Career Pathway Model</b> - Position and overhead budgeted to support the development of the model. The model supports SCCMHD commitment to developing a workforce that can meet the needs of its diverse population and is trained in the principles of recovery and strength-based approaches and culturally competent interventions. The needed "cultural change" in the transformation process is expected to occur as the workforce's composition changes to include more individuals who have "lived experiences" as consumers and family partners, and who come from the diverse cultural, ethnic and linguistic underserved and unserved communities that SCCMHD seeks to serve.	\$0	\$181,153	\$181,153	\$0	\$181,153	\$181,153	\$0	None
W7	<b>Stipends and Incentives to Support Mental Health Career Pathway</b> - This action is intended to provide financial support through stipends and other financial incentives to attract and enable consumers, family and community partners to enroll in a full range of educational programs that are prerequisites to employment and advancement in public mental health.	\$0	\$954,000	\$954,000	\$0	\$954,000	\$954,000	\$0	None
	<b>Administration</b> - Represents the indirect administrative overhead costs for Mental Health Administration, County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, Finance), County Overhead, and other Mental Health wide administrative functions (e.g. Quality Improvement).	\$0	\$411,858	\$411,858	\$0	\$411,858	\$411,858	\$0	None
<b>Total MHSA WE&amp;T</b>		<b>\$0</b>	<b>\$4,117,732</b>	<b>\$4,117,732</b>	<b>\$0</b>	<b>\$4,117,732</b>	<b>\$4,117,732</b>	<b>\$0</b>	

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<b>MHSA PEI</b>									
P1	<b>Community Engagement and Capacity Building for Reducing Stigma and Discrimination-</b> This program is an initiative to improve the interface between behavioral health and local medical primary care in collaboration with mental health and substance abuse providers. The program incorporates key evidenced-based administrative and direct service strategies that will improve service access, care coordination and care delivery across healthcare systems. A new Mental Health Specialty Assessment Center (MHSAC) offers mental health assessments and assistance in linking to needed services, enrollment in the VMC primary care system, annual health screenings with pharmacy education for enrolled consumers, and increased pharmacy consultation to improve primary care with psychiatric medication management.	\$1,262,506	\$479,772	\$1,742,278	\$1,262,506	\$438,772	\$1,701,278	(\$41,000)	Refer to Attachment A and C.
P2	<b>Strengthening Families and Children</b> - This initiative is divided into two components; component 1 is intended to prevent or intervene early in the development of emotional and behavioral problems in young children by providing the parents with outcome-based parenting strategies, support services, and access to screenings to identify developmental delays, and component 2 builds upon the first by implementing a continuum of services targeting four geographic areas of high need (Investment Communities) for children and youth ages 0-18 who may be experiencing symptoms ranging from behavioral/emotional distress to depression and anxiety caused by trauma or other risk factors.	\$7,388,002	\$2,653,624	\$10,041,626	\$7,388,002	\$2,457,981	\$9,845,983	(\$195,643)	Refer to Attachment A and C.
P3	<b>Prevention and Early Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features</b> - The REACH (Raising Early Awareness Creating Hope) program implements a continuum of services targeting youth and transition age youth (TAY) (ages 11 to 25) who are experiencing At Risk Mental States (ARMS) or prodromal symptoms. The service model is based on the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program, which is currently a replication study occurring at six sites nation wide to build research evidence on the effectiveness of preventing the onset and severity of serious mental illness with psychosis.	\$1,380,479	\$1,400,520	\$2,780,999	\$1,166,482	\$1,305,520	\$2,472,002	(\$308,997)	Refer to Attachment A and C.



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<b>MHSA PEI</b>									
P4	<b>Primary Care / Behavioral Health Integration for Adults and Older Adults</b> - This program has two major components: 1) services to new refugees drawing upon outreach and focus groups with refugees and organizations serving refugees; and 2) implementation of integrated behavioral health services within local non-profit Federally Qualified Health Centers (FQHCs) that serve underserved ethnic communities.	\$1,418,681	\$1,398,676	\$2,817,357	\$2,198,781	\$2,802,000	\$5,000,781	\$2,183,424	Refer to Attachment A and C.
P5	<b>Suicide Prevention Strategic Plan</b> - This project initiated a county-wide strategic planning process to develop a strategic action plan to prevent suicide. The plan was completed in August 2010 and is now in the stages of implementation.	\$1,010,125	\$0	\$1,010,125	\$1,010,125	\$273,375	\$1,283,500	\$273,375	Refer to Attachment A and C.
	<b>PEI Administration</b> - Represents the indirect administrative overhead costs for Mental Health Administration, County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, Finance), County Overhead, and other Mental Health wide administrative functions (e.g. Quality Improvement).	\$1,227,120	\$592,134	\$1,819,254	\$1,227,120	\$592,134	\$1,819,254	\$0	None
<b>Total MHSA PEI</b>		<b>\$13,686,913</b>	<b>\$6,524,726</b>	<b>\$20,211,639</b>	<b>\$14,253,016</b>	<b>\$7,869,782</b>	<b>\$22,122,798</b>	<b>\$1,911,159</b>	

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<b>MHSA INN</b>									
INN-01	<b>Early Childhood Universal Screening Project</b> - The aim of this 24 month project is to develop a model to increase access to services and improve outcomes by strengthening the screening and referral process for young children with developmental concerns and social-emotional delays. This project will test whether the implementation of multi-language electronic developmental screening tools and audio/visual components in a pediatric clinic provides an economic, low cost, and effective method for linking parents and their children to mental health and other indicated services.	\$254,670	\$472,694	\$727,364	\$254,670	\$472,694	\$727,364	\$0	Refer to Attachment A and C.
INN-02	<b>Peer-run TAY Inn</b> - The aim of this 36-month project is to increase access to services and improve outcomes for high-risk, transition age youth in a voluntary 24-hour care setting. The project model proposes the implementation of an innovative 24-hour service that involves a significant expansion of the role of TAY employees in decision-making and provision of program services.	\$1,251,053	\$105,000	\$1,356,053	\$1,270,858	\$50,000	\$1,320,858	(\$35,195)	Refer to Attachment A and C.
INN-03	<b>Co-Occurring Mental Health Disorders in Adults with Autism &amp; Developmental Disabilities</b> - this project will test an assessment model for determining the extent of concurrent psychiatric and developmental disabilities and will explore models of effective treatment for individuals challenged by these dual conditions.	\$411,282	\$0	\$411,282	\$0	\$0	\$0	(\$411,282)	Refer to Attachment A.
INN-04	<b>Elders' Storytelling Project (Previously named the Merging the Old with the New Project)</b> - This project develops a model to increase the quality of services for isolated older adults by adapting a culturally-based "story-telling" approach that capitalizes on the traditional role of older adults as transmitters of cultural wisdom and values. The core service will be provided by community workers through a 12-week curriculum where the older adult, in the company of family members and caregivers, is elicited to reminisce on his/her life and express and capture significant memories and personal accomplishments.	\$388,042	\$40,000	\$428,042	\$388,042	\$0	\$388,042	(\$40,000)	Refer to Attachment A and C.

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INN-05	<b>Multi-Cultural Center - Multi-Cultural Center (MCC) -</b> This project is designed to increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. MCC will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression.	\$724,567	\$75,000	\$799,567	\$424,567	\$75,000	\$499,567	(\$300,000)	Refer to Attachment A and C.
INN-06	<b>Transitional Mental Health Services for Newly Released Inmates -</b> The aim of this 36-month project is to develop a model that examines whether the organizational support of the Mental Health Department provided to an inter-faith collaborative and coordination and collaboration with other service providers/advocacy groups increases the capacity of faith organizations to serve newly-released inmates and improve outcomes (symptom management; relationships; work/meaningful activities; and satisfaction with service).	\$492,264	\$0	\$492,264	\$492,264	\$250,000	\$742,264	\$250,000	Refer to Attachment A and C.
INN-07	<b>Mental Health / Law Enforcement Post Crisis Intervention -</b> The aim of this 24-month project is to develop a model to improve mental health crisis resolution and engagement in services for individuals and their families who experience law enforcement-involved acute mental health crises through the provision of compassionate and timely post-crisis services that include post-event visits (within 24-hours) from a team that includes a peer/family mentor and mental health clinician; follow-up support and linkage services; and debriefing with law enforcement liaisons, consumer/family mentors and clinical staff to continually inform the effectiveness of service.	\$625,420	\$0	\$625,420	\$0	\$0	\$0	(\$625,420)	Refer to Attachment A.

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INN-08	<b>Interactive Video Scenarios Training</b> - is a unique new application of Interactive Video Simulation Training (IVST) to teach police officers to recognize mental illness, de-escalate mentally ill people in crisis, and increase access for these people to services. In IVST applications, students interact with a life-sized video projection that actually changes based on the students statements and decisions. Project 8 will produce six interactive video simulations depicting mentally ill people in crisis. The IVST will be used in conjunction with lecture and discussion to increase the awareness and proficiency of police officers encountering people with mental illness.	\$78,000	\$173,400	\$251,400	\$0	\$14,400	\$14,400	(\$237,000)	Refer to Attachment A and C.
INN-09	<b>AB109/117 Re-Entry Multi-Agency Pilot also known as "Re-Entry MAP"</b> - The aim of this pilot is to develop and test a service need assessment and delivery model that will facilitate interagency coordination with Probation, Custody Health Services, the Department of Alcohol and Drug Services, and the Social Services Agency in assessing and providing relevant and effective re-entry services for incarcerated adults exiting prison and jail settings.	\$65,388	\$964,502	\$1,029,890	\$65,388	\$458,292	\$523,680	(\$506,210)	Refer to Attachment A and C.
	<b>Administration</b> - Represents the indirect administrative overhead costs for Mental Health Administration, County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, Finance), County Overhead, and other Mental Health wide administrative functions (e.g. Quality Improvement).	\$378,343	\$222,489	\$600,832	\$378,343	\$222,489	\$600,832	\$0	None
	<b>Total MHSA INN</b>	<b>\$4,669,028</b>	<b>\$2,053,085</b>	<b>\$6,722,113</b>	<b>\$3,274,132</b>	<b>\$1,542,875</b>	<b>\$4,817,007</b>	<b>(\$1,905,106)</b>	

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EHR	<b>Electronic Health Record</b> - Provide a comprehensive electronic mental health medical record of consumer data that can be shared in a secure and integrated environment across service providers. The project will reduce paper medical charts, improve coordination of care, streamline and automate clinic operations.	\$0	\$15,601,000	\$15,601,000	\$0	\$15,601,000	\$15,601,000	\$0	Refer to Attachment A.
EDW	<b>Enterprise-wide Data Warehouse</b> - Create a single data repository for all County mental health information including clinical, financial and administrative data. The EDW will integrate information for local, state and federal reporting and support treatment decisions, program design or re-design, and management decision-making to achieve improved client care and outcomes.	\$0	\$2,644,000	\$2,644,000	\$0	\$2,644,000	\$2,644,000	\$0	Refer to Attachment A.
CLC	<b>Consumer Learning Center</b> - Provide support for consumers by setting up supervised computer labs and training in basic PC skills in established self-help and wellness centers throughout the County.	\$0	\$572,000	\$572,000	\$0	\$572,000	\$572,000	\$0	Refer to Attachment A.
WEB	<b>Website Redesign and Consumer Portal</b> - Improve services for consumers and their families by enhancing the current MH website and developing a secure consumer portal. The website and portal will provide access to information on wellness and recovery, support and advocacy groups, and service providers. It will also provide limited access to clinical and outcome information.	\$0	\$319,000	\$319,000	\$0	\$319,000	\$319,000	\$0	Refer to Attachment A.
BHX	<b>Bed and Housing Exchange</b> - Provide a data base with posting and query tools that will allow operators of inpatient and residential mental health facilities to post open beds as they become available. Case managers and clinicians will be able to query the data base and act on behalf of their clients to secure the appropriate level and type of housing and associated service needed by their clients.	\$0	\$200,000	\$200,000	\$0	\$200,000	\$200,000	\$0	Refer to Attachment A.

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CHR	<b>County Health Record Integration Initiative</b> - Create an electronic system to provide secure, real-time combined county-wide records of clients registered in the VMC system. These records will be accessible to various service providers to view demographics, services and care profiles, medications, physical health services and results (e.g. lab reports), insurance status, employment, housing and other information critical to client care decisions.	\$0	\$1,148,000	\$1,148,000	\$0	\$1,148,000	\$1,148,000	\$0	Refer to Attachment A.
Medi-Plex	<b>F&amp;C Screening, Assessment &amp; Tx. Center</b> - Renovation will consist of redesigning and reconstructing the space formerly used for medical office suites into space appropriate for individual and group counseling with separate reception and waiting areas for young children and TAY. MD offices will exist within the suite along with rooms for individual counseling and group work. Counseling rooms will be large enough for the client and family members as appropriate.	\$0	\$500,000	\$500,000	\$0	\$500,000	\$500,000	\$0	Refer to Attachment A.
DTMH	<b>Downtown Mental Health Renovation</b> -Renovation will consist of improving the Self Help Center by designing activity and training rooms. The current space consists of one large activity room and a coordinator's office. The remodeled space will have a computer training room, and several activity rooms to allow multiple groups to be simultaneously.	\$0	\$313,000	\$313,000	\$0	\$313,000	\$313,000	\$0	Refer to Attachment A.
MCC	<b>Multi-Cultural Center Renovation</b> -The renovation will consist of improving the space for the Multi-Cultural Center (MCC). The MCC will offer a welcoming, accessible and safe place where members of all ethnic communities can find a sense of cultural resonance, belonging and support. The MCC will be open to ethnic events and celebrations, creating a natural place for community members to congregate, and where conversations about mental well-being can be inserted and approached within appropriate cultural contexts and languages.	N/A	N/A	N/A	\$0	TBD	TBD	N/A	Refer to Attachment A.
<b>Total MHSA CFTN</b>		<b>\$0</b>	<b>\$21,297,000</b>	<b>\$21,297,000</b>	<b>\$0</b>	<b>\$21,297,000</b>	<b>\$21,297,000</b>	<b>\$0</b>	

SUMMARY BY MHSA PLAN COMPONENT	FY13 Budget as of June 2012			FY14 Recommended Budget Plan			
	Ongoing	One-time	FY13 Total	Ongoing	One-time	FY14 Total	Change
• MHSA CSS	\$42,109,836	\$925,409	\$43,035,245	\$41,507,987	\$2,388,831	\$43,896,818	\$861,573
• MHSA WET	\$0	\$4,117,732	\$4,117,732	\$0	\$4,117,732	\$4,117,732	\$0
• MHSA PEI	\$13,686,913	\$6,524,726	\$20,211,639	\$14,253,016	\$7,869,782	\$22,122,798	\$1,911,159
• MHSA INN	\$4,669,028	\$2,053,085	\$6,722,113	\$3,274,132	\$1,542,875	\$4,817,007	(\$1,905,106)
• MHSA CFTN	\$0	\$21,297,000	\$21,297,000	\$0	\$21,297,000	\$21,297,000	\$0
<b>TOTAL</b>	<b>\$60,465,778</b>	<b>\$34,917,952</b>	<b>\$95,383,730</b>	<b>\$59,035,135</b>	<b>\$37,216,220</b>	<b>\$96,251,355</b>	<b>\$867,626</b>

Please note: Budget adjustment to the MHD MHSA County personnel budget resulting from Board of Supervisor (BOS) approval for: 1) Increased contributions to the California Employers Retiree Benefit Trust (CERBT) and 2) Salary and benefit adjustments based on contract negotiations with labor unions is still pending and not reflected in the table above. The proposed plan is to spread the budget adjustments across the five MHSA components.