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September 26, 2007

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Attn: Eddie Gabriel

Enclosed is the Mental Health Services Act (MHSA) 2007 Community Services and Supports (CSS) Implementation Progress Report for the County of San Diego.

A draft of this report was provided for public comment beginning August 20, 2008 through September 19, 2007. A copy of the Public Comment Form is enclosed, although comments were not restricted to use of this form. Public input was received via internet/e-mail, telephone, as well as through a number of public meetings staffed by County Mental Health. An advertised Public Forum was also held on September 4, 2007, during the regularly scheduled Mental Health Board meeting for the County of San Diego.

Sincerely,

PHILIP A. HANGER, PHD
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Mental Health Services

Enclosures (4)

Introduction and Overview

This report from the County of San Diego Health and Human Services Agency (HHSA), Mental Health Services (SDMHS) addresses the substantial Mental Health Services Act (MHSA) Community Services and Supports (CSS) implementation progress made during the 2007 calendar year. During that time, CSS services and supports have enhanced mental health services for children/youth with serious emotional disturbances and their families, and for transition age youth, adults, and older adults with serious mental illness.

Implementation activities are generally proceeding as described in the County's approved plan, plan amendment and subsequently adopted MHSA Agreement. As of 12/31/07, the 96% of programs identified in the initial CSS Plan had begun to provide services. The remaining 4% of programs made progress toward implementation by obtaining Board of Supervisors' approval, selecting service providers and negotiating contracts. Among those programs not implemented by December 2007 is the North County Walk-In Assessment Center for Adults, and the implementation of technology projects such as telepsychiatry. In addition, on 9/17/07 the County was approved for additional CSS services as outlined in the CSS Amendment dated 3/29/07. As of 12/31/07, 93% of programs identified in the amended CSS Plan had begun to provide services. The remaining 7% of programs made progress toward implementation by obtaining Board of Supervisors' approval, selecting service providers and negotiating contracts.

MHSA CSS services are anchored in community collaboration, cultural competence, client/family-directed services, and in the principles of rehabilitation, recovery, resilience and strength-based services. As implementation progresses, many transformational activities have taken place. Examples include:

1) **Greater Client and Family Participation**, as evidenced by the Child and Adult Consumer/Family Liaison programs and hiring of consumers and Parent Partners.
2) **Serving More Clients**, by implementing new programs and expanding capacity and eligibility in existing services.
3) **Improving Outcomes.** Programs are collecting baseline data to measure outcomes, many beyond that required by MHSA, such as the extensive behavioral measures gathered by the child and adolescent programs.
4) **Decreasing Stigmatization.** Programs empower consumers by hiring them as program staff and requiring advisory boards consisting of consumers.
5) **Minimizing Barriers**, by providing more mobile outreach services and locating services in the areas with the highest level of need, identified by using GIS mapping.
6) **Planning and Use of Data**, by utilizing research and evaluation consultants to prioritize service delivery and target the greatest areas of need.
7) **Increasing Prevention** by serving the 0-5 population as well as increasing outreach.
8) **Including Primary Care in the Continuum of Care**, as evidenced by the Mental Health/Primary Care integration programs.
9) **Use of Proven, Innovative, Values-Driven and Evidence-Based Programs.** New CSS programs are utilizing evidence-based models such as Incredible Years, Assertive Community Treatment, and Promotores Model of outreach

This Progress Report will be available for Public Comment from August 7, 2008-September 6, 2008. Extensive efforts will be made to ensure that the Report is widely distributed throughout the County, via electronic distribution and web based posting to our network of stakeholder and consumer communities. Progress in implementing the San Diego County Community Services and Supports (CSS) Plan has been ongoing during the period covered by this report. Significant progress has been achieved. With the support of clients, family members, and other community stakeholders, efforts to move forward towards transformation shall continue as services are provided.

A. Program/Services Implementation

1) The County is to briefly report by Work Plan on how implementation of the approved program/services is proceeding. The suggested length for the response for this section is no more than half a page per Work Plan.

WORKPLANS SERVING CHILDREN, YOUTH AND THEIR FAMILIES:

CY-1: School and Home Based Outpatient Services for Uninsured Children/Youth with Serious Emotional Disturbance (SED)

This countywide program currently provides school-based mental health services to Medi-Cal eligible children and youth (to age 19) and their families through community based contract providers. With MHSA, school based mental health services have been expanded to serve the unserved, unfunded children and youth who would otherwise not have access to mental health care. Services are provided during the school year on designated school sites during school hours with family services and services after school hours or during school breaks offered in the home or office based locations. Service providers work closely with school personnel to engage and support SED youth and their families in defining their vision and purpose which then can be translated into strength-based goals. This program began to provide services in May 2006 following approval of the CSS Addendum. Highlights include:

- Ready access to kids because services are at school sites, mitigating transportation issues.
- Referral process for schools is simple and well established, thereby promoting access to care.
- Target areas of need countywide.
- Many of the schools have high percentage of Latino children and youth, a priority population as identified in our MHSA Gap Analysis.
- Frequently families are Medi-Cal eligible and referral by programs for Medi-Cal has increased. For these identified individuals, services are then delivered through EPSDT (Early Periodic Screening, Diagnosis and Treatment).
- Challenges:
    - Fewer parents are willing to participate in treatment when services are school based.
    - Home visits are offered but parents often decline.
    - Increased outreach needed to families – is planned to be addressed through CSS enhancement with addition of case manager/rehabilitative worker to each school based program.
    - Many unfunded children are undocumented and unable to access non-emergency services. Where possible, clients are directed towards other providers by referral.
    - Parents may be undocumented and reluctant to access services for their children who are citizens. Where possible, clients are directed towards other providers by referral.

CY-2.1: Family and Youth Information/Education Program

The Mental Health Systems, Inc. Caring Helpers program is an extensive training program designed to help underserved youth who have previously been involved in the Juvenile Justice or Mental Health systems in San Diego County. These selected young people are educated in child and youth development and leadership skills. They learn to mentor and advocate for youth and are encouraged to continue with their education and to become leaders in their communities. The program engages in special outreach to Latino and Asian/Pacific Islanders who have been identified as an unserved or underserved population within San Diego County. The Caring Helpers Program provides monthly educational forums throughout San Diego County to help demystify and de-stigmatize mental health for youth and their families. In addition, Caring Helpers is providing Family Support Basics training for adult Latino and Asian Pacific Islanders so that they can help other families in their communities.

CY-2.2: Family/Youth Peer Support Services
San Diego Youth and Community Services Family/Youth Peer Support (FYPS) Program assists seriously emotionally disturbed children/youth and their families who are currently receiving mental health treatment and are in need of additional support and linkage to other services and community resources. This program was a full-service partnership during calendar year 2007 with priority access given to qualifying children and youth up to age 18 that are receiving services from the Counseling Cove program.

This program's secondary priority population includes children/youth and their families who are receiving services in the Children's System of Care. If additional capacity is available, this program shall serve clients currently receiving other Wraparound services but still in need of additional support. Services will be provided to clients in both home and clinic settings, whichever is preferred by the client. Family/Youth Support Partners will coordinate all services with the treating clinician. Collaborative partners on the project include the San Diego Center for Children who hired 2 staff to provide direct services, and the Roundtable who will provide training and technical support. Family/Youth Support Partners continue to participate in the Roundtable of San Diego County certification program by attending bi-weekly group consultation and monthly trainings.

CY- 3: Cultural/Language Specific Mental Health Services for Latino and Asian/Pacific Islanders
The Community Research Foundation Cultural Access and Resource Enhancement (CARE) program provides culturally competent mental health services targeted to Latino and Asian/Pacific Islander children, youth and their families. Services "do whatever it takes" to assist clients in meeting their mental health goals, utilizing a comprehensive approach that is community based, client- and family-focused and culturally competent. For a variety of reasons these children and youth have been underrepresented in the mental health system; eligible clients that are enrolled in this Full Service Partnership (FSP) program receive comprehensive services that address a wide range of client and family needs. FSP services include case management and provide intensive services and supports as needed and strong connections with culture-specific community organizations. Services are strength based, focus on resilience and recovery, and encompass mental health education, outreach, and a range of mental health services as required by the needs of the target population. This program began to provide services in July 2006, as outlined in the CSS Addendum.

- Services are provided by culturally and linguistically competent providers with focused outreach to Latinos, Vietnamese, Filipino and other Asian ethnicities.
- Program has recruited staff and publicized services in API and Latino specific journals and newspapers.
- Program staff have conducted extensive outreach to churches, schools, local ethnic specific community events, health clinics, and ethnic organizations
- Program employs family partners to conduct community outreach and outreach to families. Family partners speak various languages of the target population.
- Challenges:
  - It has taken time to establish the program in the community, but extensive outreach has helped to mitigate this challenge.
  - Some families that are uninsured have declined services because they refuse to pay the minimal UMDAP fee. Program has assuaged this issue by providing therapeutic adjustments when appropriate, but some families refuse to pay any amount.
  - Hiring a Vietnamese speaking clinician had been a challenge prior to December 2006, but one was recently hired and will begin work in April.

CY-4.2: Mobile Psychiatric Emergency Response/Children's Walk-In Assessment Center, North County
The Rady Children's Hospital Behavioral Crisis Center (RCHBCC) is comprised of 2 mental health programs serving children and adolescents residing in the North County regions. Programs target those families who are indigent or who have Medi-Cal. The fundamental intent of the programs is to

provide ready access to short-term mental health treatment for families with urgent need. RCHBCC operates a Walk-In clinic offering same-day service. In addition, for those clients unable to travel to the Walk-In clinic, a Mobile Assessment Team (MAT) responds to clients in the community: i.e. at homes, schools or other community locales. Both services operate between the hours of 12 pm and 8 pm, Monday through Friday. Core services available to Walk-In and MAT clients include: Diagnostic assessment, psychiatric evaluation, medication management, crisis intervention, information and referral and case management services.

CY-5.1: Medication Support for Dependents and Wards

The Vista Hill Juvenile Court Clinic is designed as a Transitional (up to 90 days) Stabilization program offering Assessment and Evaluation for clients in need of Psychotropic Medication. The primary population is youth referred by the Juvenile Court, Probation and Child Welfare Services. Psychosocial Assessment, Medication Evaluation, Prescriptions, Monitoring and Follow Up are key elements. Supportive counseling, facilitation and referral to longer term medical and psychosocial programs as well as feedback and collaboration to referring agents are additional service features. The Juvenile Court has made special requests for JV-220 review and 2nd opinion of psychotropic medications by our Program. This program has been able to assist the court in providing the necessary review. The program was a welcome addition to services directed at a population that was perceived as being either unable or unwilling to continue psychiatric and psychological services. The scope of services is expanding in order to provide necessary treatment for previously unserved/underserved individuals.

CY-5.2: Outpatient Court Schools and Outreach–Juvenile Court and Community Schools (JCCS)

The Community Research Foundation Mobile Adolescent Services Team (MAST) integrated and coordinated outreach and mental health services are provided to SED youth attending the community based Juvenile Court and Community Schools (JCCS). Services are expanded to serve uninsured youth county-wide and the newly expanded North Coastal and North Inland regions of San Diego County, which were not previously served due to the low prevalence of Medi-Cal eligible clients in the North JCCS classrooms. This program began to provide services in June 2006.

- JCCS youth are frequently involved in juvenile justice system; youth in juvenile justice system are an underserved population.
- Some JCCS youth are expelled from their home school district and participation in counseling is a requirement to return to the home school, thereby advancing the MHSA goal to reduce institutionalization.
- The JCCS program is in process of becoming dual diagnosis capable to deal with co-occurring disorders, which provides integrated service experiences for clients and families.
- Program is implementing the “Cognitive Behavioral Treatment” evidence-based practice model.
- Challenges:
    - JCCS youth drop in and out of school and move around frequently; therefore a short term focus is utilized for treatment. Youth are hard to follow since they will often just no longer show up at school.

CY-5.3: Homeless/Runaway Mental Health Services

The San Diego Youth and Community Services Counseling Cove program utilizes a team-based approach to “do whatever it takes” to support homeless and runaway children and youth in attaining mental health services. Program staff provide Assertive Outreach and strong connections with community resources. Intensive mental health services, case management and psychiatric services including medication management are provided to homeless and runaway children/youth with SED (Serious Emotional Disturbance) utilizing a comprehensive approach that is community-based, client and family driven, and culturally competent. Services are strength-based, focus on resilience and recovery, and encompass outreach and a range of mental health services as required by the needs of the target population. This program began to provide services in July 2006.

- Program located near a Metro area homeless youth shelter. Proximity results in immediate access to youth.
- Program staffing includes an outreach worker who works directly on the streets to engage homeless youth; clinical staff participate in Assertive Outreach.
- Program has done extensive outreach to community providers that work with homeless youth.
- Program is connected to network that works with juvenile offenders that are chronic runaways and involved in prostitution.
- Program has implemented an Assertive Outreach model which is considered a best practice in work with homeless youth; program is implementing other brief interventions such as Eye Movement Desensitization and Reprocessing (EMDR) to address trauma issues present with homeless youth.
- Program is in process of becoming dual diagnosis capable to deal with co-occurring disorders, a major issue for this population.
- Conducting outreach to the school for homeless youth in METRO area and the school attendance review board (SARB) to access homeless youth who are “couch surfing” (a term to describe homeless individuals who move from temporary residence to residence) rather than living on the streets.
- About one third of the contacts are with transitional age youth; subsequently, program staff is able to promote access to new TAY programs as well as provide crisis intervention to TAY youth.
- Program employs flexible funds for outreach and to meet treatment plan objectives.
- Challenges:
  - Communication between agencies providing the array of services necessary to implement Full Service Partnership is difficult to implement and coordinate, but is improving.
  - In order to engage youth in treatment services, persistence and strong outreach efforts are required.
  - Homeless youth move around frequently and may go in and out of treatment, making this population more difficult to retain in services.
  - Attaining access to youth that are “couch surfing” makes this population more difficult to identify and requires different outreach strategies.

CY-6: Early Childhood Mental Health Services

The Palomar Family Counseling Services ChildNet program provides mental health services to children ages 0-5 and their families/caregivers, using the Incredible Years evidence-based model. Individualized, culturally competent, and strength-based assessment and treatment are provided to increase the resilience of the child and caretaker. Families are actively involved in the development of the treatment plan. Dual diagnosis services are provided using the Comprehensive, Continuous, Integrated System of Care (CCISC) model including screening, assessment and referral and a wellness, strength-based and resilience focus. This program began providing services in August 2006.

- Targets 0 – 5 preschoolers and their parents, an under-served population in San Diego County.
- Program targets children in preschools in low income areas of North County that are predominantly Latino. Services are provided at preschools, in home and/or other community settings.
- Program employs Promotora model to conduct outreach to the community and families. Outreach to parents also occurs through the preschool teachers and when parents pick up their children each day.
- Services can be provided in Spanish for monolingual Spanish speaking families.
- Program implements Incredible Years, an evidence based practice model for young children and families.

- Challenges:
  - Home visits: Families generally have history with Child Welfare Services, substance abuse and legal problems. These conditions may contribute to reluctance on the part of the some parents to allow the provider to come to their home. Mitigation occurs by establishing rapport with the parents at the preschool sites before home visits are approached.
  - Parent groups: Families are low income and have difficulty participating in parent groups due to work hours. Program provides child care and flexible times for groups to occur in order to engage parent participation, but this remains a challenging issue.

CY-7: Wraparound Services- Collaboration with Child Welfare Services
The Fred Finch Youth Center wraparound program is a new full service partnership (FSP) serving children and youth in the child welfare system. The program is designed to assist in moving children and youth who are dependents or wards of the juvenile court from out of home placement back to their biological family, home-like setting or other defined targeted return environment. The program utilizes a clinically-focused wraparound approach in conjunction with youth and family support partners in order to develop and implement a wraparound process for families and youth with the ultimate goal of moving the families towards self sufficiency and ultimately out of the child welfare system. For youth with no viable targeted return environment, the program will employ a "family finding" approach to help determine an appropriate family based environment for the youth. The program is budgeted to serve 175 cases annually when fully developed. The program is being consistently utilized by Child Welfare Services with a steady flow of referrals. The program has been successful in leveraging a variety of funding sources.

CY-8: Placement Stabilization Services
The Fred Finch Youth Center Comprehensive Assessment & Stabilization Services Program (CASS) provides an average of six to twelve weeks of crisis stabilization services to foster youth/families. These services include brief individual and family treatment, crisis intervention, case management, psycho-educational training, psycho-social and psychological assessment, strengths and needs assessment and medication monitoring. CASS works with the existing system of care sharing resources and focusing on strengthening caregivers in the home. Upon stabilization, youth and families are referred to pre-existing programs for longer-term needs. Services are provided Monday through Friday with on-call rotation for after hours and emergency coverage. Clinicians share space in regional county offices to facilitate working with county staff and to reduce both response and travel time. San Diego County social workers refer cases; CASS has been a welcome addition for both Child Welfare Services Social Workers and their clients. CASS has enhanced the direct service provided to foster homes and small group homes with children at imminent risk of failure. Data collected regarding the effectiveness of the program is insufficient to statistically support the program's success; however, the response from families, professional peers and Child Welfare Services staff indicate that the program's responsiveness and professionalism has a positive effect with the clients served.

WORKPLANS SERVING TRANSITION AGE YOUTH (TAY):

TAY-1: Integrated Services and Supportive Housing
The Providence Community Services Catalyst program using an Assertive Community Treatment (ACT) model serves primarily foster youth who are homeless or at risk of becoming homeless. The program began to provide services in September 2006 and currently has 147 enrolled in the program. This program continues to have very successful linkage to foster care programs and in working with staff to transition from Children's Mental Health programs and by visiting identified youth in their homes, programs, schools, hospitals, Juvenile Hall or other community sites. Many TAY have been screened and offered services but often further engagement is needed. Successful service and linkage to enrolled clients involves being very flexible, providing transportation for the youth or going to TAY directly (i.e. on the streets).

Challenges:

- Some youth are reluctant to be enrolled in a mental health program, feeling freedom is limited by staff oversight.
- Tendency of population to be transient and change their goals frequently, which may or may not relate to their diagnosis.
- Frequently changing living arrangements.

TAY-2: Clubhouse and Peer Support Services

The Providence Community Services Oasis Clubhouse provides social rehabilitation, skill development, and vocational services to the seriously mentally ill aged 16 to 25. This program began providing services in September 2006 and now has 285 registered members. Members participate in a Clubhouse setting which focuses on individual strengths, talents, abilities and interests. All activities are client directed with weekly meetings identifying groups and activities that are of interest to the members. The focus is to improve the quality of life for the members by assisting them to assume responsibility over their lives and to function as actively and independently as possible. The Oasis Clubhouse provides mental health services, independent living skills training, educational assistance, job skills development and placement, peer mentoring, social and recreational activities and transportation assistance. Several peers have been hired as leaders for groups and activities and to support the vocational services offered in the clubhouse.

Formal outcome data has yet to be collected, but some initial data indicates that the majority of The Oasis Clubhouse's members are:

- Experiencing greater success with independent living and normative employment, and earning more income from competitive employment.
- Experiencing more positive social relationships and greater satisfaction with life.
- Reporting fewer symptoms of mental illness.
- A primary challenge for the new TAY program has been identifying a consistent core group of transition age youth to provide legitimacy of the program to their peers in a very transient age group.

TAY-3: Dual Diagnosis Residential Treatment Program

During our Community Planning Process for MHSA, many requests for a residential facility serving Transitional Age Youth were made. With the data we collected on the large dually diagnosed population it was recommended that this program serve those with both a mental health and a substance abuse diagnosis, many also are former foster youth. The Alpine Special Treatment Center program opened in August 2007 and began serving 12 TAY in a voluntary program. They have now 'graduated' 7 youth who are linked with our TAY ACT team program (except for 2 who left the area due to family or relationship links.)

This program has a thoroughly integrated bio-psychosocial rehabilitation and recovery treatment approach with co-occurring services imbedded in their day to day program.

The services are designed to improve mental health and quality of life and to strongly support recovery for individuals with serious mental illness including those who also have co-occurring disorders. The program is serving youth at risk of homelessness or hospitalization. A strong program component is consumer input and weekly community meetings that address resident suggestions and ideas to improve services. A peer specialist position has been utilized to help engage TAY who are unenthusiastic about participation in services. TAY are also connected to the TAY Clubhouse for social, vocational and recreational activities. Many youth are connected with employment to provide them with the opportunity to experience and learn from having a job, usually for the first time.

Challenges:

- These youth tend to be extremely hard to engage, taking weeks to connect to the program at times.
- In some cases, relationships create a desire to leave program prior to obtaining the full benefit of services. 5 youth have left prior to program 'completion' and were offered the option to return (prior to age 25).

- Many have no family support and are linked to TAY ACT team for follow up when leaving program for housing and mental health/substance abuse services.

TAY-4: Enhanced Outpatient Mental Health Services
The Transition Age Youth (TAY) outpatient enhancement program provides services in a variety of clinics in the County that integrate mental health and a full array of Bio Psycho Social Rehabilitation (BPSR) and recovery services, designed to improve mental health and quality of life and to strongly support recovery for individuals with serious mental illness including those who may also have co-occurring disorders. Services began in October 2006. These programs are currently serving 376 TAY; this number is a moving target as the TAY population is very transient. Our programs report that TAY typically relocate their services and residence often as their lifestyles, relationships and life plan change regularly, which may be related to their age as much as their mental health diagnosis.

MHSA funding has allowed for enhanced care, as there are more bilingual/bicultural staff to provide services to the diverse consumers, including mobile services. These services have shown good results in reaching youth who might otherwise not continue in their treatment when they were transitioned to adult programs. One way that we have reached these youth is to hire peer staff who offer support and education on the value of treatment. Program staff have increased outreach in the Community to increase access to mental health services. TAY programs are reporting good outreach efforts to link schools, National Alliance for the Mentally Ill, San Diego County Access and Crisis Line, Planned Parenthood, social services programs, and faith based organizations. One barrier was finding clinicians bilingual in Tagalog/English to target underserved Filipinos; a bilingual lead clinician was hired.

WORKPLANS SERVING ADULTS:

A-1: Homeless Integrated Services and Supported Housing
Together, the Community Research Foundation (CRF) IMPACT and Mental Health Systems, Inc. (MHS) North Star Programs provide Full Service Partnership services with an Assertive community treatment (ACT) team-based approach to service delivery. The ACT teams provide comprehensive, individualized services in an integrated, continuous manner in collaboration with consumers. Typical services include, but are not limited to, psychiatric assessment, medication management, individual therapy, substance abuse treatment, co-occurring disorders treatment, supported housing, basic needs, family involvement, supported employment and legal assistance. ACT is for individuals who have very serious symptoms of severe mental illness and major difficulties with successful community functioning (e.g., problems with basic daily activities such as keeping themselves safe, caring for their basic physical needs or maintaining a safe and affordable place to live). People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive services. This ACT model program provides comprehensive individualized, integrated and culturally competent services to persons who have very serious mental illness, major barriers to successful community functioning, and are homeless or at serious risk of homelessness. These supports include rehabilitation and recovery services, utilizing ACT Team services that incorporate a "whatever it takes" approach to providing services.

As of December 2007, CRF IMPACT (which serves adults living in Central and North Central Region) was serving 198 clients (of the expected 224) and actively screening more, with the expectation that it would reach full caseload by February 2008; it had previously been at full caseload, but had discharged some clients and focused efforts on engaging persons who had also been recently institutionalized. As of December 2007, MHS, Inc, North Star (which serves adults living in North County) was serving 81 clients (of the expected 100) and had not yet reached expected caseload due to difficulties in identifying persons in San Diego's North County who meet program criteria; it also had a lower number of staffing than expected due to difficulties in finding qualified staff. North Star continues its efforts to hire staff and is steadily building caseload; it is expected to be at full caseload by July 2008.

A-2: Justice Integrated Services and Supportive Housing
The Mental Health Systems, Inc. (MHS) Center Star integrated services and supports FSP program also follows the Assertive Community Treatment (ACT) model. The ACT team provides comprehensive, individualized services in an integrated, continuous manner in collaboration with consumers. Typical services include, but are not limited to, psychiatric assessment, medication management, individual therapy, substance abuse treatment, co-occurring disorders treatment, supported housing, basic needs, family involvement, supported employment, and legal assistance. This ACT model program provides comprehensive individualized, integrated and culturally competent services to persons who have very serious mental illness, major barriers to successful community functioning, and recent involvement with the justice system. Supports include rehabilitation and recovery services, utilizing ACT Team services that incorporate a "whatever it takes" approach to providing services.

Program staff work closely with the jails and County Probation Office to identify potential clients, and does extensive outreach to potential clients in jail for community re-entry planning purposes. As of December 2007, it had only 72 clients (of the expected 111), and had recently discharged a number of people who decided not to continue participating in the program. Due to the higher than expected turnover among clients (primary reported reason is people changing their minds about working with the program after they leave jail), the program is actively working to increase census and reach the caseload by July 2008.

A-3: Client-Operated Peer Support Services
The Client-Operated Peer Support Services program, run by Recovery Innovations of California, began in February 2007 and provides peer education, peer advocacy, peer support and assistance to people in identifying any hopes or dreams they wish to achieve. The program refers to other services and support agencies as needed through the person's planning process and identification of hopes, dreams, and needs. All services are provided through a biopsychosocial rehabilitation (BPSR) focus. Program staff provide support and offer planning and have focused most of their efforts thus far on establishing Wellness Recovery Action Planning (WRAP) classes throughout the County. They teach WRAP, WELL, and will be utilizing Medications for Success training in the near future. They meet with people individually to support and offer planning and referral to meet identified goals, and are planning a large systemwide 'Wellness and Recovery Summit' to occur in the spring to promote the voice of consumers and recovery. As of December 2007 they had served 613 people and are on track to meet the full expectation of serving 1400 people within the fiscal year.

A-4: Family Education Services
The National Alliance for the Mentally Ill (NAMI)-San Diego Family Education Services provides family-driven countywide family education regarding major mental illness, stigma reduction and resources to improve access to care, using NAMI's 'Family to Family' curriculum. MHSA funding of this program began in November 2006 and has focused on special outreach efforts to Latino, Vietnamese, African-American and Chaldean communities. Translation of NAMI's 'Family to Family' curriculum is being done in Vietnamese and Arabic. Program staff are conducting outreach, establishing rapport and providing information and referrals to clients. As of December 2007, this program is on track to reach its annual goal of providing at least 20 Family to Family class series throughout San Diego County, resulting in at least 240 people completing the training. English and Spanish classes are currently being provided, and it is expected that Vietnamese and Arabic classes will be piloted before July 2008.

A-5: Clubhouse Enhance and Expand with Employment
The clubhouse enhancement provides vocational, educational and social support for adults with psychiatric disabilities. The program, which consists of multiple contracts to provide services county-wide, was scheduled to begin in April 2006 and began to provide services by October 2006. The

employment component includes an employment specialist and a job developer to assist MHSA clients to establish goals and obtain employment or volunteer opportunities. The job developer is working with the program director to establish transitional employment positions in the community which will provide additional opportunities to our members. The program has worked to provide equal opportunity and currently has a diverse vocational team which includes disabled and racial/ethnic representation. As an example, one job developer is bilingual in Spanish and English and is able to interact and converse with both English speaking hiring professionals as well as Spanish dominant individuals who own businesses in the community.

Linkage to programs and agencies that provide services to psychiatrically disabled homeless individuals and to those who have been incarcerated is provided. A comprehensive approach to cultural outreach is provided through presentation both to, and by, various racial/ethnic organizations specifically targeting African American, Native American and Latino populations. Educational presentations are offered, addressing issues from housing and mental health services to financial and health support. A comprehensive referral component has been developed to receive referrals and refer members for resources.

Highlights from the clubhouse enhancement include:

- Significant employment, education and vocational support and the development of education and employment centers has been offered, resulting in many success stories as members achieve their goals of obtaining and maintaining employment.
    - Consumers receiving WRAP training have been hired as peer facilitators.
    - Members have completed certificates in gemology, landscape architecture and been successful in attaining employment.
    - In one program, nearly 90% of clients have established either a vocational, educational or social goal, 8% have become competitively employed, and 5% have begun community based educational activities.
    - One clubhouse has hired a kitchen manager position, who will teach members the skills required to work in a kitchen (for either a restaurant or a small business).
    - Members have been hired as Job Coaches, providing meaningful work experience and career advancement.
- Facilities have been made more welcoming, creating brighter and safer environments. Much needed resources are now available for the Clubhouses (including exercise machines/equipment, kitchen appliances, musical instruments, and computers, etc.) As a result, there has been marked increase of members' participation in wellness activities including cooking and fitness exercises.
- More recovery oriented activities and services have become available for consumers through existing and newly formed programs. These include client forums, conferences, cultural competency and career development trainings, self help type groups and training such as WRAP, WELL and Medication for Success.
- The enhancement of services and the availability of more resources has fostered consumer empowerment and increased collaboration between service providers.
- An increase in the number of consumer staff has resulted in more intensive individualized peer support and case management services, SSI Advocacy services, information, referral and advocacy services (including Homeless Court.)
- Additional staffing has facilitated approximately 50% of the members who were homeless in finding homes and accessing mental health services, improving members' physical and mental health and achieved many of their identified goals.
- Members who once reported not having friends or anywhere to go are now forming meaningful connections with others. Some members have reported or have been assisted with reconciling with family members from whom they were previously estranged due to their illness, shame, homelessness or rejection.

A-6: Supported Employment Services

The Mental Health Systems, Inc. (MHS) Employment Solutions program provides specific employment, educational and vocational training opportunities and has assisted persons with serious mental illness to obtain employment since October 2006. As of December 2007, 26 persons had been helped to become competitively employed for at least 30 days since July 1, 2007, and the program expects to help at least 70 people to become competitively employed for at least 30 days by July 2008.

MHS, Inc. Employment Solutions provides opportunities to help adults with serious mental illness obtain competitive employment utilizing a comprehensive approach that is community-based, client- and family-driven, and culturally competent. This program utilizes SAMHSA's Supported Employment Evidence-Based Practice. It provides supported employment services with a rehabilitation focus to adults who meet eligibility criteria, utilizing biopsychosocial rehabilitation principles and working in accordance with County Mental Health Services policy in the areas of dual diagnosis/co-occurring disorders, youth transition, older adults and cultural competence.

A-8: Enhanced Outpatient Mental Health Services

Enhanced outpatient mental health services are provided throughout the six Health and Human Services Agency (HHSA) regions of San Diego County. The program, which consists of multiple contracts to provide services county-wide began to provide services by October 2006.

Focused services for adult Latinos and individuals with co-occurring substance use disorders are provided. Services include group and individual rehabilitation, case management, medication management, crisis intervention, community linkages to facilitate clients' educational, vocational, and residential goals, and a Semi-Supervised Living Program (SSLP).

The enhancement of outpatient services has allowed for changes such as extensive outreach in the community to increase access to mental health services and hiring more bilingual/bicultural staff. Clients have expressed positive feedback regarding services offered in their “language of choice.” The Adult Latino program provides enhanced services including culturally specific groups, individual counseling, case management, and crisis services. Another effort to address the disparity in access to mental health services is the design and implementation of mobile Bio-Psychosocial Rehabilitation (BPSR) services. Enabling BPSR Specialists to initiate assessments and engage clients in the community has provided a valuable tool for connecting clients to the centers.

The Adult Latino Program is on target with its implementation and program goals. The Adult Latino coordinator, as well as core staff, have established relationships for employment opportunities with more than 25 businesses/employment centers. As part of the vocational focus, employment goals, progress, placement, linkages and supports are tracked through care coordination and case management.
Other program highlights include:

- Hiring a bilingual (Spanish-English) psychiatrist.
- Development of additional materials, translated into Spanish.
- Addition of a “Culture Counts” focus group and a monolingual Spanish speaking group (with emphasis on Co-Occurring Disorders).
- Individual counseling, case management, and crisis intervention services provided in Spanish.
- Outreach and linkage provided through churches, schools, downtown medical facilities, Latino Health fair, and Chicano Clinic.

The Adult Asian/Pacific Islander program focuses on 3 primary ethnic groups, based on San Diego County census data: (1) Filipino, (2) Vietnamese and (3) Chinese. While the Filipino ethnic group is the largest Asian subpopulation in San Diego, and a large percentage of Filipinos are English-speaking, many are covered by private insurance. The Vietnamese are the largest group served,

most of whom are Medi-Cal eligible but there is an indigent subgroup. A Vietnamese therapist and psychiatrist were hired to meet the referral needs from the Vietnamese community. Outreach is performed within the Vietnamese, Hmong, Laotian, Filipino, Korean and Chinese communities as well as the chronically mentally ill and homeless populations.

Challenges:

- To hire staff to comprehensively meet the language needs of all clients served, including Cambodian and Laotian. There is a need for bilingual/bicultural staff in all program areas, both therapeutic and administrative/clerical.

A-9: Chaldean/Middle Eastern Outpatient Services
The Chaldean Middle Eastern Center program was designed to provide culturally appropriate, bilingual Arabic outpatient mental health services for the large unserved and underserved Middle Eastern population in the eastern region of San Diego County.

This clinic is providing mental health and case management services, medication management and education/outreach to the community on the value of mental health treatment. During our Community Program Planning Process many requests came forward regarding the needs of this community and the reluctance to obtain services due to shame and stigma, including the lack of bilingual/bicultural mental health staff. Community input emphasized the need for services in the East Region, where approximately 50,000 residents were identified as being immigrants from Middle Eastern countries. That number has now grown dramatically with a surge in recent immigrants from Iraq and their desire to relocate with families in this area. El Cajon, a suburb of San Diego, currently is the second largest Iraqi population in the US.

The clinic has provided training to mental health providers and other health services workers in their efforts to address the complex needs of these immigrant families. After hiring staff who are bilingual/bicultural, obtaining and preparing an office site the program opened doors for an Open House on January 11, 2008. Community leaders and elected officials have been extremely supportive as the needs of these individuals are great as they assimilate.

A-10: Patient Advocacy Services for Board and Care Facilities
The University of San Diego Patient Advocacy Services program provides advocacy services for mental health clients receiving inpatient and residential mental health services. The MHSA program expansion includes providing support and advocacy services for mental health clients residing in Board and Care facilities with Augmented Service Programs (ASPs) and expanded tasks for the County-appointed Patient Advocate.
The MHSA program expansion includes the following service components:

- On-going routine training on patient rights to staff and residents at mental health inpatient and residential facilities, up to a maximum of 15 trainings annually.
- Assistance in the review and designation of LPS facilities and participation in 3 LPS Site Reviews annually.
- Additional monitoring of facilities, services, and programs for rights compliance.
- Data Collection and Summary Reports that compile monthly visits to ASP Board and Care facilities, noting client concerns, timeframes and resolutions.

WORKPLANS SERVING OLDER ADULTS:

OA-1: Full Service Partnership (FSP) utilizing a Modified Assertive Community Treatment (MACT) model for older adults

After much delay and due to difficulties securing a contractor for the MHSA funded older adult mental health services, Heritage Clinic of Pasadena began providing FSP services on March 1,

2007. The Heritage Clinic comes to San Diego with a long track record of providing quality mental health services in Los Angeles and Pasadena. Program highlights include the following:

- Hired and provided orientation and training for staff on geriatric mental health, documentation, cultural competency, WRAP, Intentional Care, Co-Occurring Mental Health and Substance Abuse training (CCISC – Cadre Training).
- Implemented an age appropriate modified Assertive Community Treatment model. In partnership with the UCSD Geriatric Research Center, this adaptation will be evaluated in FY 2008-2009.
- Hired Housing Coordinator, opened an Independent Living Facility and, in close coordination with County Housing lead, began the development of a continuum of supportive housing resources.
- Hired Board Certified Geriatric Psychiatrist to provide client with medication management and staff with clinical supervision. Hired Senior Peer Counselor Lead and recruited / trained paid and volunteer peer counselors.
- Purchased a vehicle to provide door-to-door transportation to clients.
- Opened and secured Medi-Cal certification for a second site in the Escondido -North San Diego County Region.
- Working in partnership with CiMH, Dartmouth University and neighboring counties in the development and implementation of the Bartels' Outcome-based Treatment Planning and Decision Support Tool-kit.
- Implemented Program Advisory Group (PAG).

Challenges:
- There is a shortage of Spanish and Vietnamese-speaking clinicians in the San Diego area. Heritage Clinic is actively working with academic institutions, professional organizations and community–based organizations on recruiting for these positions.
- Finding and securing appropriate program sites.
- More referrals than program capacity can accommodate.

County Mental Health continues to monitor closely and to ensure that the target for culturally/linguistically competent staff (51%) is maintained and is working closely with community stakeholders and with Heritage Clinic on improving timely access to Full Services Partnership services.

OA-2: Mobile Outreach at Home & Community, Senior Mobile Outreach Team (SMOT)
The Senior Mobile Outreach Team (SMOT) program is also operated by the Heritage Clinic and co-located with the FSP. Since March 2007 the program has provided education to seniors, family and service providers, provided outreach to isolated homebound seniors, crisis intervention, mental health/substance abuse screening, family/peer support, benefits eligibility, transportation, linkage and referrals to housing, employment, primary healthcare services for 844 unduplicated older adults aged 60 and older that were previously unserved or critically underserved. Of those screened, 314 were provided comprehensive integrated age appropriate geriatric assessment, short-term case management and ongoing mental health service as needed. This program maintained an average caseload of approximately 175 clients.

Positive outcomes include clients staying at home, reduction in hospitalization and delayed institutionalization. In addition, Heritage Clinic accomplished the following:

- In partnership with UCSD Research Center and UCSD Extension and in close Coordination with San Diego County Older Adult Coordinator, Heritage Clinic developed San Diego County's first Geriatric Mental Health and Evidence–based Best Practices with Older Adults Training Certificate Curricula. Training of 60 mental health, aging network and first responders is due to start in 2008.

- To build efficiencies and to avoid duplications, Heritage Clinic developed a Collaborative Partnership and signed an MOU with San Diego County, HHSA, Aging & Independence Services.
- Hired and provided orientation and training for all staff on outreach with older adults, crisis intervention, geriatric mental health, documentation, cultural competency, WRAP, Intentional Care and Co-Occurring Mental Health and Substance Abuse training (CCISC – Cadre Training).
- In close coordination with County Older Adult Coordinator, developed and implemented Senior Peer Counseling Program.
- Hired a Senior Peer Counselor Lead and recruited / trained paid and volunteer peer counselors.

Challenges:
- There is a shortage of bilingual/bi-cultural staff.
- Difficultly managing the large number of referrals, particularly for the number of homebound seniors that are not able to reach community–based services. The County is working closely with Heritage Clinic in looking to enhance and expand the existing Case Management Services and to further expand services.

WORKPLANS SERVING ALL AGES:

ALL-2: Services for Victims of Trauma and Torture

The Survivors of Torture, International program provides outpatient mental health program services to survivors of torture and trauma. At intake, each client is interviewed and assessed by a mental health professional trained in the treatment of torture survivors. Psychotherapy services are tailored to individual needs and may include crisis intervention, individual, group and/or family therapy, home visiting, and collateral interventions with other agencies and providers. The frequency of sessions, inclusion of family members, and the use of interpreters are all determined based on the needs of the individual. To accommodate a culturally diverse client population, Therapists and staff use a flexible psychotherapy format and consider clients' experiences, preferences and cultural background in planning mental health interventions. The program began in December 2006 and has been meeting contract objectives.

Referrals continue to come from the community through an established network of professionals and agencies who are familiar with the work of the agency and the unique population served and referrals also come from existing clients.

ALL-4: Interpreter Services

As MHSA services were implemented, our system experienced an increase in requests for interpretation services as individuals from diverse cultures linked to our new services. These interpretation and translation services are provided for formerly unserved and underserved populations by Interpreters Unlimited. These services are provided by 2 primary contractors who have been able to link their translators to our mental health providers when language needs are identified, including language needs identified by consumers or family members who are not comfortable speaking or understanding English.
During our Community Program Planning Process many diverse communities requested assistance linking with mental health services due to language barriers. With our additional needs in this area our interpretation contractors were asked to increase their capacity for services rapidly, which has been accomplished.

ALL-5: Psychiatric Emergency Response Services

The Community Research Foundation (CRF) Psychiatric Emergency Response Team (PERT) MHSA contract amendment was executed on Nov 1st, 2007. Since that time PERT has been able to hire seven of the eight full-time clinician openings and the law enforcement liaison. Clinicians are

fully trained and working independently in the field. The build up of staff was slow and gradual, as expected, due to a number of reasons. First, the number of qualified individuals is relatively limited by the work hours, demanding nature of the position and required police background check. Second, the majority of the training must be done with a team leader due to the intense training required. Last, the training is a minimum of three weeks, so the number of people who can be trained at once is limited.

PERT has expanded and enhanced services throughout San Diego County and is now operational in the following cities as a result of the MHSA expansion: Escondido, San Marcos, Poway, Coronado, Imperial Beach, and once the final clinician has been hired and trained, the San Diego State University Police Department. In addition to adding services to communities that did not have PERT services, we have expanded hours at the following locations: Carlsbad, San Diego Police Department Northern division, Northeastern division, Southeastern division, Southern division, Central division, Eastern division, Mid-City division (5 pm to 3 am) La Mesa Police Department, El Cajon Police Department, and the Sheriff Department Stations of Santee and Lemon Grove. With the exception of SDSU, we have completed the expansion into new departments and stations. Specialized training for officers and deputies at these locations has been done several times at each location to provide the clinicians with PERT trained officers.

ALL-6: Mental Health and Primary Care Integration (CY 4.1; A-4; OA-3 Workplans)
An Outreach and Education Strategy, the work plan for the Council of Community Clinics (CCC) has three components: children/youth/families; adults and older adults. The goal of the plan is to provide integrated behavioral health care services to seriously emotionally disturbed individuals of all ages in community clinic primary care settings. In operation since January 2007, this contracted program is utilizing three main strategies: a) Direct care to the SED children and the SMI adult and older adults in primary care setting; b) implementing IMPACT (Improving Mood Promoting Active Collaborative Treatment) at seven (7) clinics, and two (2) clinics working in the pilot implementation of a combination of IMPACT and project DULCE to address depression in diabetic patients; and c) implementing the Senior Peer/Promotora Program at five clinics where seniors, trained as peer counselors and community health educators, conduct outreach to seniors in the community to link them to mental health services at the clinics or other community-based services.

This project makes mental health services available at 18 different clinic sites throughout San Diego County; 12 of which have capacity to provide for children and youth with Serious Emotional Disturbances.

Initial Population & Number of Clients Served by Age Group:
<u>Children, Youth and Families:</u>
The Council of Community clinics worked with the clinic providers to encourage services to children/youth. SED children, youth and families are able to receive up to 24 visits with a therapist as well as medications visits with a psychiatrist and targeted 285 clients annually. As of March, 2008, only 42 children have been served in FY 07-08. While the clinics state there is a strong need for services, most of their pediatric clients are either Medi-Cal eligible or undocumented. As federal health clinics, the providers already have capacity to serve Medi-Cal children. The County Board of Supervisor's directive is that undocumented children cannot receive outpatient services. As a result, the clinics are under serving children per the work plan. San Diego County is reviewing these issues and primary care integration will be part of the upcoming Prevention and Early Intervention (PEI) plan. At that time, services such as universal screening are planned and CSS dollars will be redirected to other programs.

<u>Adults & Older Adults:</u>
SMI adults and older adults are able to receive up to 12 visits with a therapist and/or a psychiatrist for medication and therapy and up to 16 visits with a Depression Care Manager and Primary Care Physician, and up to a year of medications if receiving the IMPACT intervention.

Compared to the established number of SMI adults (565) and older adults (244) to be served annually, the CCC served 615 adults and 67 older adults. As with the children's program, there are some challenges achieving the number of services which were contracted for older adults. Services to be provided to older adults continue to run lower than anticipated. We expect these numbers to increase substantially once the Senior Peer Promotora component is fully implemented. The Senior Peer Promotores will be providing outreach, education and engagement activities to older adults, their families in accessing and navigating mental health and primary care services and supporting them on their efforts to stay in treatment.

Accomplishments:

- Hired a permanent program manager and a mental health coordinator. Hired a QI Manager and developed and implemented QI Plan.
- Contracted and provided orientation and training to staff in 18 community clinics. In partnership with the UCSD School of Medicine and the Department of Geriatric Psychiatry, provided training for Primary Care Physicians.
- Successfully contracted with the University of Washington, for Technical Assistance for the implementation of IMPACT and training of Depression Care Managers. Dr. Jurgen Unutzer, developer of the intervention and Rita Haverkamp with the IMPACT Team, continue to provide monthly supervision and Technical assistance to DCM and staff at participant clinics.
- In close collaboration with San Diego County Older Adult Coordinator, developed and implemented Senior Peer Promotora training curricula and provide monthly technical assistance and training to Senior Peer Promotores.
- Developed a collaborative between regional specialty mental health providers and CCC network providers.

Challenges:

- Slow implementation due to cumbersome and delayed contracting process
- Contractor's difficulties hiring and retaining key staff and recruiting bi-lingual/bi-cultural staff
- Subcontractor's difficulties bringing in children and older adults into community clinics.

The County is reviewing these issues on an ongoing basis and exploring the possibility of implementing Universal Screening as a PEI strategy in Primary Care, redirecting CSS dollars to other programs.

WORKPLANS SERVING TAY, ADULTS AND OLDER ADULTS:

TAOA-1: Legal Aid Services

The Legal Aid Society of San Diego, Inc. program is an expansion to two additional Mental Health Clubhouses of a successful, existing program that continues to serve four other Clubhouses. The program provides training and on-going consultation to peer SSI Advocates employed at the respective Clubhouses on eligibility criteria for SSI and accurate and thorough completion of SSI applications for potentially eligible non-General Relief applicants. The Legal Aid Society of San Diego (LASSD) trains all new SSI Advocates and their managers as needed within two weeks of being contacted. The expanded program covered by this work plan provides an SSI Advocate in Clubhouses for two additional Regions in the County not previously served by the program, North County Inland and East County.

After the SSI Advocate has completed the application with the client or member, it is reviewed by expert personnel at LASSD and then submitted to the Social Security Administration. Thereafter, LASSD becomes the legal representative of the applicant. SSI Advocates also receive instruction from LASSD that enables them to assist potential applicants with reconsideration packets as well. LASSD represents potential applicants in any administrative hearings that may develop.

The expansion of this program to East County and North County Inland unleashed much pent up demand for these services. In this first FY of the expanded program, the number of completed applications sent to LASSD increased by about 70 which was more than expected. A further expansion in the North County Region is under consideration.

ONE TIME WORKPLANS:

OT-1: System-wide Community Education, Training Program

The San Diego State University Foundation Behavioral Health Education & Training Academy (BHETA) is a MHSA funded Behavioral Health Services training contract. Goals include designing, developing, implementing and evaluating training curriculum for San Diego County Behavioral Health Services. Since the contract began, training to Behavioral Health staff has been provided in: Cultural Competency (including diverse cultural variables and groups), Same Gender Domestic Violence, Victims of Trauma, CCISC, and Veterans. In addition to training modules, 3 conferences were planned and offered regarding Cultural Competency, Veterans, and Victims of Trauma and Torture. BHETA has also been working to provide training to primary care and mental health professionals in primary care settings as the system strives for further integration of physical and mental health care. Another portion of this workplan is the Roadmap to Recovery (R2R) component. R2R is a peer facilitated structured educational program designed to empower consumers to participate equally in their recovery. With CSS funding it was decided to expand R2R to all outpatient clinic locations in San Diego County. With oversight and support from a Peer Education Committee, BHETA provides the training for new peer facilitators and hires them to lead R2R groups at the outpatient clinics. The R2R facilitator training is a 9 hour multi-day training led by experienced R2R facilitators; two groups of new facilitators were trained since the contract began. Currently there are R2R groups being offered in 8 clinics with the goal to start at least one group in 9 additional clinics by June 30, 2008.

Also under the OT-1 workplan is the Management Information System implementation. The project is within budget and on track with the revised schedule. Significant adjustments to timeframes were necessitated by greater than expected impact of identified risks, most notably, concurrent transition of billing functions from Administrative Services Organization (ASO) to County Financial Services Division. Accomplishments from October to December 2007 include:

- Transitioned Anasazi application from vendor hosted environment to County network.
- Completed comprehensive review and revision of billing set up.
- Completed Administrator training for ASO provider staff on system administration.
- Developed interim change management process for managing changes to base setup before cutover.
- Developed final draft of program operations sections to MIS user's manual.
- Reviewed and revised Organizational Provider Production report templates.
- Developed system administration transition plan for ASO and County units.
- Base set up was completed.

OT-2: Breaking Down Barriers

The Mental Health America Breaking Down Barriers program has effectively collaborated with other agencies, community groups, consumers, family members and other stakeholders in the Latino Communities in San Diego County to provide an analysis of the barriers preventing the underserved and unserved people in these communities from receiving mental health services. This program began in September 2006.

The bilingual and bicultural outreach coordinator conducts outreach events and meetings in various community settings throughout San Diego County. These meetings involve engaging and educating community leaders (cultural brokers) so they can be the front line in educating and connecting their community members to mental health services in their area. The outreach coordinator continues to

expand this base of cultural brokers and a program advisory group was formed to strategize and to ensure that the program objectives are met.

Community meetings are often conducted in Spanish to meet the needs of the attendees and materials have been made available in English and Spanish. The outreach coordinator has attended and coordinated several workshops/forums throughout the county to increase awareness of mental health services. Workshops have been conducted at churches, schools, and community centers throughout the County. Attendees have included members of the Latino, Lesbian/Gay/Bisexual/Transgender and HIV/AIDS affected communities.

ADMINISTRATIVE PROGRAMS:

Child/Youth and Family Data Analysis and Performance Monitoring:
The Child and Adolescent Services Research Center (CASRC) provides development and maintenance of the Data Management and Evaluation Services (DMES) program for Health Children's Mental Health Services (CMHS). CASRC oversees the CMHS System of Care and MHSA program outcomes, client outcomes, and quality assurance efforts. CASRC provides consultation and assistance in the development and review of the outcomes of MHSA programs, conducts research and evaluation and establishes databases and system planning for MHSA. Consultation involves the evaluation, review, and analysis of the outcomes of the MHSA programs, measurement of client outcomes, ongoing improvement and refinement of the reporting system for County-contracted programs, in order to measure the achievements in program objectives and goals.
In support of the MHSA, data management is provided to MHSA programs and monthly/quarterly reports are generated as required. CASRC services for MHSA to date include the following:

- Implemented and maintained an efficient, secure, and cost-effective program to monitor and evaluate quality, accuracy, and timely implementation of CMHS MHSA programs, reviewing budgets, cost reports, monthly status reports and year-end reconciliation reports.
- Provided the Children's MH Fact Sheet FY 05-06 and Children's MH Data Book FY 05-06 and FY 06-07

TAY/Adult/Older Adult Data Analysis and Performance Monitoring:
The Health Services Research Center (HSRC) at the University of California San Diego conducts data analysis and performance monitoring for adult and older adult mental health services. Data analysis includes client demographics, client outcomes, and client satisfaction. HSRC provides expertise in program and client outcomes, analysis capabilities using combined data sets, standardized data analyses, survey capability and data gathering and management.

Through the use of MHSA funding, HSRC has been able to provide San Diego County Mental Health Services with the following new reports which will provide the information necessary to foster data based decisions on service needs:

- Fact Sheets and Data Books for Adult, Older Adult and Transitional Age Youth: FY 05-06, FY 06-07
- Annual Report on Adult Mental Health Services FY 05-06
- Updated Gap Analysis and Retention by Population information
- Gender analysis of service costs

HSRC is currently working to develop reports from MHSA Full Service Partnership data. This project has necessitated adding additional programming expertise to the HSRC staff. HSRC has also begun to conduct client focus groups to give clients a greater voice in decisions. The first series was about new assessment instruments and techniques being considered.

Child, Youth and Family Consumer Liaison
The Family/Youth Liaison (FYL) through the Family and Youth Roundtable has the primary duty of coordinating and advancing family youth professional partnership in Children's Mental Health

Services (CMHS). The Program educates family and youth members on current issues and obtains feedback in order to collaborate with CMHS administration to ensure family and youth voice and values are incorporated into MHSA service development and implementation plans as well as in the full array service delivery. FYL staff attend an array of meetings, forums, task forces, source selection committees and summits where they provide the family and youth voice. A strong emphasis is placed on coordinating efforts with organizations targeting unserved and underserved communities. FYL has developed a website which is used to provide information about current mental health issues and obtain feedback from the community. A monthly conference call meeting is held for family and youth sector discussions to include information sharing on mental health services and to gain sector feed back on emerging practices, programs and policies. In addition, electronic notices are distributed to a growing distribution list of participants. A total of nine family/youth forums were held in each of the four regions to introduce family/youth sector to partnership with public systems. In FY 07-08 the annual family youth professional partnership presentation for CMHS staff focused on policies that support partnership. Additional deliverables included the Contract Monitoring Check List, Family/Youth Participation Check List, and Volume I of Advancement of Family Youth Professional Partnership. In December 2007 the Roundtable was selected by the National Federation of Families for Children's Mental Health to serve as California's state organization.

Adult Consumer Liaison

As part of the outreach effort to ensure consumer participation in existing and evolving Adult and Older Adult Mental Health Services (AOAMHS) in the area of policy, practice and program development and implementation, the County contracted with Labors Community Services Agency. Effective October 2006, the Partners in Care (PIC) program began to provide consumer liaison services. PIC has made progress in recruiting consumers to participate in various MHS-related meetings. PIC has recently also implemented a Meaningful Consumer Involvement (MCI) Plan, a consumer advocacy plan, with a committee formed to provide input to the Adult Council and the Director's office. PIC is expected to continue to expand consumer involvement in various Mental Health Councils and other AOAMHS-related meetings and to assist the County with obtaining consumer input such as through focus group activities.

Housing Technical Consultant

In an effort to increase MHSA housing units for the County's Full Partnership Services (FSP) clients, the County contracted with the Corporation for Supportive Housing (CSH) effective October 1, 2006 to provide housing technical consulting services to MHS and related housing partners and developers. CSH has completed a local MHS Housing Plan that provides MHS with a comprehensive roadmap to permanent supportive housing development. The Plan summarizes current FSP housing needs, potential funding sources and effective development strategies. CSH assisted the County in crafting local MHSA Housing Guidelines for funding applications to the CalHFA-administered MHSA Housing Program, and in the formation of a memorandum of understanding between MHS and the County of San Diego Department of Housing and Community Development, which has consummated in the recent release of a Notice of Funding Availability (NOFA) to develop permanent supportive housing units with local MHS housing trust fund. CSH has been very proactive in engaging potential housing partners with both local and State-administered housing programs and in assisting the County with the continuous planning process to expand supportive housing for our FSP clients.

a. Report on whether the implementation activities are generally proceeding as described in the County's approved Plan and subsequently adopted in the MHSA Performance Contract/MHSA Agreement. If not, please identify the key differences.

The implementation of Community Services and Supports programs has generally proceeded as initially presented in the County of San Diego's CSS Plan Addendum submitted on 3/15/06 and Plan Amendment (also called the Enhancement Plan) submitted on 3/29/07. Implementation activities are

generally proceeding as described in the County's approved plan, plan amendment and subsequently adopted MHSA Agreement. As of 12/31/07, the 96% of programs identified in the initial CSS Plan had begun to provide services. The remaining 4% of programs made progress toward implementation by obtaining Board of Supervisors' approval, selecting service providers and negotiating contracts. Among those programs not implemented by December 2007 is the North County Walk-In Assessment Center for Adults, and the implementation of technology projects such as telepsychiatry. In addition, on 9/17/07 the County was approved for additional CSS services as outlined in the CSS Amendment dated 3/29/07. As of 12/31/07, 93% of programs identified in the amended CSS Plan had begun to provide services. The remaining 7% of programs made progress toward implementation by obtaining Board of Supervisors' approval, selecting service providers and negotiating contracts.

b. Describe for each FSP Work Plan what percent of anticipated clients have been enrolled. Counties that have submitted their current Exhibit 6, Three-Year Plan—Quarterly Progress Goals and Report, have the option of not including the FSP information in this report.

Please see the attached Exhibit 6 Three-Year Plan—Quarterly Progress Goals report for detail on the enrollment rates for FSP clients.

c. Describe for each System Development Work Plan what percent of anticipated clients have received the indicated program/service. Counties that have submitted their current Exhibit 6, Three-Year Plan—Quarterly Progress Goals and Report, have the option of not including the System Development information in this report.

Please see the attached Exhibit 6, Three-Year Plan—Quarterly Progress Goals report for detail on the enrollment rates for all clients.

d. Describe the major implementation challenges that the County has encountered.

By the end of calendar year 2007, 96% of MHSA CSS projects had been procured and services had begun. Therefore, most implementation challenges pertained to program operations rather than procurement.

Programs have experienced delays as a result of regional staffing limitations. Providers have reported difficulty recruiting qualified staff for the MHSA funded services. As the local area faces a shortage in available qualified psychiatrists and key mental health positions, it is a challenge for the County and providers to hire enough competent service providers to meet the cultural, ethnic, and linguistic needs of mental health consumers. The Workforce Education and Training component will be helpful in developing a workforce that can address the cultural and linguistic needs of the individuals served.

As stated in the Workplan updates, programs have faced challenges related to referrals, whether managing levels that exceed capacity or the need for case finding such as in the mental health and primary care integration project for specific populations (children and older adults). Other reported challenges pertain to establishing a presence in the community through outreach and engagement to previously unserved individuals and client turnover prior to attaining the full benefit of participating in services. These situations are mitigated through the collaboration of program monitors and providers to brainstorm solutions and modify program approaches as needed.

2) For each of the six general standards in California Code of Regulations, Title 9, Section 3320, very briefly describe one example of a successful activity, strategy or program implemented through CSS funding and why you think it is an example of success e.g. what was the result of your activity. Please be specific. The suggested length for the response to this section is three pages total (or one page for small counties).

- **Community Collaboration**
  - The Mental Health America of San Diego County (MHASD) MHSA funded program, *Breaking Down Barriers* entered into a partnership with Neighborhood House Association in 2007. As partners, MHASD provides mental health presentations at NHA center parent meetings and events while NHA committed to perform referral services to MHASD, promote MHASD program/activities and invite MHASD to parent meetings and events. *Breaking Down Barriers* partnered with MHA because they have over 11,600 participants in their Head Start programs and they serve over 8,000 families per year. MHA has over 80 centers established throughout San Diego County, strategically placed in underserved communities. According to MHA, the families that they serve are 80% Latino, 18% Caucasian, 13% African-American, 3.5% Asian/Pacific Islander, and 0.6% "other." All the families have to meet the income and/or other specific guidelines and it is recognized that it is important to educate these communities with Mental Health information in an effort to increase access to care and "break down barriers."

  - The County of San Diego Mental Health Services (SDMHS) has been very successful in collaborating with the community to pursue housing as one essential component for recovery of our mental health clients. The SDMHS Housing Council, composed of approximately twenty-five housing and mental health professionals and consumers, established in 2006, has continued to meet on a monthly basis throughout 2007, providing input and recommendations to SDMHS Administration on housing issues as they relate to the mental health community. The Council, assisted by our contracted partner, The Corporation for Supportive Housing, has developed a local MHSA Housing Plan, seen as an invaluable road map for SDMHS in the development and implementation of our housing initiative. SDMHS has also secured one-time MHSA and on-going (CSS) funding for a housing-first approach to clients enrolled in our five Full Service Partnership (FSP) programs, which has collectively served over 480 homeless mentally ill in the past two years. The partnerships with local housing authorities also netted 100 housing vouchers from the City of San Diego Housing Commission, designated exclusively for our clients.

- **Cultural Competence**
  - In 2007, the County of San Diego added the Chaldean Outpatient Services program to its MHSA CSS plan. This program provided services to adults and older adults for this newly emerging Unserved population within San Diego County, which included Chaldeans from Iraq and Muslims from other Middle Easter countries who are suffering from mental health disorders. Specifically, it was identified that this population had escaped to the United States to avoid continued trauma and torture, bringing with them a higher prevalence of post-traumatic stress disorder, depression, psychosis, as well as the co-occurrence of substance abuse. Since this community reported a significant resistance to seeking mental health services from outside their culture, due to stigma, it was specified in our contract procurement process that services needed to be localized within the geographic/culturally appropriate setting, with culturally competent staff. But, moreover, that the program would establish a collaborative relationship with current community based organizations within this ethnic population, including Chaldean Catholic Church of El Cajon (East San Diego County Region), Survivors of Torture, identified medical and mental health Middle Eastern providers within the East County Region. In addition, it was a contractual requirement that a minimum of one licensed mental health clinician and one of the peer staff be bilingual in Arabic or another Middle Eastern language. The program recruited clients and family members from within this specific cultural community who participated in educational programming, to further address stigma reduction for

recruitment of new participants in the treatment services. A Program Advisory Group (PAG) was also established to ensure that the Chaldean/Middle Eastern clients and family members would have a voice/input in the oversight of this program.

- **Client Driven Mental Health System**
  - Recently, San Diego County won a National Association of Counties (NACO) award for its MHSA funded Transition Age Youth (TAY) Clubhouse, called *Oasis*. This member-run program reaches out to TAY, ages 18-25, through a community-based clubhouse setting, providing employment skills enrichment, education assistance, and socialization/supportive relationship. This program, which opened in October 2006, provides clients with meaningful activities that assist in their recovery from serious mental illness, and focus on maintaining wellness. Its holistic approach addresses the clients educational, health, housing, vocational, and interpersonal needs. It was noted that our existing Clubhouses tended to draw clients at a mean age range of 40-45 years old, resulting in younger clients often feeling a lack of cohort peers, an important factor to ensure participation. The TAY age range has overcome this limitation, and the gradual increase in drop-in rates at *Oasis* have provided proof of this success. Examples of the "Client Driven" nature of this program include the following:
    - Peer advocacy
    - Peer case aides who facilitate wellness and recovery groups and classes
    - Peer led social and recreational activities.

- **Family Driven Mental Health System**
  - 2007 saw an enhancement in our Children's and Adolescent focused Wraparound services, targeting wards and dependents that were being transitioned from group home back into family settings. The Wraparound model of intensive case management relies heavily on a "family-centered" philosophy, such that the Wraparound team is dependent on the family and concerned-others to drive the process of successfully attaining family and client goals that will ensure sustained placement in the home, avoiding placement at a "higher level of care." The Enhancement to this MHSA Wraparound program specifically targeted provision of services for children aged 0-6, requiring this specialized, family driven service.

- **Wellness/Recovery/Resiliency Focus**
  - Our Early Childhood Mental Health Services program was expanded in 2007 to extend the capacity of children ages 0-5 receiving Incredible Years treatment services by over 25%. This enhancement was based on the demonstrated success and community support (including San Diego First 5 Commission, a community collaborative partner in this program) for this efficient intervention for children with Serious Emotional/Behavioral Disturbed. This family-centered, individualized, culturally compenent, strength-based intervention focuses on increasing the resilience of the child as well as the care-taker. Families are actively involved in the development of treatment plans, and they also receive education and support/empowerment as part of this program. One emphasis of this program is to identify and address behavioral/emotional problems that impact the children as early as possible. In this manner, the program is able to have a greater positive impact on the child's cognitive functioning, school readiness, and resilience to future stressors/challenges. Similarly, the parents gain competencies in communication, behavior management, interactive style that build the parent-child relationship, further augmenting the resilience of both child/client and parent/family.

  - A Supported employment program, based on the model of SAMHSA's Evidenced Based Practice of Supported Employment, was established. It provides opportunities

for adults (18+) with serious mental illness to obtain competitive employment, utilizing supported employment and recovery-oriented practices and principles. Competitive employment is defined using the Employment Intervention Demonstration Program (EIDP) as a job that is not set aside for persons with disability, pays at least minimum wage, is located in a mainstream integrated setting, and is "filled" by the person – not by a service agency. In FY07-08 it provided services to 65 adults, who sustained competitive employment for at least 30 days – with 35 of these individuals remaining employed for over 90 days. The program strives to serve a diverse group of people in our County's Central and North Central Regions, with an ethnic distribution including 24% Asian/Pacific Islander and 16% Hispanic. The County conducted a fidelity assessment of this program using a tool provided by SAMHSA, and the program scored in the range suggestive of having a "good" level of supported employment implementation.

- **Integrated service experiences for Clients and Families**
  - Mobile Outreach services for Older Adults in San Diego were enhanced in 2007. This program provides services to SMI Seniors, aged 60+, with targeted outreach to the SMI within Latino and Asian/Pacific Islander communities. Priority for services is given to Older Adults who have high risk of homelessness, are demonstrated high utilizers of psychiatric inpatient services recently, or have significant difficulty in accessing care due to system barriers. This program provides mobile outreach by multi-disciplinary teams, on a 24/7 time schedule, with services including crisis response, mental health and substance abuse screening, comprehensive/integrated geriatric assessment, benefits eligibility assistance, as well as linkages and referrals to other appropriate, community-based services, providing in-home engagement as a seamless integration of mental health and support services. This program also provides Senior Peer Counseling, to support the clients through educational and guidance. There are also Peer/Family Volunteer Home-Respite services for families and caregivers.

3) For the Full Service Partnership category only:
a. If the County has not implemented the SB 163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department of social services and the California Department of Social Services toward the implementation of the SB 163 Wraparound, please describe the progress that has been made, identify any barriers encountered, and outline the next steps anticipated.

Not Applicable. The County has implemented the SB 163 Wraparound Program.

b. Please provide the total amount of MHSA funding approved as Full Service Partnership funds that was used for short-term acute inpatient services.

The use of FSP funds for short-term acute inpatient services was established in Fall 2007 with the creation of a MHSA FSP inpatient fund of $200K. As of December 31, 2007, approximately $8,300 has been used for this purpose.

4) For the General System Development category only, briefly describe how the implementation of the General System Development programs have strengthened or changed the County's overall public mental health system. The suggested length for response to this section is one page. If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.

For children, youth and their families, general system development funds have been used to strengthen the public mental health system in many ways:

- A significant system enhancement occurred in the implementation of walk-in assessment and mobile emergency response in the North County region, as the existing emergency screening services are located in the South Bay region.
- Access to short term medication management has strengthened continuity of care for dependents and wards in transition between services.
- Implementation of evidence based approaches such as the Incredible Years has enhanced service providers' knowledge base and improved the quality of care.
- The development to a targeted intervention team (CY-8), developed through an innovative, collaborative relationship with Child Welfare Services, to proactively work with foster care youth in their homes/within the community who are at risk of losing their placement.

For transitional-age youth, adults, older adults and their families, general system development funds have been used to strengthen the public mental health system in many ways:

TAY:

- Transitional age youth benefited from the implementation of two programs that incorporate evidence based practices, Assertive Community Treatment (ACT), dual diagnosis interventions such as Continuous Comprehensive Integrated System of Care (CCISC) and Dialectical Behavioral Therapy (DBT).

Adults:

- The enhancement and expansion to existing consumer operated clubhouses has been transformational as they significantly increased capacity and added employment services that assist members through the various steps of job searches and utilize employment specialists to assist with linkage, job development and job placement.
- Increased access to outpatient mental health services occurred through augmentations to mental health clinics. These augmentations advance the MHSA goals of providing timely access to needed help and reducing ethnic disparities.
- Client-Operated Peer Support Services employ individuals in recovery from serious mental illness as direct service staff and program management and provide extensive Peer Employment Training to internal and external staff.
- Family Education Services performs outreach to and increases connections with families and cultures that have been traditionally underserved by the public mental health system. The program provides family education about major mental illness, stigma reduction, and resources to improve access care, thereby increasing family involvement.
- Supported Employment opportunities are provided in an additional community setting to people who may not want to be connected with a clubhouse or the Dept of Rehabilitation using a SAMHSA Evidence-Based Practice.

Older Adults:

- The mobile outreach program has enhanced capacity to provide mental health services to isolated and homebound older adults and that otherwise will not receive care but in ER or inpatient care.
- The mental health and primary care integration program includes a successful promotoras model and an evidence-based practice (IMPACT) that supports the integration of services, which is being used as a model for application to PEI.

B. Efforts to Address Disparities

The suggested response length for this section is three pages (or one page for small counties)

1) Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of services to unserved or underserved populations targeted in the CSS component of your Plan. If possible, include results of the effort/strategy.

The Breaking Down Barriers (BDB) Program provides outreach to people with severe mental illness who are members of the underserved or un-served populations, with beginning emphasis on the Latino Community, an identified target population. The program creates effective collaborations with agencies, community groups, clients and their family members as well as other stakeholders in communities to provide an analysis of the barriers preventing them to receive mental health services. The program connects with a monthly average of 4 cultural brokers or individuals who are leaders in the community (but are not mental health providers) to discuss access strategies and outreach opportunities. To meet their goals, effective collaborations with agencies that are in the Mental Health are continuously being established. The program is able to break into the Latino community because most presentations are available in English and Spanish. A successful strategy that has been utilized in the (eastern) El Cajon area is patterned after the "Tupperware Party" model where the Outreach Coordinator gives a presentation at one person's home and from there get other persons to volunteer their homes or host the next presentations. The Outreach Coordinator continues to give the presentations and this creative strategy does not aim to train the hosts.

The County's new Chaldean Center, funded through MHSA, has not only served the Chaldean community by providing culturally competent mental health services, but has also allowed for training and support on a much larger, County-wide scale, including Child Welfare Services, Family Resource Centers, and various law enforcement entities. These agencies had expressed difficulties in the past in establishing linkages with the Chaldean community. It was noted that these cultural specific trainings increased contacts to these County agencies, and provided valuable information for referral and services to this community struggling to assimilate into our San Diego culture. The Center has assisted many persons and groups in the East Region of San Diego County with obtaining appropriate linkages within the Middle Eastern community, and identifying ways to assist service providers to educate and serve this community. It is estimated that an increase in the range of 12,000 refugees will establish residency in San Diego County within the next year.

An exciting new collaboration has been made with our TAY FSP, the Catalyst Program, withy has been able to work closely with San Diego's Foster Care System to provide services targeting youth who are "aging out" of the system. A representative from this program attends the Child Welfare, Foster System meetings for youth prior to the consumer's 17th birthday. At that time, a needs assessment is completed and a plan is developed for linking that youth to services within the Adult System of Care, a process often fraught with many challenges and much resistance, as life situations may change frequently prior to the youth leaving the Foster Care System. The program can assist with housing, mental health services (including medication), case management, social networking (including Clubhouse), employment or education assistance, and benefits support. One major struggle in the past has been that youth often have very unrealistic appraisals of their needs and capacity, and fail to follow through with linkages that are provided for their assistance. These youth generally reappear later to our Adult System of Care in a crisis state, with their mental condition exacerbated, as well as strained physical, financial, and social conditions. All too often, these youth who fail to bridge the transition become involved in substance abuse or enter the justice system as a direct complicating result of their mental illness. The linkages provided by this program have assisted approximately 120 former Foster youth in transitioning in a more stable manner, avoiding some of these more dangerous pitfalls. The collaboration has had a very positive outcome with several of our foster youth already showing a successful integration within the Adult System/Community, functioning at an independent level, employed, and utilizing appropriate levels of community-based mental health services for stability.

Several Adult Clubhouses that serve the mentally ill in San Diego County were augmented through MHSA funding. These improvements have allowed for more intensive individualized peer support

for directed goal setting, as well as more efficient focus on the needs of the consumers; employment, education, social, recreational, general quality of life. In focusing on the Unserved and Underserved populations, specifically the Hispanic and Asian/Pacific Islander communities, membership has increase sharply, including the increase in homeless outreach; one Clubhouse reported that 40% of their new members were homeless, and that 50% of those members were subsequently assisted into finding housing and accessing mental health services. These Clubhouses have been able to provide more referral and advocacy services which members routinely use to help them renew their hope and transform their lives. Mental Health programs that partner with these Clubhouses report that consumers improve their decision making, work skills, self-confidence, and leadership abilities via the supportive environment afforded them through the Clubhouses. Clubhouse members have identified peers who share their interests and are willing to accompany them to classes or events which have fostered their independence and increased their active participation within the community. Members who were initially reluctant or unable to participate in Clubhouse activities are reported as being drawn out to participate by the peer and staff support they receive. Reports were obtained that many members had previously claimed to have no friends or anywhere to go for socialization, but through the Clubhouses have formed meaningful interpersonal relationships and have even reconciled with family members lost in the past. Recently, several of our Clubhouses began focusing on more holistic approaches, including nutrition courses that taught healthier diet and food preparation. In addition, physical fitness and recreation were emphasized through the addition of walking groups, stretching classes, and Health Club memberships. All these added services have increase membership at our Clubhouses and demonstrated an increased sense of empowerment by the consumers self-report.

2) Briefly describe one challenge you faced in implementing efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.

The Latino communities are different all over San Diego. The outreach strategy that follows the Tupperware Party model, although a breakthrough in a closer knit community like (eastern) El Cajon, presents a barrier in other San Diego Latino communities that are not so willing to come to a presentation at someone else's home much less to host a presentation. At these identified communities, BDB Program would then flex its approach and use other appropriate strategies to continue outreach and education. An alternative approach that has been utilizing a DVD presentation that uses mnemonics, art and video clips to teach Spanish speaking persons to recognize the signs and symptoms of mental illness. This approach is effective because it uses language that is drawn from the community itself (conversational).

Another challenge to the Breaking Down Barriers Program is a lack of engagement from leaders of the community. This lack of engagement has required the Outreach Coordinator to continue support until the community leader has built confidence.

3) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA and what results you are seeing to date if any.

San Diego County's MHSA Gap Analysis indicated that our Native American communities were an Unserved population. As part of our Mental Health/primary Care Integration work plan (A-7, OA-3, CY4.1), services were provided by contract with the Council of Community Clinics with the expectation that specific outreach in the rural communities would be made to the Native American population. These community-based service were identified as being embedded within the communities targeted, thus increasing the likelihood of access and willingness of the community to participate in mental health care. In addition, MHSA funding allowed the expansion of school-based services County-wide, which led to an expansion in access for those schools with a higher density of Native American children and youth. Again, the expectation of improved access to care through embedded resources led to an increase in enrollment of Native American consumers in these programs.

4) List any policy or system improvements specific to reducing disparities, such as the inclusion of linguistic/cultural competence criteria to procurement documents and/or contracts.

All of the San Diego County Adult Mental Health programs, both County staffed and contracted, are now required to have a Program Advisory Group (PAG). This requirement was suggested by consumer input who felt that programs were not adequately integrating the "voice" of persons served when deciding on service changes or staffing considerations. Currently, both program specific and regional groups offer comments and suggestions to our Adult System of Care. Mental Health staff at the program and administrative level then weigh this input when addressing issues of interest to these consumer groups. As an incentive to participate, these PAG meetings typically serve refreshments, and staff members report back on previous issues brought up by family or consumer members. Examples of some of the past issues raised and addressed within these PAG's have included; doctor hours, group therapy size, cleanliness of program facility, signage, and staff "friendliness." Each PAG is unique and independent in its membership and direction of focus. Feedback from consumers who utilize the PAG system has indicated that they are more listened to by staff and programs, and that they felt more empowered by being asked for their input. San Diego County Adult Mental Health has also connect the PAG's to the MHSA funded Consumer Liaison Services contract, allowing an expansion of this valuable consumer feedback. We have seen that the PAG's provide program leaders and mental health administration with improved perspective and the "voice" of consumers.

C. Stakeholder Involvement

As counties have moved from planning to implementation many have found a need to alter in some ways their Community Program Planning and local review processes. Provide a summary description of any changes you have made during the time period covered by this report in your Community Program Planning Process. This would include things like addition/deletion/alteration of steering committees or workgroups, changes in roles and responsibilities of stakeholder groups, new or altered mechanisms for keeping stakeholders informed about implementation, new or altered stakeholder training efforts. Please indicate the reason you made these changes. The suggested response length for this section is two pages (or one page for small counties).

The County of San Diego conducted extensive community outreach in the development of the Community Services and Supports Plan in the form of single event, regionalized community forums and focus groups. After the development of the CSS plan, ongoing community input for existing and future enhancements, as well as ongoing implementation monitoring evolved to envelope the existing, monthly community, cross-agency and consumer councils; Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, Housing Council. Utilization of this existing network of community stakeholders allowed the County to maintain a high level of community involvement throughout CSS Implementation and during our subsequent Expansions and Enhancements that occurred to our CSS Plan in 2007. Each Council embodies a diverse representation of the community including clients, family members, advocacy groups, County partners, education, and community service providers. The Councils provide a forum for both Council representatives and the public to stay informed and involved in the planning and implementation of the many MHSA programs. At a cross-threading level, the community input has also been accepted during, and information disseminated at our monthly Mental Health Board meeting. Given significant amount of services that are provided by contractors in San Diego County, it was necessary to establish a non-conflict community input mechanism at the cross-threading, or prioritizing level of planning and monitoring. By nature of membership restrictions, the members of our Mental Health Board provide such a non-conflict body of community representatives, and have

been involved in ranking and decision making related to enhancements to our CSS Plan over the past year.

The County of San Diego implemented a Children's and Adult Liaison program to guarantee that client and family member/caregiver voice is heard. The liaison programs are required to hold forums throughout San Diego County to share the County's planning and implementation process and solicit community input. The Liaison then meets regularly with County staff to discuss the client feedback. The Liaisons attend monthly internal meetings solely focused on MHSA, and are then responsible for relaying the information back to the community.

Dedicated MHSA e-mail (mhsaprop63.hhsa@sdcounty.ca.gov) and voice mail accounts (619-584-5063 or toll free 888-977-6763) were maintained. In addition the MHSA Planning Team developed and expanded a "Mega List" of interested parties (stakeholders, providers, consumers, family members) that were sent updates and communications about planning meetings, documents, or proposed updates to the MHSA Plan. Monthly updates summarizing key issues related to MHSA are posted on our internet accessible website (www.sandiego.networkofcare.org).

D. Public Review and Hearing

Provide a brief description of how the County circulated this Implementation Progress Report for a 30-day public comment and review period including the public hearing. The statute requires that the update be circulated to stakeholders and anyone who has requested a copy. The suggested response length for this section is two pages (or one page for small counties). This section should include the following information:
1) The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission. (The public hearing may be held at a regularly scheduled meeting of the local mental health board or commission.)

This document was posted publicly with the Clerk of the Board of Supervisors and online on the Network of Care website and was distributed in hard copy and electronically for the 30-day stakeholder review beginning on August 20, 2008. The public hearing was conducted at the September 4, 2008 Mental Health Board meeting.

2) The methods that the county used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.

San Diego County Mental Health used a variety of methods to circulate this progress report and to notify stakeholders of the public hearing and opportunity for public comment to any interested parties. Initial emails were sent to Mental Health Board members and the membership of each of the established, monthly mental health System of Care (SOC) Council meetings: Children's, Adult, Older Adult and Housing. The councils consist of a broad representation of community stakeholders, who in turn share MHSA information with their constituents and other groups and individuals involved in mental health services and issues in San Diego County, including the child/youth/family and adult/older adult consumer liaison programs. The report was e-mailed to other stakeholder distribution lists, including the Mental Health Coalition and Contractor's Association. Additionally, the CSS Progress Report was an agenda item at each SOC council meeting, making it available for discussion and input in these venues. A copy was posted on the Network of Care for Behavioral Health website: www.sandiego.networkofcare.org, was posted for public review at the County Administration Center, and printed copies were made available at our mental health clubhouses.

3) A summary and analysis of any substantive recommendations or revisions.

A feedback form was included in the report to facilitate public comment, and feedback was solicited using a toll-free comment line ((888) 977-6763) in the threshold languages and an MHSA e-mail address (MHSAProp63.HHSA@sdcounty.ca.gov).

- One feedback form was received from stakeholders.
    1) Not inclusive enough – only some of many topics are discussed.
    2) Older adults are insufficiently looked after; MHSA programs only help a small percent.
    3) Collaboration with others doing same or similar tasks is absent, especially all professional societies, all academia and leadership
- One consumer advocate commented via email which contained general comments about the State and County MHSA components and services. The comments relating to this report follow.
    4) He is pleased with the sincere effort that is being made to implement programs throughout San Diego County and that cultural competence has been incorporated. However, recruitment and training is under the control of County salaried staff; training of consumers should be done by an entity that has no beneficial relationship with local political structure.
    5) Hospital after care program does not follow the recovery model. Once consumers finish treatment there are no support systems in the county where they can go for continued support.
    6) There are no programs at clubhouses for older adults and there is no place for Hispanic older adult consumers to socialize. Older adults in many clinics have been warehoused via medication only.

A public hearing was convened at the Mental Health Board Meeting on October 2, 2008. The following comments were received:

7) A client advocate stated that The County should consider expanding TAY Clubhouse services to other Regions within the County.

Actions taken based on public comments:

1) Staff reviewed the Implementation Report content and ascertained that all projects are referenced. With no specific exclusion identified by the public, efforts to solicit inclusion in the next report will be made.

2) Funding of older adult programs within the CSS component is at 10.4% of the total, which represents community agreement. Funding has been increased for older adult programs within the PEI component to 15%. As new MHSA funds become available, expanding and enhancing services to older adults will be examined.

3) San Diego County Mental Health will continue to expand efforts to include, link, and collaborate with available professional societies and academia.

4) Through the competitive procurement process, training is contracted to a local Academy for content and delivery of training. The County of San Diego maintains the necessary oversight.

5) Full Service Partnerships provide continued support and sustained aftercare of consumers. FSPs are a life-long model and they adhere to the recovery model to do “whatever it takes” in the recovery of consumers. One of the outcome measures of the FSPs is to reduce hospital readmits.

6) All of the clubhouses have older adult members, some more than others. East Corner has a rather large group of older adults; and there is a group at Casa del Sol which is a bilingual

Spanish speaking clubhouse. While the clubhouses remain welcoming and inviting to the older adult community, the County is aware of older adult consumers who have expressed discomfort with attending mixed generational clubhouses.

7) While the County has several clubhouses serving adults and transitional age youth, as new MHSA funds become available, the County of San Diego will evaluate expanding clubhouses similar to the TAY-2 program to other regions of the county.

FULL SERVICE PARTNERSHIP (FSP)					1Q		2Q		3Q		4Q		Total	
CSS PLAN #	Age/ Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.2 CY3 CY4.1 CY5.3 CY7	Child/ Youth	Un/Underserved Child with SED	SDYCS-FYPSS CRF-CARE, CCC-MHPCSI, SDYCS-COUNSELING COVE, FFYC-WS/MS	PROJ START DATE 4/13/07 33088, 32100, 32617, PROJ START DATE 7/20/07	*17*	**17**	*85*	**48**	*230*	**82**	*304*		*307*	
TAY1, TAY3.	Transition Age Youth	Un/Underserved TAY with SMI	PCS-CATALYST, DUAL DX/TX PROGRAM.	34649, PROJ START DATE 8/1/07	*0*	**NA**	*35*	**9**	*77*	**50**	*117*		*129*	
A1 A1 A2	Adult	Un/Underserved Adult with SMI	CRF-IMPACT, MHS-NORTHSTAR, MHS-CENTERSTAR.	34248, 34899, 34900.	*0*	**NA**	*140*	**57**	*395*	**321**	*435*		*435*	
OA1	Older Adult	Un/Underserved Older Adult with SMI	CFAR-HERITAGE FSP	35025	*0*	**NA**	*0*	**NA**	*21*	**15**	*42*		*42*	
NA	All Population	Un/Underserved Individuals with SMI	NA	NA	*0*	**NA**	*0*	**NA**	*0*	**NA**	*0*		*0*	

SYSTEM DEVELOPMENT (SD)					1Q		2Q		3Q		4Q		Total	
CSS PLAN	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.1, CY4.2, CY5.1, CY6, CY8.	Child/ Youth	Un/Underserved Child with SED	MHS-FYIEP, RCH-MPER&NCAC, VH-MSW&D, PFC-CHILDNET, FFYC-PSS.	PROJ START DATE 4/16/07, PROJ START DATE 4/23/07, PROJ START DATE 4/20/07, 33523, PROJ START DATE 4/06/07.	6	6	18	33	29	58	40		40	
TAY2 TAY4 TAY4 TAY4 TAY4 TAY4 TAY4 TAY4 TAY4 TAY4 TAY4	Transition Age Youth	Un/Underserved TAY with SMI	PCS-OASIS CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE*, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.	NO RU, 34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.	15	31	195	90	260	316	315		565	
A3, A4, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A6, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8.	Adult	Un/Underserved Adult with SMI	RI-COPSS NAMI-FES, API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, CRF-MARIPOSA, ECS-F2F, MHS-ESCONDIDO, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE, UPAC-EASTWIND, MHS-SES, CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS, NHA-PE, UPAC-MID, MHS-KINESIS RAM.	NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, 34870, 34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897.	45	63	210	331	649	1244	730		1404	
OA2	Older Adult	Un/Underserved Older Adult with SMI	CFAR-HERITAGE SMOT	35027	0	NA	0	NA	175	16	175		350	
ALL4	All Population	Un/Underserved Individual with SMI	[CY4.1]: CCC-MHPCSI [A7]: CCC-MHPCSI [OA3]: CCC-MHPCSI.	32100, 34100, 35100.	7	NA	15	NA	46	76	72		120	

OUTREACH & ENGAGEMENT (OE)					1Q		2Q		3Q		4Q		Total	
CSS PLAN #	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY1 CY1 CY1 CY1 CY1 CY1 CY1 CY1 CY1 CY1 CY1 CY1 CY1 CY4.1 CY5.2	Child/ Youth	Un/Underserved Child with SED	VARIOUS SCHOOL-BASED PROGRAMS COUNTYWIDE CCC-MHPCSI, CRF-MAST.	33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918, 32100, 33862.	*66*	**59**	*265*	**169**	*504*	**344**	*558*		*590*	
NA	Transition Age Youth	Un/Underserved TAY with SMI	NA	NA	*0*	**NA**	*0*	**NA**	*0*	**NA**	*0*		*0*	
A7	Adult	Un/Underserved Adult with SMI	CCC-MHPCSI	34100	*0*	**NA**	*80*	**NA**	*150*	**71**	*250*		*250*	
OA3	Older Adult	Un/Underserved Older Adult with SMI	CCC-MHPCSI	35100	*0*	**NA**	*65*	**NA**	*100*	**5**	*180*		*180*	
ALL1 ALL2	All Population	Un/Underserved Individual with SMI	SDDMHS-SDHH, SOTI-SVTT.	34725(AMH)/31725(CMH), 34295.	*3*	**NA**	*25*	**10**	*35*	**48**	*90*		*90*	

CHILD/YOUTH PROGRAMS (CY)					1Q		2Q		3Q		4Q		Total	
TYPE	CSS PLAN #	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	CY-1	Un/Underserved Children with SED	Various school-based programs countywide	33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918.	60	45	210	138	419	286	460		460	
SD	CY-2.1	Un/Underserved Children with SED	MHS-FYIEP	PROJ START DATE 4/16/07	0	0	90	NA	122	NA	122		334	
FSP	CY-2.2	Un/Underserved Children with SED	SDYCS-FYPSS	PROJ START DATE 4/13/07	0	0	17	NA	32	NA	40		43	
FSP	CY-3	Un/Underserved Children with SED	CRF-CARE	33088	10	3	23	26	46	47	66		66	
OE	CY-4.1	Un/Underserved Children with SED	CCC-MHPCSI	32100	0	0	42	NA	67	NA	58		90	
SD	CY-4.2	Un/Underserved Children with SED	RCH-MPER&NCAC	PROJ START DATE 4/23/07	5	NA	50	NA	54	NA	54		150	
SD	CY-5.1	Un/Underserved Children with SED	VH-MSW&D	PROJ START DATE 4/20/07	0	0	20	NA	25	NA	25		70	
OE	CY-5.2	Un/Underserved Children with SED	CRF-MAST	33862	6	14	13	31	18	58	40		40	
FSP	CY-5.3	Un/Underserved Children with SED	SDYCS-H/RMBHS	32617	7	14	17	22	32	35	43		43	
SD	CY-6	Un/Underserved Children with SED	PFC-CHILDNET	33523	6	6	18	33	29	58	40		40	
FSP	CY-7	Un/Underserved Children with SED	FFYC-WS/MS	PROJ START DATE 7/20/07	0	NA	28	NA	120	NA	155		155	
SD	CY-8	Un/Underserved Children with SED	FFYC-PSS	PROJ START DATE 4/06/07	5	NA	24	NA	33	NA	43		105	

TAY PROGRAMS (TAY)					1Q		2Q		3Q		4Q		Total	
	CSS Plan #	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	TAY-1	Un/Underserved TAY with SMI	**PCS-CATALYST**	**34649**	*0*	NA	*35*	**9**	*70*	**50**	*105*		*115*	
SD	TAY-2	Un/Underserved TAY with SMI	**PCS-OASIS**	**NO RU**	*0*	NA	*105*	**27**	*105*	**47**	*105*		*315*	
FSP	TAY-3	Un/Underserved TAY with SMI	**DUAL DX/TX PROGRAM**	**PROJ START DATE 8/1/07**	*0*	NA	*0*	NA	*7*	**NA**	*12*		*14*	
SD	TAY-4	Un/Underserved TAY with SMI	**CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.**	**34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.**	*15*	**31**	*90*	**63**	*155*	**269**	*210*		*250*	

ADULT PROGRAMS (A)					1Q		2Q		3Q		4Q		Total	
	CSS Plan #	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	A-1	Un/Underserved Adults with SMI	**CRF-IMPACT, MHS-NORTHSTAR.**	**34248, 34899.**	*0*	NA	*100*	**57**	*324*	**261**	*324*		*324*	
FSP	A-2	Un/Underserved Adults with SMI	**MHS-CENTERSTAR**	**34900**	*0*	NA	*40*	**NA**	*71*	**60**	*111*		*111*	
SD	A-3	Un/Underserved Adults with SMI	**RI-COPSS**	**NO RU**	*0*	NA	*0*	NA	*350*	**318**	*350*		*700*	
SD	A-4	Un/Underserved Adults with SMI	**NAMI-FES**	**NO RU**	*0*	NA	*60*	**NA**	*60*	**149**	*60*		*180*	
SD	A-5	Un/Underserved Adults with SMI	**API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, ECS-FRIEND2FRIEND, MHS-ESCONDIDO, MHS-MARIPOSA, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE UPAC-EASTWIND.**	**NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU.**	*10*	**32**	*55*	**115**	*79*	**302**	*90*		*234*	
SD	A-6	Un/Underserved Adults with SMI	**MHS-SES**	**34870**	*0*	NA	*15*	**36**	*15*	**58**	*15*		*45*	
OE	A-7	Un/Underserved Adults with SMI	**CCC-MHPCSI**	**34100**	*0*	NA	*80*	**NA**	*150*	**71**	*250*		*250*	
SD	A-8	Un/Underserved Adults with SMI	**CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS ESC, NHA-PE, UPAC-MID, MHS-KINESIS RAM, MHS-KINESIS FAL.**	**34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897, 34888.**	*35*	**31**	*80*	**180**	*125*	**417**	*175*		*205*	

OLDER ADULT PROGRAMS (OA)					1Q		2Q		3Q		4Q		Total	
	CSS Plan #	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	OA-1	Un/Underserved OA with SMI	**CFAR-HERITAGE FSP**	**35025**	*0*	NA	*0*	**NA**	*21*	**15**	*42*		*42*	
SD	OA-2	Un/Underserved OA with SMI	**CFAR-HERITAGE SMOT**	**35027**	*0*	NA	*0*	**NA**	*175*	**16**	*175*		*350*	
OE	OA-3	Un/Underserved OA with SMI	**CCC-MHPCSI**	**35100**	*0*	NA	*65*	**NA**	*100*	**5**	*180*		*180*	

ALL PROGRAMS (ALL)					1Q		2Q		3Q		4Q		Total	
	CSS Plan #	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	ALL-1	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SDDMHS-SDHH**	**34725(AMH)/31725(CMH)**	*0*	NA	*6*	**NA**	*18*	**16**	*38*		*38*	
OE	ALL-2	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SOTI-SVTT**	**34295**	*3*	NA	*19*	**10**	*35*	**32**	*52*		*52*	
SD	ALL-4	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**[CY4.1]: CCC-MHPCSI [A7]: CCC-MHPCSI [OA3]: CCC-MHPCSI.**	**32100, 34100, 35100.**	*7*	NA	*15*	**NA**	*46*	**76**	*72*		*120*	

FULL SERVICE PARTNERSHIP (FSP)					1Q		2Q		3Q		4Q		Total	
CSS	Age	Description of Initial	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.2, CY3, CY4.1, CY5.3, CY7.	Child/ Youth	Un/Underserved Child with SED	SDYCS-FYPSS CRF-CARE, CCC-MHPCSI, SDYCS-COUNSELING COVE, FFYC-WS/MS.	NO RU , 33088, 32100, 32617, PROJ START DATE 07/20/07.	17	17	85	48	230	82	304	95	307	242
TAY1, TAY3.	Transition Age Youth	Un/Underserved TAY with SMI	PCS-CATALYST, DUAL DX/TX PROGRAM.	34649, PROJ START DATE 08/01/07.	0	NA	35	9	77	50	117	87	129	146
A1, A1, A2.	Adult	Un/Underserved Adult with SMI	CRF-IMPACT, MHS-NORTHSTAR, MHS-CENTERSTAR.	34248, 34899, 34900.	0	NA	140	57	395	321	435	359	435	737
OA1	Older Adult	Un/Underserved Older Adult with SMI	CFAR-HERITAGE FSP	35025	0	NA	0	NA	21	15	42	32	42	47
NA	All Population	Un/Underserved Individuals with SMI	NA	NA	0	NA	0	NA	0	NA	0	NA	0	NA

SYSTEM DEVELOPMENT (SD)					1Q		2Q		3Q		4Q		Total	
CSS	Age	Description of Initial	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.1, CY4.2, CY5.1, CY6, CY8.	Child/ Youth	Un/Underserved Child with SED	MHS-FYIEP, RCH-MPER&NCAC, VH-MSW&D, PFC-CHILDNET, FFYC-PSS.	NO RU, 33171 & 33172, 31181, 33523, 33851.	6	6	18	33	29	58	40	128	40	225
TAY2, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4.	Transition Age Youth	Un/Underserved TAY with SMI	PCS-OASIS CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE*, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.	NO RU, 34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.	15	31	195	90	260	316	315	467	565	904
A3, A4, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A6, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8.	Adult	Un/Underserved Adult with SMI	RI-COPSS NAMI-FES, API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, CRF-MARIPOSA, ECS-F2F, MHS-ESCONDIDO, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE, UPAC-EASTWIND, MHS-SES[58], CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS, NHA-PE, UPAC-MID, MHS-KINESIS RAM, MHS-KINESIS FAL	NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, 34870, 34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897, 34888	45	63	210	331	649	1244	730	1098	1404	2736
OA2	Older	Un/Underserved	CFAR-HERITAGE SMOT	35027	0	NA	0	NA	175	16	175	32	350	48
ALL4	All Population	Un/Underserved Individual with SMI	[CY4.1]: CCC-MHPCSI, [A7]: CCC-MHPCSI, [OA3]: CCC-MHPCSI.	32100, 34100, 35100.	7	NA	15	NA	46	76	72	184	120	260

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OUTREACH & ENGAGEMENT (OE)					1Q		2Q		3Q		4Q		Total	
CSS	Age	Description of Initial	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY4.1, CY5.2.	Child/ Youth	Un/Underserved Child with SED	VARIOUS SCHOOL-BASED PROGRAMS COUNTYWIDE CCC-MHPCSI, CRF-MAST.	33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918, 32100, 33862.	*66*	**59**	*265*	**169**	*504*	**344**	*558*	**423**	*590*	**995**
NA	Transition Age Youth	Un/Underserved TAY with SMI	NA	NA	*0*	**NA**	*0*	**NA**	*0*	**NA**	*0*	**NA**	*0*	**NA**
A7	Adult	Un/Underserved Adult with SMI	CCC-MHPCSI	34100	*0*	**NA**	*80*	**NA**	*150*	**71**	*250*	**170**	*250*	**241**
OA3	Older Adult	Un/Underserved Older Adult with SMI	CCC-MHPCSI	35100	*0*	**NA**	*65*	**NA**	*100*	**5**	*180*	**14**	*180*	**19**
ALL1, ALL2.	All Population	Un/Underserved Individual with SMI	SDDMHS-SDHH, SOTI-SVTT.	34725(AMH), 31725(CMH), 34295.	*3*	**NA**	*25*	**10**	*35*	**48**	*90*	**60**	*90*	**118**
					159	**176**	**1133**	**747**	**2671**	**2646**	**3308**	**3149**	**4502**	**6718**

CHILD/YOUTH PROGRAMS (CY)					1Q		2Q		3Q		4Q		Total	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	CY-1	Un/Underserved Children with SED	Various school-based programs countywide	33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918.	60	45	210	138	419	286	460	357	460	826
SD	CY-2.1	Un/Underserved Children with SED	MHS-FYIEP	NO RU	0	0	90	NA	122	NA	122	NA	334	NA
FSP	CY-2.2	Un/Underserved Children with SED	SDYCS-FYPSS	NO RU	0	0	17	NA	32	NA	40	7	43	7
FSP	CY-3	Un/Underserved Children with SED	CRF-CARE	33088	10	3	23	26	46	47	66	49	66	125
OE	CY-4.1	Un/Underserved Children with SED	CCC-MHPCSI	32100	0	0	42	NA	67	NA	58	NA	90	NA
SD	CY-4.2	Un/Underserved Children with SED	RCH-MPER&NCAC	33171, 33172.	5	NA	50	NA	54	NA	54	24	150	24
SD	CY-5.1	Un/Underserved Children with SED	VH-MSW&D	31181	0	0	20	NA	25	NA	25	6	70	6
OE	CY-5.2	Un/Underserved Children with SED	CRF-MAST	33862	6	14	13	31	18	58	40	66	40	169
FSP	CY-5.3	Un/Underserved Children with SED	SDYCS-COUNSELING COVE	32617	7	14	17	22	32	35	43	39	43	110
SD	CY-6	Un/Underserved Children with SED	PFC-CHILDNET	33523	6	6	18	33	29	58	40	70	40	167
FSP	CY-7	Un/Underserved Children with SED	FFYC-WS/MS	PROJ START DATE 07/20/07	0	NA	28	NA	120	NA	155	NA	155	NA
SD	CY-8	Un/Underserved Children with SED	FFYC-PSS	33851	5	NA	24	NA	33	NA	43	29	105	29

TAY PROGRAMS (TAY)					1Q		2Q		3Q		4Q		Total	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	TAY-1	Un/Underserved TAY with SMI	**PCS-CATALYST**	**34649**	*0*	**NA**	*35*	**9**	*70*	**50**	*105*	**87**	*115*	**146**
SD	TAY-2	Un/Underserved TAY with SMI	**PCS-OASIS**	**NO RU**	*0*	**NA**	*105*	**27**	*105*	**47**	*105*	**105**	*315*	**179**
FSP	TAY-3	Un/Underserved TAY with SMI	**DUAL DX/TX PROGRAM**	**PROJ START DATE 8/1/07**	*0*	**NA**	*0*	**NA**	*7*	**NA**	*12*	**NA**	*14*	**NA**
SD	TAY-4	Un/Underserved TAY with SMI	**CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.**	**34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.**	*15*	**31**	*90*	**63**	*155*	**269**	*210*	**362**	*250*	**725**

ADULT PROGRAMS (A)					1Q		2Q		3Q		4Q		Total	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	A-1	Un/Underserved Adults with SMI	CRF-IMPACT, MHS-NORTHSTAR.	34248, 34899.	*0*	**NA**	*100*	**57**	*324*	**261**	*324*	**286**	*324*	**604**
FSP	A-2	Un/Underserved Adults with SMI	MHS-CENTERSTAR	34900	*0*	**NA**	*40*	**NA**	*71*	**60**	*111*	**73**	*111*	**133**
SD	A-3	Un/Underserved Adults with SMI	RI-COPSS	NO RU	*0*	**NA**	*0*	**NA**	*350*	**318**	*350*	**332**	*700*	**650**
SD	A-4	Un/Underserved Adults with SMI	NAMI-FES	NO RU	*0*	**NA**	*60*	**NA**	*60*	**149**	*60*	**143**	*180*	**292**
SD	A-5	Un/Underserved Adults with SMI	API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, ECS-FRIEND2FRIEND, MHS-ESCONDIDO, MHS-MARIPOSA, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE UPAC-EASTWIND.	NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU.	*10*	**32**	*55*	**115**	*79*	**302**	*90*	**93**	*234*	**542**
SD	A-6	Un/Underserved Adults with SMI	MHS-SES	34870	*0*	**NA**	*15*	**36**	*15*	**32**	*15*	**58**	*45*	**126**
OE	A-7	Un/Underserved Adults with SMI	CCC-MHPCSI	34100	*0*	**NA**	*80*	**NA**	*150*	**71**	*250*	**170**	*250*	**241**
SD	A-8	Un/Underserved Adults with SMI	CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS ESC, NHA-PE, UPAC-MID, MHS-KINESIS RAM, MHS-KINESIS FAL.	34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897, 34888.	*35*	**31**	*80*	**180**	*125*	**417**	*175*	**497**	*205*	**1125**

OLDER ADULT PROGRAMS (OA)					1Q		2Q		3Q		4Q		Total	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	OA-1	Un/Underserved OA with SMI	**CFAR-HERITAGE FSP**	**35025**	*0*	**NA**	*0*	**NA**	*21*	**15**	*42*	**32**	*42*	**47**
SD	OA-2	Un/Underserved OA with SMI	**CFAR-HERITAGE SMOT**	**35027**	*0*	**NA**	*0*	**NA**	*175*	**16**	*175*	**32**	*350*	**48**
OE	OA-3	Un/Underserved OA with SMI	**CCC-MHPCSI**	**35100**	*0*	**NA**	*65*	**NA**	*100*	**5**	*180*	**14**	*180*	**19**

ALL PROGRAMS (ALL)					1Q		2Q		3Q		4Q		Total	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	ALL-1	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SDDMHS-SDHH**	**34725(AMH), 31725(CMH).**	*0*	**NA**	*6*	**NA**	*18*	**16**	*38*	**31**	*38*	**47**
OE	ALL-2	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SOTI-SVTT**	**34295**	*3*	**NA**	*19*	**10**	*35*	**32**	*52*	**29**	*52*	**71**
SD	ALL-4	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**[CY4.1]: CCC-MHPCSI, [A7]: CCC-MHPCSI, [OA3]: CCC-MHPCSI.**	**32100, 34100, 35100.**	*7*	**NA**	*15*	**NA**	*46*	**76**	*72*	**184**	*120*	**260**

FULL SERVICE PARTNERSHIP (FSP)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.2, CY3, CY4.1, CY5.3, CY7.	Child/ Youth	Un/Underserved Child with SED	SDYCS-FYPSS CRF-CARE, CCC-MHPCSI, SDYCS-COUNSELING COVE, FFYC-WS/MS.	NO RU , 33088, 32100, 32617, PROJ START DATE 07/20/07.	*298*	**56**	*315*		*328*		*369*	
TAY1, TAY3.	Transition Age Youth	Un/Underserved TAY with SMI	PCS-CATALYST, DUAL DX/TX PROGRAM.	34649, PROJ START DATE 08/01/07.	*168*	**111**	*168*		*168*		*168*	
A1, A1, A2.	Adult	Un/Underserved Adult with SMI	CRF-IMPACT, MHS-NORTHSTAR, MHS-CENTERSTAR.	34248, 34899, 34900.	*435*	**367**	*435*		*435*		*435*	
OA1	Older Adult	Un/Underserved Older Adult with SMI	CFAR-HERITAGE FSP	35025	*83*	**45**	*83*		*83*		*83*	
NA	All Population	Un/Underserved Individuals with SMI	NA	NA	*0*	**0**	*0*		*0*		*0*	

* Please NOTE "NA" indicates data is Not Available

SYSTEM DEVELOPMENT (SD)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.1, [1]CY4.2, CY5.1, CY6, CY8.	Child/ Youth	Un/Underserved Child with SED	MHS-FYIEP, RCH-MPER&NCAC, VH-MSW&D, PFC-CHILDNET, FFYC-PSS	NO RU, 33171 & 33172, 31181, 33523, 33851	*291*	**191**	*298*		*311*		*326*	
TAY2, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4.	Transition Age Youth	Un/Underserved TAY with SMI	PCS-OASIS CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE*, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.	NO RU, 34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.	*345*	**326**	*405*		*465*		*525*	

* Please NOTE "NA" indicates data is Not Available

[1]Includes former Work Plan ALL-3 data

SYSTEM DEVELOPMENT (SD) (continued)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
A3, A4, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A6, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8, [2]TAOA-1, [2]TAOA-2.	Adult/TAOA	Un/Underserved Adult &TAY/Adult/Older Adult with SMI	RI-COPSS, NAMI-FES, API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, CRF-MARIPOSA, ECS-F2F, MHS-ESCONDIDO, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE, UPAC-EASTWIND, MHS-SES[58], CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS, NHA-PE, UPAC-MID, MHS-KINESIS RAM, MHS-KINESIS FAL LEGAL AID SOCIETY OF SD, N. CO WALK-IN ASSESS CTR.	NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, 34870, 34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897, 34888, NA, NA.	*816*		*866*		*916*		*966*	
OA2	Older Adult	Un/Underserved Older Adult with SMI	CFAR-HERITAGE SMOT	35027	*175*	**113**	*175*		*175*		*175*	

* Please NOTE "NA" indicates data is Not Available
[2]Program NOT yet implemented for first quarter FY07-08

OUTREACH & ENGAGEMENT (OE)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	YTD Actual	Target	YTD Actual	Target	YTD Actual	Target	YTD Actual
CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY4.1, CY5.2.	Child/ Youth	Un/Underserved Child with SED	VARIOUS SCHOOL-BASED PROGRAMS COUNTYWIDE CCC-MHPCSI, CRF-MAST.	33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918, 32100, 33862.	*313*	**331**	*554*		*652*		*965*	
NA	Transition Age Youth	Un/Underserved TAY with SMI	NA	NA	*0*	**0**	*0*		*0*		*0*	
A7	Adult	Un/Underserved Adult with SMI	CCC-MHPCSI	34100	*250*	**231**	*270*		*300*		*330*	
OA3	Older Adult	Un/Underserved Older Adult with SMI	CCC-MHPCSI	35100	*180*	**23**	*190*		*215*		*239*	
ALL1, ALL2.	All Population	Un/Underserved Individual with SMI	SDDMHS-SDHH, SOTI-SVTT.	34725(AMH), 31725(CMH), 34295.	*76*	**33**	*92*		*108*		*136*	

* Please NOTE "NA" indicates data is Not Available

CHILD/YOUTH PROGRAMS (CY)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	CY-1	Un/Underserved Children with SED	Various school-based programs countywide	33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918.	210	281	419		460		605	
SD	CY-2.1	Un/Underserved Children with SED	MHS-FYIEP	NO RU	121	NA	121		121		122	
FSP	CY-2.2	Un/Underserved Children with SED	SDYCS-FYPSS	NO RU	43	NA	45		48		69	
FSP	CY-3	Un/Underserved Children with SED	CRF-CARE	33088	60	35	60		60		60	
OE	CY-4.1	Un/Underserved Children with SED	CCC-MHPCSI	32100	90	4	117		152		300	
SD	[1]CY-4.2	Un/Underserved Children with SED	RCH-MPER&NCAC	33171, 33172.	83	36	83		83		83	
SD	CY-5.1	Un/Underserved Children with SED	VH-MSW&D	31181	29	40	29		29		29	
OE	CY-5.2	Un/Underserved Children with SED	CRF-MAST	33862	13	46	18		40		60	
FSP	CY-5.3	Un/Underserved Children with SED	SDYCS-COUNSELING COVE	32617	40	17	40		40		40	
SD	CY-6	Un/Underserved Children with SED	PFC-CHILDNET	33523	20	60	28		40		55	
FSP	CY-7	Un/Underserved Children with SED	FFYC-WS/MS	PROJ START DATE 07/20/07	155	NA	170		180		200	
SD	CY-8	Un/Underserved Children with SED	FFYC-PSS	33851	38	55	37		38		37	

* Please NOTE "NA" indicates data is Not Available
[1]Includes former Work Plan ALL-3 data

TAY PROGRAMS (TAY)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	TAY-1	Un/Underserved TAY with SMI	**PCS-CATALYST**	**34649**	*156*	**111**	*156*		*156*		*156*	
SD	TAY-2	Un/Underserved TAY with SMI	**PCS-OASIS**	**NO RU**	*105*	**NA**	*105*		*105*		*105*	
FSP	TAY-3	Un/Underserved TAY with SMI	**DUAL DX/TX PROGRAM**	**PROJ START DATE 8/1/07**	*12*	**NA**	*12*		*12*		*12*	
SD	TAY-4	Un/Underserved TAY with SMI	**CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.**	**34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.**	*240*	**326**	*300*		*360*		*420*	

* Please NOTE "NA" indicates data is Not Available

ADULT PROGRAMS (A)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	A-1	Un/Underserved Adults with SMI	CRF-IMPACT, MHS-NORTHSTAR.	34248, 34899.	*324*	**284**	*324*		*324*		*324*	
FSP	A-2	Un/Underserved Adults with SMI	MHS-CENTERSTAR	34900	*111*	**83**	*111*		*111*		*111*	
SD	A-3	Un/Underserved Adults with SMI	RI-COPSS	NO RU	*350*	**NA**	*350*		*350*		*350*	
SD	A-4	Un/Underserved Adults with SMI	NAMI-FES	NO RU	*60*	**NA**	*60*		*60*		*60*	
SD	A-5	Un/Underserved Adults with SMI	API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, ECS-FRIEND2FRIEND, MHS-ESCONDIDO, MHS-MARIPOSA, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE UPAC-EASTWIND.	NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU.	*125*	**255**	*125*		*125*		*125*	
SD	A-6	Un/Underserved Adults with SMI	MHS-SES	34870	*15*	**NA**	*15*		*15*		*15*	
OE	A-7	Un/Underserved Adults with SMI	CCC-MHPCSI	34100	*250*	**231**	*270*		*300*		*330*	
SD	A-8	Un/Underserved Adults with SMI	CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS ESC, NHA-PE, UPAC-MID, MHS-KINESIS RAM, MHS-KINESIS FAL.	34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897, 34888.	*235*	**400**	*285*		*335*		*385*	

* Please NOTE "NA" indicates data is Not Available

OLDER ADULT PROGRAMS (OA)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	OA-1	Un/Underserved OA with SMI	**CFAR-HERITAGE FSP**	**35025**	*83*	**45**	*83*		*83*		*83*	
SD	OA-2	Un/Underserved OA with SMI	**CFAR-HERITAGE SMOT**	**35027**	*175*	**113**	*175*		*175*		*175*	
OE	OA-3	Un/Underserved OA with SMI	**CCC-MHPCSI**	**35100**	*180*	**23**	*190*		*215*		*239*	

* Please NOTE "NA" indicates data is Not Available

TAY/ADULT/OLDER ADULT PROGRAMS					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD	[2]TAOA-1	Un/Underserved TAY/OA with SMI	**Legal Aid Society of SD**	**NA**	*0*	**NA**	*0*		*0*		*0*	
SD	[2]TAOA-2	Un/Underserved TAY/OA with SMI	**N.County Walk-In Assessment Ctr**	**NA**	*31*	**NA**	*31*		*31*		*31*	

* Please NOTE "NA" indicates data is Not Available
[2]Program NOT yet implemented for first quarter FY07-08

ALL PROGRAMS (ALL)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	ALL-1	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SDDMHS-SDHH**	**34725(AMH), 31725(CMH).**	*38*	**33**	*46*		*54*		*68*	
OE	ALL-2	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SOTI-SVTT**	**34295**	*38*	**0**	*46*		*54*		*68*	

* Please NOTE "NA" indicates data is Not Available

FULL SERVICE PARTNERSHIP (FSP)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.2, CY3, CY5.3, CY7.	Child/ Youth	Un/Underserved Child with SED	SDYCS-FYPSS CRF-CARE, SDYCS-CONSELING COVE, FFYC-WS/MS.	NO RU , 33088, 32617, NO RU.	298	68	*315*	**126**	328		369	
TAY1, TAY3.	Transition Age Youth	Un/Underserved TAY with SMI	PCS-CATALYST, DUAL DX/TX PROGRAM.	34649, NO RU.	*168*	*111*	*168*	***191***	168		168	
A1, A1, A2.	Adult	Un/Underserved Adult with SMI	CRF-IMPACT, MHS-NORTHSTAR, MHS-CENTERSTAR.	34248, 34899, 34900.	*435*	*367*	*435*	***407***	435		435	
OA1	Older Adult	Un/Underserved Older Adult with SMI	CFAR-HERITAGE FSP	35025	*83*	*45*	*83*	***59***	83		83	

SYSTEM DEVELOPMENT (SD)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY2.1, [1]CY4.2, CY5.1, CY6, CY8.	Child/ Youth	Un/Underserved Child with SED	MHS-FYIEP, RCH-MPER&NCAC, VH-MSW&D, PFC-CHILDNET, FFYC-PSS	NO RU, 33171 & 33172, 31181, 33523, 33851	291	191	*298*	**420**	311		326	
TAY2, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4, TAY4.	Transition Age Youth	Un/Underserved TAY with SMI	PCS-OASIS CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE*, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.	NO RU, 34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.	345	326	*405*	***508***	465		525	

[1]Includes former Work Plan ALL-3 data

SYSTEM DEVELOPMENT (SD) (continued)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
A3, A4, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A5, A6, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8, A8, TAOA-1, [2]TAOA-2.	Adult/TAOA	Un/Underserved Adult &TAY/Adult/Older Adult with SMI	RI-COPSS NAMI-FES, API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, CRF-MARIPOSA, ECS-F2F, MHS-ESCONDIDO, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE, UPAC-EASTWIND, MHS-SES[58], CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS, NHA-PE, UPAC-MID, MHS-KINESIS RAM, MHS-KINESIS FAL LEGAL AID SOCIETY OF SD, N. CO WALK-IN ASSESS CTR.	NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, 34870, 34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897, 34888, NO RU, NA.	816	655	*891*	***1019***	941		991	
OA2	Older Adult	Un/Underserved Older Adult with SMI	CFAR-HERITAGE SMOT	35027	175	113	*175*	***213***	175		175	
ALL-3	All Population	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	Mental Health & Primary Care CCC-MHPCSSI	32100 34100 35100	*520*	258	*577*	***452***	667		869	

[2]Program NOT yet implemented for first and second quarters FY07-08

OUTREACH & ENGAGEMENT (OE)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY1, CY5.2.	Child/ Youth	Un/Underserved Child with SED	**VARIOUS SCHOOL-BASED PROGRAMS COUNTYWIDE CRF-MAST.**	**33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918, 33862.**	223	327	*437*	***556***	500		665	
A9	Adult	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**Chaldean Outpatient Services**	**NO RU**	75	NA	*75*	**NA**	75		75	
ALL1, ALL2, [2]ALL5.	All Population	Un/Underserved Individual with SMI	**SDDMHS-SDHH, SOTI-SVTT, Psychiatric Emergency Response Team**	**34725(AMH), 31725(CMH), 34295.**	76	33	*92*	***50***	108		136	

[2]Program NOT yet implemented for first and second quarters FY07-08

CHILD/YOUTH PROGRAMS (CY)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	CY-1	Un/Underserved Children with SED	Various school and hom-based programs countywide	33592, 33598, 33095, 33100, 33130, 33135, 33165, 33170, 33190, 33195, 33807, 33795, 33796, 33082, 33873, 33628, 33629, 32438, 33674, 33677, 33503, 33505, 32649, 32622, 32623, 33824, 32601, 32606, 31162, 32913, 32618, 31140, 31145, 31158, 31180, 31182, 33891, 32212, 32918.	210	281	*419*	**483**	460		605	
SD	CY-2.1	Un/Underserved Children with SED	MHS-FYIEP	NO RU	121	NA	*121*	**103**	121		122	
FSP	CY-2.2	Un/Underserved Children with SED	SDYCS-FYPSS	NO RU	43	16	*45*	**19**	48		69	
FSP	CY-3	Un/Underserved Children with SED	Cultural/Language Specific Outpatient CRF-CARE	33088	60	35	*60*	**46**	60		60	
SD	[1]CY-4.2	Un/Underserved Children with SED	RCH-MPER&NCAC	33171, 33172.	83	36	*83*	**92**	83		83	
SD	CY-5.1	Un/Underserved Children with SED	VH-MSDW	31181	29	40	*29*	**67**	29		29	
OE	CY-5.2	Un/Underserved Children with SED	Outpatient Court Schools & Outreach	33862	13	46	*18*	**73**	40		60	
FSP	CY-5.3	Un/Underserved Children with SED	SDYCS-COUNSELING COVE	32617	40	17	*40*	**35**	40		40	
SD	CY-6	Un/Underserved Children with SED	Early Childhood Mental Health Services (formerly designated as CHILDNET)	33523	20	60	*28*	**69**	40		55	
FSP	CY-7	Un/Underserved Children with SED	FFYC-WS/MS	NO RU	155	NA	*170*	**26**	180		200	
SD	CY-8	Un/Underserved Children with SED	FFYC-PSS	33851	38	55	*37*	**89**	38		37	

[1]Includes former Work Plan ALL-3 data

TAY PROGRAMS (TAY)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	TAY-1	Un/Underserved TAY with SMI	**Integrated Services and Supported Housing PCS-CATALYST**	**34649**	156	111	*156*	**163**	156		156	
SD	TAY-2	Un/Underserved TAY with SMI	**Clubhouse & Peer Support Services PCS-OASIS**	**NO RU**	105	NA	*105*	**77**	105		105	
FSP	TAY-3	Un/Underserved TAY with SMI	**DUAL DX/TX PROGRAM SPTC**	**NO RU**	12	NA	*12*	**28**	12		12	
SD	TAY-4	Un/Underserved TAY with SMI	**Enhanced Outpatient MHS CRF-HEARTLAND, CRF-SBGC, CRF-MSC, CRF-ACC, UCSD-GIF, NHA-PE, CRF-DYC, UPAC-CTC, MHS-VISTA YTP, MHS-KINESIS TAY, MHS-VISTA TAY.**	**34866, 34094, 34086, 34784, 34153, 34881, 34079, 34221, 34941, 34892, 34942.**	240	326	*300*	**431**	360		420	

* Please NOTE "NA" indicates data is Not Available

ADULT PROGRAMS (A)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	A-1	Un/Underserved Adults with SMI	**Homeless Integrated Services & Supported HousingCRF-IMPACT, MHS-NORTHSTAR.**	**34248, 34899.**	324	284	*324*	**313**	324		324	
FSP	A-2	Un/Underserved Adults with SMI	**Justice Integrated Svcs & Supported Housing MHS-CENTERSTAR**	**34900**	111	83	*111*	**94**	111		111	
SD	A-3	Un/Underserved Adults with SMI	**RI-COPSS**	**NO RU**	350	NA	*350*	**280**	350		350	
SD	A-4	Un/Underserved Adults with SMI	**NAMI-FES**	**NO RU**	60	NA	*60*	**73**	60		60	
SD	A-5	Un/Underserved Adults with SMI	**Clubhouse Enhance & Expand w/ Employment API-DISCOVERY, CRF-EASTCORNER, CRF-CASADELSOL, CRF-VISIONS, CRF-CORNER, ECS-FRIEND2FRIEND, MHS-ESCONDIDO, MHS-MARIPOSA, NHA-FRIENDSHIP, PVH-BAYVIEW, TMP-MEETINGPLACE UPAC-EASTWIND.**	**NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU, NO RU.**	125	255	*125*	**94**	125		125	
SD	A-6	Un/Underserved Adults with SMI	**MHS-SES**	**34870**	15	NA	*15*	**0**	15		15	
SD	A-8	Un/Underserved Adults with SMI	**Enhanced Outpatient MHS CRF-SBGC, CRF-MSC, CRF-ACC, CRF-DYC, FHC-LH, FHC-HC, MHS-KINESIS ESC, NHA-PE, UPAC-MID, MHS-KINESIS RAM, MHS-KINESIS FAL.**	**34092, 34084, 34787, 34077, 34630, 34631, 34894, 34882, 34219, 34897, 34888.**	235	400	*285*	**566**	335		385	
OE	A-9	Un/Underserved Adults with SMI	**Chaldean Outpatient Services**	**NO RU**	75	NA	*75*	**NA**	75		75	

* Please NOTE "NA" indicates data is Not Available

OLDER ADULT PROGRAMS (OA)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FSP	OA-1	Un/Underserved OA with SMI	**High Utilizer Integrated Services and Supported Housing CFAR-HERITAGE FSP**	**35025**	83	45	*83*	**59**	83		83	
SD	OA-2	Un/Underserved OA with SMI	**Mobile Outreach at Home & Community CFAR-HERITAGE SMOT**	**35027**	175	113	*175*	**213**	175		175	

TAY/ADULT/OLDER ADULT PROGRAMS					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
SD	TAOA-1	Un/Underserved TAY/OA with SMI	**Legal Aid Society of SD**	**NA**	0	NA	*25*	**6**	25		25	
SD	[2]TAOA-2	Un/Underserved TAY/OA with SMI	**N.County Walk-In Assessment Ctr**	**NA**	31	NA	*31*	**NA**	31		31	

* Please NOTE "NA" indicates data is Not Available

[2]Program NOT yet implemented for first and second quarters FY07-08

Mental Health Services MHSA Quarterly Report [2Q FY 07-08]

ALL PROGRAMS (ALL)					1Q		2Q		3Q		4Q	
CSS PLAN#	Age Group	Description of Initial Populations	Program	RU	Target	Actual	Target	Actual	Target	Actual	Target	Actual
OE	ALL-1	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SDDMHS-SDHH**	**34725(AMH), 31725(CMH).**	38	33	*46*	**44**	54		68	
OE	ALL-2	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**SOTI-SVTT**	**34295**	38	0	*46*	**6**	54		68	
SD	ALL-3	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**CCC-MHPCSI**	**32100, 34100, 35100.**	520	258	*577*	**452**	667		869	
OE	[2]ALL-5	Un/Underserved Child with SED & TAY, Adult & Older Adult with SMI	**Psychiatric Emergency Response Team**	**34365P**	NA	NA	*NA*	**NA**	291		291	

[2]Program NOT yet implemented for first and second quarters FY07-08

MHSA CSS Implementation Progress Report

30 Day Public Comment Form
August 18, 2008 – September 17, 2008

CONTACT INFORMATION	
Name:	
Agency/Organization:	
Phone Number:	E-mail Address:
Mailing Address:	

Which San Diego County MHSA meetings did you attend? (√ all that apply)			
Community Meeting		Adult/TAY SOC Council	
Housing Council		Older Adult SOC Council	
Children's SOC Council		Other:	
My role in the mental health system is: (√ all that apply)			
Client/Consumer		Probation	
Family Member		Education	
Service Provider		Social Services	
Law Enforcement/Criminal Justice		Other	

What do you see as the strengths of the report?

If you have concerns about the report, please explain.

Comments:

To comment, please contact: MHSProp63.HHSA@sdcounty.ca.gov or by phone at
(619) 584-5063 or toll-free in the San Diego area at (888)-977-6763