

**Santa Clara County Mental Health Department
Mental Health Services Act Community Services and Supports Plan FY2006-FY2008
Progress Report and Proposed FY08 Expansion Plan**

DRAFT

7/25/07

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
C-01 CHILDREN'S FULL SERVICE PARTNERSHIP					
<p>1. Inclusive Wraparound Components, 30 Slots</p> <p>This is a comprehensive program for youth ages 0-15 that combines critical core services within a wraparound model and incorporates age-appropriate elements from the Transition to Independence Process (TIP) System. The target population is juvenile justice-involved and SED African-American, Native American and Latino youth, with priority consideration for youth at risk of, or returning from, out-of-home placement and youth with multiple episodes of emergency psychiatric services and hospitalizations.</p>	<ul style="list-style-type: none"> ▪ Two providers have been selected and substantial progress has been made with implementation. ▪ There is 60% enrollment as of 6/30/07 (18% White, 66% Latino, 5% Asian/Pacific Islander, 11% African American as of 6/1/07 update). ▪ The convening of a policy level group is underway. ▪ Excellent outreach and engagement has been supported by a partnership with a youth outreach organization that has experience working with gang-involved youth. ▪ Programs should ramp up to newly established capacity by mid-FY08. 	<ul style="list-style-type: none"> ▪ It is proposed that this work plan expand Full Service Partnership capacity by approximately 23 slots, with funds going proportionally to each of the current C-01 FSP providers. ▪ It also is proposed, given the time providers have needed to achieve full capacity and the need for new staff training, that \$250,000 in one-time funds be allocated for continued ramp up while programs build to full capacity and full revenue targets in FY08. ▪ <i>It should be noted that this change is proposed in lieu of the expansion approved by the Leadership Team on 5/11/07. The reason for this recommendation is the requirement that 50% of expansion funds go to FSP programs. Without this shift, the expansion plan will not be in compliance with CSS Expansion requirements.</i> 	\$ 450,000	\$ 250,000	\$ 0
C-02 ZERO TO FIVE SYSTEM DEVELOPMENT					
<p>1. Interagency Partnership and System of Care Design</p> <p>This strategy involves convening a leadership team from key Santa Clara County child-serving agencies to sponsor the development of a Zero to Five System of Care. An important outcome of the initial phase of development is the establishment of a specialty mental health certificate training program for new as well as experienced clinicians and child care workers.</p>	<ul style="list-style-type: none"> ▪ A leadership collaborative has been formed and includes First 5, Mental Health, Public Health, Alcohol and Drug Services, Social Services, education, pre-school providers, CBO's, and the Courts. ▪ A partnership with De Anza Community College has been created and a curriculum for the certificate program has been designed, with initial classes available in January 2008. It is planned that 25 scholarships for participation in the new certificate program will be offered to approved family partners and practitioners employed by provider partners. A matriculation agreement will be pursued with SJSU. 	<ul style="list-style-type: none"> ▪ It is proposed that a lower level management position be exchanged for the previously approved Zero to Five Division Director position because system oversight is being provided by a position funded through First 5. ▪ The new Mental Health Program Manager II position will oversee the new KidScope screening and assessment service and will coordinate KidConnections' mental health functions. 	\$ 0	\$ 0	\$ 0

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<p>2. System-wide Standards for Screening and Assessment</p>	<ul style="list-style-type: none"> ▪ Using First 5's Power of Preschool and High Risk Design Master Plan, an integrated plan for implementing specialized screening, assessment, and evidenced-based service strategies for behaviorally challenged young children has been designed and implemented. ▪ The model combines First 5, MHSA, EPSDT/Medi-Cal and County General Funds to leverage resources through Medi-Cal billing for specialized assessment and treatment services in pre-schools, home and clinic-based settings. More than 350 children have been screened, and family partners have connected families to needed services. ▪ 13 bilingual, Spanish-speaking clinical and support staff have been employed by providers who serve a predominantly Latino high risk population. ▪ A partnership has been established with the Reach Out and Read program to implement more formal linkages between pediatric developmental assessments and the new Zero to Five KidConnections. ▪ The remaining approved funds will be distributed to KidConnections providers for clinical and case management services per the approved plan. 	<ul style="list-style-type: none"> ▪ The FY07 and FY08 revenue and expense assumptions must be adjusted now that 6-month actual data is available. Changes are due to fewer than projected Medi-Cal beneficiaries and less billable time than anticipated as a result of staff spending more time in non-billable meetings and training. ▪ It is proposed that the budget be increased with one-time MHSA funds for FY07 (\$150,000) and FY08 (\$400,000) to support non-Medi-Cal-funded services through the initial implementation period. FY09 will include final ongoing expense and revenue analysis and ongoing budget projections. ▪ It also is recommended that the expanded CSS Plan utilize \$200,000 in one-time funds to support the Reach Out and Read program in FY08 and FY09, in partnership with Valley Medical Center Foundation and First 5. This new partnership will formalize screening and referrals between Zero to Five KidConnections and more than 10 VMC and FQHC pediatric clinics and will provide key linkages to the new Zero to Five System of Care. Ongoing needs for this program will be included in the FY10 Integrated Plan. 	\$ 0	\$ 500,000	\$100,000
<p>3. Education, Support and Service Linkages for Young Children and Their Families</p>	<ul style="list-style-type: none"> ▪ Parental support has been built into the Zero to Five KidConnections through 19 Family Partners (First 5 funded). They serve as system navigators and advocates for other parents. Parent education is provided in the KidScope program and parent conferencing through all KidConnections providers. Parent partners provide specialized service access and support for parents who have children that need specialized mental health, medical, and developmental services. ▪ One Spanish-speaking parent partner provides services to KidConnections clients. A Vietnamese-speaking parent partner will be hired in FY08 through existing, approved funding. 	<ul style="list-style-type: none"> ▪ No changes are planned. 	\$ 0	\$ 0	\$ 0

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C-03 CHILD AND FAMILY BEHAVIORAL HEALTH SERVICES OUTPATIENT SYSTEM REDESIGN					
<p>1. Child and Family-Centered Screening, Assessment and Level of Care System</p> <p>This involves the research, design and establishment of system-wide level-of-care screening, assessment and practice guidelines. The goal is implementation of culturally competent, evidenced-based practices, increased parent and family involvement, and improved access to specialized services for foster care and juvenile justice-involved youth and their families.</p>	<ul style="list-style-type: none"> ▪ The KidScope program (formerly Center for Learning and Achievement) has been transferred from Valley Medical Center's Ambulatory Care to the MHD; and the new KidConnections Collaborative is designing a 6 to 18 year-old screening, assessment and linkage model of psychological evaluation. Preliminary meetings with the Juvenile Probation Department and the Department of Family and Children's Services have been held regarding a possible psychological assessment redesign. ▪ Interagency, policy-level meetings to discuss screening, assessment and overall mental health service access for the juvenile justice system and the foster care system will be held in FY08 with the intent of implementing the new system by FY09. ▪ The MHD and partner agencies are collaborating on the implementation of several evidenced-based practices including Aggression Reduction Training (ART), Multi-dimensional Treatment Foster Care (MTFC), Trauma-Based Cognitive Behavioral Therapy (TBCBT), Motivational Interviewing, Parent Child Interactive Therapy (PCIT), and Incredible Years. ▪ Juvenile Treatment Court and Multi-disciplinary Team meetings have been implemented as a result of the California Endowment Healthy Returns Initiative and MIOCR funding. ▪ A contract is planned with a juvenile justice consultant to assist in a juvenile justice/mental health service systems redesign. 	<ul style="list-style-type: none"> ▪ A 0.5 FTE Ph.D. Psychologist, 1.0 FTE Occupational Therapist, and 0.5 FTE M.D. (contract) positions will be added to the KidScope Program and funded through one-time funds for FY08 and FY09. These positions were unfunded in the Las Plumas outpatient program as part of the FY08 MHD Budget Reduction Plan. Use of one-time funds will allow one year to determine the ongoing cost of redirection of these positions to KidScope and the net revenue generated through EPSDT/Medi-Cal. Ongoing program costs and offsetting revenue will be included in FY10 Three-Year Integrated Plan. ▪ <i>This item was approved by 80% consensus at the 5/11/07 Leadership Committee meeting.</i> 	\$ 0	\$ 354,521	\$ 365,157
<p>2. Outreach, Engagement and Outpatient Services for Juvenile Justice-Involved Youth</p>	<ul style="list-style-type: none"> ▪ Probation and the MHD have collaborated to combine juvenile justice, MIOCR, and MHSA funding for the provision of evidence-based and community-based services for juvenile justice-involved youth. 	<ul style="list-style-type: none"> ▪ <i>Counties have been notified that the State may not provide additional MIOCR funding after FY08. The current MIOCR program includes \$1.5 million in clinical staff and contract funding for the Juvenile Treatment Court,</i> 	\$ 0	\$ 0	\$ 0

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	<ul style="list-style-type: none"> An RFP, provider selection, and contract negotiations have been completed. Services will be implemented beginning in July 2007. 	<p><i>multi-disciplinary team meeting coordination and aftercare, and evidence-based treatment. If these services are in jeopardy, their continued funding should be given first priority during FY09 planning.</i></p>			
<p>3. Improved Screening, Access, Engagement and Outpatient Services for Dependency System-Involved Children and Youth</p>	<ul style="list-style-type: none"> As noted in #1 above, interagency, policy-level meetings are occurring to discuss screening, assessment and mental health service access for the juvenile justice and foster care systems. In addition, the MHD completed a pilot assessment project last fiscal year that required all children between the ages of 6 and 11 who are entering the foster care system be evaluated and provided service linkages and care management. The program was successful in identifying key system barriers to service access by foster care youth. The findings of the pilot project will be utilized to develop an improved system of foster care and mental health access interface. 	<ul style="list-style-type: none"> It is recommended that \$200,000 in one-time funds be utilized to establish a contract for the design and development of a strategic plan for the new foster care and mental health access system. It is further recommended that \$250,000 in one-time funds be utilized to fund 2.0 FTE clinicians to act as interim foster care access and linkage staff, in FY08 and FY09 pending implementation of the new system. This staff will serve as clinical service liaisons to the foster care system and provide consultation, treatment needs assessments, and service linkages during the system development phase. Ongoing program costs and offsetting revenues will be included in the FY10 Three-Year Integrated Plan. 	<p>\$ 0</p>	<p>\$ 200,000</p> <p>\$ 250,000</p>	<p>\$ 257,500</p>
<p>4. Seriously Emotionally Disturbed, Under-Served Youth</p> <p>In addition to foster care and juvenile justice-involved children and youth, this strategy will improve services to un-served or underserved SED youth 0 to 18 years of age by expanding parent education and self help</p>	<ul style="list-style-type: none"> This effort will be incorporated into the strategic planning effort underway with Valley Medical Center regarding mental health emergency psychiatric and hospitalization services. This non-MHSA funded initiative is part of the MHD FY08 Budget Reduction Plan and includes a \$5 million reduction in Acute and locked institutional care costs. A consulting group has been contracted to provide an assessment of the emergency and inpatient care management functions of the current system and to provide recommendations for improvements that will result in lower lengths of hospital stay, reduced recidivism, person-centered treatment and supports, and effective aftercare linkage. Of particular concern is the management of child and adolescent emergency and inpatient aftercare services. 	<ul style="list-style-type: none"> It is proposed that 2.0 FTE clinicians be funded in FY08 and FY09 with one-time funds to provide interim aftercare assessment, linkage and follow-up case management to youth discharging from Emergency Psychiatric Services and Bay Area inpatient hospitals. This staff function will be in place pending implementation of the revised, system-wide 24-hour care management system. Bilingual Spanish and Vietnamese-speaking staff will be supervised by the current Family and Children's Hospital Liaison and will provide on-site aftercare linkage and support services to children and families. This staff also will work closely with the EMQ Mobile Crisis Team and EPS to provide intensive support to children and adolescents in psychiatric crisis. It is proposed that \$125,000 in one-time funding be utilized in FY08 and FY09 to design and pilot a child and adolescent clinical law enforcement liaison function through the current Child and Adolescent Mobile Crisis Service. The MHD has 	<p>\$ 0</p>	<p>\$ 250,000</p> <p>\$ 125,000</p>	<p>\$ 257,500</p> <p>\$ 125,000</p>

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<p>opportunities , with an emphasis on youth discharged from emergency psychiatric and acute inpatient services as well as monolingual families.</p>		<p>contracted with a Law Enforcement Liaison through the new Adult Urgent Care Center. The Law Enforcement Liaison, a former Police Chief and President of the Police Chiefs Association of Santa Clara County, is establishing formal connections with county police jurisdictions and is developing protocols and procedures to improve mental health and law enforcement interface. An important concern raised by all police jurisdictions is the need for improved interface in response to crises involving children and adolescents. The addition of child and adolescent liaisons will greatly enhance the effectiveness of this effort.</p>			
<p>T-01 TAY FULL SERVICE PARTNERSHIPS</p>					
<p>1. Full Service Partnership- 30 slots</p> <p>This model combines components from wraparound, AB2034, and Transition to Independence (TIP) approaches in an articulated framework that addresses the transition needs of youth.</p>	<ul style="list-style-type: none"> ▪ Three providers have been selected and have been enrolling clients since June 2007, with roughly 60% enrollment as of 6/30/07. The ethnicity of enrollees includes 18% White, 66% Latino, 5% Asian/Pacific Islander, and 11% African American TAY youth as of 6/1/07. ▪ The MHD is in the process of convening a policy level group. ▪ Excellent outreach and engagement has occurred through a partnership with a youth outreach organization that has experience working with gang-involved youth. 	<ul style="list-style-type: none"> ▪ It is proposed that this program be expanded by up to 23 slots, allocated proportionally among current FSP providers. ▪ It also is proposed, given the time providers need to achieve full capacity and the need for new staff training, that \$250,000 in one-time funds be allocated for continued ramp up, while programs build to full capacity and full revenue targets in FY08. <p><i>It should be noted that this change is similar to C-01 and is proposed in lieu of the T-02 expansion approved by the Leadership Team on 5/11/07. As with C-01, the reason for this recommendation is due to the requirement that 50% of expansion funds go to FSP programs. Without this shift, the expansion proposal will not be in compliance with CSS Expansion requirements.</i></p>	<p>\$450,000</p>	<p>\$ 250,000</p>	<p>\$ 0</p>

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T-02 TAY BEHAVIORAL HEALTH SERVICES OUTPATIENT SYSTEM REDESIGN					
<p>1. Young Adult -Centered Screening, Assessment and Level of Care System</p> <p>This component involves the system-wide redesign of screening, access and assessment processes; implementation of culturally competent, evidenced-based practices; increased parent and family involvement; and improved, specialized access for youth aging out of the foster care, juvenile justice, and special education systems.</p>	<ul style="list-style-type: none"> ▪ This strategy has not been implemented and will be a priority focus in FY08 as the new MHD Director of Family and Children's Services initiates planning for the redesigned systems of screening, assessment and levels of care. ▪ Please see C-03 above. T-02 will be coordinated with C-03 in the development of a planning process to design a new young adult access system. Consulting costs are included in T-02 and C-03 work plans. 	<ul style="list-style-type: none"> ▪ It is proposed that the T-02, T-03, and T-04 work plans be combined into one T-02 System of Care Development Work Plan. Specific strategies will continue to be tracked as they are implemented, though some may be integrated to provide more seamless services. 	\$ 0	\$ 0	\$ 0
<p>2. Improved Treatment Services and Supports (funded in LP-01, Learning Partnership)</p> <p>The development and implementation of system-wide training for County and contract providers will support the young adult outpatient service system redesign.</p>	<ul style="list-style-type: none"> ▪ The MHD has initiated training in several evidenced-based practice models. These training programs are expensive, and it is recommended that additional one-time funds be utilized to support training of more County and contract provider staff in FY08. 	<ul style="list-style-type: none"> ▪ This component will be included in the new consolidated T-02 System of Care Work Plan. As indicated above, the MHD proposes to combine several TAY work plans into one plan to develop a system of care for TAY. ▪ It is proposed that \$100,000 be approved in one-time funds to support more intensive training in the following evidenced-based practices: <ul style="list-style-type: none"> ▪ Trauma Based Cognitive Therapy ▪ Motivational Interviewing ▪ Transition in Progress ▪ Brief Strategic Family Therapy 	\$ 0	\$ 100,000	\$ 100,000

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<p>3. First Break Major Psychiatric Illness</p> <p>A specialized program will be designed and implemented to provide mental health services along with consumer and family education and support to those experiencing initial onset of a serious psychiatric illness, which usually occurs during adolescence and early adulthood but can occur at any time over the lifespan.</p>	<ul style="list-style-type: none"> ▪ This strategy has not been implemented and will be a priority focus in FY08. ▪ The MHD has drafted an RFP for several TAY components that will be published in August. The First Break Pilot Program is included. It is expected that a provider will be selected by September 2007. 	<ul style="list-style-type: none"> ▪ As indicated above, the MHD proposes to combine several TAY work plans into one plan to develop a system of care for TAY. The development of a pilot program for first break episodes is one of the components in the new work plan. No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0
<p>4. Specialized LGBTQ Services</p> <p>This will provide specialized outreach, peer support, mental health services and consumer and family education to youth and young adults from the LGBTQ community.</p>	<ul style="list-style-type: none"> ▪ This strategy has not been implemented and will be a priority focus in FY08. ▪ As indicated, the MHD has drafted an RFP for several TAY components that will be published in August. It is expected that a provider will be selected by September 2007. New LGBTQ services are included in the RFP. 	<ul style="list-style-type: none"> ▪ As indicated above, the MHD proposes to combine several TAY work plans into one plan to develop a system of care for TAY. The development of new LGBTQ services is one component in the new work plan. No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0
<p>5. Outreach, Engagement and Direct Services to Un-served and Underserved Transitional Age Youth</p>	<ul style="list-style-type: none"> ▪ This strategy has not been implemented and will be a priority focus in FY08. ▪ As indicated above, the MHD has drafted a TAY RFP. The development of new specialized outreach services is one of the components in the new FRP. 	<ul style="list-style-type: none"> ▪ As indicated above, the MHD proposes to combine several TAY work plans into one plan to develop a system of care for TAY. Specialized outreach and engagement is one component in the new work plan. ▪ It is proposed that 1.0 FTE Associate Management Analyst A/B be established to create a Youth Coordinator and to coordinate youth involvement in the TAY system of care utilizing one-time funds in FY08 and FY09. Ongoing funds for this position 	\$ 0	\$ 102,433	\$ 105,506

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		will be included in FY10 Three-Year Integrated Plan.			
T-03 TAY CRISIS AND DROP-IN SERVICES AND SUPPORT					
1. Drop-in Center This will provide crisis intervention, self-help, peer support, case management, and access to mental health and other community services through a 24-hour drop-in center. This also will include a 24-hour multilingual hot line for crisis response and information and referral services.	<ul style="list-style-type: none"> ▪ This strategy has not been implemented and will be a priority focus in FY08. ▪ As indicated above, the MHD has proposed to combine several TAY components into one RFP. The development of a new drop-in service is one of the components in the RFP. 	<ul style="list-style-type: none"> ▪ As indicated above, the MHD is proposing to combine several TAY work plans into one plan to develop a system of care for TAY. It is proposed that the drop-in center be included in that continuum of services, which may be furnished by one provider or through a collaboration of providers. • It also is proposed that the T-03 and T-04 work plans be integrated in order to provide youth with seamless, one-stop educational support, benefit assistance, and related drop-in services. ▪ <i>It should be noted that an expansion recommendation to add \$400,000 in ongoing funding was approved by the Leadership Committee at the 5/11/07 meeting. Subsequently, the MHD learned that it is unlikely that expansion of work plans that have not been implemented will be approved. Further, upon review of all expansion proposals, it was discovered that the proposed plan was significantly over the \$5.4 million expansion amount. Thus, this item is not being included in the expansion plan at this time. It is possible for this plan to be revisited in the FY09 planning update.</i> 	\$0	\$ 0	\$ 0
T-04 TAY EDUCATION PARTNERSHIP					
1. Middle College/Community College Partnership This will combine integrated educational support, recovery-based mental health services, peer advocacy and support, and Department of Rehabilitation services at a local community college. Employer partners	<ul style="list-style-type: none"> ▪ This strategy has not been implemented and will be included as an essential element in the drop-in service. As indicated above, the MHD has combined several TAY components into one RFP. The development of a new drop-in service is one of the components in the RFP, and it is proposed that the educational support services be integrated into the drop-in service. 	<ul style="list-style-type: none"> ▪ As indicated above, the MHD is proposing to combine several TAY work plans into one plan to develop a system of care for TAY. It is proposed that the educational support service be integrated into the drop-in center rather than seeking a college-based service at this time. This will allow more flexibility in addressing the educational support needs of a broader range of TAY. The 	\$ 0	\$ 0	\$ 0

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will be sought to assure continuity between training and employment.		new integrated service may be offered by one provider or through a collaboration of providers.			
A-01 ADULT FULL SERVICE PARTNERSHIP					
<p>1. Adult Full Service Partnership</p> <p>The program is based on the AB2034 philosophy that provides treatment, case management and community resources necessary to meet the needs of each individual's life circumstances. A full array of services will be offered to the individuals for as long as necessary to acquire stability in their lives.</p>	<ul style="list-style-type: none"> ▪ Six providers have been selected and implementation has been underway since November 2006. ▪ Programs are at approximately 81% capacity as of 6/30/07 and continue to receive a significant number of referrals for potential admission. ▪ Candidates are being selected from a pool of 200 frequent users of emergency and inpatient services who have not received any community-based service and thus have not been engaged in community care. 	<ul style="list-style-type: none"> ▪ <i>This program was approved by the Leadership Committee on 5/11/07 for an expansion of \$800,000 to provide an estimated 40 additional FSP slots for this population. The following proposal modifies that item.</i> ▪ The MHD is recommending that this component be increased by 40 additional slots, for a total increase of 80 A-01 FSP slots. Additional capacity is needed to continue focus on underserved SMI intensive users of emergency and inpatient services and specifically to reduce unnecessary use of EPS, inpatient and IMD locked institutional care (40 slots). It also is important to support a new homeless mentally ill population being identified through the Blue Ribbon Committee to End Homelessness. The latter has been identified by a broad range of county leaders as a key strategy to end chronic homelessness in Santa Clara County. This particular new FSP program would be funded through an RFP process (40 slots). ▪ In addition, it is proposed that \$250,000 be allocated to SMI FSP flex-fund budgets to adjust for intensive housing needs of the Adult FSP clients. ▪ It is also proposed, given the time providers need to achieve full capacity, and the need for new staff training, that \$500,000 in one-time funds be allocated for continued ramp up, while programs build to full capacity and full revenue targets in FY08. 	\$ 1,850,000	\$750,000	\$250,000
A-02 ADULT BEHAVIORAL HEALTH RECOVERY SERVICES OUTPATIENT SYSTEM REDESIGN					

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
<p>1. Consumer Directed Wellness and Recovery Services – County Operated Adult Outpatient Programs</p> <p>Redesign of the adult outpatient system will include increased and enhanced consumer and family member involvement at all levels of service: outreach, engagement, assessment, care planning and delivery. This component addresses specific disparities in the adult system, including consumers with dual mental health and substance abuse disorders, developmental disabilities, and ethnic and cultural groups who have been historically unserved or underserved.</p>	<ul style="list-style-type: none"> The County FY08 budget crisis and subsequent budget reduction planning created significant delays as a result of a local hiring freeze and planning for potential closure of multiple county programs. In the end, most adult outpatient services were spared reduction and the MHD will proceed with implementation of transformation plans in FY08. More than 20 community worker positions have been created and will emphasize consumer and family experience. One consumer staff is on board providing benefit assistance. Plans are underway to initiate work with managers and staff, beginning with training from Bruce Anderson and Community Activators in late July. The MHD also has volunteered to participate in a CIMH project to pilot new person-centered treatment plans; and multiple tracks of training in recovery and resiliency are being incorporated into the Learning Partnership Strategic Plan. 	<ul style="list-style-type: none"> No changes are planned. 	\$ 0	\$ 0	\$ 0
<p>2. Dual Diagnosis Mental Health/Substance Abuse Service Expansion – Substance Abuse Detoxification Services</p> <p>Consumers with both mental health and substance abuse disorders will have increased access to substance abuse detoxification services, facilitating their entry into the community substance abuse recovery system. This service strategy will provide social detoxification services for up to 30 male and 10 female clients annually.</p>	<ul style="list-style-type: none"> A Letter of Interest has been drafted to solicit detox beds for male and female consumers on a fee-for-service basis. 	<ul style="list-style-type: none"> It is proposed that \$200,000 of one-time funds be added to this component to ensure the availability of sufficient resources in FY08 and FY09. Final detox bed needs will be determined after one full year of implementation and will be included in the FY10 Three-Year Integrated Plan. 	\$ 0	\$ 100,000	\$ 100,000
<p>3. Integrated Mental Health/Developmental Disability Service Expansion</p> <p>This strategy includes a combination of mental health care, family</p>	<ul style="list-style-type: none"> Two RFP's have been drafted and will be published by the end of July 2007 for 1) direct outpatient services and supports, and 2) supplemental Residential Care Facility (RCF) housing resources. 	<ul style="list-style-type: none"> The MHD is proposing that \$150,000 in one-time funds be utilized in FY08 and FY09 for specialized outreach activities for consumers and families transitioning from Agnews State Hospital to the community as part of the hospital closure. These services will be provided through a contract with a provider that has expertise in providing services to dually diagnosed consumers (SMI and developmentally disabled) and their families. This outreach activity, combined with additional outpatient and residential supports, will enhance 	\$ 0	\$ 75,000	\$ 75,000

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<p>education and support, and housing for dually diagnosed populations with Mental Health and Developmental challenges. Consumers will receive specialized outpatient services, including medication support, case management, and rehabilitation. Family members will receive education and support from professionals and family partners.</p>		<p>services available for this population.</p> <ul style="list-style-type: none"> ▪ <i>It should be noted that this is a change from 5/11/07 Leadership Committee approval which was to exempt developmentally disabled providers from budget cuts in lieu of \$150,000 expansion. Since no cuts were taken, this alternative is proposed.</i> 			
<p>A-03 CRIMINAL JUSTICE SYSTEM JAIL AFTERCARE PROGRAM</p>					
<p>1. Full Services Partnership -- AB34 -- for Criminal Justice System (CJS)-Involved Adults</p> <p>In a partnership between MHD and the CJS to achieve clients' individual wellness and recovery goals, FSPs will offer "whatever it takes" to engage seriously mentally ill, CJS-</p>	<ul style="list-style-type: none"> ▪ Three providers have been selected and 55 of the 180 slots have been filled, with steady progress occurring. Aggressive outreach is taking place to more than 100 referrals made to providers through Dual Diagnosis Treatment Court, other Superior Courts, Pre-Trial Services, and Custody Mental Health. Policy and administrative forums have been established. 	<ul style="list-style-type: none"> ▪ It is proposed that \$500,000 in one-time funds be utilized in FY08 and FY09 to establish more housing options for CJS FSP clients. Costs related to ongoing use of this augmented resources will be folded into FSP housing support funds in the FY10 Three-Year Integrated Plan. <i>(This was previously approved by the Leadership Committee.)</i> 	<p>\$ 0</p>	<p>\$ 500,000</p>	<p>\$ 500,000</p>

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
<p>involved adults, including those who are dually diagnosed. Emphasis will be to provide services to the most vulnerable individuals with a high risk of recidivism.</p>	<ul style="list-style-type: none"> The biggest obstacle to swift client enrollment and transition from custody to community placement is the lack of suitable residential resources for this population, particularly for those in need of a period of residential treatment prior to placement in more independent, permanent housing. 	<ul style="list-style-type: none"> <i>It should be noted that \$1.4 million in ongoing and \$500,000 in one-time funding was approved at the 5/11/07 Leadership Committee for the development of a 16-bed Crisis Residential Program. It is recommended that this item be modified for the following reasons: 1) there is insufficient funds to cover all the expansion items; 2) there is pressing need for transitional residential treatment beds for the CJS FSP clients; and 3) the requirement that over 50% of expansion funds be allocated to FSP services. It is proposed that an alternative intensively supported program be established as part of the A-03 FSP work plan and be specifically dedicated to CJS FSP clients.</i> 	<p>\$500,000</p>	<p>\$ 500,000</p>	<p>\$ 0</p>
<p>2. Enhanced Treatment Court Services</p> <p>Individuals served through the Mental Health Treatment Court will benefit from more intensive case management and expanded community resources available at the time of release from the court to the community. These will include increased treatment, housing, and vocational rehabilitation options.</p>	<ul style="list-style-type: none"> Through integration of pre-MHSA Treatment Court Services, MHSA and MIOCR, a full continuum of treatment, housing, self-help and social support services is being made available to CJS-involved mental health consumers. A strong system partnership among leaders of the court system, Probation, Mental Health, Alcohol and Drug Services, housing, and community-based organizations has been established. 	<ul style="list-style-type: none"> <i>It should be noted that counties have been notified that the State may not provide additional MIOCR funding after FY08. The current MIOCR program includes \$1.5 million in clinical staff and contract funding for Treatment Court and aftercare evidenced-based treatment. If these services are in jeopardy, their continued funding should be a priority consideration in FY09 planning.</i> 	<p>\$ 0</p>	<p>\$ 0</p>	<p>\$ 0</p>
<p>3. Dual-Diagnosis Jail Aftercare</p> <p>This includes case management, treatment and medication services for inmates with psychiatric disorders after release from jail.</p>	<ul style="list-style-type: none"> MHD and Department of Alcohol and Drug Services (DADS) have collaborated to combine training efforts into a consolidated training partnership, thus maximizing the benefit of the well-developed DADS Training Institute. A critical path of training in the new MHSA-funded Learning Partnership is training in Motivational Interviewing, the Minkoff model of care, Health Realization, and Cognitive Based Treatment. Many trainings have been completed, and the Strategic Plan will result in a comprehensive training plan that will be available to Mental Health, DADS, and partner system staff. 	<ul style="list-style-type: none"> Additional one-time funds are requested within the Learning Partnership (LP01) for specific training in dual diagnosis services. 	<p>\$ 0</p>	<p>\$ 0</p>	<p>\$ 0</p>

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
<p>4. Expanded Housing Options</p> <p>This adds 75 transitional housing units (THU) beds for clients after release from jail to provide stabilization and the opportunity to develop a plan for employment, education and long-term housing.</p>	<ul style="list-style-type: none"> The first phase of RFP's has been completed and contracts have been developed for 39 beds. The second phase of the RFP process is underway to secure the remaining beds. 	<ul style="list-style-type: none"> No changes are planned at this time. 	\$ 0	\$ 0	\$ 0
A-04 ADULT URGENT CARE AND MOBILE CRISIS SUPPORT SERVICES					
<p>1. Urgent /Crisis and Mobile Response and Crisis Services – County Operated Central County Locations</p> <p>Multidisciplinary and culturally proficient staff will offer an alternative to placement of clients at Emergency Psychiatric Services (EPS). Services may include crisis counseling, referrals, education, medications, as well as intensive follow-up in the community for a short period of time. This service will be available to individuals who walk in for assistance. It also will be utilized by mobile response staff, and telephone consultation will be coordinated with the police as they are called to highly emotionally charged situations.</p>	<ul style="list-style-type: none"> The new Urgent Care Center at Central Mental Health was opened on April 1, 2007, and the program is fully staffed as of July 2007. Initial clients have been limited to voluntary diversions from EPS (adjacent to the new Urgent Care Program). The program has successfully diverted an average of 8 clients per day from the locked, involuntary program. Staff possesses bilingual skills in Spanish, Vietnamese, and Farsi. The majority of consumers served are uninsured; most consumers require ongoing medication services. An immediate challenge encountered by the program is that a significant number of consumers who utilize Urgent Care require ongoing medication treatment, however, there is not sufficient fee-for-service MD or primary care linkage capacity in the community to support a transition to ongoing medication treatment services. Thus, many clients are best accommodated by access to flexible stipends. A Police Liaison, former Palo Alto Chief and President of Santa Clara Police Chief's Association, Pat Dwyer, has been hired and is working with all county law enforcement jurisdictions to conduct outreach, develop protocols, and provide orientation and consultation. Contacts have been established with key police jurisdictions with the goal of establishing an effective county-wide liaison system with all police jurisdictions in the County. This includes an expansion of CIT Academy trainings with the objective that Santa Clara County will be the first 	<ul style="list-style-type: none"> <i>It should be noted that at the 2/9/07 Leadership Committee meeting \$1.9 million in ongoing funds was approved so that four urgent care centers can be established in Central/West, Central/East, North and South County. The two County-operated centers are being implemented; and RFP's are being drafted for the smaller North and South centers (estimated publish date August 2007).</i> It is proposed that \$500,000 in one-time funds be utilized in FY08 and FY09 to continue medication monitoring services for Urgent Care clients who cannot be successfully connected with primary care treatment for ongoing care. Ongoing medication services will be incorporated into the FY10 Three-Year Integrated Plan as part of the final component of A-02 System Development. It is proposed that \$100,000 in one-time funds be approved for FY08 and FY09 continuation of the MHD Law Enforcement Liaison to support expansion of the liaison function throughout county. It also is proposed that \$100,000 in one-time funds be approved for FY08 and FY09 for expansion of the Crisis Intervention Team (CIT) Police Academy. The funds will be used over FY08 and FY09 to expand CIT training to the Sheriff and all Santa Clara County police jurisdictions. Planning will occur in collaboration with the San Jose Police Department, Sheriff and other law enforcement 	\$1,200,000	\$ 500,000	\$ 0
			\$ 0	\$ 500,000	\$ 515,000
			\$ 0	\$ 100,000	\$ 100,000
			\$ 0	\$ 100,000	\$ 100,000

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
	county to establish a policy that all law enforcement officers have CIT training.	jurisdictions. Ongoing CIT Academy costs will be incorporated into FY10 Three-Year Integrated Plan.			
<p>2. Urgent /Crisis and Mobile Response and Crisis Services – South County Locations</p> <p>Multi-disciplinary and culturally proficient on-call staff will be available to be mobilized within minutes. Mobile response staff and telephone consultation will be coordinated with the police as they are called to highly emotionally charged situations.</p>	<ul style="list-style-type: none"> An RFP has been drafted and provider selection and implementation is to be established by September 2007. The MHD Law Enforcement Liaison is currently establishing connections with South County law enforcement jurisdictions and preliminary meetings are being established to plan for the new service. As providers are selected, they will be included in planning meetings. 	<ul style="list-style-type: none"> Per the above, ongoing and one-time funding was previously approved for South County Urgent Care start-up and ongoing services. It is proposed that \$100,000 in one-time funds be approved in FY08 and FY09 to establish a South County urgent care law enforcement liaison function. The development of the specific interface function and the staff resource needed will be led by the MHD Law Enforcement Liaison in collaboration with the South County law enforcement jurisdictions (Gilroy Police, Morgan Hill Police, County Sheriff) and will be piloted in FY08 and FY09. Ongoing resource needs will be included in the FY10 Three-Year Integrated Plan, based on pilot outcome and available resources. 	<p>\$ 350,000</p> <p>\$ 0</p>	<p>\$ 300,000</p> <p>\$ 100,000</p>	<p>\$ 0</p> <p>\$ 100,000</p>
<p>3. Urgent /Crisis and Mobile Response and Crisis Services – North County location</p> <p>Multi-disciplinary and culturally proficient on-call staff will be available to be mobilized within minutes. Mobile response staff and telephone consultation will be coordinated with the</p>	<ul style="list-style-type: none"> Provider selection and implementation to be established by September 2007 	<ul style="list-style-type: none"> Per the above, ongoing and one-time was previously approved for North County Urgent Care start-up and ongoing services. It is proposed that \$100,000 in one-time funds be approved in FY08 and FY09 to establish a North County urgent care law enforcement liaison function. The development of the specific interface function and the staff resource needed will be led by the MHD Law Enforcement Liaison in collaboration with the North County law enforcement jurisdictions (Palo Alto, Los Altos, Mountain View, Sunnyvale, and Cupertino Police Departments, and the County Sheriff) and will be piloted in FY08 and FY09. Ongoing resource needs will be included in the FY10 Three-Year Integrated Plan, based on pilot outcome and available resources. 	<p>\$ 350,000</p> <p>\$ 0</p>	<p>\$ 300,000</p> <p>\$ 100,000</p>	<p>\$ 0</p> <p>\$ 100,000</p>

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
police as they are called to highly emotionally charged situations.					
A-05 CONSUMER AND FAMILY WELLNESS AND RECOVERY SERVICES					
<p>1. Self-Help Development and Peer Support Services</p> <p>This strategy aims to increase the engagement of family members, significant others, and peers in the support of consumers' individualized wellness and recovery plans. Consumer and family support and education managers will be employed to ensure that consumers and self-help services are robust and integrated into County and contract services.</p>	<ul style="list-style-type: none"> Five new self-help facilitators have been hired and are working in current self-help centers. A new Consumer Affairs Manager has been hired and has assumed responsibility for managing the self-help centers. The new manager is working with MHD managers on implementation plans for hiring and placing new community worker staff in transformed wellness and recovery service centers. 	<ul style="list-style-type: none"> It is proposed that \$200,000 in one-time funds be utilized for consumer stipends in FY08 and FY09. These stipends will allow consumers to move into work experience without losing medical benefits and SSI and will serve as a transition to full-time employment. The ongoing need for stipends will be included in the FY10 Three-Year Integrated Plan. These consumers will be provided training and support through the new Workforce Education and Training proposed training and support program. 	\$ 0	\$ 200,000	\$ 200,000
<p>2. Family/Primary Network Support and Education</p> <p>The MHD will emphasize recruitment of additional consumer staff to work with self-help centers as well as to have active roles at clinics as advocates, peer counselors and family</p>	<ul style="list-style-type: none"> Two half-time Family Services Coordinators have been hired, one to support Parent Partners and family involvement in the Family and Children's System of Care; and one to support family support and involvement in the Adult System. Please note that family support and family care models are being developed by the Ethnic Community Advisory Committees and are presented below in the Learning Partnership work plan. The services established will directly interface with all outpatient services. The focus will be to establish advocacy, family support and family education resources for nine underserved and un-served ethnic and cultural populations. 	<ul style="list-style-type: none"> No changes are planned. 	\$ 0	\$ 0	\$ 0

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
liaisons.					
OA-01 SENIOR FULL SERVICE PARTNERSHIPS					
<p>1. Full Service Partnerships</p> <p>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. Examples of FSP models include AB2034 and Assertive Community Treatment (ACT). Elements of the program include psychiatric services, medical and social supports, self-help, and family involvement.</p>	<ul style="list-style-type: none"> Two providers have been selected, and implementation has been underway since January 2006. Programs are at approximately 40% capacity (10 enrollees) as of 6/30/07 and continue to receive a significant number of candidates for potential admission. Candidates are being selected from frequent users of emergency and inpatient services who have not received community-based services and thus have not been engaged in community care. 	<ul style="list-style-type: none"> Increased case finding has been initiated to assure that all appropriate referrals are made. It is also anticipated that FSP referrals will be made through the mobile assessment team to be introduced under OA-02 through OA-04. It is also proposed, given the time providers need to achieve full capacity, and the need for new staff training, that \$200,000 in one-time funds be allocated for continued ramp up, while programs build to full capacity and full revenue targets in FY08. 	\$ 0	\$ 200,000	\$ 0
<p>2. System Development Initiative to Establish Interagency Infrastructure, Multi-disciplinary Assessment, and Specialized Treatment and Support Services</p> <p>An interagency infrastructure with dedicated resources will be established to support the Older Adult System of Care.</p>	<ul style="list-style-type: none"> An Older Adults Committee of the Mental Health Board was established in January 2007 to oversee and facilitate the development of this infrastructure. It is composed of leadership from the MHD, the Social Services Agency's Department of Aging and Adult Services, the Area Agency on Aging, Public Guardian, and community-based organizations serving the older adult community. Membership will be expanded to include primary care and other community representatives. 	<ul style="list-style-type: none"> It is proposed that \$100,000 be approved in one-time funds to be utilized in FY08 and FY09 to support a collaborative effort with the Social Services Agency's Department of Aging and Adult Services to establish more involvement by the faith community in development of the Older Adult System of Care and better connections with the faith community for ongoing referrals of older adults needing mental health services. A collaborative effort with the faith community is being headed by the SSA Director of Aging and Adult Services. It is also proposed that \$100,000 in stipend funds be approved in FY08 and FY09 to establish part-time Older Adult System of Care Liaisons in various ethnic and community organizations. The details of implementation will be developed and outlined through the new MHD Older Adult Committee in collaboration with the ECAC's. Ongoing resource for this function will be included in the FY10 Three-Year Integrated Plan, based on success of this pilot effort. 	\$ 0	\$ 100,000	\$ 100,000
			\$ 0	\$100,000	\$100,000

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
<p>3. Integrated Mental Health/Substance Abuse Treatment</p> <p>This strategy involves integrated service provision utilizing treatment practitioners who are competent in both mental health and substance abuse/medication management. Older Adult FSPs will be staffed with clinicians/counselors who have formal training and credentialing in both domains.</p>	<ul style="list-style-type: none"> FSP providers have incorporated this aspect of care into their assessment and treatment planning due to the high risk of seniors misusing prescription and over-the-counter drugs in addition to alcohol and other non-medicinal drugs. 	<ul style="list-style-type: none"> No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0
OA-02 OLDER ADULT BEHAVIORAL HEALTH SERVICES OUTPATIENT REDESIGN					
<p>1. Improved Treatment Services and Supports</p> <p>This element involves a redesign of the older adult outpatient system, including key service enhancements. System redesign involves a concerted effort to include consumers and family members at various levels of service: outreach, engagement, assessment, care planning and delivery.</p>	<ul style="list-style-type: none"> This strategy has not been implemented and will be a priority focus in FY08 with the release of an RFP for the selection of a provider to design and implement a model for an integrated system of care for older adults. The RFP will be released in mid-July, and a provider will be selected in late August. The system of care will use a multi-disciplinary team including a physician, nurse, psychiatric social worker, and peer and family partners. The system of care will include mobile outreach and assessment, mental health services, integration with community services, education and support for community service providers, and education and support for peer and family partners. 	<ul style="list-style-type: none"> It is proposed that the OA-02, OA-03, and OA-04 work plans be combined into one Older Adult System of Care Work Plan. Specific strategies will continue to be tracked as they are implemented, though some may be integrated to provide more seamless services. It is proposed that \$150,000 in one-time funding be utilized in FY08 and FY09 to fund an Older Adult System Coordinator. This may involve borrowing staff from other agencies to provide leadership for the development of the Older Adult System of Care. This model is used in the Zero to Five System of Care Development with leadership provided through County Office of Education staff from the Inclusion Collaborative. Details will be worked out through the MHD OASOC Committee and the FSP OA Interagency Policy Group. Ongoing leadership needs will be included in the FY10 Three-Year Integrated Plan. 	\$ 0	\$ 150,000	\$ 154,500
<p>2. Mental Health Support to Outpatient Medical Services</p> <p>This initiative will develop and implement training for health care providers to improve the effectiveness of case managers and</p>	<ul style="list-style-type: none"> As indicated above, the MHD has proposed to combine several OA components into one RFP. One key component will be an interface between mental health providers and primary care services to assure that the physical health needs of clients are being addressed. 	<ul style="list-style-type: none"> No additional funding is proposed for this component at this time. 	\$ 0	\$ 0	\$ 0

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
others who provide the linkage between mental health and medical services.					
<p>3. Expanded Day Services</p> <p>This strategy will provide mental health support to day service programs. These day services provide a safe environment and activities that are age appropriate, and they support linkages to the community according to the elders' interests, language and culture. This will develop and provide a combination of training for day services staff, along with individual or group activities to</p>	<ul style="list-style-type: none"> ▪ This strategy has not been implemented and will be a priority focus in FY08. ▪ As indicated above, the MHD has proposed to combine several OA components into one RFP. The development of education and support for adult day services will be part of the system of care expectations. 	<ul style="list-style-type: none"> ▪ No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
address mental health issues.					
OA-03 SENIOR MOBILE ASSESSMENT AND OUTREACH					
<p>1. Mobile Assessment and Outreach Team Response</p> <p>The Mobile Assessment and Outreach Team will respond to situations in which an elder may be experiencing multiple medical and mental health conditions which are severely or acutely compromising their ability to seek care for themselves. This intervention may be in coordination with other service providers or in response to calls from the client, family or primary caregivers.</p>	<ul style="list-style-type: none"> This strategy has not been implemented and will be a priority focus in FY08. As indicated above, the MHD has proposed to combine several OA components into one RFP. The system of care will use a multi-disciplinary outreach team to conduct in-home assessments in order to develop appropriate referrals and service linkages. 	<ul style="list-style-type: none"> No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0
OA-04 OLDER ADULT FAMILY AND CAREGIVER SUPPORT					
<p>1. Enhanced Peer Support Services (funded in A-05, Adult Peer Support)</p> <p>Peer counseling requires special training related to the various cultures and ethnicities in the community. Logistical support also is required for peer counselors, including locating them in places familiar to the clients and providing transportation to reach clients at home or in a hospital or institution, as well as professional backup.</p>	<ul style="list-style-type: none"> This strategy has not been implemented and will be a priority focus in FY08. As indicated above, the MHD has proposed to combine several OA components into one RFP. The development a group of peer partners will facilitate engagement, reduce isolation, and support the work of the other members of the service team. 	<ul style="list-style-type: none"> No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0
<p>2. Family/Primary Network Support and Education</p> <p>Family support and education will assist</p>	<ul style="list-style-type: none"> This strategy has not been implemented and will be a priority focus in FY08. As indicated above, the MHD has proposed to combine several OA components into one RFP. Family education and support will contribute to the overall ability of clients and their support networks to promote recovery. 	<ul style="list-style-type: none"> No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
<p>the recovery of the client as well as provide family members with knowledge of signs and symptoms that may enable them to seek early intervention and stabilization for the client prior to the need for higher levels of care or hospitalization. Family members will contribute to the development of an individualized recovery plan for the client.</p>					
CROSSCUTTING, ONE-TIME AND ADMINISTRATIVE STRATEGIES					
HO-01 Housing Options Initiative					
<p>A Behavioral Health Housing Initiative will include the research, design and</p>	<ul style="list-style-type: none"> The MHD has made significant progress on this work plan which will complement the MHSA Housing 	<ul style="list-style-type: none"> No additional funding is proposed at this time for this component. 	\$ 0	\$ 0	\$ 0

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
implementation of a full range of housing options for mental health consumers. Drawing upon already existing City, County and provider expertise, a strategic plan for supportive mental health housing will be completed. The result will be a range of temporary and permanent housing alternatives to be created and implemented over the initial three-year CSS period. This initiative will be designed to be in alignment with the County Ten-Year Plan to End Homelessness.	<p>Initiative that will be administered through CALFHA. Progress includes:</p> <ul style="list-style-type: none"> ▪ A Housing Consultant has been hired and is working with the County Office of Affordable Housing to complete the Notice of Funding Availability (NOFA) to fund housing development projects that will establish permanent housing for clients of the MHD. ▪ A fund of \$4 million (\$2 million MHSA and \$2 million matching County funds) has been established; two rounds of NOFA have been completed; and three projects have been funded that will produce approximately 50 housing units. At least one of the projects will have units available within the year. 				
HC-01 Behavioral & Primary Health Care Partnership					
Throughout the CSS planning process, the importance of an improved interface with primary care services has been a priority. There is need for improved access to and coordination of basic health care for mental health clients served in the current system, as well as for those un-served who would prefer to access mental health service through primary health care providers. The MHD will seek a partnership with a local primary care provider, utilizing one-time CSS funds.	<ul style="list-style-type: none"> ▪ This initiative has been partially implemented and plans are underway to initiate strategic planning with Primary Care stakeholders in August for this critical component of transformation. ▪ Due to the County FY08 budget crisis, the system-wide planning was delayed until final budget decisions were made in June 2007. ▪ One key component of local MHD budget planning involved collaboration with Valley Medical Center (VMC) to improve pharmacy services and linkage to primary care services. As a result, a new service called the Specialty Mental Health Assessment Center is being implemented beginning in June 2007. The service will offer mental health assessments and linkage to needed services, enrollment in VMC primary care system, annual health screening and pharmacy education for enrolled consumers, increased pharmacy consultation to improve primary care and psychiatric medication management, client enrollment in the VMC 340b pharmacy discount program, and increased psychiatric consultation services to the primary care system. This collaborative initiative between VMC and the MHD will result in close to \$6 million in pharmacy cost savings, while at the same time improving interface with primary care and enrolling MHD 	<ul style="list-style-type: none"> ▪ The approved CSS Plan included \$375,000 in one-time funds to cover 50% of the cost of a new division director of behavioral health interface and Zero to Five services and to develop a strategic plan and pilot program. ▪ The position has been redirected @ 50% MHSA funds to cover new MHSA-related contracts and administrative functions in Mental Health Administration. Ongoing leadership for Primary Care interface activities is being provided by existing management and administrative staff; and ongoing staffing needs will be incorporated in the FY10 Three-Year Integrated Plan. MHSA funds will be utilized to cover the cost of 2.0 FTE Clinical Social Workers, clerical and M.D. time in the new Specialty Mental Health Assessment Center. ▪ An additional \$500,000 in one-time funds is proposed for FY08 and FY09 to cover remaining costs of the new Assessment Center, and to develop additional pilot interface services that will be designed by a Primary Care Interface Group that will meet in August 2007. ▪ It is also proposed that one-time funds be used in FY08 and FY09 to provide 2.0 FTE Clinical staff 	\$ 0	\$ 0	\$ 0
			\$ 0	\$ 500,000	\$ 500,000
			\$ 0	\$ 250,000	\$ 257,500

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
	<p>consumers in the VMC pharmacy discount program. Two MHD pharmacies have been moved under the VMC pharmacy services as part of this initiative. MHSAs one-time and pharmacy increased revenues are being used for this initiative. Ongoing MHSAs funding for the program will be incorporated into the FY10 Three-Year Integrated Plan.</p>	<p>(PSW/MFT or Rehab Counselors) be dedicated to the Valley Homeless Team, a primary care sponsored integrated team that provides critical health and psychiatric services to homeless mentally ill residing in shelters and on the street. These two staff will provide essential assessment and linkage services to connect homeless consumers to ongoing mental health system services. The ongoing linkage function will be integrated into the FY10 Three-Year Integrated Plan; or will be included in the Blue Ribbon Task Force program that will be funded through other avenues.</p> <p>▪ <i>It should be noted that the \$1million one-time funding was approved by the Leadership Committee on 5/11/07</i></p>			
<p>LP-01 Behavioral Health Learning Partnership</p>					
<p>It is proposed that one-time funds be set aside to develop and implement a Learning Partnership, including a facility, technical support, training, and consultation needed to ensure ongoing education is offered to all stakeholders. This will be accomplished through redirection of current resources combined with new CSS funding.</p>	<ul style="list-style-type: none"> ▪ The Learning Partnership has made significant progress in the past 18 months. A new division has been created that will include training, cultural competency, research and decision support, and quality improvement activities. ▪ The MHD has secured a 10,000 square foot training space that is currently being refurbished and will be the new Learning Partnership training center. This space is the second floor of the Downtown Mental Health Center, the local downtown outpatient service. ▪ A Learning Partnership Steering Committee has been established to advise the efforts of the Learning Partnership. ▪ A Strategic Plan for the next three years is being completed with the assistance of a consultant. ▪ The MHD has initiated intensive training in collaboration with the California Institute of Mental Health in several evidenced-based practices that will be implemented in multiple programs. 	<ul style="list-style-type: none"> ▪ It is proposed that \$750,000 in one-time funds be approved for the FY08 Intern Collaborative to pay stipends for over 75 student, consumer and family interns through County and contract providers, with particular emphasis on those interns that provide needed cultural and language skills to meet the needs of underserved and unserved communities. ▪ It is expected that the MHD Three-Year Workforce Development, Education and Training Plan will include an ongoing stipend program in FY09 and beyond. 	\$ 0	\$ 750,000	\$ 0

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
	<ul style="list-style-type: none"> ▪ The MHD has hosted multiple system-wide trainings in Motivational Interviewing, Recovery and Wellness, and Cultural Competency. ▪ Bruce and Gina Anderson of Community Activators will be conducting trainings with County managers in transitioning to a recovery-oriented system. ▪ The Ethnic Community Advisory Committees (ECAC's) have been provided training in popular education and leadership development. ▪ A new website is being designed that will provide improved access to information about services, training, self-help centers, and Mental Health Board activities. ▪ A web-based learning management system (LMS) was launched in April 2007 that provides online training registration, e-learning course, and management reports. ▪ An Intern Collaborative Program has been revitalized to design training and support for student interns placed with County and contract providers. This program will include training and stipend support for student interns and consumer and family interns. 				
FH-01 Community & Family Outreach and Engagement Initiative (Included in LP-01 Budget)					
<p>One-time funding will be used over the first three years of CSS implementation to develop and implement culturally competent strategies that will increase mental health service access by ethnic communities and particularly by newcomer immigrant communities.</p>	<ul style="list-style-type: none"> ▪ Hundreds of stakeholders from a broad spectrum of ethnic and faith and LGBTQ communities have worked over the past eight months to consider the needs of Santa Clara County's diverse populations. ▪ An initial Inreach and Outreach Report, presenting findings from 6,000 surveys and 4,000 meetings and focus groups, summarizes the input from 10,000 voices that contributed to the CSS planning phase. ▪ A second Ethnic Community Summary (ECAC) Report was compiled by nine community ethnic and cultural 	<ul style="list-style-type: none"> ▪ It is proposed that \$200,000 in ongoing funding be approved for the continuing work of the ECACs. One-time savings from FY07 and FY08 will be utilized to cover all start up costs of the program. ▪ <i>It should be noted that this item was approved at the 5/11/07 Leadership Committee meeting.</i> 	\$ 200,000	\$182,000	\$ 182,000

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
	<p>groups summarizing specific cultural perspectives on mental health need in their communities.</p> <ul style="list-style-type: none"> ▪ Several ECAC's have remained constituted throughout the planning phase and are now being provided support and consultation in order to continue their successful efforts to bring consumers and family members into ongoing planning processes. The objective is to increase involvement of ethnic communities, consumers, family members and providers so that there are strong and diverse voices informing the current system. ▪ Plans are underway to further develop the capacity of nine specific ECAC's to provide the four following activities: <ul style="list-style-type: none"> ▪ advocacy ▪ individual family support and hotline ▪ family support groups ▪ family education ▪ Each ECAC will receive \$42,000 to fund family member stipends and expenses equivalent to approximately 1.5 FTE's. In addition, the MHD will pay for all material development, including brochures, educational and training materials, translation services, etc., for each ECAC. 				
EE-01 Education, Employment and Self-Sufficiency Behavioral Health Recovery Services (Included in LP-01 Budget)					
<p>The interface of education, employment and benefits in supporting client recovery and self-sufficiency is a central</p>	<ul style="list-style-type: none"> ▪ This work plan has not been implemented. Plans are underway to establish an eligibility and benefit assistance service in the new Mental Health Specialty Assessment Center. ▪ Training is scheduled for an automated SSI training, assessment, and application tracking program to increase SSI application success among eligible consumers. ▪ \$384,000 was approved for initiation of an education, 	<ul style="list-style-type: none"> ▪ It is proposed that one-time funds be utilized to staff the new Benefit Assistance Pilot Program. Four Rehabilitation Counselors are targeted to be deleted as a result of the FY08 Budget Reduction non-MHSA county programs. These staff have years of experience in providing case management services to Seriously Mentally Ill consumers. They will be redirected to support the new pilot program and will assist in providing consumers access to benefit and employment services, through intensive case management, and community resource 	\$ 0	\$ 600,000	\$ 618,000

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
<p>and core component of a transformed system. During the first three years of CSS implementation, a comprehensive plan will be designed and put in place in order to offer clients efficient access to benefit support, education, and employment-based recovery options.</p>	<p>employment and self-sufficiency component. This will be completed in FY08 and ongoing funding will be determined in the FY10 Three-Year Integrated Plan.</p>	<p>development. Ongoing funding for the Benefit Assistance Pilot Program will be included in the FY10 Three-Year Integrated Plan.</p>			
<p>ST-01 Regional Survivors of Torture Treatment Services</p>					
<p>This strategy will establish a regional (Bay Area) treatment program in collaboration with Bay Area Mental Health Directors. The program will be designed to establish a specialized service for individuals of all ages who are suffering as a result of complex and unique circumstances.</p>	<ul style="list-style-type: none"> This program has not been initiated. Plans are in place for a stakeholder planning meeting in August, and it is anticipated that a consensus will be reached on the program to develop and pilot services that will meet the needs of survivors of torture. 	<ul style="list-style-type: none"> No changes are planned for this work plan at this time. 	\$ 0	\$ 0	\$ 0
<p>AD-01 Administrative Support</p>					
<p>Several administrative support positions are proposed to sustain the development and implementation of the various transformation strategies outlined in the Three-Year CSS</p>	<ul style="list-style-type: none"> Administrative positions have included a MHSA Coordinator; an Associate Management Analyst to support the Learning Partnership; and a Health Program Specialist to support Cultural Competency. In 	<ul style="list-style-type: none"> It is proposed that \$200,000 in one-time funds be utilized in FY08 for the planning for the Capital, Facility and Technology Plan. DMH has indicated that there will not be distinct funds available for 	\$ 0	\$ 200,000	\$ 0

WORK PLAN	PROGRESS REPORT	PROPOSED EXPANSION AND CHANGES	EXPANSION FY08	ONE-TIME FUNDS FY08	ONE-TIME FUNDS FY09
Plan.	<p>addition, planning funds have supported consultant services throughout the CSS planning and implementation process. In addition, a portion of Administrative Overhead funds has been allocated to Administration to support the MHSA contracts, and other services and supplies.</p>	<p>Capital, Facility and Technology Plan development and that counties may use one-time CSS funds for this purpose.</p> <ul style="list-style-type: none"> ■ It is also proposed that \$400,000 in one-time funds be utilized in FY08 and FY09 for ongoing CSS planning, and particularly for the FY10 Three-Year Integrated Plan. ■ It is proposed that 1.0 FTE Senior Financial Analyst and 1.0 FTE Administrative Assistant be funded with existing ongoing administrative overhead funds from the approved plan. This will require no additional funds. 	\$ 0	\$400,000	\$400,000
			\$ 0	\$ 0	\$ ◀ 0
Total			\$5,350,000	\$9,938,954	\$5,662,663

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