

COUNTY OF SAN DIEGO MHSA ANNUAL PROGRAM & EXPENDITURE PLAN: FISCAL YEAR 2012-13



10/9/2012

MHSA: Making a Difference

This report describes the County of San Diego Health and Human Services Agency's Mental Health Services Act (MHSA) funded programs, a sampling of program highlights from Fiscal Year 2010-11, and an expenditure plan for Fiscal Year 2012-13.

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MHSa Annual Program & Expenditure Plan: FY 2012-13

MHSa: MAKING A DIFFERENCE

A LETTER FROM THE BEHAVIORAL HEALTH DIRECTOR

Live Well, San Diego! is a 10-year initiative and plan that embodies the Health and Human Services Agency's effort to achieve the County vision for healthy, safe and thriving communities. The initiative advances health and overall wellbeing of the entire region.



Behavioral Health Services' role in the implementation of *Live Well, San Diego!* is to assure healthy communities by providing an array of state-of-the-art behavioral health services to children, youth, families, adults and older adults. Since its approval by voters in 2004, the Mental Health Services Act (MHSa) has provided a unique opportunity to further transform public mental health services in San Diego County. San Diego's behavioral health system transformation has evolved in the past ten years with broad participation of clients, families and youths, advocates, public partners, private providers and the community at large.

Through programs and services funded by MHSa, underserved populations have better access to care and opportunities for an improved quality of life in less restrictive environments. In addition, our prevention and education efforts focus on reducing the stigma of mental illness and co-occurring disorders and increasing access to services. We are committed to significantly increasing client, family and youth participation at the planning, practice, program and policy levels, and in client-operated services.

County of San Diego Behavioral Health Services anchors its delivery in the practice of system of care values and principles, applying a bio-psychosocial rehabilitation and recovery model for services provided to adults that is consistent with the adult and older adult system of care framework. For children's mental health services, the system of care values are consistent with wraparound philosophy and guiding principles. Additionally, integrating treatment for alcohol and other drug substance use and abuse with services addressing mental health is a foundational commitment to the wellness of all clients.

The Behavioral Health Services Division looks forward to continuing to advance the goals of *Live Well, San Diego!* through transforming the public mental health and behavioral health systems with a recovery and resilience focus. This will be accomplished by advancing integrated health care models, utilizing trauma-informed approaches at every level of service, and ensuring that clients and families have the information necessary to make healthy lifestyle decision including: healthy food choices and informed decisions about increasing physical activity and social connectedness.

ALFREDO AGUIRRE, LCSW, Director
Behavioral Health Services
County of San Diego

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INTRODUCTION

In July 2010, the County of San Diego Board of Supervisors unanimously adopted a visionary 10-year plan, ***Live Well, San Diego!***, to improve the health and well being of our community. Supporting the County's vision, the plan strategically outlines goals and actions to provide innovative and integrated service delivery to the residents of San Diego County so they can enjoy lives that are Healthy, Safe and Thriving. These three strategic agendas have distinct yet interwoven collection of measurable activities that are categorized within four major pillars:

- Building a Better Service Delivery System
- Supporting Positive Choices
- Pursuing Policy Changes for a Healthy Environment
- Changing the Culture From Within

Mental Health Services Act (MHSA) implementation in San Diego County demonstrates the County's commitment to collaborating with community partners and businesses, aligning internal services to promote healthy, safe and thriving communities for all residents, and putting ***Live Well, San Diego!*** into action.

While adhering to the principles of MHSA and the guiding principles of Behavioral Health Services' Adult/Older Adult and Children's Systems of Care, the MHSA, as implemented in San Diego County, addresses the four major pillars of *Live Well, San Diego!*:

Building a Better Service Delivery System is essential to a healthier community. Integration of physical health, behavioral health and social services is a key component to building a service delivery system that improves quality of care and is responsive to the needs of customers. Access to the right care at the right time is critical to achieving and maintaining the health of an individual. A few examples illustrating strides made towards building a better service delivery system through MHSA include:

- Integration of physical and behavioral health care;
- Improved identification and availability of suicide prevention and mental health resources;
- Reduction of the stigma associated with mental illness and suicide so that individuals are comfortable reaching out and getting help early, and communities are understanding that "home is where recovery begins" for someone with a severe mental illness; and
- Improved coordination of services for high-risk populations.

Supporting Positive Choices is about enabling our community to make the healthy choice be the easy choice. Because the healthy choice is not always the easy choice, it is critical to remove barriers to making the right choice. A few examples of how MHSA funded programs are supporting positive choices are as follows.

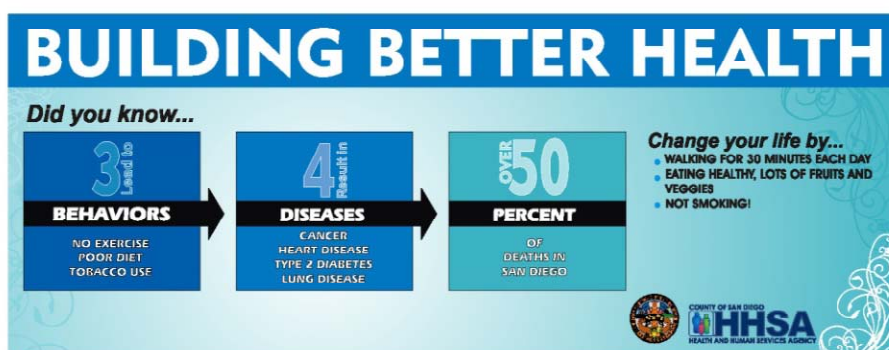
- Clubhouses are providing healthy cooking classes and encouraging smoking cessation programs for clients;
- County of San Diego Regional Community Health Promotion and Aging Program Specialists are broadening the reach of education and training by incorporating physical health and behavioral health in their messaging; and
- *It's Up to Us* Stigma and Discrimination Reduction and Suicide Prevention Media Campaign is providing wellness tips through community bulletins.

Pursuing Policy and Environmental Changes is an effort to incorporate health in all policies. By looking at areas such as transportation and planning through a health lens, we are able to create sustainable change in our region that supports healthy living. A few MHSA-funded examples that illustrate this:

- Expand basic prevention education and training to the population at large so they can recognize the signs and symptoms of suicide risk as commonly as they can other health risks like a heart attack or a stroke;
- Expand the definition of “providers” to include those outside of the behavioral health realm, and give them adequate training, education and support; and
- Plan for a healthy environment in the capital facilities projects that will house programs.

Improving the Culture from Within County Government is about the internal County Team. A healthier and more knowledgeable County workforce is a more productive workforce, and in turn, enables employees to better serve all those who use County services. Behavioral Health Services staff participates in:

- A “virtual” walk across the country through a walking challenge;
- Walks for mental health and suicide prevention and recovery activities;
- Annual stigma-reducing events; and
- The development of an internal training for HHSa employees on stigma and discrimination that is associated with mental illness.



COMMUNITY STAKEHOLDER PROCESS

The County of San Diego compiled information through an extensive Community Program Planning process, which included data from the MHSA Gap Analysis and community input from stakeholder-led councils (Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, Housing Council) and the Mental Health Board in the development of the Fiscal Year (FY) 2012-13 Annual Program and Expenditure Plan.

The stakeholder-led councils provide a forum for council representatives and the public to stay informed and involved in the planning and implementation of MHSA programs. The members of these councils received draft materials and presentations on the impact of Assembly Bill 100, which dissolved the California Department of Mental Health and rescinded its role as an approving authority on MHSA plans including the local community planning and approval process. Community input from these councils was collected during the FY 2012-13 planning phase and considered during development of this annual plan. Council members also shared MHSA information with their constituents and other groups involved in behavioral health services and issues. Membership within the Children's, Adult, and Older Adult System of Care Councils and the Housing Council includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.

The Mental Health Board provided input for the FY 2012-13 funding enhancements for Community Services and Supports as well as Prevention and Early Intervention, reviewed and supported the draft MHSA Annual Program & Expenditure Plan report. The Board held a public hearing on June 7, 2012. The Board is comprised of consumers, family members, and clinical professionals from the mental health field representing each of the five County supervisorial districts.

The County's Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout the MHSA planning activities, ADS providers offered essential input on the needs for specialized mental health assistance for clients currently receiving treatment in ADS-contracted programs. Additional input was received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings. The Alcohol and Drug Advisory Board was provided a presentation where further input was gathered. This Board is comprised of family members, those in recovery and professionals representing each of the five County supervisorial districts.

The Behavioral Health Services Director and MHSA Coordinator presented a draft of this report highlighting some of the accomplishments in FY 2010-11 and areas of proposed program enhancements for FY 2012-13 to the Health Services Advisory Board, a board comprised of individuals in the health services field, such as physicians, hospital partners, academia, and local businesses, also representing each of the five County supervisorial districts.

In addition, the MHSA Planning Team routinely sends updates and communications about planning, meetings, documents and proposed MHSA plan updates to an extensive list of interested parties (e.g., stakeholders, providers, consumers, and family members). Annual update information and input requests were emailed to other stakeholder distribution lists, including the Mental Health Coalition and Mental Health Contractors Association.

The draft annual report was posted on the County's Behavioral Health Services website and with the Clerk of the Board of Supervisors. Community and stakeholder input was also solicited and received via telephone (local and toll-free lines), internet, and email using the County's MHSA Proposition 63 comment/question line.

WHAT IS MHSA?

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provided the first opportunity in many years for the California Department of Mental Health (DMH) to make available increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children (ages 0-18), transition age youth (ages 18-24), adults (ages 25-59), older adults (ages 60 and above) and families. MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. MHSA imposes a 1% income tax on personal annual income in excess of \$1 million. MHSA has five program components.

1. Community Services and Supports (CSS)

Most new MHSA programs and strategies are implemented through the CSS component. These programs and strategies are improving access to underserved populations, bringing recovery approaches to current systems, and providing “whatever it takes” services to those most in need. These programs offer: integrated, recovery-oriented mental health treatment; case management and linkage to essential services, housing and vocational support; and self-help.

The MHSA Housing Program, a function of CSS, finances capital costs associated with development, acquisition, construction and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families. The MHSA Housing Program embodies both the individual and system transformational goals of the MHSA through a unique collaboration among government agencies at the local and state level.

The largest MHSA component, the CSS expenditure plan for FY 2012-13 is approximately \$90.0 million. For additional information about the CSS component, see the Fiscal Year 2012-13 Expenditure Plan section of this report.

2. Prevention and Early Intervention (PEI)

Prevention and early intervention approaches in and of themselves are transformational in the way they restructure the mental health system to a “help-first” approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health and co-occurring problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health care and education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

The FY 2012-13 expenditure plan for PEI is approximately \$29.4 million. For additional information about the PEI component, see the Fiscal Year 2012-13 Expenditure Plan section of this report.

3. Innovation

Innovations are defined as novel, creative and/or ingenious mental health approaches that are expected to contribute to learning, and are developed within communities through a process that is inclusive and representative of unserved and underserved individuals. The Innovation component allows counties the opportunity to “try out” new approaches that can inform current and future mental health approaches.

The expenditure plan for innovation programming for FY 2012-13 is approximately \$10.9 million. For additional information about the Innovation component, see the Fiscal Year 2012-13 Expenditure Plan section.

4. Workforce Education and Training (WET)

The overall mission of the Workforce Education and Training component is to develop, retain and maintain a sufficient public mental health workforce that is capable of providing client and family driven, culturally competent services that promote wellness, recovery and resilience. WET programs develop training curricula, incorporate cultural competency in all training and education programs, increase mental health career development opportunities, expand postsecondary education capacity, expand loan repayment scholarship programs, create stipend programs, promote distance learning techniques, promote employment of clients and family members in the mental health system, and promote meaningful inclusion of client and family members in all training and education programs.

The FY 2012-13 expenditure plan for WET is approximately \$3.8 million. For additional information about the WET component, see the Fiscal Year 2012-13 Expenditure Plan section.

5. Capital Facilities and Technological Needs

Capital Facilities supports the goals and provision of MHSA services through the development of a variety of community-based facilities that support integrated service experiences. Funds may also be used to support an increase in peer-support and consumer-run facilities and the development of community-based, less restrictive settings that will reduce the need for incarceration or institutionalization.

Technological Needs projects demonstrate the ability to serve and support the MHSA objectives through cost effective and efficient improvements to data collection and communications. The goals of the technology projects and enhancements are to: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information through a wide variety of settings; and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, efficiency and cost effectiveness.

The budget for the Capital Facilities and Technological Needs component for FY 2012-13 is approximately \$12.3 million. For additional information about the Capital Facilities and Technological Needs component, see the Fiscal Year 2012-13 Expenditure Plan section.

FISCAL YEAR 2012-13 EXPENDITURE PLAN

The MHSa expenditure for Fiscal Year 2012-13 is approximately \$146.4 million. This includes expenditure plans for each of the MHSa components listed below. See Appendix A for detail of MHSa Expenditure Plan for FY 2012-13.

- Community Services and Supports (CSS) = \$90.0 million
- Prevention and Early Intervention (PEI) = \$29.4 million
- Innovation (INN) = \$10.9 million
- Workforce Education and Training (WET) = \$3.8 million
- Capital Facilities and Technological Needs (CFTN) = \$12.3 million

Due to under spending prior years' allocated expenditures and initial slow start up of programs resulting from extended procurement processes, approximately \$13.2 million of funding was made available and incorporated into selected CSS and PEI programs for enhancements. See Appendix A for a listing of all enhancements.

Community Services and Supports

FY 2012-13 Expenditure Plan = \$90.0 million

This expenditure plan includes enhancements totaling approximately \$7.3 million.

Community Services and Supports provides a full array of services to clients and families through Full Service Partnership (FSP) programs. Full Service Partnership programs use a "whatever it takes" approach to help stabilize the client and provide timely access to needed help for unserved and underserved children, youth and adults of all ages. These individuals have a serious mental illness or are severely emotionally disturbed and may be homeless or at risk of becoming homeless. FSP programs also provide individualized services to children and families through Child Welfare and Probation Department Services, and promote access to medical, social, rehabilitative and other needed services and supports. Programs also provide outreach and engagement activities.

Programs for Children, Youth and Families

Programs for children and youth provide an array of full service partnership services including assessment, case management, intensive mental health services and supports, psychiatric services, referrals, linkage with community organizations and services that address co-occurring mental health issues and substance abuse. Services are strength based, family oriented, 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 populations. Some program services are provided in the home or other sites chosen by the family. Below are program highlights from FY 2010-11.

- Cultural/Language Specific Services were implemented based on principles of community involvement, cultural and linguistic competence, and outreach to underserved Hispanic and Asian/Pacific Islander children and youth and their families. Out of the total 529 clients served in FY 2010-11, 48.4% were Hispanic and 7.6% were Asian/Pacific Islander.

- Placement stabilization services were provided through outpatient mental health clinical services to children, adolescents and youth who are severely emotionally disturbed (SED), served by Child Welfare Services (CWS), and at risk of change of placement from their home, foster home, small group home, or other home-like setting.
- In Fiscal Year 2010-11, a total of 1,062 clients received services through FSP Lite programs.

Programs for Adults Ages 18 – 60+

These programs provide a variety of integrated services which may include supported housing (temporary, transitional, and permanent) with a focus of age and developmentally appropriate outreach and engagement, intensive case management 24 hours a day and 7 days a week, wraparound services, community-based outpatient mental health services, rehabilitation and recovery services, supported housing, supported employment and education, dual diagnosis services, peer support services, diversion and reentry services. A sampling of highlights from FY 2010-11 are listed below.

- Following San Diego Registry Week in September 2010, which documented at-risk homeless individuals in central San Diego, full service partnership programs were expanded to provide services to an additional 50 homeless individuals.
- In Fiscal Year 2010-11, FSP clients showed improvement in many areas of basic needs. Significant improvements were seen in movement of people from homelessness (10.9% at intake vs. 2.3% latest) and emergency shelter (9.3% at intake vs. 1.1% latest) into better living arrangements.
- Clubhouses offered comprehensive and dynamic programs to support people recovering from severe and persistent mental illnesses. Many activities targeted healthy eating and active living, which are important factors in improving the health habits and quality of life of their members.

Programs for All Ages

These programs serve families and individuals of all ages by offering a variety of outreach and engagement and outpatient mental health services, including care coordination, linkage, and individualized/family-driven services and supports. Clients are provided with necessary linkages to appropriate agencies for psychotropic medication management if necessary, as well as services for co-occurring substance abuse disorders. Some of the services are provided for specific populations and communities, such as those who have been victims of trauma and torture, the Chaldean and Middle Eastern communities and individuals who are deaf or hard of hearing.

- In FY 2010-11, the County of San Diego Behavioral Health Services Division established regional behavioral and physical health collaboratives in an effort to increase physical and behavioral health integration and provide quality care coordination for clients. The partnerships help address gaps in resources and create an information network so that clients and their families can experience an increase quality of care.
- Family and Youth Peer Support, and Partner Services hired and trained family members to provide support, education, information, linkage to services, and advocacy for children, youth, and their families. This program offered leadership training opportunities enabling family and

youth partners, who have experience with the mental health system, to serve as role models and leaders for the community.

- Geriatric Specialist clinicians provided community based outreach services to isolated older adults, including age appropriate assessments of mental health/substance abuse and physical health needs. Clinicians also assisted in transitioning stable clients to lower level resources.

Prevention and Early Intervention

FY 2012-13 Expenditure Plan = \$29.4 million

This expenditure plan includes enhancements totaling approximately \$5.9 million.

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities and community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

Prevention

Universal prevention programs target the general public or a whole population group that has not been identified on the basis of individual risk. Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills and increasing support. Programs include media campaigns such as *It's Up to Us* (Up2SD.org) and *Housing Matters* (HousingMattersSD.org), which educate the general community and empower individuals to reduce stigma associated with mental illness, suicide prevention education in public schools and throughout the community, and support and talk lines for individuals of all ages. Some highlights from FY 2010-11 are listed below.

- Six months after the launch of the *It's Up to Us* campaign in September 2010, a significantly larger number of San Diegans who saw the ads stated that they knew where to seek help (68% vs. 48%), how to recognize warning signs for suicide (69% vs. 48%) and agreed that people with mental illness should be hired just like other people (66% vs. 52%), and also agreed that they would be willing to socialize (76% v. 64%), work closely with (67% vs. 59%), and have a person experiencing mental illness marry into their family (37% vs. 27%).
- The Moving Forward/Salir Adelante fotonovela educated the Latino community on mental health issues and how and where to access mental health services. Fotonovelas are novels, books, pamphlets or brochures that utilize photos and text to illustrate a message and are useful for sharing information across different language groups. Approximately 140,000 copies of the fotonovela were distributed throughout the county. To date, two other California counties have requested permission to reprint the fotonovela for their communities. Electronic Spanish and English versions of the fotonovela are found on the *It's Up to Us* campaign website Up2SD.org.

Early Intervention

Early intervention programs target individuals or a subgroup whose risk of developing mental illness is significantly higher than average. These programs are typically of short duration and offer relatively low intensity interventions to: those at risk from exposure to community and/or domestic violence; siblings and family of gang members; isolated older adults; veterans, enlisted military, reservists and their families; Native Americans; and those with co-occurring disorders. Following is a sampling of highlights from FY 2010-11.

- Over 1,100 families, which is more than double the program's goal, with children ages five years and below were provided with positive parenting skills. Ninety-nine percent of these parents reported improvement in their parenting skills. The positive parenting program served 26 Head Start centers, exceeding the minimum target of 15, and worked with 4 centers with significant military family enrollment.
- Caregivers of Alzheimer's patients showed remarkable improvement in their health after participating in a program designed to prevent or decrease depression symptoms due to isolation and burden of care. Caregivers responded to an initial assessment and a reassessment after being provided intervention. At the reassessment, 73% of caregivers reported that they were in "Good" or "Excellent" health, compared with only 56% at the initial assessment. At reassessment, fewer caregivers were at high risk for depression than at the initial assessment (28% vs. 59%).

Innovation

FY 2012-13 Expenditure Plan = \$10.9 million

Innovation programs are short-term, novel, creative and/or ingenious mental health practices or approaches that contribute to learning. At the conclusion of each program, a comprehensive analysis and report will be produced detailing what has been learned as a result of the program.

The budget includes funding for ten programs that were planned with the community. These are:

1. Wellness and Self-Regulation for Children and Youth
2. Hope Connections (formerly Peer and Family Engagement)
3. Integrated Care Resources (formerly Physical Health Integration)
4. Mobility Management in North San Diego County
5. Positive Parenting for Men in Recovery
6. After School Inclusion
7. Transition Age and Foster Youth
8. Independent Living Facilities
9. Health Literacy
10. In-Home Outreach Teams

Of these ten programs, three provided services in FY 2010-11: Wellness and Self-Regulation for Children and Youth; Integrated Care Resources (began providing services in March, 2011); and Positive Parenting for Men in Recovery. Two programs began providing services in FY 2011-12 and four programs will begin, or have already begun, to provide services in FY 2012-13. The Health Literacy

program is currently being reevaluated to determine its relevancy as there are several community initiatives currently addressing health literacy. Two highlights from the programs implemented in FY 2010-11 are provided below.

- Detailed notes of the youth participation in wellness groups have provided valuable information regarding the clients' symptoms and progress in treatment. For example, some children who responded well in other types of relaxation groups, quickly experienced symptoms of agitation in music groups. This is often due to sensory overload associated with autism spectrum disorders.
- Approximately 50 fathers participating in recovery from substance abuse will be raising children on their own for the first time with the mother being absent. These fathers are learning how to bond, and the importance of bonding, with their children.

Workforce Education and Training

FY 2012-13 Expenditure Plan = \$3.8 million

This expenditure plan includes one-time funding of approximately \$3.8 million.

Funding provided through the Workforce Education and Training (WET) component is one-time rather than ongoing funding. Total one-time funding for this component is approximately \$17.3 million and is to be expended by June 30, 2018. A comprehensive needs assessment as well as robust planning with the community informed the decision for the development of programs. Below is a general description of the programs.

- Training and technical assistance consists of activities that enhance the knowledge and skills of individuals who provide services or support the public mental health system.
- Early Childhood Socio-Emotional & Behavior Regulation Intervention Specialist (EC-SEBRIS) Certificate Program targets current and future professionals who are or intend to become early childhood socio-emotional and behavior-regulation intervention specialists.
- Mental Health Career Pathway programs include educational, training and counseling programs designed to recruit and prepare individuals for entry into a career in the public mental health system. These programs include certification for entry-level mental health workers, nursing partnerships, a consumer and family academy, community academy that supports consumers and family members with lived experience to advance along the pathway, and a high school program that introduces students to the field of public mental health.
- Residency and internship programs are specifically designed to address the shortage of psychiatrists trained to provide leadership in the public mental health system for general and child community psychiatry. Licensed Clinical Social Worker/Marriage Family Therapist residency/internship programs are designed to increase the number of licensed mental health clinicians in the public mental health system, with an emphasis on ethnic/cultural and linguistic diversity.

Capital Facilities and Technological Needs

FY 2012-13 Budget = \$12.3 million

Capital Facilities and Technological Needs (CFTN) funding is one-time, rather than ongoing funding. A total of \$37.3 million was available for this CFTN component. Approximately \$13.1 million (35%) was allocated to Capital Facilities projects and \$24.2 million (65%) was allocated to Technological Needs projects. Total one-time funding for this component is to be expended by June 30, 2018. A robust community planning process informed the decision-making process for these projects.

Capital Facilities

The County's use of Capital Facilities funds is expected to move the local mental health system toward the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families. To further the integration goals of *Live Well, San Diego!*, Capital Facilities funds will be used to support a consumer integrated health experience offering mental and other health and social services. The four capital facilities projects are as follows.

1. Juvenile Hall Mental Health Services Office Building
2. North Coastal Health Facility
3. Central Region Health Facility
4. Future project not yet defined

Technological Needs

Technological Needs projects address two MHSA goals: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings; and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness. The Technological Needs projects include:

1. Consumer/Family Empowerment
2. Personal Health Record
3. Appointment Reminder
4. Telemedicine Expansion
5. Management Information System (MIS) Enhancement/Expansion
6. SpeED Link
7. Data Exchange Pilot
8. MIS

APPENDIX A – MHSA EXPENDITURE PLAN: FISCAL YEAR 2012-13

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MHSA Expenditure Plan: Fiscal Year 2012-13

PROGRAM	Ongoing Program Expenditure	FY 2012-13 Program Enhancement	Annual Program Expenditure for One-Time Funds	Administration	Total Expenditure Plan
Community Services and Supports (CSS)					
Full Service Partnerships for Children and Youth	6,747,818	900,000	0		7,647,818
Outreach and Engagement for Children and Youth	3,354,714	0	0		3,354,714
System Development for Children and Youth	8,464,692	1,605,000	0		10,069,692
Full Service Partnership for Ages 18-65+	26,197,251	2,110,000	0		28,307,251
System Development for Ages 18-65+	22,047,108	2,476,807	0		24,523,915
Outreach and Engagement for All Ages	2,279,784	50,000	0		2,329,784
System Development for All Ages	1,860,000	205,000	0		2,065,000
CSS Admin Cost			0	11,744,727	11,744,727
CSS Total	70,951,367	7,346,807	0	11,744,727	90,042,901
Prevention and Early Intervention (PEI)					
Education and Support Lines (PS-01)	2,790,132	3,019,813	0		5,809,945
Families as Partners (DV-01)	500,008	0	0		500,008
South Region Trauma Exposed Services (DV-02)	801,907	0	0		801,907
Alliance for Community Empowerment (DV-03)	498,085	120,000	0		618,085
Positive Parenting Program (EC-01)	1,200,000	100,000	0		1,300,000
Kick Start (FB-01)	1,300,000	475,000	0		1,775,000
Dream Weaver Native American Consortium (NA-01)	1,600,000	0	0		1,600,000
Elder Multicultural Access & Support Services (OA-01)	387,153	125,000	0		512,153
Positive Solutions (OA-02)	488,805	125,000	0		613,805
Aging Well (OA-03)	174,925	100,000	0		274,925
Reaching Out (OA-04)	460,380	80,000	0		540,380
Salud (OA-05)	552,595	150,000	0		702,595
SmartCare (RC-01)	1,400,000	150,000	0		1,550,000
School-Based Program (SA-01)	2,800,000	300,000	0		3,100,000
Suicide Prevention Education Awareness and Knowledge (SA-02)	817,596	0	0		817,596
Courage to Call (VF-01)	1,000,000	0	0		1,000,000
Bridge to Recovery (CO-01)	1,500,000	0	0		1,500,000
Co-Occurring Disorders (CO-02)	1,000,000	1,140,000	0		2,140,000
Statewide Training Technical Assistance and Capacity Building (TTACB)	508,800	0	0		508,800
PEI Admin Cost			0	3,773,460	3,773,460
PEI Total	19,780,386	5,884,813	0	3,773,460	29,438,659

PROGRAM	Ongoing Program Expenditure	FY 2012-13 Program Enhancement	Annual Program Expenditure for One-Time Funds	Administration	Total Expenditure Plan
Innovation (INN)					
Wellness and Self Regulation for Children and Youth	1,500,000	0	0		1,500,000
Peer and Family Engagement	1,600,000	0	0		1,600,000
Physical Health Integration	920,000	0	0		920,000
Mobility Management in North County San Diego	350,000	0	0		350,000
Positive Parenting for Men in Recovery	250,000	0	0		250,000
After School Inclusion	1,139,192	0	0		1,139,192
Transition Age and Foster Youth Program	1,812,706	0	0		1,812,706
Independent Living Facilities	473,593	0	0		473,593
Health Literacy	252,629	0	0		252,629
In-Home Outreach Teams	1,114,098	0	0		1,114,098
INN Admin Cost		0	0	1,411,833	1,411,833
INN Total	9,412,218	0	0	1,411,833	10,824,051
Workforce Education and Training (WET)					
Workforce Staffing Support	0	0	446,475		446,475
Training and Technical Assistance	0	0	938,484		938,484
Mental Health Career Pathway Programs	0	0	883,187		883,187
Residency and Internship Program	0	0	770,000		770,000
Financial Incentive Program	0	0	400,000		400,000
WET Admin Cost	0	0	0	343,815	343,815
WET Total	0	0	3,438,146	343,815	3,781,961
Capital Facilities and Technological Needs (CFTN)					
Technological Needs (TN):					
Consumer/Family Empowerment	0	0	93,300		93,300
Personal Health Record	0	0	775,000		775,000
Appointment Reminder	0	0	300,000		300,000
Telemedicine Expansion	0	0	1,675,799		1,675,799
MIS Enhancement/Expansion (Document Management, Doctors' Homepage and Signature Pads)	0	0	941,000		941,000
SpeED Link	0	0	600,000		600,000
Data Exchange Pilot	0	0	1,000,000		1,000,000
MIS	0	0	1,682,795		1,682,795
TN Subtotal	0	0	7,067,894		7,067,894
Capital Facilities (CF): Juvenile Hall, North Coastal, East portion of Central Region Project, and Southeast Facility	0	0	3,621,292		3,621,292
CFTN Admin Cost	0	0	0	1,603,378	1,603,378
CFTN Total	0	0	10,689,186	1,603,378	12,292,564
TOTAL MHSA EXPENDITURE PLAN: FY 2012-13	100,143,971	13,231,620	14,127,332	18,877,213	146,380,136
Ongoing Program Expenditure	100,143,971				
Annual Program Expenditure for One Time Funds	14,127,332				
Administration	18,877,213				
Subtotal	133,148,516				
FY 2012-13 Program Enhancement	13,231,620				
Total Expenditure Plan	146,380,136				

APPENDIX B – COUNTY CERTIFICATION

This section includes the following:

1. County Certification

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COUNTY CERTIFICATION

County of San Diego

County Mental Health Director	Project Lead
Name: Alfredo Aguirre	Name: Karen Ventimiglia
Telephone Number: (619)563-2700	Telephone Number: (619)584-3012
E-mail: Alfredo.Aguirre@sdcounty.ca.gov	E-mail: Karen.Ventimiglia@sdcounty.ca.gov
Mailing Address: County of San Diego Health and Human Services, Behavioral Health Services 3255 Camino del Rio South San Diego, CA 92108	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft fiscal year (FY) 2012-13 annual program and expenditure plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

The costs of any Capital Facilities projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each program is true and correct.

All documents in this FY 2012-13 annual program and expenditure plan are true and correct.


ALFREDO AGUIRRE, LCSW
Behavioral Health Services Director
County of San Diego

Date: September 7, 2012

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