



MHSA Leadership Stakeholder Committee Meeting July 13, 2007

8:30 am – 12:00 noon

- 1. Welcome and Introduction** **Nancy**
- 2. Agenda & Packet Review** **Nancy**
- 3. State Update** **Sheila**
 - **CSS Expansion & Progress Reports**
 - **Workforce Education & Training**
 - **Capital & Information Technology**
 - **Prevention and Early Intervention**
 - **Housing**
- 4. MHD Updates** **Nancy, Sheila**
 - **3 RFP's in final preparation**
 - **New staff selections**
 - **Family Services Coordinators**
 - **Division Directors**
 - **Program Updates**
 - **FSP**
 - **Urgent Care**
 - **Learning Partnership**
- 5. Leadership Committee Updates** **Nancy**
 - **Ongoing MHSA oversight role**
 - **Members' designation of alternates**
 - **Process for selection of Work Group members for new planning initiatives (Workforce, Capital/IT, PEI)**
 - **Meeting schedule**
- 6. CSS Expansion Plan: Review and Discussion** **Nancy**
 - **Decisions from 5/11/ Meeting**
 - **Proposed Expansion Plan**
- 7. Next Steps**
 - **Post CSS Expansion Plan for 30 days**
 - **Reconvene Leadership Committee in August**
- 8. Next Meeting** **Nancy**

County of Santa Clara

Office of the County Executive

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July 3, 2007

To: Pete Kutras, County Executive
Agency/Department Heads
Departmental Fiscal Officers

From: Leslie Crowell *LSC*
Budget Director

Subject: Budget Planning for FY 2009 and Beyond

As part of the FY 2008 budget hearing, updated amounts for future year deficits were provided to the Board on June 15. The projected deficit for FY 2009 is estimated at \$202.8 million, and which will be refined as part of the FY 2008 – 2012 Financial Projection. Unfortunately, we are in a position to reduce our budget significantly for the 7th year in a row.

The process for developing the FY 2009 budget will be similar to that utilized in prior years, and as in the past, your assistance will be vital to the success of our process.

Because of our grave financial situation, the hiring freeze and exemption process will remain the same. Departments are cautioned to only seek exemptions that are absolutely necessary.

Key Milestones Related to Projections:

1. FY 2009 Recommended Reduction Targets Agendized for the Board of Supervisors on September 25, 2007
2. FY 2008 – 2012 Five Year Financial Projection Agendized for the Board of Supervisors on October 16, 2007
3. Policy discussions related to Board Committees, Fund Balance, and the Contingency Reserve will be agendized for September 2007

In order to provide the Board with both reduction target recommendations and future year financial projections, the Office of Budget and Analysis (OBA) will be using known bargaining unit agreement amounts, estimates for benefit increases, and estimates for service and supply and major revenue increases. **The deadline for submitting initial information is August 24.** This provides approximately a month to examine the latest information after the fiscal year end close for FY 2007.

Meetings with Department Staff

In order for me to best understand Departments' projections, I would like to meet with staff to discuss the submission of their information, answer questions, and address needs unique to especially the large departments. I have included a list of those with whom I would like to meet between August 6 – 17. If your department is on this list, please contact Shanea Carvalho to set up a meeting.

The attached tables provide an overview of the information requested, as well as the departments that have provided data or information in prior years.

I look forward to working with you later this summer, as I am out of town until July 30. Please contact your OBA analyst or Mary Stephens, Budget Operations Manager, at 299-5174 if you have additional questions.

FSP ENROLLMENT BY AGENCY AND AGE GROUP OR PROGRAM
as of June 30, 2007

<i>Program</i>	<i>Status</i>	Catholic Charities	Commuity Solutions	Gardner	Indian Health	Mekong	Momentum	Oppportunity Health	Starlight	Total
Youth 0-15 yrs old	Slots		10						20	30
	Referred		6						20	26
	Enrolled		4						14	18
	Pending		2						6	8
	% of slots filled		40%						70%	60%
TAY 16-25 yrs old	Slots		10				10		10	30
	Referred		7				11		7	25
	Enrolled		6				8		4	18
	Pending		1				3		3	7
	% of slots filled		60%				80%		40%	60%
Adult 26-59 yrs old	Slots		10	15	10	10	20	10		75
	Referred		10	15	11	10	23	10		79
	Enrolled		10	12	8	10	19	2		61
	Pending		0	3	3	0	4	8		18
	% of slots filled		100%	80%	80%	100%	95%	20%		81%
Criminal Justice 18-59 yrs old	Slots	60	60	60						180
	Referred									0
	Enrolled	14	12	19						45
	Pending									0
	% of slots filled	23%	20%	32%						25%
Older Adult 60+ yrs old	Slots	20	5							25
	Referred	11	6							17
	Enrolled	5	5							10
	Pending	6	1							7
	% of slots filled	25%	100%							40%
Total All Programs	Slots	80	95	75	10	10	30	10	30	340
	Referred *	11	29	15	11	10	34	10	27	147
	Enrolled	19	37	31	8	10	27	2	18	152
	Pending	6	4	3	3	0	7	8	9	40
	% of slots filled	24%	39%	41%	80%	100%	90%	20%	60%	45%

* CJS referrals by company not available Unicare data for enrollees as of 7/11/07

Ethnic Distribution of FSP Clients as of 6/18/07

Child Summary

Ethnicity	Target	Enrolled	Pending	Total	% of Target Met
White	2	3		3	150%
Hispanic	15	3	6	9	20%
Black African American	7			0	0%
Asian	3		1	1	0%
Other Race	3			0	0%
Tongan	0		1	1	0%
Total	30	6	8	14	20%

TAY Summary

Ethnicity	Target	Enrolled	Pending	Total	% of Target Met
White	2	5	5	10	250%
Hispanic	17	9	3	12	53%
Black African American	5	1	2	3	20%
Asian	3			0	0%
Other Race	3			0	0%
Total	30	15	10	25	50%

Adult Summary

Ethnicity	Target	Enrolled	Pending	Total	% of Target Met
White	9	22	9	31	232%
Hispanic	33	25	3	28	76%
Black African American	12	2	6	8	16%
Asian	15	12	0	12	79%
Other Race	5	0	0	0	0%
Total	75	61	18	79	81%

CJ Summary

Ethnicity	Target	Referred	Pending	Total	% of Target Met
White	23	30			132%
Hispanic	79	19			24%
Black African American	30	16			54%
Asian	36	6			17%
Other Race	12	2			17%
Native American	0	3			0%
Total	180	76			42%

Older Adult Summary

Ethnicity	Target	Enrolled	Pending	Total	% of Target Met
White	9	6	5	11	67%
Hispanic	6	1	1	2	17%
Black African American	2	0	0	0	0%
Asian	6	1	1	2	17%
Other Race	2	1	0	1	50%
Total	25	9	7	16	36%

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
 BU 412 MENTAL HEALTH DEPARTMENT
 FY07/08 BUDGET RECOMMENDED BUDGET
 SUMMARY

Updated 3/23/07

	<u>FTEs</u>	<u>Revenue</u>	<u>Personnel Expense</u>	<u>CBO Expense</u>	<u>Oth Obj 2 Expense</u>	<u>Total Expense</u>	<u>Net CGF</u>
<u>Reductions</u>							
Adult Services	(77.0)	(2,897,727)	(8,523,465)	(8,614,628)	(307,400)	(17,445,493)	(14,547,766)
Family & Childrens Services	(28.5)	(3,259,326)	(3,199,271)	(5,071,272)	(47,541)	(8,318,084)	(5,058,758)
24 Hour Care/ Aftercare	(5.0)	0	(550,301)	0	0	(550,301)	(550,301)
Access	(4.5)	0	(507,212)	0	0	(507,212)	(507,212)
Acute Psychiatry	0.0	0	0	0	(5,000,000)	(5,000,000)	(5,000,000)
Administration	(7.0)	0	(841,850)	0	(750,000)	(1,591,850)	(1,591,850)
Pharmacy 340B Custody MH	0.0	0	0	0	(1,001,808)	(1,001,808)	(1,001,808)
Pharmacy Discharge Meds	0.0	0	0	0	(301,712)	(301,712)	(301,712)
Pharmacy 340B Reorganization	(19.5)	0	(2,364,160)	0	(1,009,433)	(3,373,593)	(3,373,593)
Pharmacy Unsponsored	<u>0.0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(2,000,000)</u>	<u>(2,000,000)</u>	<u>(2,000,000)</u>
	(141.5)	(6,157,053)	(15,986,259)	(13,685,900)	(10,417,894)	(40,090,053)	(33,933,000)
<u>Other Adjustments</u>							
Gateway	0.0	0	0	0	0	0	0

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
 MENTAL HEALTH DEPARTMENT
 FY07/08 FINAL BUDGET REDUCTION SUMMARY

Updated 6/26/07
 Updates in Italics

Item	Description	Program/Location	Reduction Impact	FTEs	Revenue	Expense	Net Savings
BUDGET REDUCTION PROPOSALS							
1f	Adult/ Older Adult Services	Eliminate County Operated Rep Payee	Close the county operated Representative Payee program located at Downtown Mental Health Center, eliminating payee services to 680 consumers annually. Delete 1.0 FTE D96 Account Assistant, 3.0 FTE Account Clerk IIs, 1.0 E61 MH Office Specialist. This program offers money management services to clients who are open to Service Teams (i.e., outpatient services) and who are deemed unable to self-managed limited personal resources. The impact is likely to be that some clients will poorly manage personal finances to the point of losing housing and their ability to manage basic needs. This may result in increased homelessness and hospitalization among this population. Clients may seek payee services from private financial support providers for a small monthly fee.	(7.0)	0	(530,493)	(530,493)
2c	Family & Children's Services	Reduce and Restructure Children's Shelter Services	Reduce the Children's Shelter program. Mental health assessment and case management services will be reassigned to the KidScope Program to offer assessment and service coordination to dependent youth that are involved in the DFCS system to the extent resources allow. An estimated 1,400 youth will continue to be admitted to the Shelter annually. Two staff will be assigned to provide services to Shelter youth. The restructured services will be limited to crisis intervention services. Postions to be eliminated are 1.0 Health Care Program Manager II; 1.0 Mental Health Office Supervisor; 2.0 MFT/PSW; 3.0 Rehabilitation Counselors. The MHD will work with DFCS to design a service continuum for foster care youth utilizing MHSA funding for system design, and MHSA and Medi-Cal/EPSTD funded service. The impact of this reduction will severely impact the ability of the MHD to provide assessment services to DFCS youth. Priority will be given to establish an improved foster care access system through MHSA and redirection of current MHD System of Care services provided through contract providers.	(7.0)	0	(771,530)	(771,530)

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
 MENTAL HEALTH DEPARTMENT
 FY07/08 FINAL BUDGET REDUCTION SUMMARY

Updated 6/26/07
 Updates in Italics

Item	Description	Program/Location	Reduction Impact	FTEs	Revenue	Expense	Net Savings
2d	Family & Children's Services	Reduce and Restructure Juvenile Hall and Ranch Mental Health Services	Reduce clinical staff providing 24/7 service to Juvenile Hall residents. Delete 6.0 FTE PSW/MFTs and 1.0 FTE Health Care Program Manager II (26% of direct service staff). The Juvenile Hall program will have fewer clinical staff providing crisis intervention services. The MHD will work with Probation leadership to redesign remaining Juvenile Hall and Ranch services and establish a continuum of services that maximizes resources and program structure utilizing both Probation and MHD resources. The MHD will utilize MHSA, MIOCR and remaining departmental funds to hire an expert in Juvenile Justice rehabilitation and therapeutic services to assist in the redesign of services. The impact will be a reduction in clinical resource available to meet the needs of emotionally disturbed youth in detention and could result in increased crises and in-custody incidents of self-harm or psychiatric emergency and hospitalization services.	(7.0)	0	(802,750)	(802,750)
2f	Family & Children's Services	Reduce Contract CTF Services	The CTF (Community Treatment Facility) is a 36-bed locked residential treatment program that provides intensive residential treatment to adolescents referred from DFCS, Probation and Special Education (through Mental Health). This resource is offered to counties statewide through individual contracts between the CTF provider and counties. Santa Clara currently contracts for 16 CTF beds. The item would reduce the number of beds utilized by Santa Clara County to 10 beds. County Departments (DFCS and Probation) will have the option of purchasing additional beds utilizing their own department placement funds to cover required net local county expense. This reduction will impact the availability of this statewide resource if placing departments are unable to cover net county costs of the program which are estimated to be \$189 per day per bed. In addition, the reduction of \$415,790 in general fund will incur a significant loss of EPSDT/Medical revenue (\$634,326).		(634,326)	(1,050,116)	(415,790)

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
 MENTAL HEALTH DEPARTMENT
 FY07/08 FINAL BUDGET REDUCTION SUMMARY

Updated 6/26/07
Updates in Italics

Item	Description	Program/Location	Reduction Impact	FTEs	Revenue	Expense	Net Savings
2g	Family & Children's Services	Reduce Contract Wraparound Services	The MHD wraparound program is an intensive program that serves approximately 359 children and adolescents annually with significant mental health issues. The program is funded through AFDC Foster Care payments and Mental Health Medi-Cal/EPSDT and general funds. Youth are referred primarily through DFCS and Special Education placement systems. A small number are referred through Juvenile Probation. Two providers offer the service. The net county cost averages \$12,674 per child per year. This reduction will decrease the number of wraparound slots funded by the MHD general fund portion by approximately 39 (\$500,000). Unfortunately this reduction will include \$2.8 million in Medi-Cal and EPSDT revenues as the programs are able to bill a large amount of services to Medi-Cal/EPSDT for children enrolled in this intensive service. On average providers are reimbursed \$21,830 in EPSDT and Medi-Cal per child per year. This revenue will be lost with the elimination of the general fund. County placing departments (DFCS and Juvenile Probation) will have the option of purchasing additional slots utilizing their own department placement funds to cover required local county expense. This impact will limit the number of children who are placed in this intensive service.	0.0	(2,625,000)	(3,125,000)	(500,000)
2h	Family & Children's Services	Reduce Contract Mobile Crisis Services	This service is provided by EMQ and offers mobile response to crisis calls from police, families and schools when children and adolescents are experiencing mental health crises. This proposal would eliminate mobile response to children when upon initial screening it is determined that the child has private insurance benefits. It is estimated that approximately 20-25% of children and adolescents who are currently provided this service have insurance while reimbursement is extremely difficult to obtain. Impact may result in increased police response and complaints from community referral sources accustomed to response to all calls.	0.0	0	(100,000)	(100,000)
3	24-Hour Services	24-Hour Team	Reduce the current 24-Hour Care Team by deleting five (40%) of 12.0 FTE direct service positions (3.0 FTE PSW/MFT and 2.0 FTE Rehabilitation Counselor). Treatment authorization functions will be reorganized and assumed by other 24-Hour and administrative staff. While there will be less demand for 24-Hour team resource with the responsibility for aftercare service for Full Service Partnership (FSP) enrollees being assumed by FSP providers, the reduction will negatively impact authorization functions.	(5.0)	0	(550,301)	(550,301)

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
 MENTAL HEALTH DEPARTMENT
 FY07/08 FINAL BUDGET REDUCTION SUMMARY

Updated 6/26/07
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Item	Description	Program/Location	Reduction Impact	FTEs	Revenue	Expense	Net Savings
5	Acute Psych Services	Emergency Psychiatric Services; Barbara Arons Pavilion	Redesign EPS and Barbara Arons Pavilion (BAP) inpatient processes and staffing. The MHD and VMC leadership will work with consultant experts to complete an analysis of the EPS program, with the goal of improving efficiency and reducing costs by \$2 million through a reduction in census and corresponding staffing. This will be possible by routing patients to the new MHSA Urgent Care centers and by facilitating more speedy hospital admissions. Further reductions will be accomplished through redesign of current hospital aftercare linkage services and procedures to reduce patient length of stay through timely discharge of patients ready to move to lower levels of care. New Full Service Partnership providers funded through MHSA will assume more direct responsibility for clients who are high users of inpatient and EPS services. One-time MHSA housing and support funds will be made available in FY07 and FY08 to reduce hospital length of stay by moving patients to lower levels of care. Reduction of BAP length of stay will increase revenues as "administrative day" reimbursement is replaced with "acute day" reimbursement as a result of patients being discharged when clinically ready as opposed to hard-to-find placements are secured. A reduced length of stay will also result in utilization of contract beds. More intensive hospital discharge and aftercare support of hospital inpatient services will also decrease hospitalizations. Combined, these strategies are expected to yield \$5 million in savings once fully implemented.	0.0	0	(5,000,000)	(5,000,000)
6a	MHD Admin	Hospital Utilization Review	Delete 1.0 FTE S12 Quality Improvement Manager and 1.0 FTE D09 Office Specialist III. The MHD is responsible for reviewing and approving billing for approximately 1,110 patients per year (duplicated) who are provided inpatient service at Bay Area private psychiatric hospitals. The staff review patient medical records for evidence of medical necessity and compliance with documentation requirements. The utilization review function will be reassigned to the new Training and Continuous Quality Improvement Division and will be assumed within the workload of the current outpatient utilization review team. The reduction will impact the staffing resource available to review medical record documentation and will be possible as a result of the reduction in outpatient provider service (see item 6 below) and subsequent reduction in the number of similar annual outpatient record reviews required.	(2.0)	0	(248,770)	(248,770)

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
 MENTAL HEALTH DEPARTMENT
 FY07/08 FINAL BUDGET REDUCTION SUMMARY

Updated 6/26/07
 Updates in Italics

Item	Description	Program/Location	Reduction Impact	FTEs	Revenue	Expense	Net Savings
6b	MHD Admin	Quality Improvement	Delete 1.0 FTE P13 Senior Mental Health Program Specialist - QI Manager position and 1.0 FTE Office Specialist III in the Quality Improvement Unit. Consolidate several functions under the new MHSA-funded Training and Continuous Quality Improvement Director (B72) position. All functions relating to Training, Quality Improvement and Cultural Competency will be consolidated under this new Training and CQI Division.	(2.0)	0	(215,282)	(215,282)
6c	MHD Admin	Contract, Facilities, Admin Support	Consolidate administrative functions responsible for contract administration, facilities, administrative support and custodian of records under one senior manager redirected from program management . Delete 1.0 FTE BIJ MAPM II (Contracts Manager) and 1.0 FTE C60 Administrative Assistant and \$750,000 in service/supply funding. Remaining contract administration, administrative support, Custodian of Records and facilities support staff will be consolidated into one administrative support team allowing for maximization of administrative staff to support various functions of administration. The impact may result in less administrative support available to county programs, facilities and contract administration. The additional duties will be assumed by remaining program Health Care Program Managers and Mental Health Office Supervisors.	(2.0)	0	(977,839)	(977,839)
6d	MHD Admin	Managed Care Coordinator	Delete 1.0 P13 Senior Mental Health Program Specialist responsible for oversight of the Mental Health Managed Care Plan. Medi-Cal Managed Care duties will be re-assigned to remaining managers. This will be possible as a result of significant reduction in outpatient service to all but Medi-Cal beneficiaries (see item 6 below). With significant reduction in outpatient services, duties related to management of fee-for-service provider network and Medi-Cal managed care policy will be reassigned to the Medi-Cal Call Center manager. Billing functions will be assigned to HHS Finance. Program audit management will be assigned to remaining Compliance and QI Managers. The impact will be a reduction in the administrative staff resource available to prepare for state reviews and audits, and increased responsibilities on other managers.	(1.0)	0	(149,959)	(149,959)

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
 MENTAL HEALTH DEPARTMENT
 FY07/08 FINAL BUDGET REDUCTION SUMMARY

Updated 6/26/07
Updates in Italics

Item	Description	Program/Location	Reduction Impact	FTEs	Revenue	Expense	Net Savings
7	Custody Mental Health	Jail Mental Health	Restructure Jail Pharmacy and M.D. services under Valley Medical Center to include jail psychiatric pharmacy costs under the VMC "340b" pharmacy discount program. The implementation of this item is undergoing additional research but is estimated to achieve \$1 million in savings. <i>Recent research indicates some restructuring of Custody Physician budgeting may be required in this initiative.</i>	0.0	0	(1,001,808)	(1,001,808)
8b	Pharmacy Services	Reduced Un-sponsored Pharmacy Costs	By restructuring MH Pharmacy services under Valley Medical Center, MHD will be able to take advantage of pharmaceutical purchasing discounts through the 340b Public Health Pricing program.	0.0	0	(2,000,000)	(2,000,000)
8c	Pharmacy Services	Restructured Pharmacy Financing	By restructuring MH Pharmacy services under Valley Medical Center, MHD will be able to take advantage of pharmaceutical purchasing discounts through the 340b Public Health Pricing program.	(19.5)	0	(3,675,305)	(3,675,305)
Subtotal Budget Reduction Proposals				(52.5)	(3,259,326)	(20,199,153)	(16,939,827)
Less Positions Transferred to VMC Pharmacy				19.5			
Total FTE Reduction (33.0)							

CSS Plan Expansion Recommendations
Presented to MHSA Leadership Committee 2/9/07 - Yellow Highlights Endorsed by Leadership Committee

REVISED 5/11/07

Work Plan Num	Program	MH Admin 2/9/07	Stakeholders 4/13/07	MH Admin 5/2/07	MH Admin Comments	Leadership Committee Input and Decision
1	C-02 Zero to Five System Development - add ongoing funding for .5 Psychiatrist to new KidConnections (First5 collaboration) service to provide initial psychiatric medication management services to screening, assessment and linkage services to young children with severe and complex mental health problems. As program has been implemented a need has been identified to provide initial psychiatric medication trials to children referred by pediatricians. This additional discipline will allow children to have initial medication trials prior to transfer back to pediatrician or to ongoing psychiatric services.	\$120,000	Not recommended	Not recommended	Funding can be achieved through revenue and one-time savings. MHD does not recommend ongoing CSS at this time.	Approved by 80% consensus
2	C-03 Child And Family Behavioral Health Services Outpatient System Redesign (73 votes) - Child and Family stakeholders have proposed that \$1 million in new CSS funds be utilized to expand services to children and youth, with \$500,000 going to pay for services to children who are ineligible for service, and another \$500,000 go to provide local required match (5%) for children who qualify for EPSDT and Medi-Cal, which at a maximum could leverage \$9,500,000 in revenue, for a total of \$10 million in new Medi-Cal services.	NA	\$1,000,000	\$500,000	MHD agrees but recommends reduced funding to accommodate all needs. In addition, this strategy should be restricted to establishing service to new foster care youth with emphasis on Latino and African American underserved per CSS Plan C-02 and needs assessment.	Approved by 80% consensus 7/5/07 - To meet 50% FSP requirement, this will need to shift to C-01 FSP.
3	T-02 Transitional Age Youth (TAY) Behavioral Health Services Outpatient System Redesign (18 votes) - The TAY stakeholder work group recommended that \$500,000 in new funding be dedicated to DFCS and JPD services and to breaking down bureaucratic "silos" that impact service delivery to this population of youth who are aging out of these two systems.	NA	\$500,000	\$500,000	MHD agrees with condition that this expansion should be restricted to JPD involved youth through Intensive SOC programs; non-supplantation issue is avoided as SOC Intensive Services are not subject to reductions.	Approved by 80% consensus 7/5/07 To meet 50 FSP requirement this will need to shift to T-01 FSP.
4	T-03 TAY Crisis and Drop-In Services and Support - (26 votes) - Stakeholders have recommended funding to establish a second drop-in center.	NA	\$750,000	\$400,000	MHD agrees with this proposal at a lesser amount in order to accommodate other prioritized strategies. Also, it is recommended that the program be combined with T-04 to provide one-stop service that includes educational support/resources for TAY youth. In addition, programs should have the ability to provide medication support	Approved by 80% consensus
5	A-01 FSP Expansion - Seriously Mentally Ill Adults - expand capacity of SMI FSP by 100 clients to assist in reduction of 24-hour utilization by severely ill patients with extensive acute and 24-hour service use. It is recommended that the MHD utilize those FSP providers currently under contract and with ability to provide immediate additional FSP capacity.	\$2,000,000	NA	\$800,000	MHD recommends \$800K for Adult SMI FSP expansion by 40 slots, increasing from 75 current to 115. Stakeholders recommended an alternative proposal (below). MHD does not agree. Must maintain 50% FSP budget; This proposal reduced to accommodate all strategies.	Approved by 80% consensus 7/5/07 - MHD recommends to expand \$1.75 million (inc. .25 m for lex funds) to expand 65 + slots
6	A-01 thru A-04 Adult Full Service Partnerships and Overall Services - (21 votes) Stakeholders voted for an alternative to expanded FSP proposing that these funds be used for all Adult Services.	NA	\$1,400,000	Not recommended	MHD does not agree. The CSS plan requires that increases go to specific approved plans. We recommend that \$800K be dedicated to Adult SMI FSP expansion. As we move to FY09 and ongoing integrated planning, we will have more flexibility. In addition, over \$2 Million in One-Time funding has been approved to support housing and support needs in FY08.	Approved by 80% consensus
7	A-01 and A-03 Funds ongoing program costs for a 16-bed Crisis Residential program. This new resource will provide needed unlocked short-term crisis residential services and will assist in reducing FSP enrollee and 24-Hour system user utilization of acute inpatient and IMD services. This proposal also adds \$500,000 in one-time facility development funds.	\$1,400,000	\$1,400,000	\$1,400,000	MHD agrees. This proposal was approved by the Leadership Committee at the 2/9/07 meeting. It appears that Stakeholders proposed to expand this item to include other services; however, \$1.4 Million is needed to fund Crisis Res. Program. MHD recommends original proposal with \$400K in one-time start up, up for FY08 with final ongoing budget to be determined in FY09 budget planning.	Pre-Approved by Leadership Committee 7/5/07 Recommend moved to A-04
8	A-02 and A-03 Adult System Development - (71 votes) - This proposal adds \$1 million for the ongoing funding of additional step-down residential services to SMI and CJS adult clients. Includes crisis residential geared to CJS clients, and dual diagnosis treatment. It is estimated that a significant number of acute inpatient and IMD patients could be moved safely to unlocked community based services through the availability of additional residential treatment and development resources.	NA	\$1,000,000	Not recommended	\$2 Million in one-time funds will be dedicated to these services in FY08; ongoing need will be addressed in FY09 budget planning and once housing funds are available.	This item was not approved by the Leadership Committee by a consensus vote; Stakeholders remain concerned about providing sufficient resources to all deep-end services users, particularly amount CJS clients with need for substance abuse services.
9	A-04 Urgent Care, Medication and Self-Help Services - This strategy will increase funds so that four urgent care centers can be established in North, South, Central, and East parts of the county. One time funds have been approved by Leadership Committee. The central and eastside services will be large county-operated programs located at Downtown Mental Health Center and Central Mental Health Center (capacity 5,000 urgent care/1,000 medication clients). South and North County services will be smaller contract operated (estimated 400 urgent care/200 medication clients each).	\$1,900,000	NA	\$1,900,000	MHD agrees. This strategy was approved by Leadership Committee at the 2/9/07 meeting; Was not voted by stakeholders 4/13/07 meeting, presumably because it was previously approved.	Pre-Approved by Leadership Committee 7/5/07 Recommend adding \$500,000 for ongoing med clinics
10	A-02 Adult System Development-(20 votes) - This proposal adds \$150,000 in funding to the existing service RFP for developmentally disabled adults.	NA	\$150,000	Not recommended	MHD does not agree. MHD proposes alternative option to maintain and expand capity by exempting current contracted service for developmentally disabled services from FY08 budget reductions.	Approved by 80% consensus 7/5/07 No longer applies; rec. \$150K for Outreach 40 Agnew pts./families - (one-time)

11	LP-01/FH-01	FH-01 Community and Family Outreach and Engagement Initiative- (40 votes)	NA	\$300,000	\$200,000	MHD agrees with this proposal, however in order to accommodate all proposed items, the recommended augmentation is \$200,000. This will be combined with \$100,000 in one-time funding from the Learning Partnership.	Approved by 80% consensus
12	LP-01/EE-01	Education, Employment & Self Sufficiency Behavioral Health Recovery Services (22 votes)	NA	\$200,000	\$200,000	MHD agrees with this proposal, and recommends that this service be established as contracted benefit assistance program with possible inclusion of new model of rep payee service.	Approved by 80% consensus
13	OA-01	Older Adult Full Service Partnership - (11 votes)	NA	\$200,000	Not recommended	MHD disagrees with this proposal given that \$2.5 Million in new Older adult program are. However, MHD recommends integration of all Older Adult plans into one System Development program.	Approved by 80% consensus
14	OA-02 thru OA-04	Older Adult Mobile Assessment Intensive Case Management and Peer and Family Support (19 votes) - Adds a system of care coordinator and pharmacist to the Older Adult program to assure coordinatin of services and integration of prescription and other drug use assessment.	NA	\$300,000	Not recommended	MHD Disagrees with this proposal, primary due to late start of Older Adult program. However, MHD recommends integration of all Older Adult plans into one System Development program which can be modified if needed in the coming year.	Approved by 80% consensus
15	AD-01	Administrative Support - Will add decision support staff for analysis of service and need data, client outcomes, and tracking of all MHSA program status.	\$150,000	NA	Not recommended	MHD will utilize one-time funding to pay for this position. Ongoing funding will be considered in FY09 integrated planning process and once full analysis of administrative needs is complete following County FY08 budget decisions.	Approved by 80% consensus
Total New FY08 Ongoing			\$5,570,000	\$7,200,000	\$5,500,000		

CSS Plan One-Time Funding Allocation FY07 and FY08
 Approved by MHSA Leadership Committee 2/9/07
 DRAFT BASED ON ESTIMATES OF ONE-TIME SAVINGS

#	Work Plan	Program	FY07 & FY08 One-Time	MHD 7/5/07 Updates
1	A-04	<u>Urgent Care, Medication and Self-Help Services</u> - This strategy will provide one-time start-up funds to establish four urgent care care centers in North, South, Central, and East parts of the county. The central and eastside services will be large county-operated programs located at Downtown Mental Health Center and Central Mental Health Center (\$250,000 start up each). The South and North County services will be smaller contract operated (\$300,000 start up each).	1,100,000	no change
2	A-01/A-03	<u>Crisis Residential Development</u> - provides funds for the one-time program development portion costs for a 16-bed Crisis Residential program. This new resource will provide needed unlocked short-term crisis residential services and will assist in reducing FSP enrollee and 24-Hour system user utilization of acute inpatient and IMD services.	\$500,000	Same funding, but recommend shifting to A-04 Urgent Care and Crisis Response Work Plan as part of crisis response continuum.
3	A-01/A-03	<u>Residential Care Development</u> - This strategy provides \$1 million in one-time funding for the development of community-based unlocked treatment settings to serve as an alternative to 24-Hour acute and IMD utilization. MHD will seek proposals from providers with immediate access to implementation of alternative residential resources.	\$500,000	Recommend combining this with #4 and #5 and including in HO-01 Work Plan as community residential continuum development.
4	A-01/A-03	<u>Other Client 24-Hour Services - Seriously Mentally Ill Adults</u> - This strategy will establish a one-time 24-hour residential treatment fund for FSP enrollees and other system consumers during initial engagement and transition out of institutional 24-Hour programs. It is estimated that a significant number of acute inpatient and IMD patients could be moved safely to unlocked community based services through the availability of additional residential treatment and development resources. This fund will be accessible by all FSP providers for unique and special needs situations that involve the initial enrollment period of FSP clients who are being transitioned out of current 24-Hour system of services.	\$1,000,000	Combine with #3 above.

5	A-01/A-03	<u>One-Time Therapeutic Housing Beds</u> - This strategy is also geared to establishing immediate residential options for FSP clients transitioning out of jail custody and mental health 24-Hour settings. The objective is to continue to establish locked 24-Hour system alternatives for FSP clients; and to eliminate need for increased 24-Hour institutional service beyond budgeted capacity. With elimination of THU contracts through DADS reduction, additional capacity will be available.	\$500,000	Combine with #3 above.
6	HC-01	<u>Behavioral and Primary Health Care Partnership</u> - This strategy will expand the primary care/mental health service pilot for seriously mentally ill adults (and children to the extent resources are available). The strategy will partner with existing FQHC primary care providers that currently provide mental health and primary care services. Expanded one-time funds will allow for development of facility, direct service staff, and pharmacy expenses and will be designed to provide critical integrated primary care and behavioral health services to consumers that otherwise would be ineligible or without access to service. Ongoing resource will be dedicated from FY09 CSS resources or redirected county funds depending on the success of the service model.	\$1,000,000	will need to modify to incorporate 310b plan.
7	C-03	<u>Child and Family System Development</u> - Add .5 Child Psychologist, 1.0 Occupational therapist, and .5 Psychiatrist with one-time savings. Ongoing expense will be covered through collaborative funding determined by system partners (First5, JPD, DFCS, Education).	\$322,000	no change
Total One-Time and New FY08 Ongoing			\$4,922,000	

Santa Clara County Request for Funding MHSA Workforce Education and Training Component Planning and Early Implementation Activities

Summary

Santa Clara County Mental Health Department (SCCMHD) is requesting funds to complete two major tasks 1) prepare its Workforce Education and Training Program and Expenditure Plan and 2) address an already-identified need for additional consumer and family members in the public mental health workforce through the early implementation of pre-employment training and job placement assistance.

1. Workforce Staffing Support

SCCMHD will use the planning funds to recruit and hire a Workforce Education and Training (WET) Coordinator and clerical support to oversee the development of the Workforce Education and Training Plan (\$215,000). This position will 1) oversee and coordinate the planning for MHSA funded workforce development programs, including the development of the initial WET County needs assessment and the program and expenditure plan that is an outgrowth of the needs assessment, 2) prepare quarterly reports, annual updates, and 3) manage plan implementation including both County programs and contracts with organizations providing workforce education and training programs and services. The Training Coordinator will serve as the primary liaison to the Greater Bay Area Mental Health Education and Workforce Collaborative which has become a model for the development of training and career ladder programs for all types of mental health providers.

The WET planning process will entail extensive stakeholder involvement designed to produce a plan which is truly representative of the community's needs and preferred strategies for addressing those needs. It will be tied in to our CSS planning process through a reporting relationship to our Leadership Committee which is evolving into a leadership body for the overall MHSA planning and implementation process.

In order to complete the Program and Expenditure Plan in a timely manner, Santa Clara County will engage a consultant to support planning activities including: 1) conducting a comprehensive needs assessment, 2) facilitating the community stakeholder process, 3) supporting any work groups or task forces that are created as an adjunct to the stakeholder and planning processes, and 4) preparing draft materials for inclusion in the final program and expenditure plan for administrative and stakeholder review. We estimate consulting costs will be \$200,000.

Total Amount Requested:\$415,000

2. Training and Technical Assistance

No funding is being requested in this category at this time.

3. Mental Health Career Pathway Programs

SCCMHD will create a Consumer and Family Workforce Development Initiative to prepare community members, especially consumers and family members, for employment in a career in the public mental health system. Santa Clara County recognizes the need to bring as many consumer and family members into the public mental health workforce as possible as a means to better serve our 18,000 clients. We view this as a means of strengthening our ability to create a true wellness and recovery approach to mental health care through the use of trained peer and family partners who can serve as group leaders, counselors, and role models for our clients. Special attention will be paid to assuring the increase in employment of consumers and family members through pre-employment preparation, and education/training to enable career progression.

We will solicit proposals from qualified organizations with which we can contract to assist us in developing a comprehensive approach that addresses both the potential employee's and employer's needs. Features we will consider will be the bidder's approach to 1) recruitment and screening strategies for consumers and family members interested in employment in the public mental health system, 2) preparation of potential job applicants in resume preparation and interviewing skills, 3) preparation for the job environment, 4) interface with employer's human resources department to support the integration of consumers and family members, 5) training and other support of current mental health providers on developing their working relationship with consumers and family members with whom they will be working. Other features we will seek are personalized educational plans, linkages to post-secondary education, outreach strategies to assure that recruitment reflects our client demographics, and job placement assistance.

We will involve administrative staff, consumers and family members in the selection of the organization. The desired and measurable outcome will be the employment and retention of more consumers and families in the public mental health system.

Amount Requested:300,000

4. Residency, Internship Programs

No funding is being requested in this category at this time

5. Financial Incentive Programs (stipends, scholarships, & loan forgiveness programs)

No funding is being requested in this category at this time



SAVE THE DATES ***MHSA***

***Leadership & Stakeholder Committee
Meeting on Friday, August 17, 2007
@8:30am-12:00 noon***

***Primary Care Stakeholder Meeting on
Tuesday, August 21, 2007 @10:00am-
12:00 noon***

***Victims of Torture Stakeholder
Meeting on Friday, August 24, 2007
@1:30p.m. – 3:30 p.m.***

Locations TBD

**Please remember to RSVP to Emma Ramirez at 885-5782 or
emma.ramirez@hhs.sccgov.org**