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August 28, 2008

Assistant Deputy Director, Community Program Support
Community Services Division
California Department of Mental Health
1600 9th Street, Room 130
Sacramento, CA 95814

Dear Assistant Deputy Director:

The County of San Diego, Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) submits the following request to amend our existing Community Services and Support (CSS) agreement of the Mental Health Services Act (MHSA). This amendment adds new programs to our CSS plan (New) and expands existing CSS services (Expand). This request is in response to DMH Information Notice No: 08-10, Community Services and Supports (CSS) Plan Update Guidelines for Fiscal Year (FY) 2008/09 and DMH Information Notice No: 08-16, Plan Update Guidelines for Fiscal Year 2008/09 Addendum - Modified Process.

Implementation of our CSS Plan

As of August 1, 2008, implementation of programs are generally proceeding as described in the County's approved plans with 99% of CSS program providing services.

Summary of MHSA Agreement / Funding Request

In accordance with DMH Information Notice No. 08-10, we are requesting an amendment to our existing CSS contract to include additional funds of $8,167,400 for Fiscal Year 08-09 to expand our existing CSS programs and services and add six new programs: Juvenile Justice/Probation Services (CY-9); Child/Youth Case Management (CY-10); Intensive Case Management (TA-1); Peer Telephone Support (TAOA-4); Mental Health Court Calendar (TAOA-5); and Strength Based Care Management (OA-4). The expanded services include: Integrated Services and Supportive Housing (TAY-1); Enhanced Outpatient Mental Health Services (AOA-1); Chaldean Outpatient Services (ALL-7); Patient Advocacy (A-10); and Older Adult High Utilizer Integrated Services and Supportive Housing (OA-1). Additionally, we are requesting that funding continue for the Technological Needs project (OT-1), approved in FY05-06 and amended in FY06-07, utilizing funds from the Capital Facilities and Technology Needs component.

Executive Summary of CSS Enhancement and Expansion Plan

Abbreviations for programs refer to the original MHSA-CSS Plan submitted to DMH as amended in the enclosed cross-walk document.

Work Plan #	Program Name	New to Plan	CSS Services
CY-1	School/Home Based Services		$ 360,000
CY-8	Child Welfare Supportive Services and Treatment		$ 405,753
CY-9	Juvenile Justice/Probation Services	New	$ 700,000
CY-10	Case Management	New	$ 595,000
TAY-1	Integrated Services and Supported Housing	Expand	$ 482,032
TAY-4	Enhanced Outpatient Mental Health Services		$ 272,797
A-5	Clubhouse Enhance and Expand with Employment		$ 95,000
A-10	Patient Advocacy for Board and Care Facilities	Expand	$ 50,000
TA-1	Intensive Case Management	New	$ 100,000
OA-1	High Utilizer Integrated Services and Supported Housing	Expand	$ 230,000
OA-4	Strength Based Care Management	New	$ 350,000
ALL-4	Interpreter Services		$ 455,000
ALL-7	Chaldean Outpatient Services	Expand	$ 250,000
AOA-1	Enhanced Outpatient Mental Health Services	Expand	$ 552,352
TAOA-1	Legal Aid to Clubhouses		$ 55,000
TAOA-2	North County Walk-in Assessment (formerly ALL-3)		$ 540,000
TAOA-4	Peer Telephone Support	New	$ 87,500
TAOA-5	Mental Health Court Calendar	New	$ 810,000
	COLA for programs: CY-1; CY-2.1; CY-2.2; CY-3; CY-4.2; CY-5.1; CY-5.2; CY-5.3; CY-6; CY-7; CY-8; TAY-2; TAY-3; TAY-4; A-3; A-4; A-5; A-6; A-8/AOA-1; OA-2; TAOA-2; ALL-1; ALL-2; ALL-6		$ 302,663
	Adult Housing		$ 686,620
AS	MHSA Administration		$ 787,683
TOTAL			**$ 8,167,400**

The CSS Enhancement and Expansion plan was made available for public review and comment for a 30-day period (pursuant to Welfare and Institutions Code §5848(a), via presentation at our Mental Health Board, posting electronically on our community access web site, and via e-mail distribution to Council and Board participants.

The attached documents provide all requirements of the Plan Update Process as described in DMH Information Notice No: 08-10, as amended by Information Notice No: 08-16.

We request your approval to begin expanded and enhanced MHSA CSS services as soon as approval is received for Fiscal Year 2008-09. We appreciate your consideration of this request.

Submitted by,

ALFREDO AGUIRRE, LCSW
Deputy Director
Mental Health Services

LISTING OF SAN DIEGO COUNTY'S MHSA WORK PLANS

Number	Program Name	Funding	Target Age
CY-1	School and Home Based Services	OE	Children
CY-2.1	Family and Youth Information/Education Program	SD	Children
CY-2.2	Family/Youth Peer Support Services	SD	Children
CY-3	Cultural/Language Specific Outpatient	FSP	Children
CY-4.1	Mental Health and Primary Care Services Integration (now ALL-6)	OE	Children
CY-4.2	Mobile Psychiatric Emergency Response/Children's Walk-In Assessment Center, North County (formerly ALL-3)	SD	Children
CY-5.1	Medication Support For Dependents and Wards	SD	Children
CY-5.2	Outpatient Court Schools and Outreach	OE	Children
CY-5.3	Homeless and Runaways	FSP	Children
CY-6	Early Childhood Mental Health Services	SD	Children (0-5)
CY-7	Wraparound Services	FSP	Children
CY-8	Child Welfare Supportive Services and Treatment	SD	Children
CY-9	Juvenile Justice/Probation Services	SD	Children
CY-10	Case Management	OE	Children
TAY-1	Integrated Services and Supported Housing	FSP	Transition Aged Youth (TAY)
TAY-2	Clubhouse and Peer Support Services	SD	TAY
TAY-3	Dual Diagnosis Residential Treatment Program	FSP	TAY
TAY-4	Enhanced Outpatient Mental Health Services	SD	TAY
TA-1	Intensive Case Management	SD	TAY, Adult
A-1	Homeless Integrated Services and Supported Housing	FSP	Adult
A-2	Justice Integrated Srvs. and Supported Housing	FSP	Adult
A-3	Client-Operated Peer Support Services	SD	Adult
A-4	Family Education Services	SD	Adult
A-5	Clubhouse Enhance and Expand with Employment	SD	Adult
A-6	Supported Employment Services	SD	Adult
A-10	Patient Advocacy for Board and Care Facilities	SD	Adult
A-11	Intensive Case Management	SD	Adult
OA-1	High Utilizer Integrated Services and Supported Housing	FSP	Older Adult
OA-2	Mobile Outreach at Home and Community	SD	Older Adult
OA-3	Mental Health Services and Primary Care Services Integration (now ALL-6)	OE	Older Adult
OA-4	Case Management	OE	Older Adult
ALL-1	Services for Deaf and Hard of Hearing	OE	All Ages-(Children, TAY, Adult, and Older Adults)
ALL-2	Services for Victims of Trauma and Torture	OE	All Ages
ALL-4	Interpreter Services	SD	All Ages
ALL-5	Psychiatric Emergency Response	SD	All Ages
ALL-6	Mental Health Services and Primary Care Services Integration (formerly CY-4.1, A-7, OA-3)	OE	Adult

Number	Program Name	Funding	Target Age
ALL-7	Chaldean Outpatient Services (formerly A-9)	SD	All Ages
OT-1	System-Wide Community Education, Training and Technical Enhancements	SD	All Ages
OT-2	System-Wide Outreach One Time Funding	OE	All Ages
AOA-1	Enhanced Outpatient Mental Health Services (formerly A-8)	SD	Adult, Older Adult
TAOA-1	Legal Aid Services	SD	TAY, A, OA
TAOA-2	North County Walk-in Assessment Center (formerly ALL-3)	SD	TAY, A, OA
TAOA-3	Housing Trust Fund	FSP	TAY, A, OA
TAOA-4	Peer Telephone Support Expansion	SD	TAY, A, OA
TAOA-5	Mental Health Court Calendar	FSP	TAY, A, OA

FSP- Full Service Partnership
OE- Outreach and Engagement
SD- System Development

The County must submit to the California Department of Mental Health (DMH) an update to its Three-Year Program and Expenditure Plan including:

A. Certification by the County Mental Health Director that the County will comply with the non-supplant requirements of Section 3410 of the CCR. (Exhibit 1)

Please refer to Exhibit 1

B. Program Workplan Listing for FY 2008/09 (Exhibit 2)

The attached Exhibit 2 summarizes the FY 2008/09 funding requested for each new and existing workplan (including a 10% operating reserve as described in DMH Information Notice No.: 07-25), CSS administration, CSS funding for Capital Facilities and Technological Needs. Exhibit 2 also demonstrates that the majority of the funds, 50.38%, are directed to Full Service Partnerships in FY 2008/09 as required per Section 3620(c) of the CCR. Please refer to Exhibit 2.

The attached Exhibit 2a outlines the request that funding to continue for an approved CSS one-time technological needs project using funds from the Capital Facilities and Technological Needs component, rather than the Community Services and Supports component.

C. The total amount of new MHSA CSS funding required for the needs identified in Exhibit 2 for FY 2008/09 (Exhibit 3).

Per DMH Information Notice 08-16, the revised Exhibit 3 (Exhibit 3R) is provided.

D. Prudent reserve plan (Exhibit 4)

As per DMH Information Notice 08-16, Exhibit 4 will be submitted later in FY 08-09 as part of the FY 09-10 Plan submission.

E. Budgets and budget narratives for each Workplan listed in Exhibit 2 (Exhibit 5a, 5b, 5c and 5d)
Please refer to Exhibit 5b for Workplans already approved and to Exhibit 5c and 5d for each new proposed Workplan.

F. Calculation to ensure that the limit of 20% for prudent reserve, Capital Facilities and Technological Needs, and Workforce Education and Training is not exceeded (see Exhibit 6 for the maximum available FY 2008/09 CSS funding for these activities). (WIC Section 5892(b).

As CSS funds are not requested at this time for use for prudent reserve, Capital Facilities and Technological Needs, and Workforce Education and Training, the 20% limit is not exceeded and Exhibit 6 is not required.

G. A brief description of how the requirements of the Community Program Planning Process in Section 3300 of the CCR were met.

The Community Program Planning Process for the FY 08-09 CSS update (including growth funds) was based on prior stakeholder input from the initial and subsequent community program planning processes. Additional input was obtained starting in October 2007 through presentations and consultation with the various local public meetings, San Diego Mental Health Board and Mental Health Councils: Children, Youth and Families; Transition Age Youth (an ad hoc meeting of the Child and Adult Councils together); Adult; Older Adult; and Housing. Each of the councils has diverse community representation, including individuals with serious mental illness/severe emotional disturbance, unserved and underserved communities. The venues included providers, consumers, family members and concerned community members. The Board and Councils are informed constituencies that are an integral part of our local ongoing community input process, beginning with the Community Program Planning phase of MHSA implementation in 2005. On a monthly basis, from October 2007 through May 2008, proposed program

changes and new program design were discussed in each meeting. Community input included the following comments:

- Additional need for housing for consumers in FSP programs, especially until permanent supportive housing options are available
- Multiple requests were received to develop a crisis residential facility/services in North San Diego County
- Increase access and quality of care by contracting with Fee For Service providers
- Formal resolution from the Housing Council to use CSS growth to fund housing
- Use of Independent Living Facilities to bridge housing gaps
- A proposal was developed by the Older Adult System of Care Council to increase FSP slots, enhance existing outpatient clinics and create a new case management program
- Program ideas were received from Probation regarding mental health re-entry services
- Several stakeholders presented at the April 3 Mental Health Board in support of creating a Mental Health Court Calendar
- More client operated services were requested

Additionally, although consumers with serious mental illness and/or serious emotional disturbance and their family members serve as council members and participants, further input was sought through focus groups facilitated by the consumer/family liaisons to ensure their opportunity to participate. The liaisons were selected to facilitate further input based on their experience with performing effective outreach and engagement in the community. A consumer/family focus group was facilitated by the child/youth consumer/family liaison during a Family/Youth Council meeting on April 3, 2008. A consumer/family member focus group facilitated by the TAY/Adult/Older Adult consumer liaison was held for CSS growth funds on April 9, 2008. The focus groups included education on the guidelines and ensured the opportunity for individuals with Serious Mental Illness (SMI) to participate.

Although it was not possible to operationalize all community input into expanded and new services with the available dollars, several services are proposed to be expanded based on community input, either from the recent multiple month community input process through the Councils and Board or from prior community input received.

H. Documentation of the local 30 day review process per Section 3315(a) of the CCR.

- Distributed and provided access to the a draft of this document:
    - Posted on the County of San Diego Network of Care website
    - Posted publicly with the Clerk of the Board of Supervisors
    - E-mailed to stakeholders
    - Distributed at community meetings occurring during the review period, including the Mental Health Board meeting and Mental Health Council meetings.
- Distributed and provided Public hearing at the Mental Health Board meeting on July 3, 2008,
- Received and addressed suggested changes and other comments during and following the 30-day public review and comment period.

Public suggested changes and other comments were received and addressed.

E-Mails:

- Request for clarification on the number of individuals to be served and cost per client.
- Suggested edits to correct and clarify document and individual Work Plans.
- Proposal for a Trauma Intervention Program. (10 e-mails) [Referred to the PEI Component development process.]
- Concern about County administration and implementation and community oversight of Proposition 63 programs. [Received by Carol Hood, OAC, and forwarded to County for review and separate response.]

Housing Council meeting, July 3, 2008:

- Concern about potential delays in the availability of housing dollars outlined in the plan.

- Request for clarification of the use of indigent for the Intensive Case Management program. Concerned about the availability of housing options for transition age older adults in licensed board and care facilities who are no longer eligible after age 59.

Older Adult Council meeting, July 16, 2008:

- The proposed Mental Health Court program is not truly a MH Court. The definition of "gravely disabled" is flawed.
- Peer Support funding is largely overlooked in the plan. Funding is only about $85,000. More peer support services are is needed. Anticipating that more peer support services will be included in the Prevention and Early Intervention Component plan.
- The older adult FSP program has served several older adults in the last year who would have benefited tremendously from MH Court services. Although there are not many additional peer support services offered in this plan, all programs are strengths based with a resiliency approach.

I. When the update proposes a change in an existing program's population or service delivery, the following information should also be included:

1) A brief description of the proposed program change (e.g., specific population to be served, increased number of clients served, new services added, new methods of service delivery, etc.), and the proposed effective date;

Proposed program changes will be effective upon DMH approval (anticipated October 2008) and include, by workplan:

CY-1 - School and Home Based Services:
Continue the currently approved Incredible Years model program that was started as a pilot program in FY 06-07.

CY-2.2 - Family/Youth Peer Support Services
Change funding type category from Full Service Partnership to System Development; while this program works to support several FSP programs, it is more appropriate as a SD program. The program also provides parent partners to outpatient programs in the system as a secondary target population. The outpatient programs have not had parent partners available to work with their families and this system intervention helps transform the Children's Mental Health System of Care further in terms of family partnership and educating clinicians on the value of parent partners.

CY-8 - Child Welfare Supportive Services and Treatment (change from "Placement Stabilization Services"):
Change workplan name to Child Welfare Supportive Services and Treatment to better reflect the previously expanded services: Placement Stabilization Services, Evidence-Based practice treatment services for foster parents (Multidimensional Treatment Foster Care, MTFC) and newly proposed Incredible Years services for reunifying families. Placement Stabilization: expand capacity to maintain additional foster youth in the least restrictive setting possible. MTFC services are provided to two age groups: MTFC-P (0-6) and MTFC-C (7-11). Expand the currently approved (CY-1) Incredible Years model program to an additional region of San Diego County (East County). Utilization of evidence based Incredible Years model not as a school-based model but to serve additional families to promote safe in home placement of children/youth.

TAY-1- Integrated Services and Supported Housing:
Expand capacity to serve additional clients.

AOA-1 (change from A-8) - Enhanced Outpatient Mental Health Services:
Change ID designation to better reflect enhanced services. Enhance services to include Older Adults in the North San Diego County region. Expand services to additional sites within the N. Inland/N. Coastal regions of San Diego County. Enhance services to include Flex Funds, expand eligibility and improve integration while enhancing rehabilitation and recovery services. Expand TAY and Adult outpatient services to improve access.

ALL-7 (change from A-9) - Chaldean Outpatient Services:

Change ID designation to better reflect expanded services. Continue the currently approved outpatient program that was started as a pilot program in FY 06-07. Expand program to serve children, youth and their families in addition to the current adult target population.

A-10 - Patient Advocacy:
Increase staffing to expand educational services in areas such as: Title 9, patients' rights, and the 5150 process.

TAOA-1 - Legal Aid Society:
Continue the currently approved legal services to clubhouses that were funded as a pilot program in FY 06-07.

TAOA-2 - Walk-In Assessment Center- North County:
Include innovative telepsychiatry services provided through a partnership between the County and the contracted provider of the walk-in center. Additional staffing is provided through County of San Diego Psychiatry Expert Professional Services ($240,000 annually) and telepsychiatry equipment was provided through Workplan OT-1a. Continue the currently approved telepsychiatry staffing and enhanced budget that was started as a pilot program in FY 06-07.

TAY-1, A-1, A-2, OA-1 Full Service Partnerships:
Increase housing funds for TAY and Adults in FSP programs; provide temporary housing in the interim as permanent supportive housing is developed. Provide Indigent Inpatient funding pool for TAY and Adults in FSP programs.

OA-1 - Older Adult High Utilizer Integrated Services and Supportive Housing:

- **Modified ACT (Assertive Community Treatment) Model**: With County approval, the ACT model utilized in the FSP for older adults, was expanded and modified (MACT) to make it age appropriate.
- **SAMHSA ACT Full Fidelity Scale:** Achieving ACT full fidelity will not be required at this time; however, to ensure that the implemented modified model has demonstrated significant efficacy, program will be fully evaluated during FY 08-09.

ALL-4 - Interpreters Services:
Continue the currently approved interpretation services that were funded as a MHSA pilot program in FY 06-07.

2) For services/programs proposed for elimination, a brief description of the rationale for the elimination of any prior approved programs, if applicable, and the impact on the population to be affected by elimination.

Not applicable, no programs are being eliminated. Several workplan numbers have changed as a result of expansion of the target population; see Exhibit 2.

J. For each new CSS program(s) or service(s) not already included in its Three-Year Program and Expenditure Plan, consistent with the requirements of Section 3650 CCR, the update shall also include:

1) A description of each proposed program/service

A summary of proposed programs/services is provided below. Please see attachments for further program detail.

Program	Work plan	Funding Type	Description
Juvenile Justice/Probation Services	CY-9	SD	Juvenile Hall Community Re-Entry Program, MH Court Calendar, Family Advocacy
Child/Youth Case Management	CY-10	SD	Add case management- rehabilitative services to clinics, enhancing outpatient services to include in home services as well as connecting families to resources.
Intensive Case Management	TA-1	SD	Expand transition/ care coordination services for hospitalized individuals; serve additional TAY (who are indigent or have Medi-Cal) and expand capacity to begin serving indigent adults.
Peer Telephone Support Expansion, Adult	TAOA-4	SD	Expand hours of service, add Transitional Aged Youth staff
Mental Health Court Calendar Diversion and Supported Housing	TAOA-5	FSP	As part of a multi-agency collaborative, provide diversion for 30 offenders utilizing therapy, medication, case management and housing, recovery focus and ACT model.
Strength-based Care Management Services for Transition Age Adults & Older Adults with a Serious Mental Illness (SMI)	OA-4	SD	Expand care management for adults 55+ and older adults.

2) An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified and what population is being targeted for reduction of disparities.

Program	Relationship to Community Identified Needs
Juvenile Justice/Probation Services (CY-9)	• Program ideas were received from Probation regarding mental health re-entry services. • Community input supported need for diversion from detainment to reduce "criminalization" of mentally ill and provide more appropriate, more humane mode of treatment. • Community identified need for continued collaborative between mental health and juvenile justice.
Child/Youth Case Management (CY-10)	• Children's System of Care Council identified need for increased referral, disposition, and bridging case management – an expansion of the existing mental health services to our most complex child/adolescent cases. • The children/youth and families seen in outpatient clinic based services are often the most severe in terms of presenting issues. Families and clinicians both report that there are unmet needs that must be addressed. Expanding the array of services available to these families will help retention of under-served populations by assisting them in understanding the treatment process, the importance of family participation in treatment and through provision of other services from which families will benefit. Some families respond better to rehabilitative services and a less clinical mode which is currently unavailable to the outpatient clients.
Intensive Case Management (TA-1)	• Stakeholder input from the Hospital Partners Group provided specific recommendations for expansion of Transition Team services. Expansion will serve hospitalized clients with intensive case management to expedite discharge planning.
Peer Telephone Support Expansion, Adult (TAOA-4)	• During the process of identifying needs for the additional MHSA funds, many focus groups at our clubhouses identified the need to expand the Peer Phone Support services due to their attempts to call the service and getting busy signals for lengthy periods. Consumers stressed the importance of the service when it was available and the importance of learning from a peer. At several community focus group sites, our clinicians reported clients utilized the service when clinics were closed and felt the service was very valuable in dealing with anxiety over daily living issues. • More client operated services were requested.
Mental Health Court Calendar (TAOA-5)	• Support for the Mental Health Court model was voiced during public meetings, particularly through a series of stakeholder presentations at the April 3 Mental Health Board in support of creating a Mental Health Court Calendar. • Public Safety partners, including law enforcement, probation, and the Courts, identified the need for diversion of mentally ill offenders who would be most appropriately served in community based mental health services, as a more humane and effective intervention.

Program	Relationship to Community Identified Needs
Strength-based Care Management Services for Transition Age Adults & Older Adults with a Serious Mental Illness (SMI) (OA-4)	• Older Adult System of Care and other mental health and aging network stakeholders identified need for expanded capacity and access to quality geriatric case management with smaller case loads. This was part of the initial MHSA –CSS Planning going back to 2004-2005 and then of subsequent planning by the OA Council in FY 2007-2008. • Specific needs were identified for unserved and underserved transition age adults 55+ and older adults 60+.

3) Assess the County's capacity to implement the proposed programs/services. The assessment shall include the factors below which are included in section 3650 (a)(1) of the CCR:

a. The strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse population. The evaluation shall include assessment of bilingual proficiency in threshold languages in the County.

San Diego Mental Health Services is fully committed to continuing the transformation of our mental health system. This has been demonstrated by new programs for unserved and underserved ethnically diverse populations, which offer a broader array of service choices to better meet the needs of a greater number of clients and families who might not otherwise seek treatment. San Diego County will continue to move forward by enhancing and increasing funding for programs that address these more difficult to reach populations.

Threshold Language Capacity
The threshold languages for San Diego County are (1) Spanish, (2) Vietnamese, (3) Tagalog, and (4) Arabic. In addition to these threshold languages, the following linguistic needs were identified by participants: Chaldean, Hmong, Cambodian, and Laotian. Reference was made to a growing immigrant population from East Africa many of whom speak Somali, Swahili, and Kirundi.

- Of the 3000 staff members (not all FTE) there is the following language capacity: Spanish 452 (15%), Tagalog 43 (1%), Vietnamese 22(.5%) and Arabic 9 (.3%). The populations in these threshold languages are all increasing which stretches the current staff available.
- Some programs are specifically designed to serve individuals within the threshold languages. It is easier to obtain the necessary staff and utilize them most efficiently when they are focused in a specific program.
- It is challenging to provide the desired language diversity in programs with just a few staff members. In those cases where language capacity is unavailable within program staff, contracted and specially trained interpreters provide services on the phone or in person.
- The use of a Team approach that includes clinicians and Resource Specialists has provided some of the needed diversity and language capacity to the programs.
- Bilingual licensed staff are difficult to retain as they are often offered higher salaries in the community.
- Total Population Needing Services- An estimated 31% more consumers may need services. Therefore, an approximate 31% increase may be needed in all current threshold languages, in addition to the currently identified language capacity needs. We recognize that we are not currently at full capacity as it pertains to language needs.
- A current limitation is the data collection system for capturing the language needs of consumers and families; this capacity will be significantly enhanced as the new Management Information System is developed and implemented.

Staff Language Proficiency Language, other than English		Number proficient	Addl need for proficiency	**TOTAL (2)+(3)**
(1)		(2)	(3)	(4)
1. Spanish	Direct Service Staff	465	245	93
	Others	198	0	39
2. Tagalog	Direct Service Staff	40	16	36
	Others	22	0	29
3. Vietnamese	Direct Service Staff	14	22	30
	Others	7	22	3
4. Arabic	Direct Service Staff	14	16	13
	Others	2	1	1
5. Russian	Direct Service Staff	9	4	9
	Others	1	0	4
6. Cambodian	Direct Service Staff	8	1	18
	Others	3	1	11
7. Sign	Direct Service Staff	18	0	4
	Others	11	0	4
8.Lao	Direct Service Staff	1	3	0
	Others	1	3	0

Data Source: November 2007 program Monthly Status Reports

b. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared with the percentage of the total population needing services and the total population being served.

Racial/Ethnical Diversity

- Although the diversity of the workforce is not the same as the population being served, it has improved over the past number of years. Currently, diversity is greater among the support and unlicensed direct staff than among licensed staff.
- San Diego County's population includes a large, growing immigrant population, which is not yet reflected in the public mental health workforce. Of the population that is below 200% above the poverty line and potentially eligible for or being served by the public mental health system, 30% were born outside the US.
- The stigma of mental illness and unfamiliarity with the system and the language inhibits many first generation immigrants from seeking services.
- There are a wide variety of training programs available to improve the cultural competency of staff.
- In the upcoming months, we are establishing a workforce development collaborative through the MHSA Workforce Education and Training component to focus on increasing diversity. This workgroup will include representation from the major ethnic groups.

	FTE TOTAL	White		Latino		African American		Asian /PI		Native American		Multi race		unknown	
Unlicensed	467.7	34.5%	161.2	23.0%	107.4	13.7%	64.2	4.8%	22.3	20.0%	1.1	2.2%	10.3	21.6%	101.2
Licensed	803.6	50.8%	408.5	13.6%	109.4	6.2%	49.6	7.0%	56.1	0.5%	3.9	3.9%	31.3	18.0%	144.8
Other Health	99.1	48.6%	48.2	5.7%	5.6	10.8%	10.7	14.8%	14.7	0.0%	0.0	1.4%	1.4	18.7%	18.5
Manager/ Supervisor	243.8	68.3%	166.6	12.1%	29.4	3.1%	7.6	7.6%	18.6	0.0%	0.0	1.6%	3.9	7.3%	17.7
Support	402.4	40.1%	161.2	22.7%	91.4	8.3%	33.3	14.9%	60.0	0.1%	0.6	2.6%	10.4	11.3%	45.5
System	2016.5	46.9%	945.7	17.0%	343.1	8.2%	165.4	8.5%	171.7	0.3%	5.6	2.8%	57.3	16.3%	327.7
Client Pop		44.4%		28.9%		13.0%		4.7%		0.7%		8.3%			

Data Source: November 2007 program Monthly Status Reports

c. Identification of possible barriers to implementing the proposed program/services and methods of addressing these barriers.

Program	Possible Barriers and Methods to Address
Juvenile Justice/Probation Services (CY-9)	▪ Family advocacy - need family buy-in for services; Family support staff can be very instrumental in helping the family agree to participating in the program ▪ Need familiarity with the community, culture of the family and the adolescent, and have some language capability. Already have joint programs with probation and staff are familiar with working with the population. Providing the team with a community resource specialist will help provide greater diversity and skill sets.
Child/Youth Case Management (CY-10)	▪ As an expansion of already existing programs, a requirement of the program will be to identify the (current) ethnic diversity of their children/families served and hire according to this diversity. ▪ The paraprofessional positions to be hired can significantly increase the diversity of the staff because there is a larger pool of potential applicants than for clinical staff. ▪ Since case management requires identification and collaboration with community partners, this is an opportunity to develop collaboration in the diverse communities' representative of the client population.
Intensive Case Management (TA-1)	▪ While a major focus of the expansion is to begin to serve TAY and adults, the program does not have a system to identify which hospitalized persons are in high need of the program. Therefore it will need to increase contact with staff of the County's Medi-Cal psychiatric hospitals to identify which persons are most in need of the Transition Team's services. ▪ The existing Transition Team intensive case management program can serve as the model to expand services to adults and TAY. ▪ Special efforts will be targeted at serving Latinos. ▪ Focusing on serving additional TAY consumers provides us with an opportunity to expand our community partners and collaborative relationships with the TAY population and TAY services.
Peer Telephone Support Expansion, Adult (TAOA-4)	▪ This is an expansion for already existing programs. One of the requirements of the program would be that they identify the ethnic diversity of their clients, determine the diversity and expertise of current staff, and then plan to hire to address any existing cultural gaps or technical needs. ▪ This population may not be open to services in the traditional sense - peer to peer involvement may help encourage consumers to feel okay about accepting services. ▪ Language capacity – there is a contract in place for interpreters to help with court process when specific language expertise is needed. ▪ Will develop a pool of trained peers to hire from by providing additional peer training on helpful topics (e.g. Intentional Care, Motivational Interviewing, Working with Difficult Individuals, WRAP, etc.).

Program	Possible Barriers and Methods to Address
Mental Health Court Calendar (TAOA-5)	▪ Complications with the availability or suitability of clients is dependent on the Court process, independent of Mental Health Services. ▪ Maintaining a collaborative partnership with the Court will ensure maximum communication to anticipate such delays, and to offer assistance to ameliorate them. ▪ Limited to 30 offenders with multiple needs. Agencies have already been identified and are interested in expanding their relationship. ▪ May come from very diverse communities requiring ability to make very individualized plans. Identify staff that is culturally and linguistically diverse. ▪ Existing intensive case management programs can serve as models. ▪ Language capacity- have a current contract for court approved interpreters to help with court process
Strength-based Care Management Services for Transition Age Adults & Older Adults with a Serious Mental Illness (SMI) (OA-4)	▪ Case management and outreach was identified as the number one need for older adults. The need may exceed the resources available. Focus on one underserved community to be able to evaluate effectiveness. ▪ Access to the older adult in their home is challenging. Need to obtain staff that is both sensitive to the culture of the community and trained in the needs and resources of older adults. This is a great opportunity for developing more integrated and collaborative effort with the community. ▪ May not be open to services- peer to peer involvement may help encourage consumers to feel better about accepting services.

4) Program/Service Work Plans for each proposed program/service including:
a. A narrative description and summary of the program/service

Please refer to the Exhibit 4 documents for the following programs:

- Juvenile Justice/Probation Services (CY-9)
- Child/Youth Case Management (CY-10)
- Intensive Case Management (TA-1)
- Peer Telephone Support Expansion, Adult (TAOA-4)
- Mental Health Court Calendar (TAOA-5)
- Strength-based Care Management Services for Transition Age Adults & Older Adults with a Serious Mental Illness (SMI) (OA-4)

Exhibit 1
Community Services and Supports
FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for San Diego County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

All documents in the attached Community Services and Supports Plan Update are true and correct.

Date: August 28, 2008 **Signature**

ALFREDO AGUIRRE, LCSW
Local Mental Health Director

Executed at: San Diego, California

Exhibit 2

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

County: 37 - San Diego

Date: 8/20/2008

Workplans				Total Funds Requested				Funds Requested by Age Group			
	No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1.	CY-1	School and Home Based Services	E	$0	$0	$3,400,000	$3,400,000	$3,400,000	$0	$0	$0
2.	CY-2.1	Family and Youth Information/Education Program	E	$0	$153,000	$0	$153,000	$153,000	$0	$0	$0
3.	CY-2.2	Family/Youth Peer Support Services	E	$0	$357,000	$0	$357,000	$357,000	$0	$0	$0
4.	CY-3	Cultural/Language Specific Outpatient	E	$708,000	$0	$0	$708,000	$708,000	$0	$0	$0
5.	CY-4.2	Mobile Psychiatric Emergency Response/Children's Walk-In Assessment Center, North County (formerly ALL-3)	E	$0	$1,003,139	$0	$1,003,139	$1,003,139	$0	$0	$0
6.	CY-5.1	Medication Support For Dependents and Wards	E	$0	$950,800	$0	$950,800	$950,800	$0	$0	$0
7.	CY-5.2	Outpatient Court Schools and Outreach	E	$0	$0	$367,200	$367,200	$367,200	$0	$0	$0
8.	CY-5.3	Homeless and Runaways	E	$813,826	$0	$0	$813,826	$813,826	$0	$0	$0
9.	CY-6	Early Childhood Mental Health Services	E	$0	$436,000	$0	$436,000	$436,000	$0	$0	$0
10.	CY-7	Wraparound Services	E	$1,933,000	$0	$0	$1,933,000	$1,933,000	$0	$0	$0
11.	CY-8	Child Welfare Supportive Services and Treatment	E	$0	$1,058,753	$0	$1,058,753	$1,058,753	$0	$0	$0
12.	CY-9	Juvenile Justice/Probation Services	N	$0	$350,000	$0	$350,000	$350,000	$0	$0	$0
13.	CY-10	Case Management	N	$0	$0	$446,250	$446,250	$446,250	$0	$0	$0
14.	TAY-1	Integrated Services and Supported Housing	E	$2,734,411	$0	$0	$2,734,411	$0	$2,734,411	$0	$0
15.	TAY-2	Clubhouse and Peer Support Services	E	$0	$357,000	$0	$357,000	$0	$357,000	$0	$0
16.	TAY-3	Dual Diagnosis Residential Treatment Program	E	$984,379	$0	$0	$984,379	$0	$984,379	$0	$0
17.	TAY-4	Enhanced Outpatient Mental Health Services	E	$0	$1,392,387	$0	$1,392,387	$0	$1,392,387	$0	$0
18.	A-1	Homeless Integrated Services and Supported Housing	E	$6,251,844	$0	$0	$6,251,844	$0	$0	$6,251,844	$0
19.	A-2	Justice Integrated Srvs. and Supported Housing	E	$2,401,242	$0	$0	$2,401,242	$0	$0	$2,401,242	$0
20.	A-3	Client-Operated Peer Support Services	E	$0	$548,400	$0	$548,400	$0	$0	$548,400	$0
21.	A-4	Family Education Services	E	$0	$71,400	$0	$71,400	$0	$0	$71,400	$0
22.	A-5	Clubhouse Enhance and Expand with Employment	E	$0	$1,348,092	$0	$1,348,092	$0	$0	$1,348,092	$0
23.	A-6	Supported Employment Services	E	$0	$457,000	$0	$457,000	$0	$0	$457,000	$0
24.	A-10	Patient Advocacy for Board and Care Facilities	E	$0	$98,000	$0	$98,000	$0	$0	$98,000	$0
25.	TA-1	Intensive Case Management	N	$0	$75,000	$0	$75,000	$0	$0	$75,000	$0
26.	OA-1	High Utilizer Integrated Services and Supported Housing	E	$2,082,942	$0	$0	$2,082,942	$0	$0	$0	$2,082,942
27.	OA-2	Mobile Outreach at Home and Community	E	$0	$1,060,650	$0	$1,060,650	$0	$0	$0	$1,060,650
28.	OA-4	Strength-Based Care Management Plus	N	$0	$350,000	$0	$350,000	$0	$0	$0	$350,000
29.	ALL-1	Services for Deaf and Hard of Hearing	E	$0	$0	$198,492	$198,492	$65,875	$35,069	$76,851	$20,698
30.	ALL-2	Services for Victims of Trauma and Torture	E	$0	$0	$198,492	$198,492	$65,875	$35,069	$76,851	$20,698
31.	ALL-4	Interpreter Services	E	$0	$455,000	$0	$455,000	$151,003	$80,387	$176,165	$47,445
32.	ALL-5	Psychiatric Emergency Response Team	E	$0	$885,000	$0	$885,000	$293,709	$156,357	$342,650	$92,283
33.	ALL-6	Mental Health & Primary Care (formerly CY 4.1, A-7, OA-3	E	$0	$1,870,800	$0	$1,870,800	$620,872	$330,524	$724,327	$195,078
34.	ALL-7	Chaldean Outpatient Services (formerly A-9)	E	$0	$250,000	$0	$250,000	$0	$0	$250,000	$0
35.	AOA-1	Enhanced Outpatient Mental Health Services (formerly A-8)	E	$0	$1,819,844	$0	$1,819,844	$0	$0	$1,819,844	$0

Exhibit 2

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

36.	TAOA-1	Legal Aid Services	E	$0	$55,000	$0	$55,000	$0	$14,542	$31,873	$8,586
37.	TAOA-2	North County Walk-in Assessment Center (formerly ALL-3)	E	$0	$1,473,190	$0	$1,473,190	$0	$389,511	$853,714	$229,965
38.	TAOA-3	Housing Trust Fund	E	$3,565,798	$0	$0	$3,565,798	$0	$942,797	$2,066,380	$556,621
39.	TAOA-4	Peer Telephone Support	N	$0	$65,625	$0	$65,625	$0	$38,043	$21,728	$5,854
40.	TAOA-5	Mental Health Court Calendar	N	$405,000	$0	$0	$405,000	$0	$0	$405,000	$0

45. **Subtotal: Workplans**[a/]	$21,880,442	$16,941,080	$4,610,434	$43,431,956	$13,174,301	$7,490,476	$18,096,360	$4,670,819
46. **Optional 10% Operating Reserve**[b/]				$4,343,196				
47. **CSS Administration**[c/]				$5,562,821				
48. **CSS Capital Facilities Projects**[d/]				$0				
49. **CSS Technological Needs Projects**[d/]				$0				
50. **CSS Workforce Education and Training**[d/]				$0				
51. **CSS Prudent Reserve**[e/]				$0				
52. **Total Funds Requested**				$53,337,972				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs= 50.38%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

Exhibit 2a

FY 2008/09 Mental Health Services Act Previously Approved Capital Facilities and Technological Needs and Workforce Education and Training Projects Funding Requirements

County: San Diego **Date:** 8/21/2008

1. Capital Facilities Projects[a/]	
2. Technological Needs Projects[a/]	$2,987,942
3. Workforce Education and Training[a/]	

a/ Complete budget pages from relevant guidelines for each component.

Exhibit 3R

Mental Health Services Act Community Services and Supports Funding Request for FY 2008/09

Date: 8/21/2008 County: San Diego

	Use of Funds	Source of Funds	
Total FY 2008/09 Funds Requested from line 52 of Exhibit 2	$ 53,337,973		
		$ 254,508	FY 06/07 Unapproved Planning Estimates
		$ -	FY 07/08 Unapproved Planning Estimates
		$ 30,545,184	FY 08/09 CSS Planning Estimates*
		$ 22,538,281	Unspent CSS Funds (Cash on Hand)**
Total	$ 53,337,973	$ 53,337,973	

Funds requested for lines 48, 49 and 50 on Exhibit 2 must be funded from the FY 08/09 CSS Planning Estimate

**Our total planning estimate for FY08-09 is $44,358,900. Based on first in first out, we are requesting to use our unspent before our FY08-09 planning estimate. Unspent CSS Funds is coming from FY06-07 MHSA Revenue and Expense Report net of interest.

EXHIBIT 4 - BUDGET SUMMARY
FOR TECHNOLOGICAL NEEDS PROJECT PROPOSAL

(List Dollars in Thousands)

County:	37 - San Diego
Project Name:	**Mental Health Management of Information Systems (MH - MIS)**

Category	(1) 07-08	(2) 08-09	(3) Future Years	(4) Total One-Time Costs (1+2+3)	Estimated Annual Ongoing Costs*	
Personnel		$ 181,466		$ 181,466	$ 719,212	
Total Staff (Salaries & Benefits)	$ -	$ 181,466	$ -	$ 181,466	$ 719,212	
Hardware						
From Exhibit 2						
		$ -			$ 774,801	
Total Hardware	$ -	$ -	$ -	$ -	$ 774,801	
Software						
From Exhibit 2						
Licenses		$ 569,725				
Total Software	$ -	$ 569,725	$ -	$ 569,725	$ -	
Contract Services (list services to be provided)						
Vendor Contract Milestones and Change Orders		$ 1,860,889			$ 68,896	
Application Support		$ 100,000			$ -	
Project Oversight		$ -			$ 40,000	
Total Contract Services	$ -	$ 1,960,889	$ -	$ 1,960,889	$ 108,896	
Administrative Overhead		$ 56,975			$ 205,855	
Other Expenses (Describe)						
	$ -	$ 56,975	$ -	$ 56,975	$ 205,855	
Total Costs (A)	$ -	$ 2,769,055	$ -	$ 2,769,055	$ 1,808,764	
Total Offsetting Revenues (B) **		$ 961,693		$ 961,693	$ 628,184	
MHSA Funding Requirements (A-B)	$ -	$ 1,807,362	$ -	$ 1,807,362	$ 1,180,580	$ 2,987,942

NOTES:

* Annual costs are the ongoing costs required to maintain the technology infrastructure after the one-time implementation.

** For Projects providing services to multiple program clients (e.g. Mental Health and Alcohol and Drug Program clients), attach a description of estimated benefits and Project costs allocated to each program.

Exhibit 5a

FY 2008/09 Mental Health Services Act Community Services and Supports
Administration Budget Worksheet

County: San Diego

Fiscal Year: 2008-09

Date: 7/1/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSA Coordinator(s)	$92,787	$193,909
b. MHSA Support Staff		
c. Other Personnel (list below)		
i. Contract Administration Staff	$194,723	$209,614
ii. Contracts Fiscal/Claiming	$62,751	$67,557
iii. Financial Management	$62,751	$136,498
iv. Contract Program Monitoring	$445,748	$495,957
v. Physical Health/Public Health Care Coordinator	$84,453	$165,744
vi. Quality Improvement	$69,221	$67,557
vii.		
d. Total Salaries	$1,012,434	$1,336,836
e. Employee Benefits	$561,808	$768,681
f. Total Personnel Expenditures	$1,574,242	$2,105,517
2. Operating Expenditures	$2,470,880	$3,943,452
3. County Allocated Administration		
a. Countywide Administration (A-87)	$441,781	$564,615
b. Other Administration (provide description in budget narrative)	$628,891	$1,909,200
c. Total County Allocated Administration	$1,070,672	$2,473,815
4. Total Proposed County Administration Budget	$5,115,794	$8,522,784
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)	$562,738	$2,959,963
b. Other Revenue		
2. Total Revenues	$562,738	$2,959,963
C. Non-Recurring Expenditures		
D. Total County Administration Funding Requirements	$4,553,056	$5,562,821

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all MHSA program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 8/28/2008

Signature _____

ALFREDO AGUIRRE, LCSW
Local Mental Health Director or Designee

Executed at San Diego, California

EXHIBIT 5c--Mental Health Services Act CSS Administration Budget Narrative

Line Item Narratives: Fiscal Year 08-09

A. EXPENDITURES

1. *Personnel Expenditures-*

a. MHSA Coordinators – Overall responsibility for development, implementation, evaluation and monitoring of MHSA.

Budget is based on San Diego County Salary schedule for the position in FY 08-09 at step 5 with 3.5% cola and and peformance based incentive at 4% for FY 08-09.

b. MHSA Support Staff – None identified

c. Other Personnel – Budget is based on San Diego County Salary schedule for the position in FY 08-09 at step 5 with 3.5% cola and performance based incentive at 4%.

Contract Administration consist of staff who provide contract development and monitoring support for the administration of the Agency's mental health contracts.

Contracts Fiscal Claiming consist of staff who provide fiscal responsibility to ensure that contractors are paid in a timely manner and to track expenditures and cost reports from contractors.

Financial Management consist of staff who provide overall financial support in both fiscal and budget matters. These positions will ensure that required MHSA fiscal reports are submitted timely.

Contracts Program Monitoring consist of staff who have the overall responsibility of program oversight and monitoring of MHSA programs.

Physical Health/Public Health Care Coordinators consist of staff who have the overall responsibility of providing community education and serve as liaisons between various divisions in HHSA.

Quality Improvement consist of staff to perform analytical tasks related to quality improvement monitoring of MHSA programs.

e. Employee Benefits – This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits. This is based on 57.5% benefit rate for County of San Diego in FY 07/08.

2. *Operating Expenditures*

a. Professional Services Include the following:

Data analysis and Performance Monitoring -- These services are for CSS plan expansion.

Child and Adolescent Data Analysis and Performance Monitoring contract augmentation -- Perform outcome measures and support for Children's portion of MHSA CSS plan. Amount is based on existing contract rates.

Administrative Services Organization -- These will be contract augmentation to provide support for MHSA CSS plan expansion which will include administrative services such as:

Claims authorization, network management, payment, coordination of services and various service reports.

Capital Facilities/Housing Tech Advisor -- Estimated at 2,000 hours at $100 per hour.

Information Technology (IT) Tech Advisor -- Estimated to be $120,000 given the current rate for contracted services.

Community Education coordination -- consists of six technical experts at a rate of $67 per hour for 1500 hours each (approximately 30 hours per week).

Consumer / Family Liaisons -- consists of six technical experts at a rate of $50 per hour for 1500 hours each (approximately 30 hours per week).

Temporary office staff to perform clerical duties.

Temporary Expert Professional staff to support the development, implementation, monitoring and reporting of MHSA.

b. Travel and Transportation – travel costs included in general office expenditures.

c. General Office Expenditures – based on average annual cost of $1,056 per FTE for basic services and supplies such as postage, photocopy expenses, office supplies.

d. Rent, Utilities and Equipment – based on average annual cost of $5,792 per FTE for rent, utilities, telecommunication and personal computers.

3. *County Allocated Overhead*

a. Countywide Administration (A-87) - county-wide administrative support functions is a flat rate of 1.3% of total program expenditures of $43,731,956.

b. Other Administration - Health and Human Services Agency overhead (centralized personnel, training, financial services, etc.)

Mental Health Admin overhead (management information systems, revenue billing and claiming, planning, program oversight and various reporting requirements). This also includes indirect costs under Behavioral Health administration.

B. REVENUES

a.

Medi-Cal Administration FFP -- based on FY 06-07 head count of 69.46% multiplied by 50% Federal financial Participation (FFP) applied to total proposed county administration budget. FFP Admin was the percentage used in FY 06-07 cost report.

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-1
Date: 7/1/2008
Program Workplan Name: School and Home Based Services
Page 1 of 1
Type of Funding: 3. Outreach and Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 4,299
Existing Client Capacity of Program/Service: 3,694
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 605
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$9,644,792
3. Operating Expenditures		$6,429,862
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$15,674,654	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$15,674,654**	**$16,074,654**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$6,333,517	$6,333,517
b. State General Funds	$6,333,517	$6,333,517
c. Other Revenue	$7,621	$7,621
d. Total New Revenue	$12,674,654	$12,674,654
3. Total Revenues	$12,674,654	$12,674,654
C. Total Funding Requirements	**$3,000,000**	**$3,400,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: CY-2.1 | Date: 7/1/2008

Program Workplan Name: Family and Youth Information/Education Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 485

Existing Client Capacity of Program/Service: 485 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$76,128
3. Operating Expenditures		$76,872
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$150,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$150,000**	**$153,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$150,000**	**$153,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: CY-2.2 | Date: 7/1/2008

Program Workplan Name: Family/Youth Peer Support Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 45

Existing Client Capacity of Program/Service: 45 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$144,017
3. Operating Expenditures		$212,983
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$350,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$350,000**	**$357,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$350,000**	**$357,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: CY-3 | Date: 7/1/2008

Program Workplan Name: Cultural/Language Specific Outpatient | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 91

Existing Client Capacity of Program/Service: 91 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		$13,832
2. Personnel Expenditures		$548,586
3. Operating Expenditures		$270,349
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$821,400	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$821,400**	**$832,767**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$66,770	$60,700
b. State General Funds	$54,630	$60,700
c. Other Revenue		$3,367
d. Total New Revenue	$121,400	$124,767
3. Total Revenues	$121,400	$124,767
C. Total Funding Requirements	**$700,000**	**$708,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego

Fiscal Year: 2008-09

Program Workplan #: CY-4.2

Date: 7/1/2008

Program Workplan Name: Mobile Psychiatric Emergency Response/Children's Walk-In Assessment

Page 1 of 1

Type of Funding: 2. System Development

Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 332

Existing Client Capacity of Program/Service: 332

Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$454,170
3. Operating Expenditures		$659,535
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,105,800	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$1,105,800**	**$1,113,705**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$60,811	$55,283
b. State General Funds	$49,755	$55,283
c. Other Revenue		
d. Total New Revenue	$110,566	$110,566
3. Total Revenues	$110,566	$110,566
C. Total Funding Requirements	**$995,234**	**$1,003,139**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-5.1
Date: 7/1/2008
Program Workplan Name: Medication Support For Dependents and Wards
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 116
Existing Client Capacity of Program/Service: 116
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$296,180
3. Operating Expenditures		$694,620
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$980,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$980,000**	**$990,800**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$22,000	$20,000
b. State General Funds	$18,000	$20,000
c. Other Revenue		
d. Total New Revenue	$40,000	$40,000
3. Total Revenues	$40,000	$40,000
C. Total Funding Requirements	**$940,000**	**$950,800**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: CY-5.2 | Date: 7/1/2008

Program Workplan Name: Outpatient Court Schools and Outreach | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 212

Existing Client Capacity of Program/Service: 212 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$574,775
3. Operating Expenditures		$388,055
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$953,230	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$953,230**	**$962,830**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$296,615	$296,615
b. State General Funds	$296,615	$296,615
c. Other Revenue		$2,400
d. Total New Revenue	$593,230	$595,630
3. Total Revenues	$593,230	$595,630
C. Total Funding Requirements	**$360,000**	**$367,200**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-5.3
Date: 7/1/2008
Program Workplan Name: Homeless and Runaways
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 86
Existing Client Capacity of Program/Service: 86
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		$25,000
2. Personnel Expenditures		$515,407
3. Operating Expenditures		$305,446
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$839,700	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$839,700**	**$845,853**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$17,615	$16,014
b. State General Funds	$14,412	$16,014
c. Other Revenue		
d. Total New Revenue	$32,027	$32,027
3. Total Revenues	$32,027	$32,027
C. Total Funding Requirements	**$807,673**	**$813,826**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-6
Date: 7/1/2008
Program Workplan Name: Early Childhood Mental Health Services
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 70
Existing Client Capacity of Program/Service: 70
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$344,463
3. Operating Expenditures		$124,127
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$460,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$460,000**	**$468,590**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$16,500	$15,000
b. State General Funds	$13,500	$15,000
c. Other Revenue		$2,590
d. Total New Revenue	$30,000	$32,590
3. Total Revenues	$30,000	$32,590
C. Total Funding Requirements	**$430,000**	**$436,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-7
Date: 7/1/2008
Program Workplan Name: Wraparound Services
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125
Existing Client Capacity of Program/Service: 125
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		$396,705
2. Personnel Expenditures		$2,925,688
3. Operating Expenditures		$1,075,607
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$2,200,000	
6. Non-recurring expenditures		$250,000
7. Total Proposed Program Budget	**$2,200,000**	**$4,648,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$137,500	$952,500
b. State General Funds	$112,500	$952,500
c. Other Revenue		$810,000
d. Total New Revenue	$250,000	$2,715,000
3. Total Revenues	$250,000	$2,715,000
C. Total Funding Requirements	**$1,950,000**	**$1,933,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego

Fiscal Year: 2008-09

Program Workplan #: CY-8

Date: 7/1/2008

Program Workplan Name: Child Welfare Supportive Services and Treatment

Page 1 of 1

Type of Funding: 2. System Development

Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 219

Existing Client Capacity of Program/Service: 150

Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 69

Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		$53,282
2. Personnel Expenditures		$1,451,245
3. Operating Expenditures		$598,726
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,250,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$1,250,000**	**$2,103,253**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$495,000	$522,250
b. State General Funds	$405,000	$522,250
c. Other Revenue		
d. Total New Revenue	$900,000	$1,044,500
3. Total Revenues	$900,000	$1,044,500
C. Total Funding Requirements	**$350,000**	**$1,058,753**

Exhibit 5c

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-9
Date: 7/1/2008
Program Workplan Name: Juvenile Justice/Probation Services
Page 1 of 3
Type of Funding: 2. System Development
Months of Operation: 6
Proposed Total Client Capacity of Program/Service: 80
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 80
Telephone Number: 619-584-5015

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				$0
a. Housing				$0
b. Other Supports				$0
2. Personnel Expenditures			$0	$0
3. Operating Expenditures				$0
4. Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$350,000			$350,000
6. Non-recurring expenditures				$0
7. Total Proposed Program Budget	**$350,000**	**$0**	**$0**	**$350,000**
B. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
d. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. Total Funding Requirements	**$350,000**	**$0**	**$0**	**$350,000**

Exhibit 5d

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-9
Date: 7/1/2008
Program Workplan Name: Juvenile Justice/Probation Services

Type of Funding: 2. System Development
Months of Operation: 6
Proposed Total Client Capacity of Program/Service: 80
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 80
Telephone Number: 619-584-5015

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					$0
Senior Probation Officer (MH)			1.00		$0
MST/ACT Therapists	*Multisystemic Treatment / Assertive Ccommunity Treatment*		3.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	4.00		$0
C. Total Program Positions		0.00	4.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego **Fiscal Year: 2008-09** **Page: 3 of 3**

Program Workplan #: CY-9 **Date: 07/01/08**

Program Workplan Name: Juvenile Justice/Probation Services

Type of Funding: 2. System Development **New Program/Service or Expansion: New**

Line #	Amount	Description / Justification
A.5	$350,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client from available data for similar services among existing providers, multiplied by the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated to staff salaries and benefits. This budget is prorated for 6 months from January 1, 2009 - June 30, 2009. This program will provide Juvenile Hall Community Re-Entry Program services.
B.2.a	$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services that are expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the underserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
C	$350,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

Exhibit 5c

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- New Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: CY-10 | Date: 7/1/2008

Program Workplan Name: Case Management | Page 1 of 3

Type of Funding: 3. Outreach and Engagement | Months of Operation: 9

Proposed Total Client Capacity of Program/Service: 2,380 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 2,200 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 180 | Telephone Number: 619-584-5015

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				$0
a. Housing				$0
b. Other Supports				$0
2. Personnel Expenditures			$2,970,176	$2,970,176
3. Operating Expenditures			$1,980,117	$1,980,117
4. Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$446,250			$446,250
6. Non-recurring expenditures				$0
7. Total Proposed Program Budget	**$446,250**	**$0**	**$4,950,293**	**$5,396,543**
B. Revenues				
1. Existing Revenues			$4,950,293	$4,950,293
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
d. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$4,950,293	$4,950,293
C. Total Funding Requirements	**$446,250**	**$0**	**$0**	**$446,250**

Exhibit 5d

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: CY-10
Date: 7/1/2008
Program Workplan Name: Case Management

Type of Funding: 3. Outreach and Engagement
Months of Operation: 9
Proposed Total Client Capacity of Program/Service: 2,380
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 2,200
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 180
Telephone Number: 619-584-5015

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Case Manager	*Provide mental health case management to 6 realignment clinics*		6.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	6.00		$0
C. Total Program Positions		0.00	6.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): San Diego | Fiscal Year: 2008-09 | Page: 3 of 3

Program Workplan #: CY-10 | Date: 07/01/08

Program Workplan Name: Case Management

Type of Funding: 3. Outreach and Engagement | New Program/Service or Expansion: Expansion

Line #	Amount	Description / Justification
A.7	$5,396,543	Total Proposed Program Budget is the sum of the Estimated Total Expenditures ($595,000, prorated for 9 months= $446,250) which will be a contract augmentation to 6 existing Community Mental Health Contract Provider Program Budgets ($6,600,390, prorated for 9 months= $4,950,293). Please note that this program will be expanding existing outpatient services to include case management via contract amendment and providers are currently in the process of preparing their budgets. Therefore, the estimated total expenditures (when service provider's budgets have not yet been approved) were derived by calculating the average cost per client from available data for similar services among existing providers, multiplied by the number of clients expected to be served in the fiscal year. This program will add case management- rehabilitative services to clinics, enhancing outpatient services to include in home services as well as connecting families to resources. Approximately 180 individuals and their families being served in community clinics will receive case management services.
A.5	$446,250	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per case management position from available data for similar services among existing providers, to provide one case manager per community clinic site. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated to staff salaries and benefits. This budget is prorated for 9 months from October 1, 2008 - June 30, 2009.
B.2.a	$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services that are expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the underserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
C	$446,250	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAY-1
Date: 7/1/2008
Program Workplan Name: Integrated Services and Supported Housing

Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 171
Existing Client Capacity of Program/Service: 156
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 15
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$361,216	$674,596
b. Other Supports		$51,159
2. Personnel Expenditures		$1,590,193
3. Operating Expenditures		$425,789
4. Program Management		$316,940
5. Estimated Total Expenditures when service provider is not known	$2,215,429	
6. Non-recurring expenditures		$46,949
7. Total Proposed Program Budget	**$2,576,645**	**$3,105,626**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$371,215	$371,215
b. State General Funds		$0
c. Other Revenue		
d. Total New Revenue	$371,215	$371,215
3. Total Revenues	$371,215	$371,215
C. Total Funding Requirements	**$2,205,430**	**$2,734,411**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAY-2
Date: 7/1/2008
Program Workplan Name: Clubhouse and Peer Support Services
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 420
Existing Client Capacity of Program/Service: 420
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$262,790
3. Operating Expenditures		$94,210
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$350,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$350,000**	**$357,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$350,000**	**$357,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: TAY-3 | Date: 7/1/2008

Program Workplan Name: Dual Diagnosis Residential Treatment Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 36

Existing Client Capacity of Program/Service: 36 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$1,037,029
3. Operating Expenditures		$244,600
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,226,250	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$1,226,250**	**$1,281,629**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$242,250	$242,250
b. State General Funds		
c. Other Revenue	$15,000	$55,000
d. Total New Revenue	$257,250	$297,250
3. Total Revenues	$257,250	$297,250
C. Total Funding Requirements	**$969,000**	**$984,379**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAY-4
Date: 7/1/2008
Program Workplan Name: Enhanced Outpatient Mental Health Services

Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 1,039
Existing Client Capacity of Program/Service: 997
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 42
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$702,691
3. Operating Expenditures		$858,845
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,410,000	
6. Non-recurring expenditures		$135,000
7. Total Proposed Program Budget	**$1,410,000**	**$1,696,536**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$300,160	$300,960
b. State General Funds		
c. Other Revenue		$3,189
d. Total New Revenue	$300,160	$304,149
3. Total Revenues	$300,160	$304,149
C. Total Funding Requirements	**$1,109,840**	**$1,392,387**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: A-1 | Date: 7/1/2008

Program Workplan Name: Homeless Integrated Services and Supported Housing | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 574

Existing Client Capacity of Program/Service: 574 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$750,217	$1,210,252
b. Other Supports		$413,162
2. Personnel Expenditures		$2,360,428
3. Operating Expenditures		$1,811,053
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$4,583,144	
6. Non-recurring expenditures		$978,449
7. Total Proposed Program Budget	**$5,333,361**	**$6,773,344**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$520,000	$520,000
b. State General Funds		
c. Other Revenue		$1,500
d. Total New Revenue	$520,000	$521,500
3. Total Revenues	$520,000	$521,500
C. Total Funding Requirements	**$4,813,361**	**$6,251,844**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: A-2
Date: 7/1/2008
Program Workplan Name: Justice Integrated Srvs. and Supported Housing
Page 1 of 1
Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 111
Existing Client Capacity of Program/Service: 111
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$257,019	$483,604
b. Other Supports		$86,589
2. Personnel Expenditures		$907,624
3. Operating Expenditures		$591,716
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,585,429	
6. Non-recurring expenditures		$464,209
7. Total Proposed Program Budget	**$1,842,448**	**$2,533,742**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$132,000	$132,000
b. State General Funds		
c. Other Revenue		$500
d. Total New Revenue	$132,000	$132,500
3. Total Revenues	$132,000	$132,500
C. Total Funding Requirements	**$1,710,448**	**$2,401,242**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: A-3 | Date: 7/1/2008

Program Workplan Name: Client-Operated Peer Support Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 1,400

Existing Client Capacity of Program/Service: 1,400 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$371,648
3. Operating Expenditures		$176,752
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$540,000	
6. Non-recurring expenditures	$25,000	
7. Total Proposed Program Budget	**$565,000**	**$548,400**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$565,000**	**$548,400**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: A-4 | Date: 7/1/2008

Program Workplan Name: Family Education Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 240

Existing Client Capacity of Program/Service: 240 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$27,167
3. Operating Expenditures		$44,233
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$70,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$70,000**	**$71,400**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$70,000**	**$71,400**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego

Fiscal Year: 2008-09

Program Workplan #: A-5

Date: 7/1/2008

Program Workplan Name: Clubhouse Enhance and Expand with Employment

Type of Funding: 2. System Development

Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 4,845

Existing Client Capacity of Program/Service: 4,845

Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$956,213
3. Operating Expenditures		$391,879
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,229,502	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$1,229,502**	**$1,348,092**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$1,229,502**	**$1,348,092**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: A-6
Date: 7/1/2008
Program Workplan Name: Supported Employment Services

Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 77
Existing Client Capacity of Program/Service: 77
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$238,121
3. Operating Expenditures		$218,879
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$450,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$450,000**	**$457,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$450,000**	**$457,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: A-10 | Date: 7/1/2008

Program Workplan Name: Patient Advocacy for Board and Care Facilities | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 250

Existing Client Capacity of Program/Service: 250 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$83,819
3. Operating Expenditures		$14,181
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$48,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$48,000**	**$98,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$48,000**	**$98,000**

Exhibit 5c

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TA-1
Date: 7/1/2008
Program Workplan Name: Intensive Case Management

Type of Funding: 2. System Development
Months of Operation: 9
Proposed Total Client Capacity of Program/Service: 400
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 350
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 50
Telephone Number: 619-584-5015

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				$0
a. Housing				$0
b. Other Supports				$0
2. Personnel Expenditures			$199,626	$199,626
3. Operating Expenditures			$114,902	$114,902
4. Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$75,000			$75,000
6. Non-recurring expenditures				$0
7. Total Proposed Program Budget	**$75,000**	**$0**	**$314,528**	**$389,528**
B. Revenues				
1. Existing Revenues			$314,528	$314,528
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
d. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$314,528	$314,528
C. Total Funding Requirements	**$75,000**	**$0**	**$0**	**$75,000**

Exhibit 5d

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TA-1
Date: 7/1/08
Program Workplan Name: Intensive Case Management

Type of Funding: 2. System Development
Months of Operation: 9
Proposed Total Client Capacity of Program/Service: 400
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 350
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 50
Telephone Number: 619-584-5015

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
Mental Health Clinician	Provides MH services		4.00		$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	4.00		$0
B. New Additional Positions					
Mental Health Clinician	Provides MH services		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.00		$0
C. Total Program Positions		0.00	5.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego **Fiscal Year: 2008-09** **Page: 3 of 3**

Program Workplan #: TA-1 **Date: 07/01/08**

Program Workplan Name: Intensive Case Management

Type of Funding: 2. System Development **New Program/Service or Expansion: Expansion**

Line #	Amount	Description / Justification
A.5	$75,000	Additional funds are being added to this program: $100,000, prorated for 9 months= $75,000 for Care Coordinator/Transition Team MH clinician position salaries/benefits/costs to serve hospitalized transition age youth and adults with SMI. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated to staff salaries and benefits. This budget is prorated for 9 months from October 1, 2008 - June 30, 2009.
A.7	$389,528	Total Proposed Program Budget is the sum of the Estimated Total Expenditures ($100,000, , prorated for 9 months= $75,000) which will be a contract augmentation to the existing Community Mental Health Contract Provider Program Budget ($419,371, prorated for 9 months= $314,528). Please note that this program will be expanding existing services via contract amendment and providers are currently in the process of preparing their budgets. Therefore, the estimated total expenditures (when service provider's budgets have not yet been approved) were derived by calculating the average cost per client from available data for similar services among existing providers, multiplied by the number of clients expected to be served in the fiscal year.
B.1	$314,528	Existing revenues include: Realignment, Short Doyle/Medi-Cal
B.2.a	$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services that are expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the underserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
C	$75,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: OA-1
Date: 7/1/2008
Program Workplan Name: High Utilizer Integrated Services and Supported Housing

Type of Funding: 1. Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 117
Existing Client Capacity of Program/Service: 100
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 17
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	$231,548	$321,548
b. Other Supports		$60,000
2. Personnel Expenditures		$989,284
3. Operating Expenditures		$550,716
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,460,000	
6. Non-recurring expenditures		$257,394
7. Total Proposed Program Budget	**$1,691,548**	**$2,178,942**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$96,000	$96,000
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$96,000	$96,000
3. Total Revenues	$96,000	$96,000
C. Total Funding Requirements	**$1,595,548**	**$2,082,942**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: OA-2
Date: 7/1/2008
Program Workplan Name: Mobile Outreach at Home and Community
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 700
Existing Client Capacity of Program/Service: 700
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		$23,347
2. Personnel Expenditures		$770,328
3. Operating Expenditures		$403,940
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,133,670	
6. Non-recurring expenditures	$100,000	
7. Total Proposed Program Budget	**$1,233,670**	**$1,197,615**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$89,129	$89,129
b. State General Funds		
c. Other Revenue		$47,836
d. Total New Revenue	$89,129	$136,965
3. Total Revenues	$89,129	$136,965
C. Total Funding Requirements	**$1,144,541**	**$1,060,650**

Exhibit 5c

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: OA-4
Date: 7/1/2008
Program Workplan Name: Strength Based Care Management +

Type of Funding: 2. System Development
Months of Operation: 9
Proposed Total Client Capacity of Program/Service: 300
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 250
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 50
Telephone Number: 619-584-5015

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				$0
a. Housing				$0
b. Other Supports				$0
2. Personnel Expenditures			$439,222	$439,222
3. Operating Expenditures			$201,275	$201,275
4. Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$350,000			$350,000
6. Non-recurring expenditures				$0
7. Total Proposed Program Budget	**$350,000**	**$0**	**$640,497**	**$990,497**
B. Revenues				
1. Existing Revenues			$640,497	$640,497
2. New Revenues				
a. Medi-Cal (FFP only)			$0	$0
b. State General Funds				$0
c. Other Revenue				$0
d. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$640,497	$640,497
C. Total Funding Requirements	**$350,000**	**$0**	**$0**	**$350,000**

Exhibit 5d

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: OA-4
Date: 7/1/2008
Program Workplan Name: Strength Based Care Management +

Type of Funding: 2. System Development
Months of Operation: 9
Proposed Total Client Capacity of Program/Service: 300
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 250
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 50
Telephone Number: 619-584-5015

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
Regional Manager	Program Manager		0.25		$0
Mental Health Rehab Spec.	Clinician		7.00		$0
Case Manager	Case Manager		0.50		$0
Program Assistant	Program Support		0.25		$0
Data Analyst	Program Analst		0.33		$0
Billing Coordinator	Program Billing		0.33		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	8.66		$0
B. New Additional Positions					
Mental Health Rehab Spec.	Personal Services Coordinator [Clinician]		5.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	5.00		$0
C. Total Program Positions		0.00	13.66		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego **Fiscal Year: 2008-09** **Page: 3 of 3**

Program Workplan #: OA-4 **Date: 07/01/08**

Program Workplan Name: Strength Based Care Management +

Type of Funding: 2. System Development **New Program/Service or Expansion: Expansion**

Line #	Amount	Description / Justification
A.5	$350,000	Additional funds are being added to this program: $350,000 for Personal Services Coordinator position salaries/benefits/costs to serve transition age adults and Older Adults with SMI. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated to staff salaries and benefits. This budget is prorated for 9 months from October 1, 2008 - June 30, 2009. This program will expand case management for adults 55+ and older adults.
A.7	$990,497	Total Proposed Program Budget is the sum of the Estimated Total Expenditures ($350,000) which will be a contract augmentation to the existing Community Mental Health Contract Provider Program Budget ($640,497). Please note that this program will be expanding and enhancing existing case management services via contract amendment and providers are currently in the process of preparing their budgets. Therefore, the estimated total expenditures (when service provider's budgets have not yet been approved) were derived by calculating the average cost per client from available data for similar services among existing providers, multiplied by the number of clients expected to be served in the fiscal year.
B.1	$640,497	Other existing revenues include: Short-Doyle Medi-Cal, Tobacco Settlement and Realignment funding
B.2.a	$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services that are expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the underserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
C	$350,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: ALL-1 | Date: 7/1/2008

Program Workplan Name: Services for Deaf and Hard of Hearing | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 65

Existing Client Capacity of Program/Service: 65 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$216,267
3. Operating Expenditures		$27,225
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$194,600	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$194,600**	**$243,492**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		$45,000
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$45,000
3. Total Revenues	$0	$45,000
C. Total Funding Requirements	**$194,600**	**$198,492**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: ALL-2 | Date: 7/1/2008

Program Workplan Name: Services for Victims of Trauma and Torture | Page 1 of 1

Type of Funding: 3. Outreach and Engagement | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 65

Existing Client Capacity of Program/Service: 65 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$113,728
3. Operating Expenditures		$84,764
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$194,600	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$194,600**	**$198,492**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$194,600**	**$198,492**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: ALL-4 | Date: 7/1/2008

Program Workplan Name: Interpreter Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 5,687

Existing Client Capacity of Program/Service: 5,687 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		
3. Operating Expenditures		$455,000
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$455,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$455,000**	**$455,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$455,000**	**$455,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: ALL-5
Date: 7/1/2008
Program Workplan Name: Psychiatric Emergency Response Team
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 1,000
Existing Client Capacity of Program/Service: 1,000
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$683,671
3. Operating Expenditures		$201,329
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$885,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$885,000**	**$885,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$885,000**	**$885,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego

Fiscal Year: 2008-09

Program Workplan #: ALL-6

Date: 7/1/2008

Program Workplan Name: Mental Health & Primary Care (formerly CY 4.1, A-7, OA-3

Type of Funding: 2. System Development

Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 1,790

Existing Client Capacity of Program/Service: 1,790

Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		$1,413,956
2. Personnel Expenditures		$86,800
3. Operating Expenditures		$370,044
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,835,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$1,835,000**	**$1,870,800**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$1,835,000**	**$1,870,800**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: ALL-7
Date: 7/1/2008
Program Workplan Name: Chaldean Outpatient Services
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 170
Existing Client Capacity of Program/Service: 150
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 20
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$150,700
3. Operating Expenditures		$123,300
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$200,000	
6. Non-recurring expenditures	$23,077	
7. Total Proposed Program Budget	**$223,077**	**$274,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		$24,000
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$24,000
3. Total Revenues	$0	$24,000
C. Total Funding Requirements	**$223,077**	**$250,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: AOA-1 | Date: 7/1/2008

Program Workplan Name: Enhanced Outpatient Mental Health Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 3,564

Existing Client Capacity of Program/Service: 3,473 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 91 | Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$1,243,403
3. Operating Expenditures		$750,846
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$1,272,000	
6. Non-recurring expenditures		$100,000
7. Total Proposed Program Budget	**$1,272,000**	**$2,094,249**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$272,000	$272,000
b. State General Funds		
c. Other Revenue		$2,405
d. Total New Revenue	$272,000	$274,405
3. Total Revenues	$272,000	$274,405
C. Total Funding Requirements	**$1,000,000**	**$1,819,844**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAOA-1
Date: 7/1/2008
Program Workplan Name: Legal Aid Services
Page 1 of 1
Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 50
Existing Client Capacity of Program/Service: 50
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$45,248
3. Operating Expenditures		$9,752
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$55,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	**$55,000**	**$55,000**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$55,000**	**$55,000**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAOA-2
Date: 7/1/2008
Program Workplan Name: North County Walk-in Assessment Center (formerly ALL-3)

Type of Funding: 2. System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 439
Existing Client Capacity of Program/Service: 439
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 0
Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		$1,042,254
3. Operating Expenditures		$505,641
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$702,000	
6. Non-recurring expenditures	$25,000	
7. Total Proposed Program Budget	**$727,000**	**$1,547,895**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)	$74,705	$74,705
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$74,705	$74,705
3. Total Revenues	$74,705	$74,705
C. Total Funding Requirements	**$652,295**	**$1,473,190**

Exhibit 5b

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- Approved Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: TAOA-3 | Date: 7/1/2008

Program Workplan Name: Housing Trust Fund | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: n/a

Existing Client Capacity of Program/Service:

Client Capacity of Program/Service Expanded through MHSA: n/a | Prepared by: Liz Miles

Telephone Number: 619-584-5015

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		
3. Operating Expenditures		
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	$565,798	$565,798
6. Non-recurring expenditures	$49,200	$3,000,000
7. Total Proposed Program Budget	**$614,998**	**$3,565,798**
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	$0	$0
3. Total Revenues	$0	$0
C. Total Funding Requirements	**$614,998**	**$3,565,798**

Exhibit 5c

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAOA-4
Date: 7/1/2008
Program Workplan Name: Peer Telephone Support
Page 1 of 3
Type of Funding: 2. System Development
Months of Operation: 9
Proposed Total Client Capacity of Program/Service: 8,000
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 5,000
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 3,000
Telephone Number: 619-584-5015

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				$0
a. Housing				$0
b. Other Supports				$0
2. Personnel Expenditures			$55,551	$55,551
3. Operating Expenditures			$40,299	$40,299
4. Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$65,625			$65,625
6. Non-recurring expenditures				$0
7. Total Proposed Program Budget	**$65,625**	**$0**	**$95,850**	**$161,475**
B. Revenues				
1. Existing Revenues			$95,850	$95,850
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
d. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$95,850	$95,850
C. Total Funding Requirements	**$65,625**	**$0**	**$0**	**$65,625**

Exhibit 5d

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAOA-4
Date: 7/1/2008
Program Workplan Name: Peer Telephone Support

Type of Funding: 2. System Development
Months of Operation: 9
Proposed Total Client Capacity of Program/Service: 8,000
New Program/Service or Expansion: Expansion
Existing Client Capacity of Program/Service: 5,000
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 3,000
Telephone Number: 619-584-5015

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
Shift Supervisor			0.50		$0
Program Supervisor			0.50		$0
Peer Support Counselors		1.50			$0
Peer Support Counselors	(Bilingual-Spanish)	0.30			$0
Licensed Consultant			0.10		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.80	1.10		$0
C. Total Program Positions		1.80	1.10		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego **Fiscal Year: 2008-09** **Page: 3 of 3**

Program Workplan #: TAOA-4 **Date: 07/01/08**

Program Workplan Name: Peer Telephone Support

Type of Funding: 2. System Development **New Program/Service or Expansion: Expansion**

Line #	Amount	Description / Justification
A.5	$65,625	Additional funds are being added to this program: $87,500, prorated for 9 months= $65,625 for Peer Telephone Support staff position salaries/benefits/costs with a specific emphasis on increasing staff to include transition age youth with SMI. Staffing for this program is based upon optimum peer to peer ratios with approximately 70% of the total costs allocated to staff salaries and benefits. This budget is prorated for 9 months from October 1, 2008 - June 30, 2009. This program will expand hours of service, and add Transitional Aged Youth staff. The unit of measure for clients served is one phone call. Approximately 5,000 calls are received annually. It is projected that with this enhancement, capacity will increase by an additional 3,000 calls.
A.7	$161,475	Total Proposed Program Budget is the sum of the Estimated Total Expenditures ($87,500, prorated for 9 months= $65,625) which will be a contract augmentation to the existing Community Mental Health Contract Provider Program Budget ($127,800, prorated for 9 months= $95,850). Please note that this program will be expanding existing peer telephone support service via contract amendment and providers are currently in the process of preparing their budgets. Therefore, the estimated total expenditures (when service provider's budgets have not yet been approved) were derived by calculating the average cost per client from available data for similar services among existing providers, multiplied by the number of clients expected to be served in the fiscal year.
B.2.a	$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services that are expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the underserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
C	$65,625	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

Exhibit 5c

FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet- New Workplans

County: 37 - San Diego | Fiscal Year: 2008-09

Program Workplan #: TAOA-5 | Date: 7/1/2008

Program Workplan Name: Mental Health Court Calendar | Page 1 of 3

Type of Funding: 1. Full Service Partnership | Months of Operation: 6

Proposed Total Client Capacity of Program/Service: 30 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Liz Miles

Client Capacity of Program/Service Expanded through MHSA: 30 | Telephone Number: 619-584-5015

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				$0
a. Housing				$0
b. Other Supports				$0
2. Personnel Expenditures			$0	$0
3. Operating Expenditures				$0
4. Program Management				$0
5. Estimated Total Expenditures when service provider is not known	$440,000			$440,000
6. Non-recurring expenditures				$0
7. Total Proposed Program Budget	**$440,000**	**$0**	**$0**	**$440,000**
B. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)	$35,000			$35,000
b. State General Funds				$0
c. Other Revenue				$0
d. Total New Revenue	$35,000	$0	$0	$35,000
3. Total Revenues	$35,000	$0	$0	$35,000
C. Total Funding Requirements	**$405,000**	**$0**	**$0**	**$405,000**

Exhibit 5d

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet- New Workplans

County: 37 - San Diego
Fiscal Year: 2008-09
Program Workplan #: TAOA-5
Date: 7/1/2008
Program Workplan Name: Mental Health Court Calendar

Type of Funding: 1. Full Service Partnership
Months of Operation: 6
Proposed Total Client Capacity of Program/Service: 30
New Program/Service or Expansion: New
Existing Client Capacity of Program/Service: 0
Prepared by: Liz Miles
Client Capacity of Program/Service Expanded through MHSA: 30
Telephone Number: 619-584-5015

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
Team Leader - Licensed Clinician	Manages and SupervisesTeam		0.50		$0
Mental Health Worker - Master's	Mental Health Services		0.50		$0
Mental Health Worker - Bachelor	Mental Health Serices / Employment Support		0.50		$0
Mental Health Worker - Bachelor	Mental Health Services / Housing Support		1.00		$0
Dual Recovery Specialist - Bachelc	Substance Abuse Counseling / Rehab & Recovery		1.00		$0
Psychiatric Nurse	LVN (LPT) / Medication Suport and Counseling		0.50		$0
Psychiatrist	Medication Support and Treatment		0.20		$0
Peer Specialist	Rehabilitation and Recovery Support	0.50			$0
Program Assistant	Clerical / Support Services		1.00		$0
					$0
					$0
	Staff positons are estimated for this workplan; contractor shall propose specific staffing to best meet program goals.				$0
	Please note that the Peer Specialist position is required.				$0
	Please note that at least one staff person will be bilingual.				$0
					$0
	Total New Additional Positions	0.50	5.20		$0
C. Total Program Positions		0.50	5.20		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

County(ies): San Diego **Fiscal Year: 2008-09** **Page: 3 of 3**

Program Workplan #: TAOA-5 **Date: 07/01/08**

Program Workplan Name: Mental Health Court Calendar

Type of Funding: 1. Full Service Partnership **New Program/Service or Expansion: New**

Line #	Amount	Description / Justification
A.5	$440,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client from available data for similar services among existing providers, multiplied by the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated to staff salaries and benefits. This budget is prorated for 6 months from January 1, 2009 - June 30, 2009. This program, as part of a multi-agency collaborative, will provide diversion for 30 offenders utilizing therapy, medication, case management and housing.
B.2.a	$35,000	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services that are expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the underserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
C	$405,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN

County: San Diego	Fiscal Year: 2008-09	Program Work Plan Name: Juvenile Hall Mental Health Re-Entry Program
Program Work Plan: CY-9		Estimated Start Date: January 1, 2009

1a) **A brief description of the program:** MHSA funds will be used to pay for mental health screening of all youth detained in the Kearny Mesa Juvenile Detention Facility in order to identify those youth with a diagnosed mental illness who are able to be released into the community with appropriate mental health services. Youth will be referred for a comprehensive psychological evaluation; diverted from a lengthy probation commitment; and referred to community services; thereby, reducing the number of youth in juvenile hall; providing an added resource to youth active to both the Child Welfare Services and the Department of Probation; increasing the ability to track youth in terms of Disproportionate Minority Contact; providing advocacy for appropriate education services; and decreasing the number of mentally ill minority youth detained in juvenile hall. It is anticipated that the program will serve 50 youth annually, with an additional 400 youth to be screened each month.

1b) **Identification of the age and situational characteristics of the priority population to be served in this program:** Youth between the ages of twelve and seventeen detained in the Kearny Mesa Juvenile Detention Facility; identified as having a mental health diagnosis; and eligible for release into the community for services.

	1d) Fund Type				1d) Age Group				
1c) **Identification of strategies for which you will be requesting MSHA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.**	FSP	Sys Dev	OE	OTO	CY	TAY	A	OA	ALL
1c)	☐	☒	☐	☐	☒	☐	☐	☐	☐
✓ Services will include screening, comprehensive evaluation, referral, case management, Assertive Community Treatment (ACT), and Multi Systemic Therapy (MST).									
✓ Foundation for a Youth Mental Health Court.									
✓ Develop ACT and MST in North County. ✓ Education advocacy. ✓ Provide outreach and engagement to families of wards. ✓ Screen for domestic violence and co-occurring disorders and provide linkage and referrals. ✓ Utilize evidence based interventions.									

2) **Please describe in detail the proposed program for which you are requesting MHSA finding and how that program advances the goals of the MHSA.** San Diego Mental Health Services (SDMHS) will enter into a competitive process to identify a community based organization certified to provide both ACT and MST. Organizations with a presence in San Diego County will be given priority in the bidding process. The program will target youth between the ages of 12 and 17 detained in the Kearny Mesa juvenile Detention Facility, identified as having a mental health diagnosis and able to be safely returned to the community with appropriate services. The purpose of the program will be to identify youth in juvenile hall with a mental health diagnosis; reduce the number of youth detained within juvenile hall; screen all youth in juvenile hall for emotional disturbance; expand both ACT and MST into the North Region; provide a comprehensive psychological or psychiatric evaluation where appropriate; provide education advocacy; provide a foundation for the development of Children's Mental Health Court and expand current evidence based services. The goals of the program will be to reduce recidivism; decrease the number of youth in juvenile hall with a mental health diagnosis; identify all children in juvenile hall with a mental health diagnosis; divert youth to appropriate community based services whenever possible; support parents and families; develop a mental health calendar for juvenile court; and expand resources for dual calendar minors i.e. youth active to both child welfare and juvenile justice). Services will follow evidence based guidelines for both MST and ACT in addition to utilizing standardized screening and evaluation practices. The program will partner with the Probation Department, Juvenile Court, Child Welfare Services and Children's Mental Health Services. Programmatically the program will partner with community based agencies for MST and ACT as well as other services as appropriate, to include but not be limited to, Therapeutic Behavioral Services (TBS), Wraparound Services, psychiatric services, hospitalization if required, and school based services. The program will serve 50 youth annually, i.e. services will be expanded into the North Region with ten ACT clients and ten MST clients; ten additional MST clients in the East Region; ten additional MST clients in the Central Region; and ten additional MST clients in the South Region. In addition 400 youth will be screened each month utilizing the Massachusetts Youth Screening Inventory (MAYSI-2) and 50 youth will be referred for comprehensive psychological evaluations annually. The program will be located at the Kearny Mesa Juvenile Detention Facility and county wide with services provided Monday thru Friday from 8:00 – 5:00 and 24 hours per day and seven days per week on an emergency basis. Staff will be on-call. Staff will consist of a Senior Probation Officer in juvenile hall; a Deputy Probation Officer in the North Region; an Education Advocate; three certified MST therapists; and a certified ACT therapist.

3) **Describe any housing or employment services to be provided**. Housing will be determined through the Probation Department and will be in-home or a homelike setting. Eligibility for employment will be at the discretion of the Probation Department and in consort with the assigned clinician.

4) **Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**
Not applicable; this program is not a Full Service Partnership.

5) **Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.** The program will develop and implement an individualized, strength based, culturally competent, youth and family driven service plan as determined through ACT or MST services and in collaboration with CWS, CMHS, juvenile court and the Probation Department. The plan will identify family and individual strengths and resiliencies, co-occurring disorders, domestic violence issues, education issues and mental health issues. The family will be linked to services and supports as appropriate. The service plan will identify outcome goals and objectives that define success for the youth and family.

   To ensure that program goals and values are promoted by the program. CMHS and the Probation Department have contractual requirements including the expectation that the program identify specific outcomes. CMHS contracts require staff to attend 8 hour trainings on system of care and wraparound services. Each program is required to complete a Utilization Review process of client services at least every six months. The program will be providing evidence based practices and must submit a plan to demonstrate fidelity to the proposed model.

   Each program is required to submit a monthly status report to the program monitor in which activities, outcomes, quality assurance activities, staffing, cultural and language capacity and staff training are reported. MHS conducts monthly meetings with providers and obtains verbal program reports. Site visits are conducted at least annually and medical record reviews are conducted at least annually by the County Quality Improvement Division.

   If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal. This program is new in part. It will expand MST and ACT services into the North Region, provide and education advocate and provide for the screening of all youth detained in the Kearny Mesa Juvenile Detention Facility. Other services will expand on MST and ACT services being provided in the East, Central and South Regions of San Diego County. The expansion and augmentation of services will permit for a reduction of youth detained in juvenile hall, identify youth in need of mental health intervention, and reduce recidivism due to mental illness.

6) **Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity**. San Diego County has family-run organizations that offer parent support and regular monthly educational training for families. The program will provide linkage to the family run programs and other organizations that offer family support. The Probation Department will offer similar services through their Breaking Cycles Program. The program is required by contract to include family partnership in the development and provision of services in accordance with fidelity to the ACT and MST models of service delivery. Individualized plans that focus on the recovery and resiliency are developed in partnership with the family and all partners.

7) **Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations**. **Explain how they will help improve system services and outcomes for individuals.** The program will collaborate closely with the Probation Department. Probation and juvenile court are profoundly interested in the study and alleviation Disproportionate Minority Contact within law enforcement. The program will contribute greatly to the advancement of the goals of the Disproportionate Minority Contact committee. The program will collaborate with numerous providers in the community to guarantee the availability of appropriate services, including but not limited to, TBS, Wraparound, placement stabilization, and educational and culturally sensitive programs such as Caring Helpers. The Probation Department, juvenile court, CWS and CMHS are strongly invested in the screening and treatment of co-occurring disorders. Referral to Drug Court will be at the discretion of the Probation Department.

8) **Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.** Approximately 17% of youth receiving CMHS services are also active to Probation. The data shows a disproportionate number of African- Americans and Latino/Hispanic youth active to Probation in relation to the general population. In addition juvenile court and the Probation Department have demonstrated a concern for Disproportionate Minority Contact and the program will provide additional data to reveal the presence of disproportionate contact and/or care. CMHS is guided by the Cultural Competence Plan that seeks to provide multicultural and multilingual services for the diverse populations of the County. These include a culturally competent mental health system that seeks to understand, respect and accept differences of multicultural groups and a system that is developing standards and criteria to evaluate culturally competent performance outcomes. The Cultural Competence Resource Team (CCRT) was formed to further these efforts in policy, program and practice. Cultural competence expectations are embedded in all contracts and providers are required to submit a Cultural Competence Report twice a year listing the cultural and linguistic background of all staff as well as experience and training with certain special populations. The County assists providers in the development of cultural competence through the provision of quarterly training regarding ethnically diverse cultures including beliefs about mental illness and cultural concerns. A resource guide will be provided identifying culture specific programs. Translation services are provided through an existing contract and are available to all providers upon request. To ensure that program goals and values are promoted staff are mandated to receive four hours per year of Cultural Competence training and an eight hour wraparound basic course. Clinical staff shall be required to meet the licensing requirements of their professional board and other paraprofessional staff shall have a minimum of eight hours of clinical training per year.

9) **Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.** The program will demonstrate competence in the recognition and integration of relevant gender and sexual orientation issues into the assessment process, treatment planning and implementation and staff training. The County assists providers in developing sensitivity to sexual orientation issues through the availability of specific training including but not limited to an overview of the LGBT population. Historically the population of youth

active to the Probation Department has a higher percentage of males to females. Resources will be identified to guarantee that gender specific and gender sensitive treatment is available.

10) Describe how services will be used to meet the service needs for individuals residing out-of-county. This program is not designed for out-of-county wards

11) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA. All the strategies are listed in Section IV

12) **Please provide a timeline for this work plan, including all critical implementation dates**.

Activity	Date
Design program, budget and staffing	June 2008
Board of Supervisors authorization	August 2008
Draft Statement of Work (SOW)	August 2008
SOW feedback/planning with stakeholders	September 2008
Request for Information	September 2008
Sole Source or Request for Proposal (RFP)	October 2008
Award/Negotiate contract	November 2008
Program services begin	January 2009

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN		
County: San Diego	Fiscal Year: 2008-09	Program Work Plan Name: Child/Youth Case Management
Program Work Plan: CY-10		Estimated Start Date: October 2008

1a) **A brief description of the program:** Enhance the range of outpatient services to children, youth and families in six outpatient realignment clinics. These clinics are located in all six regions of San Diego County and their clients reflect the diversity of each region. Currently the clinics offer only more traditional mental health outpatient services to seriously emotionally disturbed children. Through implementation of this plan, the County will further transform the system by augmenting the clinic based services with case managers/rehabilitation workers who can work with families that have a variety of other unmet needs that may impact resiliency. It is anticipated that services will be provided to 30 clients annually for a total of 180 clients served with this augmentation throughout the County.

1b) **Identification of the age and situational characteristics of the priority population to be served in this program:**
Services will be offered to SED children, youth and their families receiving mental health services in outpatient realignment clinics throughout San Diego County.

	1d) Fund Type				1d) Age Group				
1c) **Identification of strategies for which you will be requesting MSHA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.**	FSP	Sys Dev	OE	OTO	CY	TAY	A	OA	ALL
1c)	☐	☒	☐	☐	☒	☐	☐	☐	☐
✓ Provide case management consultation, coordination, referral, and linkage									
✓ Family outreach through home visits									
✓ Rehabilitation groups such as anger management or pro-social skill groups									
✓ Bi-lingual language capacity in working with parents who are often mono-lingual									
✓ Hiring of family partners as case managers is encouraged									

2) **Please describe in detail the proposed program for which you are requesting MHSA finding and how that program advances the goals of the MHSA.**

The intention of this plan is to enhance the range of outpatient services to children, youth and families in six outpatient realignment clinics. These clinics are located in all six regions of San Diego County and their clients reflect the diversity of each region. Currently the clinics offer only more traditional mental health outpatient services to seriously emotionally disturbed children. Through implementation of this plan, the County will further transform the system by augmenting the clinic based services with case

managers/rehabilitation workers who can work with families that have a variety of other unmet needs. Case management services are designed to promote access to medical, social, rehabilitative, or other needed community services and supports for eligible individuals by providing consultation, coordination, referral, and linkage. The case manager/rehabilitation worker may also provide mental health rehabilitative services to families. Case management/rehabilitation workers have proven to be very effective in the MHSA school based programs, based on feedback from providers. The families of SED children/youth served have complex needs that the outpatient therapists are unable to adequately address. The case manager/rehabilitation worker can reach out to families through home visits and work with parents to follow through with treatment appointments and with service plans. Other activities may include rehabilitation groups such as anger management or pro-social skill groups. With the shortage of bi-lingual clinicians, these new positions in the outpatient clinic can also enhance programs by providing bi-lingual language capacity in working with parents who are often mono-lingual. This strategy has been successful in fostering engagement with families and reducing disparities in services to underserved populations. Programs will be encouraged to consider family partners when hiring for the position. It is anticipated that services will be provided to 30 clients annually for a total of 180 clients served with this augmentation throughout the County.

3) Describe any housing or employment services to be provided.

Referrals to local housing and/or employment services will be provided to families as needed.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

Not applicable; this program is not an FSP.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The program will provide individualized, strength based, culturally competent, youth and family driven services. The family will be linked to services and supports as appropriate. The services will support outcome goals and objectives that define success for the youth and family. The values of resiliency will be promoted and reinforced through provider contact, as follows. Because MHSA funded positions are flexible in a greater array of services that can be provided, whereas traditional mental health outpatient services are not, this provides an opportunity for the paraprofessional to promote resiliency through wellness activities with the family. Each program is required to submit a monthly status report to the program monitor in which activities, outcomes, quality assurance activities, staffing, cultural and language capacity and staff training are reported. MHS conducts monthly meetings with providers and obtains verbal program reports. Site visits are conducted at least annually and medical record reviews are conducted at least annually by the County Quality Improvement Division.

6) **If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

This proposal is to enhance the range of outpatient services to children, youth and families in six outpatient realignment clinics. These clinics are located in all six regions of San Diego County and their clients reflect the diversity of each region. Currently the clinics offer only more traditional mental health outpatient services to seriously emotionally disturbed children. Through implementation of this plan, the County will further transform the system by augmenting the clinic based services with case managers/rehabilitation workers who can work with families that have a variety of other unmet needs.

7) **Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Programs will be encouraged to consider family partners when hiring for the position. San Diego County has family-run organizations that offer parent support and regular monthly educational training for families, which may assist the program in recruiting trained parent/family partners. The program will provide linkage to the family run programs and other organizations that offer family support.

8) **Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

The program will collaborate closely with numerous providers in the community to guarantee the availability of appropriate services, including but not limited to, educational and culturally sensitive programs. Case Managers will provide school based services and attend Student Study Team Meetings as needed. Participation in Student Study Meetings is an excellent way to support clients and their families and serves as an excellent way to develop good working relationships with the schools. Case managers help provide an array of services to help individuals and families cope with a variety of situations. They help people to identify their goals and needs, and link them to necessary resources, including parenting classes, substance abuse programs, domestic violence programs or shelter, health centers, housing, etc. The case manager and the client formulate a plan together to meet specific goals. Helping clients find resources and facilitating connection with services is another crucial role of the case manager. If necessary, case managers also advocate on behalf of a client to obtain needed services. The case manager also maintains communication with the client to evaluate whether the plan is effective in meeting the client's goals. In clinics without case managers, clinicians sometimes spend time on case management activities and less time on therapy. Having case managers available in the clinic allows clinicians to focus more on treatment, since the client's other needs are addressed.

9) **Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.** CMHS is guided by the Cultural

Competence Plan that seeks to provide multicultural and multilingual services for the diverse populations of the County. These include a culturally competent mental health system that seeks to understand, respect and accept differences of multicultural groups and a system that is developing standards and criteria to evaluate culturally competent performance outcomes. The Cultural Competence Resource Team (CCRT) was formed to further these efforts in policy, program and practice. Cultural competence expectations are embedded in all contracts and providers are required to submit a Cultural Competence Report twice a year listing the cultural and linguistic background of all staff as well as experience and training with certain special populations. The County assists providers in the development of cultural competence through the provision of quarterly training regarding ethnically diverse cultures including beliefs about mental illness and cultural concerns. A resource guide will be provided identifying culture specific programs. Translation services are provided through an existing contract and are available to all providers upon request. To ensure that program goals and values are promoted staff are mandated to receive four hours per year of Cultural Competence training and an eight hour wraparound basic course. Clinical staff shall be required to meet the licensing requirements of their professional board and other paraprofessional staff shall have a minimum of eight hours of clinical training per year.

10) **Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.** The program will demonstrate competence in the recognition and integration of relevant gender and sexual orientation issues into services and staff training. The County assists providers in developing sensitivity to sexual orientation issues through the availability of specific training including but not limited to an overview of the LGBTQ population. Resources will be identified to guarantee that gender specific and gender sensitive treatment is available.

11) **Describe how services will be used to meet the service needs for individuals residing out-of-county.** This program is not designed for out-of-county individuals.

12) **If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.** All the strategies are listed in Section IV

13) **Please provide a timeline for this work plan, including all critical implementation dates.**

Activity	Date
Design program, budget and staffing	June 2008
Draft Statement of Work (SOW)	August 2008
Contract/Budget Negotiation	September-October 2008
Program services begin	October 2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN

County: San Diego	Fiscal Year: 2008-09	Program Work Plan Name: Intensive Case Management
Program Work Plan: TA-1		Estimated Start Date: October 2008

1a) A brief description of the program:
This is an expansion of a current Transition Team, which is currently a four-person team that works to reduce psychiatric hospitalization and improve community support through short-term intensive case management services to Transition-Age Youth (TAY), adults and older adults throughout San Diego County who have Medi-Cal, have no current Care Coordinator, and who are hospitalized at one of San Diego's Medi-Cal psychiatric hospitals. This expansion will expand the Transition Team by one staff person so that it will serve an additional 20 TAY (who are indigent or have Medi-Cal) each FY and also expand the capacity to begin serving indigent adults, serving at least 30 indigent adults each FY.

1b) Identification of the age and situational characteristics of the priority population to be served in this program:
Services will be provided to TAY (age 18-24) and adults (age 25-59) who have a diagnosis of serious mental illness, are users of acute psychiatric inpatient care, and have Medi-Cal or are indigent. All persons served will be currently or recently hospitalized for treatment of serious mental illness. Priority for admission to the expansion program will be given to TAY who have Medi-Cal or are indigent and adults who are indigent, with priority given to persons with frequent or lengthy hospitalization/s. Special attention will be paid to connecting with TAY, as the Transition Team has found that TAY need more extensive outreach and engagement efforts than adults. Persons served through the expansion will be currently or recently psychiatrically hospitalized and deemed in need of short-term intensive case management; they may have an inactive Care Coordinator with whom the Transition Team will coordinate efforts.

	1d) Fund Type				1d) Age Group				
1c) Identification of strategies for which you will be requesting MSHA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.	FSP	Sys Dev	OE	OTO	CY	TAY	A	OA	ALL
1c)	☐	☒	☐	☐	☐	☒	☒	☐	☐

✓ Services include outreach and engagement, mental health counseling, intensive case management, short-term rehabilitation services, and care coordination with transition to longer-term case management as indicated; ✓ Staff will utilize recovery-oriented practice, including but not limited to Deegan's Intentional Care standards, client-centered planning, and linking interested persons with local WRAP classes; ✓ Linkage and care coordination with other healthcare providers; ✓ Staff to consumer ratio is approximately 1 to 10; ✓ Includes comprehensive and integrated mental health and substance abuse services and individualized short-term service plan with client centered planning; ✓ All services will serve clients with both mental illness and substance abuse disorders.									

2) Please describe in detail the proposed program for which you are requesting MHSA finding and how that program advances the goals of the MHSA.

The current Transition Team program is designed to provide short-term intensive case management services to a minimum average caseload of 40 persons (age 18+) who have Medi-Cal and are currently or have recently been hospitalized, serving approximately 350 clients each year to reduce the need for frequent or lengthy future hospitalizations. Priority for service has been for persons who have the highest amounts of Medi-Cal-funded hospital days, and service has been limited to those persons who have Medi-Cal and have no current Care Coordinator assigned through County Mental Health Services. The purpose of the $100,000 expansion ($50,000 TAY funding; $50,000 Adult funding) is to expand the Transition Team so that it can: (1) serve an additional 20 TAY/year who either have Medi-Cal or are indigent; and (2) serve an additional 30 adults/year who are indigent. Persons served through the expansion will be currently or recently psychiatrically hospitalized and deemed in need of short-term intensive case management; they may have an inactive Care Coordinator with whom the Transition Team will coordinate efforts. Referrals will come from through our Management Information System postings (which the program currently receives and regularly reviews for possible candidates) and from referrals from psychiatric hospital personnel.

The expansion services will be incorporated with the current Transition Team, and will maintain the following goals for the additional 50 persons/year to be served through this expansion:
(1) 75% of clients will not be rehospitalized within 30 days of hospital discharge;
(2) 50% of clients will not be rehospitalized within 90 days of hospital discharge; and
(3) 75% of clients will connect with a mental health outpatient appointment by the time of case closure (as it is recognized that some clients will refuse to connect with such services).

The provider has provided short-term intensive case management services to serve persons with Medi-Cal who are hospitalized for many years, and this program is recognized as very helpful by hospitals, community providers, and many of the people they have served. However, this is the first time that the Transition Team has served persons who are indigent and do not have Medi-Cal, and it is expected that indigent persons may need a significantly longer average length of service than those persons who have Medi-Cal and can therefore be more easily linked with needed services. Therefore it is expected that minimum average caseload of the expansion program is 10 clients (approximately 4 TAY and 6 adults), and that the expansion program will serve a total of 50 persons each year (20 TAY and 30 adults). Transition Team has an extensive array of community relationships and linkages (e.g., Case Management programs; Board & Care facilities; independent living facilities; outpatient clinics; fee for service psychiatrists; clubhouses), and will maintain that; they are expected to increase their linkages with benefits offices (e.g., Medi-Cal, Social Security Administration, General Relief) and housing resources (e.g., programs that accept persons without benefits) due to some of their expansion program clients' indigent status. The program is also expected to increase its linkages with TAY supports, including the TAY Clubhouse, as it develops further ways to successfully engage with TAY it will be serving through the expansion.

The core office hours are M-F, 8-5; the office is located in Central San Diego in close proximity to the San Diego County Psychiatric Hospital. It has 24/7 on-call capacity through its partnership with two ACT Teams.

3) Describe any housing or employment services to be provided.

The Transition Team will provide short-term intensive case management services that incorporate a linking and coordinating function to help the person connect with relevant resources, which regularly include housing and may include employment. While this program does not directly provide long-term housing or employment services, it supports people identifying and working toward housing and employment goals and will include assistance and linkages to a variety of supports related to housing (e.g., local Housing Authorities; connections with independent living facilities and/or Board & Care facilities; listing of affordable housing, Section 8 and other supportive housing and support to apply for such) and employment (e.g., Employment Services program; Employment Solutions program; Department of Rehabilitation; clubhouse employment services).

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

Not applicable, as this program is a System Development initiative, not a Full Service Partnership.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The Transition Team is designed to help the person who is hospitalized to reenter the community with the support of a readily available case manager who can assist with many of the challenges of reestablishing him/herself in the community after a hospitalization, providing hope within a recovery framework. The relatively low caseload size will ensure that services beyond linkage can be directly provided, so that the program can do whatever is needed to help the person effectively connect with needed resources. Persons with serious mental illness who are hospitalized usually have experience with tremendous loss and trauma, and the focus on resiliency is critical to help them travel the path of recovery. This service will be recovery-oriented and strengths-based. Rehabilitation and recovery interventions are client-directed and embedded within the service array to include: wellness and resiliency focus, linking with outpatient services, short-term skill development, linking with social and recreational supports, linking with supported employment or supported education, and linking with supported housing. Staff will utilize Deegan's 'Intentional Care' standards, which are staff performance standards (developed by a leading consumer advocate) designed to ensure that staff works in recovery-oriented and empowerment-building ways, and will link interested clients with local Wellness Recovery Action Planning (WRAP) classes. Program evaluation, outcomes, and client satisfaction surveys will be some of the strategies that the program will use to ensure adherence to recovery principles and practices. In addition, the Program Advisory Group (PAG) will provide input and feedback on the implementation of this program.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is an expansion of an existing program, and provides services to additional TAY with Medi-Cal, TAY who are indigent, and adults who are indigent. The current Transition Team program is designed to provide short-term intensive case management services to a minimum average caseload of 40 persons (age 18+) who have Medi-Cal and are currently or have recently been hospitalized, serving approximately 350 clients each year to reduce the need for frequent or lengthy future hospitalizations. Priority for service has been for persons who have the highest amounts of Medi-Cal-funded hospital days, and service has been limited to those persons who have Medi-Cal and have no current Care Coordinator assigned through County Mental Health Services. The purpose of the $100,000 expansion ($50,000 TAY funding; $50,000 Adult funding) is to expand the Transition Team so that it can: (1) serve an additional 20 TAY/year who either have Medi-Cal or are indigent; and (2) serve an additional 30 adults/year who are indigent. Persons served through the expansion will be currently or recently psychiatrically hospitalized and deemed in need of short-term intensive case management; they may have an inactive Care Coordinator with whom the Transition Team will coordinate efforts.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

This expansion does not focus on clients and/or family members providing the intensive short-term case management services. However, the program does link with client-run organizations (e.g., NAMI, clubhouses), and is expected to (1) increase its connection with the TAY Clubhouse to promote effective engagement with TAY, and (2) to increase its connection with Recovery Innovations of CA to promote client involvement with peer-led WRAP classes as a specific best practice to help promote resilience and recovery.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Our experience with the Transition Team program has demonstrated successful stakeholder collaboration with multiple community-based organizations that include: mental health providers (including clubhouses), housing providers, substance abuse providers, homeless providers, benefits agencies, and physical health providers. Increased collaboration with TAY-relevant resources and peer-operated resources (e.g., peer-led WRAP classes) will further support successful engagement with and support of persons to be served through the expansion. The success of this expansion program lies in maintaining and building upon those same collaborations and partnerships to address the multiple needs of persons who have been hospitalized. By collaborating and partnering there will be system improvements in the delivery of care and in the reduction of inappropriate use of hospital services as persons become more effectively linked with community-based services, thus reducing their reliance on hospitalization.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

While it is critically important to recognize the individual differences and unique needs of every person served, persons with serious mental illness who have been hospitalized often share experiences of victimization, trauma and loss of valued role. Cultural competence and understanding of differences are required expectations of our current providers and are integrated in our current service delivery system and will be a requirement of this program as well. Interpreter services will be obtained as necessary through existing resources. The short-term intensive case management model used by the Transition Team has demonstrated effectiveness with many persons with serious mental illness who have been frequently hospitalized, and is seen as the most relevant model for service within our current service system. Staff will possess cultural awareness, knowledge and skills necessary to provide culturally competent services, particularly to TAY. Staff will also possess sensitivity and knowledge about extreme poverty, as this program will be serving persons who are indigent, in addition to its current client base of persons who have Medi-Cal.

The Transition Team will arrange for language translation services when staff do not have the capability to speak a client's language, using the County's contracted interpreter services as necessary, will provide ongoing cultural competency training to staff, and will demonstrate integration of cultural competence standards described in the San Diego County Mental Health Services Cultural Competence Plan.

The Culturally Competent Clinical Practice Standards of SDCMHS are to: 1) promote and encourage values and approaches that are necessary for the support and development of culturally competent practices; 2) increase and improve knowledge and understanding of concepts and information critical for the development and implementation of culturally competent practice, and; 3) establish goals for

the development/improvement of practice skills of all members in the system to ensure that cultural competence is an integral part of service delivery at all levels. The Practice Standards that the program shall implement are:

1) Providers engage in a culturally competent community needs assessment.
2) Providers engage in community outreach to diverse communities based on the needs assessment.
3) Providers create an environment that is welcoming to diverse communities.
4) Staffing at all levels, clinical, clerical, and administrative, shall be representative of the community served.
5) There is linguistic capacity & proficiency to communicate effectively with the population served.
6) Use of interpreter services is appropriate and staff are able to demonstrate ability to work with interpreters as needed.
7) Staff shall demonstrate knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, and acculturation.
8) Staff shall demonstrate knowledge about a) specific cultural features that may be present in various disorders, b) culture-bound syndromes, c) cultural explanations of illness, d) help seeking behaviors, include community-based, in diverse populations, and e) appreciation for traditional ethnic and cultural healing practices.
9) Cultural factors are integrated into the clinical interview and assessment.
10) Staff take into consideration the potential bias present in clinical assessment instruments and critically interpret findings within the appropriate cultural, linguistic and life experiences context of the client.
11) Culture-specific consideration consistent with the cultural values and life experiences of the client shall be integral in the intervention and shall be reflected in progress notes, treatment planning and discharge planning.
12) Psychiatrists consider the role of cultural factors (ethnopsychopharmarcology) in providing medication services.
13) Providers promote an environment that encourages staff to conduct self-assessment as a learning tool.
14) Staff actively seek out educational, consultative and multicultural experiences, including a minimum of 4 hours of cultural competence training annually.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The system and provider training and services have evidenced sensitivity to individual and cultural differences, including sexual orientation and gender, and training in these areas will be provided to staff. Referrals and linkages where appropriate will be made to services that are gender-specific or relevant to needs relating to sexual orientation, such as referrals to the Rachel's Women's Center or the San Diego Lesbian, Gay, Bisexual, Transgender Community Center.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

This service will be provided in San Diego County.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This section was completed; no further explanation needed.

13) Please provide a timeline for this work plan, including all critical implementation dates.

Activity	Date
Draft Statement of Work and budget	July 2008
Contract amended	October 2008 (pending DMH approval)
Expansion staff hired and services begin	October 2008
Full 10-person caseload established	November 2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN

County: San Diego	Fiscal Year: 2008-09	Program Work Plan Name: Peer Telephone Support Expansion
Program Work Plan: TAOA-4		Estimated Start Date: October 2008

1a) **A brief description of the program:**
This service is to provide phone support for any consumer of mental health services who is experiencing difficulties or has questions and needs peer support. This support may be around the current mental health services they are receiving, social concerns, housing issues, vocational interests, benefits or questions on how to obtain mental health services. It is anticipated that an additional 3,000 calls will be taken with the extended hours for a total of 8,000 calls annually.

1b) Identification of the age and situational characteristics of the priority population to be served in this program:
We propose to enhance our current services by providing Transitional Age Youth counselors to serve young adults who desire support from their peers. In addition, we would add additional lines and counselors to increase hours of availability.

	1d) Fund Type				1d) Age Group				
1c) Identification of strategies for which you will be requesting MSHA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy.	FSP	Sys Dev	OE	OTO	CY	TAY	A	OA	ALL
1c) Peer run program; support the values of recovery and resiliency	☐	X	☐	☐	☐	X	X	X	☐
✓ Add TAY counselors to provide more age-specific services									
✓ Provide self help for consumers through support, referrals and reassurance from a peer									
✓ Evening and weekend hours offered									

2) Please describe in detail the proposed program for which you are requesting MHSA finding and how that program advances the goals of the MHSA.

Currently our County has limited Peer Telephone Support services and we received much input that we needed to expand the existing program that has been available for approximately 8 years. At this time a client run nonprofit organization is contracted for this service which also provides a client run clubhouse -this allows for cost savings through a shared site.
Program will serve any mental health consumer who is an adult, 18 and over. With these funds the program will provide Transitional Age Youth with peer telephone support and will increase the availability of peer telephone support services for adults and older adults.

One program goal would be to provide self help for consumers (through support, referrals and reassurance from a peer), which enhances the 'helper' consumer and the one being assisted. Consumers are able to reinforce their own growth and self worth by assisting their peers in the journey to wellness. The program, via the phone linkages, would promote self reliance and the recovery model.

This type of service has been extremely popular and well utilized by our consumers who report this service prevented them from experiencing a crisis when they have no one to connect with and are struggling with daily issues that do not require a professional but are often overwhelming to them. There is no quantitative evidence base at this time but we feel very confident that the anecdotal information supports its value as does the high utilization of the current limited program. We estimate that approximately 4,000 consumers will benefit from this program. Clients are informed of this service at all mental health sites in our County and given information on what types of service it provides.

Clients may be referred to any mental health program, and many housing, employment and vocational opportunities in our County. Often they provide information on consumer rights and how to connect with our consumer advocates to learn more or to pursue their rights. This service will also have information on recreational and social activities that are available to help connect our consumers with community events, cultural and sports activities. Since this is a phone service site location is less important but collaboration with all of our consumer groups, self help groups, NAMI and substance abuse services shall continue to be important. Program is proposed to be in evening hours, 3-11 M-F with some weekend hours. The staffing will be peer positions, including the supervisor position, which will receive training and oversight. One professional consultant shall be available for a limited number of hours.

During the process of identifying needs for the additional MHSA funds many focus groups at our clubhouses identified the need to expand the Peer Phone Support services due to their attempts to call the service and getting busy signals for lengthy periods. These consumers stressed the importance of the service when it was available and the importance of learning from a peer. At several community focus group sites our clinicians reported clients utilizing the service when clinics were closed and feeling the service was very valuable in dealing with anxiety over daily living issues. Our consumer community continued to also report the need for more client run services.

3) **Describe any housing or employment services to be provided**.
This program would not offer housing but would always maintain lists of housing services or roommate opportunities available. It would also be completely staffed by consumers, offering a continuum of employment so that very flexible employment is offered to the consumers providing the service and supporting the Phone Counselors.

4) **Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

   Providing a peer run service has been shown to support the values of recovery and resiliency. By supporting one another both the Peer Support Counselor and the caller are encouraged to demonstrate their progress toward recovery and the ability to be resilient. The staff would work with the supervisor and the Licensed Professional (who would be available to them on an as needed basis) to reinforce their ability and the importance of the service they are providing. Peers are fully trained on Motivational Interviewing and identifying appropriate resources for callers. Staff shall be debriefed after a difficult call and provided with policies to ensure boundaries are maintained. Program shall be continuously monitored and have yearly reviews of call logs.

5) **If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**
   This proposal would expand existing service to about double the current capacity and add the ability to hire TAY peer counselors (currently not available.) At this time our callers to the peer phone service may at times experience long waits or blocked calls due to call volume.

6) **Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**
   Clients or family members staffing this program will directly provide support and referral services.

7) **Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations**. **Explain how they will help improve system services and outcomes for individuals.**
   There will be collaborations with all ethnic organizations in our County and all of our other clubhouses, as there are at this time. They are an important link in our system of care as all our mental health providers refer consumers to this service. Many housing, employment and drug and alcohol agencies connect with them as this service informs a large number of our consumers with opportunities in the County.

8) **Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**
   Staff of the program shall be trained to serve our culturally and linguistically diverse community. As part of the cultural competence plan, staff are required to attend cultural competency training yearly and will have the ability to serve Spanish speaking consumers

as well as having access to a translation service for those who speak other languages. In addition, interpreter services are offered for those individuals with language needs that cannot be served via staff or the language line.

9) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Training is required on sexual orientation for staff and gender sensitivity shall be addressed by hiring staff of both genders, a variety of ages and sexual orientation, as part of the contract.

10) Describe how services will be used to meet the service needs for individuals residing out-of-county.

This section was completed; no further explanation needed.

11) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This section was completed; no further explanation needed.

12) Please provide a timeline for this work plan, including all critical implementation dates.

Activity	Date
Draft Statement of Work and budget	July 2008
Contract amended	October 2008 (pending DMH approval)
Staff hired & trained	October 2008
Support Line hours extended	October 2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN		
County: San Diego County	Fiscal Year: 2008-09	Program Work Plan Name: MH Court Calendar Diversion and Supported Housing
Program Work Plan #: TAOA -5		Estimated Start Date: January 2009

1a) Description of Program: This Full Service Partnership program will provide comprehensive, individualized, integrated culturally competent mental health services for individuals with a serious mental illness who may also have a dual diagnosis and will have been found guilty of a non-violent crime either misdemeanor or felony and awaiting sentencing. The individual will be a repeat offender who may have received mental health services while incarcerated or in the community and will be referred for services via the justice system: a specialized multi-agency Mental Health Court which includes Superior Court, District Attorney, Sheriff, Public Defender, Probation, and Behavioral Health Services (Mental Health and Alcohol and Drug). Components of this integrated and comprehensive program include diversion and reentry services, utilizing 24/7 intensive case management/wraparound services, community based outpatient services, rehabilitation and recovery services (i.e., supported employment/education, supported housing, peer support, transportation support), with concurrent progression through 4 phases of graduated recovery. Upon successful graduation from this program, individuals will have been referred to ongoing mental health services and substance abuse counseling within the community as appropriate.

The program advances the MHSA goals to reduce incarceration and institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness and provide timely access to needed help by providing intensive wraparound treatment, rehabilitation and case management services to at least 30 unduplicated adults each year, through provision of services following a modified SAMHSA Evidence-Based Practice of Assertive Community Treatment (ACT) in combination with provision of an array of housing options (e.g., Single Room Occupancy, transitional shelter, Board & Care, permanent housing). A continuum of housing options will be provided to include short-term housing, transitional, and permanent supported housing.

1b) Priority Population: Services will be provided to adults 18+ years old who have a diagnosis of serious mental illness and who have current and repeat criminal justice involvement who are willing to voluntarily participate in the program in lieu of incarceration. Priority for admission will be given to those persons with the most severe illness and the assessed highest need for an intensive level of community-based mental health service. Emphasis will be given to underserved and inappropriately served transition aged youth, adults and older adults including those who are African-American, which are over represented in the justice system. Special emphasis will be given to those who are repeat offenders, but early in their "criminal" arrests in an attempt to divert them from the justice system to the mental health system of care.

	1d) Fund Type			**1d)** Age Group			
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	FSP	Sys Dev	OE	CY	TAY	A	OA

1c) Diversion and re-entry to community based mental health services; modified ACT-provided personal services coordination to persons with serious mental illness who are involved in the justice system, in detention and continued outreach and engagement after detention. • One specialized team (modified ACT) will serve a caseload of 30 persons with serious mental illness. • Services are community-based, integrated with individualized wraparound services provided 24/7 by the team. • Services include outreach and engagement, mental health services, intensive case management, rehabilitation and recovery services, care coordination, skill development, supported education, employment, and housing. • Staff will be trained in and utilize recovery-oriented practices, for example Deegan's Intentional Care standards, Copeland's Wellness Recovery Action Planning (WRAP), Social Skills Training, and Illness Management & Recovery. • Staff will provide linkage and care coordination to physical health care providers including emergency rooms and hospitals. • Staff to consumer ratio is approximately 1to 7; team members share responsibility for the treatment, support and rehabilitation services. • Comprehensive and integrated mental health and substance abuse services are included for clients who are dually diagnosed. -Individual Services and Supports Plan (ISSP) will be utilized with client involvement in treatment planning. •An array of housing options, developed to meet the needs of these individuals, will be provided to include: short-term stays at shelters, Single Room Occupancy (SRO), Board and Care (B&C), subsidized housing and/or master leasing.	☒	☐	☐	☐	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

San Diego County Mental Health Services (SDCMHS) will contract with a community-based organization to provide integrated mental health, rehabilitation and recovery services, and utilize Assertive Community Treatment (ACT) Team services to serve persons with serious mental illness who have involvement with the justice system. The program will do 'whatever it takes' to support people in the community

and help them work toward their recovery goals. ACT is an evidence-based practice that has repeatedly demonstrated its effectiveness with people who have serious mental illness who have not been adequately served by the usual service system. SAMHSA's ACT Implementation Resource Kit (2003) describes:

> "Assertive community treatment (ACT) is a way of delivering comprehensive and effective services to individuals who are diagnosed with severe mental illness and who have needs that have not been well met by traditional approaches to delivering services. At the heart of ACT is a transdisciplinary team of 10 to 12 practitioners who provide services to approximately 100 people. Services are delivered directly by the team as opposed to being brokered from other agencies or providers. To ensure that services are highly integrated, team members are cross-trained in each other's areas of expertise to the maximum extent possible. Team members collaborate on assessments, treatment planning, and day-to-day interventions. Instead of practitioners having individual caseloads, team members are jointly responsible for making sure each person receives the services he or she needs to support his or her recovery from mental illness.
>
> The course of recovery from severe mental illness and what it means to have a life that is not defined by a severe mental illness differs among people. Consequently, ACT services are highly individualized and there are no arbitrary time limits on the length of time an individual receives services. Most services are provided in vivo, that is, in the community settings where problems may occur and support is needed rather than in staff offices or clinics. By providing services in this way, people get the treatment and support they need to address the complex, real world problems that can hinder their recovery. Each person's status is reviewed daily by the team so the nature and intensity of services can be adjusted quickly as needs change. At times, team members may meet with a person several times a day, but as the individual's needs and goals change, the nature and frequency of contacts with the individual also change."

This specialized team serving only 30 clients will necessitate use of a modified ACT team approach while staying true to the intent of SAMHSA's "Assertive Community Treatment". The only modification will be in the number of persons on the ACT team. The job functions, the recovery philosophy, and the service delivery required of an ACT team model will be incorporated into the practices of this Full Service Partnership program. Services to be provided include outreach and engagement, 24/7 intensive case management/wraparound services, community-based outpatient mental health services (including medication management, individual therapy, and group therapy as needed), rehabilitation & recovery services (including skill and resource development in acquiring and sustaining housing/employment/educational/social goals, supported employment, supported education, and peer support services. The program will serve 30 clients referred from the Downtown San Diego Courthouse. Clients might be placed and served in Central, North Central and East Regions, and the vast majority of services will be delivered through outreach to the client. Referrals will all come from a Mental Health Court calendar at San Diego Superior Court. Clients will be identified by the Sheriff Department's mental health staff in the jails, the Public Defender attorneys, and probation officers. With the approval of the District Attorney, referral will be made to the Mental Health Service's ACT team for screening to determine that eligibility criteria (voluntary and serious mental illness) are met, with findings reported by ACT lead to an interagency team, presided over by Superior Court, for acceptance determination. A Treatment Plan will then be developed in a collaborative manner with input from the Court Team members (participants include Court, Probation,

defense attorney, District Attorney, Sheriff representative, Behavioral Health, and ACT team lead), as well as the individual participant. The ACT Lead will maintain representation to the Court Team throughout the individual's involvement in this program. Continued participation in this program is contingent on voluntary compliance with requirements of the 4 graduated phases which focus on treatment, recovery and integration into the community.

The Comprehensive Continuous Integrated System of Care (CCISC) treatment model will be integrated with the ACT Team model and used for clients with co-occurring disorders of mental illness and substance abuse. CCISC is an integrated and comprehensive treatment, training and administrative approach that supports the coordination and integration of mental health and substance abuse services for persons with co-occurring disorders. The CCISC model of practice espoused by Dr. Kenneth Minkoff is a nationally recognized consensus best practice anchored in a person-centered, diagnosis-specific and stage-specific treatment for each disorder. This model is based on the following eight clinical consensus best practice principles: 1) dual diagnosis is an expectation, not an exception, and the interaction with the client shall be welcoming; 2) the treatment relationship is empathic, hopeful, continuous; 3) treatment services can be planned by using the four quadrant national consensus model for system level planning; 4) within the context of a treatment relationship, care and empathic detachment/confrontation are appropriately balanced; 5) each disorder should be considered equally important and integrated dual primary treatment is required; 6) both disorders can be understood from a disease and recovery model with parallel phases of recovery and matched interventions; 7) there is no one type of dual diagnosis program or intervention that is correct, and treatment services are matched to client needs; and 8) outcomes are individualized.

Staff will reflect a modification of the evidence-based practice model's recommended staffing pattern, and will include a team leader, a program assistant, psychiatrist, and a variety of mental health professionals that will include the specialty functions of nursing, employment, substance abuse, and housing. At least .5 FTE peer specialist will be part of the team. Approximately one of the staff is expected to be bilingual and efforts will be made to employ additional bilingual staff based on client need. The program will work extensively with the Court Team, comprised of designees from the Sheriff's Department, the Probation Department, the District Attorney, the Public Defender and Superior Court in order to ensure effective partnership relating to clients' justice system involvement.

3) Describe any housing or employment services to be provided.

Affordable housing for persons with very low income is a huge challenge in San Diego, and many people leaving jail find themselves without housing. A clinician who provides housing services will be part of this modified specialty ACT Team model, and the ACT Team will aggressively work to help clients obtain housing that reflects their needs and preferences. Therefore, housing will be a key component of this program, and the Contractor will develop an array of supported housing that may include: temporary stay in short-term housing, transitional supported housing to include a variety of short-term and long-term housing options including short-term stays at shelter, Single Room Occupancy (SRO), Board and Care (B&C); subsidized housing; and/or master leasing. Multiple approaches will be considered (e.g., scattered housing, clustered housing, and mixed use housing). Annual funds ($360,000) will be used to develop the housing capacity during the first two years of this program. Housing development strategies from existing Full Service Partnership programs will be shared

and efforts will be coordinated. After the 30 clients have stable long-term housing and income that supports the housing, funding for additional staffing and service needs can be initiated by the contractor.

The modified ACT Team will have a clinician who has an employment specialty that will provide an array of supportive employment services including job readiness, job supports and job placement. SAMHSA's ACT Implementation Resource Kit (2003) describes: "ACT emphasizes work and vocational expectations for all consumers, while accepting individual differences in capacity and interest in competitive employment…The team's employment specialists are responsible for providing the majority of employment services. They are also responsible for directing and teaching other team members to participate in carrying out individual consumer employment plans. Persons with severe mental illnesses rarely lose jobs because they do not have the skills for the job. More often, jobs are lost because mental illness and related symptoms and behavior affect job performance. For this reason, the assessment process includes a careful review, not only of the consumer's education and past work experience, but also of the specific behaviors or other issues that have been problematic on the job. Initially, many consumers indicate that they do not want to work or that they are unable to work. In addition, because staff cannot predict how well a person is going to do in employment, they may be hesitant to help consumers find jobs. To overcome both consumer and staff resistance or apprehension, it is critical for the employment specialist and all the team members to work together to encourage, support, and provide consumers with opportunities to try work." There will often be additional obstacles to employment for people with past criminal convictions, and the Team will work with them to face these extra challenges. Some clients may want to access other employment supports, such as the Department of Rehabilitation or the twelve Clubhouses throughout the County, and the ACT Team will support those efforts.

4) **Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

Average cost per client/per year, including housing, is approximately $29,000. Average cost per client/per year for housing is estimated for the first two years at $12,000 to develop and subsidize housing for clients in this program. Once housing costs stabilize and clients have disability funding paying for much of the housing costs, some of the funds budgeted for housing can be utilized for additional program costs, including additional staffing, that shall be identified and documented by the program based on an assessment of client needs.

5) **Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Persons who have serious mental illness and are involved with the criminal justice system face some major challenges in their path of recovery, and this program will do whatever it takes to help each person identify their goals and work toward achieving them. Services will be recovery-oriented and strengths-based. The Superior Court (Mental Health Calendar) Judge, Probation, District Attorney, Public

Defender and Sheriff's Department have made a commitment to provide "In Kind" services to work closely with the specialized team in order to address the complex issues of these clients in an attempt to minimize re-incarceration.

Rehabilitation and recovery interventions are client-directed and embedded with the service array to include: wellness and resiliency focus, individualized wellness and recovery action plan (Copeland's WRAP), skill development, peer supports, social and recreational supports, supported employment, supported education and supported housing. Funds are included for training and technical assistance, which may include training on Deegan's 'Intentional Care' standards, which are staff performance standards (developed by a leading consumer advocate) designed to ensure that staff works in recovery-oriented and empowerment-building ways, on Copeland's Wellness Recovery Action Plan,' which presents a consumer-focused, wellness-oriented strategy developed by and for consumers that supports increased coping skills, increased wellness, and improved relapse prevention skills, and for SAMHSA's "Illness Management & Recovery" which strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives.

The modified ACT Team will incorporate peer specialists who can serve as inspirational role models, and will provide support in the critical areas of housing, work, school, relationships, and recreation. Training on and technical assistance with the ACT model will also occur, and will incorporate the values of empowerment and recovery in the delivery of services. Program evaluation, outcomes, and client satisfaction surveys as well as client focus groups will be some of the strategies that the program will use to ensure adherence to recovery principles and practices.

6) **If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

This is a new program, and the contractor will be identified through the Request for Proposal process. While the program will provide the bulk of services directly to its clients, it will also provide referrals and establish close linkages to relevant programs and services, such as local clubhouses and primary care medical providers.

7) **Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Contractor shall assure that the modified ACT Team staff includes at least one qualified individual with experience as a mental health client or family member of a mental health client, and shall employ a minimum of .5 FTE staff (these could be shared positions of 10 or more hours per week) to serve as ACT Team Peer Specialists. Contractor will positively consider identified personal client and/or family mental health experience as valuable experience for persons to be hired in any staff position. Peer support specialists can be tremendously valuable in promoting hope for recovery, as they can be inspirational role models for persons who are struggling with identifying their path to recovery. Peer support specialists can share their recovery efforts and model the importance of resilience in managing challenges to

recovery. The program will encourage its clients to link with client-operated services, including local clubhouses and the to-be-established MHSA Client-Operated Peer Support Services Program.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Extensive collaboration, due to the special nature of this program, has occurred during the planning stages and will continue with the San Diego Superior Court, the San Diego County District Attorney's Office, the San Diego County Public Defenders Office, the San Diego County Sheriff's Department, and the San Diego County Probation Department. This collaboration will continue throughout the life of the program in order to continue planning efforts, further develop the referral process, coordinate assessment and screening of clients, and to coordinate the ongoing monitoring of the clients and the program. This program will also collaborate and work with the MHSA Housing Consultant Contractor to identify and develop the array of housing options mentioned above, resulting in avoidance of, or decrease in, homelessness.

San Diego County's experience with the AB2034 Homeless Integrated Services program and the MHSA Full Service Partnership programs has demonstrated successful stakeholder collaboration with multiple community-based organizations that include: homeless providers, mental health providers (including clubhouses), justice and public safety sector entities, housing providers, the business community, faith-based organizations and health providers. The success of this program lies in forging those same collaborations and partnerships to address the multiple needs of persons with serious mental illness who are involved with the justice system. By collaborating and partnering there will be system improvements in the delivery of care, in the reduction of inappropriate use of services and a reduction in costs for the community with expected decreased detention time and increased time in the community.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Persons who have serious mental illness and significant experience with the criminal justice system need to be recognized both as individuals and as persons who may share some experiences of loss of dignity, loss of valued role, and trauma. Persons who have been in detention may have developed patterns of behavior that do not serve them well in their efforts toward recovery. Cultural competence and understanding of differences, including sexual orientation and gender, are required expectations of our current providers and are integrated in our current service delivery system and will be a requirement in all MHSA programs as well. At least one staff member is expected to be bilingual, and interpreter services will be obtained as necessary. The ACT Team model has demonstrated effectiveness with persons who have serious mental illness and are involved with the justice system, and is seen as an excellent model for service. Staff at this program will possess cultural awareness, knowledge and skills necessary to provide culturally competent services.

Contractor shall assure that ACT Team staff includes qualified individuals with experience as mental health clients or family members of mental health clients, and shall employ a minimum of .5 FTE staff (these could be shared positions of 10 or more hours per week) to serve as ACT Team Peer Specialists. The Contractor will ensure that staff are culturally competent to serve the culturally diverse backgrounds of the clients, and will provide a Human Resource Plan for recruiting, hiring and retaining staff reflective of the major cultural groups to be served, will identify a process to determine bilingual proficiency of staff in at least the threshold languages for the County (Spanish, Vietnamese and Arabic), will arrange for language translation services when staff do not have the capability to speak a client's language, using the County's contracted interpreter services as necessary, will provide ongoing cultural competency training to staff, and will demonstrate integration of cultural competence standards described in the San Diego County Mental Health Services Cultural Competence Plan.

The Culturally Competent Clinical Practice Standards of SDCMHS are to: 1) promote and encourage values and approaches that are necessary for the support and development of culturally competent practices; 2) increase and improve knowledge and understanding of concepts and information critical for the development and implementation of culturally competent practice, and; 3) establish goals for the development/improvement of practice skills of all members in the system to ensure that cultural competence is an integral part of service delivery at all levels. The Practice Standards that the program shall implement are:

1) Providers engage in a culturally competent community needs assessment.
2) Providers engage in community outreach to diverse communities based on the needs assessment.
3) Providers create an environment that is welcoming to diverse communities.
4) Staffing at all levels, clinical, clerical, and administrative, shall be representative of the community served.
5) There is linguistic capacity & proficiency to communicate effectively with the population served.
6) Use of interpreter services is appropriate and staff is able to demonstrate ability to work with interpreters as needed.
7) Staff shall demonstrate knowledge of diversity within ethnic and cultural groups in terms of social class, assimilation, and acculturation.
8) Staff shall demonstrate knowledge about a) specific cultural features that may be present in various disorders, b) culture-bound syndromes, c) cultural explanations of illness, d) help seeking behaviors, include faith-based, in diverse populations, and e) appreciation for traditional ethnic and cultural healing practices.
9) Cultural factors are integrated into the clinical interview and assessment.
10) Staff take into consideration the potential bias present in clinical assessment instruments and critically interpret findings within the appropriate cultural, linguistic and life experiences context of the client.
11) Culture-specific consideration consistent with the cultural values and life experiences of the client shall be integral in the intervention and shall be reflected in progress notes, treatment planning and discharge planning.
12) Psychiatrists consider the role of cultural factors (ethnopsychopharmarcology) in providing medication services.
13) Providers promote an environment that encourages staff to conduct self-assessment as a learning tool.

14) Staff actively seek out educational, consultative and multicultural experiences, including a minimum of 4 hours of cultural competence training annually.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The winning proposal's curriculum and program must evidence sensitivity to individual and cultural differences, including sexual orientation and gender, and training in these areas will be provided to staff. Referrals may be made to services that are gender-specific or relevant to needs relating to sexual orientation, such as referrals to the Rachel's Women's Center or the San Diego Lesbian, Gay, Bisexual and Transgender Community Center.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

This is generally not applicable, as this service will be provided in San Diego County to persons with involvement with the local justice system.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

All strategies are listed in Section IV.

13) Please provide a timeline for this work plan, including all critical implementation dates.

Activity	Date
Board of Supervisors approval	August 2008
Requests for Information issued	August 2008
Request for Proposals issued	October 2008
Contract awarded	January 2009
Program manager hired	January 2009
50% of program staff hired	Jan - Feb 2009
Staff trained	Jan - Feb 2009
Begin services to clients	March 2009
Full caseload established	June 2009
Serve an average caseload of 30 persons	Throughout FY 2009-10

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN		
County: San Diego	Fiscal Year: 08/09	Program Work Plan Name: Strength-based Care Management Services+ for Transition Age Adults & Older Adults with a Serious Mental Illness (SMI)
Program Work Plan #: OA-4		Estimated Start Date: October 2008

1a) Program Description: This program will provide timely access to countywide client-centered culturally/linguistically and age appropriate comprehensive and integrated Care Management and Recovery & Rehabilitation services for transition age adults 55 -59 years of age and older adults 60 years of age and older, following the Strength-based Care Management model. It is anticipated that services will be provided to 50 clients annually for a total of 300 clients served with this augmentation throughout the County.

- This plan seeks to reduce caseload size from 1:40 to 1:25.
- Together with the Full Service Partnership (FSP), the Senior Mobile Outreach Team (SMOT)/ Field Capable Clinical Services (FCCS), and the Institutional Case Management program, the Strength-based Care Management will provide San Diego County transition age adults and older adults with the opportunity for a seamless transition through an age, culturally and linguistically appropriate continuum of care.
- In the years to come, in an effort to continue older adult system development and system transformation efforts, San Diego County Mental Health hopes to be able to:
  - Further decrease caseload ratio to 1:20;
  - Add Medication Management capacity by a Board Certified Geriatric Psychiatrist;
  - Bring on board a Licensed Mental Health Clinician that, in addition to providing direct care and program coordination, will support workforce development activities and supervise psychotherapeutic services;
  - Continue development of services and support.

1b) Priority Population: This program seeks to provide services to 300 unduplicated Severely Mentally Ill (SMI) individuals, including those with co-occurring substance abuse disorders. Priority for admission to this program will be given to older adults with a SMI and with the most severe conditions and with highest incidence of emergency and inpatient services utilization, who may also be homeless and/or at risk of becoming homeless, and older adults having the most difficulties accessing care due to system barriers. In accordance with AB599, veterans are eligible for this program.

1c) Describe strategies to be funded, Funding Types requested (check all that apply), Age groups to be served (check all that apply)	1d) Fund Type				1d) Age Group				
	FSP	Sys Dev	OE	OTO	CY	TAY	A	TAA	OA
✓ Services will be provided by a Personal Services Coordinator (care manager/clinician); ✓ Interventions will be conducted at individual's home or in a setting familiar to the older adult; ✓ Staff to consumer ratio will be 1 staff to 25 clients and responsibility for the provision of treatment, rehabilitation and support services will be shared among team members. ✓ Outreach, engagement and crisis intervention to maintain clients engaged in treatment; ✓ Individualized, comprehensive and integrated age appropriate strength-based assessment, treatment planning, treatment, and outcome monitoring; ✓ Training for staff on Strength-based Care Management model and Solution Focus Therapy or other appropriate older adult evidence based and promising practices; ✓ Program will operate with a dual diagnosis capacity.	☒	☐	☐	☒	☐	☐	☐	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how the program advances the goals of MHSA.

Utilizing the Strength-based Care Management model, (SBCM), an Evidence-based approach that has been demonstrated to be effective with people who have serious mental illness who have not been adequately served by the usual service system, Heritage Clinic will deliver enhanced culturally/linguistically and age appropriate care management, treatment, and rehabilitation services in all six (6) San Diego County, Health and Human Services Agency (HHSA) regions. With a ratio of 1 clinician to 25 clients, Heritage Clinic will serve approximately 300+ unduplicated individuals. Contractor will provide individualized services in individual's home and/or familiar setting to older adults, and will incorporate integrated mental health rehabilitation and recovery treatment, mental health education, and skill building activities in this program. SBCM team members will share the responsibility for the treatment, rehabilitation and support services and will review each client's status weekly so that services can be adjusted quickly as client's needs change. At least 50% of the staff will be bi-lingual /bi-cultural, providing services to client's 24-hours a day /7 days per week, 365-days a year, having a team member on call during all hours to provide response as needed.

The Strength–based Care Management+ services will be provided to transition age adults 55-59 years and older adults age 60 and over who are seriously mentally ill, as defined by the California Welfare and Institutions Code section 5600. Priority for services will be given to persons who have the most severe mental illness and the most severe need for case management services as per California Code of Regulations, Title 9, Division 1, Chapter 11 and any subsequent amendments to these regulations. Clients placed in LPS Conservatorship who may not otherwise meet criteria above, may receive strength-based care management services.

The services to be provided by the SBCM Team members will include, but will not be limited to:

- ✓ Extensive outreach and engagement services to persons identified as having a high priority for this service. Contractor will outreach and educate community service providers about this newly enhanced MHSA funded Strength-based Care Management + services for transition age adults/older adults about admission criteria for program. Referrals to this program will come from local Adult/Older Adult Outpatient Mental Health Services, Adult Case Management, Hospitals, Fee For Services providers, Conservator's Office, HHSA, Aging and Independence Services Senior Mental Health Teams (ST) and Adult Protective Services (APS), and from the Older Adult FSP **(MHSA –Work plan OA-1)** and FCCS **(MHSA –Work plan OA-2)** programs, part of the older adult System of Care continuum operated by the Heritage Clinic.
- ✓ Individualized, comprehensive and integrated mental health and substance abuse screening; geriatric mental health strength-based assessment, goal setting, treatment, and outcome monitoring;
- ✓ Illness Management, Recovery skills training, Social Skills training;
- ✓ Individual and solution focus therapy;
- ✓ Concurrent mental health substance treatment;
- ✓ Side–by-side assistance with activities of Daily Living;
- ✓ Intervention with support networks (i.e. family, friends landlords, neighbors);
- ✓ Care Management Brokerage;
- ✓ Support services with medical care, housing, benefits, transportation.
- ✓ Services coordination and rehabilitation and recovery planning through a "single point of accountability" are provided by the SBCM + Team that will be responsible for ensuring that services offered are timely and appropriate and client's needs met.
- ✓ Client and family individual and group educational and skill development opportunities on a variety of topics that will strengthen ability to function independently and improve their quality of life, such as medication management, prescriptions and medication, social and interpersonal skills, resources support services.
- ✓ Linkages to supported housing services, supported employment and supported education services for those clients in need of such services though the MHSA FSP for older adults **(MHSA –Work plan OA-1).**
- ✓ Access to 24/7 crisis response to seniors experiencing mental health crisis, in their homes and/or in other locations in the community to assist in the stabilization of the client through the Senior Mobile Outreach Team /Field Capable Clinincal Services **(MHSA –Work plan OA-2)**.

- ✓ Linkages to available community resources, including but not limited to outpatient mental health and primary care, Fee For Service (FFS) providers and Mental Health Plan hospitals, emergency rooms, crisis residential facilities, residential treatment facilities, Board and Care facilities, housing authorities, Psychiatric Emergency Response Team, law enforcement, and other adult and older adult programs throughout San Diego County.
- ✓ Senior Peer/Family Support – Provision of In-Home Respite services to enhance caregiver's ability to provide quality in-home or supplemental care to family or friends through the existent Senior Peer Counseling services **(MHSA –Work plan OA-2)**.
- ✓ Door-to-Door transportation services for clients and family /caregiver with capacity to accommodate individuals confined to a wheelchair. Services will include transportation to doctor's appointments, grocery-shopping or/and to socialization and leisure activities, thereby enhancing client, family and caregiver wellness and independence. One time funding will be available for the purchase of a vehicle and additional transportation will be accessed through the other Heritage operated MHSA –SMOT/FCCS.
- ✓ SBCM program staff will participate in the system-wide MHSA Comprehensive Continuous Integrated System of Care (CCISC) Cadre Training, a nationally recognized best practice, and program will achieve dual diagnosis capability criteria in accordance with the HHSA, Adult Older Adult mental Health, Children Mental Health and Alcohol and Drug Services Charter and Consensus Document for addressing Co-0ccurring Disorders.
- ✓ The SBCM program will have access to a professional geriatric psychiatrist for individual/group consultation through the Heritage Operated SMOT/FCCS MHSA (MHSA –CSS O2).
- ✓ Training for staff on the implementation of Illness Management SAMHSA Toolkit.
- ✓ Step down from the OA FSP, providing with additional opportunity for less intensive, yet quite supportive level of care. The SBCM staff and FSP staff will meet regularly to review client progress and will make case by case decisions about clients' readiness for less intensive services with special consideration to individuals' clinical needs and stability. Transfer from FSP to the SBCM will be gradual with overlapping services and clients could have access to a more intense level of care when needed, since primary contact staff responsible for follow up with clients are responsible for providing services for clients within a continuum.

Consistent with MHSA, the primary goals of the program are: a) To reduce ethnic disparities and increase access to mental health services, b) Reduce emergency and involuntary services utilization, c) Reduce isolation, d) Reduce homelessness and risk of homelessness, d) Increase, client, family and care provider participation in the programmed) Promote self care and development of self-sufficiency; f) Prevent premature or inappropriate institutionalization.

3) Housing / Employment Services to be provided:

The Heritage Clinic Executive Director, the MHSA funded Housing Specialist **(MHSA-OA 1 Work plan FSP)** and the County Mental Health Housing Lead will work on identifying and accessing a continuum of supported housing opportunities for adult and older adult clients in the SBCM program.

Clients establishing work/education goals for employment and education will be linked with referrals to existent employment programs such as: State Department of Vocational rehabilitation and Supported Employment services, Contracted Employment Services, educational

opportunities and personal growth opportunities provided through the regional San Diego Community Colleges, as well as to those programs that are to be implemented via MHSA Supported Employment services (A-6). For clients stepping down from the OA FSP, services will continue to be provided by the FSP Employment Specialist (ES) **(MHSA-OA 1 Work plan FSP)**.

4) Average cost for per Client:

The average cost for each participant is approximately $3,250.00 dollars per year.

5) Recovery Goals:

The San Diego County MHS System Redesign Implementation Plan approved by the Board of Supervisors in 1999 is based on Biopsychosocial Rehabilitation and Recovery (BPSR) principles that have proven to be effective in reducing psychiatric hospitalization and assisting mental health clients to become more productive community members. The program will advance the goals of recovery by offering and providing services that are client-centered, comprehensive and integrated with a broad array of services that are individualized to each client and build on the client's strengths; that are provided in the least restrictive and most appropriate setting; that are coordinated both at the system and service delivery levels; that involve clients as full partners in their treatment and care; and that ensure that client rights are protected. This program will support client and family /caregiver development of skill and competencies, and promote self-care and development of self-sufficiency. Contractor will incorporate these and other recovery-oriented and empowerment-building practices into its service delivery:

- ✓ The Contractor for this program will develop and implement policies and procedures involving the hiring and training of qualified staff to include clients and families (licensed clinicians, registered nurses, and mental health rehabilitation specialists, peer specialists) to ensure that recovery and rehabilitation goals will be achieved.
- ✓ A licensed Mental Health Professional with a minimum of 3 years of experience managing older adult mental health services will be responsible for the day to day operation of the program and for providing clinical supervision and on going training to all staff. Contractor will work with the designated County training lead to participate in MHSA funded training as described below and will ensure that all case management staff complete the following training: Geriatric Mental Health Certificate Training, Copeland's 'Wellness Recovery Action Planning' (WRAP), SAMHSA's 'Illness Management and Recovery' Implementation Resource Kit, Supervision will be provided in the amount and type that is adequate to ensure client safety and to support and maximize client gains and functioning.
- ✓ To ensure ongoing stakeholder participation in this program and in its implementation process, Contractor will establish an advisory group, which meets on a regular basis, to advise on Contractor's implementation of recovery-oriented services. The Program Advisory Group (PAG) will include at least 51 percent clients, and shall reflect the ages and cultures of the client population. The Program Monitor will periodically attend PAG meetings.
- ✓ To demonstrate that all program goals and objectives are met, as stipulated by DMH, Contractor will implement the Data Tracking and Reporting System established by DMH and will submit a Program Status Report as required by DMH to the

County Mental Health Contract Administration Unit and the Program Monitor.

6) If expanding an existing program or strategy, please describe how is your existing program and how that will change under this proposal.

The Strength-based Care Management+ Workplan provides San Diego County with the opportunity to move beyond traditional case management services towards a Strength-based Client Centered Model of Care Management. Other mental health treatment protocols with strong promise or evidence will also be used. This plan seeks to enhance existent case management services for 250 clients, and to expand service capacity for an additional 50 clients, for a total of 300 hundred clients. New program will allow for increased service capacity, while reducing case load size, and enhancing number and quality of services, as well as developing a step down opportunity for FSP clients.

Currently, Heritage Clinic operates a combined Medi-cal certified Traditional Case Management program and realignment funded Institutional Case Management program. Although Heritage is a key component of the array of services provided by the County Mental Health Services, lack of funding limits the ability to improve client to staff ratios, hence making it impossible to incorporate Recovery and Rehabilitation activities and other more efficacious approaches to reducing psychiatric hospitalization and assisting mental health clients to become more productive community members.

The Traditional Case Management program provides services to 250 clients and the Institutional Case Management program provides services to 350 conservatized clients residing primarily in skilled nursing facilities. Both of these programs have large caseloads and very limited service capacity. The services provided are primarily brokerage services and non-integrated psychosocial rehabilitation activities.

To improve important client outcomes such as symptoms, social functioning, self-care, ILS and quality and enjoyment of life, program will implement the following EBPs:

- ✓ Illness management skills training will be taught by program staff as a systematic approach in assisting clients to recognize the symptoms of mental illness they experience and to use strategies to minimize the effect of the symptoms and to recognize triggers to episodes to prevent further occurrences. Heritage SBCM will utilize the Illness Management Toolkit and a user friendly, step-by-step approach to helping clients put knowledge into practice in their every day life. The elements of Illness Management to be taught are: recovery strategies, facts about mental illness, building of social support, relapse reduction, effective use of medications, stress, problem solving and solution focus strategies, symptoms management and coping and skill to navigate the healthcare system.
- ✓ Social skills assessment and training will be provided, as appropriate, to improve social skills deficits and learn interpersonal behaviors that are normative and socially sanctioned, to include: dress, social behavior codes, independent living skills, communication and assertiveness skills, conflict resolution, expression of affection, heterosocial skills, and interpersonal distance, essential to development and maintenance of personal roles, including those with a spouse and at work. EB Intervention, FAST for English speaking clients and

PEDAL for Spanish speaking clients (developed by Thomas Patterson, PhD at the UCSD Geriatric Research Center), will be implemented and evaluated on its efficacy with other clients experiencing schizophrenia.

- ✓ Solution Focus Counseling: An alternative to problem solving and medical models which places a problem in the center of our attention, the solution focus places attention on goals and solutions providing an opportunity for client to explore beyond the problem and on client potential, strengths and capacity, and aspirations. Focuses in the future acknowledging human, and recognizes the role of hope in the process of change. Capacity for growth and change.

7) Services and supports provided by Client or Family Members:

Consistent with MHSA requirements, Contractor will assure that program staff includes qualified individuals possessing first hand knowledge of the mental health service system and the mental health needs of older adults and will utilize family and client community members in as many aspects of the programming as possible, including teaching special skills and providing one-on-one assistance to clients. Contractor will hire a minimum of one (1.0 FTE) full time client and/or a family member to serve on the SBCM Team

The Peer/Family facilitated services will be available to the SBCM clients, family and caregivers through the Heritage Clinic operated Senior Peer Counseling and Family Support program. The Senior Peer program component will provide interventions that: a) delay placement in nursing home; b) reduce nursing home cost; c) improve Caregiver Mental Health; d) decrease incidence of severity of depression; e) improve health of family caregiver; f) improve stress management; g) help family members overcoming stigma; g) engage family members in on-going treatment when overburdened; h) provide respite to primary caregivers through Door to Door transportation services to include transportation to doctor's appointments, grocery shopping and/or socialization and leisure activities, thereby enhancing client, family and caregiver wellness and independence.

8) Collaboration Strategies:

In addition to developing partnerships and close collaborations with clients, their families and the community, Contractor will be required to develop the program as a part of the Adult and Older Adult Systems of Care Continuum. In coordination with the following agencies/organizations: County of San Diego, Health and Human Services Agency (HHSA) Adult/Older Adult Mental Health Services (AOAMHS), Fee For Services (FFS) and other mental health providers, HHSA Alcohol and Drug Services, HHSA Aging & Independence Services, Mental Health Plan Hospitals, providers of primary care, social services, programs for the homeless, crisis residential facilities, Board & Care Facilities, law enforcement agencies, the County's Housing and Community Development (HCD) and the City of San Diego Housing Commission, State Department of Rehabilitation, faith-based and other community organizations, providing social services to Latino, Asian and other minorities, consumer and advocacy organizations (National Alliance for the Mentally , Mental Health Association, PAI, Consumer Center for health Education and Advocacy, California Client network, Mental Health Clients Wellness and recovery, AARP, Older Adult Women League, etc.) and other key Aging Network providers such as senior volunteer organization (RSVP), Caregivers Support, etc., the contractor will make resources available to clients and their families.

9) Cultural Competence/ Ethnic Disparities:

Contractor for these services will deliver mental health services within the most relevant and meaningful cultural, gender sensitive and age appropriate context for the target population to be served by this program. Contractor will be responsible for tailoring care to different cultural needs by making program accessible, appropriate, appealing and effective to the clients served. Evidence-based and promising interventions will be adapted to ensure services are accessible and effective for cultural groups regardless of language proficiency and/or behavior of the population served and San Diego Cultural Competence standards will be utilized as guide for the tailoring of the interventions.

Contractor will be required to integrate throughout all services and activities, the County Cultural Competence Standards (CCS) and to develop and implement a Human Resource Plan for recruiting, hiring, retaining and engaging in on-going workforce development and to ensure that at least 50% of all direct services staff (included peer/family specialist) is bilingual and bi-cultural.

Program staff will be knowledgeable about steps to follow to ensure services are culturally competent: a) Understand the racial, ethnic, and cultural demographics of the transition age adults and older adult population to be served; b) Become familiar with and develop expertise in a minimum of two of the most frequently served groups; c) Ask client about their cultural background and language preference and needs; d) Offer to match client with counselor of similar background if possible; e) Translate program forms, brochures and other relevant treatment materials; f) Have access to trained mental health interpreters; g) develop collaborative relationships with natural networks of support such as family and community organizations representing client's culture; h) Outreach to religious and faith based organizations; I) Offer training to staff in culturally responsive communication and interventions skills.

Contractor will also develop a process to determine bilingual proficiency of staff in at least the threshold languages for the County (English, Spanish, Philippine, and Vietnamese) and will be responsible for ensuring in-house language capacity to match clients' needs, and when language capacity not available, to ensure that staff has knowledge of how to access County contracted interpreter services.

As part of the County CCS, all staff will complete Cultural Competency training and in the discharge of duties and responsibilities will demonstrate possessing the cultural sensitivity, awareness, knowledge and skills necessary to serve the clients in the all six San Diego County geographic regions.

10) Sexual Orientation and Gender Sensitivity:

Gap analysis conducted by San Diego County demonstrated that currently older adult women access services at lower rates than older adult males. To ensure that this gender disparity on access to care is reduced, the program will be required to make strong efforts to outreach to older adult women and will develop and implement age, gender and culturally appropriate interventions to engage and retain in treatment woman meeting program admission criteria. Contractor will also be required to develop and provide training for staff on Gay Lesbian and Transgender issues, and to provide gender specific interventions to address the psychosocial needs of clients (woman and

men) reporting gay, lesbian and /or transsexual sexual preferences. Referrals will be made to gay, lesbian and transgender providers when appropriate.

11) Individuals residing out of the County: Services provided by this program will be targeted to all residents of San Diego County; however, clients that are currently in out-of County placement will be considered for admission as part of discharge planning.

12) Strategies not listed in Section IV: All strategies to be implemented were listed accordingly within this section.

13) Timelines:

Activity	Date
Board of Supervisors approval	August 2008
Staff hired & trained	October-November 2008
Begin services to clients:	
Outreach and engagement services fully deployed	October 2008
Full range of services provided to participants	December 2008

b. A breakdown of the Full Service Partnership population by fiscal year, identifying:

1. The number of clients to be served, according to gender, race/ethnicity, linguistic group and age

2. The percentage of unserved individuals and underserved clients.

For the newly proposed FSP program, TAOA-5, Mental Health Court Calendar Diversion and Supported Housing, the following client demographics are projected:

Number of clients to be served	30
Gender	Per data from a comparable County, we expect to serve equal numbers of men and women.
Race/ethnicity	Per data from a comparable County, the jail population was approximately as follows: 28% Caucasian, 40% African-American, 29% Hispanic and 3% Asian. However, the same County's mental health court program served a population that was 69% Caucasian, 18% Hispanic and 13% African-American, Asian and other. We will ensure a culturally competent approach and will monitor how the program demographic matches that of the jail population.
Linguistic group	In reviewing local census data for income levels comparable to public mental health system eligibility, the following threshold languages are spoken in the home at these prevalence rates: Spanish 39.9%, Tagalog 1.7%, Vietnamese 1.5%, Arabic .2%. Through program staff language proficiency and translation services, the program will have the capacity to serve individuals in the threshold languages.
Age	Ages 18 and up will be served.
Percentage of unserved individuals	0%: Individuals are not expected to be unserved; some services will have been received in the jail or community.
Percentage of underserved clients	100%: Individuals have been underserved or inappropriately served.

5) The budget should reflect a start date consistent with projections regarding implementation, given the local and state review processes.

Exhibit 5c is consistent with the program start date reflected in Exhibit 4, number 13.