

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)
FY09-10 Annual Update to Community Services and Supports Plan (CSS)**

ADULT SYSTEM DEVELOPMENT

CSS Work Plan A-01 (Formerly A-01, A-02, A-04, ST-01& A-05)	Ongoing MHSA Funds: \$15,311,887	One-Time MHSA Funds: \$3,592,729				
WORK PLAN DESCRIPTION & PROGRESS	POPULATION TO BE SERVED					
<p>This robust work plan is aimed at transforming the current mental health outpatient system to a true behavioral health model through a combination of system redesign and service expansion. The redesign component includes consumer and family member involvement in service outreach, engagement, assessment, care planning and delivery. It embraces a wellness and recovery model in which services are geared toward helping consumers develop the necessary skills and support systems needed for independent living. Through this component, the MHD and contract agencies are expanding self-help and peer-support services, moving outpatient clinics toward a recovery model by incorporating consumer involvement, modifying levels of care to appropriately meet consumers' level of need, and working with system partners (e.g., law enforcement) to improve the care consumers receive when they interface with multiple systems.</p> <p>The service expansion component addresses specific population disparities in the adult system for co-occurring mental health/substance abuse disorders, co-occurring mental health/developmental disabilities, and unserved and underserved ethnic and cultural groups.</p> <p>Through this work plan, the community is benefitting from increased wrap-around services for those with the greatest needs, the expansion of urgent care services, treatment for the uninsured, and interagency partnerships, such as those that have been forged between MHD and law enforcement agencies. However, since the adult system of care is the MHD's largest, more time and resources must be dedicated towards its transformation.</p>	<p>This consolidated work plan addresses the needs of unserved and underserved severely mentally ill adults, especially those from Latino, African American, Asian/Pacific Islander, Native American and LGBTQ populations. These consumers are living in the community and receive or could benefit from outpatient mental health services. Many have a co-occurring disorder of substance abuse that exacerbates their psychiatric symptoms and hinders their mental health care and recovery. Some have developmental disabilities along with their mental illness that require specialized services.</p> <p>The work plan also addresses the needs of individuals 18 years of age and over who have urgent but non-emergency mental health needs. Common problems are family conflicts, housing and job problems, depression, anxiety, medication concerns, combined mental health and substance abuse issues, grief, sudden losses and other stress reactions.</p> <p>The work plan also prioritizes refugees who may be suffering from physical and emotional trauma because of war and/or politically related torture and abuse in their native countries.</p> <p>For its FSP program, the work plan focuses on SMI adults, especially Latino and Asian adults discharged from IMDs, inpatient hospitals, State hospitals, who have been high users of EPS/crisis residential services, have severe co-occurring disorders, involvement in the criminal justice system, and/or are homeless or at risk of homelessness.</p> <table border="1" data-bbox="905 1154 1974 1411"> <thead> <tr> <th data-bbox="905 1154 1478 1190"><u>Focal Populations:</u></th> <th data-bbox="1478 1154 1974 1190"><u>Estimated Number of Clients Served:</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="905 1190 1478 1247"> <ul style="list-style-type: none"> ○ Jail/Justice System-Involved, Homeless and/or Dual Diagnosed ○ Unserved and Underserved SMI </td> <td data-bbox="1478 1190 1974 1411"> Total Unduplicated: 7,511 </td> </tr> </tbody> </table>		<u>Focal Populations:</u>	<u>Estimated Number of Clients Served:</u>	<ul style="list-style-type: none"> ○ Jail/Justice System-Involved, Homeless and/or Dual Diagnosed ○ Unserved and Underserved SMI 	Total Unduplicated: 7,511
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CRITICAL CONCERNS	STRATEGIES / GOALS	
<ul style="list-style-type: none"> ○ Concurrent drug and alcohol abuse ○ Poverty, homelessness, inadequate housing ○ Sadness, depression and suicide ○ Lack of work/meaningful activities or skills ○ Violence in family/community ○ Frequent Hospitalizations ○ Frequent emergency medical care ○ Inability to manage independence ○ Isolation and/or Institutionalization 	<ul style="list-style-type: none"> ○ CJS FSP ○ Treatment court ○ Jail aftercare ○ SMI underserved FSP ○ EBP & services for dual diagnosis 	<ul style="list-style-type: none"> ○ Services for developmentally disabled ○ Self-help and family network expansion ○ Recovery model development ○ Urgent care/mobile crisis teams
KEY INITIATIVES, PROGRAMS & ACTIVITIES		
<ul style="list-style-type: none"> ○ FSP Program for SMI Adults. The FSP 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. FSPs offer individuals the full array of services for as long as necessary to acquire stability in their lives. The program is targeted to highest risk SMI adults who are frequent users of involuntary care; and underserved homeless populations. Operated by CBOs, this program has the capacity to serve approximately 115 “enrollees” annually. In addition to treatment and support services, FSP enrollees have access to housing assistance and MHSA funds can be used to pay for temporary stays in acute settings. These “flex funds” ensure that the County and CBOs are able to meet clients’ varied needs and allow clients to access the right level of care at the right time. ○ IMD Utilization Reduction Program. This is a CBO-operated pilot program to help long-term residents of IMD programs transition back into the community. This program is intended to reduce utilization of acute and hospital services and significantly improve the recovery of individuals who have been in institutional settings for long periods of time. ○ Community Placement Team and 24-Hour Alternatives. One of the primary goals of this work plan is to reduce utilization of high end services by ensuring the consumers who are leaving acute settings receive adequate aftercare. MHSA funds currently support a County team that is entrusted with coordinating care and services for consumers being discharged from EPS and/or BAP. To avoid institutions and to avoid discharging clients onto the streets, the Placement Team has access to residential and temporary housing programs that are also funded by the MHSA. ○ Outpatient Clinic for Uninsured Adults. In December 2008, the County developed an outpatient clinic to provide treatment and services to uninsured adults. Although traditional case management services are limited, the program focuses on assisting consumers obtain benefits. The clinic will serve an estimated 1,200 adults annually. 		

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KEY INITIATIVES, PROGRAMS & ACTIVITIES (continued)

- **Expansion of Consumer-Directed, Wellness & Self-Help Services.** This is an initiative to transform the outpatient services of County- and CBO-operated clinics. The initiative rests on three key strategies. The first is to provide all clinics with the training and practical skills to move towards a recovery and wellness oriented service model, which emphasizes the consumer's principal role in his or her own recovery. The second strategy involves establishing appropriate levels of care and services to meet the needs of consumers rather than having one model for all consumers regardless of their stage of recovery. The third strategy infuses and expands the role of peer mentors, peer-directed services and self-help programs throughout the system. Currently, these efforts are in process. The MHD has been significant progress in establishing appropriate levels of care and has significantly expanded self-help centers in the County. MHD has hired more than 30 consumers to serve in advocacy, service delivery and coordination roles. However, more time and resources are needed to fully implement all of the strategies in the County and within contract agencies.
- **Services for Developmentally Disabled Consumers.** Ongoing CSS funds support a CBO-operated program that provides developmentally disabled consumers with integrated treatment and support services.
- **Mental Health Urgent Care (MHUC).** This program was opened on April 1, 2007, and the program was fully staffed by July 2007. The program provides consumers and individuals with emergent needs with critical services and is an alternative to Emergency Psychiatric Services (EPS). MHUC services include crisis counseling, referrals, education, medications, as well as intensive follow-up in the community for a short period of time. This service is available to individuals who walk in for assistance. The program is available 24 hours a day, 7 days a week and works closely with EPS staff. On a limited basis, the staff provide mobile crisis response and telephone consultation to the police as they are called to highly emotionally charged situations. Prior to the opening of MHUC, consumers in crisis had few options other than EPS. One of the goals of MHUC is to significantly reduce usage of EPS by providing consumers and the community with an appropriate alternative.
- **Law Enforcement Liaisons & Crisis Intervention Training.** To support the development and utilization of urgent care centers by law enforcement agencies, the MHD retained the consulting services of a retired police chief to serve as MHD's Law Enforcement Liaison. To promote utilization of the Urgent Care Center, several presentations were made to the County Police Chiefs' Association as well as to individual police departments and the Sheriff's Department. This was the beginning of collaborations that has led to exciting, new initiatives between the MHD and law enforcement. Eventually, two additional retired police professionals with excellent reputations in the local law enforcement community were recruited and hired under contract with the MHD to fill the North and South County Law Enforcement Liaison positions. These Law Enforcement Liaisons immediately began working within their assigned agencies to promote Urgent Care Center utilization and other MHD-law enforcement partnerships. The collaborations also resulted in the creation of a modified, state-of-the-art Crisis Intervention Training (CIT) program. The program has been embraced by the law enforcement community, prompting MHD to retain a full-time CIT Coordinator to ensure that the training would be sufficiently available.
- **Family Member Support Services.** Another key goal of this work plan is to expand outreach, education and support to family members primarily through family-member directed services. In FY10, MHD staff will contract and work with consultants with experience as family members to design and implement these critical services.