

# FY10-11 CSS Annual Update Overview

April 13, 2010

## FY10 & FY11 Priorities & Initiatives

F&C Services	Adult & Older Adult	Homelessness & Housing	Criminal Justice (Adults)
<ul style="list-style-type: none"> <li>• F&amp;C Division Services Re-Design                             <ul style="list-style-type: none"> <li>• Identify Specialty Services from the Gap Analysis Study that will address our Continuum of Care Service Needs.</li> <li>• Match children &amp; youth with the right treatment service model.</li> <li>• Standardize outcome measures</li> </ul> </li> <li>• Centralize Mental Health Referral Center for Juvenile Probation MH Referrals</li> <li>• Re-Design of Mental Health Services for Foster Care Youth (SSA/DFCS and MHD)</li> <li>• Ensure availability of services for Uninsured Youth.</li> <li>• TAY population efforts</li> <li>• Create formal support structures that reduce the risk of out of home placements for children and youth.</li> <li>• Continue to support Specialty Courts, to keep youth in their communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Successfully implement adult system redesign in both county and contract sites.                             <ul style="list-style-type: none"> <li>• Apply MORS &amp; CIOM to outcome measurement &amp; quality improvement.</li> <li>• Transition clients with MORS scores of 6, 7, and 8 to primary care, self help and community support.</li> </ul> </li> <li>• Expand peer and family mentor programs; Integrate into clinical teams <i>and</i> each Self Help Centers.</li> <li>• Improve integration of mental health and primary care.</li> <li>• Transition 1,600+ clients to receive mental health care through VMC primary care clinics (FQHCs), with case management from MHD staff.</li> <li>• Implement comprehensive, coordinated services for seniors</li> <li>• Decrease disparities and achieve improved penetration rates in underserved communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop more affordable housing, utilizing the balance of the MHSA Housing Program funds and advocate for other CSS funds for housing</li> <li>• Enhance program services at permanent housing program sites.</li> <li>• Advocate and support fundraising efforts for increased case management services for the homeless.</li> <li>• Enhance collaboration with law enforcement entities, the VTA and the Water District throughout the county to better serve the homeless who live in encampments.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop peer mentor program at Evans Lane.</li> <li>• Implement “FSP” CDCR program for 30 clients.</li> <li>• Integrate employment training and placement into the Evans Lane program.</li> <li>• Develop and apply measurement tools to assure improvements in client wellness, recovery, self-sufficiency and re-created lives.</li> </ul>

# FY10-11 CSS Annual Update Overview

April 13, 2010

## CSS Annual Update Funding Requirements Overview

<i>(Allocated)</i>	<b>FY09-10</b> <i>(Per Submission to DMH)</i>	<b>FY10-11</b> <i>(As of April 2010)</i>
Total Expenditures	\$52,752,519	\$52,017,116
Less Non-CSS Revenues (est.)	\$10,721,480	\$10,941,246
CSS Ongoing	\$34,465,584	\$36,443,528
CSS One-Time	\$7,565,455	\$4,632,342
<b>Total CSS Funds</b>	<b>\$42,031,039</b>	<b>\$41,075,870</b>

## CSS Annual Update Funding Requirements by Work Plan / Program

CSS Work Plan / Program		FY10 Total CSS Funds	FY11 Total CSS Funds	WP % of FY11 CSS
C-01	Child & Family System Improvement	\$4,459,539	\$4,736,066	11.5%
C-02	Young Child System of Care Development	\$339,771	\$340,657	0.8%
T-01	TAY System of Care Development	\$2,765,280	\$2,777,861	6.8%
A-01	Adult System Development	\$18,904,616	\$17,766,169	43.3%
A-03	Adult Criminal Justice System Development	\$6,715,937	\$6,410,671	15.6%
OA-01	Older Adult System of Care Development	\$1,431,915	\$1,397,546	3.4%
HO-01	Housing Options Initiative	\$3,104,382	\$3,171,399	7.7%
HC-01	Behavioral & Primary Health Care Partnership	\$1,367,095	\$1,365,385	3.3%
LP-01	Behavioral Health Learning Partnership	\$1,892,770	\$2,027,869	4.9%
AD-01	Administration	\$1,049,734	\$1,082,249	2.6%
<b>Total</b>		<b>\$42,031,039</b>	<b>\$41,075,870</b>	<b>100.0%</b>

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**CHILD AND FAMILY SYSTEM IMPROVEMENT**

<b>CSS Work Plan C-01 (Formerly C-01, C-03 &amp; Parts of A-05)</b>	<b>Ongoing CSS Funds: \$3,340,274</b>	<b>One-Time MHSA Funds: \$1,395,792</b>
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>	<b>POPULATION TO BE SERVED</b>	
<p>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.</p> <p>The community is benefitting from several programs under this work plan. Children 6-15 are being screened, assessed and linked to services through KidScope. Meanwhile SED youth, including those in foster care or involved in the juvenile justice system, are receiving services from contract agencies funded by the CSS component.</p> <p>In FY08-09 the MHD completed a report on the mental health needs of the juvenile justice-involved youth, and will complete a redesign of mental health services to foster care youth in by the end of the FY. A system-wide gap analysis and redesign of services for children and youth is currently underway. These system redesign / strategic planning efforts will guide service delivery in the transformed system.</p>	<p>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:</p> <ul style="list-style-type: none"> <li>○ Latino, African American and Native American, particularly those involved in the juvenile justice system.</li> <li>○ 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.</li> </ul>	
	<p><b><u>Focal Populations:</u></b></p> <ul style="list-style-type: none"> <li>○ <b>0-5 High Risk</b></li> <li>○ Foster Care Youth</li> <li>○ Juvenile Justice Youth</li> <li>○ SMI/SED Underserved</li> </ul>	<p><b><u>Estimated Number of Clients Served:</u></b></p> <p>Total Unduplicated: 1,693</p>

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**CHILD AND FAMILY SYSTEM IMPROVEMENT**

**FY10-11 PROGRAM CHANGES & ONE-TIME SERVICES/ACTIVITIES**

- **\$500,000** - Increase one-time funds to support KidScope. The program has not been able to meet projected Medi-Cal revenues and shortfalls threaten the program's leveraged and blended funding sources. Additional funding ensures critical services to underserved high risk SED youth.
- **\$124,932** – Continue using one-time funds for a.50 FTE Psychiatrist for KidScope for assessment & treatment.
- **\$124,284** – Continue using one-time funds for a 1.0 FTE Psychiatric Social Worker to Support the Family Wellness Court.
- **\$160,000** – In FY09-10, the Board of Supervisors directed the MHD to develop a Competency Restoration Program for juvenile offenders. This initiative is underway at a total project cost of \$200,000, of which \$160,000 will be utilized in FY10-11.
- **\$486,576** – Continue one-time funding for County 4.0 FTE staff who are providing services to foster care youth at the Receiving Center.
- **Services for Uninsured Youth.** In FY09-10 approximately \$100,000 in one-time funds (plus \$255K ongoing) were used for County-operated services for uninsured youth. The MHD proposes to convert the one-time funds to ongoing for FY10-11.

**CRITICAL CONCERNS**

- Juvenile justice involvement
- Child Welfare and Dependency Involvement
- Drug and alcohol Abuse
- Failing, not attending, lack of school readiness
- Poverty, homelessness, inadequate housing
- Hospitalization
- Peer and Family Problems

**STRATEGIES / GOALS**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>○ <b>JPD/SED FSP</b></li> <li>○ <b>JPD/DFCS improved access</b></li> <li>○ 0-5 system development</li> <li>○ <b>Evidence-based practices (EBP)</b></li> <li>○ <b>Family partners</b></li> <li>○ <b>O&amp;E to underserved</b></li> <li>○ Design and implement a child and family-centered screening, assessment and level of care system across the child-serving Mental Health system.</li> </ul> | <ul style="list-style-type: none"> <li>○ Outreach, engagement and outpatient services for juvenile justice-involved youth</li> <li>○ Improved screening, access, engagement and outpatient services for dependency system-involved children and youth</li> <li>○ Improved service access and treatment to the highest need SED under-served youth who have contact with emergency and acute inpatient services.</li> </ul> |
|---|--|

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**CHILD AND FAMILY SYSTEM IMPROVEMENT**

**KEY INITIATIVES, PROGRAMS & ACTIVITIES**

- **FSP Program for SED Youth.** This is a comprehensive program for up to 53 youth ages 0-15 that combines critical core services within a wraparound model and incorporates age-appropriate elements from the Transition to Independence Process (TIP) System. The target population is juvenile justice-involved and SED African-American, Native American and Latino youth, with priority consideration for youth at risk of, or returning from, out-of-home placement and youth with multiple episodes of emergency psychiatric services and hospitalizations.
- **KidScope.** Similar to KidConnections, the goals of establishing system-wide screening and assessment standards and improving/designing a system of care for children (6+) are operationalized under KidScope. CSS funds for the KidScope program support staff and contractors responsible for screening and assessing children for serious emotional disturbances and developmental delays, and linking children to needed services.
- **Programs for Juvenile Justice Involved Youth.** In FY08-09, the MHD commissioned a comprehensive review and assessment of the accessibility and quality of mental health services for youth involved in the juvenile justice system. The report by Bobbie Huskie & Associates also provided key recommendations for improving services to this high risk population, and will be used to guide long-term improvement in services. Currently, funds support two programs for SED youth involved in the juvenile justice system: 1) **Aftercare Linkages for Youth at the Ranches** – Operated by CBOs, this program assists SED youth transition from the Ranches back into their communities by providing limited case management and connecting them to community resources; and, 2) **Juvenile Justice Aftercare Programs** – MHD psychiatric social workers and mental health contract agency staff work with Juvenile Probation Department (JPD) staff and others in multi-disciplinary teams to coordinate and provide aftercare and treatment to JPD-involved SED youth. These programs were modified from programs previously funded by MIOCR and JCPA.
- **Programs for Foster Care System Involved Youth.** The design phase (using one-time funds in FY09-10) of this initiative is nearly complete, and implementation is just beginning. The redesign centered on SSA's/MHD's pilot assessment project (FY08) that required all children between the ages of 6 and 11 who were entering the foster care system to be evaluated and provided service linkages and care management. The program identified key system barriers to service access by foster care youth. The redesign also centers on the transformation of the Children's Shelter into an assessment and receiving center. Currently, one-time funds support four County staff members providing treatment and linkages to SED youth at the Receiving Center. Ongoing funds have been set aside and can be utilized pending completion of the redesign. This work plan also partially funds independent living programs, which provide services to TAY foster youth.
- **Family Wellness Court.** Using one-time funds, the MHD is supporting the Family Wellness Court (FWC) with one clinician. The target population is pregnant women and parents, with children 0 to 3, whose use of methamphetamine and other substances have placed their children in or at risk of out-of-home placement. FWC is an expansion and enhancement of the Drug Dependency Treatment Court, which has been highly successful in assisting women to achieve and maintain sobriety, overcome personal obstacles, become better parents and reunify with their children.
- **Services to Uninsured Youth.** MHSA funds enable the County to serve uninsured SED youth.
- **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 and FY11, MHD staff will contract and work with consultants with experience as family members to design and implement these critical services.

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**YOUNG CHILD SYSTEM OF CARE DEVELOPMENT**

CSS Work Plan C-02	Ongoing MHSA Funds: \$259,757	One-Time MHSA Funds: \$80,900
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>	<b>POPULATION TO BE SERVED</b>	
<p>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. With relatively a low investment from the County’s CSS funds, this initiative has been extremely successful and is having a far-reaching impact on service system development for young children.</p>	<p>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.</p>	
	<p><b>Focal Populations:</b></p> <ul style="list-style-type: none"> <li>○ <b>0-5 High Risk</b></li> <li>○ Foster Care Youth</li> <li>○ Juvenile Justice Youth</li> <li>○ SMI/SED Underserved</li> </ul>	<p><b>Estimated Number of Clients Served:</b></p> <p>Total Unduplicated: 1,275</p>
<b>FY10-11 PROGRAM CHANGES &amp; ONE-TIME SERVICES/ACTIVITIES</b>		
<ul style="list-style-type: none"> <li>○ <b>\$30,900</b> - Continue one-time funds to support onsite childcare services for parents and emotionally disturbed children and youth participating in KidConnections and KidScope.</li> <li>○ <b>\$50,000</b> - Continue one-time MHD funding for Mentor Mom / Dad Program supporting Family Wellness and Drug Dependency Treatment courts.</li> <li>○ <b>Reach Out and Read.</b> Using CSS one-time funds, MHD established a partnership with the Reach Out and Read program in FY009 to implement more formal linkages between pediatric developmental assessments and KidConnections. This program is now under the PEI component.</li> <li>○ <b>Early Childhood Mental Health Certificate.</b> Finally, MHD established a partnership with De Anza Community College to design an Early Childhood Mental Health certificate program. Courses were available starting academic year 2007-2008. 25 scholarships for participation in the new certificate program are offered to approved family partners and practitioners employed by the collaborative provider partners. This program is now under the County’s WET component.</li> </ul>		

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**YOUNG CHILD SYSTEM OF CARE DEVELOPMENT**

<b>CRITICAL CONCERNS</b>	<b>STRATEGIES / GOALS</b>	
<p>(Developed as part of the entire 0-15 age group, may need to be refined.)</p> <ul style="list-style-type: none"> <li>○ Juvenile justice involvement</li> <li>○ Child Welfare and Dependency Involvement</li> <li>○ Drug and alcohol Abuse</li> <li>○ Failing, not attending, lack of school readiness</li> <li>○ Poverty, homelessness, inadequate housing</li> <li>○ Hospitalization</li> <li>○ Peer and Family Problems</li> </ul>	<p>(Developed as part of the entire 0-15 age group, may need to be refined.)</p> <ul style="list-style-type: none"> <li>○ JPD/SED FSP</li> <li>○ JPD/DFCS improved access</li> <li>○ <b>0-5 system development</b></li> <li>○ <b>Evidence-based practices (EBP)</b></li> <li>○ <b>Family partners</b></li> <li>○ <b>O&amp;E to underserved</b></li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Formalize an interagency partnership and 0-5 System of Care Design</b></li> <li>○ <b>System-wide standards for screening and assessment</b></li> <li>○ <b>Increase education, support and service linkages for young children and their families</b></li> </ul>
<b>KEY INITIATIVES, PROGRAMS &amp; ACTIVITIES</b>		
<ul style="list-style-type: none"> <li>○ <b>KidConnections.</b> The goals of establishing system-wide screening and assessment standards and improving/designing a 0-5 system of care are operationalized under KidConnections. Advocacy and leadership have formed a collaborative partnership between First 5, Mental Health, Pediatrics, Public Health, Alcohol and Drug Services, Social Services, Early Childhood educators and pre-school providers, Community Based Organization, and the Courts. Using First 5’s Power of Preschool and High Risk Design Master Plan, an integrated plan for implementing specialized screening, assessment, and evidenced-based service strategies for behaviorally challenged young children has been designed and implemented. The model combines First 5, MHSA, EPSDT/Medi-Cal and County General Funds to leverage resources through Medi-Cal billing for specialized assessment and treatment services in pre-schools, home and clinic-based settings. Children are screened, and family partners connect families to needed services and assist them in accessing essential services when special needs are identified. <p>A highly skilled team of Developmental Pediatricians, Child Psychologists, Early Childhood Mental Health Clinicians, Occupational and Speech Therapists, and Parent Partners from five agencies have formed a formal KidConnections Collaborative that is offering high quality formal screening and consultation, focused and complex developmental assessments and access to treatment and parent support and education, and preschool in-classroom consultation. Referrals come from First 5 trained Family Partners placed in targeted court and community settings; and from pediatricians from Valley Medical Center, the local public primary care system. The population is predominantly low income Spanish speaking. Specialized training in FAS and Autism Spectrum Disorders has been provided to hundreds of local early childhood providers. The MHD is using CSS funds for parent partners and childcare services in direct support of KidConnections. This work plan also supports administrative and managerial functions (1.0 FTE) to enable MHD to participate in and support KidConnections.</p> </li> <li>○ <b>Mentor Mom / Dad Program.</b> CSS funds support two peer mentors as part of the Drug Dependency Treatment Court (DDTC)/Family Wellness Court. On average, each mentor works with 25 families to help them overcome barriers to reunification. FWC is an expansion and enhancement of the Drug Dependency Treatment Court, which has been highly successful in assisting women to achieve and maintain sobriety, overcome personal obstacles, become better parents and reunify with their children. FWC is a specialized 0-3 Treatment Court, established through a federal grant that focuses on children and moms that are in the foster care system as a result of methamphetamine abuse, and over 75% percent have significant mental health problems.</li> </ul>		

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**TAY SYSTEM OF CARE DEVELOPMENT**

<b>CSS Work Plan T-01 (Formerly T-01, T-02, T-03 &amp; T-04)</b>	<b>Ongoing MHSA Funds: \$2,777,861</b>	<b>One-Time MHSA Funds: \$0</b>
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>	<b>POPULATION TO BE SERVED</b>	
<p>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 and providers furnish an array of supportive services, including housing assistance.</p> <p>All major program components are operational. Through this work plan the MHD will continue to refine, improve and expand the system of care for TAY consumers and their families. The specific needs of those experiencing the onset of serious psychiatric illness (with psychotic features), will be addressed under Project 3 of the County’s PEI plan.</p>	<p>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.</p>	
	<p><b><u>Focal Populations:</u></b></p> <ul style="list-style-type: none"> <li>o Youth and young adults (16-25) aging out of systems</li> <li>o TAY experiencing first break psychosis</li> </ul>	<p><b><u>Estimated Number of Clients Served:</u></b></p> <p>Total Unduplicated: 6,053</p>
<b>FY10-11 PROGRAM CHANGES &amp; ONE-TIME SERVICES/ACTIVITIES</b>		
<ul style="list-style-type: none"> <li>o For FY10-11 the MHD will provide resources to enable the ongoing participation of TAY consumers in the development of the TAY system of care.</li> </ul>		

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**TAY SYSTEM OF CARE DEVELOPMENT**

CRITICAL CONCERNS	STRATEGIES / GOALS	
<ul style="list-style-type: none"> <li>○ Juvenile justice involvement</li> <li>○ Drug and alcohol abuse</li> <li>○ Lack of Skills/Job/Education</li> <li>○ Sadness, depression, suicide</li> <li>○ First Time Breaks (hospitalization)</li> <li>○ Lack of social support&amp; family network</li> <li>○ Peer and Family Problems</li> </ul>	<ul style="list-style-type: none"> <li>○ FSP Program for youth “Aging out” of systems</li> <li>○ Designing and Implementing a Young Adult -Centered Screening, Assessment and Level of Care System</li> <li>○ Implementing Improved Treatment Services and Supports through Training on Evidenced Based Models</li> <li>○ Specialized housing</li> </ul>	<ul style="list-style-type: none"> <li>○ Drop-in center/crisis team</li> <li>○ Peer &amp; family involvement</li> <li>○ O&amp;E to underserved</li> <li>○ Implementing a “First Break” Major Psychiatric Illness Pilot Program</li> <li>○ Specialized LGBTQ services</li> <li>○ Middle college partnership; Educational and Vocational Support</li> </ul>
KEY INITIATIVES, PROGRAMS & ACTIVITIES		
<ul style="list-style-type: none"> <li>○ <b>FSP Program for TAY.</b> This is an intensive program providing up to 53 TAY clients. This model combines components from wraparound, AB2034, and Transition to Independence (TIP) approaches in an articulated framework that addresses the transition needs of youth. In addition to treatment and other support services, TAY FSP clients have access to rental assistance and subsidized housing. This program is operated by contract agencies.</li> <li>○ <b>TAY Drop-In &amp; Crisis-Center.</b> This program provides TAY consumers and TAY individuals with access to a 24-hour drop-in center. TAY clients can access specialized crisis intervention, linkages, self-help, peer support and case management services. The drop-in center also serves as an excellent hub for reaching out to and engaging young people who may benefit from mental health services or support. This program is operated in down town San Jose by the Bill Wilson Center.</li> <li>○ <b>LGBTQ Outreach &amp; Engagement.</b> This program provides outreach, engagement, assessment and treatment services to LGBTQ TAY consumers and individuals through the Billy De Frank Center. The program is a collaboration between the Center and Family &amp; Children Services.</li> <li>○ <b>TAY Involvement &amp; System Development.</b> This work plan provides ongoing funds to TAY consumers, who participate in the community planning process, conduct outreach and represent the voices of TAY consumers in system meetings.</li> </ul>		

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 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: \$15,885,569	One-Time MHSA Funds: \$1,880,600				
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 1416"> <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"> <li>○ Jail/Justice System-Involved, Homeless and/or Dual Diagnosed</li> <li>○ Unserved and Underserved SMI</li> </ul> </td> <td data-bbox="1478 1190 1974 1416">                     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"> <li>○ Jail/Justice System-Involved, Homeless and/or Dual Diagnosed</li> <li>○ Unserved and Underserved SMI</li> </ul>	Total Unduplicated: 7,511
<u>Focal Populations:</u>	<u>Estimated Number of Clients Served:</u>					
<ul style="list-style-type: none"> <li>○ Jail/Justice System-Involved, Homeless and/or Dual Diagnosed</li> <li>○ Unserved and Underserved SMI</li> </ul>	Total Unduplicated: 7,511					

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**ADULT SYSTEM DEVELOPMENT**

**FY10-11 PROGRAM CHANGES & ONE-TIME SERVICES/ACTIVITIES**

- **Crisis Intervention Training** and support for CIT training was reorganized under the County’s WET component.
- **FSP Client Support** – Continue use of \$500,000 in one-time funds to support FSP clients by covering MHSA-eligible costs of temporary (up to 30 days) utilization of locked 24-hour services (IMDs, BAP, etc.).
- **24-Hour Care & IMD Alternatives** – For FY10-11, the MHD proposes to continue and increase support for clients who are discharging from EPS, BAP and other high end services. The MHD proposes to continue one-time funding (\$584,000) for supported residential beds, and to increase by \$300,000, funding for contracted residential recovery services.
- **Support for County Outpatient Clinics and Central Wellness & Benefits Center** – In FY10-11, \$624,600 (6.0 FTEs) in one-time funds will be used to augment staff at the Central Wellness & Benefits Center and County Outpatient clinics to provide recovery-oriented services and/or support medication management support. This represents a reduction from the 9.0 FTEs that were needed in FY09-10.
- **Law Enforcement Liaisons.** The MHD proposes to continue funding three law enforcement liaisons with approximately \$172,000 in CSS funds. The LELs may be utilized to develop and/or implement projects in other components in FY10-11.

**CRITICAL CONCERNS**

- 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

**STRATEGIES / GOALS**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>○ CJS FSP</li> <li>○ Treatment court</li> <li>○ Jail aftercare</li> <li>○ SMI underserved FSP</li> <li>○ EBP &amp; services for dual diagnosis</li> </ul> | <ul style="list-style-type: none"> <li>○ Services for developmentally disabled</li> <li>○ Self-help and family network expansion</li> <li>○ Recovery model development</li> <li>○ Urgent care/mobile crisis teams</li> </ul> |
|--|--|

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**ADULT SYSTEM DEVELOPMENT**

**KEY INITIATIVES, PROGRAMS & ACTIVITIES**

- **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.
- **Central Wellness and Benefits Assistance Center.** 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.
- **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.

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**ADULT SYSTEM DEVELOPMENT**

**KEY INITIATIVES, PROGRAMS & ACTIVITIES (continued)**

- **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.** 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.

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**ADULT CRIMINAL JUSTICE MENTAL HEALTH SYSTEM**

CSS Work Plan A-03	Ongoing CSS Funds: \$5,910,671	One-Time CSS Funds: \$500,000
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>	<b>POPULATION TO BE SERVED</b>	
<p>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. This work plan's core programs are in place and MHD expects full ramp up of a 30-slot CDCR (California Department of Corrections and Rehabilitation) FSP program by the end of the fiscal year. The CDCR program is not funded with CSS funds, but is consistent with its values and principles.</p> <p><i>Note: Initiatives under this work plan have significantly benefitted from the activities of the MHD's law enforcement liaisons. Over the past several years, they have improved services to consumers by expanding Crisis Intervention Training, promoting use of Mental Health Urgent Care as an alternative to Emergency Psychiatric Services, assisting local communities respond to consumers in crisis, advocating for more mental health training among all law enforcement officers and by forging partnerships between MHD and the criminal justice system (see Work Plan A-01).</i></p>	<p>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.</p>	
	<p><b>Focal Populations:</b></p> <ul style="list-style-type: none"> <li>○ Jail/Justice System-Involved, Homeless and/or Dual Diagnosed</li> <li>○ Unserved and Underserved SMI</li> </ul>	<p><b>Estimated Number of Clients Served:</b></p> <p>Total Unduplicated: 285</p>
<b>FY10-11 PROGRAM CHANGES &amp; ONE-TIME SERVICES/ACTIVITIES</b>		
<ul style="list-style-type: none"> <li>○ <b>\$500,000</b> in one-time funds will be used to support the <b>Recovery through Employment Pilot Program</b>, which was planned for FY09-10, but was not implemented.</li> </ul>		
<b>CRITICAL CONCERNS</b>	<b>STRATEGIES / GOALS</b>	
<ul style="list-style-type: none"> <li>○ Concurrent drug and alcohol abuse</li> <li>○ Poverty, homelessness, inadequate housing</li> <li>○ Sadness, depression, suicide; lack of meaningful activities</li> <li>○ Violence in family/community</li> <li>○ Frequent Hospitalizations &amp; emergency medical care</li> <li>○ Inability to manage independence</li> <li>○ Isolation and/or Institutionalization</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>CJS FSP</b></li> <li>○ <b>Treatment court</b></li> <li>○ <b>Jail aftercare</b></li> <li>○ SMI underserved FSP</li> <li>○ <b>EBP &amp; services for dual diagnosis</b></li> <li>○ Services for developmentally disabled</li> </ul>	<ul style="list-style-type: none"> <li>○ Self-help and family network expansion</li> <li>○ Recovery model development</li> <li>○ Urgent care/mobile crisis teams</li> <li>○ Expanded housing options</li> <li>○ <b>Dual diagnosis aftercare</b></li> </ul>

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**ADULT CRIMINAL JUSTICE MENTAL HEALTH SYSTEM**

**KEY INITIATIVES, PROGRAMS & ACTIVITIES**

- **FSP Program for Criminal Justice System (CJS) Involved Adults.** This Full Service Partnership program provides adult consumers who are involved with the criminal justice system with intensive wrap around services. The program offers “whatever it takes” to engage seriously mentally ill, CJS-involved adults, including those who are dually diagnosed. Emphasis will be to provide services to the most vulnerable individuals with a high risk of recidivism. The FSP Program focuses on Latino and African American consumers who are over-represented in the criminal justice system and under-represented in the MHD service system. Currently contract agencies have capacity for up to 180 enrollees, 30 more “slots” are funded by CDCR; the expansion is in progress. Ongoing funds for this program include approximately \$540,000 in housing assistance (e.g. rental subsidies) and about \$575,000 for approximately 40 Transitional Housing Units (THUs).
- **Evans Lane Residential Services.** This County-operated program provides CJS FSP clients with temporary housing (up to one year) in a community and supportive environment; there are 56 units located at Evans Lane. The program provides at least three well-balanced, healthy, nutritious meals per day at regular intervals. Staff work collaboratively with the clients to develop a safe, stable and recovery-oriented environment. The program will also be partially funded by a contract with CDCR and will house up to 10 parolees. All clients receive treatment and support services from their FSP programs or other contract agencies.
- **CJS Outpatient Services.** This County-operated program is located alongside the Evans Lane Residential Program. This outpatient program that works closely with system partners to help clients transition from incarceration back into the community; the program provides intensive support services including case management and therapy.
- **CJS Aftercare Program.** Similar to the County program, this CBO-operated program provides adult consumers who are being released from jail with ongoing supportive and treatment services.
- **Recovery through Employment Pilot Program.** This initiative allows MHD to implement a pilot employment program for clients involved in CJS FSPs. MHD envisions a self-sustaining enterprise that provides clients with some income and meaningful daily activities and thus enhancing their recovery and supporting their independence within the community. This program is under development.
- **Treatment Court.** Using MHSA funds, the MHD expanded the capabilities of the Drug Treatment Court. The MHD staff work with the Court and system partners to engage individuals prior to their release from jail to increase the likelihood that they will remain connected to treatment services. Staff members provide incarcerated adults with clinical case management and linkage services in order 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.

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**OLDER ADULT SYSTEM OF CARE DEVELOPMENT**

CSS Work Plan OA-01 (Formerly OA-01, OA-02, OA-03 and OA-04)	Ongoing MHSA Funds: \$1,397,546	One-Time MHSA Funds: \$0
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>	<b>POPULATION TO BE SERVED</b>	
<p>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.</p> <p>The core components of this work plan were fully operational at the end of FY08-09. Older adults are benefitting from the services offered by CBO-operated FSP programs and the Golden Gateway program.</p>	<p>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.</p> <p>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.</p>	
	<p><b>Focal Populations:</b></p> <ul style="list-style-type: none"> <li>o High Risk / Isolated SMI</li> </ul>	<p><b>Estimated Number of Clients Served:</b></p> <p>Total Unduplicated: 600</p>
<b>FY10-11 PROGRAM CHANGES &amp; ONE-TIME SERVICES/ACTIVITIES</b>		
<ul style="list-style-type: none"> <li>o <b>Archstone Project.</b> The MHD’s participation in this project will be completed at the end of FY09-10, and will no longer be funded with one-time funds. The project is a collaborative effort with the Social Services Agency’s (SSA) Department of Aging and Adult Services (DAAS) to establish more involvement by the faith community in development of the Older Adult System of Care and better connections with the faith community for ongoing referrals of older adults needing mental health services. Increasing awareness of and preventing elder abuse is one of the project’s key issues.</li> </ul>		

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**OLDER ADULT SYSTEM OF CARE DEVELOPMENT**

CRITICAL CONCERNS	STRATEGIES / GOALS	
<ul style="list-style-type: none"> <li>○ Concurrent medical problems</li> <li>○ Sadness, depression and suicide (grief/loss)</li> <li>○ Shut-In, Home-bound</li> <li>○ Anxiety and Fear</li> <li>○ Isolation &amp; Loneliness</li> <li>○ Institutionalization, Involuntary Care, Incarceration</li> </ul>	<ul style="list-style-type: none"> <li>○ High risk/isolated FSP</li> <li>○ Evidence-based practices (EBP)</li> <li>○ Senior mobile assessment and outreach</li> <li>○ MH support to day services</li> <li>○ Family/caregiver support &amp; education</li> <li>○ Enhance peer support services</li> </ul>	<ul style="list-style-type: none"> <li>○ Interagency infrastructure, multi-disciplinary assessment, and specialized treatment and support services</li> <li>○ Integrated Mental Health and substance abuse treatment</li> <li>○ Improved treatment services and supports</li> </ul>
KEY INITIATIVES, PROGRAMS & ACTIVITIES		
<ul style="list-style-type: none"> <li>○ <b>FSP Program for Older Adults.</b> Operated by CBOs, this program offers up to 25 enrollees with intensive wraparound services including. FSPs for older adults are designed to meet the comprehensive needs of seriously mentally ill older adults 60+ years of age. These include psychiatric needs, homelessness or the risk of homelessness, hospitalization or other institutionalization, and the risk of being harmed physically, financially or psychologically. 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.</li> <li>○ <b>Golden Gateway.</b> Operated by a CBO, this program 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.</li> <li>○ <b>System Development.</b> The MHD is committed to improving the mental health system for the rapidly growing older adult population. These long-term and strategic improvements are being overseen by MHD’s Director of Older Adult Services in collaboration with the Mental Health Board’s Older Committee. MHD established this committee in January 2007. It is composed of leadership from the MHD, DAAS, the Area Agency on Aging, Public Guardian, and CBOs serving the older adult community. Membership will be expanded to include primary care and other community representatives.</li> </ul>		

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**HOUSING OPTIONS INITIATIVE**

<b>CSS Work Plan HO-01</b>	<b>Ongoing MHSA Funds: \$2,496,369</b>	<b>One-Time MHSA Funds: \$657,050</b>		
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>	<b>POPULATION TO BE SERVED</b>			
<p>Initially, this work plan was supported with one-time funds and focused primarily on developing permanent affordable housing and improving MHD's capacity for addressing consumers' housing needs. However, in FY09-10 this work plan was expanded to help MHD and the County directly address the housing needs of consumers through housing development, services and interagency collaboration.</p> <p>The Office of Housing and Homeless Support Services (OHHSS) was created to oversee MHD's housing development, programs and services for consumers who are homeless or at-risk of homelessness. In addition, using County General Funds, the OHHSS supports the County's effort to address homelessness throughout the County. The goals and strategies of this work plan intersect and are coordinated with those of agencies addressing homelessness throughout Santa Clara County, including Destination Home and the County Collaborative on Housing and Homelessness.</p>	<p>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.</p> <table border="1" data-bbox="913 544 1963 917"> <tr> <td data-bbox="913 544 1480 917"> <p><b>Focal Populations:</b></p> <ul style="list-style-type: none"> <li>○ SMI Homeless and At-Risk of Homelessness</li> </ul> </td> <td data-bbox="1480 544 1963 917"> <p><b>Estimated Number of Clients Served:</b></p> <p>Total Unduplicated: 617</p> </td> </tr> </table>		<p><b>Focal Populations:</b></p> <ul style="list-style-type: none"> <li>○ SMI Homeless and At-Risk of Homelessness</li> </ul>	<p><b>Estimated Number of Clients Served:</b></p> <p>Total Unduplicated: 617</p>
<p><b>Focal Populations:</b></p> <ul style="list-style-type: none"> <li>○ SMI Homeless and At-Risk of Homelessness</li> </ul>	<p><b>Estimated Number of Clients Served:</b></p> <p>Total Unduplicated: 617</p>			
<b>FY10-11 PROGRAM CHANGES &amp; ONE-TIME SERVICES/ACTIVITIES</b>				
<ul style="list-style-type: none"> <li>○ <b>\$296,559</b> in one-time funds to support the programs and administration of the OHHSS. These funds were redirected from the Housing Plus Fund.</li> <li>○ <b>\$265,449</b> in one-time funds to continue the HHAA program.</li> <li>○ <b>\$71,000</b> in one-time funds to provide transitional housing to South County families participating in the Family Wellness Court</li> <li>○ <b>\$42,042</b> in one-time funds to cover the matching requirements of a HUD-funded permanent supportive housing program.</li> </ul>				

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**HOUSING OPTIONS INITIATIVE**

CRITICAL CONCERNS	STRATEGIES / GOALS	
<p>(Listed as part of all “cross-cutting” initiatives and may have to be revised based on new work plans)</p> <ul style="list-style-type: none"> <li>o <b>Inadequate housing</b></li> <li>o Benefits, employment and education</li> <li>o Health care needs</li> <li>o Family help and ethnic and cultural engagement</li> </ul>	<p>(Listed as part of all “cross-cutting” initiatives and may have to be revised based on new work plans)</p> <ul style="list-style-type: none"> <li>o Community &amp; family outreach</li> <li>o Behavioral health and primary care partnership</li> </ul>	<ul style="list-style-type: none"> <li>o Education, employment, self-sufficiency</li> <li>o Survivors of torture needs assessment</li> <li>o <b>Housing options</b></li> </ul>
KEY INITIATIVES, PROGRAMS & ACTIVITIES		
<ul style="list-style-type: none"> <li>o <b>Housing Development – Housing Plus Fund.</b> The OHHSS oversees the development of permanent affordable housing for consumers and their families who are homeless or at-risk of homelessness. Initially, these developments were made possible by the Housing Plus Fund (HPF). This fund of \$4 million (\$2 million MHSA and \$2 million matching County funds) was established as part of the County’s original CSS plan and resulted in the development of 42 units of permanent affordable housing. In FY09-10 the HPF was redirected to support direct services to homeless consumers because the County was able to access the MHSA Housing Program.</li> <li>o <b>Housing Development – the MHSA Housing Program</b> is a discrete program that is administered by the California Housing Finance Agency (CalHFA). The County’s full allocation for this program is \$19.2 million. To date, 70 units of permanent affordable housing are under development or are pending approval. Approximately 63% of the County’s allocation has been encumbered.</li> <li>o <b>Programs and Services for Consumers who are Homeless or At-Risk of Homelessness.</b> In addition to overseeing housing development, the OHHSS oversees various programs that either provide direct services to consumers or connect consumers to services through outreach and engagement. Key programs supported by CSS funds include: <ul style="list-style-type: none"> <li>▪ CBO-operated <b>FSP Program</b> for up to 40 homeless consumers.</li> <li>▪ <b>Housing First Program</b> for up to 100 chronically homeless consumers. This program is currently under developed and will leverage approximately \$1.2 million in rental subsidies from the City of San Jose.</li> <li>▪ Mental health supportive housing programs including the <b>Housing for the Homeless Addicted to Alcohol (HHAA)</b> program, which provides permanent housing, treatment and services for 42 dual diagnosed consumers.</li> <li>▪ CSS funds partially fund <b>Cold Weather and Emergency Shelter programs</b> as outreach and engagement strategies.</li> </ul> </li> </ul>		

**Santa Clara County Mental Health Department – Mental Health Services Act (MHSA)  
FY10-11 Annual Update to Community Services and Supports Plan (CSS)**

**BEHAVIORAL HEALTH & PRIMARY CARE PARTNERSHIP**

<b>CSS Work Plan HC-01</b>		<b>Ongoing MHSA Funds: \$1,365,385</b>	<b>One-Time MHSA Funds: \$0</b>
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>		<b>POPULATION TO BE SERVED</b>	
<p>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. This initiative will be coordinated with County's PEI plan (i.e. Project 4) to make strategic and far-reaching improvements towards integrated care.</p>		<p>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.</p>	
		<p><b>Focal Populations:</b></p> <ul style="list-style-type: none"> <li>o Unserved and Underserved SMI</li> </ul>	<p><b>Estimated Number of Clients Served:</b></p> <p>Total Unduplicated: 1,200</p>
<b>FY10-11 PROGRAM CHANGES &amp; ONE-TIME SERVICES/ACTIVITIES</b>			
No program changes or proposed one-time funded activities.			
<b>CRITICAL CONCERNS</b>		<b>STRATEGIES / GOALS</b>	
<p>(Listed as part of all "cross-cutting" initiatives and may have to be revised based on new work plans)</p> <ul style="list-style-type: none"> <li>o Inadequate housing</li> <li>o <b>Benefits, employment and education</b></li> <li>o <b>Health care needs</b></li> <li>o Family help and ethnic and cultural engagement</li> </ul>		<p>(Listed as part of all "cross-cutting" initiatives and may have to be revised based on new work plans)</p> <ul style="list-style-type: none"> <li>o Community &amp; family outreach</li> <li>o <b>Behavioral health and primary care partnership</b></li> <li>o Education, employment, self-sufficiency</li> <li>o Survivors of torture needs assessment</li> <li>o Housing options</li> </ul>	
<b>KEY INITIATIVES, PROGRAMS &amp; ACTIVITIES</b>			
<p><b>Mental Health Specialty Assessment Center (MHSAC).</b> The initiative calls for continuous improvement and planning, and it has resulted in a critical new service – MHSAC. This program is a collaboration between MHD 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 SSI 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.</p>			

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

**BEHAVIORAL HEALTH LEARNING PARTNERSHIP**

CSS Work Plan LP-01	Ongoing MHSA Funds: \$1,927,869	One-Time MHSA Funds: \$100,000				
<b>WORK PLAN DESCRIPTION &amp; PROGRESS</b>	<b>POPULATION TO BE SERVED</b>					
<p>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.</p> <p>This work plan is transforming the system through two key strategies: 1) expansion of involvement from consumers and family members of underserved ethnic and cultural populations; and, 2) expansion of the MHD’s ability to collect and analyze service data. This work plan was originally launched with one-time funds; however, as these strategies have become integral to MHD operations, ongoing resources have been redirected.</p>	<p>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.</p> <table border="1" data-bbox="905 743 1974 1031"> <thead> <tr> <th data-bbox="905 743 1478 787"><u>Focal Populations:</u></th> <th data-bbox="1478 743 1974 787"><u>Estimated Number of Clients Served:</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="905 787 1478 1031"> <ul style="list-style-type: none"> <li>○ Unserved and Underserved SMI</li> </ul> </td> <td data-bbox="1478 787 1974 1031">                     Total Unduplicated: 800                 </td> </tr> </tbody> </table>		<u>Focal Populations:</u>	<u>Estimated Number of Clients Served:</u>	<ul style="list-style-type: none"> <li>○ Unserved and Underserved SMI</li> </ul>	Total Unduplicated: 800
<u>Focal Populations:</u>	<u>Estimated Number of Clients Served:</u>					
<ul style="list-style-type: none"> <li>○ Unserved and Underserved SMI</li> </ul>	Total Unduplicated: 800					
<b>FY10-11 PROGRAM CHANGES &amp; ONE-TIME SERVICES/ACTIVITIES</b>						
<ul style="list-style-type: none"> <li>○ <b>\$100,000</b> in one-time funds are used to support two post doctoral clinical psychologists to assist patients transition from Barbara Aarons Pavilion and Acute Psychiatric Services. The funding of these positions is part of MHD's partnership with the Pacific Graduate School of Psychology and a statewide WET initiative to increase the number of clinical psychologists (and Social Workers, Marriage and Family Therapists and Psychiatric Mental Health Nurse Practitioners) in the public mental health system. This program will discontinue after FY10-11.</li> <li>○ <b>ECCAC Support</b> – While the one-time funds for ECCAC CSS services decreased, the MHD increased staffing to support their operations and expansion into PEI services.</li> <li>○ <b>Decision Support.</b> The additional increase in ongoing funds to this work plan reflects the MHD’s consolidation of all data collection and analysis functions under one initiative.</li> </ul>						

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

**BEHAVIORAL HEALTH LEARNING PARTNERSHIP**

CRITICAL CONCERNS	STRATEGIES / GOALS	
<p>(Listed as part of all “cross-cutting” initiatives and may have to be revised based on new work plans)</p> <ul style="list-style-type: none"> <li>○ Inadequate housing</li> <li>○ Benefits, employment and education</li> <li>○ Health care needs</li> <li>○ Family help and ethnic and cultural engagement</li> </ul>	<p>(Listed as part of all “cross-cutting” initiatives and may have to be revised based on new work plans)</p> <ul style="list-style-type: none"> <li>○ Housing options</li> <li>○ <b>Community &amp; family outreach</b></li> <li>○ Behavioral and primary care partnership</li> </ul>	<ul style="list-style-type: none"> <li>○ Education, employment, self-sufficiency</li> <li>○ Survivors of torture needs assessment</li> </ul>
KEY INITIATIVES, PROGRAMS & ACTIVITIES		
<ul style="list-style-type: none"> <li>○ <b>Ethnic and Cultural Community Advisory Committees.</b> This 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.</li> <li>○ <b>Decision Support Team.</b> MHSA funds are being used to expand 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.</li> <li>○ <b>Learning Partnership Division.</b> Operationally, this work plan has resulted in the creation of a new division that includes continuous learning, cultural competency, and decision support. A Learning Partnership Steering Committee has been established to advise the efforts of the Learning Partnership over the next several years. The Division also oversees efforts to improve external communications including improved utilization of electronic media and websites.</li> </ul>		