



County of San Diego
HEALTH AND HUMAN SERVICES AGENCY

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April 15, 2011

Department of Mental Health
Attn: MHSA Plan Review
1600 9th Street, Room 100
Sacramento, CA 95814

Dear Assistant Deputy Director:

The County of San Diego, Health and Human Services Agency, Behavioral Health Services submits the following Update to our Mental Health Services Act (MHSA) Fiscal Year 2010/11 Annual Update.

This amendment takes the form of five (5) new Innovation programs. This submission is in response to DMH Information Notice No: 10-01, Proposed Guidelines for the Mental Health Services Act (MHSA) Fiscal Year (FY) 2010/2011 Annual Update to the Three-Year Program and Expenditure Plan.

Summary of MHSA Agreement / Funding Request

In accordance with DMH Information Notice No. 10-01, we are requesting an amendment to include additional Innovation funding for the projects listed below.

Work Plan	Innovation Project Name	FY10/11 Budget
INN-06	After School Inclusion	\$1,254,192
INN-07	Transition Age and Foster Youth	\$1,812,706
INN-08	Independent Living Facilities	\$473,593
INN-09	Health Literacy	\$252,629
INN-10	In-Home Outreach Teams	\$1,109,098
	Administration	\$735,333
	Operating Reserve	\$563,755
	Total	\$6,201,306

The FY 2010/11 Update was made available for public review and comment for a 30-day period (pursuant to Welfare and Institutions Code §5848(a), from March 2, 2011, through March 31, 2011. It was presented at our Mental Health Board on January 6, 2011, posted electronically on our community access web site, and via e-mail distribution to Council and Board participants.

Pursuant to DMH Information Notice No: 10-01 and AB100, we request funding for the new Innovation projects listed above for Fiscal Year 2010/11. We appreciate your consideration of this request. If you have any questions, please contact Karen Ventimiglia, MHSA Coordinator, at (619) 584-3012.

Submitted by,

A handwritten signature in blue ink, appearing to read "Alfredo Aguirre", is written over a light blue rectangular background.

ALFREDO AGUIRRE, LCSW
Director
Mental Health Services

cc: MHSOAC

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:		San Diego																				
		Exhibits																				
		A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****	
For each annual update/update:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>														
Component	Previously Approved	New																				
<input type="checkbox"/> CSS	\$	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET	\$	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>						
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<input type="checkbox"/> PEI	\$	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>			
<input checked="" type="checkbox"/> INN	\$	\$5,870,188				<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Total	\$	\$5,870,188																				
Dates of 30-day public review comment period:		March 2, 2011 through March 31, 2011																				
Date of Public Hearing****:		N/A																				
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:		TBD																				

*Exhibit D1 is only required for program/project elimination.
 **Exhibit F - F5 is only required for new programs/projects.
 ***Exhibit G is only required for assigning funds to the Local Prudent Reserve.
 ****Exhibit H is only required for assigning funds to the MHSA Housing Program.
 *****Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: San Diego

County Mental Health Director	Project Lead
Name: Alfredo Aguirre	Name: Karen Ventimiglia
Telephone Number: (619) 563-2700	Telephone Number: (619) 584-3012
E-mail: Alfredo.Aguirre@sdcounty.ca.gov	E-mail: Karen.Ventimiglia@sdcounty.ca.gov
Mailing Address: San Diego County Behavioral Health Services 3255 Camino del Rio South, MS: P-531C San Diego, CA 92108	

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

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

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

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Alfredo Aguirre, LCSW
Mental Health Director/Designee (PRINT)


Signature 4-15-11
Date

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: San Diego

Date: 4/15/11

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.</p> <p>The County of San Diego integrated information from the extensive CSS Planning process, data from the MHSA Gap Analysis, and community input from our stakeholder-led councils (Children’s System of Care Council, Adult System of Care Council, Older Adult System of Care Council, and Mental Health Board) in the development of our Fiscal Year 2010/11 Annual Update.</p> <p>The stakeholder-led councils provide a forum for both Council representatives and the public to stay informed and involved in the planning and implementation of MHSA programs. The members of these councils received draft materials and presentations by Dr. Philip Hanger and Karen Ventimiglia (MHSA Coordinator) on DMH guidelines and the County’s proposal for the Update. Council members shared MHSA information with their constituents and other groups involved in mental health services and issues.</p> <p>Utilizing the Mental Health Services Oversight and Accountability Commission’s <i>Innovation Decision Path for Counties</i>,” input (problems, barriers and project ideas) from the community at large was submitted electronically, and twenty-four (24) focus groups throughout San Diego County lead by peer and family liaisons were conducted from March through April 2010 which included 234 participants. A forum was also held to give stakeholders another opportunity to discuss problems and barriers found in San Diego and potential innovative projects to address these barriers. Recovery Innovations of California presented a summary of the input that was gathered during the 24 focus groups to the stakeholders at the forum. An Innovation Work Group was convened on four (4) separate occasions to review the problems and barriers and add any that may have been overlooked as well as discuss program concepts. The Mental Health Board reviewed a compilation of output that resulted from the focus groups, forum and work group and developed priority areas to address. Mental Health Services staff held a meeting with Law Enforcement (San Diego County Sheriff, San Diego Police Department, PERT) to discuss program INN-10, In-Home Outreach Teams. County staff developed program concepts to address defined barriers and, in some cases, utilized a combination of several project ideas that had been previously submitted to the County for consideration from the community. These concepts were further refined and developed into the included program work plans.</p> <p>This draft Update to the Fiscal Year 2010/11 Annual Plan will be posted on the County’s Network of Care website and community and stakeholder input was also solicited and received via telephone (local and toll-free lines), internet, and e-mail using the County’s MHSA Proposition 63 comment/question line.</p>
<p>2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.</p> <p>Membership within the Children’s, Adult, and Older Adult System of Care Councils includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.</p>

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

The Mental Health Board is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.

The County’s Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout MHSA planning activities, ADS providers offered essential input on the needs for specialized mental health assistance for clients currently receiving treatment in ADS-contracted programs. ADS input were received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings.

Forums included mental health providers, consumers and family members and other interested individuals.

Meeting held with Law Enforcement included San Diego County Sheriff, San Diego Police Department, PERT.

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

N/A

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

This Update to the Fiscal Year 2010-11 Annual Update will be publicly posted with the Clerk of the Board of Supervisors, and distributed in hardcopy or electronically to the Children’s, Adult, Older Adult, and Housing Councils, the TAY Work Group members and to our Consumer/Family Liaisons for distribution to the mental health community. The County maintains an extensive email distribution list for MHSA related materials and information. Additionally, the information and documentation was posted on the County’s Network of Care website.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

See the *Innovation Cycle #2 Public Comments* document following this Exhibit.

**County of San Diego, Behavioral Health Services
Innovation Cycle #2 Public Comments**

MHSA FY 10/11 Update - Innovation - PUBLIC REVIEW COMMENTS			
DATE	TOPIC	COMMENT	RESPONSE
REVIEW - March 2 to 31, 2011			
3/15/11	INN-06	<ul style="list-style-type: none"> • How long will children be in the program? Is it during the entire time they are in the after school program? Will it taper off overtime? How many hours per week? • Is there any assessments of the after school program itself to see if the program provides any activities to address the behavioral issues the child displayed to get kicked/be at risk for being kicked out of the after school program in the first place? Does the staff person address these in a therapeutic way? Is there therapy to help the child address these behavioral issues? • Seems like a high dollar cost to provide for a program that is primary focused on keeping kids busy while their parents are working. • Is there parental involvement to address the issues, maybe some parenting support, etc? • There is a stigma associated with creating stigma by having the aides with kids. 	<ul style="list-style-type: none"> • Enrollment will be assessed per school year with ongoing individualized evaluation to determine child's need. • Intent is for the Innovation program to work with the after school program to enhance the knowledge base of the staff pertaining to children with social/emotional/behavioral needs and how to effectively work with them. Referrals to mental health services is a component of the Innovation program. • Noted • Innovation program includes a family/caregiver component to provide in-depth behavior support strategies/techniques as well as offer any needed referrals. • Staff will be tasked with being sensitive to stigma issues and work towards minimizing negative impact. Staff may also use this as an educational opportunity.
3/14/11	INN-06	<ul style="list-style-type: none"> • Goals are laudatory and build on similar programs for children with special ed needs which need testing with the proposed population which is dissimilar in important ways. Only question is whether as a pilot it should focus on a smaller cohort of students. • Cost/child seems high. Was consideration given to testing different ratio of pupils/aide? • It does not appear that benefits for aides are included. Also it is noted that they are paid for 52 weeks at 3/4 time, are students in the program year round? with the aides be involved 6 hours/day? • Evaluation budget in out years seems low. 	<ul style="list-style-type: none"> •Noted • When more than one student is enrolled in the same after school program consideration will be given to increasing the ratios per student's need. • Programs do operate during most school vacations and during the summer; however care will be given to review budgets to allow for flexibility in Inclusion Aids schedule. Some students attend after school program before the start of the school day as well as after and may have a need for an Inclusion Aid for the entire time; while other students may need less support. • The contractor will be guided to examine the cost for evaluation component and budget accordingly.
3/31/11	INN-06	<ul style="list-style-type: none"> • Is it possible to have the flexibility to have 2:1 aides (assuming that it is clinically appropriate) to increase the number of total youth served annually? 	<ul style="list-style-type: none"> • When more than one student is enrolled in the same after school program consideration will be given to increasing the ratios per student's need.

**County of San Diego, Behavioral Health Services
Innovation Cycle #2 Public Comments**

MHSA FY 10/11 Update - Innovation - PUBLIC REVIEW COMMENTS			
DATE	TOPIC	COMMENT	RESPONSE
3/15/11	INN-07	<ul style="list-style-type: none"> •Overall, we thought this could be a very valuable program. • What do peer advocates do, what is their role? • Who will be or what is the criteria for the flex spending and housing funds? • Can they be used for community housing or is it some kind of program living? • What type and number of staff will be involved? 	<ul style="list-style-type: none"> •Noted •Peer Advocates/Mentors are individuals who provide support to another person. They have knowledge or experience in specific areas on which the participant (mentee) wishes to improve. • A flexible fund is flexible by nature and should be used when no other funding is available. Expenses such as bus passes, bus tokens, fees for obtaining birth certificates, clothing, and items related to education and/or employment are some examples. • Housing is envisioned to serve the aging out foster youth. There are specific housing funds to be utilized, however, flexible funds may potentially be used, as approved by COTR. RFP proposers will be encouraged to recommend the criteria or program design that would best serve the target population. • Staffing is envisioned to include a full time program manager with support staff including supervisor/s, life coaches, skill coaches who may be peers, and technical consultants. The number of staff will vary depending on RFP proposers' program design.
3/3/11	INN-07	Include substance abuse component	Program will include a substance abuse component.
3/14/11	INN-07	<ul style="list-style-type: none"> • Project addresses a very at risk population and is supported strongly by the Council though details about the interventions are lacking. As with the previous project it may be difficult to tease out the contributions, if any, of the multiple components which will be important at \$12k/participant. 	<ul style="list-style-type: none"> • \$12K is an average amount. It is expected that the RFP proposers will recommend a program design that offers a menu of activities from which the TAY/Foster Youth may select. Some participants may opt for or need more activities, others may not.
3/29/11	INN-07	<ul style="list-style-type: none"> •The program utilizes teachers, mentors and coaches and indicates that staff members will serve as these roles. It is recommended that, whenever possible, caring adults who have an established relationship with the youth fill these roles. County can provide training to these individuals regarding resources and programs available and the role and responsibilities of the adult teacher, mentor and coach. •Will there be a requirement that the organization that administers this program collaborate with the dependency courts when foster youth are concerned? •Utilize available flex fund for trust account 	<ul style="list-style-type: none"> • The teachers, mentors and coaches can be selected from a variety of people including peer coaches, paid staff or other individuals that have a relationship with the youth and who is willing to provide such support. A primary goal is to connect the youth with ongoing long term supports in his/her community. • Part of the program vision is partnership with Child Welfare and collaboration with Dependency court. •Flex fund will be used for individual's immediate needs including possible housing. Trust fund will not be established due to cost.
3/31/11	INN-07	<ul style="list-style-type: none"> • It may be useful to include a substance abuse component as this is a common feature with this population. • Providing only 30 of the of the 150 youth housing seems low, especially given that this is a primary need of this population. • How will the outcomes be evaluated and how often? 	<ul style="list-style-type: none"> • A substance abuse component will be included. • Funds are limited and housing will be provided based on the highest need. • Methods will be determined by COTR,

**County of San Diego, Behavioral Health Services
Innovation Cycle #2 Public Comments**

MHSA FY 10/11 Update - Innovation - PUBLIC REVIEW COMMENTS			
DATE	TOPIC	COMMENT	RESPONSE
3/15/11	INN-08	<ul style="list-style-type: none"> • How will ILF directory be disseminated/how will those who refer and also family members be made aware of the new directory? • The training for the ILF operators should also include a reduction of stigma related to jail placements. The jail and its clients should be viewed by ILF operators as part of the continuum of care for the county and not as a less desirable referral source. • How can the training for the operators lead to a better understand of the multiple diagnoses and how to address folks on all levels of need? • How many peer advocates and family members will be a part of the program? Is their role preliminarily or will the role of peer advocates be sustained over time? 	<ul style="list-style-type: none"> • Via email, dissemination will include: 211/NOC posting, Hospital Partners meetings, Hospital social workers, Adult Council, Housing council and Older Adult Council Residential Committee. A Web based directory is being considered as part of our Network of Care site. • Noted • Training may include mental health, diagnoses, recovery and client empowerment. • A core group of 8-10 members comprised of peers, family members, ILF operators and key stakeholders is envisioned
3/17/11	INN-08	The ILF project is well conceived and could have a major impact on being able to provide stable, safe and higher quality housing and reduce the revolving door syndrome for our adult and older adult clients. Importantly, it has the potential to be self sustaining.	•Noted
3/31/11	INN-08	There isn't a line item dollar amount listed under 'Technological Needs' in order to fund construction of the Directory Website.	• The RFP responders will provide budget detail.
3/31/11	INN-08	This program looks good	• Noted
3/4/11	INN-09	Should include ability to email questions to doctor, help in preparing for a doctor appt, medication compliance, support with peers, ability to print out treatment plans with goals.	There are numerous legal, technical and privacy issues to be resolved before clients can email providers in a safe and uniform manner and is, therefore, beyond the scope of this project - but is duly noted.
3/15/11	INN-09	<ul style="list-style-type: none"> • While clients may be more willing to accept information from a computer than from providers, there is also a question of access to computers and whether folks would use the system. • The cost is reasonable so it seems that the outcome of the measure of use would be helpful to make decisions related to this expenditure. How will utilization be tracked? • The outcomes would likely be better if the design of the service included newer social media and interactive application such as "YouTube" type postings, perhaps messages that went out daily to the subscriber to a text or e-mail that gave simple health messages such as eat an apple today, take the stairs, breath deeply, etc. 	<ul style="list-style-type: none"> • The Tech Plan includes funding for improved access to computers for consumers and family members. This project will benefit from the consumer/family empowerment tech project. • What will be tracked will be based on the environmental scan and the platform to which the project is implemented. • Will be considered after environmental scan analysis is complete.
3/17/11	INN-09	This project addresses an important need (not only for mental health clients) It is probably a lot more complex than described, will need to address differing needs of different cohorts, e.g.. by age, language, etc, requiring more than one platform. It also suggests sampling patient records which is not easily done. This project is probably underfunded and/or overly ambitious.	• Sampling patient records is outside the scope of this project. The website and information will be available in Spanish.
3/31/11	INN-09	• It may be useful to have this project include follow up to see if users are implanting new or changing existing behaviors, i.e. Going on walks to reduce weight and improve overall health. This could also be web-based and could be an individualized email to the users to remind them of their health goals and to maintain motivation.	• Will be considered after environmental scan analysis is complete.

**County of San Diego, Behavioral Health Services
Innovation Cycle #2 Public Comments**

MHSA FY 10/11 Update - Innovation - PUBLIC REVIEW COMMENTS			
DATE	TOPIC	COMMENT	RESPONSE
3/15/11	INN-10	<ul style="list-style-type: none"> • Is there a staff psych MD on the team? • Is it two or three teams? • How will the jail system be included? To make referrals to the program post release? What percent of family services will end up engaging in outpatient treatment? Is that the measure of success? 	<ul style="list-style-type: none"> • Staff psych MD is not part of the IHOT team. Clients will be linked to mental health treatment in outpatient clinics or fee-for-service psychiatrist if the client is insured. • Three regional teams are planned. • It is envisioned that the IHOT teams will conduct in-reach to designated jails to identify early on the potential individuals that would benefit from IHOT intervention. There will be several measures for success that may include: number of individuals engaged via outreach, number of individuals engaged in treatment, baseline retention data comparison to year 2 and 3, reduced incarceration and use of legal system, reduced unnecessary acute care hospitalization or use of emergency department, reduced homelessness, client and family satisfaction measures.
3/17/11	INN-10	The IHOT project is a well conceived alternative to "Laura's Law" which addresses an important unmet need for services for persons with SMI, their families and support persons.	• Noted
3/18/11	INN-10	<p>It appears that the county is proposing a similar program to Laura's Law in the IHOT program but without a court mandate. The court mandate of LL would address the people who do not think they are sick. It appears that the county will be using all the systems already in place (Pert, outpatient therapy, outreach teams, hospitals etc.) and they are proposing to keep tabs of evaluation.</p> <ul style="list-style-type: none"> • If LL has been proven to work, why recreate this program and delete out the court mandated portion? They could implement and evaluate at the same costs. There is obviously a budget to run this program, the only added agency would be the court system to mandate treatment. It may alleviate the Conservatorship's office by having these clients move into the LL program. • The county should be addressing people discharging out of hospitalization, jail, as well as those at home declining and de-compensating. • IHOT as proposed, will not be helping the most vulnerable in our community. Those people will continue to use up resources, become victims and leave victims. 	<ul style="list-style-type: none"> • Noted • BHS Admin is confident that a community based voluntary program that engages individuals affected by mental illness will yield positive outcomes to reduce the effects of untreated mental illness on individuals who are resistant to treatment • The scope of work design will address all those listed. • Noted

**County of San Diego, Behavioral Health Services
Innovation Cycle #2 Public Comments**

MHSA FY 10/11 Update - Innovation - PUBLIC REVIEW COMMENTS			
DATE	TOPIC	COMMENT	RESPONSE
3/22/11	INN-10	<ul style="list-style-type: none"> • The very brief description of this new IHOT program appears sketchy, leaving out adequate detail that would enable a more thorough evaluation. • 2 teams would be inadequate to cover the large geographical area of San Diego County on a 24/7 basis. • The unduplicated and total clients served is unclear. • What is the criteria that would “qualify” a person for this intervention-type of contact and will it include individuals who are and have been incarcerated, homeless or hospitalized as a result of their mental illnesses, and those who do not believe they are mentally ill and have refused treatment when offered? • What is the mechanism by which teams are activated to respond and who can refer candidates for this intervention? If it is family members or friends, some might fear retribution from clients for “reporting” them. • There could be team safety issues involved. A small percentage of clients contacted may have a propensity for violence or a history of violent behavior. • Does the program budget include a treatment services budget or is it only a team budget? 	<ul style="list-style-type: none"> •Noted • Three regional teams are being planned. • Each team will serve between 100 and 120 individuals per year. • Individuals who are and have been incarcerated, homeless or hospitalized, and those that do not believe they are mentally ill and have refused treatment may receive the services under this program. The target population will include individuals with serious mental illness that have been untreated due to their resistance to treatment, and individuals who have serious mental illness and are found in the jail system, acute care and emergency departments, who may or may not be homeless. • IHOT teams can be activated through multiple referral sources, including the family or caretaker, jails, hospitals or emergency departments. • IHOT teams will take all safety measures necessary to avoid risk of violence. Safety training will be a requirement. •Program budget is for the 3 IHOT Teams, start up costs and evaluation costs. Outpatient treatment will be accessible through multiple clinic sites. If the individual is in need of hospitalization the individual will be referred and linked to the SDCPH (for unfunded) and other hospitals (Medi-Cal or Insurance).
3/30/11	INN-10	<ul style="list-style-type: none"> •With regards to target population, will people coming from jail be accepted only if they have a home and/or support system? What if they are homeless? •To be successful, inreach with jail and a peer/family engagement component is essential. •Will individuals with restraining orders or those released of out of state hospital be included? •Engagement & Handoff is critical. •Law enforcement is flexible & are willing to work closely together. •Would the courts be involved at all? •Will this program be an alternative sentencing? •Will there be linkages to SSI/benefits? •Will the Take Me Home program be utilized? 	<ul style="list-style-type: none"> •Target population could be from any of the situations. We will be prioritizing the most acute and most needy. •Inreach to jails and peer/family engagement will be included. •Staff will evaluate. •Noted •Noted •We want to work with the court system. •IHOT will not be a mandated program. •The case mgr can link the person to the clubhouse, application process before, peer that does the inreach can bring in the application. •This might be another tool that may be good to incorporate.

**County of San Diego, Behavioral Health Services
Innovation Cycle #2 Public Comments**

MHSA FY 10/11 Update - Innovation - PUBLIC REVIEW COMMENTS			
DATE	TOPIC	COMMENT	RESPONSE
3/31/11	INN-10	<ul style="list-style-type: none"> • Recommends the following evaluators: reduced hospitalization, incarceration, homelessness, victimization, violence involvement, treatment compliance, substance abuse involvement, job placement, etc. Fix program objectives. Clear, concise and simple units of measurements understood by all. • Establish lines of authority, responsibility, accountability, and working relationships early. this should include across agency and department lines. Clear lines of communication & coordination synchronize and integrate working relationships toward common goals. • Discharge planning for inmates is essential for program's success. • Is IHOT going to administer psychotropic medication? • Are the courts and DA involved? • Will IHOT have special access to the Public Conservator's Office? • Other than mobile teams, what resources does IHOT bring? 	<ul style="list-style-type: none"> • Noted • Noted • Noted • IHOT will not administer medication. The outpatient provider who the client is linked to will provide the medication. If the client needs medication follow up as soon as discharged from jail the IHOT team will facilitate. • The courts and the DA are not involved as this program is not a court order program. A PERT clinician is a member of the • IHOT will not have special access to the Public Conservator's Office • Flex funding will be available for emergency, short term housing.
3/31/11	INN-10	<ul style="list-style-type: none"> • If the County by law has to provide services for the SMI population then why is it necessary to use Innovation funds to treat this under served population? and what happens at the end of Innovation funding for this program? • Regarding Community and Stake holder input Process: This Program was introduced to the Innovation Stake holder committee only once verbally just recently. The Innovation process began last year. As regards INN-10 the stake holder process was curtailed. INN-10 is a result of Mental Health Services Administration position against implementing AB 1421 as a tool in accessing the SMI population according to the Mental Health Director's public statement February 3, 2011 at the Mental Health Advisory Board meeting. • How does Mental Health Services define SMI? • How many clients are classified as SMI? 	<ul style="list-style-type: none"> • As an innovation project, it is being tested for efficacy of engaging difficult to engage individuals and serve the needs of the individual's family. If this program is successful, as with all existing MH programs due to economic reality, it will be evaluated for continued funding. • Program was introduced to the Innovation work group twice and it was developed in direct response to the stakeholder's communication about the need to provide services to those that are difficult to engage. • Currently have or at any time during the past year, had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV that has resulted in functional impairment which substantially interferes with or limits one or major life activities.
3/31/11	INN-10	<ul style="list-style-type: none"> • It is unclear if the "80 unduplicated clients" is an annual number 	<ul style="list-style-type: none"> • Each team will serve between 100 and 120 individuals per year.
3/17/11	Overall	<ul style="list-style-type: none"> Support the INN projects with comments listed by project number in this document. 	<ul style="list-style-type: none"> • Noted

**County of San Diego, Behavioral Health Services
Innovation Cycle #2 Public Comments**

MHSA FY 10/11 Update - Innovation - PUBLIC REVIEW COMMENTS			
DATE	TOPIC	COMMENT	RESPONSE
3/23/11	Overall	<p>I see the proposed projects as great pilot programs, that I believe will have positive outcomes. I agree that prevention is key, especially with our youth. The After-School Inclusion Program (INN-06) for the already disturbed children, will help them from worsening and having a better chance in life's choices.</p> <p>The ILF program (INN-08) is wonderful too, where owners of these homes certainly do need to know what they're getting themselves into and choose to provide these services for the right reasons- to help those in need. You have to have education and heart, compassion for this type of work.</p> <p>The technology basis for access to services is a great idea as well, that I think will definitely be used! (INN-09)</p> <p>The IHOT program (INN-10) is even more innovative! And is similar to what we do at my workplace, and it is a major need. We increasingly run into people that will not continue to attain their mental health services, and going into the homes is just what the doctor ordered. Going in to see them make a difference, shows that someone cares enough, and the presence of a professional and the human connection and resource connection will eventually get them through something. Any difference they can make with the client makes a positive impact.</p>	<ul style="list-style-type: none"> • All noted

INN-06 After School Inclusion
 INN-07 TAY Foster Youth
 INN-08 Independent Living Facilities
 INN-09 Health Literacy
 INN-10 In-Home Outreach Team (IHOT)

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

County: San Diego

Date: 5/11/2010

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Community Services and Supports (CSS)

Implementation activities of MHSA Community Services and Supports programs are generally proceeding as described in the County's approved plan, plan amendments and subsequently adopted MHSA agreement. All programs identified in the initial CSS plan have begun to provide services. On September 18, 2008, the County was approved for additional plan enhancements to augment and expand services in school and home based services (CY-1), child welfare supportive services and treatment (CY-8); integrated services and supportive housing (TAY-1 and OA-1); enhanced outpatient services (TAY-4 and AOA-1); clubhouse enhancement with employment (A-5), patient advocacy for board and care facilities (A-10); interpreter services (ALL-4), Chaldean services (ALL-7); legal aid to clubhouses (TAOA-1) and the North County Walk-in Assessment Center. Additionally, six new programs were funded:

- Juvenile Justice/Probation Services (CY-9) serving children and youth;
- Case Management (CY-10) serving children and youth;
- Intensive Case Management (TA-1) serving transition age youth and adults;
- Strength Based Care Management (OA-4) serving older adults;
- Peer Telephone Support (TAOA-4) serving transition age youth, adults and older adults; and
- Mental Health Calendar (TAOA-5) serving transition age youth, adults and older adults.

As of June 30, 2009, one program had not been implemented – the Mental Health Calendar. The Mental Health Calendar is a coordinated partnership between County Mental Health Services and the Justice and Probation Departments. The planning for the implementation of this program is progressing as planned.

Workforce Education and Training (WET)

By June 30, 2009, the County's MHSA Workforce Education and Training plan had not been approved. Funds made available for planning and early implementation activities progressed as planned. The Consumer/Family Academy continues to train and support the employment of individuals with mental health client and family member experience to be employed in the public mental health system. The comprehensive, system-wide education and training program initially piloted under the Community Services and Supports component (OT-1) continued to provide quality cultural competence training to all providers and programs in the Adult/Older Adult and Children's systems. Other topics included, but were not limited to, Roadmap to Recovery, co-occurring disorders, and trauma.

Prevention and Early Intervention (PEI)

The County's MHSA Prevention and Early Intervention Plan was approved by the State Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. As of June 30, 2009, implementation was proceeding as described in the County's approved plan. Two programs began providing services in Fiscal Year 2008-09 – DV01 Families as Partners (formerly South Region Point of Engagement) and NA01 Native American Initiative. The challenge in starting up new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

San Diego County Mental Health Services continues to develop and monitor the provision of linguistically and culturally appropriate services for the diverse populations of our County, focusing special attention on unserved/underserved communities. Below are a number of highlights that represent only part of the contribution our programs have made to address ethnic and racial service disparities and system transformation.

Consumer Services and Supports (CSS)

- In our efforts to reach out to San Diego County's large Hispanic community, Mental Health Services composes and edits articles for the *Salud+Health Info* magazine, San Diego's health care English-Spanish magazine. The *Salud+Health Info* provides knowledge of good and healthy living to the communities within the greater San Diego Region. The published stories bring information about the Mental Health Services Act, mental health care, messages of treatment, stories of recovery and information about stigma and discrimination around mental illness to the community as well as invitations to monthly meetings around the county. The program was completed in Fiscal Year 2009-10.
- The North County Walk-in Assessment Center particularly targets their outreach efforts to Latino, Asian and Pacific Islander transitional age youth (18-25), adults and older adults. The program utilizes telepsychiatry to link consumers with psychiatrists via technology and, thereby, increases access to emergency psychiatric evaluations and reduces unnecessary utilization of emergency and inpatient services. In Fiscal Year 2008-09, 884 clients saw a psychiatrist through telepsychiatry. Over 97% of the clients served by telepsychiatry returned to their current residence and did not require emergency room or inpatient services based on their discharge plan.
- Providence Community Services Catalyst implements an Assertive Community Treatment (ACT) program which provides full service partnership services to transitional age youth ages 16 to 24 with a serious mental illness who are high utilizers of the mental health system and/or transitioning from the foster care system and/or homeless or at risk of becoming homeless in our community and/or have criminal justice involvement. In Fiscal Year 2008-09, Catalyst had approximately 151 enrolled clients. This recovery-focused program also includes a consumer-run clubhouse named Oasis, which is also a CSS Program. Both these programs provide a wide range of services designed to help each client lead meaningful, self-sufficient lives, and thereby, enhancing care to the underserved transition age youth in our community.
- San Pasqual Academy is a first-in-the-nation residential education campus designed specifically for foster teens to provide them with a stable, caring home, a quality, individualized education, and the skills needed for independent living. Through MHSA funds, New Alternative provides mental health services and peer-mentorship supplementing and enriching clinical services to San Pasqual Academy residents and students with the goals of returning youth to their family or family-life setting, deterring youth from placement in a higher level of care and stabilizes their current placement. In June 2009, 26 students graduated with a high school diploma with 10 of those students heading to a 4-year university.
- San Diego Deaf Mental Health Services (SDDMHS) operates a specialized, culturally, linguistically and developmentally appropriate outpatient service for emotionally disturbed children and seriously mentally impaired transitional age youth, adult and older adults in our community who are deaf or hard of hearing, including those who may have a co-occurring substance abuse disorder. SDDMHS provides services and staff who are culturally and linguistically competent to work with deaf and hard of hearing clients by using American Sign Language and other forms of communication to meet the client needs.
- In an effort to increase timely access to services and support to Older Adults and family/caregivers, the Heritage Clinic program provides comprehensive housing and mental health services as a full service partnership program. Heritage Clinic is charged to target unserved Latino, Asian/Pacific Islander older adults with a history of repeated emergency mental health or inpatient services during the year prior to program admission, and/or who are at risk for institutionalization, and/or homeless or at risk for homelessness. A key goal of this program is to reduce the disparity in mental health services available to this vulnerable population, by reducing isolation, improving mental health and allowing Older Adults to remain safely in their homes

The County faced new challenges in reporting race/ethnicity data in Fiscal Year 2008-09. First, the County changed Management Information Systems in October, 2008, resulting in FY 08-09 data being combined from two different systems. Additionally, because the State changed the manner in which CSI Race/Ethnicity statistics were to be recorded, San Diego's statistics for services to Hispanics reflect data gathering problems in FY 08-09. Ten percent of the Adult clients served reported their race as "Other/Unknown", an increase from 8% in FY 07-08 and the number of Hispanic clients served decreased by 3%, which is unlikely given program emphasis on expanding such services. Of the clients reporting on "Hispanic by Race" many marked themselves as "Other/Unknown" when choosing among nationalities, so this data was not usable. Among Children, 7% were reported as "Unknown" ethnicity, an increase of 2% from FY 07-08. Of the clients served, 49% were reported as Hispanic, a decrease of 2% from FY 07-08. This is unlikely since the

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

increase of Hispanic participants in MHSAs children's programs was 27% from FY 07-08 to 08-09. Data reporting for Fiscal Year 2009-10 will be much improved as data report forms are being developed and comparable data to the previous management information system reports may now be gathered using a different methodology.

The total number of clients served by Adult /Older Adult specialty mental health programs has continued to increase, rising approximately 6% from FY 07-08 to FY 08-09 and 15% from FY 06-07 (38,124) to FY 08-09 (43,691). The growth rate for the adult mental health population has been spurred by the creation of MHSAs programs between FY 06-07 and FY 08-09, specifically for Transitional Age Youth (TAY) and for Older Adults. Historically, these age groups had been only peripherally involved in adult programming but a lack of available funding greatly limited the mental health providers' ability to tailor programming at their special needs. With the new MHSAs programming, the number of TAY served increased from 26% between FY 06-07 and FY 08-09 (10% growth from 07-08 to FY 08-09) and the number of Older Adults increased by 33% (17% between FY 07-08 and FY 08-09). The growth rate for adults-only in specialty mental health programs was 10% from FY 06-07 to FY 08-09, with 4% of that growth between FY 07-08 and 08-09.

The total number of client served by the Children's programs has shown a smaller increase, rising from approximately 1% from FY 07-08 to FY 08-09 with a total increase of 3% in FY 06-07 (17,253) to FY 08-09 (17,779). This may be partially explained by the types of MHSAs services provided. The percentage of children served in various age groups has remained largely the same between FY 06-07 to FY 08-09, with new service expansion tailored for the comparatively small population of 0-5 year olds with mental health problems. The bulk of MHSAs funding was used to expand existing services to reach out to underserved, including, specific ethnic groups, children without insurance, and children already involved with public services. School-based service expansion constituted approximately a quarter of the MHSAs CSS children's funding and included some funding for the unserved population of uninsured children and special language groups. An additional 30%+ of MHSAs CSS funding went to create more comprehensive services for under-served children already involved with Child Welfare Services and the Court system. In the children's mental health population, 23% of the clients are involved with Child Welfare Services and 18% receive Probation Services. New MHSAs services for CWS and Probation clients include Wraparound Services, Juvenile Justice/ Probation Services, Case Management, Medication Support for Dependents and Wards, Outpatient Court Schools and Outreach. Since youth age out of the Children's system, the capacity of the system to expand may be more limited than the adult system. Approximately 30-37% of the clients, depending on the type of program, have historically been new clients.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) Plan for San Diego County was approved on July 1, 2009. It is focused on increasing the level of linguistically and culturally competent individuals in the public mental health workforce. To address cultural competence issues affecting access to services, an overarching theme that cultural diversity must be incorporated into staff, environment, and service delivery models permeates each training module in the WET Plan. Specifically, the Cultural Competency Academy (CCA) under the Training and Technical Assistance Program would be a large-scale initiative to further the objectives identified by the Cultural Competency Resource Team (CCRT) and will be inclusive of the principles of wellness and recovery for ethnically and diverse populations. The CCA will be skill based trainings that will focus on clinical and recovery interventions applied to a diverse client population. Training would occur as part of a series and at all levels of organizations. Culturally representative trainers would be sought from within the diverse community to develop the menu of modules. Early Childhood and youth specific mental health trainings will be addressed as appropriate by the Children's Mental Health System of Care including skill based training for service providers working with early childhood and youth populations.

The WET Plan also includes multiple programs developed to enhance the public mental health workforce with emphasis on targeting individuals from linguistically and culturally diverse backgrounds. These programs include the Public Mental Health Credential/Certificate Pathway, Consumer/Family Pathways, School-Based Pathways/Academy, Nursing Partnership for Public Mental Health Professions, Community and Child Psychiatry Fellowships and LCSW/MFT Residency/Intern. These programs all include financial incentives that include stipends, scholarship or loan assumptions to assist individuals from culturally underserved, un-served or underrepresented community affiliations to receive training and/or education for a career or career enhancement in public mental health.

Prevention and Early Intervention (PEI)

The County's Prevention and Early Intervention Plan was approved on January 30, 2009. The County's Collaborative Native American Initiative program (NA01) provides culturally competent PEI activities and early intervention services to the large Native American population residing in San Diego County. In the two and one-half months that the program was in operation in Fiscal Year 2008-09, 1,191 Native Americans participated in culturally based prevention activities such as the Elder Navigator program and outreach and prevention education. The program seeks to enhance individual, family

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

and community wellness by promoting and increasing awareness and access to cultural events that are known to support resilience.

Families as Partners (DV01, formerly South Region Point of Engagement) began providing screening and assessments in May 2009 to a region of San Diego County that is largely Hispanic/Latino. The program focuses on the needs of families and the immediate provision of services and engagement with community resources and supports in order to assist families in maintaining a safe home for their children and reduce the effects of trauma exposure.

Our Breaking Down Barriers Program researched, examined and developed the report "Addressing Barriers to Mental Health Services for Military Populations Participating in the Global War on Terror." The report identified that there were several governmental and non-governmental organizations providing outreach to active and retired populations, and that there is no comprehensive plan at the county level to increase outreach to active duty, reservists, National Guard, retired and discharged individuals and their families. Veterans, active duty military, reservists, National Guard and their families were identified by the County of San Diego as one of our priority focus population areas. During the PEI community program planning process, the County held planning meetings, a community forum, and a workgroup to develop the Veterans and Families Outreach and Education PEI program (VF01). Childcare based parenting services are also offered to military families through our Early Childhood Triple P program (EC01). By June 30, 2009, these services were in the process of being procured.

PEI programs were developed to provide various activities and services to the older adult population in the County. Such activities include multicultural outreach, education, advocacy, peer counseling support and transportation services to Hispanics, African refugees, African American and Filipino seniors (PEI OA01). Hispanic older adults with a diagnosis of diabetes and with depression or at risk of developing depressive symptoms will receive screenings and appropriate services (OA05). By June 30, 2009, these services were in the process of being procured.

3. Provide the following information on the number of individuals served:

Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	2,552	353	Workforce Staff Support	
Transition Age Youth	1,739	195	Training/Technical Assist.	1,870*
Adult	4,776	542	MH Career Pathway	
Older Adult	954	146	Residency & Internship	
Race/Ethnicity			Financial Incentive	
White	4,258	16		
African/American	934	1	[✓] WET not implemented in 08/09	
Asian	360			
Asian/Pacific Islander	62			
Pacific Islander	27			
Native	114	1191		
Hispanic	3,491	29		
Multi – included in Other				
Other	775			
Other Cultural Groups				
LGBTQ	Not available			
Other	Not applicable			
Primary Language				
Spanish	1,448	6		
Vietnamese	64			
Cantonese	4			
Mandarin	7			
Tagalog	39			
Cambodian	31			
Hmong	1			
Russian	6			
Farsi	20			

Note:
The County's PEI plan was approved January 30, 2009. There were two PEI programs that began serving individuals in Fiscal Year 2008-09. Individuals participating in PEI activities or services provided by DV01 Families as Partners (formerly South Region Point of Engagement) and NA01 Native American Initiative.

*The number of clients served for WET includes only those programs that were approved for early implementation funding. The County's WET plan was not implemented in Fiscal Year 2008-09.

**IMPLEMENTATION PROGRESS REPORT
ON FY 08/09 ACTIVITIES**

Arabic	248	
Other	389	
Other – English	7,764	1,231

PEI

4. Please provide the following information for each PEI Project:

- a) **The problems and needs addressed by the Project.**
- b) **The type of services provided.**
- c) **Any outcomes data, if available. (Optional)**
- d) **The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).**

The County's Prevention and Early Intervention Plan (PEI) was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. The County is contracting for all of the services, thus, two PEI programs began providing PEI activities in Fiscal Year 2008/09.

DV01 – Families as Partners (formerly South Region Point of Engagement began providing services May 1, 2009. This program is a partnership between families, Child Welfare Services and community service providers that will establish a community safety net to ensure the safety and well being of South Region children and their families. Twenty-eight percent of the South Region's population is age 17 and younger; approximately 46% of households are at or below 200% of the Federal Poverty Level; 74% of the population is non-white. There is a need in the South Region to reduce the incidence of placement into the Child Welfare System. Research indicates that a child's removal from their home is an additional trauma that places them at risk for emotional difficulties. This program provides an assessment of parent/family needs as well as assesses the children who have been exposed to family violence and/or trauma and who may be at risk of entering the child welfare system. Children determined to be at risk for home removal will be diverted from out of home placement and the family will be provided resources to receive early intervention services available in PEI program DV02 South Region Trauma Exposed Services.

NA01 – Native American Initiative began offering prevention and early intervention activities April 2009. San Diego County has the largest number of American Indian reservations and tribal governments in the nation. Reports have shown that there is a great need in the American Indian (AI) community with 10% of urban AI youth attempted suicide in 2004, child abuse rate of 34%, rate of violent crime victimization of youth ages 12 to 17 is 68%, youth offenders is 15%, teen alcohol use is 47%, and the high school graduation rate is the third lowest in the county at 68.9%. The Dreamweaver PEI Native American Consortium provides an Urban Youth Center, Elder Services/Navigator Program and Outreach and Prevention Education with a focus on suicide prevention. The Consortium delivers services through the use of counselors, outreach educators, case workers and elder navigators.

County: San Diego

Date: 4/15/2011

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate					\$9,808,700	
2. Transfers						
3. Adjusted Planning Estimates	\$0					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11					\$6,062,156	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds						
d. Adjustment for FY 2009/2010						
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$0	\$0	\$0	\$0	\$6,062,156	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates					\$2,452,250	
e. Unapproved FY10/11 Planning Estimates					\$3,609,906	
Sub-total	\$0	\$0	\$0	\$0	\$6,062,156	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$0	\$0	\$0	\$0	\$6,062,156	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

INN BUDGET SUMMARY

County: San Diego

Date: 4/15/2011

INN Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Age Group (if applicable)				
No.	Name	Children and Youth		Transition Age Youth	Adult	Older Adult		
Previously Approved Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.			\$0					
7.			\$0					
8.			\$0					
9.			\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% County Administration		\$0					#DIV/0!
18.	Plus up to 10% Operating Reserve		\$0					#DIV/0!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0					
New Programs								
1.	INN-06	After School Inclusion	\$1,254,192	\$1,254,192				
2.	INN-07	Transition Age and Foster Youth	\$1,812,706	\$362,541	\$1,450,165			
3.	INN-08	Independent Living Facilities	\$473,593		\$80,511	\$340,987	\$52,095	
4.	INN-09	Health Literacy	\$252,629		\$25,263	\$113,683	\$113,683	
5.	INN-10	In-Home Outreach Teams	\$1,109,098		\$188,547	\$798,551	\$122,001	
6.	Subtotal: Programs		\$4,902,218	\$1,616,733	\$1,744,485	\$1,253,221	\$287,779	Percentage
7.	Plus up to 15% County Administration		\$735,333					15%
8.	Plus up to 10% Operating Reserve		\$563,755					10.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$6,201,306					
10.	Total MHSA Funds Requested for INN		\$6,201,306					

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New.

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-06 After School Inclusion

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-06 After School Inclusion

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel			\$850,000	\$850,000
2. Operating Expenditures			\$154,192	\$154,192
3. Non-recurring Expenditures			\$100,000	\$100,000
4. Training Consultant Contracts			\$150,000	\$150,000
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$1,254,192	\$1,254,192
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED				
	\$0	\$0	\$1,254,192	\$1,254,192

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San DiegoDate: 4/15/2011Program/Project Name and #: INN-06 After School Inclusion

Budget Narrative is for Fiscal Year 2010/2011, the Initial Term of the Program.

- 1. Personnel- Total: \$850,000**
These include funding for a Program Manager, 40 Inclusion Aides, an Administrative Support staff and a Principal Investigator.
 - 2. Operating Expenditures- Total: \$154,192**
These include general office expenditures, travel and transportation, rent, utilities and equipment.
 - 3. Non-recurring Expenditures- Total: \$100,000**
These include start-up period in which program will hire staff, develop outcome measures, and create data tracking and reporting systems.
 - 4. Training Consultant Contracts- Total: \$150,000**
These include consultants used to develop and monitor program to ensure it is meeting the learning and communication goals.
 - 5. Work Plan Management- Total: \$0**
 - 6. Other- Total: \$0**
- Total: \$1,254,192.**

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-07 Transition Age and Foster Youth

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-07 Transition Age and Foster Youth

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel			\$900,000	\$900,000
2. Operating Expenditures			\$272,706	\$272,706
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts			\$250,000	\$250,000
5. Work Plan Management				\$0
6. Other			\$390,000	\$390,000
7. Total Proposed Expenditures	\$0	\$0	\$1,812,706	\$1,812,706
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$1,812,706	\$1,812,706

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification: \$75k evaluation, \$315k flex funds

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-07 Transition Age and Foster Youth

Budget Narrative is for Fiscal Year 2010/2011, the Initial Term of the Program.

- 1. Personnel- Total: \$900,000**
These include staffing for the three interactive components – coaching, mentoring and teaching.
 - 2. Operating Expenditures- Total: \$272,706**
These include general office expenditures, travel and transportation, rent, utilities and equipment.
 - 3. Non-recurring Expenditures- Total: \$0**
 - 4. Training Consultant Contracts- Total: \$250,000**
These include consultants used to develop and monitor program to ensure it is meeting the learning and communication goals.
 - 5. Work Plan Management- Total: \$0**
 - 6. Other- Total: \$390,000**
These include housing and flex funds.
- Total: \$1,812,706.**

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-08 Independent Living Facilities

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-08 Independent Living Facilities

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel			\$228,593	\$228,593
2. Operating Expenditures			\$50,000	\$50,000
3. Non-recurring Expenditures			\$45,000	\$45,000
4. Training Consultant Contracts			\$150,000	\$150,000
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$473,593	\$473,593
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$473,593	\$473,593

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San DiegoDate: 4/15/2011Program/Project Name and #: INN-08 Independent Living Facilities

Budget Narrative is for Fiscal Year 2010/2011, the Initial Term of the Program.

- 1. Personnel- Total: \$228,593**
These include program manager, peer advocates and family members and a legal consultant.
 - 2. Operating Expenditures- Total: \$50,000**
These include general office expenditures, travel and transportation, rent, utilities and equipment.
 - 3. Non-recurring Expenditures- Total: \$45,000**
These include start up funds for development of training/education curriculum and Independent Living Facilities standards.
 - 4. Training Consultant Contracts- Total: \$150,000**
These include consultants used to develop and monitor program to ensure it is meeting the learning and communication goals.
 - 5. Work Plan Management- Total: \$0**
 - 6. Other- Total: \$0**
- Total: \$473,593.**

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-09 Health Literacy

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-09 Health Literacy

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel			\$190,000	\$190,000
2. Operating Expenditures			\$12,629	\$12,629
3. Non-recurring Expenditures				\$0
4. Training Consultant Contracts			\$50,000	\$50,000
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$252,629	\$252,629
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$252,629	\$252,629

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San DiegoDate: 4/15/2011Program/Project Name and #: INN-09 Health Literacy

Budget Narrative is for Fiscal Year 2010/2011, the Initial Term of the Program.

- | | |
|--|-------------------------|
| 1. Personnel- | Total: \$190,000 |
| These include staffing to perform environmental scan, develop beta site and implement fully developed web-based application. | |
| 2. Operating Expenditures- | Total: \$12,629 |
| These include general office expenditures, travel and transportation, rent, utilities and equipment. | |
| 3. Non-recurring Expenditures- | Total: \$0 |
| 4. Training Consultant Contracts- | Total: \$50,000 |
| These include consultants used to develop and monitor program to ensure it is meeting the learning and communication goals. | |
| 5. Work Plan Management- | Total: \$0 |
| 6. Other- | Total: \$0 |
| Total: \$252,629. | |

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-10 In-Home Outreach Teams

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
1. Pre-Development Costs				\$0
2. Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction				\$0
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
3. Non-recurring Expenditures				\$0
4. Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego

Date: 4/15/2011

Program/Project Name and #: INN-10 In-Home Outreach Teams

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel			\$959,098	\$959,098
2. Operating Expenditures			\$50,000	\$50,000
3. Non-recurring Expenditures			\$100,000	\$100,000
4. Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$1,109,098	\$1,109,098
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
2. Total Revenues	\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTED	\$0	\$0	\$1,109,098	\$1,109,098

*Enter the justification for items that are requested under the "Other Expenditures" category.

Justification:

Please include your budget narrative on a separate page.

Prepared by: Karen Ventimiglia

Telephone Number: 619-584-3012

County: San DiegoDate: 4/15/2011Program/Project Name and #: INN-10 In-Home Outreach Teams

Budget Narrative is for Fiscal Year 2010/2011, the Initial Term of the Program.

- | | |
|---|-------------------------|
| 1. Personnel- | Total: \$959,098 |
| These include staffing for each In-Home Outreach Team (Peer, Family Member, Licensed Mental Health Clinician and Case Manager) and the Psychiatric Emergency Response Team Licensed Mental Health Clinician which will be shared by the three In-Home Outreach Teams. | |
| 2. Operating Expenditures- | Total: \$50,000 |
| These include general office expenditures, travel and transportation, rent, utilities and equipment. | |
| 3. Non-recurring Expenditures- | Total: \$100,000 |
| These include start up funds for hiring the appropriate staff for each In-Home Outreach Team, and a longitudinal evaluation that tracks selected individuals/families at various stage of the project. | |
| 4. Training Consultant Contracts- | Total: \$0 |
| 5. Work Plan Management- | Total: \$0 |
| 6. Other- | Total: \$0 |
| Total: \$1,109,098. | |

INN NEW PROGRAM DESCRIPTION

County: San Diego

Program Number/Name: INN-06: After-School Inclusion

Date: 4/15/11

Select one of the following purposes that corresponds to the Innovation’s key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected essential purpose for Innovation is most relevant to your learning goal and why this essential purpose is a priority for your county.

The essential purpose of this program is to increase access to after-school programs to youth with social-emotional/behavioral issues who have been prevented from attending, discharged from, or at risk of discharge from inclusive after-school programs. This project will measure the impact on youth, and their families, of the benefit derived from access to normalized existing integrated community-based after-school programs with the goal of leading happier, healthier, less stigmatized lives as a result of this program.

This program will also increase access to other services for participants by enhancing gatekeepers (after-school program staff) awareness of how to identify at-risk youth and refer them to appropriate support services, which will allow youth to benefit from earlier intervention.

Access to after-school programs for youth with social-emotional/behavioral issues is a priority for San Diego County based on MHSA forum stakeholder input and has been identified as a need in San Diego County Child Care and Development Planning Council published reports. After school programs do not have to provide additional staffing to accommodate children with social-emotional/behavioral issues who need more assistance, intervention, and supervision than a typical youth because the American with Disabilities Act (ADA) excludes child care programs from being required to “substantively alter their programs or incur excessive cost” to serve children with special needs. Early identification provides families and children tools needed to make a positive impact early and in some instances prevent future mental health needs which hold an emotional and financial cost.

2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The After-School Inclusion program will provide Inclusion Aides at existing integrated community-based after-school programs throughout San Diego County to allow youth with social-emotional/behavior issues access to after-school programs that same-aged typical (i.e. non-disabled) peers attend. Currently, these youth are precluded from attending, discharged from, or at risk of discharge from normalized after-school programs due to the youth’s needs for more assistance, intervention, and supervision than a typical youth, which the Inclusion Aides will be able to provide. Motivational engagement approach will act as the foundation for service delivery.

The program’s impact on youth will be measured by quarterly survey of improvements in behavior, self-esteem, social competence, and healthy behaviors. The program’s impact on family will be measured by quarterly survey of improvements in parent satisfaction and parent stress levels. This program will also determine if youth experience fuller and happier lives by early identification of what they do well, if this program allows them to experience success and normalcy, and if this program has increased gatekeepers (after school program staff) awareness of how to identify at-risk youth and refer them to appropriate services.

This program will introduce to the mental health system a community defined approach that has been successful in a non-mental health context. Inclusion Aides have successfully been used by schools to facilitate special education student’s ability to attend and benefit from the general education environment with typical children (i.e. “inclusion”). This program will use Inclusion Aides within the after-school program setting to allow youth with social-emotional/behavior issues to benefit from attending the program by improving self-esteem and social competence and to experience success and normalcy, with the goal of leading happier, healthier, less stigmatized lives.

INN NEW PROGRAM DESCRIPTION

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

This project will be a collaboration between Mental Health and existing community providers of school-based after school program services. Additionally, community stakeholders defined problems and barriers within San Diego County which drove the development of this project.

Cultural Competence:

This project will provide services in primarily low-income and racially diverse areas throughout San Diego County. Program will serve youth at existing after school program sites located at elementary and middle schools throughout San Diego County, of which 47% have over half Hispanic/Asian Pacific Islander students and 54% have over half Free and Reduced Lunch students.

Client Driven:

This project will be driven by the youth's identifications of his/her needs, preferences, and strengths by choosing which activities they participate in and skills they want to acquire within the structure of the after school program. The Inclusion Aide, with input from the youth, family and afterschool staff, will determine how to best support the youth in those activities. Each youth will be surveyed quarterly to determine the benefit they are deriving from the program and to determine if any modifications are needed.

Family Driven:

This project will be driven by the family's input in the identification of the youth's needs, preferences, and strengths that will drive the program's individualized services and supports. Each family will be surveyed quarterly to determine the benefit they are deriving from the program and to determine what changes, if any, are needed. The Inclusion Aide will meet regularly with the family, and offer a monthly meeting with each family, to provide in-depth behavior support strategies/ techniques. When appropriate, families will be offered information/referrals to mental health and community services which may support the family and youth healthy development. Input from families will be used to drive the program and services by at least one family member serving on the Program Advisory Board.

Wellness, Recovery, and Resilience Focused:

This project will help youth to become healthier by participating in and developing skills/interests in recreation/sports activities in the after school program which will carry over into participating in them in the community and facilitating natural supports. This project will help youth to develop social support networks of friends which will both facilitate recovery and make the youth more resilient. This project will also help youth develop interests and skills which will help the youth develop a sense of purpose and value.

Integrated Service Experiences for clients and their families:

This project will introduce referrals to mental health and other social services based on each child and families need. Partnership between the afterschool program and families will be fostered.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, language spoken, and situational characteristic(s) of the population to be served.

This program will serve youth ages 5-14 with social-emotional/behavioral issues who have been precluded from accessing/ attending after-school programs, have been discharged from, or are at-risk of being discharged from normalized after school programs due to needing inclusion support and higher staff to participant ratios due to the youth's needs for more assistance, intervention, and supervision. The program is projected to serve approximately 150 youth and their families annually, with accommodations made in first fiscal year for start up time. It will serve youth at existing after-school program sites located at elementary and middle schools throughout San Diego County, of which 47% have over half Hispanic/Asian Pacific Islander students and 54% have over 50% of students that receive Free and Reduced Lunch.

3. Describe the timeframe of the program. In your description include key actions of the timeline and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.

This pilot program will be for 3 years. Start-up period will be 3-6 months in which program will hire staff, develop outcome measures, and create data tracking and reporting systems. Child and family outcomes will be measured and reviewed quarterly, and used to make program modification decisions. At the end of each fiscal year, the program will produce an Annual Report that will provide outcome data analysis, lessons learned and subsequent year's plan based on knowledge gained. Annual plan will include a training plan focused on transferring knowledge gained to after school program with goal of increasing competence of program staff and structure to serve children with social-emotional/behavioral issues.

INN NEW PROGRAM DESCRIPTION

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Program's impact on participants will be measured by quarterly survey of improvements in behavior, self-esteem, social competence, and healthy behaviors. Program's impact on family will be measured by quarterly survey of improvements in parent satisfaction and parent stress levels. An Annual Report, published at the end of each fiscal year, will include analysis of the program's impact, including if children experience fuller and happier lives by early identification of what they do well, if this program allows them to experience success and normalcy, and if this program has increased gatekeepers (after school program staff) awareness of how to identify at-risk youth and refer them to appropriate services.

Input of stakeholders will be used to drive the program's planning, policies, procedures, service delivery, and evaluation through use of Advisory Board meetings consisting of this program, after school program, school, and Mental Health staff plus at least one family advisor.

5. Please provide a Budget Narrative that includes the entire budget for each Innovation Program, and also provide for each Innovation Program projected expenditure dollar amount by each fiscal year during the program time frame. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Program INN-06 After School Inclusion entire project cost is projected to be \$3,562,576. The first year projected amount is \$1,254,192 (which includes \$100,000 one-time start-up funds), the second year projected amount is \$1,154,192, and the third year projected amount is \$1,154,192.

Proposed Staffing:

1 FTE Program manager – full time position

40 FTE Inclusion Aides (including Lead positions) – flexible scheduling expected to result in more than 40 IA as needed

1 FTE Administrative Support

1 FTE Principal Investigator for Program Evaluation

Technical Assistance and Consultants to develop and monitor program

Estimated cost per Inclusion Aide: 30 hours/week x \$15/hour x 52 weeks/year = \$23,400 per year. Hours would be before and after school (average 30 hours per week, but would fluctuate depending on school schedule).

The Program Manager, Administrative Support staff, Principal Investigator for Program Evaluation, and the Technical Assistance/Consultants will be used to develop and monitor the program and to ensure it is meeting the learning and communication goals.

All final reports will be provided to any statewide clearinghouse for the purpose of sharing with other counties and mental health stakeholders within and outside of San Diego County. Additional local communication mechanisms will be through the ongoing Children's, Adult, Older Adult Councils, the Mental Health Board and the County's Network of Care web site.

Note: FTE = Full Time Equivalent

6. If applicable, provide a list of resources to be leveraged.

This program will leverage the resources (staff and assets) of the existing After School Programs it serves. Mental Health funds will not be used for the current after school staff or expenses, which are paid by the family's After School Program fees. Mental Health funds will be used for the Inclusion Aides to support the social-emotionally disturbed youth within the after school program and for program evaluation and monitoring/management costs.

INN NEW PROGRAM DESCRIPTION

County: San DiegoProgram Number/Name: INN-07 Transition Age and Foster Youth ProgramDate: 4/15/11

Select one of the following purposes that corresponds to the Innovation's key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

- Increase access to underserved groups
 Increase the quality of services, including better outcomes
 Promote interagency collaboration
 Increase access to services

1. Describe why your selected essential purpose for Innovation is most relevant to your learning goal and why this essential purpose is a priority for your county.

The Mental Health Board identified Transition Age Youth (TAY) and Foster Youth (FY) as their number one priority for innovative projects. The three of the several problems identified by the community are that Foster TAY are an at risk group to have mental health issues compared to their age peers, TAY typically do not engage with available resources and have difficulties in integrating in the main stream community, and TAY are difficult to engage. This proposed Transition Age and Foster Youth Project aims to reduce the mental health services access barriers presenting to persons ages 14-25. At least fifty percent (50%) of the target population served by this program are expected to be in the foster care system or transitioning out of the system. Of these Foster Youth, some participants will be provided with housing and flex fund supports. The goal of this community integration program is to enhance life skills, increase self sufficiency and self esteem, improve behavioral and mental health conditions, and overall wellness for its target population. The end result is to facilitate a successful transition to independent living and increase the number of youth/TAY that transition out of the Children's and Adult Systems of Care.

2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

This innovative program is expected to improve outcomes by incorporating three (3) interactive components: Coaching, Mentoring and Teaching. Within the Teaching component, staff will impart specific knowledge of, or skill in, identified areas. Within the Coaching component, staff will focus on giving instruction or advice on identified issues and in the Mentoring component, the staff strength will be on developing relationships with participants with an aim to increase trust, support and positive influence.

Activities will include a focus on education/higher education, vocational training, comprehensive independent living skills, employment preparation and supports. Activities to engage the target population, such as active learning expeditions (e.g. Outward Bound), camps, computer classes, equestrian therapy, pet therapy or other culturally specific activities, shall be utilized within the three (3) interactive components to meet the identified program outcomes and foster an interest in the program. In addition, peers, parents, life skill coaches, and older adults will be included in the project in order to retain the participants in the program and assist TAY with developing life goals and plans. To reduce the number of TAY/FY transitioning to adult specialty mental health services, interactive training (i.e, Path4Teens), psycho-education, and conflict resolution skills will be included in the program curriculum. In an effort to increase healthy behaviors, the program will also provide courses on nutrition, health concerns (in general and specific to this age group) and participants will also be connected to primary care and a medical home.

Participants of this program will identify individualized goals and choose activity modules (approximately 4-month time frame) that address those goals. This project expects to reduce the following problems and barriers that were identified by a community planning process:

- TAY lacking self-identity, sense of purpose and passion for future
- Foster/at-risk foster youth, non-engaged TAY are at an elevated risk for mental illness compared to their age peers
- Insufficient preventive programs for TAY
- TAY do not effectively engage in available resources
- Lack of coaching, mentoring or teaching TAY on identifying and developing goals that are directly connected to their passion and motivators.
- Insufficient support resources for at-risk, non-engaged youth and Foster TAY

INN NEW PROGRAM DESCRIPTION

This project aims to ascertain whether this type of community integration program improves TAY outcomes by:

- Increasing the engagement and retention rates of foster youth in supportive transitional activities
- Assisting TAY youth in developing goals and life plans
- Reducing the number of youth/TAY that would need to transition to Adult specialty mental health services
- Increasing the number of youth/TAY that transition out of the Children's and Adult System of Care that participate in transitional activities
- Providing the support that TAY need to navigate resources
- Increasing youth/TAY participation in school and/or employment
- Reducing re-hospitalizations, legal system involvement, incarceration and homelessness
- Increasing healthy behaviors

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Client Driven:

This program will be client-driven, as clients will have the ability to choose the components that best meet their needs and program staff will assist clients in obtaining the information they need to make well-informed decisions.

Cultural Competence:

The services will be culturally competent and the program will be required to develop a cultural competency plan and attend a minimum number of hours of cultural competency training each year. The program will use diverse materials that are reflective of the cultural and ethnic diversity of the youth and that are culturally, linguistically, and age appropriate.

Wellness, Recovery, and Resilience Focused:

An important focus of services will include wellness, such as teaching healthy behaviors, and the overall theme for youth will be based on recovery and resilience principles.

Community Collaboration:

In order to better achieve integration of participants in the community, this project encourages collaboration with other members of the community, agencies and organizations and integrates existing community programs that share the visions and goals of this project.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, language spoken, and situational characteristic(s) of the population to be served.

A minimum of 150 unduplicated clients shall be served by this project. At least fifty (50) % of the target population served by this program are expected to be in the foster care system or are transitioning out of the system. Of these foster youth, 30 participants will be provided with housing and flex fund supports. The program shall also serve children (ages 14-17) and TAY clients (ages 18-25) who are currently in outpatient mental health clinics, with an emphasis on Latino and African American youth.

3. Describe the timeframe of the program. In your description include key actions of the timeline and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.

This project is proposed to pilot for 3 years. A 3-month start up period is expected prior to full implementation of the program. Within the start up period staff will be hired and component curriculums will be finalized. In addition, formal agreements with community agencies, organizations and partners will be established. Periodic reviews and stakeholder meetings shall be conducted to monitor the progress of the project. Annual evaluations shall also be expected.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Dedicated funding for project evaluation shall be set aside. Evaluators shall work collaboratively with program monitors and quality improvement staff in determining measures for maximum results and impacts, including but not limited to identifying baseline figures, conducting periodic review and receiving feedback from stakeholder meetings.

INN NEW PROGRAM DESCRIPTION

5. Please provide a Budget Narrative that includes the entire budget for each Innovation Program, and also provide for each Innovation Program projected expenditure dollar amount by each fiscal year during the program time frame. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) **Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.**

The entire project is \$5,438,118. The first year projected amount will be \$1,812,706. The second year projected amount is \$1,812,706. The third year is \$1,812,706. Within each year's budget, \$25,000 shall be set aside for the evaluation component and \$410,000 shall be for housing and flex funds.

All final reports will be provided to any statewide clearinghouse for the purpose of sharing with other counties and mental health stakeholders within and outside of San Diego County. Additional local communication mechanisms will be through the ongoing Children's, Adult and Older Adult Councils, the Mental Health Board and the County's Network of Care web site.

6. If applicable, provide a list of resources to be leveraged.

INN NEW PROGRAM DESCRIPTION

County: San Diego

Program Number/Name: INN-08 Independent Living Facilities (ILF) Project

Date: 4/15/11

Select one of the following purposes that corresponds to the Innovation’s key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected essential purpose for Innovation is most relevant to your learning goal and why this essential purpose is a priority for your county.

There is a continuing trend over the past few years of a reducing number of licensed Board and Cares in San Diego County. More individuals are choosing the unlicensed Independent Living Facilities (ILF) as a housing option. While ILFs can be a key resource for people with Severe Mental Illness (SMI) to develop and sustain wellness and recovery; there is some concern that the ILFs lack consistent standards supporting their residents. The community and stakeholders identified specific problem areas with ILFs that this project will be addressing; including, that some ILFs are not person-centered or recovery focused and individuals have nowhere to find reliable information on ILFs. The community and stakeholders described barriers that exist to resolving these problems. These barriers include that there is no common source for reliable information about ILF’s, no standard education for ILF operators or landlords, and no association that can provide information about ILF’s. We anticipate learning if the increased transparency and participation of ILFs landlords in an Association and ILF Directory results in improved resident and tenant services and quality of life for clients living in ILFs.

2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The community planning process identified that most ILFs are for profit and are not generally perceived to be person-centered or recovery-focused. Individuals have limited resources for accurate and reliable information on ILFs. There is also an apparent lack of home environment and service standards as well as issues pertaining to ILF oversight. This project addresses the identified issues by providing appropriate and reliable housing resource coordination, education and standards, as well as increased transparency and accountability of ILFs. It encourages consumers and community participation in the process and is expected to result in improvements in resident and tenant services, and in the quality of life for ILF residents.

This project proposes to create an Independent Living Facility Association with voluntary membership and with the mission of promoting the highest quality home environments for adults with SMI. The Association’s mission statement shall include support for the wellness and recovery of all residents. The project is planned to focus on the following key areas:

1. Community Collaboration. ILF Association members shall work collaboratively to develop ILF Quality and Ethical standards. Input about the standards shall be solicited from resident clients and their family members. At a minimum, the standards shall identify that the wellness and recovery of resident clients will be supported.
2. Creation of an ILF Directory. A web-based listing of participating ILFs shall be created with the purpose of providing a central resource for hospitals, discharge planners, case managers, family members and consumers. The ILF Directory shall identify the facilities adhering to the ILF Quality and Ethical Standards developed.
3. Education and Training. Curricula shall be created for:
 - a. Clients – to assist them in areas, including but not limited to, sustaining independence in the community; adjusting to shared living spaces; developing independent living skills (e.g. nutritious cooking, etc.); communicating with ILF operators; awareness of rights as a resident/tenant.
 - b. ILF Operators – to be educated on topic areas, including but not limited to, residents with SMI; familiarity with mental health programs; appropriate service standards; differences between ILFs, Board and Care (B&C), and Licensed B&C functions; consultations with case managers or care coordinators; appropriate ILF operator-resident relationships; and skills assisting residents sustain wellness, recovery and independence.

INN NEW PROGRAM DESCRIPTION

4. Peer Review and Accountability. A Peer Review Accountability Team (PRAT) shall be created to evaluate the implementation of standards and to provide coaching in areas of development. The PRAT may include, at a minimum, a consumer, a family member, and an ILF operator.

This project is expected to create positive impacts for adults particularly in the area of stable housing. Stable housing is an essential initial step in mental health recovery and treatment of mental illness.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

This project's framework was developed based on community input and recommendations. Opportunities for expanded collaboration and linkages between ILF's and community partners will be enhanced by this pilot project, especially with systems and organizations not traditionally defined as part of mental health care such as housing entities and tenant/landlord organizations.

Cultural Competence:

The success of this culturally competent pilot project will rely on client involvement or participation in creating the ILF Quality and Ethical Standards, and in reviewing the implementation progress.

Client and Family Driven:

The development of the project was driven by the input of clients and family members and other stakeholders.

Wellness, Recovery and Resilience Focused:

By providing clients the opportunity to choose from a variety of housing options, this program is expected to increase resiliency, enhance the individual's quality of life and promote recovery and overall wellness for adults with severe mental illness.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, language spoken, and situational characteristic(s) of the population to be served.

This project proposes to serve approximately 75 ILF providers who provide housing resources for about 200 persons with serious mental illness. It will also serve as a major resource to persons looking for housing, their families, discharge planners and care coordinators throughout the County who are seeking quality housing resources.

3. Describe the timeframe of the program. In your description include key actions of the timeline and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.

After the procurement process, this Innovations project is proposed to pilot for two years. There will be a 3-month start up period for training/education curriculum and ILF standards development. Implementation of these standards will follow immediately after. The creation of the ILF Directory will commence immediately and will be updated as needed. At various periods during the year, the Peer Review and Accountability Team will evaluate the implementation of the standards at various ILF facilities. Annual evaluations will also be conducted.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

Dedicated funding for project evaluation shall be set aside. Evaluators shall work collaboratively with program monitors and the Peer Review and Accountability Team in determining measures for maximum results and impacts, including but not limited to resident and ILF operator satisfaction surveys, interviews and focus groups, in awareness and knowledge about SMI, and conducting periodic review and stakeholder meetings.

5. Please provide a Budget Narrative that includes the entire budget for each Innovation Program, and also provide for each Innovation Program projected expenditure dollar amount by each fiscal year during the program time frame. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

INN NEW PROGRAM DESCRIPTION

INN-08 Independent Living Facility Project has a total budget of \$902,186. The first year projected amount is \$473,593. The second year projected amount is \$428,593. Within the first year budget is \$25,000 for start-up activities including training/education curriculum and ILF standards development, and \$20,000 for program evaluation. Each annual budget includes staffing expenditures for a program manager, peer advocates and family members, and a legal consultant who, among other things, will ensure compliance with fair housing regulations.

All final reports will be provided to any statewide clearinghouse for the purpose of sharing with other counties and mental health stakeholders within and outside of San Diego County. Additional local communication mechanisms will be through the ongoing Children's, Adult, and Older Adult Councils, the Mental Health Board and the County's Network of Care Web Site.

6. If applicable, provide a list of resources to be leveraged.

Existing ILFs.

INN NEW PROGRAM DESCRIPTION

County: San Diego

Program Number/Name: INN-09 Health Literacy

Date: 4/15/2011

Select one of the following purposes that corresponds to the Innovation’s key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected essential purpose for Innovation is most relevant to your learning goal and why this essential purpose is a priority for your county.

The purpose of this pilot is to increase the quality of service and produce better outcomes by addressing early mortality among those with Serious Mental Illness (SMI) by providing a web-based educational system that is specifically geared toward persons with SMI and their families (children, transition-age youth (TAY), adults, and older adults) to increase overall levels of health literacy.

2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The life span of an individual with SMI is 25-30 years shorter than other Americans. The issue of the early mortality rate for individuals with SMI was identified by the community as a priority to address during our planning for the Innovation component. The Mental Health Board has also identified it as one of the top two priorities to address. Previously approved INN-03 Physical Health Integration project is the County’s first innovative program to address early mortality rate through the integration of mental health and physical health services. Some of the barriers identified by the community were that individuals have poor nutrition and shopping habits and lack adequate exercise. Individuals may not have enough information about their psychiatric condition and on the effects of psychotropic medications. Mental health systems have not traditionally been geared toward helping clients understand their mental health or health conditions in an easy consumer friendly language. No known website or program aimed specifically at individuals with SMI exists that is geared to the special needs of this population.

The INN-09 program will conduct an environmental scan and assessment of current similar web site programs developed for physical health to determine efficacy and usage rates. Based on information obtained from the scan and assessment, an interactive and bilingual (English/Spanish) web-based application will be developed and specifically geared towards increasing overall levels of health literacy among persons with serious mental illness and their families. The application will take into consideration the potential impact of psychiatric medications, and will be designed to be used by individuals who may have some degree of cognitive impairment from either their psychiatric illness or the medications they are taking.

The development of the interactive web-based application should consider the results from an environmental scan and assessment that includes focus groups of clients, providers and families. Before the website is fully implemented for general availability, a beta site will be evaluated whether it is easy to use; its content is easy to understand; it is enjoyable to use; and its use resulted in positive health steps. The beta site will also include a representative sampling of health records of clients to assess objectively whether specific targeted health measurements (e.g. blood pressure, weight) have improved over time following site use.

It is anticipated that the fully implemented interactive web-based application could be linked with San Diego (SD) County’s current Behavioral Health Network of Care website; tied in with the SD County’s MHA Technological Needs work plans SD-3 Personal Health Record and SD-2 Consumer Family Empowerment; and promoted through all adult, older adult, TAY, and children’s programs and Councils. Specifically for the older adult community, the program may include intergenerational supports (i.e. technical and training) on the use of the website. The fully implemented application is expected to allow any client in SD County’s Behavioral Health System to go to the site, enter specific medical, diagnostic and demographic data unique to the individual client, and obtain both a “real biological age” and a list of useful health improvement suggestions that may include discussing with their health providers the possible effects of their psychiatric medications. The web-based application will also link to other informative websites (e.g., MedlinePlus) which provide a

INN NEW PROGRAM DESCRIPTION

wealth of information and resources on health issues, including medication. The application is also expected to create on-demand reports reflecting metrics and other website analytics, thereby allowing timely assessment of the project's progress.

The web-based application will be specifically designed to engage persons with serious mental illness and maintain their interest in continuing to use the website, and will incorporate recommendations of the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion's "Health Literacy Online: A Guide to Writing and Designing Easy-to-Use Health Web Sites." This Guide was developed to support design of web sites to persons with limited reading skills, with limited health literacy skills, and older persons who may have experienced changes with vision, hearing and cognition, and these factors are similar to challenges that may be experienced by persons with serious mental illness. The following are actions identified by the Guide to actively engage users via use of interactive content (the following is taken directly from the "Health Literacy Online" website):

- Include printer-friendly tools and resources
- Simplify screen-based controls and enlarge buttons
- Include interactive content that users can tailor—but not too much
- Incorporate audio and visual features
- Explore new media such as Twitter or text messaging

Examples of such interactive tools may include (the following is taken directly from the "Health Literacy Online" website):

- Printing information out or e-mailing it to a friend
- Taking a poll or rating the quality of information on the site
- Entering personal data such as age or weight to get tailored information
- Using calorie or body mass index (BMI) calculators, activity logs, recipe finders, personal assessments, and quizzes

The selected provider of this program/service is expected to provide annual reports on:

- How extensively will persons with serious mental illness utilize this software/website, and will the benefits of it be comparable to that of websites used by the general population?
- Will persons with serious mental illness and their families access such a site?
- Will persons with serious mental illness and their families enjoy the experience of using the site?
- Will persons with serious mental illness take productive steps to improve their individual health after accessing and using the site?

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Wellness, Recovery and Resilience Focused:

This pilot is consistent with the principles of wellness and recovery as the intent is to improve awareness and knowledge about one's mental health and health conditions, wellness, symptom management, and side effects of medication with the hope in improving the individual's health by increasing knowledge and thus adherence to medication and treatment.

Client Driven:

It is also client-driven as the product is a result of input from focus groups.

Cultural Competence and Integrated Service Experience for clients and their families:

This culturally competent project will be a bilingual (English/Spanish) web-based application that integrates mental health and physical health care services.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, language spoken, and situational characteristic(s) of the population to be served.

This project proposes to serve adults, older adults, TAY and children who are consumers and family members of the mental health system. It is expected that in a full fiscal year, a minimum of 1,200 unique users will use the fully implemented web-based service.

3. Describe the timeframe of the program. In your description include key actions of the timeline and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.

An environmental scan and assessment will be completed during a start up period of 3 months that immediately follows contracting activities. A beta site is expected to be tested within 6 months of contracting activities and that a fully developed web-based application is available for general use within 9 months of contracting activities. Intergenerational supports are available throughout the 3-year project. On-demand reports are also expected to be generated from the web-based

INN NEW PROGRAM DESCRIPTION

application, allowing timely assessment of the project's progress.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

The fully implemented web-based application is expected to provide on-demand reports reflecting metrics and other website analytics, thereby allowing timely assessment of the project's progress, which may include but not limited to the number of users over a specific period; the results of user surveys determining usefulness, satisfaction and suggested revisions to improve content; and relevance to targeted populations. Responses to questions related to health improvement, understanding of mental health condition and medication effects are likewise expected.

5. Please provide a Budget Narrative that includes the entire budget for each Innovation Program, and also provide for each Innovation Program projected expenditure dollar amount by each fiscal year during the program time frame. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

INN-09 Health Literacy project has a total budget of \$302,629. The first year projected amount will be \$252,629, the second year projected amount is \$25,000 and the third year is \$25,000. The first year amounts include start up activities, beta testing and the implementation of the fully developed web-based application. Subsequent years include site maintenance, monitoring, minor modifications and evaluation of the data collected in achieving the stated learning goals.

All final reports will be provided to any statewide clearinghouse for the purpose of sharing with other counties and mental health stakeholders within and outside of San Diego county. Additional local communication mechanisms will be through the ongoing Children's, Adult and Older Adult Councils, the Mental Health Board and the County's Network of Care web site.

6. If applicable, provide a list of resources to be leveraged.

This project leverages on resources reflected on SD County's MHSA Technology Needs work plan for consumer family empowerment (SD-2), as well as the work plan for health records (SD-3).

INN NEW PROGRAM DESCRIPTION

County: San Diego

Program Number/Name: INN-10 In-Home Outreach Teams (IHOT)

Date: 4/15/2011

Select one of the following purposes that corresponds to the Innovation’s key learning goal. Please note that while the program might embody all four purposes, a learning goal cluster around a single Essential Purpose.

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

1. Describe why your selected essential purpose for Innovation is most relevant to your learning goal and why this essential purpose is a priority for your county.

This pilot project has been chosen as a priority in response to stakeholder input from various community planning processes. The innovative In-Home Outreach Team (IHOT) program is designed for persons with severe mental illness (SMI) who are reluctant to seek outpatient mental health services.

2. Describe the INN Program, the issue and key learning goals it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

The IHOT program is expected to operate up to three (3) regional mobile teams that will be clinic-based and provide mobile in-home outreach and engagement services to individuals with SMI and their family members. The IHOT staff will provide in-home assessment, crisis intervention, case management and support services to the individuals with SMI and their family or caretaker, as necessary. Peer and family members are integrated in the IHOT teams and they will provide services to include: support services, information and education about mental health services and community resources, linkages to access outpatient mental health care, and other services and resources as needed. IHOT staff members will include a licensed clinician and a case manager. A PERT (psychiatric emergency response team) clinician will also be available to the regional IHOT teams to link clients for follow up and care coordination of needed services that may include emergency interventions, acute care, alternatives to psychiatric hospitalization such as the Short Term Acute Residential Treatment (START) program, conservatorship and case management services. Additional linkages and coordination with local Emergency Departments (ED), psychiatric hospitals and the legal system, to include the jail system, will be provided, along with programs such as San Diego County Psychiatric Hospital (SDCPH) and Emergency Psychiatric Unit (EPU). IHOT services will provide flexible in-home services to include 24/7 response with evenings and week-end program hours.

A longitudinal evaluation will be conducted of the IHOT program to determine the success of the outreach and engagement component, client access to outpatient services, retention of clients in outpatient services, reduction of inappropriate utilization of acute care, EDs and jail system. A cost analysis will also be conducted to assess actual costs and savings to the system of care and the community.

This program is also expected to increase family member satisfaction with the mental health system of care, as well as to reduce the effects of untreated mental illness in individuals with SMI and their families.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

Community Collaboration:

This project’s framework was developed based on community concerns about individuals with mental illness who are seen in the jail system or access emergency services but resist efforts to be linked to ongoing mental health care and other supportive services. As a consequence, these persons utilize higher levels of care repeatedly without good recovery outcomes. Recommendations from community input included adding home based outreach efforts with peer/family and clinical staff to build relationships with the client and their family members that would serve to strengthen engagement outcomes.

Cultural Competence:

Services will be culturally competent to the regions served with appropriate bilingual and bicultural staff.

INN NEW PROGRAM DESCRIPTION

Client and Family Driven, Wellness, Recovery, and Resilience Focused:

Clients and family members will be offered an array of services so that their input guides the timing and types of provided services which will focus on wellness, recovery and resilience.

Integrated Service Experiences for clients and their families:

As stated above, the project will entail collaboration with other members of the community, agencies and organizations, encouraging access to a full range of services provided by multiple agencies and programs for clients and family members.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, language spoken, and situational characteristic(s) of the population to be served.

This project will pilot to serve 20 to 25 clients or families each quarter, and up to 120 unduplicated clients in each of the selected San Diego County Health and Human Services Agency regions. This project is expected to serve transition age youth (TAY), adults and older adults, ages 18 and over, from diverse communities in the North County and the Central Region. Special outreach and engagement will be conducted with African American individuals with SMI that have not been in the outpatient mental health system and are being released from the jail system.

3. Describe the timeframe of the program. In your description include key actions of the timeline and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation.

This project is expected to be linked to existing outpatient programs. After a short start-up period for hiring the appropriate staff for each team, the project is planned to be fully implemented within 3 months of contracting activity. Concurrent with implementation is a longitudinal evaluation that tracks selected individuals/families at various stages of the project. At the end of the pilot period, a project evaluation will be prepared to discuss the feasibility of replicating the Innovation.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

To determine the success of engagement at various stages of the project, a longitudinal evaluation will be in place as a distinct component of this project. Using funding set aside for evaluation, this component will be tracking participants (individuals/families), and assessing various factors to include outreach and engagement strategies, access to mental health services, retention in outpatient services, and in reduction of inappropriate utilization of acute care, ED or legal/jail system. Periodic reports are expected to be shared with stakeholders and community members to test if the pilot program meets the learning goals.

5. Please provide a Budget Narrative that includes the entire budget for each Innovation Program, and also provide for each Innovation Program projected expenditure dollar amount by each fiscal year during the program time frame. (For Example, Program 01- XXXX, the entire project is \$1,000,000. The first year projected amount will be \$250,000, the second year projected amount is \$250,000, the third year is \$250,000 and the fourth year is \$250,000.) Please also describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

The entire INN-10 IHOT project budget is expected at \$3,177,295. The first year projected amount will be \$1,109,098, the second year projected amount is \$1,034,098, and the third year is \$1,034,098. Within the first year budget is \$75,000 for start-up activities. Within each of the 3 years is \$25,000 for the longitudinal evaluation component.

All final reports will be provided to any statewide clearinghouse for the purpose of sharing with other counties and mental health stakeholders within and outside of San Diego County. Additional local communication mechanisms will be through the ongoing Children's, Adult, and Older Adult Councils, the Mental Health Board and the County's Network of Care web site.

6. If applicable, provide a list of resources to be leveraged.

N/A