

EXHIBIT A

**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Santa Clara County

| County Mental Health Director | Project Lead |
|--|--------------------------------|
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

//Original Signed// 7/14/09 Director
Signature Date Title

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: Santa Clara

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

To develop the FY09-10 Annual Update for Santa Clara County's CSS Plan, the Mental Health Department (MHD) engaged stakeholders over a six-month period (December 2008 through May 2009). Stakeholders primarily provided input via the MHD's monthly Stakeholder Leadership Committee (SLC) meetings. The SLC was formed during the initial CSS planning process and remained constituted to provide input and advise the MHD in its MHSA planning and implementation activities. The SLC consists of more than 40 members representing underserved cultural communities, consumers, family members, mental health and other service providers, labor, law enforcement and criminal justice systems, educational institutions, faith communities, and others. At least 40% of SLC members are consumers or family members. All SLC meetings are open to the public and allow for public comment. On average, approximately 75 individuals attended each of the SLC meetings during this period.

In addition, MHD staff met with stakeholder groups throughout these six months. Stakeholders provided input into the Annual Update in meetings of the local Mental Health Board and its committees, in system-wide planning meetings with staff and contract providers, and in meetings of the MHD's Ethnic and Cultural Community Advisory Committees (ECCACs).

Moreover, the Annual Update reflects stakeholder input gathered from the planning activities of the County's other MHSA components – Workforce Education and Training (WET), Capital Facilities and Technological Needs (CFTN) and Prevention and Early Intervention (PEI) – which were happening concurrently with the CSS Annual Update planning process.

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Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

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

The planning process involved representatives of underserved cultural communities, consumers, family members, mental health and other service providers, labor, law enforcement and criminal justice systems, educational institutions, faith communities, and others. A list of stakeholder groups represented on the SLC is provided below. These groups are representative of the stakeholders involved throughout the planning process.

| | |
|--|---|
| MH Client Association of SJCC | County Social Services Agency |
| County Office of Consumer Affairs | First Five Commission of Santa Clara County |
| NAMI | ECCAC - Filipino |
| NAMI - Spanish Speaking | ECCAC - Vietnamese |
| People And Community Together (PACT) | ECCAC - African American |
| School Superintendents | ECCAC - African Immigrant |
| San Jose City College | ECCAC - Native American |
| Santa Clara County Pre-Trial Services | Older Adults |
| Santa Clara County Police Chiefs Association | ECCAC - Latino |
| Public Defender's Office | ECCAC - Chinese |
| Sheriff's Department | Kids In Common - Health Partnership |
| Santa Clara County Superior Court | City of San Jose Housing Department |
| Office of the District Attorney | Department of Alcohol & Drug Services |
| Probation Department | Immigrant & Refugee Forum |
| Mental Health Board | Grace Baptist Church |
| Silicon Valley De-Bug | County Office of Affordable Housing |
| Mental Health Board | County Office of the Public Guardian |
| Coalition for Justice & Accountability | Kids In Common - Health Partnership |
| Family Partnership Council | City of San Jose Housing Department |
| Parents Helping Parents | Department of Alcohol & Drug Services |
| Community Health Partnership | SEIU Local 521 |
| UAPD / North County MH | NCADD |
| AMHCA | Domestic Violence Council |

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Information from the DMH and the County was shared at SLC meetings, posted to the County's MHSA website, incorporated into a newsletter, and distributed via email to more than 600 stakeholders.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

Comments were received throughout the six-month period and incorporated into CSS planning and the Annual Update.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The 30-day review period for the CSS Annual Update started on April 6, 2009, and ended on May 6, 2009. However, the MHD accepted comments through the date of the Public Hearing, which was convened on May 18, 2009. Additional comments and requests for clarification were received at the SLC meeting of May 21, 2009, at which time the SLC members endorsed the plan. After reviewing the comments and changes, on June 8, 2009, the County's local Mental Health Board recommended that the MHD submit the Annual Update to the County Board of Supervisors. A summary of the substantive comments and responses follows on pages five and six.

COMMENT AND RESPONSE DATABASE

| Ref # | Date <i>Date Comment Rec'd (eg, 5/2/09)</i> | Source--Where <i>Meeting, email, fax, other</i> | Source--Person <i>Consumer, Family, Provider, Other</i> | Source--Name <i>Optional: name</i> | Comment Area <i>Overall, Project number, other</i> | Content Code 1 <i>Key content theme</i> | Comment <i>Actual comment</i> | Response <i>Incorporated in CSS Enclosures (Yes, No, Somewhat)</i> | Reason <i>Rationale for response</i> |
|-------|---|--|--|---------------------------------------|---|--|--|---|---|
| 1 | 3/30/2009, 4/1/2009 | Emails | Providers | Paul Taylor & Erin O'Brien | Work Plan A-02 (A-01 at State) | Residential Recovery Options | Providers asked for clarification on the current and proposed set asides for recovery programs. They were also very concerned that there is no allocation for mitigating the CGF cuts in un-sponsored crisis/transitional beds. Those beds are currently contracted for un-sponsored clients, and while the system is moving away from serving the un-sponsored wherever possible, it seems likely that if we eliminate this level of service, they will cycle frequently through even higher and more expensive levels of service – levels where we are mandated to serve them. | No | In FY09, \$1M in one-time funds in work plan A-02 supported various transitional housing, supplemental rates and residential care facilities for SMI adults. Current sites/contractors include, EHC, InnVision, Crossroads, La Casa and others. For FY10, MHD proposes to make these funds ongoing to ensure continued access. In addition, for FY10 MHD proposes to procure 60-70 additional beds (approximately \$2M) to support alternatives to IMDs. This is another strategy to support the MHD 24-Hour Care system. Contractors provide time-limited treatment and residential services to clients until they are able to locate permanent housing resources. |
| 2 | 3/30/09 | Email | Provider | Paul Taylor | Work Plan T-02, 3 & 4 (T-01 at State) | TAY System Development | Provider asked for clarification about the \$200,000 of one time funds for TAY Consumers and consultants to assist the department in improving TAY services. Are their meetings to do this? If so, where and when since as the largest TAY provider Momentum to be part of this effort if are not already. | No | This item is intended to support MHD's goal of improving services to TAY system wide. Less than half of the funds currently support contracts with TAY consumers to allow them to participate in meetings, advise staff, participate in training and serve in peer mentor roles. More than of the funds are currently unencumbered, but MHD intends to " earmark" the funds to support system wide planning, evaluation or implementation of new practices. Momentum and all providers (mental health and others) are encouraged to participate on the nascent TAY System of Care. |
| 3 | 4/1/09 | Email | Provider | Erin O'Brien | Work Plan C-03 (C-01 at State) | Services to SED Youth | The allocation for youth should not be divided as it is (\$400K for foster-youth through the Children's Shelter & \$100K for SED youth). While I strongly support \$500K for leveraging EPSDT/MediCal youth, I cannot see the sense in dividing it up unnecessarily. My concern is that it'll be too much for kids going through the shelter (\$8 million leveraged) and not enough for improving our dismal MediCal penetration rate. Why not leave it at \$500K for SED Medical youth and focus attention on the foster-kids, without boxing ourselves into a corner with the designation as is? | No | MHD, in consultation with SSA, proposes that the allocation is necessary to meet the overwhelming needs of foster youth. Although services will initially be focused on youth at the Children's Shelter, MHD, working in conjunction with SSA intends to expand services beyond the Children's Shelter. The goals of this proposal will also be supported by \$200K in one-time funds for the continued design and implementation of a plan to address the mental health needs of children and youth involved in the Foster Care System (#6). |

Santa Clara County Mental Health, MHSA Community Services & Supports

COMMENT AND RESPONSE DATABASE

| Ref # | Date <i>Date Comment Rec'd (eg, 5/2/09)</i> | Source--Where <i>Meeting, email, fax, other</i> | Source--Person <i>Consumer, Family, Provider, Other</i> | Source--Name <i>Optional: name</i> | Comment Area in plan <i>Overall, Project number, other</i> | Content Code 1 <i>Key content theme</i> | Comment <i>Actual comment</i> | Response <i>Incorporated in CSS Enclosures (Yes, No, Somewhat)</i> | Reason <i>Rationale for response</i> |
|-------|---|--|--|---------------------------------------|---|--|---|---|--|
| 4 | 4/3/09 thru 5/11/09 | Various Committees of the Mental Health Board | Staff & MHB Members | Paul Taylor | Work Plan A-02 (A-01 at State) | Uninsured Clinic | Consider increasing services or funds to the uninsured clinic as a way of increasing services to underserved populations and reducing the need for higher end services. | Somewhat | The uninsured clinic initially started with a \$2M budget. Over the course of the FY, and as proposed by the CSS Annual Update, the clinic would be augmented by 2 x Psychiatrists, 2 x Psychiatric Technicians, 2 x Psychiatric Social Workers and a yet to be determined number of peer mentors. |
| 5 | 5/21/09 | SLC Meeting | 30 SLC Members Represented | | Work Plan A-02 (A-01 at State) | Alternatives to IMDs | Review and consider measures to providing additional ongoing funds in support of "one-time" funded alternatives to IMDs. | Somewhat | MHD is exploring options, but no changes or alternatives have been finalized. |
| 6 | 5/21/09 | SLC Meeting | 30 SLC Members Represented | | Work Plan A-04 (A-01 at State) | Law Enforcement Liaisons | Review and consider measures to increase funding for Law Enforcement Liaisons in FY09-10. 2 of 3 liaisons are scheduled to work only 10 hours per week. | Somewhat | MHD is exploring options, but no changes or alternatives have been finalized. |
| 7 | 5/21/09 | SLC Meeting | 30 SLC Members Represented | | Work Plan C-03 (CA-01 at State) | Services to SED Youth | Combine items #10 & #11, allowing for a focus on DFCS-involved youth, but with flexibility to apply funding to need. | Yes | |
| 8 | 5/21/09 | SLC Meeting | 30 SLC Members Represented | | LP-01 | Consumer Contractors | Review and consider funding for consumers working as contractors under the Learning Partnership.. | Somewhat | MHD is exploring options, but no changes or alternatives have been finalized. |

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: Santa Clara

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)

In FY07-08, the MHD made significant progress in providing services to unserved and underserved populations and in reducing racial/ethnic disparities.

The goal of reducing disparities is at the core of the County's CSS work plans; and efforts were very directly focused on this goal through the development and expansion of MHD's Ethnic and Cultural Community Advisory Committees (ECCACs). As explained in the CSS Implementation Progress Report for 2007, the ECCACs were formed during the CSS planning process to engage the participation and report on the needs of unserved/underserved populations. They were asked to inform the system about their community's unique needs as well as strengths and to make recommendations for system change.

Subsequently, the MHD and the SLC agreed to establish the ECCACs as permanent committees in the system. In 2007, the ECCACs were provided training and received staff support in order to continue their successful efforts to bring consumers and family members into ongoing planning processes. This resulted in culturally specific plans for the African American, Chinese, Latino, Vietnamese, Native American, Filipino and African Immigrant communities. Plans for the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) ECCAC were finalized in Spring 2009; and plans for the Immigrant and Refugee ECCAC are still underway.

During the second half of FY07-08, the ECCACs, with support from staff, have been focused on implementing their plans, which consist of four ongoing activities/services: advocacy, individual and family support, family support groups, and education. A meaningful outgrowth of the ECCAC effort is that participating families who have experienced the challenges of attempting to negotiate several systems, in addition to the mental health system, are now helping other families overcome similar obstacles. They respond to phone calls; they are visiting clients and families in hospitals, jails and other locations in the community; and they are advocating for improved system access and services for persons they encounter. By the end of FY07-08, more than 45 consumers and family members were working in the mental health system as part of their affiliation with the ECCACs.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

The County's Full Service Partnership (FSP) Programs also play an important role in reducing racial/ethnic service disparities. From the beginning, the County's FSP Programs for children, TAY, adults and older adults were designed with specific racial/ethnic targets. These targets were set to counter both disparities in access to mental health services and over-representation in the criminal justice, social service and homeless service systems. For example, the TAY FSP Program's goal is to have Latinos comprise 72% of enrollees. This target reflects the fact that TAY Latinos are underserved relative to their representation in the county poverty population and their over-representation in the juvenile justice system. By the end of FY07-08 the County's FSP Programs for children and TAY had made significant strides in meeting their targets. Meanwhile, FSP Programs for adults and older adults continued to enroll primarily white consumers; generally, these programs are much larger and are currently working to resolve systemic challenges in the referral and enrollment processes.

Finally, as reported in the CSS Implementation Progress Report (IPR) for 2007, as of December 2007, many planned programs were pending completion of the provider procurement process. By the end of FY07-08, however, nearly all programs and services, as part of the initial three-year plan, had been implemented. The following programs, targeting unserved and underserved populations, were in operation by the end of FY07-08.

- **Survivors of Torture.** The MHD initiated a pilot program to assess the mental health program needs of newly resettled refugees, primarily using focus groups with five ethnic populations and interviews with staff of the primary care refugee clinic. Preliminary data suggests that of the approximately 500 refugees settling in Santa Clara County annually, nearly 50% would benefit from early mental health interventions or ongoing mental health treatment. Results of the data collection will be applied to outreach efforts and the establishment of a formal linkage between mental health and primary care services offered by the refugee clinic.

Since the start of the program, referrals from the primary care refugee clinic have resulted in the completion of 82 psychological assessments of which 46 were referred for continuing mental health care. Additionally, 23 consultations with primary care physicians have been conducted to support their efforts in making appropriate referrals for psychological services.

- **Drop-In Centers for TAY.** By the end of FY07-08, the MHD had begun implementation of a drop-in center to meet the specialized needs of Transition Age Youth (TAY). The center is anchored in culturally relevant community settings and provides outreach, education, referrals, linkages, crisis and case

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

management and treatment services to these underserved populations. This program provides mental health services to 140 TAY clients per year, in addition to drop-in/outreach center services. A similar center was implemented in the fall of 2008 (FY08-09) for LGBTQ TAY, which provides mental health services to 120 clients per year in addition to drop-in/outreach services.

- **Specialized Services for Older Adults.** One of the MHD's core CSS programs serving older adults was implemented in the second half of FY07-08. The Golden Gateway Program addresses the specialized needs of older adult consumers who are homebound or who lack knowledge of available services. Program staff conduct extensive outreach; engage family members, providers and caregivers; and provide mobile and in-home case management and treatment services. The program staff includes a physician, a nurse manager, therapists, a health educator and peer and family mentors. All are engaged in outreach efforts to senior centers, faith communities, primary care clinics and social services' programs, including adult protective services, public guardian, and in-home supportive services.

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

C-01: Child & Family System Improvement
(Formerly C-01, C-03 and elements of A-05)

Population to Be Served

Targeted through this work plan are children and youth under 18 years of age who are screened and assessed to be experiencing physical, social, behavioral and emotional distress related to mental health and co-occurring conditions that threaten failure in one or more life domains. These are youth who have been adjudicated through the Juvenile Courts, have been the victim of a substantiated abuse or neglect complaint and/or have an open case through the Santa Clara County Department of Family and Children’s Services.

In addition, the following groups are targeted because they represent youth with significant need for mental health services who have historically been the least likely to access mental health services:

- Latino, African American and Native American, particularly those involved in the juvenile justice system.
- Seriously Emotionally Disturbed (SED) underserved youth, with a focus on Latino and uninsured ethnic populations. These are children and youth under 18 who have a mental health disorder which results in behavior inappropriate to the child’s age according to expected developmental norms. As a result of emotional suffering, they will have substantial impairment in two or more life domain areas and meet the eligibility requirements as defined by State and County guidelines.

Work Plan Description

This work plan involves the research, design and implementation of system-wide level-of-care screening, assessment, practice guidelines and treatment services to improve the system of care for children and youth, particularly those from unserved and underserved ethnic and cultural populations. 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. This work plan includes:

- The expansion of screening, assessment and treatment services through interagency collaboration for SED youth ages six through 17. Formally under the umbrella of the County’s KidScope program, these services extend help for SED youth of underserved populations;
- Interagency planning and redesign initiatives in conjunction with the foster care and juvenile justice systems aimed at streamlining and improving priority populations’ access to mental health services;
- An FSP Program for youth ages 0 to 15 combining critical core services within a wraparound model that incorporates age-appropriate elements from the Transition to Independence Process (TIP) system;
- Staff that coordinates and connects children and youth in foster care to ongoing mental health services;
- Programs that connect juvenile justice-involved youth to ongoing mental health services;
- The expansion of treatment services to families involved in the Dependency and Family Wellness Courts; and,
- The incorporation of parents and family members as service providers to help engage, educate and support families in directing and managing their children’s participation in treatment programs.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1693 Total

Number of Clients by Funding Category

53 Full Service Partnerships

1340 System Development

300 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

C-02: Young Child System of Care Development

Population to Be Served

This work plan targets children from prenatal to five years of age who are at highest risk of unhealthy emotional, cognitive and behavioral development due to the child or family members being subjected to multiple and cumulative medical and/or socio-cultural risk factors, or who are displaying significant social, behavioral, or emotional distress that threatens failure in one or more life domains.

Work Plan Description

This establishes formal systems of care for at-risk young children and families through the convening of a leadership team of key Santa Clara County child-serving agencies involved in zero to five-age services. The objectives are to increase coordination and leverage resources; to develop knowledge and competencies among parents, early childhood providers and mental health specialists; to put into place quality screening, assessment, services linkage and parent support models that achieve the outcomes of increased school readiness and success among at risk young children; and to establish early identification and treatment and support interventions with children with significant developmental, behavioral and emotional challenges.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1275 Total

Number of Clients by Funding Category

_____ Full Service Partnerships

1275 System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

T-01: Transition Age Youth (TAY) System of Care Development (Formerly T-01, T-02, T-03 and T-04)

Population to Be Served

This work plan serves young people between the ages of 16 and 25 with mental health diagnoses. The specific focus is on youth and young adults in this age group who are adjudicated through the Juvenile Dependency and Delinquency Courts, who are involved in the special education or Mental Health systems, and who are screened and assessed to be experiencing physical, social, behavioral and emotional distress related to mental health and co-occurring conditions. In addition, this work plan provides specialized services to Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) young adults. All those served will be experiencing significant negative impacts resulting from untreated or under-treated mental illness that are impacting one or more life domains.

The FSP Program especially targets TAY consumers who are Latino, African American, Native American, LGBTQ or from other ethnic minority communities.

Work Plan Description

This work plan expands and improves the system of care for TAY priority populations by implementing a continuum of programs and services. System redesign is supported by incorporating the voice and experiences of TAY consumers throughout the development and implementation of this work plan. Specialized outreach, crisis intervention, linkages, self-help, peer support and case management services are provided at a 24-hour Drop-In Center and a community center serving the LGBTQ community. TAY consumers with high levels of need are enrolled in an FSP Program that targets youth “aging out” of other child-serving systems (probation, foster care and special education). FSP providers implement a wraparound model based on the Transition to Independence (TIP) approach developed at the University of Florida, and providers furnish an array of supportive services, including housing assistance. The TIP model focuses on the unique developmental needs of this population and has been extremely successful in engaging at-risk youth involved in the juvenile justice and foster care systems.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

6,053 Total

Number of Clients by Funding Category

53 Full Service Partnerships

260 System Development

5,740 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

A-01: Adult System Improvement
(Formerly A-01, A-02, A-04, elements of A-05 and ST-01)

Population to Be Served

This work plan consolidates five of the County's original CSS work plans. The 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 of these adults have a co-occurring disorder of substance abuse that exacerbates their psychiatric symptoms and hinders their mental health care and recovery. Some of these adults have developmental disabilities along with their mental illness that require specialized service.

In addition, the work plan 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.

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.

Finally, the work plan sets aside FSP Programs for 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. These individuals have been difficult to engage to receive mental health services and may have had several failed community placements due to lack of adequate connection and/or availability of intensive and comprehensive services.

Work Plan Description

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 County Mental Health Department 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.

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. Core services that were created or that have been expanded by this work plan include 1) a Mental Health Urgent Care Center to meet pressing needs of consumers, 2) a Wellness Clinic specializing in serving uninsured clients and helping them to obtain benefits, 3) an FSP Program to provide ongoing wraparound support to adult consumers with high levels of need, and 4) an expansion of resources to help transition and stabilize adult consumers as they are discharged from IMDs, inpatient hospitals, State hospitals, EPS, or crisis residential services.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

7,511 Total

Number of Clients by Funding Category

115 Full Service Partnerships

7,050 System Development

306 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

A-03: Criminal Justice System Development

Population to Be Served

This work plan serves adults 18 to 59 years old with concurrent mental health and substance abuse problems who also are involved in the criminal justice system. These individuals have frequent incarcerations for non-violent crimes and often return to jail due to insufficient primary treatment, lack of stable housing and inadequate services. The work plan's FSP Program focuses on mentally ill Latino, African American and Native American adults.

Work Plan Description

This work plan implements several strategies that are designed to stabilize individuals in the community and reduce the likelihood of their return to the criminal justice system. Although the primary focus is to address the behavioral health problems that have contributed to the individual's involvement with the criminal justice system, a wide range of strategies and supports are offered.

Individuals are engaged prior to their release from jail in order to increase the likelihood that they will remain connected to treatment services. These connections start at the County's Treatment Courts, where staff provides incarcerated adults with clinical case management and linkage services in order to prepare them for their release and transition to outpatient or community-based services. Many of these individuals are referred to the work plan's FSP Program, which provides up to 200 adults with individualized, recovery oriented treatment and support services, including housing assistance. The FSP Program focuses on Latino and African American consumers who are over-represented in the criminal justice system and under-represented in the Mental Health Department service system. Candidates for the FSP Program may also be referred from the following criminal justice systems: Pre-Trial Diversion, individuals eligible for early discharge from jail, and the Probation Supervision Unit.

Individuals who would otherwise be homeless after being released are supported by a network of transitional housing units (THUs), operated by community-based organizations. The County also operates a transitional housing program that provides housing, support and care for up to 56 individuals. The program creates a safe, secure and supportive environment in which individuals can focus on their recovery. These County-operated units offer more stability than THUs because residents can stay for up to one year; THUs offer only 90-day stays. Residents also have access to vocational activities designed to be supportive of their recovery efforts.

The County's transitional housing program is on the same campus as a recovery oriented outpatient treatment program that specializes in meeting the behavioral health needs of adults involved in the criminal justice system. The outpatient team works collaboratively with the individual's support network (e.g., housing staff, FSP staff or other) to help the individual achieve long-term stability. The outpatient team also provides ongoing services to formerly incarcerated consumers who are not enrolled in the FSP Program.

These strategies are aligned with other community initiatives targeting chronic homelessness and recidivism to reduce incarcerations and improve stability among adult consumers.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

285 Total

Number of Clients by Funding Category

210 Full Service Partnerships

75 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients by Type of Prevention

Early Intervention

Indicated/Selected

Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

OA-01: Older Adult System Development
(Formerly OA-01, OA-02, OA-03 and OA-04)

Population to Be Served

This work plan provides services for adults 60 years of age or older who are seriously mentally ill and are physically, linguistically or culturally isolated, homebound or shut in. They may have some contact with the public mental health system but are considered unserved or inadequately served because their visits are interrupted by physical illness or they lack the means to get to clinic appointments. These individuals may be encountering significant distress or loss of functioning in multiple life domains, including but not limited to mental health, physical health and well being, living conditions, family and interpersonal relationships, meaningful activities, and safety from being harmed or harming others in the community and/or who are experiencing isolation and barriers to service access due to immigrant/refugee status, and cultural and/or language issues. Services also will be provided to SMI individuals discharged from hospitals, skilled nursing facilities, IMDs, State hospitals, or who have been high users of EPS/crisis residential services with severe co-occurring disorders, including physical illness.

The work plan's FSP program especially focuses on Latino and Asian seniors and monolingual non-English-speaking seniors who are underserved in the current system.

Work Plan Description

This work plan involves a strategic effort to move the current mental health outpatient system to a wellness and recovery model in Behavioral Health specifically adapted to the older adult population. This transformation is being accomplished through a combination of system redesign and service expansion overseen by the County's Older Adult Services Director and the County's Mental Health Board Older Adult Committee. The initiative is intended to result in 1) improved design for age-appropriate access, engagement, screening, assessment, and level of care system assignment for outpatient services, and 2) training and staff development plans to ensure incorporation of core transformation principles and new intervention models throughout the system, including recovery focused services, consumer/family member involvement, and cultural competency.

This work plan also consists of two key service strategies. First, Golden Gateway, operated by Catholic Charities, serves isolated older adults by providing outreach, in-home assessment, and case management services. The program also conducts extensive outreach and education services in senior centers and other community locations where seniors gather such as primary care sites and faith communities. The purpose is to educate and support staff in identifying seniors who may benefit from behavioral health interventions and to prepare staff to better deal with clients who frequent these community settings. Peer mentors are an integral part of the care team and provide extensive support for the consumers and their family members and/or care givers. Because of its ability to be out in the community, Golden Gateway plays a significant role in connecting hard-to-reach older adults to services.

Second, seniors who need more intensive services are enrolled in the work plan's FSP Program. Enrollees have access to intensive wraparound services including, but not limited to, treatment, medication support, peer support, linkage to medical services, assistance with daily needs, engaging in daily activities that bring meaning to their lives and housing assistance. Most FSP clients have had at least one visit to emergency psychiatric services and one hospitalization and require extensive support to attain a stable community life. The goal is to move the FSP clients into less intensive programs as soon as this stability is achieved, but to remain ready to support them should the need arise.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

600 Total

Number of Clients by Funding Category

25 Full Service Partnerships

75 System Development

500 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

HC-01: Behavioral and Primary Health Care Partnership

Population to Be Served

The priority populations in this work plan are the unserved and underserved consumers of all ages and their families, particularly those who are homeless or are at-risk of homelessness, have co-occurring disorders, suffer from abuse or are involved in the criminal justice system. The critical focal populations that have been identified through the local CSS planning process will be the subject of this initiative, specifically in relationship to their needs across health domains.

Work Plan Description

This work plan is an initiative to improve the interface between behavioral health and local medical primary care in collaboration with mental health and substance abuse providers in Santa Clara County. The objective is to establish an interface system infrastructure to identify key evidenced-based administrative and direct service strategies that will improve service access, care coordination and care delivery across healthcare systems.

The initiative calls for continuous improvement and planning, and it has resulted in a critical new service called the Mental Health Specialty Assessment Clinic (MHSAC). This program is a collaboration between the Mental Health Department and Valley Medical Center (VMC) to improve pharmacy services and linkages to primary health care services. It offers mental health assessments and assistance in linking to needed services, enrollment in the VMC primary care system, annual health screenings with pharmacy education for enrolled consumers, and increased pharmacy consultation to improve primary care with psychiatric medication management. In addition, clients are enrolled in the VMC 340b pharmacy discount program and benefit from increased psychiatric consultation services to the primary care system. MHSAC is augmented by a team of specialists who assist consumers throughout the system obtain and maintain benefits such as Supplemental Security Income and Medi-Cal. This collaborative initiative improves service coordination, increases services to consumers, reduces pharmacy costs and generates revenues for the MHD once the consumer has been approved for benefits.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1200 Total

Number of Clients by Funding Category

_____ Full Service Partnerships

1200 System Development

_____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

HO-01: Housing Options Initiative

Population to Be Served

This work plan addresses the housing needs of unserved and underserved consumers of all age groups and their families, particularly those who are homeless or are at-risk of homelessness, have co-occurring disorders, suffer from abuse or are involved in the criminal justice system

Work Plan Description

This work plan implements three key strategies that are designed to address the permanent housing needs of consumers and their family members. First, under this work plan, the Mental Health Department partners with other County agencies and non-profit developers to develop new housing units that are set aside for and affordable to mental health service consumers. Second, as indicated, homeless individuals are enrolled in FSP and non-FSP programs that provide them with long-term housing assistance (rental subsidies) and supportive services that assist these consumers achieve their recovery goals. Finally, this work plan includes various outreach, engagement and case management activities that are designed to connect homeless consumers to long-term treatment and housing stability. The goals and strategies of this work plan intersect and are coordinated with those of agencies addressing homelessness throughout Santa Clara County.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

617 Total

Number of Clients by Funding Category

140 Full Service Partnerships

277 System Development

200 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Mental Health Services Act—Work Plan Description (EXHIBIT D)



County Name

Santa Clara

Work Plan Title

LP-01: Behavioral Health Learning Partnership

Population to Be Served

The priority populations in this work plan are the unserved and underserved consumers of all age groups and their families, particularly consumers who are homeless or are at-risk of homelessness, have co-occurring disorders, suffer from abuse, or are involved in the criminal justice system. The Mental Health Department’s Learning Partnership activities are designed to address the needs of mental health service system participants who will be required to acquire new skills and implement new practices for behavioral health care as is inherent in all new CSS Plan programs to be implemented, with an emphasis on better serving the above-outlined focal populations.

Work Plan Description

The Mental Health Department’s Learning Partnership is the means by which consumer and family voices, new practices, new knowledge, and new attitudes and perspectives are brought to stakeholders throughout the system. This work plan is indicative of the Department’s deep commitment to changing the current “usual care” practices and achieving the desired outcomes that have been established. The strategies under this work plan are closely coordinated with the County’s Workforce Education and Training (WET) component plan.

Under this work plan, system transformation is being achieved through two key strategies. First, the work plan supports the development, sustainability and expansion of consumer and family member involvement from underserved ethnic and cultural populations. These efforts are focused on the development and expansion of the Mental Health Department’s Ethnic and Cultural Community Advisory Committees (ECCACs). Currently, the MHD is working with ECCACs from nine communities—African American; Chinese; Latino; Vietnamese; Native American; Filipino; African Immigrant; Lesbian, Gay, Bisexual, Transgender and Questioning; and Immigrants and Refugees. The ECCACs are involved in all aspects of system transformation. With support from staff, the ECCACs are focused on advocacy, individual and family support, family support groups, and education. A meaningful outgrowth of the ECCAC effort is that participating families who have experienced the challenges of attempting to negotiate several systems are now helping other families overcome similar obstacles. They respond to phone calls; they are visiting clients and families in the hospital, jails and other locations in the community; and they are advocating for improved system access and services for persons they encounter. They are members of the Stakeholder Leadership Committee and participate in community program planning activities.

Second, this work plan expands the MHD’s ability to conduct rigorous and timely analyses of service utilization and effectiveness throughout the public mental health system. Program analysts working under MHD’s Decision Support Team are facilitating the goal of the MHD to become a data-driven and continuously learning organization.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

800 Total

Number of Clients by Funding Category

_____ Full Service Partnerships

_____ System Development

800 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients by Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

EXHIBIT E-Summary Funding Request

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: Santa Clara

Date: 7/28/2009

| | MHSA Component | | | | |
|---|---------------------|------------|--------------------|------------|------------|
| | CSS | CFTN | WET | PEI | Inn |
| A. FY 2009/10 Planning Estimates | | | | | |
| 1. Published Planning Estimate ^{a/} | \$40,732,100 | | | | |
| 2. Transfers ^{b/} | -\$2,000,000 | | \$2,000,000 | | |
| 3. Adjusted Planning Estimates | \$38,732,100 | \$0 | \$2,000,000 | \$0 | \$0 |
| B. FY 2009/10 Funding Request | | | | | |
| 1. Required Funding in FY 2009/10 ^{c/} | \$52,690,142 | | | | |
| 2. Net Available Unspent Funds | | | | | |
| a. Unspent FY 2007/08 Funds ^{d/} | \$21,804,664 | | | | |
| b. Adjustment for FY 2008/09 ^{e/} | \$3,185,700 | | | | |
| c. Total Net Available Unspent Funds | \$18,618,964 | \$0 | \$0 | \$0 | \$0 |
| 3. Total FY 2009/10 Funding Request | \$34,071,178 | \$0 | \$0 | \$0 | \$0 |
| C. Funding | | | | | |
| 1. Unapproved FY 06/07 Planning Estimates | | | \$4,079,500 | | |
| 2. Unapproved FY 07/08 Planning Estimates | \$0 | | \$5,171,300 | | |
| 3. Unapproved FY 08/09 Planning Estimates | \$0 | | \$0 | | |
| 4. Unapproved FY 09/10 Planning Estimates | \$34,071,178 | | | | |
| 5. Total Funding^{f/} | \$34,071,178 | \$0 | \$9,250,800 | \$0 | \$0 |

**FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

County: Santa Clara

Date: 7/14/2009

| CSS Work Plans | | | | FY 09/10 CSS Required MHSA Funding | FY09/10 CSS Non-MHSA Funds ^{c/} | Total CSS Funds for FY09/10 (MHSA + Non-MHSA) | Estimated MHSA Funds by Service Category ^{d/} | | | | Estimated MHSA Funds by Age Group ^{d/} | | | |
|----------------|--|--|---|--|--|---|--|-----------------------|----------------------------|----------------------------|---|-------------------------|--------------|-------------|
| No. | Name | New (N)/ Approved Existing (E) | | | | | Full Service Partnerships (FSP) | System Development | Outreach and Engagement | MHSA Housing Program | Children, Youth, and Their Families | Transition Age Youth | Adult | Older Adult |
| 1. | C-01 | Child & Family System Improvement | E | \$4,459,539 | \$2,010,426 | \$6,469,965 | \$2,774,098 | \$3,583,972 | \$111,896 | | \$6,469,965 | | | |
| 2. | C-02 | Young Child System of Care Development | E | \$339,771 | \$0 | \$339,771 | \$0 | \$339,771 | \$0 | | \$339,771 | | | |
| 3. | T-01 | TAY System of Care Development | E | \$2,765,280 | \$1,836,172 | \$4,601,452 | \$2,868,062 | \$1,262,992 | \$470,398 | | | \$4,601,452 | | |
| 4. | A-01 | Adult System Development | E | \$18,904,616 | \$3,604,032 | \$22,508,648 | \$6,754,109 | \$15,225,685 | \$528,855 | | | \$22,508,648 | | |
| 5. | A-03 | Adult Criminal Justice System Development | E | \$6,715,937 | \$1,051,393 | \$7,767,330 | \$7,767,330 | \$0 | \$0 | | | \$7,767,330 | | |
| 6. | OA-01 | Older Adult System of Care Development | E | \$1,431,915 | \$331,074 | \$1,762,989 | \$547,113 | \$1,187,751 | \$28,125 | | | | \$1,762,989 | |
| 7. | HO-01 | Housing Options Initiative | E | \$3,104,382 | \$1,736,483 | \$4,840,865 | \$4,211,553 | \$629,312 | \$0 | \$532,495 | \$726,130 | \$3,049,745 | \$532,495 | |
| 8. | HC-01 | Behavioral & Primary Health Care Partnership | E | \$1,367,095 | \$151,900 | \$1,518,995 | \$759,498 | \$379,749 | \$379,749 | \$167,089 | \$227,849 | \$956,968 | \$167,089 | |
| 9. | LP-01 | Behavioral Health Learning Partnership | E | \$1,892,770 | \$0 | \$1,892,770 | \$946,385 | \$473,193 | \$473,193 | \$208,205 | \$283,916 | \$1,192,444 | \$208,205 | |
| 10. | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | |
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| 24. | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | |
| 26. | Subtotal: Work Plans ^{d/} | | | \$40,981,305 | \$10,721,480 | \$51,702,785 | \$26,628,146 | \$23,082,424 | \$1,992,215 | \$0 | \$7,717,525 | \$5,839,347 | \$35,475,135 | \$2,670,778 |
| 27. | Plus County Administration | | | \$1,049,734 | | \$1,049,734 | | | | | | | | |
| 28. | Plus Optional 10% Operating Reserve | | | \$4,203,104 | | \$4,203,104 | | | | | | | | |
| 29. | Plus CSS Prudent Reserve ^{b/} | | | \$6,456,000 | | \$6,456,000 | | | | | | | | |
| 30. | Total MHSA Funds Required for CSS | | | \$52,690,142 | \$10,721,480 | \$63,411,622 | | | | | | | | |

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=
 b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.
 c/ Non-MHSA funds include, but are not limited to, revenues from Medi-Cal, HUD and the City of San Jose.
 d/ Reflects Total CSS funds (MHSA + Non-MHSA funds).

EXHIBIT G

Community Services and Supports Prudent Reserve Plan FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County Santa Clara

Date 8/14/09

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding **\$40,981,305**

Enter the total funds requested from Exhibit E1 – CSS line 26.

2. Less: Non-Recurring Expenditures **- 6,898,455**

Subtract any identified CSS non-recurring expenditures included in #1 above.

3. Plus: CSS Administration **+ 1,049,734**

Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

4. Sub-total **35,132,584**

5. Maximum Prudent Reserve (50%) **17,566,292**

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

6. Prudent Reserve Balance from Prior Approvals **8,139,723**

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update **+ 6,456,000**

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.

8. Prudent Reserve Balance **14,595,723**

Add lines 6 and 7.

9. Prudent Reserve Shortfall to Achieving 50% **2,970,569**

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.

Future unspent funds and some unapproved funds from FY09-10 planning estimate will be dedicated to the prudent reserve.

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.