

MENTAL HEALTH SERVICES ACT
FUNDING REQUEST FOR COMMUNITY PROGRAM PLANNING
COUNTY OF SAN DIEGO, HEALTH AND HUMAN SERVICES AGENCY
MENTAL HEALTH SERVICES

Introduction

This document reflects the broad community input that San Diego County, Health and Human Services Agency, Mental Health Services (SDMHS) has undertaken to develop and implement the Mental Health Services Act (MHSA) planning process. The following request for funding for the Community Program Planning (CPP) delineates the process that San Diego County has undertaken and will continue in the next several months.

Vision and Principles

San Diego County, Health and Human Services Agency, Mental Health Services' (SDMHS) vision is to assure healthy communities by providing an array of state-of-the-art mental health services to children, youth, families, adults and older adults. The passage of the MHSA provides a unique opportunity to further transform public mental health services in San Diego. San Diego's mental health system transformation has evolved in the past ten years with broad participation of client, family/youth, advocates, public system partners, private providers and the community at large. To further move the transformation of San Diego's systems of care, in light of the MHSA, we will demonstrate improved access to care to underserved populations, effectiveness of services that improve the quality of life for clients and the use of less restrictive care for children and youth, adults and older adults. In addition, our prevention and education efforts will focus on reducing the stigma of mental illness and increasing access to services. San Diego will also utilize proven effective practices and performance indicators to improve the quality of care. SDMHS is committed to significantly increase client, family and youth participation at the practice, program and policy levels, and in client-operated services. Lastly, San Diego will continue to involve and enhance our collaboration and partnerships with other agencies serving clients, family and youth.

San Diego Mental Health Services (SDMHS) anchors its delivery in the practice of system of care values and principles, applying a biopsychosocial rehabilitation and recovery model for Adult and Older Adult services that is consistent with the California Mental Health Directors Association (CMHDA), Adult and Older Adult frameworks. For Children's Mental Health Services, system of care values are consistent with wraparound philosophy and guiding principles.

Biopsychosocial Rehabilitation (BPSR) principles have proven to be effective in improving the quality of life of adult and older adult clients by assisting clients to become self-sufficient,

productive community members and reducing the use of restrictive care. BPSR guiding principles specify that services shall:

1. Be client-centered.
2. Be comprehensive and integrated with a broad array of services.
3. Be individualized to each client and build on the client's strengths.
4. Be provided in the least restrictive and most appropriate setting.
5. Be coordinated both at the system and service delivery levels.
6. Involve clients as full partners in their treatment and care.
7. Ensure client rights are protected.

Similarly, the core values of *Children's System of Care guiding principles* specify that services shall:

1. Ensure easy and clear access.
2. Are family and child centered.
3. Be individualized to include a continuum of care.
4. Provide appropriate transition planning and services.
5. Be provided in the least restricted and clinically appropriate settings.
6. Be coordinated both at the system and service delivery levels.
7. Be culturally competent.
8. Involve families and youth as full partners.
9. Emphasize early identification and intervention.
10. Ensure client rights are protected.
11. Be outcome driven.

Overview of the Planning Process

San Diego Mental Health Services (SDMHS) has initiated a broad-based and inclusive process to obtain stakeholder input regarding the needs of our community for new services and supports funded by the Mental Health Services Act (MHSA). This Community Program Planning (CPP) process will honor our system of care values and principles and will incorporate the results of earlier planning and redesign efforts.

Planning to date has occurred in several phases. Phase 1, involved a broad representation of clients, family/youth, advocates, and other stakeholders in developing the process for planning. See Attachment 1 for a list of participants. Specifically, six meetings were held in November and December of 2004, each co-facilitated by a consumer or family member. At the meetings input, feedback and recommendations for a planning blueprint was provided and used to shape the content of this CPP. In January 2005 the Mental Health Board and the County Board of Supervisors approved the planning blueprint. To enhance San Diego's communication with stakeholders, SDMHS began to utilize the Network of Care Website as a communication and feedback tool to the MHSA process.

Phase 2 of Community Program Planning began in February 2005 and includes:

1. Community forums, in each of the six San Diego, Health and Human Services Agency (HHSA) regions hosted by the regions Regional General Manager, the Mental Health Board (MHB), and SDMHS Administration.
2. Education and training of community participants provided at the beginning of the forums, which includes an overview of the MHSA, background information on the local mental health system, the concepts of recovery and resiliency and cultural competence.
3. Additional stakeholder forums and special population venues held in the regions.
4. Client and family member only venues conducted and facilitated by clients and family members.
5. Three Community Program Planning (CPP) Workgroups, one for each of the following groups: Children and Youth/Transition Age, Adults, and Older Adults will review and prioritize the input and recommendations from the community forums, stakeholder forums and client and family venues. See Attachment 2 for a proposed list of participants.
6. The Cross-Threading Workgroup, consisting of the chairs of the CPP Workgroups, clients, family members, advocates and SDMHS administrative staff, will review and prioritize the recommendations submitted by the CPP Workgroups and will submit final Community Services and Supports (CSS) draft recommendations to the Mental Health Director for consideration.
7. Additional planning workgroups will be established to address Prevention and Early Intervention, Education and Training, Capital Facilities and Technology (CFT) and Innovations.
8. A subcommittee of the CFT Workgroup will oversee planning for an enhanced management information system.
9. A 30-day public review and comment period for the Community Services and Supports (CSS) plan, followed by review and approval from the Mental Health Board and the Board of Supervisors. Once approved the CSS plan will be submitted to the California Department of Mental Health.

Required Contents of Funding Request

1. Community Program Planning Must Include Consumers and Families

- a. A description of outreach and other activities by which SDMHS will insure comprehensive participation from diverse consumers and families:
 1. SDMHS has a long history of involving clients in system design and planning, including Children's System of Care, Adult and Older Adult System Redesign, a Housing Strategic Plan, a Youth Transition Plan, the Co-Occurring Disorders

Initiative, and the Cultural Competence Plan. Participants in these efforts will be invited to serve on various planning workgroups of the MHSA.

2. SDMHS will seek and incorporate input from diverse clients and families/youth at community forums and client-only venues, including holding such meetings in San Diego's threshold languages of English, Spanish, Vietnamese, and Arabic.
 3. Clients, families and youth will participate in Community Program Planning Workgroups, such as the Client, Family/Youth Team and co-chairing the workgroups and as members.
 4. Client and family members, who are the co-chairs of the Community Program Planning Workgroups, will serve on the Cross-Threading Committee. Clients and family members will also serve on the Prevention and Early Intervention, Education and Training, Capital Facilities and Technology (CFT) and Innovation Workgroups.
 5. Bilingual/bicultural client facilitators, translators and interpreters will be utilized as needed in community forums and in client and family venues.
 6. In addition, SDMHS will also work to ensure client and family/youth participation by:
 - Scheduling several client-only venues in clubhouses, clinics, and living facilities in San Diego County's threshold languages.
 - Holding venues in locations that feel safe and comfortable to clients, youth and families, e.g., churches, libraries, schools, and in the communities where people live and work.
 - Holding venues at times that are convenient for clients, families and youth.
- b. Community Program Planning will reach out to clients and families who do not belong to the advocacy organizations:
1. All forums and venues will be widely publicized, open to the public, and held in each region of San Diego County.
 2. Stakeholder forums, special population and client venues notices will be posted on the San Diego Mental Health Network of Care Website. Electronic and hard copy notices will be provided to county and contract operated programs and their partners. In addition, a comprehensive publicity and media campaign, including TV, radio, and print will target the community at large and cultural and linguistically diverse populations. MHSA information will be posted in public places such as convenience stores, parks, and libraries.
 3. SDMHS will also seek input from potential clients who may have difficulty participating in forums, such as members of the deaf and blind community, older

adults, potential clients who reside in Board and Care facilities, Institutes of Mental Disease, Single Room Occupancy hotels, and homeless shelters. Client and family representatives will be hired to conduct these forums. A client-derived survey will also be utilized when appropriate.

- c. Reaching out to clients and families who may previously have been underserved or unserved because of race/ethnicity, language, cultural competence, geographic location or other factors:
 1. Ethnically diverse clients and families/youth will be reached in the communities where they live and where they congregate. Information in the San Diego threshold languages will be disseminated through local media, newspapers and flyers placed in community locations such as libraries, markets, and places of worship.
 2. Childcare, transportation and translation/interpretation services will be provided, as needed to facilitate participation of clients in the community forums, stakeholder meetings and client/family venues.
- d. Multiple methods of obtaining client and family/youth involvement will be utilized and include:
 1. Membership and participation in the Client, Family/Youth project team workgroup and in the Community Program Planning Workgroups for the Children's, Adult, and Older Adults and in the Cross-Threading Workgroup.
 2. Ensuring valuable client, family and youth participation at client, family/youth venues and workgroups by providing an initial orientation and training on the MHSA, the current mental health system in San Diego, service needs, technology needs, client culture, and group facilitation skills.
 3. Recruiting and hiring clients as facilitators of client and family venues.
 4. Consulting with clients in the development of a client survey to obtain feedback as to needed services; compensating clients to disseminate and collect the survey and assist in the interpretation of the survey results. The survey results will be compiled, analyzed and submitted to the Cross-Threading Workgroup for consideration in the development of the CSS plan.
 5. Recruiting and hiring clients, family and youth to work with SDMHS project team to provide consultation and administrative support.
 6. Providing client stipends for participation in planning meetings.
 7. Arranging for client transportation, child-care, and interpretive services for clients who need these support services.

8. Utilizing the Mental Health Network of Care Website for communication and feedback and providing dedicated MHSA e-mail and voice mail capacity so the community at large, potential clients and family/youth who wish to communicate issues, concerns and ask questions regarding the MHSA can be included. SDMHS staff will post responses to questions on the website within 10 business days and will respond to voice mails within 72 hours.
 9. Ensure that MHSA information and planning decisions are regularly communicated to clients at MHSA and SDMHS meetings.
- e. Describe the process by which consumer advocacy groups will be developed if none exist:
1. San Diego County has a very active consumer community and a long history of seeking client and family/youth participation in planning efforts and decision-making, including a long list of system design efforts, changes and transformation. Additional recruitments efforts to further outreach and engage clients and families/youth in a meaningful way will be conducted, specifically recruiting and seeking input from client-operated programs such as clubhouses and from existing regional program advisory groups. San Diego has also established a Client, Family/Youth Team that advises the SDMHS project team on the MHSA.
- f. Considering the financial needs of consumers and family members related to their planning participation:

San Diego's experience has shown that clients frequently need practical support to allow for their full participation. Since clients, family and youth members bring unique expertise to the discussion, the following activities will facilitate broad client, and family/youth participation:

1. Hiring client and family/youth as planning experts and meeting facilitators.
2. Providing stipends for participation in focus groups and assisting in conducting client surveys.
3. Compensation for mileage for client and family/youth members who must travel to various meeting venues.
4. Provision of temporary office space and supplies at SDMHS administrative offices.
5. Provision of transportation as needed.
6. Provision of childcare and respite care for caretakers as needed.

7. Provision of refreshments and snacks at client and family venues.

2. Community Program Planning Must be Comprehensive and Representative

- a. Stakeholder groups noted in the DMH funding requirements will be continuously involved in various ways throughout the CPP process. Attachment 1 demonstrates San Diego's comprehensive stakeholder participation to date, and Attachment 2 notes the proposed membership for the target populations. In addition the following activities will be conducted to reach stakeholders:
 1. An informational kit will be distributed at the community forums, stakeholder forums, and special population venues and at client, family/youth venues and other groups. The information kit will include information about the MHSA, system data, gap analysis on system needs and a questionnaire requesting input and recommendations about needed services for the target populations. This information kit will also be posted on the Mental Health Network of Care Website.
 2. Stakeholders may also submit input regarding issues, concerns, ideas and recommendations via our Mental Health Network of Care Website dedicated MHSA e-mail and voice mail accounts, and/or directly to the Project Manager or the Mental Health Director of SDMHS.
 3. The Community Program Planning Workgroups will include clients, family/youth, SDMHS staff and the participation of multiple stakeholders. All work group meetings will be open to the public and will have a public comment period to ensure community input. Proceedings from these meetings will be recorded and posted in the Network of Care Website. Proposed membership for the Community Program Planning Workgroups is delineated in Attachment 2.
- b. Addressing the Demographics of San Diego County
 1. Geography: San Diego County is a vast region, with sparsely populated mountain and desert areas along with a major urban area within 15 miles of the international border. This regional diversity will be addressed by holding Community Forums in each of the six San Diego Health and Human Services Agency's regions: North Inland, North Coastal, North Central, Central, East, and South regions. Community Program Planning Workgroup meetings will also be scheduled in the various regions. This approach will minimize travel time for participants and encourage participation of community members in their specific region.
 2. Age: Each age subgroup (Children, Transition Age Youth, Adults, and Older Adults) will have its own work group regarding new services. In addition, the analysis of gaps in services will look closely at prevalence and penetration rates

for age groupings such as preschoolers age 0 to 5, school age children, adolescents, transition age youth, adults, and older adults.

3. Gender: It is anticipated that persons of both genders will participate in the planning process, and mailing lists and committee composition will be examined for any disparity. Gender disparity will also be examined in service populations.
4. Race/ethnicity: San Diego is strikingly diverse in racial and ethnic background. Participants in the planning process who represent San Diego's diversity will be reached in the following ways:
 - Culturally competent outreach and public information efforts in neighborhoods and in the San Diego threshold languages.
 - Appropriate choice of language to fit culture-specific beliefs and expectations regarding mental health, mental illness, and family structure.
 - Use of bilingual clients, providers, key community leaders, interpreters and translation services.
 - Holding meetings and focus groups where underrepresented potential clients live.
 - Enlisting the assistance of existing organizations with an existing presence in diverse communities, including faith-based organizations, aging network, physical health care providers, and schools.
 - Inclusion of ethnically diverse participants in planning work groups.
 - Specific efforts for hard to reach populations such as homeless individuals and homebound older adults.

3. Organizational Responsibility for the Community Program Planning Process

- a. The local Mental Health Director, Alfredo Aguirre, LCSW, has overall responsibility for the planning process. Mr. Aguirre will spend up to 10% of his time in Community Program Planning (CPP) connected activities until the Community Services and Supports (CSS) plan is submitted to the State Department of Mental Health (DMH). The Project Manager is Piedad Garcia, Ed.D., LCSW, who is an Assistant Deputy Director in SDMHS. Dr. Garcia will spend up to 40% of her time in CPP and CSS related activities and until the CSS plan is submitted to DMH.
- b. Under the leadership of Dr. Garcia a CPP Project Team has been established to design, develop and implement the CPP phase of the MHSA. The project team is composed of senior SDMHS staff, including a HHSA designee, 3 additional SDMHS Assistant Deputy Directors, the Adult/Older Adult QI Director, a Chief of Child and Adolescent Services, the QI Director, the Older Adult Coordinator and the temporary staff proposed for CPP funding described below. Some of these individuals will co-facilitate and/or staff the Children, Adult and Older Adult Work Groups. Other staff will support the community forums, stakeholder forums or client/family venues. Project Team workgroups have been established to develop the education and training presentations, draft planning documents, prepare gap and data analysis, and budget analyses. The administrative work of the CPP is assigned to several Administrative Analysts.

Additional assistance in developing and implementing the planning process as well as facilitating the logistics for multiple community venues and synthesizing the input from the community and other interested parties will come from temporary county staff who have been hired for this project. It is anticipated that the commitment of staff time will be approximately 5.65 FTEs until the CSS plan is submitted. Approximately 2 clients, family/youth FTE's will be hired to work on related MHSA activities.

Local planning experts will also be contracted on a temporary basis for the CPP phase and include data analysts, a client survey analyst and an ethnically diverse community expert. The ethnically diverse community expert will provide technical assistance and consultation in reaching diverse communities and she will also assist the project team by conducting family and other community venues in Spanish, assisting with Spanish-speaking media and publicity and in the translation of printed information. She will also assist in the development of the Spanish early intervention and prevention strategies for the Latino community. Technical consultants to project manage and facilitate the development and procurement of a new Management Information System will also be hired for approximately 2707 hours.

- c. The CPP Project Team is responsible for ensuring participation of stakeholders from underserved or unserved populations in the different workgroups and venues. These populations are being identified through our gap analysis. Outreach efforts are being designed that will target each of the identified groups. It is estimated that up to .5 FTE of the contracted data analyst's time will be spent in identifying these populations.
- d. Dr. Piedad Garcia, who is also the SDMHS Ethnic Services Manager and the CPP Project Manager are responsible for ensuring participation of stakeholders who are ethnically diverse. Dr. Garcia is the CPP Project Manager and will be spending up to 40% of her time in MHSA related activities. Additional expertise regarding outreach to ethnically diverse populations will be provided by a local ethnically diverse expert and the SDMHS's Cultural Competence Resource Team (CCRT), who will have members represented in each of the CPP work groups, and other culturally diverse organizations in the community will be consulted, such as United Pacific Asian Communities (UPAC). CCRT workgroup representatives will provide input and feedback to the CPP Project Team, and will review and provide feedback on the Community Services and Supports plan that will be submitted to the State for approval.
- e. CPP temporary staff and planning experts will work under the supervision of Dr. Garcia and participate regularly in MHSA related meetings, workgroups and the Cross-Threading Committee. They will be given office space, telephone, and email connections at SDMHS Administration.
- f. List of staff expected to participate in the CPP by function and percentage of time committed to the planning process:

CPP Project Team (County staff):**Approximate % of Time**

Mental Health Director	Alfredo Aguirre	10
ADD/Project Manager	Piedad Garcia	40
HHSA Designee	Paula Landau-Cox	05
ADD	Rosa Ana Lozada-Garcia	20
ADD	Henry Tarke	15
ADD	Liz Biolley	10
Chief of Children and Ad.	Philip Hanger	15
QI Director	Candace Milow	20
Older Adult Coordinator	Viviana Criado	20
Others	SOC Staff (5 staff)	50
	Administrative Support Staff (3 staff)	20

CPP County staff (temporary staff hired for CPP)

Project Coordinator	Local expert	.5 FTE
Project Assistant	Temporary	.85 FTE
Meeting Facilitator	Retiree	.5 FTE
Analysts	Retirees	.8 FTE
Client/family/youth staff	Temporary	2.0 FTE
Clerical Staff	Temporary	1.0 FTE
	Total FTE	5.65 FTE

CPP Planning Experts (consultants)

Writer	Unidentified	.5 FTE
Data Analysts	UCSD, CASRC	.5 FTE
Technical Consultants	Pennant Alliance	(2707 hours)
Ethnically Diverse Community Expert	Beatriz Villareal	.20 FTE
Survey Analyst	Beth Green	.20 FTE
	Total FTE	1.4 FTE

The above staff has:

- 1) Knowledge of system of care principles across the age span,
- 2) Knowledge of mental health disparity issues and cultural competence and
- 3) Knowledge of the importance of consumer and family involvement in program planning.

4. Adequate Training will be provided in Advance of the Community Program Planning Process

- a. Education and training on the MHSA will be provided at all community forums, stakeholder forums, special populations and client and family venues. San Diego will conduct multiple venues throughout the months of March through May. A thirty-minute presentation on the MHSA and other relevant information will be provided at the beginning of the community forums, stakeholder forums, special population and client, family/youth venues. Informational kits will also be provided and will include background information on the MHSA, gap analysis and San Diego's process for input and recommendations. The following is a partial list of stakeholder's venues consistent with DMH requirements.
 - Mental health management
 - Mental health CPP staff
 - Clients, families and youth
 - Mental health contractors
 - Other agency personnel who have direct contact with mental health clients, such as the HHSA key staff, sheriffs, probation officers, teachers and child welfare workers. This may include training for line staff workers as well as managers and supervisors
 - Mental Health Boards and Commissions members
 - Other stakeholders

- b. Following is a description of the content of proposed/anticipated trainings. These training sessions will be offered to all participants in the planning process, and will vary in level of detail based on the persons being educated and trained:
 - Background on the public mental health system, systems of care and the MHSA
 - Recovery and resiliency
 - Gap analysis on the county's underserved and unserved communities
 - Information about racial and ethnic disparities
 - Consumer and family operated services
 - Current MIS technology and opportunities for enhancements
 - Client culture
 - How to facilitate consumer/family focus groups

In addition to the above topics, the following training topics will be provided to the Children and Youth/Transition Age, Adult and Older Adult Work Groups and the Cross-Threading group:

- How to hold a successful and interactive public meeting
- Format of process
- Systems change

5. Community Program Planning Budget Worksheet

SDMHS requests \$708,924.00 in MHSA funds to be used for expenditures during the initial Community Program Planning phase for the Mental Health Services Act. All budgeted line items are consistent with the Act and are described in detail below.

1. Salaries and Benefits:
 - a. Salaries, Wages and Overtime: Includes salaries and wages only for temporary staff hired to support the planning process. These include a Project Coordinator, Project Assistant, Project Analyst, Clerical Support and two Meeting Facilitators.
2. Consumer and Family Member Support:
 - a. Stipends, Wages and Contracts: Includes stipends, wages and contracts to be paid to clients for their participation and support in the planning process. \$17,000.00 is budgeted for Clients to receive stipends for participating in client workgroups, assisting project team staff at the community forums and for disseminating and posting informational flyers. This line item also includes approximately \$23,000.00 in costs for clients who will be hired temporarily as “Community Living Aids” to facilitate client and family/youth venues and provide input and support to the CPP planning process. Funds are also budgeted for a sole source contract in the amount of approximately \$20,000.00 with a client operated 501c3 non-profit corporation who will assist in the compilation and analysis of a client survey.
 - b. Translator Services: Includes costs for translation of materials including written, electronic and oral communications. All materials will be translated into our threshold languages of Spanish, Vietnamese and Arabic.
 - c. Travel and Transportation: Includes costs for client travel and transportation to meetings, conferences and forums related to the planning process.
 - d. Refreshments: Includes costs for refreshments provided to clients and families at meetings, workgroups and various community forums.
 - e. Child Care: Includes costs for childcare expenses for clients and families who need assistance to enable them to participate in meetings, workgroups and community forums.
3. Other Operating Expenditures:
 - a. Professional Services: Includes costs to support a technical consultant to develop and procure Management Information System improvements. Additional consultants will include Data Specialists, Writer and a Consumer Survey Specialist.
 - b. Travel and Transportation: Includes costs for staff travel and transportation for various meetings and conferences necessary to carry out the planning process.
 - c. Supplies: To cover costs of office supplies.
 - d. Rent: To cover facility costs and rental fees necessary to secure forum locations.
 - e. Other: Includes costs for development and printing of materials used to publicize the planning process and for paid advertising of planning events and forums.

4. Inter/Intra-governmental Transfers: NA

5. Administration:

- a. County Overhead: Includes 15% allocated for administrative overhead costs incurred by SDMHS.

**Fiscal Year 2004-2005 Mental Health Services Act
Proposed Program Planning Budget Worksheet**

County:	County Mental Health Department	County Mental Health Contract Providers	Total
1. Salaries and Benefits			
a. Salaries, Wages & Overtime	a. \$183,800.00		
b. Bilingual Pay Supplement	b. .00		
c. Employee Benefits	c. .00		
d. Total	d. \$183,800.00		
2. Consumer and Family Member support			
a. Stipends, Wages and Contracts	a. \$60,000.00		
b. Translator Services	b. \$5,000.00		
c. Travel & Transportation (including meals, housing, mileage, etc.)	c. \$4,500.00		
d. Refreshments/Snacks/water/coffee	d. \$4,500.00		
e. Child Care	e. \$9,311.00		
f. Total:	f. 83,311.00		
3. Other Operating Expenditures			
a. Professional Services (Data/Tech Assistance)	a. \$272,711.00		
b. Travel & Transportation	b. \$17,500.00		
c. Supplies (Postage, Copying, Office Supplies, etc.)	c. \$5,000.00		
d. Rent, Utilities & Equipment	d. \$5,000.00		
e. Other: (Media/Public Relations/Marketing/Printing)	e. \$60,000.00		
f. Total	f. \$360,211.00		
4. Inter/Intra-governmental Transfers	0		
a. County Social Services Agency			
b. County Health Services Agency			
c. County Probation Agency			
d. Education Agency (ies)			
e. Other			
f. Total			
5. Administration			
a. County Overhead	\$81,602.00		
b. Contract Overhead			
c. Total			
7. Total-Proposed Community Program Planning Budget	\$708,924.00		

Attachment 1

San Diego Request for Community Program Planning

Participants in November and December 2004 Planning Meetings: Developing the Planning Process

Consumers and Advocates

- ✓ Clients from clubhouses and the REACH program
- ✓ MHCWAR (client council)
- ✓ The National Alliance for the Mentally Ill—San Diego Chapter
- ✓ Schizophrenics in Transition—Alliance for the Mentally Ill
- ✓ The Family Roundtable, a consortium of family advocates and family members of children and youth in the mental health system
- ✓ Protection and Advocacy, Inc.
- ✓ The Mental Health Coalition
- ✓ The Mental Health Association
- ✓ The Moses Project
- ✓ Alianza
- ✓ Survivors of Violent Loss
- ✓ Vietnam Veterans Association
- ✓ Survivors of Torture International
- ✓ Older Adult Coalition
- ✓ American Association of Retired Persons
- ✓ The Center for Consumer Health Education and Advocacy
- ✓ The Patient Advocacy Program of the University of San Diego

Other Stakeholders

- ✓ Mental Health Board
- ✓ Child Welfare
- ✓ Adult Protective Services
- ✓ Juvenile Probation
- ✓ Adult Probation
- ✓ San Diego County Sheriff
- ✓ San Diego Police Department
- ✓ Other Police Departments
- ✓ Public Safety Group of County of San Diego
- ✓ Special Education Local Planning Areas
- ✓ School Board Association
- ✓ San Diego State University
- ✓ UCSD Department of Psychiatry
- ✓ San Diego State University, Center on Aging
- ✓ UCSD/Center on Research for Older Persons with Psychosis
- ✓ Regional Center for the Developmentally Disabled
- ✓ Alcohol and Drug Services, County of San Diego
- ✓ San Diego Association of Nonprofits
- ✓ Mental Health Contractors' Association

- ✓ Children's Hospital/Child and Adolescent Psychiatry Services
- ✓ Sharp Mesa Vista Hospital
- ✓ Hospital Association
- ✓ White Paper Committee (psychiatrists)
- ✓ Catholic Charities
- ✓ Deaf Community Services
- ✓ First Avenue Counseling
- ✓ Board and Care operators
- ✓ Aging and Independence Services
- ✓ Senior Community Centers
- ✓ Southern Caregivers Association
- ✓ Senior Teams
- ✓ Alpha Project (homeless)
- ✓ Regional Task Force on the Homeless/United Way
- ✓ St. Vincent de Paul Center
- ✓ San Diego City Homeless Outreach
- ✓ Housing and Community Development
- ✓ San Diego Committee on Employment of People with Disabilities
- ✓ Superior Court Judges
- ✓ Juvenile Court Judges
- ✓ Public Defender
- ✓ District Attorney
- ✓ Department of Parks and Recreation, County of San Diego
- ✓ Community Health Information Partners
- ✓ Community Health Group
- ✓ Health Services Advisory Board
- ✓ Healthy San Diego
- ✓ Healthcare Association of San Diego and Imperial
- ✓ Public Health of County of San Diego
- ✓ National Association of Social Workers
- ✓ San Diego Psychological Association
- ✓ California Association of Marriage and Family Therapists
- ✓ San Diego Psychiatric Association
- ✓ APNA CA (nursing)
- ✓ Service Employees International Local 2028
- ✓ Clinical Staff Association

Attachment 2

Mental Health Services Act (Prop 63) Children and Youth/Transition Age Workgroup

PROPOSED REPRESENTATIVES

Chair's = Two chair's, Rosa Ana Lozada-Garcia, LCSW and Donna Marto family member

Purpose = To review and prioritize input and recommendations from the regional community forums, stakeholders forums, special populations, and client/family venues, and to submit recommendations to the Cross-Threading Workgroup for consideration. Membership shall include consumers/youth/family members, Mental Health Board representatives, and other stakeholders. All meetings will be open to the public.

Recommended Membership

- 1 Mental Health Board (1)
- 2 HHSA/Alcohol and Drug Services (1)
- 3 Juvenile Probation (1)
- 4 HHSA Child Welfare (1)
- 5 MHS Administrative Staff (1)
- 6 HHSA/Regional General Manager (1)
- 7 Commission of CYF (1)
- 8 Superior Court (1)
- 9 Special Education (1)
- 10 Education (1)
- 11 Regional Center (1)
- 12 CMHS Contract Provider (1)
- 13 CMHS County Direct Service Provider (1)
- 14 Hospital Partners (1)
- 15 Primary Care Provider/Physical Health (1)
- 16 Psychiatric Society/Child Psychiatry (1)
- 17 Fee for Service Provider (1)
- 18 Family - Youth Roundtable (2)
- 19 Youth Transition Implementation Workgroup (1)
- 20 Youth Consumer (1)
- 21 Alianza- Community at large (1)
- 22 Wraparound constituency (1)
- 23 Cultural Competence Resource Team (1)
- 24 First Five Commission (1)
- 25 Labor (1)
- 26 Patient Advocate (1)
- 27 Council of Community Clinics (1)
- 28 CASRC/Evaluation and Outcomes (1)
- 29 Faith Community (1)

Total Members **30**

**Mental Health Services Act (Prop 63)
Adult Workgroup**

PROPOSED REPRESENTATIVES

Chair's = Two chair's, Piedad Garcia, Ed.D, LCSW and one Mental Health Board client

Purpose = To review and prioritize input and recommendations from the regional community forums, stakeholders forums, special populations, and client/family venues, and to submit recommendations to the Cross-Threading Workgroup for consideration. Membership shall include consumers/youth/family members, Mental Health Board representatives, and other stakeholders. All meetings will be open to the public.

Recommended Membership

- 1 Mental Health Board (1)
- 2 Consumers (6)
- 3 Family member (1)
- 4 Mental Health Contractors Association (1)
- 5 Mental Health Coalition (1)
- 6 CCRT (1)
- 7 CSA Physician Discipline Committee (1)
- 8 SEIU/direct service staff (1)
- 9 MHS administrative staff (1)
- 10 Long Term Care (1)
- 11 Board & Care (1)
- 12 Housing (1)
- 13 Homeless (1)
- 14 Employment (1)
- 15 Education (1)
- 16 Hospital Partners (1)
- 17 Law Enforcement Sheriff/SDPD (2)
- 18 Youth Transition (1)
- 19 Clubhouse Provider (1)
- 20 FFS Provider (1)
- 21 HHSA/RGM (1)
- 22 HHSA/ADS (1)
- 23 HHSA/Physical Health (1)
- 24 Health Plans (1)
- 25 Regional Center (1)
- 26 Council of Community Clinics (1)
- 27 Mental Health Association (1)
- 28 PAI (1)
- 29 CCHEA (1)
- 30 USD/Patient Advocacy (1)

Total Members 36

**Mental Health Services Act (Prop 63)
Older Adult Workgroup**

PROPOSED REPRESENTATIVES

Chair's = Two chair's, Viviana Criado, MPA, SDMHS Older Adult Coordinator and one consumer/family member

Purpose = To review and prioritize input and recommendations from the regional community forums, stakeholders forums, special populations, and client/family venues, and to submit recommendations to the Cross-Threading Workgroup for consideration. Membership shall include consumers/youth/family members, Mental Health Board representatives, and other stakeholders. All meetings will be open to the public.

Recommended Membership

- 1 Mental Health Board (1)
- 2 Consumers (6)
- 3 Family member (1)
- 4 Mental Health Contractors Association (1)
- 5 Older Adult Mental Health Coalition (1)
- 6 Older Adult Taskforce (1)
- 7 CCRT (1)
- 8 CSA Physician Discipline Committee (1)
- 9 SEIU/direct service staff (1)
- 10 MHS administrative staff (1)
- 11 Long Term Care (1)
- 12 Board & Care (1)
- 13 Housing (1)
- 14 Homeless (1)
- 15 Employment (1)
- 16 Education (1)
- 17 Hospital Partners (1)
- 18 Law Enforcement Sheriff/SDPD (2)
- 19 Senior Community Centers (1)
- 20 UCSD/CROPP (1)
- 21 Clubhouse Provider (1)
- 22 Caregiver Association (1)
- 23 FFS Provider (1)
- 24 HHSA/RGM (1)
- 25 HHSA/ADS (1)
- 26 HHSA/Physical Health (1)
- 27 HHSA/AIS (1)
- 28 Regional Center (1)
- 29 Council of Community Clinics (1)
- 30 PAI (1)
- 31 CCHEA (1)
- 32 USD/Patient Advocacy (1)

Total Members 38