

County of San Diego
Summary of MHSA Community Input as of 3/8/07

Disposition	Input/Suggestion	Community Partner	Date Received
<ul style="list-style-type: none"> • B,D 	<ul style="list-style-type: none"> • Request funding for a Mental Health Systems staff person to serve as contract representative for MIS Implementation/Project Management core team 	<p>Annette Witt, LCSW Adult Mental Health Programs</p> <p>Mental Health Systems, Inc.</p>	12/1/06
<ul style="list-style-type: none"> • E 	<ul style="list-style-type: none"> • North Inland crisis residential facility 	<p>Dan Maccia, Psy.D., CPRP</p> <p>Vista Balboa Crisis Center</p>	12/7/06
<ul style="list-style-type: none"> • C • A,B, M • H • F • A,B, H • A • B,H • A,M • M • M • M 	<p>Member discussion of Proposed Enhancements and Expansion The attendees recommended the following programs to be enhanced with savings dollars or to be added to the “Parking Lot” document as applicable to the funding guidelines:</p> <ul style="list-style-type: none"> • Fee For Service Outpatient provider rate enhancement • New Evidence Based Case management programs i.e. ACT or rehab and recovery services with a lower ratio of staff to patients • Workforce Development • Capital Expansions of expanded programs • Training and Education -----CADRE V <ul style="list-style-type: none"> ➢ Development and sustainability • Expansion of community outreach • Education <ul style="list-style-type: none"> ➢ Opening up Mental Health training for consumer attendance • Expanding facilities for a program to better serve the whole county • Consultant for IMD to facilitate shorter stays and successful transition into the community. • CalMEND (California Mental Health Care Management program) • ICCD (International Center for Clubhouses Development) 	<p>Community Input received at Adult Mental Health Services, System of Care Council Meeting</p>	12/7/06

<p><u>Addressed</u> A=Funded under original MHSA CSS Plan B=Funded under CSS Enhancement Plan C=Currently under review D=Current mental health services exist</p>	<p><u>Consider for Future Funding</u> E=Review in 6 months F=MHSA Capital/IT G=MHSA Innovations H=MHSA Workforce Development & Training I=MHSA Prevention/Early Intervention J=MHSA Housing Component</p>	<p><u>Restricted</u> K=Cannot fund due to MHSA guidelines L=Cannot fund due to other legislative restrictions</p> <p>M=Requires further investigation</p>
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<ul style="list-style-type: none"> • H • H • H • B • E,I 	<p style="text-align: center;">certifications</p> <ul style="list-style-type: none"> • Evidence Based Practices training • Motivational interviewing certifications across TAY/Adult and Older Adult <ul style="list-style-type: none"> ➤ Materials to support the trainers ➤ Consultation • WRAP (Wellness Recovery Action Plan) training certifications • PERT program • Veterans Services specific services 		
<ul style="list-style-type: none"> • B 	<ul style="list-style-type: none"> • Wraparound Plan – Multi-Dimensional Treatment Foster Care (MTCFC) preschool project, children 0-6 	Community Input received at Children’s Council	12/11/06
<ul style="list-style-type: none"> • H • B,E • A,B • K 	<ul style="list-style-type: none"> • Disease management nursing component • Transportation • Telemedicine • Project Dulce ending in September; enhance to replace staff FTE’s 	Community Input received at Older Adult Council	12/20/06
<ul style="list-style-type: none"> • E 	<ul style="list-style-type: none"> • Fund a Mental Health Court 	Carol Neidenberg	12/29/06
<ul style="list-style-type: none"> • B • A,B 	<ul style="list-style-type: none"> • Increase funding for adult consumer liaison • Add additional funds to EPSDT programs at UPAC (Union of Pan Asian Communities) to allow services to be provided to the underserved in the community 	Input received at County of San Diego Mental Health Board	1/4/07
<ul style="list-style-type: none"> • A,B, J 	<ul style="list-style-type: none"> • The Mental Health Services Housing Council recommends dedicating at least 50% of the one-time unexpended funds and new 	Kathleen Houck & Adrienne Berlin, Co-Chairs, Mental Health	

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	revenue to housing	Services Housing Council	
<ul style="list-style-type: none"> • A,I • D → • A → • B,H • A,B, H 	<p>The following are recommendations for enhanced services deliveries valued by family and youth:</p> <ol style="list-style-type: none"> 1. Access to services in our community at venues we are familiar with: <i>Example: Mental Health Assessments at HHSA offices, Doctors office etc. also what should be available at community access points referrals given by supportive peer staff that not only give referrals but ensure we get into the services and have resources to ensure our active participation as the child/youth client and their caregiver, such as daycare, time off work and transportation</i> 2. When a child's disability requires out of home placement/daycare ensure that family has full access to participate in treatment planning, evaluation etc. this again means whatever it takes to support. Also stated within this conversation was a recommendation that if there is a lack of available placement in my community then 24 hour support staff should be sent to my home to provide the services? 3. There is a need in our community to have providers trained to provide services to special population (Example Deaf and hard of hearing) 4. There is a need to have services, behavior modification approaches and support systems that address the diverse cultures and DX of each client's and their families. Examples: More practitioners for deaf and hard of hearing. Children with diverse DX placed in same school settings with only one behavioral modification method (child w/ autism is same class with child w/ Bio polar 	<p>Donna Ewing Marto</p> <p>Family & Youth Roundtable of San Diego County</p>	1/4/07

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<ul style="list-style-type: none"> • A,D, M • M • I • A,M • M • M • I • I • B,I 	<p>disorder) “We must have specialized treatments for each DX and each child and family”</p> <ol style="list-style-type: none"> 5. System/service come to family and treats the whole family including care plans that address the home environment and community. 6. Programs must address the needs of children’s education and provide for real world training. Instead of placed in school programs that deal with just their behavior modification these programs must also address vocational training and secondary education. 7. After school and weekend programs that address the social needs of children, youth and include their families welcome into the community and leads to normalized real world opportunities. 8. Family and youth support services that navigated the system helping to ensure access and continuation of support in after care. 9. Notify and provide support for adoptive caregivers: access to services, navigation of services and after care planning 10. Financial support for more community grassroots agencies/supports 11. Stop the isolation of children/youth in school 12. Stop the isolation of families in their community 13. Education of caregivers on: <ol style="list-style-type: none"> a. How to access services b. What to expect with DX of child c. How to live and support real world opportunities for child and family with SED children d. Empower families to be support partners for others e. Help your SED child receive an appropriate education. “no 		

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	more no diploma track”		
<ul style="list-style-type: none"> • M • I,E,M • E,I • B • A • I • B • I 	<ul style="list-style-type: none"> • Be sensitive to the possibility of all providers being eligible to obtain savings dollars • Look at organizations not currently contracted who can better serve the underserved populations with varying strategies • Juveniles sent to California Youth Authority in need of mental health services; may need County services if turned away • CY-6 → expand to other regions • Services that support full Family Involvement (similar to Parking Lot list) • Domestic Violence Population • Specialized cultural needs → still not effectively accessing these vulnerable populations, e.g.: <ul style="list-style-type: none"> ○ African Immigrants ○ African Americans → look at new outreach strategies • Better/more effectively involve vulnerable populations in community forum 	Community Input received at Commission on Children, Youth and Families	1/5/07
<ul style="list-style-type: none"> • B 	<ul style="list-style-type: none"> • Enhance the CMHS Family-Youth Liaison position to 5.0 FTE’s 	Family & Youth Roundtable of San Diego County	1/5/2007
<ul style="list-style-type: none"> • A,B • B • A,D 	<ul style="list-style-type: none"> • UPAC – Enhance mental health services to Asian/Pacific Islander & Latino communities (specifically EPSDT program); allow for new service strategies county-wide • PERT Team Expansion (eight additional teams) • Families want full inclusion in their children’s care and support 	Community Input received at Children’s Council	1/8/07

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<ul style="list-style-type: none"> • A,D, M • A,B • A,B • A,B 	<ul style="list-style-type: none"> • Invest in data analysis to determine the best place to increase funding/support. Data should be: <ol style="list-style-type: none"> a. Community-based b. Culturally appropriate c. Strength-based, and d. Client driven • Co-occurring disorder training needed • Enhance services to homeless and runaway youth • Address youth involved in prostitution 		
<ul style="list-style-type: none"> • B 	<ul style="list-style-type: none"> • Enhance Board & Care advocacy services, County and contracted 	<p>Adele Lynch, Director</p> <p>USD Patient Advocacy Program</p>	1/9/07
<ul style="list-style-type: none"> • M • H,M • A,M • E • H • H • H • E • A,B,K • A,B,H 	<ul style="list-style-type: none"> • Monitor contractor fragmentation/overlap (Dr. McCahill) • Assess level of psychiatric/medical personnel involvement in programs (Dr. Moore) • Describe measurement criteria for proposed programs (Dr. Moore) • Consider mental health court similar to Orange County model (Dr. Murphy) • Consider long-term liaison for SDPS (Dr. Green) • Develop community referral program (Ms. Margulies) • Develop mental care specialists who offer treatment in foreign languages (Ms. Margulies) • Create overall coordinator for new MHSA programs (Dr. Flocks) • Consider telepsychiatry as innovation program (Dr. Chao) • Expand training programs and integrate primary care with mental health care (Dr. McCahill) 	<p>Community Input received at San Diego Psychiatric Society</p>	1/9/07

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<ul style="list-style-type: none"> • M 	<ul style="list-style-type: none"> • Add oversight component to program planning to determine how programs fit together and what areas are not covered (Dr. Ruiz) 		
<ul style="list-style-type: none"> • E 	<ul style="list-style-type: none"> • Provide a residential crisis center for adults for the North Inland area (Escondido or San Marcos) 	<p>Karen Sommerfeld, Ph.D., Program Manager Palomar Pomerado Health</p>	1/10/07
<ul style="list-style-type: none"> • E 	<ul style="list-style-type: none"> • Request for a START Crisis House in North Inland San Diego County 	<p>Susan Linback, R.N., M.B.A. Service Line Administrator for Behavioral Health</p> <p>Palomar Pomerado Health</p>	1/12/07
<ul style="list-style-type: none"> • B 	<ul style="list-style-type: none"> • Telepsychiatry for North County Walk-In Assessment Center 	<p>Saul Levine</p> <p>Children's Hospital</p>	1/12/07
<ul style="list-style-type: none"> • H • A,B, H 	<ul style="list-style-type: none"> • Allocate funds to bring back Drs. Minkoff and Cline for an additional two years of Comprehensive Continuous Integrate System of Care (CCISC) consultation • Create a .50 CADRE administrative position 	<p>Paul Delaney, MA, RAS & Susan Wingfield-Ritter, MS, MFT, MAC</p> <p>Co-Chairs of the San Diego Cadre</p>	1/12/07
<ul style="list-style-type: none"> • A,B, J 	<ul style="list-style-type: none"> • Fully support the consensus recommendations of San Diego County's Mental Health Housing Council that 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego 	<p>Lila Fetherolf Quality Assurance Officer/Grant Writer</p> <p>Interfaith Community Services</p>	1/12/07

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	Public and member discussion of Proposed Enhancement and Expansion:	Community Input received at Adult Mental Health Services, System of Care Council Meeting	1/16/07
• H	1. CADRE - Comprehensive, Continuous, Integrated System of Care (CCISC) <ul style="list-style-type: none"> • Increase funding for technical assistance and consultation; Dr. Minkoff and Dr. Kline as a possibility for one to two year contract to further develop and support the advancement of the initiative • Increase funding for co-occurring initiative • .5 FTE for CADRE administration support 		
• A,B,H			
• A,B,H			
• B	2. PERT- expand program by eight teams.		
• B	3. Increase/enhance the Client Liaison contract program. All three staff are part time employees.		
• K	4. Increase of the Fee for Services Medical rate for Ph.D.'s, MFT's, LCSW's and psychiatrists.		
• H	<ul style="list-style-type: none"> • Increase additional rate for increasing special populations i.e. ethnically/cultural/linguistically diverse. 		
• M	5. Enhance existing case management programs to be consistent with rehabilitation and recovery practices with strength based practices. <ul style="list-style-type: none"> • Reduce caseload to 1 to 25 • Increase outreach 		
• B	6. Consider including Fee For Service in MIS initiative		
• B,H	7. Evidence Based Practice training One-Time and sustainability-on-going		
• K	8. Can non-MHSA programs get MHSA funds without increasing client caseloads?		
• E,M	9. North County Crisis Residential beds-Unmet need-Only 11 beds. Would like tot fund (In Escondido).		

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<ul style="list-style-type: none"> • K • B • B • B • B 	<ul style="list-style-type: none"> • Tri-City and Palomar/Pomerado hospital are keeping uninsured clients (Approximate 1500 bed days not covered last year). 10. Expansion of advocacy services provided to ASP-Board and Care licensed facilities and non licensed IMD's and Medical living facilities. 11. Support MIS to be funded with MHSA funds. 12. Chaldean Middle Eastern community is underserved-Need Mental Health Services expansion and enhancements for Chaldean Middle Eastern-Social Services program for clinician, 13. Increase MHSA funds to clinics and Clubhouses to narrow gap in services. 		
<ul style="list-style-type: none"> • C,M • C,M • E • C,M • C 	<ul style="list-style-type: none"> • High-end therapeutic foster homes <ul style="list-style-type: none"> ○ 10 homes per age group (0-6, children, adolescent) ○ More intensive services needed at a cost of ~ \$500,000/year ○ Utilize evidence-based practice • Deep Dive for kids demonstrating sexually abused behaviors (look at National models; use OT funding) • Therapy <ul style="list-style-type: none"> ○ Multi-systemic therapy for kids demonstrating delinquent behaviors ○ Substance-abusing parents – Children able to stay in the home during parents' treatment (East Coast model) • Children exposed to violence/domestic violence <ul style="list-style-type: none"> ○ Follow-up services/therapy ○ Mobile services 	<p>Input received at County of San Diego HHS Executive Team Meeting</p>	<p>1/17/07</p>

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<ul style="list-style-type: none"> • B • G,K • H,I • G • I • B • E,M 	<ul style="list-style-type: none"> • Treatment program for high end/assaultive youth (Judge Huegenor) <ul style="list-style-type: none"> ○ Youth are often sent to CYA, which then sends them back to the counties • Apply monies to Alcohol & Drug services • Older Adult OT funds: Training for physicians re: identifying suicidal and depressive symptoms in the older adult population • Older Adult mentorship programs • Rural mountain therapeutic program • Provide additional services to Chaldean population • Provide additional services to Southeast Asian, African, and GLBT youth & adults 		
<ul style="list-style-type: none"> • A,B, J 	<ul style="list-style-type: none"> • The Mental Health Association in San Diego County supports the consensus recommendations of San Diego County's Mental Health Housing Council that 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego, including those experiencing homelessness or those who bounce from expensive emergency response system to system 	<p>Scott A. Sukow Chief Executive Officer</p> <p>Mental Health Association in San Diego County</p>	1/17/07
<ul style="list-style-type: none"> • E,M • E,M 	<ul style="list-style-type: none"> • Provide on-site mental health services at local area shelters • Providing/enhancing mental health services at A&D residential facilities 	<p>Community Input received at Alcohol & Drug Advisory Board</p>	1/18/07
<ul style="list-style-type: none"> • A,B, J 	<ul style="list-style-type: none"> • Support the consensus recommendations of San Diego County's Mental Health Housing Council that 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San 	<p>Rosemary Johnston Program Director</p> <p>Interfaith Shelter Network</p>	1/18/07

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<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Fully support the consensus recommendations of San Diego County’s Mental Health Housing Council that 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego 	<p>Tom Scott, Executive Director</p> <p>San Diego Housing Federation</p>	
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Support for San Diego County’s Mental Health Housing Council recommendations that 50% of MHSA funds be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego 	<p>Mary Herron, Chair</p> <p>SD Grantmakers/Homeless Working Group</p>	1/19/07
<ul style="list-style-type: none"> • E,M • E,M • E • K 	<ul style="list-style-type: none"> • Crisis residential Services in North County • Increase direct support for emergency shelters • Implement a Mental Health court • Indigent acute care 	<p>Hospital Partner Behavioral Health Workgroup</p>	1/19/07
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Fully support the consensus recommendations of San Diego County’s Mental Health Housing Council that 50% of any 	<p>Patricia Leslie, MSW</p>	1/20/07

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	additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego	Regional Continuum of Care Council	
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Seriously request that the Mental Health Board use all its powers to prioritize housing as the sine qua non element that supports recovery of mental health clients of all ages 	Jan E Fyer, President Schizophrenics in Transition-AMI (SIT-NAMI)	1/20/07
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the urgent and unmet housing needs of vulnerable people with mental illness in San Diego 	Constance Hoban, President NAMI North Coastal S.D.	1/21/07
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Fully support the consensus recommendations of San Diego County's Mental Health Housing Council that 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego 	Jerry Barber, Co-Chair East County's Action Network (ECAN)	1/21/07
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Support and urge the recommendations of San Diego's Mental Health Housing Council that 50% of any additional MHSA funds be dedicated to the housing needs of the chronic mentally ill, including the growing numbers of homeless mentally ill that walk the streets 	Ray Schwartz, LCSW	1/24/07
<ul style="list-style-type: none"> • E • G,H • M 	<ul style="list-style-type: none"> • Increase the number of Full Service Partnerships • Increase partnerships with City governments • Put additional monies into the system of referrals 	Community Input received at Older Adult Council meeting	1/24/07

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<ul style="list-style-type: none"> • E,M • M • B,E • A 	<ul style="list-style-type: none"> • There is a level of service missing between transitioning between FSP and less costly services; member advocated for a “seamless transition” between the two levels • The plan/recommendations are missing the health component that is present with seniors and homeless ness • Need transportation throughout the community and the county; add onto existing programs • Questioning regarding having the MIS System funded with any MHSA funds; prefer to dedicate monies to direct services 		
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Write a letter of support for housing in general; forwarded Sacramento Bee article re: housing and Pro. 63 funds 	Ruth Covell	1/25/07
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Fully support the consensus recommendations of San Diego County’s Mental Health Housing Council that 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego 	Suzanne Stewart Pohlman Executive Director Interfaith Community Services	1/26/07
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • Fully support the consensus recommendations of San Diego County’s Mental Health Housing Council that 50% of any additional MHSA funds (whether ongoing or one-time) be dedicated to the unmet housing needs of vulnerable people with mental illness in San Diego, including those experiencing homelessness or those who bounce from expensive emergency response system to system 	Paul Downey, CEO/President Maureen Piwowski, LCSW, COO Senior Community Centers	1/26/07

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County of San Diego Summary of MHSA Community Input as of 3/8/07

Disposition	Input/Suggestion	Community Partner	Date Received
<ul style="list-style-type: none"> • B • M • M • M • I • I • I • E • M • H • I • E,I,G • B • H • M 	<ul style="list-style-type: none"> • Client Liaison • Clients transitioning from Adult to Older Adult are met with a service gap (e.g. housing, advocacy) • Oversight of Unlicensed Facilities • Effective listserv management • Consumer Stigma – Redefining Domestic Violence & the Consumer <ul style="list-style-type: none"> ○ How this affects intervention (e.g. Police) ○ Focus on overall trauma (victims & individuals exposed to trauma) • Redefine individuals that can be identified as perpetrators of DV • Include gap analysis and additional information with the community • Quality of services to the African American population is not adequately meeting their needs • Available clinicians are not meeting the cultural needs of consumers & community <ul style="list-style-type: none"> ○ Consumers/families are addressed differently in relationship to their SED and/or neighborhood (e.g. Police intervention) • Implement models of service that are known to be effective (e.g. UCSD health model) • Support ethnic organizations in applying for and delivering services • Training and treatment related to consumers must be culturally competent • Have a community group do Quality Management 	<p>Community Input received at Alianza Collaborative Meeting</p>	<p>1/29/2007</p>

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<ul style="list-style-type: none"> • D,M • M • D,M • M • D,M • M • D,M • I • D,M • M • D,M • E,M 	<p>for ethnic organizations)</p> <ul style="list-style-type: none"> • Lack of accountability in the system & of providers <ul style="list-style-type: none"> ○ Are you serving who you said you would serve? ○ What is the quality of services you are providing? • More interactive process needed in services implementation <ul style="list-style-type: none"> ○ More accountability of primary contractors (monitoring subcontractors) • Create a community-based consumer-driven culturally competent oversight and accountability committee (a rotating, objective body) to review the contractors³ • Education on consumer rights for consumers • Media education needed; when a mentally ill consumer is involved in a reported incident or crisis, the media often assigns blame to the mentally ill individual, or highlights it as part of the reason for the incident, regardless of accuracy <ul style="list-style-type: none"> ○ Better exit plans/treatment plans are needed for mentally ill individuals so they will receive the services they need • Campaigns should be developed and implemented by target population • Bring more stakeholders to the table • Typical Clubhouse services should also be available to SED children • 		
<ul style="list-style-type: none"> • F,K 	<ul style="list-style-type: none"> • Fully support the recommended use of 50% of any additional MHSA funds for this population (people with serious mental illness) 	Margaret Agne	1/30/07

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<ul style="list-style-type: none"> • A,B,F 	<ul style="list-style-type: none"> • The Chamber recommends that the County Mental Health Board provide adequate amount of funding for its housing programs as mandated under Proposition 63, the Mental Health Services Act (MHSA) 	Scott D. Alevy Vice-President, Public Policy & Communications San Diego Regional Chamber of Commerce	1/31/07
<ul style="list-style-type: none"> • B 	<ul style="list-style-type: none"> • Increase the number of Psychiatric Emergency Response Team (PERT) clinicians 	Adele M. Lynch, Director USD Patient Advocacy Program	January 2007
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • The MHSHC recommends dedicating at least 50% of one-time unexpended funds and new revenue to housing 	Mental Health Services Housing Council	January 2007
<ul style="list-style-type: none"> • A,B 	<ul style="list-style-type: none"> • Increase Clubhouse program funding to expand into additional regions for culturally appropriate county-wide services 	May Vang, Clubhouse Director Union of Pan Asian Communities (UPAC) East Wind Clubhouse	2/1/07
<ul style="list-style-type: none"> • A,B 	<ul style="list-style-type: none"> • Request augmentation of UPAC's Adult Outpatient programs to unserved and underserved API clients to reduce barriers in accessing services 	Dr. Dixie Galapon Director Adult Mental Health Services, Union of Pan Asian Communities	
<ul style="list-style-type: none"> • A,B,J • A,B,E • H,L,M • J • J • B 	<ul style="list-style-type: none"> • Temporary housing for the elderly • Case management services for the elderly • The priority of \$5 million for MIS (management information system) over \$3 million for housing is not right • At least 50% of MHSA funding should go to housing • At least 50% of MHSA funding to go to housing; the funds can be used with Federal and State funds to leverage further dollars 	Community and Board input received at the Mental Health Board	2/1/07

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<ul style="list-style-type: none"> • E,M • B,H,I • A,B,J • M • A,B,J • B,J • A,B,J • B 	<ul style="list-style-type: none"> • Augmentation for Union of Pan Asian Communities (UPAC) MHSA Adult Outpatient programs; provide services in additional County regions and to unserved API (Asian/Pacific Islanders), Latino, and other ethnic, refugee and immigrant families (accompanying letter, Dr. Dixie Galapon) • Expand the UPAC East Wind Clubhouse program • Increase funding to client education • Increase funding for client housing • Concerned about the (proposed) MHSA Enhancement Plan • Increase total amount delegated to permanent, affordable housing • Housing Council recommends half of all funds be used for housing, though no additional new housing is budgeted • Create housing stock for the mentally ill; unspent funds can be leveraged with developers to build new housing units; \$5 million can be made available immediately; this is an opportunity to impact housing stock in San Diego County in a positive way • Expand PERT (Psychiatric Emergency Response Team) services by funding additional clinicians and assigning to various county regions 		
Start of 30-day review period			2/2/07
<ul style="list-style-type: none"> • A,B,J 	<ul style="list-style-type: none"> • The plan does not include sufficient housing services and assistance for older adults, adults, transitional aged youth and families with youth clients 	Joe Mortz	2/4/07

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<ul style="list-style-type: none"> • E • E • K • B • E 	<ul style="list-style-type: none"> • Five (5) Family Educational Advocates/Liaisons, one per County region, and one (1) Mental Health Case Manager for oversight • Travel and training costs in the Multisystemic Therapy (MST) model • Develop a Mentally Ill Living Unit at Kearny Mesa Juvenile Hall • Expand the Transitional Age Youth (TAY-1) Assertive Community Treatment (ACT) program to serve more youth in • Add an MST component to the ACT program in North Inland and North Coastal regions 	<p>Kim Broderick Probation Director</p> <p>Input Received from County of San Diego Probation Department</p>	2/6/07
<ul style="list-style-type: none"> • I • I 	<ul style="list-style-type: none"> • Add non-medical in-home services to programs • Pilot project of non-medical in-home services 	<p>Laurie Edwards-Tate, M.S. President and Founder</p> <p>At Your Home Family Care</p>	2/7/07
<ul style="list-style-type: none"> • G • G,E • H • E • M 	<ul style="list-style-type: none"> • Implement a grandparent/retired adult program at group homes, after school programs, day treatment programs residential treatment, and probation and CWS residential programs • Provide Recreational therapy, Art therapy, and Music therapy augmentations for adolescents in settings above • Provide clinical consultation for case management (Wraparound) services utilizing recently retired professionals and active professionals with significant experience in dealing with LTMI clients in the community • Liaison positions for contract and managed competition contracts in outpatient mental health clinics • Reduce the official County expectation of psychiatric case loads; County operated clinic standard is about 1:400, while the rest of 	<p>Input received from County Leadership Team Meeting</p>	2/9/07

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<ul style="list-style-type: none"> • A,B,E • K • E • A,B,E • E • M • E • C,K • C 	<p>the state averages 1:250-300</p> <ul style="list-style-type: none"> • Primary care doctors or nurse practitioners for adult outpatient psychiatric clinics • Increase the rate of pay for County and contracted psychiatrists • Create a law enforcement liaison position; better educate officers • Provide mobile assessments, e.g. in homes and at residential facilities • Augment services in nursing homes by providing on-site behavioral specialists • Revive the Senior Team concept of a clinician and nurse working together to serve older adults • Establish a Mental Health Court • Expand voluntary drug treatment services to adult populations • Utilize an early intervention model in drug/alcohol residential settings 		
<ul style="list-style-type: none"> • E,M • B,H • A,D • A,B,F, G,H,I 	<ul style="list-style-type: none"> • Increase services in North County; have crisis beds available • Need additional interpreter training • Identify a way to fund non-evidence based programs • Increase services to the underserved and underinsured 	Community Input Received at the Children's System of Care Council	2/12/07
<ul style="list-style-type: none"> • C • C 	<ul style="list-style-type: none"> • Enhance funding to CY-5.2 – Outpatient Court Schools and Outreach • Implement a Mental Health Court 	Input received at the Health Services Advisory Board	2/15/07
<ul style="list-style-type: none"> • E, J 	<ul style="list-style-type: none"> • Request for a START Crisis House in North Inland San Diego County 	Community Input received at the Adult System of Care Council	2/20/07

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<ul style="list-style-type: none"> • M • I • A, C • A, B, H 	<ul style="list-style-type: none"> ○ Engagement • Expand hours of the Walk-in Assessment Center; 24 hours a day would be great • Evidence Based Practices services targeted to specific populations; LGBT, domestic violence victims • Enhance Medi-Cal services to clients; e.g. Integrated Mental Health Care with Dental and/or Optometry care • Increase training to all providers for Dual Diagnosed clients <ul style="list-style-type: none"> ○ Include clients in the trainings 		
<ul style="list-style-type: none"> • C • M • A,B,J • M • M • A,B,J 	<p>OASOC voted to support the proposed CSS Enhancement Plan with several caveats:</p> <ul style="list-style-type: none"> • Request that future MIS System needed expenditures should come from somewhere other than from clinical funds • OASOC itself is interested in implementing the OBTP geriatric assessment to bring to clinicians state-of-the-art – opportunities to enhance skills and competencies to improve treatment planning and tracking of related treatment and quality of care outcomes. • Housing first extremely important to ensure success of FSP • Housing dollars should be clearly segregated from other age groups using the established formula (15.10%) for contribution • Have OA-FSP Housing Plan developed by OA-FSP contracted provider, The Heritage Clinic, and implement with support from the County or the identified representative • Funding shall be made available to the FSP program, for purposes of development and implementation of a client centered housing continuum with access to on-going housing dollars for temporary 	<p>Community Input received at the Older Adult System of Care Council</p>	<p>2/21/07</p>

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<ul style="list-style-type: none"> • C • A,B • C • C,H • B,C • E,I • E,I • M • I 	<p>housing.</p> <ul style="list-style-type: none"> • Provide housing opportunities for an additional 17 FSP consumers • Set up a Trust Fund for permanent housing development opportunities • Telepsychiatry physicians must have experience in geriatric psychiatry • Augment monies for Geriatric Certificate training • Have PERT staff participate in Geriatric certificate training and work in close collaboration in service planning with SMOT and ST • Have additional FSP's • <u>SMOT</u>- Additional Mental Health Services – brief Interventions, medications. Ongoing service after the initial service form SMOT clients– lower level than FSP– to provide in-home services • Set aside monies to conduct a study on transportation; seek collaboration for a pilot project • Prevention and Early Intervention for all older adults, not just those who fall into the poverty population <ul style="list-style-type: none"> ○ Suicide prevention ○ Early detection of depression and early intervention ○ Late on-set conditions ○ Peer Counseling ○ Funding to help people at sites which do not get federal or state funding – to help with access to medication – Medi-Care Part D – even in private health - smaller formularies may close down but provide invaluable service 		

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<ul style="list-style-type: none"> • C, I 	<ul style="list-style-type: none"> ○ Education and a stigma reduction campaign, particularly focused on underserved ethnic populations of elders ○ Early intervention in elder abuse situations with complex family dynamics ○ Collaboration with child and TAY services around the area of grandparents parenting. Supportive services such as groups and “grand parenting” classes might constitute primary prevention ○ Peer Counseling ○ Funding to help people at sites which will not get federal or state funding to help with access to medication due to Medicare Part D issues or private health insurance issues with the formulary ○ Support increased Medi-Cal rates for fee for services providers to assure availability of services • Prevention and Early Intervention strategies should be developed in collaboration with community partners 		
<ul style="list-style-type: none"> • B • M • A,B, C 	<ul style="list-style-type: none"> • Support the MHSA CSS Enhancement Summary as presented and request that a portion of the unallocated funds be used for housing • Continue to advocate for 50% of the funds to be used for housing. • A balance is needed between services and housing 	Community Input received at the Housing Adult System of Care Council	2/22/07
<ul style="list-style-type: none"> • E 	<ul style="list-style-type: none"> • Additional North County crisis house needed 	Constance Hoban, President NAMI North Coastal San Diego	2/22/07
<ul style="list-style-type: none"> • E 	<ul style="list-style-type: none"> • Additional crisis houses in the North County needed 	Arlene Kosakoff	2/22/07

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<ul style="list-style-type: none"> • C • C 	<ul style="list-style-type: none"> • Maintain that the engagement process has been flawed because of the inherent racism and inequality already existing in the community. The proposed funding initiatives and priorities are therefore flawed due to failure of SDCMH to control for (existing racism and inequality) • Proposed funding initiatives, priorities, and awards undermine the accountability requirements passed by the voters of CA in approving the Mental Health Services Act 	Alianza Collaborative, Various Community members, including: Community-at-Large, Family, Community Organization, Consumer, and Other – Faith Organization	2/23/07
	<ul style="list-style-type: none"> • No public comment received 	Input received at SOC Council's Co-Chair Plus Meeting	2/26/07
<ul style="list-style-type: none"> • E,I • I • C • C 	<ul style="list-style-type: none"> • Unmet needs as additional funding becomes available: • Youth involved in the juvenile justice system/probation and youth with mental illness who are involved in juvenile justice and child welfare • Allocate adequate funding for strategic planning and evaluation of programs funded by the Mental Health Services Act • Review the definitions of populations to be served by the program 	Hon. Susan D. Huguenor, Chair County of San Diego Commission on Children, Youth and Families	2/26/07
<ul style="list-style-type: none"> • M 	<ul style="list-style-type: none"> • Increased peer support to help with IMD transitions and full-service partnerships enrichment in general 	Input received at Mental Health Coalition	2/27/07
<ul style="list-style-type: none"> • M • C 	<ul style="list-style-type: none"> • Allocate an additional \$30,000 (\$60,000 total) to the geriatric certificate program • Request that future MIS expenditures do not come out of CSS funding, rather from realignment and/or capitol facilities and technology resources 	Letter received from County of San Diego Older Adult Mental Health System of Care Council	2/27/07

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<ul style="list-style-type: none"> • C • C • M • A,B,C • C • M • C,H • B,H • B • M 	<ul style="list-style-type: none"> • Have a set aside for Older Adults within the housing dollars • Segregate Housing dollars by age groups using the established formula (15.10% formula based on A/TAY/OA) <ul style="list-style-type: none"> ○ Total amount of OA contribution is \$777,529.20; • Older Adult Housing Plan: OA-FSP Housing Plan developed by the OA-FSP provider shall be implemented with support from the County or the identified representative • Make funding available to the FSP program for purposes of development and implementation of a client centered housing continuum with very specific language related to access to on-going housing dollars for temporary housing. • Housing continuum should include an array of options for elders; specifically include intergenerational possibilities which have been successfully implemented in other projects • Provide \$224,400 for housing opportunities for (17) additional FSP's • Place any remaining (formula allocation) funds in a Trust Fund for permanent housing development opportunities for OA FSP clients • Telepsychiatry physician must have experience in geriatric psychiatry and/or obtain continuing education in geriatric psychiatry • Have PERT staff participate in geriatric certificate training and treatment team meetings w/ OA SMOT provider and AIS senior team • OA Council would like to have close collaboration with the Chaldean project • Future priorities: 		

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<ul style="list-style-type: none"> • M • M • C • C,E,I • E,I • B,M • B,M • I 	<ul style="list-style-type: none"> ○ Update the county strategic plan for older adult mental health services (expired in 2005); base future priorities on the plan <ul style="list-style-type: none"> ➤ Include in the strategic plan: prevalence and penetration rates, up to date demographics, and current gap analysis ○ Develop a prioritized adult budget to support the strategic plan ○ All future MHSA planning processes should begin with a clear Older Adult funding allocation • Priority implementation with current balance of OA unspent dollars and future additional MHSA funding: <ul style="list-style-type: none"> ➤ Additional OA FSP clients served (slots) ➤ Enhanced Mental Health Services: Ongoing age appropriate mental health intervention and medication services after the initial assessment for SMOT clients; less intensive than FSP, emphasis on in-home mental health services and services within long-term care; primary focus on recovery ➤ Transportation: Conduct a study with action items for the next year and to implement a pilot project with goal of improving access to care ➤ Prevention and Early Intervention for all older adults, not just those who fall into the poverty population: <ul style="list-style-type: none"> ○ Suicide prevention ○ Early detection of depression and early intervention ○ Early detection and intervention in late on-set conditions ○ Education and a stigma reduction campaign, particularly focused on underserved ethnic populations of elders 		

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County of San Diego Summary of MHSA Community Input as of 3/8/07

Disposition	Input/Suggestion	Community Partner	Date Received
<ul style="list-style-type: none"> • I • C • C 	<ul style="list-style-type: none"> ○ Early intervention in elder abuse situations with complex family dynamics ○ Collaboration with child and TAY services around the area of grandparents parenting. Supportive services such as groups and “grand parenting” classes might constitute primary prevention ○ Peer Counseling ○ Funding to help people at sites which will not get federal or state funding to help with access to medication due to Medicare Part D issues or private health insurance issues with the formulary ○ Support increased Medi-Cal rates for fee for services providers to assure availability of services • Prevention and Early Intervention strategies should be developed in collaboration with community partners (see CMHDA OASOC plan for a comprehensive list of potential partners) • Concern that the OAC has not had input into the housing plan • OAC would like to review future OA statements of work prior to release 		
<ul style="list-style-type: none"> • C • C 	<ul style="list-style-type: none"> • Maintain that the San Diego County Mental Health MHSA community collaboration engagement process has been flawed because of inherent racism and inequality already existing in the community • Proposed initiatives, priorities and awards undermine accountability requirements passed by voters of California in approving Menal Health Services Act 	Health Equity Justice Community Task Force	2/27/07

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<ul style="list-style-type: none"> • B • D,H • D,H • B,D,H • B • H • A,D • M • C • M 	<p>Recommend Professional Development:</p> <ul style="list-style-type: none"> • Training for all potential providers working w/ 0-5 population in CWS. Raise competencies and increase number of providers to serve population (appropriately). • Professional competencies in areas of diagnosis and treatment • Cross training across professional service sectors • Specialized training/support for foster parents and caregivers of 0-5 population <p>Resource Center (“Young Child Institute”) to coordinate and integrate services for children 0-5 into behavioral health system of care:</p> <ul style="list-style-type: none"> • Develop/determine social emotional competencies of children • Coordinate and/or provide professional training • Develop and collect outcomes data • Provide consultation, technical and program support to child care providers <p>Treatment Models:</p> <ul style="list-style-type: none"> • Provide relationship-based therapy, using both evidenced-based and promising practices (e.g. Early Intervention Foster Care, Parent Child Interaction Therapy [PCIT], Parent Child Attunement Therapy [PCAT]) • Provide Therapeutic Daycare to improve permanency of placement (with transportation) 	<p>Kristin Gist Director, Developmental Services</p> <p>Rady Children’s Hospital & Health Center</p> <p>DSEP IMH meeting</p>	2/27/07
<ul style="list-style-type: none"> • B 	<ul style="list-style-type: none"> • Provide an increase in the current allotted enhancement funding to the USD Patient Advocacy program 	<p>Dominique Fragoso, LCSW Director of Clinical Services</p> <p>Alvarado Parkway Institute BHS</p>	2/27/07

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• M	<ul style="list-style-type: none"> Housing Council moved to recommend that 50% of total allocated UNSPENT, UNAPPROVED, AND SUSTAINED GROWTH funds, along with any future additional MHSA funds, be dedicated to operate and create Permanent Supportive Housing for FSP clients 	Kathi Houck & Adrienne Berlin, Co-Chairs, Mental Health Services Housing Council	3/1/07
<ul style="list-style-type: none"> • M • M • M 	<ul style="list-style-type: none"> Recommend that any “surplus” or unanticipated resource received from the Mental Health Service Act be used to increase the supply of affordable supportive housing in the County Do not support the enhancement plan as proposed, as it does not reflect a priority for Housing First Housing that is provided through the enhancement plan is ALL master leased; no alternatives for supportive housing when the one-time funding is exhausted 	Doris Payne-Camp, Policy Director San Diego Housing Federation	3/1/07
• M	<ul style="list-style-type: none"> Request augmentation of UPAC’s Clubhouse program to allow for expansion into additional regions 	May Vang Clubhouse Director UPAC East Wind Clubhouse	3/1/07
• C	<ul style="list-style-type: none"> Request augmentation of UPAC’s Adult Outpatient programs to unserved and underserved API clients to reduce barriers in accessing services 	Dr. Dixie Galapon Director Adult Mental Health Services, Union of Pan Asian Communities	
• C,H	<ul style="list-style-type: none"> Professional development to ensure that providers are properly trained in the assessment, diagnosis, and treatment of young children 	Shelley Turner, LCSW Projects Manager Chadwick Center for Children	3/1/07

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<ul style="list-style-type: none"> • C,D, H • M 	<ul style="list-style-type: none"> • Increasing our community’s capacity to offer evidence-based interventions for very young children and their caregiver (e.g. PCIT and Child-Parent Psychotherapy) • Create a resource center specializing in infant and child mental health, providing county-wide coordination, leadership and quality assurance 	and Families, Rady Children’s Hospital San Diego	
<ul style="list-style-type: none"> • A,B 	<ul style="list-style-type: none"> • Hope to have a new “crisis house” in North County; 46 signatures enclosed 	Constance D. Hoban NAMI – NCSD	3/1/07
<ul style="list-style-type: none"> • B,H • M • M • M 	<ul style="list-style-type: none"> • Relationship-based treatment models for children > 6 years in foster care, such as <i>Early Intervention Foster Care, Parent Child Interaction Therapy, Parent-Infant psychotherapy, Parent Child Attunement Therapy</i> or <i>Incredible Years</i> • Therapeutic daycare for children in the child welfare system (0-5) • Training for all potential providers working with children 0-5 in CWS; raise competencies with 0-5 and increase number of providers who can appropriately serve this population <ul style="list-style-type: none"> ➤ Professional competencies in areas of diagnosis and treatment ➤ Cross training across professional service sectors to promote integration of services ➤ Specialized training and support for foster parents and all caregivers of infants, toddlers and preschoolers at risk for compromised emotional development and disrupted attachments • Resource Center (“Young Child Institute”) to coordinate and integrate services for children 0-5 into behavioral health system of 	Rafael Munoz Chelsea C. Tortona Jeanne Gordon, M.A. Kelly Goehring Developmental Screening & Enhancement Program, Rady Children’s Hospital San Diego	3/2/07

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**County of San Diego
Summary of MHSA Community Input as of 3/8/07**

Disposition	Input/Suggestion	Community Partner	Date Received
	<p>care. Center would provide leadership to:</p> <ul style="list-style-type: none"> ➤ Develop/determine social emotional competencies of children ➤ Coordinate and/or provide professional training ➤ Develop and collect outcomes data ➤ Provide consultation, technical and program support to child care providers 		
<ul style="list-style-type: none"> • A,B • C • B • C 	<p>Goals of the Community Mental Health Forum of North San Diego County:</p> <ul style="list-style-type: none"> • Walk In Mental Health Assessment Center for adults and older adults, available on a 24/7 basis; provide more timely mental health care, prescriptions, and medications • Increase the number of crisis residential beds for adults and older adults; crisis residential beds for children • Expand the PERT Teams • Provide a psychiatric nurse practitioner outreach program in North County (adjunct to CA State University Long Beach) 	<p>Liz Kruidenier, co-chair Charlene Moore, co-chair</p> <p>Community Mental Health Forum of North San Diego County</p>	March 2007
End of 30-day review period			
<ul style="list-style-type: none"> • B • M 	<ul style="list-style-type: none"> • Increase dollar amount for USD Patient Advocacy Program • Recommend future funding for the Independent Living Association 	<p>Jim Fix, Psy.D. Executive Director</p> <p>PERT, Inc.</p>	3/3/07
<ul style="list-style-type: none"> • M 	<ul style="list-style-type: none"> • Create an inspection group for sober living and related establishments 	Sean Anderson	3/8/07

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