Mental Health Services Act

FY2016/17 Annual Update to the

Three-Year Program and Expenditure Plan

San Joaquin County

MHSA COUNTY
FISCAL ACCOUNTABILITY CERTIFICATION

County/City: SAN JOAQUIN COUNTY

☐ Three-Year Program and Expenditure Plan
X Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director

Name: James Garrett
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County Auditor-Controller / City Financial Officer

Name: Jay Wilverding
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Local Mental Health Mailing Address:

1212 N. California St. Stockton CA 95202

I hereby certify that the Three-Year Program and Expenditure Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

James Garrett, _____ _____
Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2016, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2016 . I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Jay Wilverding, _____ _____
County Auditor Controller (PRINT) Signature Date

MHSA COUNTY
COMPLIANCE CERTIFICATION

County/City: SAN JOAQUIN COUNTY

☐ Three-Year Program and Expenditure Plan
X Annual Update

Local Mental Health Director

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Program Lead

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1212 N. California St. Stockton CA 95202

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on INSERT DATE, 2016.

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.

All documents in the attached Three Year Program and Expenditure Plan are true and correct.

James Garrett, _____ _____
Local Mental Health Director (PRINT) Signature Date

Contents

Behavioral Health Services – Strategic Plan

In 2013-2014, San Joaquin County Behavioral Health Services staff, community partners, consumers and family members provided guidance and input to develop a three-year strategic plan for Behavioral Health Services, including the Mental Health, Public Guardian/Conservatorship, Pharmacy, and Substance Abuse Services units. The 2015-2018 Strategic Plan updates and refines the mission, vision, and core values of Behavioral Health Services as follows:

Mission Statement

> The mission of San Joaquin County Behavioral Health Services is to partner with the community to provide integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of San Joaquin County residents.

Vision Statement

> The vision of San Joaquin County Behavioral Health Services is to collaborate as a resilient team exploring changes, sharing ideas, striving to empower consumers, families, volunteers and care providers toward building hope, addressing disparities, and fostering wellness and recovery through individual strength-based treatment.

Core Values

> SERVICE:
> We are dedicated to serving our community through the promotion of behavioral health and wellness.
>
> RESPECT:
> We value diverse experiences, beliefs, and backgrounds and strive in our interactions to keep everyone's dignity intact.
>
> RECOVERY:
> We share a belief that all individuals can find a path towards health and well-being.
>
> INTEGRITY:
> Our values guide us as individuals and as an organization to be responsive and trustworthy.

This 2016/17 MHSA Annual Update aligns the mission, vision, and core values of the Behavioral Health Services Strategic Plan with the principles, values, and general standards of the Mental Health Services Act. At all times, both Plans are intended to be complimentary.

Introduction

In 2004 California voters approved the enactment of the Mental Health Services Act (MHSA) for expanding mental health services to unserved, underserved, and inappropriately served populations in California to reduce the long-term impacts of untreated serious mental illness on individuals and families. The Act was amended and updated by the California Legislature in 2012.

MHSA consists of five components, each focusing on a different aspect of the mental health system of care. These are:

- Community Services and Supports (CSS),
- Prevention and Early Intervention (PEI),
- Workforce Education and Training (WET),
- Innovation (INN), and
- Capital Facilities and Technological Needs (CFTN).

The MHSA requires the County to develop a MHSA Plan for each of the five components based on the funding allocation provided by the State and in accordance with established stakeholder engagement and planning requirements.

All MHSA component plans must address the needs of children and transitional age youth (TAY) with serious emotional disturbances or mental illnesses and adults and older adults with serious mental illnesses, as well as address specific needs related to cultural competency and in serving the needs of those previously unserved or underserved. All MHSA plans and funded programs must operate in accordance with applicable guidelines and regulations, including the California Code of Regulations, Title 9, Chapter 14, Sections §3100 - §3865.

A Three-Year Program and Expenditure Plan for the period of FY 14/15, FY 15/16, and FY16/17 was developed and approved by San Joaquin County Board of Supervisors in September 2014. This Annual Update for FY16/17 represents continued implementation and minor adjustments to existing approved programming. An Innovation component plan will be completed and posted for public review separate from this Annual Update. All San Joaquin County MHSA plans may be reviewed at www.sjmhsa.net.

Community Program Planning and Stakeholder Process

A. Community Program Planning Process

The community planning process serves as an opportunity for consumers, family members, mental health and substance abuse service providers and other interested stakeholders to discuss the needs and challenges for consumers receiving mental health services and to reflect upon what is working for the diverse range of consumers served. The following activities were conducted to gather feedback regarding current services and to provide information on the need for updates and revisions.

Data Collection:

- BHS Program Service Assessment: March – April 2016
- MHSA consumer, family member, and stakeholder survey: June – July 2016

Community Discussions:

- Behavioral Health Board: June 15, 2016
- MHSA Stakeholder Steering Committee: August 4, 2016
- Behavioral Health Board: August 17, 2016

B. Program Service Assessment

San Joaquin County Behavioral Health Services (BHS) provides behavioral health services, including mental health and substance use disorder treatments to over 15,000 consumers annually. In general program access is reflective of the diverse population of San Joaquin County; with a roughly even division of male and female clients. A snapshot in time analysis of services provided in April 2016, provides a general overview of program participation.

Mental Health Services provided April 2016

Services provided by Age	Number	% of Total
Children	1216	23%
Transitional Age Youth	829	16%
Older Adults	543	11%
Adults	2585	50%
Total	**5173**	**100%**

Program participation is reflective of anticipated demand for services, with the majority of services being delivered to adults, ages 25-59 years of age. The participation amongst other age groups is consistent with their percentage within the total population.

Services provided by Race/Ethnicity	Number	% of Total
African American	1000	19%
Asian American	555	11%
Latino/Hispanic	1136	22%
Native American	233	5%
Other	224	4%
Pacific Islander	13	0%
White/Caucasian	2012	39%
Total	**5173**	**100%**

Diversity of participants is similar to the distribution in prior years. African Americans are disproportionately represented amongst consumers compared to their proportion of the general population (19% of participants, though comprising 8% of the population of the County). Latino's are enrolled as lower rates compared to their proportion of the general population (22% of participants while comprising 38% of the population). Participation amongst children and youth is more reflective of the overall population, with nearly a third of services provided to young Latinos (32%), suggesting that while stigma, language or cultural barriers, or access to health care services continue to impeded access for Latino adults with behavioral health needs more services are reaching the younger populations.

Services provided by City/Community	Number	% of Total
Stockton	3479	68%
Lodi	436	8%
Other	378	7%
Tracy	342	7%
Manteca	324	6%
Lathrop	110	2%
French Camp	104	2%
Total	**5173**	**100%**

The majority of clients are residents of the City of Stockton. Stockton is the County seat and largest city in the region, accounting for 42% of the county population. The majority of services and supports for individuals receiving public support benefits (including mental health) are located in Stockton.

Diagnosis	Number	% of Total
Mood Disorder	2070	40%
Schizophrenia Spectrum Disorder	1614	30%
Anxiety Disorder	713	14%
Behavioral Disorder	352	7%
Adjustment Disorder	370	7%
Other	136	2%
Total	**5255**	**100.00%**
Co-occurring Substance Use Disorder	910	18%

- Note: Some individuals have more than one illness diagnosed.

Mood disorders and those on the spectrum of schizophrenia disorders are present amongst the majority of clients served. No significant differences are noticeable with regards to how illnesses are distributed by race/ethnicity, though a slightly greater proportion of the individuals diagnosed with schizophrenia are African American (23% of all individuals diagnosed with schizophrenia) likely reflecting the overall overrepresentation of African Americans in treatment services. More men are diagnosed with schizophrenia disorders than women and women are more likely to be diagnosed with mood disorders. Co-occurring substance use disorders are more common amongst individuals diagnosed with an illness on the schizophrenia spectrum than compared to those diagnosed with mood disorders (29% vs. 17%, respectively).

Inpatient and Residential Services

Inpatient and Residential services are available for consumers with the most acute and chronic care needs. Utilization of inpatient and residential services is high. Bed spaces are typically full in local crisis residential and psychiatric health facilities, sometimes requiring transport out of the county for necessary treatment services.

Timeliness

Access to services continues to be facilitated through the new triage and appointment system. Nearly all individuals requesting a mental health intervention receive a screening for services within seven days of their initial request (99%) and 87% receive a full psychosocial assessment by a clinician within 14 days.

Over a three month period from June 2015 – September 2015 a shortage of licensed psychiatrists on staff resulted in long wait times for individuals to meet with a prescribing psychiatrist for a first time assessment. Staffing shortages resulted in wait times, averaging two months (62 days) to meet with a psychiatrist or other prescriber. This challenge is partially addressed and the average wait time to meet with a prescriber is currently about one month (33-36 days for each of the past four months), though psychiatric shortages remain. BHS continues to recruit psychiatrists and other prescribers to support high-quality treatment services and timely access to care.

C. Stakeholder Input Survey

Overview of Community Survey

The MHSA Stakeholder Input Survey was distributed between June 22 and July 22, 2016. Surveys were distributed both electronically and on paper to consumers, family members and community stakeholders. Over 200 surveys were returned. Methods of distribution included:

- E-mails were sent to all MHSA planning stakeholders; this includes all individuals who have participated in MHSA planning meetings, members of the MHSA Planning Stakeholder Steering Committee, members of the Mental Health and Substance Use Services Board, and to contracted service providers. The e-mail message encouraged recipients to forward the link to the survey to others in the county.

- Paper surveys were distributed at all BHS clinic locations, at the Martin Gipson Socialization Center and at the Wellness Center. Surveys were also handed out at the San Joaquin County Justice Fair by the Peer Outreach Coordinator.

The three page survey included questions regarding levels of satisfaction with existing services, areas of unmet need, and priority populations for targeted service expansion. Surveys also included two open ended questions for respondents to provide further recommendations.

Summary of Survey Respondents

Over 200 surveys were returned following the six week survey distribution period. Survey respondents were primarily consumers, family members of consumers, or both consumers and family members (70%); 30% of respondents were community stakeholders, including those that provide mental health and substance use treatment services. Nearly all respondents were adults, though a sizable minority of surveys were received from older adults (16%) and transitional age youth (10%). Surveys were also distributed to parents/guardians of children receiving mental health services; with 16% of respondents indicating that Children and Youth Services provided the majority of clinic services. Slightly more women completed the survey than men (57% vs. 42%) and three individuals identified as transgender or both genders. The racial and ethnic diversity of survey respondents was representative of the BHS consumer population with slightly more responses from African American and Native Americans than is indicative of the general population of the County (see chart below).

Chart 1: Consumer and Family Member Participation

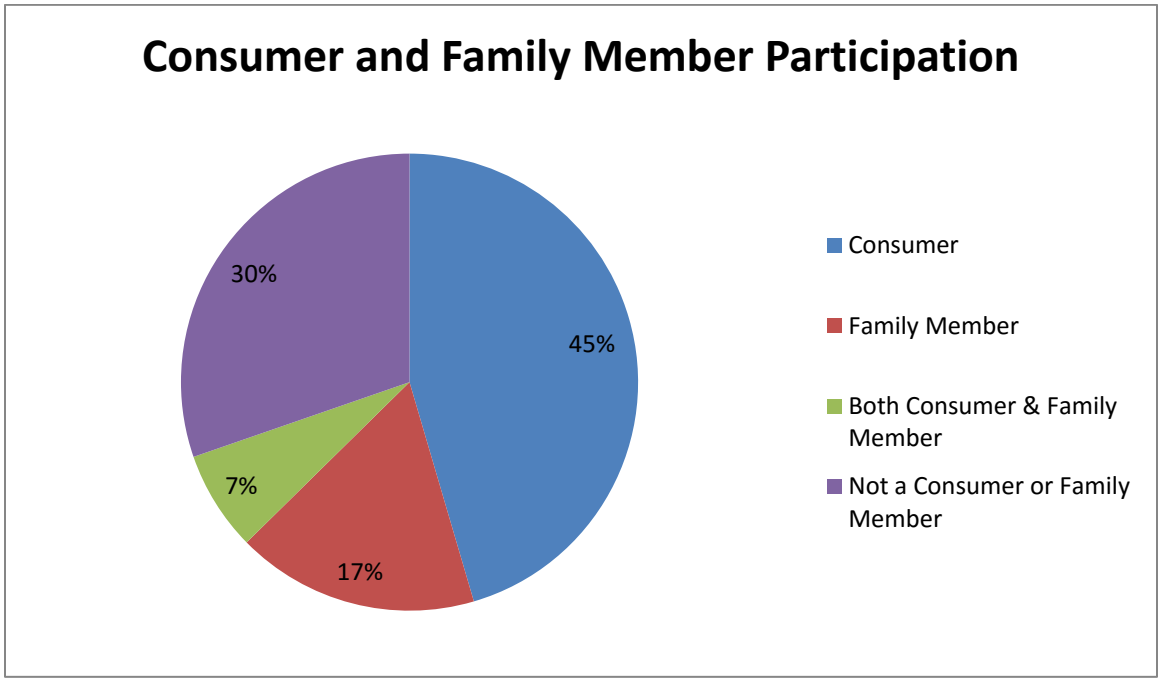
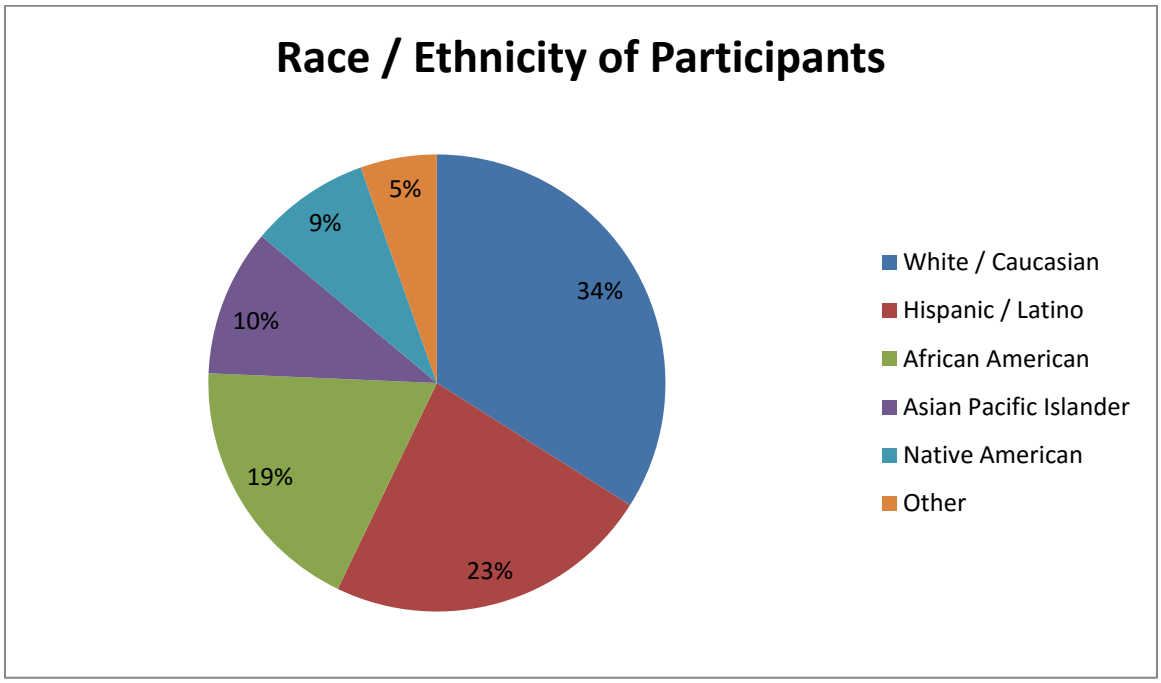
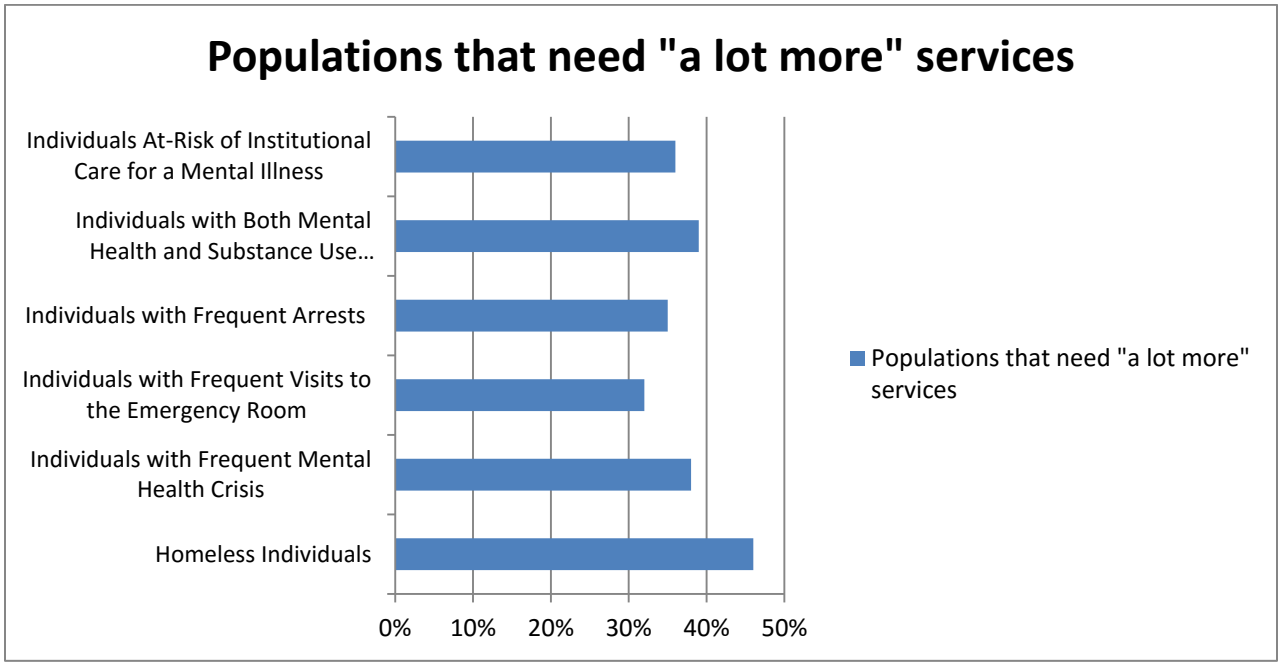
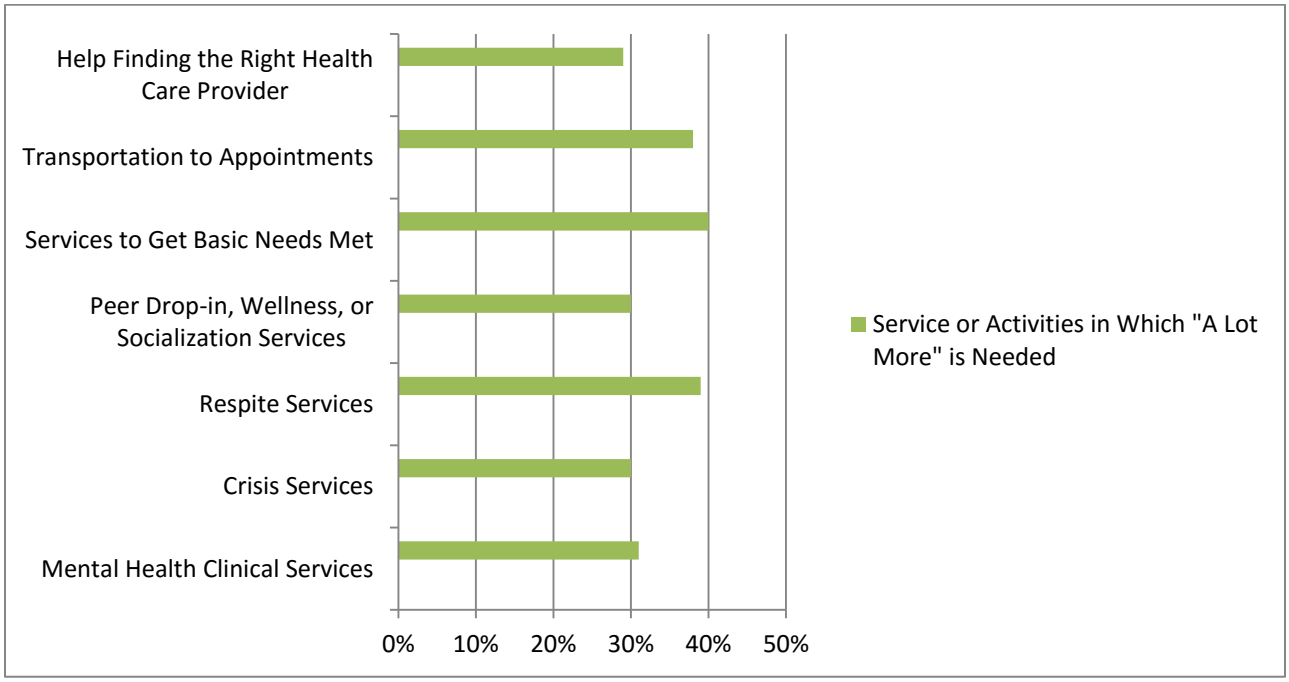


Chart 2: Racial and Ethnic Diversity of Participants



Key Findings





Analysis of Survey Findings:

Overall survey respondents reported satisfaction with the services received, with the highest levels of satisfaction associated with the professionalism of the staff at BHS. Survey responses also indicated that improvements are needed in the areas of informational flyers, pamphlets, and the information posted on the BHS website. These areas received the lowest satisfaction ratings with fewer than 20% of respondents rating these areas as excellent.

More services and outreach to target populations is needed overall. Survey responses indicate that the greatest needs are in the areas of services for homeless individuals and services that help individuals get their basic needs met and get to appointments. Write-in responses to open ended questions about needs and recommendations echo these themes:

"There is a lack of funding allocated to give appropriate care. People who need to be seen once a week may only be seen monthly. It is necessary to have a place where people with severe mental illness can stay. Treat homelessness along with mental health."

"BHS needs more services for the homeless. Teach other agencies that have contracts with BHS how to assist with the homeless and also work towards collaborating with BHS and other agencies to meet the needs of the homeless population. Too many agencies are struggling."

Respite services for parents and guardians were also in high demand. Several comments also suggested a need for more family based interventions, services for pregnant and post-partum women, and child care during appointments; suggesting that more holistic services that support consumer obligations to care for their own children and family members are needed

D. Community Discussions

The community program planning process leveraged the expertise of the Behavioral Health Board and the MHSA Planning Stakeholder Steering Committee to provide guidance and feedback on the 2016-17 Annual Update planning process, interpretation of community feedback from the stakeholder survey, and further recommendations on areas in which to expand and leverage MHSA program services.

Behavioral Health Board Meeting: June 15, 2016

A presentation of the proposed planning process was made to the Behavioral Health Board on June 15, 2016. Behavioral Health Board members listened to the presentation and provided the following guidance and recommendations:

- Ensure that community input surveys are distributed broadly. Board Members affirmed their willingness to forward surveys to their own personal networks.
- Incorporate the findings and directions of prior planning to ensure that the generous time and feedback provided during more intensive planning periods continue guide this Annual Update.

- Review current opportunities to use MHSA funding to leverage additional resources in support of community needs and priorities.
- Continue to design and modify programs such that the needs of the whole person are considered, including special program activities in support of family strengthening; services for individuals with multiple disorders; and coordination with other county programs and services.
- Expand services as feasible San Joaquin County's designated priority populations: Adults with serious mental illnesses that are concurrently homeless or housing insecure, re-entering from jail, prison, or an institution for mental disorders (IMD); are at risk of entering an IMD or other locked facility; or are frequent users of emergency or crisis services. Additional priority populations include children and youth with severe emotional disorders and have entered or are at risk for entering the child welfare or justice system.
- Ensure all MHSA programs and services align with all applicable regulations and support the needs of San Joaquin County.

MHSA Planning Stakeholder Steering Committee (SSC): August 4, 2016

The MHSA Planning Stakeholder Steering Committee is comprised of key community and county agency department leaders, BHS staff, consumers, and family members. It is a forum that is intended to provide guidance and recommendations to BHS regarding the direction and implementation of MHSA funded programs; as well as the engagement of diverse voices into MHSA related planning activities. The inclusion of department leaders helps ensure the MHSA program activities can align with and leverage county-wide initiatives and helps ensure that program activities are not implemented in stand-alone silos. The SSC makes recommendations regarding coordination and collaboration and helps set the vision and direction of MHSA program activities.

SSC meetings are open to the public and consumer and family input is encouraged. Invitations to the SSC meetings are sent via e-mail to formal members. The meeting announcement was also posted and circulated to consumers and other stakeholders by the Wellness Center a week prior to the meeting.

The SSC met to review the findings of the 2015-16 service analysis and the community input survey on August 4, 2016. Thirty individuals representing community providers, consumers, family members attended the meeting. A presentation was given and a facilitated discussion was held to (1) review and reflect on community needs and priority populations; (2) discuss opportunities for coordination and collaboration with existing county initiatives; and (3) to brainstorm additional opportunities for future planning efforts. The SSC provided the following guidance and recommendations:

- Homelessness and housing stability for individuals with mental illnesses are priority issues in San Joaquin County. More planning and programming is needed to better address these issues. MHSA funding should be leveraged and aligned with broader county initiatives to address the needs of homeless individuals that are seriously mentally ill.
- More services are needed to meet the holistic needs of consumers and family members. BHS needs to address the whole person in designing services, particularly for those that have been unsuccessful in prior treatment or engagement activities. Services need to prioritize housing

stabilization, provision of basic needs, access to primary health care services, and transportation to get individuals whose symptoms limit their capacity to use public buses, to their mental health appointments.

- BHS should continue to partner with other County agencies to leverage funding and expand mental health treatment services. San Joaquin County's proposed Whole Person Care, Regional Pilot Project, (as allowed under California's 1115 Waiver Renewal with the Center for Medicare and Medicaid Services) provides an opportunity to expand and enhance services for individuals with serious mental illnesses that continue to be chronically underserved.
- BHS should participate in the San Joaquin County Homelessness Task Force and seek to develop comprehensive, countywide responses to the challenge of housing and homelessness. SSC members emphasized that while not all homeless individuals have a serious mental illness; many individuals with a serious mental illness struggle with housing instability and / or homelessness. Housing stabilization services, along with residential treatment programs were also touted as important components along the housing continuum. Some SSC participants noted the importance of creating small, targeted housing supports, rather than a large one-size-fits all facility. Consumers, family members, and housing experts all noted the challenges of providing appropriate treatment services in an environment that bring together many people with different types of treatment needs, socialization skills, and recovery levels.
- BHS should continue to prioritize the needs of children and youth, particularly those that are impacted by crime and violence in their homes, schools, and neighborhoods. Support was shown for expanding PEI trauma services projects to encompass more mental health clinical services for children and youth in South Stockton and closer partnerships with Child Welfare Services to serve children and youth placed at Mary Graham Children's Shelter.

Other Community Discussions and Collaborations

Over the past year BHS has joined local county agencies and community partners in a range of discussions on how to address several pressing concerns that will require broad, multi-agency collaborations. Incorporated in this 2016/17 Annual Update are directions that have emerged from three community planning efforts:

- Whole Person Care Pilot
- Healing South Stockton
- Homelessness Initiative

Participation in these community discussions align with the spirit and intention of the MHSA and are in accordance to the directives of consumers, family members, and planning stakeholders to align mental health activities with other county efforts and to leverage additional funding where feasible to expand and enhance mental health prevention, early intervention, and treatment services.

Behavioral Health Board Meeting: August 17, 2016

A comprehensive presentation was made at the August 17th meeting of the Behavioral Health Board. The presentation included:

- An overview of current MHSA program activities
- An analysis of the MHSA program funding distribution
- A summary of program changes and updates over prior years

Following the presentation the Behavioral Health Board expressed satisfaction with the DRAFT Annual Update directions. It was agreed that the Annual Update would be posted immediately for further public review and comment. The Behavioral Health Board also discussed continued opportunities to strengthen programming in San Joaquin County.

Behavioral Health Board members commented on consumer stakeholder feedback suggesting that more services are needed to support homeless individuals, including more help getting basic needs met. Behavioral Health Board members discussed the challenges associated with working with homeless individuals, some of whom are reluctant to engage with public services such as Behavioral Health. Others noted the assessment and diagnostic challenges in providing services to homeless individuals that have a serious mental illness, recognizing that not all individuals who are homeless are also mentally ill. Despite these challenges, Behavioral Health Board members expressed a need to address the behavioral health needs of homeless individuals in San Joaquin County. Board members shared moving stories about their own or their family members' experiences with homelessness and expressed an interest in Behavioral Health Services working with other stakeholders and partners in developing new, collaborative, and innovative approaches to engage homeless individuals, provide urgent interventions to stabilize and assess those who are homeless to determine need and readiness for treatment interventions. Members of the public attending the meeting also expressed a strong interest in seeing more services directed to homeless individuals.

Notice was given regarding the anticipated posting of the Annual Update for 30 day public review.

Additional Community Input and Comments Received during the 30-day Public Review Period

Additionally, community input from previous MHSA Community Program Planning Processes (2013, 2014, and 2015) was reviewed and incorporated into this planning cycle. Over the past three years BHS has held dozens of community discussions to solicit community input in order to refine and update MHSA funded programs. Prior planning activities included:

- 2013, 20 community discussions were held with approximately 300 participants
- 2014, 13 community discussions were held with approximately 200 participants
- 2015, 9 community discussions were held with approximately 100 participants

Public notice was made at each community meeting or presentation that written comments and suggestions would be accepted. Following the posting of the Annual Update for 30-day review several community based agencies and community members submitted written suggestions for project ideas. Written comments were received from:

- NAME

See Appendix 3 for meeting announcements and presentations.

E. Public Review

1. Dates of the 30 day Review

The document was posted for review and circulation on the *Document Center* of the San Joaquin MHSA website on August 18, 2016. The public review will close on September 21, 2016.

Comments were accepted via e-mail to: mhsacomments@sjcbhs.org

Or via postal mail to:

San Joaquin County Behavioral Health Services
Attn: MHSA Planning Coordinator
1212 N. California St.
Stockton CA, 95202

2. Methods of Circulation

E-mail notices were sent to all members of the BHS MHSA e-mail list, which has been compiled and updated continuously since MHSA planning began in 2006. Contracted providers were asked to post notifications in their public program areas that the draft plan was available for review. The plan was posted for review on the San Joaquin MHSA website at:

http://www.sjmhsa.net/documentcenter.htm

3. Public Hearing

September 21, 2016
6:00pm – 8:00pm
1212 N. California St.
Conference Rooms B & C
Stockton, CA 95202

4. Substantive Comments

To be updated following the meeting on September 21, 2016

Summary of MHSA Programming in San Joaquin County

Fiscal Year 2014/15 marked the first year of implementation of a broad new Three-Year Program and Expenditure Plan.

Program activities and implementation updates for programs are described below, by component. Updates represent activities undertaken during the 15/16 fiscal year. Some project descriptions have been revised. Substantial changes or updates to projects are described below. Updated project descriptions are included in the Appendix.

A. Prevention and Early Intervention

Some modifications have been made to PEI projects to better align project with the new PEI regulations which went into effect on July 1, 2016. PEI Projects are organized into three component areas, Prevention, Early Intervention, and Other PEI Projects. Other PEI projects include those projects whose primary objectives are Stigma and Discrimination Reduction; Enhancing Access and Linkages to Treatment; and Suicide Prevention. Terminated Projects are described in the final section of the summary.

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
Prevention	Skill Building for Parents and Guardians	**Summary:** Community-based parenting groups to improve parenting skills and build protective factors for children and families who are at risk for, or have experienced, traumatic situations. Programs will mitigate childhood exposure to trauma and/or mitigate behavioral, emotional, or developmental problems through appropriate parenting interventions. **FY 15/16 Implementation:** Contracts awarded to Child Abuse Prevention Council, Parents by Choice, Community Partnership for Families – and Catholic Charities via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Prevention	Mentoring for Transitional Age Youth	**Summary:** Intensive mentoring and support for transitional age youth with emotional and behavioral difficulties who do not meet the criteria for specialty mental health care services at this time. The program will target high-risk youth. **FY 15/16 Implementation:** Contracts awarded to Child Abuse Prevention Council and Women's Center Youth and Family Services via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
Early Intervention	Trauma Services – Collaboration with Child Welfare Services	**Summary:** Provides early mental health interventions for adolescents who have experienced trauma and abuse. Activities include screenings and short term interventions for adolescents at risk of developing serious mental illnesses. **FY 15/16 Implementation: Planning for this program occurred in 15/16.** **Substantial Changes or Updates for FY 16/17:** Starting in FY 2016/17 program services will address the prevention and early intervention of needs of children and youth engaged in foster care. Major project components will include (1) Prevention Team to respond with CPS when children are removed from the home; (2) Dedicated Team stationed at the Mary Graham Children's Center providing assessment, brief counseling, and psycho/social education; (3) Transition support for children and youth who are moved from group to family-based homes in the community.
Early Intervention	Trauma Services for Children and Youth	**Summary:** Provides early mental health interventions for children who have experienced trauma and abuse. Activities include screenings and short term interventions for children at risk of developing serious mental illnesses. **FY 15/16 Implementation**: Contract awarded to Valley Community Counseling Center via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 16/17:** Additional funding is allocated for a new project component in 2016/17 for a children's mental health clinician to work in South Stockton. Funding allocation is intended to align with the goals and objectives of the Healing South Stockton Initiative, funded by the California Accountable Communities for Health Initiative.
Early Intervention	Early Interventions to Treat Psychosis	**Summary:** Provides early and integrated treatment to individuals within the early stages of psychosis, typically within the first two years of onset. Components will include, coordinated program referrals; outreach and engagement; assessment and diagnosis; cognitive behavioral therapy; education support groups; medication management; and individualized support and case management. **FY 15/16 Implementation:** Contract awarded to Telecare via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
Other PEI Project	Community Trainings A Stigma and Discrimination Reduction Project.	**Summary:** Community trainings to increase the recognition of early signs of mental illness and to effectively respond and link individuals to services. **FY 15/16 Implementation:** Community trainings were provided by the local NAMI chapter in San Joaquin County. Trainings included (1) In Our Own Voices to raise awareness of mental illnesses and reduce stigma and discrimination; (2) Peer to Peer for consumers interested in maintaining wellness; and (3) Provider Education Programs, targeting staff within public agencies such as educators, law enforcement, and health care providers to raise awareness of and responsiveness to the mental health related needs of their clients, and to and reduce stigma and discrimination. **Substantial Changes or Updates for FY 16/17:** Mental Health First Aid trainings will not continue in 2016/17, though it will continue as a project component. BHS contractors conducted nearly a dozen Mental Health First Aid (MHFA) and youth-MHFA trainings over the past year. Partner agencies also conducted MHFA and youth-MHFA trainings with their staff and community stakeholders. MHFA Trainings will be suspended in 2016/17 though may occur in future years as refresher and new staff trainings become relevant.
Other PEI Project	Juvenile Justice Project An Access and Linkages to Treatment Project	**Summary:** Provides behavioral health screening, assessment, brief and focused interventions, and transition services for youth detained in San Joaquin County's Juvenile Justice Center for short-term stays. **FY 15/16 Implementation:** Services continued to serve youth detained in the San Joaquin County Juvenile Detention Center. Services include brief and short term interventions as needed to make a diagnosis and or treatment plan. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Other PEI Project	Suicide Prevention in Communities and Schools	**Summary:** Creates universal and targeted suicide awareness and prevention campaigns at local schools. **FY 15/16 Implementation:** Funding was allocated to the Child Abuse Prevention Center via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Terminated Projects	PEI Capacity Building	**Summary:** Provided one-time capacity building projects to improve prevention and early intervention services. All funding was expended in FY 2014/15 and FY 2015/16. **FY 15/16 Implementation:** Funding was awarded to applicants through a competitive grant process. **Substantial Changes or Updates for FY 16/17:** Project is terminated.

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
Terminated Projects	Trauma Services for Adolescents	**Summary:** Provides early mental health interventions for adolescents who have experienced trauma and abuse. Activities include screenings and short term interventions for adolescents at risk of developing serious mental illnesses. **FY 15/16 Implementation:** Planning for this program occurred in 15/16. No funding was allocated for program services. **Substantial Changes of Updates for FY 16/17:** Trauma Services for Adolescents is terminated. In its place a new project is established: Trauma Services in Collaboration with Child Welfare Services. Program services will address the prevention and early intervention of needs of children and youth engaged in foster care. (see above). Trauma Services for Children is renamed as Trauma Services for Children and Youth. A dedicated clinician will be placed in South Stockton, a neighborhood that is extremely impacted by crime, violence, and substance use. This project update aligns with the Healing South Stockton – Trauma Initiative, and serves children, youth, and transitional age youth.

FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: San Joaquin Date: 7/1/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Skill Building for Parents	627,772	627,772				
2. Mentoring for Transitional Age Youth	922,486	922,486				
PEI Programs - Early Intervention						
3. Trauma Services-Collaboration with Child Welfare Service	759,669	759,669				
4. Trauma Services- Children & Youth	992,222	934,336	57,886			
5. Early Interventions in the Treatment of Psychosis	600,500	545,401	55,099			
Other PEI Programs						
6. Community Trainings - Stigma & Discrimination Reduction	36,250	36,250				
7. JJC - Access and Linkage to Treatment	1,149,554	809,858	251,982			87,714
8. Local Suicide Prevention Initiative	598,922	598,922				
PEI Administration	885,737	885,737				
PEI Assigned Funds						
Funds assigned to CalMHSA	217,541	217,541				
Total PEI Program Estimated Expenditures	6,790,653	6,337,972	364,967	0	0	87,714

B. Community Services and Supports

Community Services and Supports Projects Summary and Updates		
Component Area	**Program Name**	**Program Summary**
Full Service Partnership (FSP) Programs		
Full Service Partnership (FSP)	Children and Youth FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved youth and families who have not yet received services necessary to address impairments and stabilize children and youth within their own environments. Priority populations: children and youth 10-17 with serious emotional disturbances or mental illness who are involved with either the juvenile justice or foster care systems. **FY 15/16 Implementation:** Provides intensive FSP services to children and youth. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Full Service Partnership	Transitional Age Youth FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved transitional age youth 18-25 with a diagnosed mental illness who are having difficulty stabilizing in and managing their own treatment and recovery. Priority populations: young adults ages 18-25 with co-occurring disorders, and young adults 18-25 who are exiting the foster care system. **FY 15/16 Implementation:** Provides intensive FSP services to transitional age youth. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Full Service Partnership	Adult FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved adults who are homeless, or at risk of becoming homeless; or, involved in the criminal justice system; or, frequent users of hospital and/or emergency room services as the primary resource for mental health treatment; or, are at risk of institutionalization. Priority enrollment is for those with the highest level of impairment as determined by a clinical assessment, followed by criminal justice involvement. **FY 15/16 Implementation:** Provides intensive FSP services to adults. **Substantial Changes or Updates for FY 16/17:** None anticipated.

Full Service Partnership	Older Adult FSP	**Summary:** Provides individualized and focused treatment to older adults 60 and over with serious mental illness and/or co-occurring substance use disorders. Priority population: Older adults aged 60 and over, with serious mental illness and one or more priority risk factors. **FY 15/16 Implementation:** Provides intensive FSP services to older adults. **Substantial Changes or Updates for FY 16/17:** None anticipated
Full Service Partnership	Community Corrections FSP	**Summary:** Provides a full spectrum of mental health services to consumers who are engaged by the criminal justice system and in collaboration with San Joaquin County Jail, Correctional Health Services, the Collaborative Court System, the Probation Department, and other justice agencies. **FY 15/16 Implementation:** Provides intensive FSP services to forensic mentally ill clients. **Substantial Changes or Updates for FY 16/17:** None anticipated
Full Service Partnership	Intensive Adult FSP	**Summary:** Serves adults consumers with severe and persistent mental illnesses that have not responded successfully to other treatment options, including, those returning from an institutional of mental disorders, psychiatric hospitalization, other placement, or to prevent a placement or hospitalization from occurring. **FY 15/16 Implementation:** This project remains in the planning stages. **Substantial Changes or Updates for FY 16/17:** Not yet implemented. No funds are allocated for FY 2016/17
Outreach & Engagement Programs	FSP Engagement	**Summary:** FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services. Engagement services provide a warm link into FSP program services and warm hand-off to outpatient specialty mental health services upon discharge from an FSP. **FY 15/16 Implementation:** Culturally and linguistically appropriate outreach and engagement services are provided by BHS staff in collaboration with the following community partners: APSARA, El Concilio, Community Partnerships for Families - San Joaquin, Lao Family, Mary Magdalene, Native Directions, and VIVO - Vietnamese Voluntary Foundation. **Substantial Changes or Updates for FY 16/17:** None anticipated

Component Area	Program Name	Program Summary
Non-FSP Programs		
General System Development Programs	Whole Person Care Pilot Project	**Summary:** An application has been submitted to the California Department of Health Care Services (DHCS) for the California Medi-Cal 2020 Demonstration grant program ($3.5 million, annually). MHSA funds will match $625,000 for mental health related services associated with the Whole Person Care project, if awarded by DHCS. **FY 15/16 Implementation:** None. Project is new in 2016/17 **Substantial Changes or Updates for FY 16/17:** This is a new program for 2016/17. Implementation is contingent upon notification of award by DHCS. Award announcements are expected October 2016.
Outreach & Engagement Programs	Expanded Mental Health Engagement	**Summary:** CSS Mental Health Engagement services will reach out to individuals with mental illnesses who are unserved by the mental health system and to individuals for whom disparities in access to treatment are prevalent. **FY 15/16 Implementation:** Project activities continued in FY 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.
General System Development Programs	Mobile Crisis Support Teams	**Summary:** Provides community-based mental health assessment and intervention for individuals experiencing mental health issues and to avert a mental health related crisis. **FY 15/16 Implementation:** Project activities started in FY 2015/16 **Substantial Changes or Updates for FY 16/17:** None anticipated.
General System Development Programs	Wellness Centers	**Summary:** Provides classes and information on services and supports available in the community, self-help and peer-support group activities, and trainings and workshops to promote long term recovery and well-being on a variety of topics: from positive parenting, to nutrition and active lifestyles, to job development skills. **FY 15/16 Implementation:** Project activities continued in FY 2015/16. Over 900 unique consumers were served by the Wellness Center in FY 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.
General System Development Programs	Housing Empowerment Services	**Summary:** Provides voluntary, flexible supports to help people with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. **FY 15/16 Implementation:** Project activities continued in FY 2015/16. Nearly 100 individuals participated in the CHOICE Housing Program and completed a housing stabilization plan. **Substantial Changes or Updates for FY 16/17:** The project description is updated to reflect the revised program services. Changes in program services are reflective of the experiences and needs of program staff and consumers to ensure program success.

General System Development Programs	Employment Recovery Services	**Summary:** Provides vocational rehabilitation for people with serious mental illnesses that emphasize helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. **FY 15/16 Implementation:** Project activities continued in FY 2015/16. 67 unique consumers received services in 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.
General System Development Programs	Community Behavioral Intervention Services	**Summary:** Provides behavioral intervention work in the community to consumers who are having a hard time managing behaviors and impulses and address behaviors or symptoms that jeopardize mental health consumers' recovery, wellness and quality of life. **FY 15/16 Implementation:** Project activities continue as planned. Clients receive intensive behavioral training and support services. On average CBIS serves 35-45 unique clients, monthly. **Substantial Changes or Updates for FY 16/17:**
General System Development Programs	MHSA Housing	**Summary:** Provides funding for the development and construction of permanent, affordable, and supportive housing for individuals with serious mental illnesses. It is a statewide program that operates in partnership with California Housing Finance Agency. **FY 15/16 Implementation:** Three low-income affordable housing projects completed final approval stages and have begun construction. The projects will create over 200 new units of affordable housing in San Joaquin County, nearly 40 of which will be set aside for mental health consumers. **Substantial Changes or Updates for FY 16/17:** All MHSA Housing funds are expended, no further projects are anticipated.
General System Development Programs	Crisis Services	**Summary:** Provides a range of 24/7 crisis services for any individual experiencing a mental health emergency in San Joaquin County. MHSA funding is used to expand and enhance mental health services and/or program capacity beyond what was previously provided. **FY 15/16 Implementation:** Project activities continued in 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.
General System Development Programs	System Development Expansion	**Summary:** Provides outpatient clinic services and supports for children, transitional age youth, adults and older adults who meet the criteria for specialty mental health care. MHSA funding is used to expand and enhance mental health services and/or program capacity beyond what was previously provided. **FY 15/16 Implementation:** Project activities continued in 2015/16. **Substantial Changes or Updates for FY 16/17:** None anticipated.

FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: San Joaquin Date: 7/1/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children and Youth FSP	2,368,586	1,228,798	895,910		242,928	950
2. Transitional Age Youth FSP	751,939	734,264	17,675			
3. Adult FSP	8,856,912	3,728,485	5,094,377			34,050
4. Older Adult FSP	951,449	640,528	297,621			13,300
5. Community Corrections FSP	1,062,075	877,647	183,088			1,340
6. Intensive Adult FSP		0				
7. FSP Engagement	1,243,451	1,243,451				
Non-FSP Programs						
1. Whole Person Care Pilot Project	1,250,000	625,000				625,000
2. Expanded Mental Health Engagement	1,017,765	1,017,765				
3. Mobile Crisis Support Team	683,190	293,884	83,199			306,107
4. Wellness Centers	432,847	432,847				
5. Housing Empowerment Services	1,296,156	1,217,156				79,000
6. Employment Recovery Services	192,689	192,689				
7. Community Behavioral Intervention Services	683,595	309,163	372,832			1,600
8. MHSA Housing (see below)		0				
9. Crisis Services	3,232,907	501,452	2,672,455		1,000	58,000
10. System Development Expansion	3,129,939	3,129,939				
CSS Administration	1,929,590	1,178,759	750,831			
CSS MHSA Housing Program Assigned Funds		0				
Total CSS Program Estimated Expenditures	29,083,090	17,351,827	10,367,988	0	243,928	1,119,347
FSP Programs as Percent of Total	52.4%					

C. Workforce Education and Training

Workforce Education and Training Projects Summary and Updates	
Component & Project Area	**Program Summary**
Training and Technical Assistance	**Summary:** Provides for the delivery of trainings throughout San Joaquin County to support the delivery of high quality, culturally competent and consumer- and family- driven mental health services and supports. **FY 15/16 Implementation:** A variety of trainings were provided, with emphasis on motivational interviewing skills and supporting consumers in completing Wellness Recovery Action Plans; additionally BHS convened crisis intervention trainings for first responders and CBMCS multi-cultural trainings for BHS staff, volunteers, and partners. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Mental Health Career Pathways	**Summary:** Provides for clinical supervision to meet licensure requirements and helps prepare consumers and family members of consumers for employment and support them in their career growth and development. **FY 15/16 Implementation:** Project activities continued with licensed and experienced Mental Health Clinicians providing supervision to assist interns in gaining licensure. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Residency and Internship	**Summary:** This project supports the statewide objective to increase psychiatrists within the public mental health system. **FY 15/16 Implementation:** No residency programs were requested, though BHS remains open to the request. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Financial Incentives	**Summary:** Provides financial incentives to address workforce shortages including hiring incentives and educational incentives, including stipends, loan assumption and/or scholarship programs. **FY 15/16 Implementation:** Financial incentive program developed. **Substantial Changes or Updates for FY 16/17:** None anticipated.
Workforce Staffing Support	**Summary:** Provides for a WET Coordinator to manage MHSA workforce development activities. **FY 15/16 Implementation:** Project activities for the WET coordinator continue, including monitoring programs, developing trainings, and promoting ongoing workforce development. **Substantial Changes or Updates for FY 16/17:** None anticipated.

FY 2016/17 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: San Joaquin Date: 7/1/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	305,784	305,784				
2. Mental Health Career Pathways Programs	486,158	486,158				
3. Residency and Internship Programs	0	0				
4. Financial Incentive Programs	50,000	50,000				
5. Workforce Staffing Support	129,705	129,705				
WET Administration	126,291	126,291				
Total WET Program Estimated Expenditures	1,097,938	1,097,938	0	0	0	0

D. Innovation

Innovation Projects Summary and Updates	
Component & Project Area	**Program Summary**
Adapting Functional Family Therapy	**Summary:** Provides for an adaptation of the standard approach to functional family therapy through the use of parent partners to encourage participation and retention and for collaborative service delivery with community program partners. **FY 15/16 Implementation:** Project is in its final year of implementation. An evaluation report is expected in 2017 to describe findings of the innovation. **Substantial Changes or Updates for FY 16/17:** None anticipated.
New INN Project	**Summary:** A new project is intended. A full project plan will be developed and submitted to the Mental Health Services Oversight and Accountability Commission, per regulations. Announcements for the Innovation Community Program Planning Process are forthcoming. Contact mhsacomments@sjcbhs.org for more information or to be added to the MHSA meeting invitation e-mail list.

FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: San Joaquin Date: 7/1/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Adapting Functional Family Therapy	1,160,234	895,490	264,744			
	0					
	0					
	0					
	0					
INN Administration	174,035	174,035				
Total INN Program Estimated Expenditures	1,334,269	1,069,525	264,744	0	0	0

E. Capital Facilities and Technological Needs

Capital Facilities and Technological Needs Projects Summary and Updates	
Component & Project Area	**Program Summary**
Funds for Capital Facilities Projects	**Summary:** Provides contingency funds for a construction project to expand and enhance a crisis stabilization unit to provide improved services for consumers and families. Includes the construction of a designated unit for children and youth. **FY 15/16 Implementation:** Project approvals were obtained and construction commenced. **Substantial Changes or Updates for FY 16/17:** Construction of the new crisis stabilization unit is scheduled for completion by June 2017.
Electronic Health Record	**Summary:** Provides funding for software and system upgrades to meet state and federal mandates. **FY 15/16 Implementation:** Project selection was completed in 2015/16. **Substantial Changes or Updates for FY 16/17:** BHS is beginning the design and implementation planning for the new Electronic Health Records. Design and implementation activities will continue through 2016/17.

FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: San Joaquin Date: 7/1/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Funds for Capital Facilities Projects	1,612,000	1,612,000				
CFTN Programs -Technological needs Projects						
2. Develop and Implement an Electronic Health Record	3,960,546	3,960,546				
CFTN Administration	473,267	473,267				
Total CFTN Program Estimated Expenditures	6,045,813	6,045,813	0	0	0	0

F. Number Served in Full Service Partnership Programs

Analysis of Full Service Partnership Programs, Number of Children, Adults, and Seniors Served and the Cost per Person			
	For Fiscal Year 2015-16		
Individuals Served by Full Service Partnership Programs	**Client Service Count**	**Planned Expenditures**	**Estimated Cost per Person**
Children and Youth 0-17	335	$ 2,507,449.00	$ 7,485.92
Transitional Youth 18-25	62	$ 407,656.00	$ 6,575.10
Adults FSP	1472	$ 9,741,937.00	$ 6,618.16
Older Adults 60 and older	129	$ 934,970.00	$ 7,247.83
Community Corrections FSP	158	$ 886,339.00	$ 5,609.74
Summary Total	**2156**	**$ 14,478,351.00**	**$ 6,707.35**

H. Mental Health Services Act Budget Expenditure Plan

County: San Joaquin County Date: 7/1/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	36,220,999	14,544,103	5,482,628	1,199,667	6,045,813	
2. Estimated New FY 2016/17 Funding	21,843,318	5,461,235	1,437,509			
3. Transfer in FY 2016/17[a/]	0					
4. Access Local Prudent Reserve in FY 2016/17						0
5. Estimated Available Funding for FY 2016/17	58,064,317	20,005,338	6,920,137	1,199,667	6,045,813	
B. Estimated FY 2016/17 MHSA Expenditures	17,351,827	6,337,972	1,069,525	1,097,938	6,045,813	
G. Estimated FY 2016/17 Unspent Fund Balance	40,712,490	13,667,366	5,850,612	101,729	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	11,709,987
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	11,709,987

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Appendix 1: MHSA Project Descriptions

1. Prevention and Early Intervention Projects

Prevention Projects

- PEI Project 1: Skill Building for Parents and Guardians
- PEI Project 2: Mentoring for Transitional Age Youth

Early Intervention Projects

- PEI Project 3: Trauma Services: Collaboration with Child Welfare Services
- PEI Project 4: Trauma Services for Children and Youth
- PEI Project 5: Early Interventions to Treat Psychosis

Other PEI Projects

- PEI Project 6: Community Trainings
- PEI Project 7: Juvenile Justice Project
- PEI Project 8: Suicide Prevention

2. Community Services and Supports Projects

FSP Projects

CSS Full Service Partnership (FSP) Summary of Eligibility and Components

- FSP Project 1: Children and Youth FSP
- FSP Project 2: Transition-age Youth (TAY) FSP
- FSP Project 3: Adult FSP
- FSP Project 4: Older Adult FSP
- FSP Project 5: Community Corrections FSP
- FSP Project 6: Intensive FSP
- FSP Project 7: FSP Engagement

Non-FSP Projects

- CSS Project 1: Whole Person Care Pilot Project
- CSS Project 2: Expanded Mental Health Engagement
- CSS Project 3: Mobile Crisis Support Team
- CSS Project 4: Wellness Centers
- CSS Project 5: Housing Empowerment Services
- CSS Project 6: Employment Recovery Services
- CSS Project 7: Community Behavioral Intervention Services
- CSS Project 8: MHSA Housing
- CSS Project 9: Crisis Services Expansion
- CSS Project 10: System Development Expansion

3. **Workforce Education and Training Projects**
    - WET Project 1: Training and Technical Assistance
    - WET Project 2: Mental Health Career Pathways Program
    - WET Project 3: Residency and Internship Programs
    - WET Project 4: Financial Incentives Programs
    - WET Project 5: Workforce Staffing and Support

4. **Innovation Projects**
    - INN Adapting Functional Family Therapy

5. **Capital Facilities and Technological Needs**
    - CF/TN Contingency Funds for Capital Facilities Project
    - CF/TN Develop and Implement an Electronic Health Record

PEI Project 1: Skill-Building for Parents and Guardians

Community Need
Research demonstrates that some of the risk factors associated with a higher than average likelihood of developing mental illnesses include adverse childhood experiences, trauma and ongoing stress, family or domestic violence, and prior self-harm or suicide attempts. Developing ways to empower parents with the skills necessary to mitigate stress within the family unit is essential to reducing risk and building resiliency among children and youth.

Project Description
Community-based organizations will facilitate evidence based parenting classes or groups in communities throughout San Joaquin County. Parenting classes or groups will target underserved populations and be conducted in multiple languages.

Project Goal: *To prevent and reduce risk factors for mental illness and increase protective factors associated with social connectedness, parent and family resilience, and knowledge of child development.*

Project Components
Community-based organizations will convene parenting classes or groups at one or more sites within San Joaquin County. Parenting classes will address parent and family resiliency, knowledge of child development, and support pro-social interactions and social connectedness.

Potential evidence-based parenting classes include:

Nurturing Parenting Program is a series of 10-12 independent 60-90 minute lessons designed to teach parents alternatives to physical punishment and improve parenting skills, including: 1) understanding feelings; 2) alternatives to spanking; 3) communicating with respect; 4) building self-worth in children; 5) praising children and their behavior; 6) ages and stages of growth for infants and toddlers; 7) the philosophy and practices of Nurturing Parenting; 8) learning positive ways to deal with stress and anger; 9) understanding and developing family morals, values and rules; and 10) ways to enhance positive brain development in children and teens. For more details about the evidence-based Nurturing Parenting Program see: http://www.nurturingparenting.com

Strengthening Families is a 20-session program designed to engage parents in meaningful conversations about research based protective factors that mitigate the negative impacts of trauma. Protective factors include: 1) parental resilience; 2) social connection; 3) knowledge of parenting and of child and youth development; 4) concrete support in times of need; 5) children's social and emotional development; and 6) parent-child relationships. For more details about the evidence-based Strengthening Families program see: http://www.strengtheningfamiliesprogram.org

Parent Cafes is a model derived from the Strengthening Families Initiative, and is a distinct process that engages parents in meaningful conversations about what matters most – their family and how to strengthen that family by building protective factors. Parent Cafés are focused on building the 5 research based protective factors that mitigate the negative impacts of trauma. See: http://www.bestrongfamilies.net/build-protective-factors/parent-cafes/

Positive Parenting Program (Triple P) is an evidence-based 12-hour program, delivered in six 2-hour group meetings with between 8 and 12 parents. The goal of Triple P is to prevent behavioral, emotional and developmental problems by teaching parents skills to reduce parental stress and increase confidence in parenting. The success of Triple P is demonstrated by increased knowledge, skills and confidence, as measured by a Parenting Task Checklist and decreased levels of stress, over-reactivity and hostility, as measured by the Parenting Scale. For more details about the Positive Parenting Program see: http://www.triplep.net/glo-en/home/

PEI Project 2: Mentoring for Transition Age Youth

Community Need

Research demonstrates that some of the risk factors associated with a higher than average likelihood of developing mental illnesses include adverse childhood experiences, trauma and ongoing stress, family or domestic violence, and prior self-harm or suicide attempts. Early intervention services, including mentoring, are critical to support the ability of youth and young adults to develop resiliency and learn to cope effectively with adverse childhood experiences.

Project Description

Public agencies or community-based organization(s) serving at risk-youth ages 16-25 will provide intensive mentoring and support to transition-age youth with emotional and behavioral difficulties who do not meet the criteria for specialty mental health care. The program will target very high-risk youth, including youth who are gang involved or at risk of gang involvement, have been sexually exploited as minors or transitional age youth, or have other exposures to violence, criminality, or emotional abuse that have depleted their resiliency.

Project Goal: *To reduce the risk of transitional-age youth developing serious and persistent mental illnesses that are associated with adverse childhood experiences, severe trauma or ongoing stress, family or domestic violence, and/or self-harm or suicidal thoughts.*

Project Components

Program Referrals: BHS clinicians may refer youth needing additional mentoring and support to prevent the onset of serious mental illness. Youth may also be referred from the Children's Mobile Crisis Support Team, the Juvenile Justice Center clinical team, or the Children and Youth Services crisis team. Other referral sources may include local police departments, the County Probation Department, the City of Stockton's Ceasefire program, schools, hospitals and by self-referral utilizing a referral form.

Modest funding may be granted to selected public agencies working with very high-risk youth to support the referral process.

Mentoring and Support Services: Agencies or community-based organization(s) will provide intensive mentoring and other supportive services to high-risk transitional age youth who require counseling to prevent the onset of a serious emotional disorder but do not otherwise meet the criteria for specialty mental health services. Potential evidence based approaches include:

- *Transitions to Independence (TIP):* TIP is an evidence-based practice designed to engage youth with emotional and/or behavioral difficulties in making a successful transition to adulthood. TIP programs provide case management services and supports to engage youth in activities to help resolve past traumas and achieve personal goals.

  TIP mentoring:
  - engages youth in their own futures planning process;
  - provides youth with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports; and

- involves youth and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains (i.e., employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning).
  For more details on the TIP model, see: http://tipstars.org

- *Gang Reduction and Intervention Programs:* The Gang Reduction and Intervention Programs (GRIP) empower youth to leave or avoid gang life. Programs works closely with local law enforcement, schools and other nonprofits to help at-risk young people develop a positive self-image and a hopeful vision for the future.

  GRIP programs are highlighted as promising strategies by the Office of Juvenile Justice and Delinquency Prevention and GRIP programs across the country are currently undergoing evaluation to demonstrate their effectiveness and reliability.

  In general GRIP programs are multi-agency collaborations that include strong community- and faith-based organizational participation and that provide interventions and support services to help gang-involved youth and their families (including younger siblings) make positive choices. Often this work requires addressing and healing past traumas. For more details see:
  http://www.ojjdp.gov/programs/ProgSummary.asp?pi=38

PEI Project 3: Trauma Services Collaboration with Child Welfare Services

Community Need

Children and youth in foster care have been affected by trauma, both by the fact that they have been separated from their family, and by the circumstances that led to their removal. Recognizing this trauma and minimizing additional trauma is a core responsibility of public agencies that serve foster children. Additionally, it is necessary to (1) assess the individual needs of each child and youth at the outset of his or her entry into foster care; (2) provide timely, coordinated, comprehensive, and community-based services, including specialty mental health services for children and youth who can be served within their homes, or; (3) provide intensive, therapeutic interventions within short-term residential treatment centers with a goal of enabling the child or youth to return to their birth, kinship, foster, or adoptive families as quickly and safely as possible. To fulfil these requirements public mental health services must coordinate with child welfare services to identify and provide early intervention services to address trauma exposure amongst foster children and youth. The long term intended outcomes are to (1) reduce the average length of time spent in group care facilities; (2) increase the average length of time spent in permanent foster family homes and reduce the overall number of placement transitions; and (3) decrease acuity of trauma reaction symptoms.

Project Description

This project aligns with the provisions of Assembly Bill 403 (AB403) the Foster Youth Continuum of Care Reform Act of 2015, and may be modified as statewide regulations and best practices emerge.

San Joaquin County will expand and enhance the provision of mental health early interventions for children in foster care. All children in foster care, who have been removed from their homes, are defined as at-risk for trauma reaction symptoms and deemed eligible for mental health early intervention services regardless of diagnosis, pursuant to AB 403. Early intervention efforts will include the following scope of services:

- Provide timely and appropriate assessment, diagnosis and access to mental health services for children and youth in foster care, including linkages to specialty mental health services;
- Provide trauma interventions for all children and youth removed from their homes and placed in the Mary Graham Children's Shelter;
- Provide ongoing clinical services and supports for all children and youth as they transition from Mary Graham or other temporary placements to permanent homes.
- Provide support groups and other caregiver supports for foster families to support placement stability amongst foster youth with moderate to severe trauma reaction symptoms

Project Goal: *Improve the wellbeing of children and youth that are placed in foster or group homes by decreasing the acuity of trauma reaction symptoms.*

Project Components:

This project is implemented in collaboration with Child Welfare Services and may be modified to align with the stipulations of the Foster Care Continuum of Care Reform Act (AB403) as best practice recommendations emerge across the state.

<u>Project Component 1: Emergency Triage and Assessment</u>

Provide emergency triage and mental health assessment services for children and youth during or immediately following removal from the home.

- Conduct preliminary interviews with child/youth and, if possible, with parent, guardian or other adult within the home to determine potential trauma exposures or pre-existing mental health

conditions. Interviews are conducted during the first 30 days following removal and placement into a receiving home. For children or youth referred to a Short-term Residential Therapeutic Program, a clinician will review preliminary screening within 48 hours and develop immediate follow-up assessment and intervention plan.

- Trauma Reaction Symptom Checklist is conducted with the child/youth post crisis/removal period by the Mental Health Specialist.
- Provide clinical assessment to case worker to inform the placement decision following removal and initial recommendations on mental health interventions, pending a full diagnosis.

Project Component 2: Early Interventions within Short Term Residential Therapeutic Program

Provide clinical and rehabilitation services within the Mary Graham Short Term Residential Therapeutic Program for children and youth for whom short-term residential placement is necessary to provide crisis stabilization and treatment structure prior to placement in a less-restrictive family based setting.

- Brief, intensive, and individual trauma focused cognitive behavioral therapy.
- Seeking Safety or other trauma focused groups for children and youth.
- Other rehabilitation groups for children and youth to address grief, trauma, and attachment issues.
- Specialized rehabilitation groups for sexually exploited minors using emerging promising practices.

Complete clinical assessment and diagnosis and make referrals and linkages to specialty mental health care or other community based mental health services as indicated.

Project Component 3: Early Interventions to Transition and Stabilize in Placement

Provide ongoing support for children, youth, and new foster families during the transition and stabilization process. Estimated case load duration 6-9 months; or until closed or transferred into ongoing mental health treatment services.

- Parent partners use motivational interviewing techniques to provide information and support to foster families on managing wellness within the home and navigating mental health services.
- Conduct individual or family interventions as needed to complete treatment plan or transition to ongoing mental health services and supports.
- Provide intensive coordination between schools, mental health, and other partners to transition child/youth from early interventions to ongoing services as needed.

PEI Project 4: Trauma Services for Children and Youth

Community Need
Research suggests that children and adolescents who have experienced trauma or abuse, and who do not receive early interventions, are at a greater risk for developing serious mental illnesses later in life. Children who have experienced trauma or abuse require tools to cope with adverse life events and interventions to reduce the long-term effects these events can cause.

Project Description
This project serves children and youth who are (1) attending schools that have, or will commit to implementing Positive Behavioral Interventions Services (PBIS); and/or (2) who are living in high risk neighborhoods, as evidenced by high rates of violent crimes, law enforcement calls, and/or referrals to Child Welfare Services.

Organizations providing services will collaborate with one or more schools or school districts that commit to:

1. Implement PBIS in the schools that the *Trauma Services for Children* project will be offered;
2. Have personnel in those schools trained by a local organization in understanding trauma, recognizing signs of trauma in children, and screening children for trauma using an evidence-based screening tool;
3. Refer children found to have signs of trauma for further assessment and intervention; and,
4. Provide space on campus for trauma assessments and interventions (individual, family, and group intervention services).

In schools that have committed to implement PBIS, the following project activities will be implemented:

1. School personnel trained in
    - recognizing and understanding trauma; and
    - Conducting initial trauma screenings and referrals.
2. Provision and documentation of Medi-Cal reimbursable services for children believed to be suffering from the effects of traumatic incidents:
    - Comprehensive evidence-based trauma screenings and/or assessments;
    - Short-term evidence-based trauma interventions; and
    - Linkages for children to appropriate level of specialty mental health treatment through the child's health plan or BHS, if needed.

Project Goal: *Reduce risk of Post-Traumatic Stress Disorders (PTSD) and other manifestations of trauma exposure, and improve access to treatment for those experiencing symptoms of trauma.*

Project Components:

Project 1: Contracted Trauma Services for Children

1. ***Personnel Training in Trauma****:* Training educators in understanding trauma, recognizing signs of trauma in children, screening children for trauma using an evidence-based screening tool and making referrals. Training will be provided using the core components of the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit, Second Edition {2014).

2. ***Trauma Screenings**:* Trauma screening for students who are identified as possibly experiencing symptoms of trauma exposure. Screenings will be conducted using the Trauma Events Screening Inventory for Children (TESI-C).

3. ***Short-term Trauma Interventions for Children***: Short-term, evidence-based, Medi-Cal eligible trauma interventions for children believed to be suffering from the effects of traumatic incidents. These interventions will include assessments, case management, Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), and linkages to alternate or additional services as needed.

    a. **Assessment:** Assess and evaluate students newly identified with symptoms of trauma. The assessment will be conducted by a Clinician and will include a diagnostic impression, mental status exam, and developmental history. The assessment process will also include the development of a Client Plan with the student and/or the legal guardian and/or primary caregiver.

    b. **Case Management:** Targeted case management services to help children reach their mental health goals, by providing education on mental health issues, and linking children to services such as more intensive services on campus, or referral to more appropriate services within the community or to BHS.

    c. **Mental Health Services:** As clinically appropriate, services may include: Individual therapy (with or without family present), group therapy, collateral contacts, individual rehabilitative services, and group rehabilitative services.

    d. **Referrals:** All children screened will be assessed to determine if they are appropriate for the short-term intervention or whether they should be immediately referred to more specialized services. All children receiving short-term interventions will be monitored to determine if, during the services or at completion, they should be referred to more intensive services.

Project 2*:* Expand Clinical Services to High Risk Neighborhoods

Specialty Mental Health Services - Children's mental health clinicians are currently located at the main BHS campus location, and in Manteca at a satellite clinic. MHSA funding will be allocated in 2016/17 to expand clinical services to South Stockton, a low-income community of 100,000 residents with high rates of crime, poverty, low educational attainment, and socio-economic disparities. Through MHSA funding, a clinician will be placed in a community center within the neighborhood, reducing barriers associated with getting to existing clinic locations. The project clinician will work primarily with children, youth, and their families and will align with the *Healing South Stockton Initiative*. Clinical approaches will include trauma focused cognitive behavioral therapy.

Additional activities may be leveraged through a grant from the California Accountable Communities for Health Initiative, awarded July 2016.

PEI Project 5: Early Interventions to Treat Psychosis

Community Need: Research suggests that it is possible to prevent the acute onset of major psychotic disorders through a systematic approach to early identification and treatment. Identifying and responding appropriately to the condition early can prevent disability and may prevent the onset of the acute stage of illness. Psychotic disorders rarely emerge suddenly. Most often, the symptoms evolve and become gradually worse over a period of months or even years. Early symptoms of cognitive and sensory changes often go undiagnosed which can cause significant disability before the illness becomes acute and is diagnosed.

Project Description: The Early Interventions to Treat Psychosis (EITP) program to provide an integrated set of promising practices that research has indicated will slow the progression of psychosis, early in its onset. The EITP program will offer a combination of outreach, engagement, and evidenced-based treatments and supports, delivered to individuals throughout San Joaquin County, age 14-34, who have experienced their first full psychotic episode in the past two years or who are showing prodromal symptoms of psychosis.

Promising models include, but are not limited to:

1. Early Assessment and Support Team of Oregon (EAST)
   Refer to: http://www.easacommunity.org/

2. Portland Identification and Early Referral Program (PIER)
   Refer to: http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/10/early-detection-and-intervention-for-the-prevention-of-psychosis.html

Project Goal: *To identify and provide treatment to individuals who have experienced their first full psychotic episode in the past two years or who are showing prodromal symptoms of psychosis in order to prevent disability and the onset of the acute stage of illness.*

Project Components

Program Referrals - Referrals to the EITP can come by a variety of resources, however, approval for program enrollment will be the responsibility of BHS.

Outreach and Engagement - Trained clinicians and peers will provide presentations to community agencies and organizations, service providers, and community members about early identification of schizophrenia and the services available to promote remission and recovery. Assessments will be provided in peoples' homes and in locations of their choosing. Active engagement efforts will aim to discourage individuals from dropping services once they are enrolled.

Assessment and Diagnosis – Trained clinicians will conduct a strength-based, recovery-oriented assessment using formal clinical assessment tools. There will be a follow up conducted every 12 months to determine exit readiness using an evidenced-based or promising practice tool or method.

Cognitive Behavioral Therapy (CBT) – CBT has been demonstrated in numerous research studies to be effective for depression, anxiety disorders, substance abuse, bipolar disorder, and schizophrenia (as an adjunct to medication), and for a variety of medical problems with psychological components. Cognitive Behavioral Therapists use a wide variety of techniques to help patients change their cognitions, behavior, mood, and physiology. Techniques may be cognitive, behavioral,

environmental, biological, supportive, interpersonal, or experimental. Cognitive-behavioral techniques include psycho-education, relaxation, social problem solving and cognitive restructuring.

Education and Support Groups – Provide rehabilitation and support groups, based on evidence based or promising practices, for consumers and family members. These groups will be designed to inform consumers and family members about mental illness, educate on how to access services needed, techniques of developing coping skills, and creating a social support system.

Medication Management: Provide medication management services to educate consumers regarding their psychiatric medications, symptoms, side effects and individualizing dosage schedules. Medications must be deemed effective and follow the current accepted standards of practice in the psychiatric community.

Individualized Support and Case Management: Case managers will work with clients and family members to address depression, substance abuse, family issues, and other challenges that impede recovery. Case managers will work to ensure that clients find and keep meaningful work, education, and permanent housing.

PEI Project 6: Community Trainings

Community Need
Mental illnesses are common, and failure to provide appropriate and timely treatment can have serious and detrimental consequences for individuals, families, and communities. Community trainings to increase the recognition of early signs of mental illnesses and to effectively respond and link individuals to services are needed to improve timely access to mental health services for all individuals, and especially for individuals and/or families from underserved populations.

Project Description
Trainings will reach out to community leaders, service providers, college instructors, religious or spiritual leaders, and consumers and family members to provide information on how to increase recognition and respond effectively to the signs and symptoms of potentially severe and disabling mental illness.
Project Goal: *To develop community members as effective partners in preventing the escalation of mental health crises and promoting behavioral health recovery.*

Project Components

1. **Mental Health First Aid (MHFA) for Youth and Adults** Mental Health First Aid is an evidence based approach for training community leaders to recognize the signs and symptoms of mental illnesses. In 2014 and 2015, BHS, San Joaquin County Office of Education and Stockton Unified School District all launched Mental Health First Aid initiatives. Mental Health First Aid trainings will be suspended for FY 2016/17 as outreach efforts are showing diminishing enrollment in trainings. Trainings may recommence in subsequent years in response to staff turnover and for refresher purposes.

2. **NAMI Provider Education Program (PEP), In Our Own Voice (IOOV), and Peer-to-Peer (P2P)** - Trained instructors will provide evidence-based classes to service providers, consumers and family members.
   - PEP helps providers who work with individuals living with mental illness to understand the experiences of mental illness from the perspective of the individual and family member. The five 2.5 hour sessions help participants increase their empathy and professional skills. Two PEP classes will be offered per year.
   - IOOV are 60-90 minute presentations to illustrate the individual realities of living with mental illness. The objective is to change attitudes, preconceived notions and remove stereotypes regarding mental illness. Each year, 40 presentations are planned throughout the county (32 in English and 8 in Spanish).
   - P2P program provides up-to-date research on brain biology, a personalized relapse prevention plan, tools to prepare for interactions with health care providers, and skills for decision-making and reducing stress. Classes are 10, 2-hour sessions designed for adults living with mental illness. Classes will be offered in English and Spanish.

     For more information see: http://www.nami.org/

PEI Project 7: Juvenile Justice Project

Community Need

Many of the children and youth detained in the County's Juvenile Justice Center (JJC) suffer from social or emotional disturbances and early onset of mental illness. Most have been victims of abuse and trauma prior to involvement with the juvenile justice system. Left untreated, they are likely to continue the behaviors that resulted in incarceration or experience ongoing behavioral health crises.

Project Description

The Juvenile Justice Project provides behavioral health screening, assessment, interventions, treatment and transition services to youth detained in San Joaquin County's Juvenile Justice Center.

Project Goal: *The goal of the Juvenile Justice project is to promptly identify behavioral health issues among juvenile justice involved youth, provide interim treatment, and ensure transition to ongoing services and supports. Untreated mental health conditions are addressed including, trauma, depression and onset of a major mental illness. Fewer JJC youth will attempt or complete suicide.*

Project Components

***Screening*:** As part of booking and detention procedures, staff of San Joaquin County's JJC conduct a behavioral health screening using the validated, evidence-based Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2). For more information about MAYSI-2 see: http://www.nysap.us/MAYSI2.html

***Assessment*:** Youth with an open behavioral health case or whose MAYSI-2 score indicate high to moderate behavioral health risk receive a comprehensive clinical assessment by BHS staff within 24 hours, including weekends. Youth with low to moderate indicators are assessed within five business days.

Crisis intervention: Youth who disclose suicidal ideation or threaten suicide during booking or at any time during their detention are immediately referred to BHS clinicians for evaluation.

Coordination of services: JJC clinicians inform the outpatient coordinator when a youth with an open behavioral health case is booked at the JJC. The JJC mental health service provider collaborates with the outpatient coordinator to continue treatment within BHS or a range of community based providers.

Behavioral health interventions: Detained youth receive behavioral health interventions in accordance with their clinical assessment. Interventions include medication management and individual and/or group therapy, and case management. The development of the client treatment plan and case management activities is conducted in collaboration with the youth, parents/caregivers, probation officers and social workers.

Release planning: BHS staff work with youth, family members, probation and child welfare workers to ensure that services and supports are not interrupted upon release or transfer from the JCC.

PEI Project 8: Suicide Prevention in Communities and Schools

Community Need
Suicide is a preventable consequence of untreated mental illnesses. Suicide prevention campaigns can effectively reduce the stigma associated with seeking mental health services and provide and promote suicide prevention resources, including alert helpers to link individuals to services. Broad suicide prevention strategies are needed to reduce stigma for help seeking behaviors and to increase awareness of suicide risk in San Joaquin County amongst children, youth, and adults.

Project Description
The suicide prevention project will include both universal and targeted suicide prevention efforts.

- CalMHSA will implement a regional universal suicide prevention campaign.
- Comprehensive school-based suicide prevention programs for high school students in San Joaquin County. Targeted suicide prevention activities will include:
  - Evidence-based suicide education campaigns.
  - Depression screenings and referrals to appropriate mental health interventions.

Project Goal: *The project is designed to identify and refer individuals at risk of self-harming and suicidal behaviors and to reduce stigma for help-seeking behavior.*

1) Project Component:
Suicide Prevention in the Community - CalMHSA provides local and regional suicide prevention strategies, including a public information campaign and training for community organizations suicide prevention. Funding is allocated to the CalMHSA suicide prevention program.

2) Project Component:
Suicide Prevention in Schools – Develops a comprehensive school-based suicide prevention and education campaign for school personnel and high school students. Provides depression screening and referral services which will result in the timely identification and referral of students at risk of self-harming and/or suicidal behaviors to mental health services. Programs must operate in partnership with one or more schools or school districts. At a minimum the program will include:

- School personnel at each participating high school will be trained in an evidence-based practice to understand suicide, recognize suicide risk behavior in students, and to refer students for assistance, and
- All sophomores (10th graders) at each participating high school will receive evidence-based suicide prevention education.

<u>Component 1: An Evidence-Based Suicide Education Campaign</u>
Implement one or more of the following evidence-based practices for both school personnel and students:

- <u>Yellow Ribbon Suicide Prevention Campaign</u>
  Implement the evidence-based *Yellow Ribbon Campaign* with its four essential stages:
  - Planning sessions with school leaders;
  - *Be a Link® Adult Gatekeeper Training* for school personnel and *Ask 4 Help® Youth Gatekeeper Training* for youth leaders, followed by school-wide student assemblies;
  - Booster training and training for new staff members and students; and

- Establishment of community task forces to ensure ongoing resource connections, awareness reminders, event coordination, and expanded gatekeeper training.

The *Yellow Ribbon Suicide Campaign* will be implemented in accordance with the evidence-based practice. See: http://www.mhawisconsin.org/Data/Sites/1/media/gls/yellow_ribbon.pdf

- safeTALK Workshops

  Provide *safeTALK* workshops for individuals ages 15 and over at participating schools to assist in the recognition and identification of individuals with thoughts of suicide, and to connect them to mental health resources. *SafeTALK* will be implemented in accordance with the evidence-based program detailed at: https://www.livingworks.net/programs/safetalk/

  SafeTALK workshops teach youth to be "alert helpers" who are better able to move beyond common tendencies to miss, dismiss, or avoid suicide; to identify individuals with suicidal thoughts; and to help connect a person with suicidal thoughts to suicide intervention responders.

  SafeTALK includes the following practice requirements:
  - Workshops must be conducted by a registered safeTALK trainer and held over three consecutive hours;
  - A community support resource (such as a trained volunteer, safety officer, or mental health professional) must be present to support any participants who experience difficulty;
  - Each workshop will have between 10 and 30 participants.

  Workshop materials, including participant workbooks, wallet cards, and stickers, are available for purchase from LivingWorks (https://www.livingworks.net/programs/safetalk/).

Component 2: Depression Screening and Referral

Provide depression screenings and referrals on school sites for high-school students throughout San Joaquin County. Screenings will be delivered by qualified personnel and provided to adolescents exhibiting signs of depression. An evidence-based screening tool will be used. Potential depression screening tools include but are not limited to:

- *Patient Health Questionnaire-9 for Adolescents* - Depression is common among adolescents. In response to the growing evidence for effective treatments for depression among adolescents, the US Preventive Services Task Force now recommends screening for depression among adolescents in primary care settings. The PHQ-9 has good sensitivity and specificity for detecting major depression among adolescents in the primary care setting. For more information on the PHQ-9 see: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/
- *Center for Epidemiological Studies Depression Scale for Children* - (CES-DC) is a 20-item self-report depression inventory used as initial screener and/or measure of treatment progress. Scores may indicate depressive symptoms in children and adolescents as well as significant levels of depression. For more information on CES-DC see: http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

Following the screenings, youth may be referred to one or more of the following: individual therapy with a qualified CAPC mental health staff and/or a Behavioral Health Services staff; further assessments and screenings for medication evaluation; and/or school-based depression support groups.

I. Full Service Partnership Projects

BHS provides a range of community-based specialty mental health services to support consumers and family members. Individuals with a mental health diagnosis may be served at various levels within the continuum of care depending upon their treatment needs. Full Service Partnership Programs are offered to consumers who require the highest level of treatment interventions to achieve their recovery goals and who meet the Full Service Partnership eligibility criteria.

"Full Service Partnership Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans, under which the County, in collaboration with the client, and when appropriate the client's family, plans for and provides the full spectrum of community services so that children and youth, transition age youth, adults and older adults can achieve the identified goals. *CA Code of Regulations §3200.140*

"Full Spectrum of Community Services" means the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client's family, in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resilience. *CA Code of Regulations §3200.150*

The summary of the FSP eligibility criteria and FSP component services are described below.

1. FSP Eligibility Criteria

All individuals referred to, and receiving, FSP Program Services must meet the eligibility criteria for enrollment in a FSP as described by state statute, regulation, and local priority needs. Individuals enrolled in a FSP program will be reassessed every six months to ensure eligibility criteria remain current. Individuals that no longer meet the eligibility criteria and have stabilized in their treatment plan will be transitioned to more appropriate mental health services.

Criteria 1: Eligibility for Public Mental Health Services (WIC § 5600.3)
All individuals enrolled in a Full Service Partnership program must meet the criteria for specialty mental health services as defined by the California Welfare and Institutions Code.

Children and Youth (0-17)	Adults (18 and older)

Have a primary diagnosis of a mental disorder which results in behavior inappropriate to the child's age, and
• As a result, has substantial impairment, *and*
  ○ Is at risk of removal from the home, *or*
  ○ The mental disorder has been present for more than 6 months and is likely to continue for more than a year if untreated.
 	
OR
 	
The child displays one of the following: psychotic features, risk of suicide, or risk of violence due to a mental disorder.
	Have a primary diagnosis of a serious mental disorder which is severe in degree, persistent in duration, and which may cause behavioral functioning that interferes with daily living.
	• Mental disorder, diagnosed and as identified in Diagnostic and Statistical Manual of Mental Disorders.
	• As a result of the mental disorder, the person has substantial functional impairments
	• As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.
	
	OR
	
	Adults who are at risk of requiring acute psychiatric inpatient care, residential treatment, or an outpatient crisis intervention.

Criteria 2: Designated as Underserved or Unserved (CCR §3200.300 and 3200.310)

Individuals enrolled in a Full Service Partnership program must meet the MHSA definition of an individual who is underserved or unserved by mental health services, as described in the California Code of Regulations.

Underserved	Unserved
"Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/ or reservations who are not receiving sufficient services.	**"Unserved"** means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Criteria 3: MHSA Criteria for Full Service Partnership Category (CCR § 3620.05)

Individuals enrolled in a Full Service Partnership programs must meet the MHSA eligibility criteria for enrollment.

- All children and youth identified at risk and seriously emotionally disturbed (SED) as a result of a mental health diagnosis, are eligible for enrollment in a Full Service Partnership Program.
- All others, (including, Transitional Age Youth, Adults, and Older Adults) must meet the following additional criteria:

Transitional Age Youth (Ages 16-25)	Adults (Ages 26-59)	Older Adults (Ages 60 and Older
TAYS are unserved or underserved and one of the following: • Homeless or at risk of being homeless. • Aging out of the child and youth mental health system. • Aging out of the child welfare systems • Aging out of the juvenile justice system. • Involved in the criminal justice system. • At risk of involuntary hospitalization or institutionalization. Have experienced a first episode of serious mental illness.	(1) Adults are unserved and one of the following: • Homeless or at risk of becoming homeless. • Involved in the criminal justice system. • Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. OR (2) Adults are underserved and at risk of one of the following: • Homelessness. • Involvement in the criminal justice system. • Institutionalization.	Older Adults are unserved experiencing, or underserved and at risk of, one of the following: • Homelessness. • Institutionalization. • Nursing home or out-of-home care. • Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. • Involvement in the criminal justice system.

Criteria 4: San Joaquin County Priority Service Needs

San Joaquin County has developed further clarification on the criteria for enrollment in a Full Service Partnership program, based on the priority service needs expressed during the MHSA Community Program Planning Process.

- For children and youth ages 3-17, Full Service Partnership Program enrollment will prioritize recipients of Child Welfare Services (e.g. foster care services); Juvenile Justice Services (e.g. juvenile detention or probation); or any Crisis Mental Health Services.
- Transitional Age Youth, Adults, and Older Adults eligible for enrollment in a Full Service Partnership Program will have a high acuity of impairment *and* have one or more of the following specific conditions:

Baseline Priority: Acuity of Impairment	**Local Priority 1: Criminal Justice Involvement**	**Local Priority 2: Other At-Risk Conditions**
Clinical Indication of Impairment • As indicated by a score within the highest range of needs on a level of care assessment tool*. *BHS will review and pilot level of care assessment tools during 2014/15. Use of the level of care assessment system will be implemented in 2015/16.	**Involved with the Criminal Justice System**; • Recent arrest and booking • Recent release from jail • Risk of arrest for nuisance of disturbing behaviors • Risk of incarceration • SJC collaborative court system or probation supervision, including Community Corrections Partnership	**Homeless; or,** • Living on the street, in a vehicle, shelter, a motel, or a place not typical of human habitation. **Imminent Risk of Homelessness; or** • Having received an eviction notice, living in temporary housing that has time limits, discharged from health facility or jail without a place to live. **Frequent Users of Emergency or Crisis Services; or** • Two or more mental health related Hospital Emergency Department episodes in past 6 months • Two or more Crisis or Crisis Stabilization Unit episodes within the past 6 months **At risk of Institutionalization.** • Exiting an IMD • Two or more psychiatric hospitalizations within the past 6 months • Any psychiatric hospitalization of 14 or more days in duration. • LPS Conservatorship

2. FSP Components and Related Services

FSPs in San Joaquin County operate within a "full spectrum" of services and supports that are available throughout the mental health system of care. Services are provided in accordance to consumer and their family members' needs. Over the next three years, BHS will strengthen the FSP programs with a goal that all FSP Programs will include the following components by FY 16/17:

Referral and Engagement:

- *FSP Referrals:* Consumers referred to an FSP program are required to have an assessment for specialty mental health care services through San Joaquin County Behavioral Health Services. Assessments and referrals may be received through any of the BHS specialty mental health outpatient clinics or 24-hours services, including inpatient and residential services.
- *Orientation to FSP Services:* Within 14 calendar days of receiving a referral, FSP program staff will evaluate the needs and orient the eligible consumer to the program philosophy and process;

providing enough information so that the consumer can make an informed choice regarding enrollment.

- *FSP Engagement Services:* Individuals eligible for FSP services, and not receiving treatment services, may be referred for FSP engagement services. The FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services.

Assessment and Service Planning:

- *FSP Treatment and Support Team:* Individuals enrolled in an FSP program will have an enhanced treatment team that includes a clinician, nursing or medical staff, case manager, and frequently a peer or parent partner with lived experience in recovery is part of the team.
- *FSP Assessment and Enrollment:* Within 14 calendar days of the decision to enroll, the FSP treatment team will meet with the client to complete an initial orientation packet. This process is used to explore the natural supports individuals have to build into recovery efforts, including family and community supports and to further understand treatment needs. Clinicians will conduct comprehensive clinical assessment to make recommendations for treatment and service interventions which are outlined in the *Client Treatment Plan*.
- *(Adult) Client Treatment Plan*: Plans describe the treatment modalities and services recommended to support recovery. Planning may occur in one or more sessions and will be completed within 60 days of enrollment. Plans include a *Strength Assessment* that highlights the interests, activities and natural supports available to the consumer and the core areas of life, or domains, (e.g. housing or personal relationships) they wish to focus on through treatment. Clients will be evaluated by a psychiatrist to review and discuss medications as a component of the treatment plans. Client Treatment Plans will be updated at least every twelve months.
- *(Children and Youth) Service Support Plan*: For youth in treatment in a FSP, service support plans describe the treatment modalities and services recommended to support recovery. Planning may occur in one or more sessions. Plans include a *Strength Assessment* that highlights the interests, activities and natural supports available to the consumer and the core areas of life, or domains, (e.g. housing or personal relationships) they wish to focus on through treatment. Service Support Plans will be updated as needed or every six months. The plan is developed through Child Family Team meetings conducted every 30 days.
- *Wellness Recovery Action Plan (WRAP):* Adult Consumers will work with peer partners to develop their own WRAP plans with strategies to decrease and prevent intrusive or troubling thoughts and to increase positive activities and quality of life. WRAP plans are consumer-directed and empowerment focused.

Service Interventions and Monitoring:

- *Case Management:* FSP consumers are assigned a case manager to work with them during the period of enrollment in the FSP. Consumers have intensive home or community-based case management. The frequency of contact will be directed by consumer needs and level of care.

- *Community Case Management:* Some FSP consumers may be assigned a specially trained community-based case manager from a partner agency that works jointly with BHS. Partner agencies have deep ties to various underrepresented communities and the formal and informal support networks within those communities. Community Case Management services include:
    - Treatment planning
    - Individualized services and supports
    - Group services and supports
    - Case management and referral services

  All Community Case Management services align with the vision and scope outlined here.

- *Individual interventions:* FSP consumers receive individualized interventions from a clinician. BHS clinicians are trained in several modalities. Consumers work with clinicians that have training in the modality that best meets their treatment needs. Individual therapeutic approaches to support consumers may include:
    - Cognitive Behavioral Therapies, including for psychosis
    - Trauma Focused Cognitive Behavioral Therapy
    - Parent Child Interactive Therapy
    - Therapeutic Behavioral Services
- *Cognitive Behavioral and Skill-Building Groups:* FSP consumers will additionally participate in group skill building and treatment activities. Group activities are intended to further refine, reflect, and practice the behaviors and thinking-patterns identified within the WRAP and treatment plans. Consumers with co-occurring disorders will also be screened for substance use treatment services, including residential or outpatient treatment services. BHS and local community partners may offer a range of evidence-based treatment and support groups, including, but not limited to:
    - Aggression Replacement Training
    - Anger Management for Individuals with Co-occurring Disorders
    - Chronic Disease Self-Management Skills
    - Dialectical Behavior Therapy
    - Seeking Safety (a trauma-informed, cognitive behavioral treatment)
    - Matrix (a cognitive behavioral substance abuse treatment)
    - Cognitive Behavioral Interventions for Substance Abuse
    - Various peer and consumer-driven support groups
- *Psychiatric Assessment and Medication Management: FSP* Consumers will meet with a prescribing practitioner to determine appropriate medications and will be followed by a nurse or psychiatric technician to ensure that the prescribed medications are having the desired effects. Follow-up visits with the psychiatrist or prescribing practitioner will be scheduled as needed to refine or adjust prescriptions. Additionally, case management services may include daily or weekly reminders to take medications as prescribed.
- *Wraparound Supports:* Community Behavioral Intervention Services are available to adult and older adult FSP clients who are unable to stabilize within the treatment services and to prevent

the development or escalation of a mental health crisis and to provide early interventions for problematic behaviors. Intensive Home Based Services and Care Coordination are available for children, youth, and their families for any children or youth who meet Specialty Mental Health Services, and who would benefit from those services.

- *Additional Community Supports:* A broad range of community, housing, and employment support services are also available to consumers enrolled in an FSP program. Programs funded through MHSA are described in Systems Development Projects, and include:
    - Wellness Centers
    - Mobile Crisis Support Team
    - Housing Empowerment Programming
    - Employment Recovery Services
- *Monitoring and Adapting Services and Supports:* A level of care assessment will be re-administered every six months, or per fidelity to the model, and will be used to inform and update the intervention recommendations described in a *Client Treatment Plan*.

Transition to Community or Specialty Mental Health Services

- *Transition Planning:* Transition planning is intended to help consumers "step-down" from the highly intensive services of the full service partnership program into specialty and/or community based mental health services. Indicators that a consumer is ready to step-down include, increase stability in housing; increase functionality as indicated by attainment of treatment goals; completion of therapeutic interventions and readiness as determined by the FSP clinical team; and clients ability to move successfully to a lower level of care.
- *Engagement into Community or Specialty Mental Health Services*: All FSP consumers will have a *FSP Discharge Process* that includes a specific plan for follow up, linkage to a lower level of care, community resources to support progress obtained and stability in living environment. Adult consumers will be encouraged to develop (or update) their own wellness recovery action plan.
- *Post FSP Services*: FSP consumers stepping down from an FSP program will be linked with an FSP Engagement worker. The FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services. Engagement workers will ensure that individuals who have stabilized in treatment services will remain stable by providing regular follow-up services to ensure satisfaction and engagement with new treatment services and continued stability in the community for a period of up to six months following discharge from an FSP.

FSP Project 1: Children and Youth

Project Description

The Children and Youth FSP provides intensive and comprehensive mental health services to unserved and underserved youth and families who have not yet received services necessary to address impairments and stabilize children and youth within their own environments. Full Service Partnership program interventions are targeted for children and youth who are: (1) juvenile justice involved, or (2) engaged with the Child Welfare System or (3) diagnosed with a serious mental illness or severe emotional disturbance that necessitates service interventions beyond the scope of traditional specialty mental health care.

FSP Project 2: Transitional-age Youth (TAY)

Project Description

The TAY FSP provides intensive and comprehensive mental health services to unserved and underserved transitional age youth 18-25 with a diagnosed mental illness who are having difficulty stabilizing in and managing their own treatment and recovery. Services are designed to meet the needs of adolescents and young adults, with an emphasis on recovery and wellness through an array of community services to assist TAY consumers in developing the skills and protective factors to support self-sufficiency.

Target populations include:

- *(SED/SMI) Adolescents 18-21,* who are exiting foster care system or were at one time in the foster care system. In addition to the full spectrum of mental health and support services provided within an FSP, services are designed to teach chronic illness management skills and to find and engage caring adults and/or peers to support treatment and recovery process.

- *Young adults 18-25,* with serious mental illness and/or co-occurring substance use disorders. Services include a high-focus on doing "whatever-it takes" to stabilize and engage individuals into treatment services, including providing a range of readiness for recovery services such as extended engagement, housing supports, substance abuse treatment services, and benefit counseling prior to the formal "enrollment" into mental health treatment services.

FSP Project 3: Adult

Project Description

Adult FSP services are available throughout the county for any adult with serious mental illness who meets the criteria for FSP enrollment, with priority enrollment given to individuals who are currently involved with the criminal justice system, homeless, frequent users of crisis or emergency services, or are at-risk of placement in an institution. The foundation of San Joaquin County's Adult FSP program is the provision of a full spectrum of community supports and services (e.g. housing, employment, education, mobile crisis response, peer support, and substance abuse treatment services) to sustain and stabilize individual consumers within their recovery process. The FSP programs have a high staff to consumer ratio, and a team approach that is predicated upon the partnership between the consumer, the mental health clinical team, and family or peer partners in recovery.

Target population:

- *Adults 26-59,* with serious and persistent mental illnesses that have not otherwise stabilized in their recovery through specialty mental health services, and who are unserved or underserved, and experiencing at least one of the following (*see eligibility criteria p. 53*):
    - Involvement with the criminal justice system
    - Homeless or at imminent risk of homelessness
    - Frequent emergency room or crisis contacts to treat mental illness
    - At risk of institutionalization

Adult FSP programs also offer a range of culturally competent services, and engagement to community-based resources designed for:

- *African American consumers*
- *Latino/Hispanic consumers*
- *Lesbian, gay, bisexual and transgender consumers*
- *Muslim or Middle Eastern Consumers*
- *Native American consumers*
- *Southeast Asian consumers*

FSP Project 4: Older Adult

Project Description

The Older Adult FSP provides individualized and focused treatment to older adults 60 and over with serious mental illness and/or co-occurring substance use disorders. The Older Adult FSP focuses on older adults with serious and persistent mental illness who require more extensive services and supports to successfully engage in treatment services, including linkages to other needed services, such as primary health care, supportive housing, transportation assistance, nutrition care, and services to prevent isolation and depression. The Older Adult program works collaboratively with consumers, family members, housing providers, and other service providers to ensure that consumers can live safely and independently within their community.

Target Population:

- *Older Adults 60 and over,* with serious mental illness and one or more of the following:
  - Homeless or at imminent risk of homelessness
  - Recent arrest, incarceration, or risk of incarceration
  - At risk of being placed in or transitioning from a hospital or institution
  - Imminent risk of placement in a skilled nursing facility (SNF) or nursing home or transitioning from a SNF or nursing home
  - At-risk for suicidality, self-harm, or self-neglect
  - At-risk of elder abuse, neglect, or isolation
  - On conservatorship

FSP Project 5: Community Corrections

Project Description

The Community Corrections FSP works in partnership with San Joaquin County Jail, Correctional Health Services, the Collaborative Court System, the Probation Department, and other justice agencies, to provide a full spectrum of mental health services to consumers who are engaged by the criminal justice system. The program works in collaboration with the judicial system by providing assessment, identification, outreach, support, linkage, and interagency collaboration in the courtroom and to supervising Probation Officers to help ensure a successful reentry and transition into the community for justice-involved individuals. Treatment and case management services may begin 30 days prior to release from the County operated Jail, or as soon as possible on release, to prevent individuals with a diagnosed mental illness from being released without a treatment and support plan

Target Population:

- *Justice-involved Adults 18 and over,* with serious and persistent mental illnesses who are being treated by Correctional Health Services within the San Joaquin County Jail and are within 30 days of release into the community.
- *Justice-involved Adults 18 and over,* with a diagnosed mental illness or co-occurring substance use disorder, who are participating in problem-solving, collaborative courts in San Joaquin County, including:
    - Adult Mental Health Court
    - High Violence Court
    - AB109 Reentry Court
    - Felony Drug Court
    - Parolee Reentry Court
    - Veterans Court

FSP Project 6: Intensive Adult

Project Description

The Intensive Adult FSP is a pilot project to serve adult consumers, with serious and persistent mental illnesses, that have co-occurring substance use disorders, are homeless, and have current or prior justice involvement. Consumers referred to the Intensive Adult FSP are at the greatest risk of institutionalization due to untreated mental illness. The Intensive Adult FSP provides the full spectrum of FSP services within a long-term supportive housing environment. The Intensive Adult FSP program operates on a long-term supportive housing model, recognizing that recovery from co-occurring mental health and substance use disorders requires a safe and stable living environment; consistent cognitive behavioral interventions; intensive, trauma-informed supportive services; and time to heal and recover.

BHS will continue to research the feasibility of developing a project that targets those individuals that have been hardest to serve successfully, such as those returning from a placement at an Institution for Mental Disease (IMD) or other long-term placement.

Project planning in collaboration with San Joaquin County Health Care Services Agency and other key stakeholders is currently underway to provide better health and stability for homeless individuals. Homeless individuals with disabilities, including serious mental illness, are at a heightened risk for chronic homelessness (homelessness that persists for months and even years). Funding may be allocated in the future to align with emerging County initiatives.

Target Population

- *Adults,* with serious and persistent mental illness and co-occurring substance use disorders who are also homeless and who have had one or more arrests or incarcerations.

FSP Project 7: FSP Outreach and Engagement

Project Description

The FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services. Engagement services provide a warm link into FSP program services and warm hand-off to outpatient specialty mental health services upon discharge from an FSP.

FSP Engagement is conducted by mental health outreach workers and recovery coaches; they provide support services to consumers of mental health services within the first 90 days of their diagnosis and/or within the first 90 days of engagement/enrollment into a full service partnership program and provide recovery supportive services throughout treatment. Mental health outreach workers and recovery coaches are individuals who self-identify as a consumer, family member, or community member with experience in the recovery process. The FSP Engagement program is intended to provide a caring peer or community member to support the individual in their first engagement with the mental health system of care.

Mental health outreach workers and recovery coaches will conduct non-urgent and non-clinical engagement activities intended to support individuals who are learning to navigate the mental health system of care and need additional peer support to prevent anxiety associated with navigating the service delivery system. Mental health outreach workers and recovery coaches will also be assigned to all individuals *discharged from* a full service partnership to ensure that consumers are successfully engaged in on-going treatment services and WRAP plans continue to meet their recovery needs. Discharged FSP consumers may remain engaged for up to six months to ensure their continued stability in the community.

Target Population

- *All Individuals Eligible for FSP Programs.*
- *All Consumers Discharged from FSP Programs*

Project Components

- *Consumer and Family Engagement*
  - Encourage and support consumers to attend behavioral health appointments and participate in all aspects of their recovery plan.
  - Educate consumers on resources available at BHS or in the community.
  - Engage family members and caregivers, as appropriate, to support the recovery process.

- *Navigation Assistance*
  - Assist the consumer in the navigation of the mental health system of care at BHS.
  - Assist the consumer with accessing substance use treatment.
  - Assist the consumer with accessing mental health crisis services.

- Provide assistance with transitioning to specialty or community-based mental health services upon discharge from an FSP.

- *Provide FSP Ongoing and Discharge Support* to assist consumers in transitioning to more routine specialty or community-based mental health services for a period of up to six months.
    - Help consumers periodically review and update their Wellness Recovery Action Plans.
    - Provide culturally and linguistically appropriate resources and information to help consumers and family members find additional supports within their communities.
    - Provide weekly in-person or telephone follow-up support services for a period of up to six months following FSP discharge, or until stabilized in treatment (as determined by regular participation in scheduled appointments and recovery oriented activities) and satisfaction with new treatment services.

- *Mental Health Screening*: Individuals that walk-in or self-refer themselves to clinics must be provided with a mental health screening. Screenings are intended to determine the urgency for a full mental health assessment and the likeliness of requiring specialty mental health care treatments services. Individuals screened with likely mild to moderate symptoms may be referred to their primary health care provider or other community resource for follow-up.
    - Conduct initial mental health screening to determine need for mental health related services.
    - Create an assessment appointment with a clinician for individuals that have a positive mental health screening.
    - Refer all other individuals to other community resources for ongoing services and supports.

- *FSP Engagement will use a Relationship-Based Care Model* to support individuals who have difficulty with engagement and sustaining participation in mental health treatment. Core principles include:
    - Engagement. Use *Motivational Interviewing* techniques to engage consumers and establish foundation for participation. (see info at: www.motivationalinterviewing.org)
    - Trusting Relationship. Engagement workers, trained in Mental Health First Aid, ASIST suicide prevention, and local response procedures, will develop a stable and consistent relationship with the consumer. (see info at: www.nami.org/providereducation, www.mentalhealthfirstaid.org and www.livingworks.net)
    - Commitment to Recovery. Use the *Wellness Recovery Action Plan (WRAP)* process to help clients develop "future oriented" goals, including goals for recovery. (see info at: www.mentalhealthrecovery.com/wrap)

Non-Full Service Partnership Projects

MHSA funding is additionally allocated to expand and enhance existing community services and supports, beyond the scope of traditional specialty mental health care treatment services; including outreach and engagement; peer and family support services; services to obtain and maintain employment and housing; and rehabilitation, respite, and stabilization services. Through MHSA San Joaquin County has also significantly expanded its continuum of crisis response services to support individuals who are best served through timely, intensive services; this includes the creation of a crisis stabilization unit for children and adults and new mobile crisis support teams. By extending mental health services beyond the traditional scope of specialty mental health treatment services to BHS is better supporting consumers and their family members who have repeatedly indicated that treatment alone is not sufficient to maintain wellness and recovery.

The CSS programs in this section serve any individual with a diagnosis that meets criteria for specialty mental health care services. Outreach, engagement, and mobile crisis response services may also work with individuals within specially designated target populations that have high incidence of unserved or inappropriately-served mental health disorders, including those that are homeless, or who have had frequent inpatient or hospital emergency room visits. Brief intervention services are offered to individuals in order to build the trust and rapport necessary to meaningfully conduct a mental health assessment and engage in specialty mental health services.

San Joaquin County Behavioral Health Services will additionally leverage and expand existing CSS project to support a proposed Whole Person Care pilot project. Whole Person Care (WPC) pilot project applications are currently under consideration by the California Department of Health Care Services. Notification of project approval is pending and expected in October 2016. If awarded it is the intention of San Joaquin County Behavioral Health Services to allocate MHSA funding as a portion of the required "non-federal match." A "match" is the amount of locally controlled funding that is allocated to match the amount of funding requested. San Joaquin County has proposed to allocate $1.25 million, annually, in MHSA funding to serve as the match for its WPC pilot project over the next five years. Other match funds are being provided by San Joaquin General Hospital funds. If awarded, San Joaquin County will receive an additional $1.25 million in funding to support program efforts. All funding (both the match and the new funds leveraged) will be allocated to expand and enhance services. Target populations include both individuals who have a mental health and/or substance use disorder and those are not yet diagnosed, but are at high-risk of having an untreated mental health disorder, including those who are:

- Homeless or are at risk of homelessness upon discharge from a hospital or other county facility
- Over-utilizers of emergency department services

WPC pilot projects align with the vision and spirit of the Mental Health Services Act by identifying and engaging those whose mental illnesses continue to resist standard protocols with new, innovative, coordinated, and intensive services that provide new options for engagement and treatment.

CSS Project 1: San Joaquin County Whole Person Care Pilot Project (Pending Approval of Grant Application by DHCS)

Project Description: This project provides match funding in the event that San Joaquin County's Whole Person Care Pilot Project application is approved by DHCS. Match funding will be allocated (at a minimum) for the five years of the project.

The purpose of San Joaquin County's Whole Person Care pilot project is to test interventions and create a care management infrastructure to better support individuals who are at high risk of untreated mental illness *and* are high utilizers of health care services. Program services will be targeted to adult Medi-Cal beneficiaries who over-utilize emergency department services, have a mental health and/or substance use disorder, or are currently, or at risk of homelessness upon discharge from an institution.

Project Summary: Whole Person Care, Comprehensive Health System Outreach and Engagement

- *Homeless Outreach Team* provides outreach and engagement to individuals experiencing homelessness in San Joaquin County. Chronic and persistent homelessness is correlated to serious mental illness. An existing homeless outreach team will be expanded through MHSA expenditures. Outreach team members will conduct outreach and engagement to enroll individuals into program services and offer non- Medi-Cal reimbursable services such as transportation, meals, information and other supports to stabilize individuals and build rapport.
    - Conduct outreach and engagement to enroll individuals into program services.
    - Offer non- Medi-Cal reimbursable services such as transportation, meals, information and other supports to stabilize individuals and build rapport.
    - Conduct outreach , engagement, and follow-up with homeless individuals referred by the Mobile Crisis Support Team for further mental health treatment interventions.

- *MHSA Integration Team* will provide integrated care coordination and case management across county agencies, health plans, providers, and other entities. Care coordination will be expanded through MHSA expenditures to ensure intensive and appropriate care coordination for designated project target populations.
    - Provide integrated care coordination and case management across county agencies, health plans, providers, and other entities.
    - Provide services where individuals are located and best served, whether within the community, shelter, or hospital setting.
    - Conduct, research, data collection, and analysis to ensure project activities are effective and improving outcomes for consumers.

The Whole Person Care, Comprehensive Health System outreach and engagement activities are contingent upon the approval of San Joaquin County's Whole Person Care Pilot Project application by the California Department of Health Care Services (DHCS). In the first year, funding will be used for planning and program design, per DHCS project stipulations.

CSS Project 2: Expanded Mental Health Engagement

Expanded Mental Health Engagement services will reach out to individuals with mental illnesses who are unserved by the mental health system and to individuals for whom disparities in access to treatment are prevalent. Mental Health Engagement services will conduct brief outreach activities to engage individuals with mental health illnesses and link them into specialty mental health services. Peer partners, or outreach workers, will conduct targeted outreach to consumers of unplanned services, who meet the target population criteria and for whom there is a risk that they will not return for follow-up treatment. Outreach workers will provide information on available treatment services and the benefits of recovery within the cultural context of the individual and their family or community.

The goal of the project is to retain consumers of specialty mental health services in planned, outpatient treatment services. All consumers referred to Specialty Mental Health Engagement services are required to have an evaluation for specialty mental health care services through San Joaquin County Behavioral Health Services. Evaluations and referrals may be received through any of the BHS specialty mental health outpatient clinics or 24-hour crisis services, including the mobile crisis team, inpatient psychiatric facility, and crisis residential services.

Target populations

- *Unserved Individuals,* with an emphasis on individuals living in geographic areas with fewer mental health services and Hispanic and Latino neighborhoods to increase utilization of specialty mental health services amongst individuals with mental illness.
- *Inappropriately Served Consumers,* as evidenced by disproportionately high rates of participation in crisis or emergency services (compared to rates of participation in scheduled outpatient treatment services) including Native American and African American consumers.
- *Homeless Individuals,* including individuals that are living in a place not intended for human habitation, in an emergency shelter, in transitional housing, or are exiting a hospital, jail, or institution and do not have a residence in which to return and lack the resources or support networks to obtain housing.
- *Justice-involved Consumers*, including individuals released from jail or prisons with diagnosed mental illnesses.
- *Linguistically- and Culturally-Isolated Consumers,* for whom English is not their first language, and/or is not the first language of their parents, caregivers, or guardians.
- *Individuals with serious mental illnesses who are LGBT, Veterans, have developmental disabilities, or other experiences which may isolate them from the existing system of care,* including any individual who is not well-engaged by the outpatient specialty mental health clinics, and not otherwise eligible for FSP program services (i.e. lower acuity or need).

Mental Health System Outreach and Engagement

- *Provide Counseling, Engagement and Support Services* for individuals with co-occurring SMI and developmental disabilities, older adults and veterans living alone under isolated conditions who are suffering from untreated mental illnesses, including depression, grief, loneliness, post-traumatic stress disorder, or who are experiencing a loss of mobility or independence.
  - Engage and link individuals to public mental health system.
  - Provide screening, referrals and support to link participants to additional services and supports, especially as pertaining to health and safety needs.
  - Provide one-on-one support, connection and engagement to reduce depression.
  - Facilitate access to support groups at senior, veterans, and community centers.
  - Conduct two to four home visits to each participant on a monthly basis (seniors only).

- *Consumer and family engagement and advocacy* helps consumers and family members navigate the system, helps consumers understand their rights and access to services, including dispute resolution. All providers (staff, contractors, and volunteers) serve as a liaison between consumers and family members and the mental health system of care. Specific activities include:
  - Consumer outreach coordinator(s)
  - Family advocacy

CSS Project 3: Mobile Crisis Support Team

Project Description

Mobile Crisis Support Teams (MCSTs) provide on-site mental health assessment and intervention within the community for individuals experiencing mental health issues and to avert a mental health related crisis. MCST help avert hospitalizations and incarcerations by providing early interventions to individuals who would not otherwise be able to seek help at traditional service locations. MCSTs transition individuals to appropriate mental health crisis interventions in a timely fashion, reducing dependency on law enforcement and hospital resources. Comprised of a clinician and a peer- or parent-partner, MCSTs provide a warm handoff to services and help educate and introduce individuals and their family to the most appropriate services in a calm and supportive manner.

MHSA funding supports three teams stationed in alternate locations and extend the hours of operations of the existing team to include evening and weekend hours. Services are available daily (Monday – Sunday), and into the evening hours most days of the week.

Team:	Location:	Target Population:	Hours of Operation:
Children's Team	Mary Graham Children's Shelter	Children and youth and those receiving foster care services	Tues. – Sat. 10am – 7pm
Justice Team	Downtown Stockton	Justice Involved Offenders Forensic, mentally ill offenders	Tues. – Sat. 10am – 7pm
BHS Campus Team(s)	Behavioral Health Services	Adults experiencing a crisis in the community or at hospitals	Mon. – Fri. 8am – 5pm Wed. – Sun. 3pm – 9pm

CSS Project 4: Wellness Center

Project Description

Wellness Centers are consumer-operated programs that provide an array of recovery support services. Wellness Centers provide classes and information on services and supports available in the community, self-help and peer-support group activities, and trainings and workshops to promote long term recovery and well-being on a variety of topics: from positive parenting, to nutrition and active lifestyles, to job development skills. Wellness Centers provide scheduled and drop-in services and programming that is respectful and representative of the diversity of consumer members.

BHS currently provides funding for one Wellness Center in Stockton CA. Proposals for additional Wellness Centers may be solicited for wellness center programming in additional communities.

Project Goal*:*

The primary objectives for this program will be to:

- Provide a consumer-driven self-help service center in close collaboration with consumers, family members and BHS.
- Increase opportunities for consumers to participate in activities that promote recovery, personal growth and independence.
- Increase leadership and organizational skills among consumers and family members.

Target Population

The target population is consumers with mental illness and their family members and support systems.

Project Components

The Wellness Center(s) will provide the following services:

- *Consumer Leadership:* Foster leadership skills among consumers and family members, and include the use of consumer surveys to determine necessary training and supports to assist consumers and family members in providing leadership. Wellness Center(s) will develop and maintain:
  - Consumer Advisor Committee
  - Consumer Volunteer Opportunities

- *Peer Advocacy Services:* Peer Advocates or Wellness Coaches listen to consumer concerns and assist in the accessing of mental services, housing, employment, child care and transportation. Peer Advocates or Wellness Coaches train consumers to provide self-advocacy and conflict resolution. Peer Advocates or Wellness Coaches address day to day issues consumers face such as life in board and care homes and negotiating the mental health system to obtain services and understanding medications. Issues and information addressed include:
  - *Legal Advocacy:* Information regarding advanced directives and voter registration and

securing identification documentation

- *Housing Information and Advocacy:* Information on housing resources will be provided. Consumers will be assisted in developing skills needed in finding affordable, well maintained housing options and alternatives, such as finding compatible roommates.
- *Employment Advocacy*: Information on employment, the impact of SSI benefits, available resources and programs and resume and interview preparation will be provided. Assistance will be given in finding suitable clothing and transportation for job interviews. Services will be provided in collaboration with the BHS Career Center.
- *Childcare Advocacy:* Childcare advocacy will be available to consumers who have children under the age of 13 and will include the provision of information, assessing problems of access and providing vouchers to pay for childcare when needed to access mental health services, medical services or attend a job interview.
- *Transportation Advocacy:* Consumers will be trained on accessing available public transportation options. When situations arise where there are no public transportation options, the Center will provide transportation to stakeholder activities, clinic appointments, medical appointments, peer group classes, employment interviews and urgent situations.

- *Peer-Led Classes and Coaching:* The average group class size should be five to seven consumers. The following consumer-led services will be provided at the Wellness Center:

  - Independent Living Skills classes to teach cooking skills, budgeting, banking, nutrition, healthy living and exercise, grocery shopping, and use of community resources such as the library and the Food Bank.
  - Coping skills classes to teach time management, personal safety, communication skills, medication information, socialization skills, decision making and goal oriented task completion.
  - Serenity exploration to allow consumers to explore individual spirituality and growth as part of recovery.
  - Wellness and Recovery Action Planning (WRAP).
  - Computer skills coaching to assist peers in the use of computers and internet access. Computers and internet access will be available at the center.

- *Outreach Services:* Outreach services will be provided to consumers and family members to increase awareness of the availability of the Wellness Center and to encourage the use of its services. Outreach efforts will include unserved, underserved and inappropriately served populations. Cultural activities will be organized on a regular basis to introduce new community members to the Wellness Center.

- *Volunteer Program*: A volunteer program for peer advocates and peer group class facilitators will be developed and maintained. The volunteer program may also include the development of a speakers' bureau to address stigma and discrimination and to relay stories of those recovering from mental illness.

CSS Project 5: Housing Empowerment Services

Project Description

Permanent supportive housing programs offer voluntary, flexible supports to help people with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Housing Empowerment Services helps mental health consumers to attain and retain permanent housing. Supportive services empower consumers to live independently within their homes and communities.

Project Goal: *The overall goal of the program is to increase the numbers of mental health consumers who have safe, stable and affordable permanent housing. The measurable goal of this project is to increase the capacity of participants to maintain stable housing over time.*

The project is intended to result in:

- Increases in residential stability among mental health consumers;
- Reductions in incidences of homelessness among mental health consumers;
- Increased satisfaction with housing among mental health consumers;
- Increased number of housing units available to mental health consumers;
- Reductions in hospitalizations among mental health consumers

Target Population

The target population will be seriously mentally ill adults (ages 18 and older) enrolled in and referred by the BHS and their families. Participants will have symptoms of serious mental illness and be at risk of homelessness, chronic housing instability, mental health crisis, and/or hospitalization. A large portion of the target population is anticipated to have co-occurring mental health and substance abuse disorders.

Priority will be to serving individuals who are homeless, frequent users of crisis and emergency services, and/or those who have a chronic history of housing instability. In keeping with the County's MHSA Plan, the project will also provide services to unserved, underserved, and inappropriately served populations in San Joaquin County including African-American, Latino, Muslim/Middle Eastern, Native American, Southeast Asian, and Lesbian, Gay, Transgender and Bi-Sexual (LGBT) populations. Participation in services provided under this project will be voluntary.

Project Component 1:

The Housing Empowerment Services project is based on the Evidence-Based Practice Kit on Permanent Supportive Housing issued by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). (For more info see: http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510.)

The project is a partnership between BHS and the contractor(s). BHS provides all mental health services, including assessments, treatment plans and case management services. Selected contractor(s) provide:

1. Individualized Consumer Interviews: Conduct individual interviews with each consumer to determine their preferences for location of housing (specific city or neighborhood), type of housing desired (independent, shared with roommates), desired proximity to services, transportation needs, and cultural and other preferences to assist in locating suitable housing. The interview will also be used to collect information on consumers' rental history, income, and financial situation.

2. Individualized Housing Stabilization Plans: Information collected will form the foundation of Housing Stabilization Plans, which will address both housing needs and recommended voluntary support services related to maintaining permanent housing. Contractor staff will work in partnership with FSP staff to encourage consumer participation in services designed to achieve the goals of the Housing Stabilization Plan.

   Housing Stabilization Plans will focus on identifying the minimal support necessary for the consumer household to achieve housing stability. Plans that indicate the need for continuing support will be reviewed at least every three months.

   Periodic reviews of needs and progress toward stabilization will be completed at least every three months for households requiring extended support. Contractor staff will make monthly contact with assisted households during their enrollment with an FSP. Forms used for periodic reviews will be designed to track progress toward consumer-established goals.

3. Housing Coalition: Establish and facilitate a coalition of housing experts that meets at least four times per year, including housing providers, community planners, and others familiar with low-income housing, to provide networking, promote new housing opportunities for low-income mental health consumers, and to track the development of new housing projects. Maintain referral lists of landlords and property management firms with a history of providing housing to low income individuals and/or mental health consumers. Provide consumers with lists of current vacancies in these housing opportunities. Encourage and enlist other landlords and property managers to accept mental health consumers as tenants, especially those at risk for homelessness.

4. Housing Related Support Services designed to increase consumer's ability to choose, get and keep housing:

   a. Help consumers search for suitable scattered site housing, complete housing applications and meet with landlords to discuss possible concerns.

   b. Assist consumers in increasing independent living skills focusing on housing stability, such as paying rent on time, managing money, locating community amenities, buying furnishings and household goods, and maintaining the cleanliness of the apartment.

   c. Provide at least four informational presentations to consumers and family members on issues related to fair housing laws, tenant rights and responsibilities, landlord/tenant conflict resolution, and resolving problems with neighbors.

   d. Provide assistance for consumers in moving their furniture and belongings into their new homes.

5. Financial Assistance for Consumers: Provide financial assistance with rental deposits, initial months' rent, critical utility payments, essential furnishings, and property damage coverage in order to sustain and/or maintain stable housing in urgent situations. Contractor will submit payments for rental deposits, initial months' rent, and property damage coverage directly to landlords; subsequent assistance, as warranted and approved through the assessment process and continued re-evaluation of consumer needs, will also be made directly to landlords. Other payments will be made directly to vendors on behalf of enrolled consumers.

Housing Standards: Housing for each consumer will be decent, affordable and safe. Contractor will conduct property inspections prior to providing housing assistance. Determination of Housing Quality Standards will be based on standardized forms used by the federal Department of Housing and Urban Development (HUD). All housing options will also meet federal and local codes for safety and habitability. Resources will not be used to provide housing assistance in facilities that do not meet local codes or that compromise consumer health and/or safety.

In keeping with identified best practices, all leases signed by consumers will be required to be standard, written rental agreements, and consumers and landlords would retain all normal rights of lease extension/termination; assistance will not be provided without a valid rental agreement in place.

Project Component 2:

BHS is committed to programs that expand access to housing for individuals with mental illness. Recognizing that there a continuum of housing services are needed to assist individuals as part of the process of developing permanent supportive housing, funding is additionally made available for:

- Short-term, transitional housing
- Shelter and motel housing for immediate placement needs
- Housing and homeless case management services

CSS Project 6: Employment Recovery Services

Project Description

Supported Employment is an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. The overriding philosophy of Supported Employment is the belief that every person with a serious mental illness is capable of working competitively in the community if the right kind of job and work environment can be found. Supported Employment is not designed to change consumers, but to find a natural "fit" between consumers' strengths and experiences and jobs in the community.

Project Goal*: The goal of this project is to increase the numbers of mental health consumers that are employed and/or involved in education.*

The project is intended to result in the following outcomes for mental health consumers participating in the project:

- Increased competitive employment among consumers;
- Increased independent living;
- Increased educational involvement;
- Increased self-esteem; and
- Increased satisfaction with finances.

Target Population

The target population will be seriously mentally ill adults (ages 18 and older) that are enrolled in or are transitioning to or from the County's Full-Service Partnership programs and their families. Participants will have symptoms of serious mental illness and be at risk of homelessness, chronic housing instability, mental health crisis, and/or hospitalization. A large portion of the target population is anticipated to have co-occurring mental health and substance use disorders.

Project Components

The Employment Recovery Services project will be based on the *Evidence-Based Practices Kit on Supported Employment* issued by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) located at: http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365

- *Assertive Engagement and Outreach:* Make multiple contacts with consumers as part of the initial engagement and at least monthly on an ongoing basis when consumers stop attending vocational services.

- *Vocational Profiles:* Conduct individualized interviews with each consumer to determine their preferences for type of employment, educational and work experiences, aptitudes and

motivation for employment. Vocational profiles will be consumer driven and based on consumers' choices for services. Vocational assessment will be an ongoing process throughout the consumer's participation in the program.

- *Individual Employment Plans:* In partnership with each consumer, prepare an Individual Employment Plan, listing overall vocational goals, objectives and activities to be conducted. Assist consumers with resume development and interviewing skills as needed.

- *Personalized Benefits Counseling:* Provide each consumer with personalized information about the potential impact of work on their benefits.

- *Job Search Assistance:* Help consumers explore job opportunities within one month after they enter the program. Provide job options in diverse settings and that have permanent status. Employer contacts will be based on consumers' job preferences.

- *Continuous Supports:* Provide continuous support for employed consumers that include the identification and reinforcement of success as well as coaching when concerns arise. Help consumers end jobs when appropriate and then find new jobs.

CSS Project 7: Community Behavioral Intervention Services

Project Description

The project will provide behavioral intervention work in the community to consumers who are having a hard time managing behaviors and impulses. The services are based on the foundation and principles of Applied Behavior Analysis and intended to address behaviors or symptoms that jeopardize mental health consumers' recovery, wellness and quality of life. The interventions are not intended as a "stand alone" service. They will supplement other mental health services provided to consumers.

Project Goal: *The goal of the project is to provide behavioral interventions in order to increase mental health consumers' stability, social functioning and recovery-focused behaviors.*

The project is intended to promote long-lasting functional change among consumers by decreasing the incidence of dysfunctional and maladaptive behaviors and increasing the incidence of functional and adaptive behaviors. Successful change may result in the following outcomes among participating consumers:

- Prevention of or reductions in psychiatric hospitalizations and re-hospitalizations;
- Reduction in incidences of homelessness, disruption in housing and/or out-of-home placements; and
- Reduction of the stigma and distress experienced by many consumers as a result of maladaptive behaviors.

Target Population

The target population will be seriously mentally ill adults (ages 18 and older that are enrolled in or are transitioning to or from County's Full-Service Partnership programs and their families. Participants will have symptoms of serious mental illness and be at risk of homelessness, chronic housing instability, mental health crisis, and/or hospitalization. A large portion of the target population is anticipated to have co-occurring mental health and substance use disorders.

Project Components

The contractor will use a behavior analysis model in which procedures are systematically applied to improve socially significant behavior to a meaningful degree. Treatment strategies will be flexible and individualized. In general, treatment strategies will include instruction to increase appropriate alternative behaviors. The treatment methodology will include:

- Individualized goals developed to meet the needs of each consumer;
- Teaching skills that are broken down into manageable, easy-to-learn steps;
- Opportunities for consumers to practice each step;
- Acknowledgement of successes using a tangible reward system; and
- Continuous measurement of individual consumer progress so that treatment may be adjusted as needed.

Additional project components include:

- *Behavior Assessment (Functional Analysis):* Comprehensive assessments of each consumer's behavior will be conducted to determine target behaviors that need to be addressed, the antecedents of those behaviors, and the consequences of maintaining them. The contractor staff is expected to include BHS staff, the consumer, family members and other relevant treatment team members in the behavior assessments. Behavior assessments must be completed within 30 days of the service authorization from BHS.

- *Individual Recovery Plans (Behavior Plans):* Specific and measurable Individual Recovery Plans will be completed within 30 days of the service authorization from BHS. All Individual Recovery Plans will include:

    - Definition of the target behavior;
    - Alternative behaviors to be taught;
    - Intervention strategies and methodologies for teaching alternative behaviors;
    - Methods for collecting data on and measuring target behaviors to ensure they are being reduced; and
    - An emergency management section providing detailed instruction for staff and family members on how to address the target behavior when it reoccurs.

  Individual Recovery Plans will be coordinated with and approved by BHS.

- *Individualized Progress Reports*: Progress reports on the accomplishment of goals for each consumer will be provided to BHS on a schedule as determined by BHS, but no less than monthly. Progress reports will be based on systematic data collection and evaluation of data on each consumer's progress towards their goals.

CSS Project 8: MHSA Housing

Project Description

The MHSA Housing program provides funding for the development and construction of permanent, affordable, and supportive housing for individuals with serious mental illnesses. The following housing developments are currently approved for construction:

Project Name	Target Population	Number of Units	Location	MHSA Funds
Zettie Miller's Haven	Adults with developmental disabilities, Adults with other disabilities, Adults and older adults with a serious mental illness who are enrolled in a MHSA program	Total units = 82 20 units will be set-aside for MHSA clients for 20 years	1545 Rosemarie Lane, Stockton, CA 95207	$3,327,258
Tienda Drive Senior Apartments	Very low and extremely low income seniors earning between 20% AMI and 55% AMI	Total units = 80 8 units will be set-aside for MHSA clients for 20 years	2245 Tienda Drive, Lodi, CA 95242	$1,434,000
Anchor Village	Veterans Adults and older adults with a serious mental illness who are enrolled in a MHSA program	Total Units = 51 11 units will be set-aside for MHSA clients for 20 years	601N. Hunter Street Stockton, CA 95202	$1,697,270

All MHSA housing funds have been allocated to projects currently in development. No additional funds will be allocated.

CSS Project 9: Crisis Services Expansion

Project Description

Through MHSA funding, BHS has expanded and enhanced crisis services since its implementation in 2006. The Crisis Unit provides a 24/7 crisis response for any individual experiencing a mental health emergency in San Joaquin County. Services include:

- Initial Crisis Intake and Assessment
- Psychiatric Interventions
- 24/7 Warm line
- Discharge Planning
- Post Crisis Clinic

CSS Project 10: System Development Expansion

Project Description

System Development Expansion Services include the outpatient clinic system that provides planned mental health treatment services (scheduled appointments). Prior to the provision of the MHSA, specialty mental health services served a smaller population of consumers. During the original CSS planning process in FY 2005/06, BHS estimated that 11,000 consumers received mental health services. Since 2004, and in accordance with MHSA, BHS has conducted assertive community outreach and engagement to increase access to mental health services amongst unserved and underserved individuals. Over the past ten years, the number of consumers served annually has increased 25%, to 15,000.

MHSA funding is used to expand mental health services and/or program capacity beyond what was previously provided (*CA Code of Regulations:* § 3410 (a)(1)).

Areas of expansion include:

- Expanded range of outpatient specialty mental health services available.
- Increased program capacity to serve an estimated 4,000 additional clients.
- Enhanced consumer-friendly and culturally-competent screening and linkage to services.
- Development of consumer and family driven services, including the use of peer partners, recovery coaches, and consumer or family member outreach workers throughout the mental health system of care.
- Expanded use of nurses and psychiatric nurse practitioners to strengthen linkages between specialty mental health and primary care providers.

MHSA Administration and Program Evaluation

The MHSA Administration and Program Evaluation team provides guidance and recommendations to BHS managers in the implementation of MHSA funded programs and activities and the vision, goals, and statutory mandates of the Mental Health Services Act. Specific duties and responsibilities of the team include:

- *Contract Monitoring and Performance Review:* Monitor contracts to determine if contracted MHSA programs are implemented as planned and to fidelity and if program funds are being expended in accordance with contract budgets.
- *Technical Assistance:* Disseminate regional and statewide information on emerging practices, new regulations, and provide guidance on program implementation.
- *Training Coordination:* Coordinate mental health related trainings for consumers, family members, clinicians, service providers, and community stakeholders.
- *Program Evaluation:* Evaluate how MHSA funding has been used and what outcomes have resulted from investments.
- *Continuous Quality Improvement:* Review findings and make recommendations to improve services and programs to maximize positive outcomes.
- *Strategic Planning:* Conduct community program planning in accordance with MHSA regulations to update, refine, and develop new MHSA programs reflective of current conditions and needs. Incorporate the vision, direction and objectives of MHSA into larger Behavioral Health Services and other local and County Strategic Plans.

WET Project 1: Training and Technical Assistance

Community Workforce Need

Consumers, family members, and program staff from public and community-based organizations throughout the County are critical partners in the delivery of mental health services. These volunteers and employees work tirelessly to promote mental health recovery and are a core component of the public mental health workforce and intricate to the BHS belief and commitment to consumer and family driven mental health care services. These professionals and community volunteers require ongoing training and education to promote their competencies and to improve the capacity of the entire workforce to provide culturally competent, high quality mental health services and supports.

Project Description

BHS will coordinate the delivery of trainings throughout San Joaquin County. Trainings will support the delivery of high quality, culturally competent, and consumer- and family-driven mental health services and supports. Trainings will also help establish and re-affirm a core practice model by establishing the baseline knowledge and competencies required to participate in the delivery of recovery oriented mental health service and supports.

Project Components

- *Trainings for Volunteers, Peer Partners, Case Managers, and Community Partners.* All volunteers, peer partners (consumers and family members), case managers and non-clinical community partners contracted to provide direct mental health services and supports shall be trained in the fundamentals of mental health, including how to engage and refer individuals for further assessment and interventions. Trainings for BHS staff, volunteers and community partners may include, but are not limited to, the following:
  - *Suicide Prevention and Intervention Trainings*
  - *Mental Health First Aid*
  - *Wellness Recovery Action Plans*
  - *Crisis Intervention Training (for Law Enforcement and first responders)*
  - *Trauma Informed Care*
  - *Addressing the needs of Commercially and Sexually Exploited Children*
  - *Motivational Interviewing*
  - *Stigma Reduction*
- *Specialty Trainings in Treatment Interventions.* Specialty trainings are provided to increase the competencies of staff in core practice modalities. These modalities include the delivery of evidence-based interventions, to fidelity, and as described throughout this MHSA plan. Trainings may include, but are not limited to, the following treatment interventions:
  - *Seeking Safety*
  - *Cognitive Behavioral Therapies*
  - *Dialectical Behavioral Therapy*
  - *Multisystemic Therapy*

- *MHSA General Standards Training and Technical Assistance.* BHS managers will receive training, guidance, and supervision to support and promote the MHSA and the General Standards of the MHSA. The Medical Director will provide training, guidance, and supervision to support and promote the MHSA and the General Standards of the MHSA amongst the medical staff. Training, guidance and supervision is provided to support and promote:
    - *Community Collaboration,* including efforts to integrate primary and mental health services and to provide mental health services within community-based locations throughout San Joaquin County.
    - *Cultural Competence,* including the use of culturally competent prevention, intervention, treatment and recovery approaches and culturally and linguistically appropriate discourse with consumers and family members.
    - *Client Driven Services*, including the incorporation of WRAP activities and plans within the clinical model, and practices which embraces the client as having the primary decision-making role in identifying his/her needs and preferences in service delivery.
    - *Family Driven Services,* including practices which incorporate the input of families within the development of treatment plans and in which the families of children and youth with SED/SMI have the primary decision-making role in the care of their own children.
    - *Wellness, Recovery, and Resiliency,* including supervision and guidance to ensure that all medical staff promote and support clients on their pathways to wellness and recovery.
    - *Integrated Service Experience,* including training or support to ensure that medical staff have the tools, training, and resources to access a full range of services provided by multiple agencies and programs in a comprehensive and coordinate manner.
    - *Leadership Training* for program managers to improve capacity for program design, management, and oversight, including contract compliance and evaluation.
    - *Compliance with Applicable Regulations.* As statewide regulations are updated to improve services staff require briefings and trainings to ensure that services continue to meet all standards and expectations.
    - *Electronic Health Records.* WET funding may be allocated to train BHS staff on the new electronic health information system.

Project Objective

MHSA Training programs will increase the ability of BHS, and its community partners in mental health services, to deliver high quality, recovery oriented, and consumer- and family-driven specialty mental health care services by a culturally competent workforce throughout San Joaquin County. (See also, MHSA General Standards, *CA Code of Regulations §3320*.)

WET Project 2: Mental Health Career Pathways

Community Workforce Need

A stable and well-trained workforce is critical to the delivery of high quality mental health services. Findings from the Workforce Needs Assessment demonstrate that there is a shortage of mid-level clinicians (e.g. licensed Mental Health Clinician II employees) within the BHS workforce. Additional clinical supervision and support is necessary to help advance and promote entry level (non-licensed) clinicians. The Workforce Needs Assessment also revealed that additional supports and training are needed to recruit, promote, and retain consumer and family member employees within the public mental health system.

Project Description

Develop mental health career pathway programs to support designated positions, including mental health clinicians and consumer and family member positions (i.e. outreach worker / recovery coach / peer partner positions).

BHS Mental Health Clinician Career Pathways Project Components

- *Clinical Supervision.* BHS will increase access to clinical supervision for new mental health clinicians. Clinical supervisors will provide supervision towards the hours required for licensure and will provide enhanced guidance on the core practice treatment modalities (e.g. cognitive behavioral therapy) to ensure that clinicians are delivering mental health treatment interventions with fidelity.

  Mental health clinical professionals are required to complete 3,200 hours of supervised work experience and 104 weeks of supervision once master's level course work has been satisfactorily completed to meet qualifications to take the Sate's licensing examination. Licensed mental health clinicians who meet supervision criteria will serve as clinical supervisors and professional mentors for new mental health clinicians seeking to meet licensure qualifications. All clinical supervisors will have been licensed for at least two years, have a valid clinical license, and have completed 15-hours of supervisor training. Adding dedicated supervision services will create more career pathways for mental health professionals entering the public mental health system and strengthen capacity in core competencies.

Consumer and Family Member Career Pathways Project Components

- *Peer Specialist Certification Program* - BHS continues to support the creation of a Peer Specialist Certification program within the State of California. The California Office of Statewide Health Planning and Development (OSHPD) has prepared reports recommending the development of a Peer Specialist Certification Program and Career Pathway program

- *Career Center* - BHS provides individual counseling and career support services to prepare consumers for employment. Services include a complete review of existing public benefits and the impact full or part time employment will have on existing benefits. The Career Center helps consumers explore options coordinating or maintaining existing benefits and ensure continued access to services.

- *Peer Employee Support Program* – Provides career counseling, training and support to consumers, and/or family members of consumers, employed within the public mental health system. Provides training, guidance and support in reaching professional and career goals and objectives. Trainings and support activities include, but are not limited to:

    - Peer employment training
    - Professional skill development
    - Employee advocacy
    - Communication skills

Project Objective

This project will increase the number of qualified mental health professionals providing treatment interventions throughout BHS, including those who are consumers and family members. This project will also ensure that individuals employed within the career pathway position designations are supported, promoted, and retained in the public mental health system.

WET Project 3: Residency and Internship Programs

Community Workforce Need

Findings from the Workforce Needs Assessment show continued shortages in the area of psychiatry, especially amongst board certified child and geriatric psychiatrists with experience in the public mental health care system. Additional programs are required to encourage psychiatrists to develop clinical competencies and a commitment to specialty mental health care services for SED/SMI individuals.

Project Description

Psychiatric residency programs are designed to provide comprehensive, hands-on, training and education in psychiatry for post-graduate psychiatrists. Statewide MHSA funded residency programs are designed to ensure that more psychiatric residents receive training in the County public mental health system and in working with the populations prioritized by their community. Further, the psychiatric residents are encouraged to continue working in the California public mental health system after their rotations end.

Project Component

- *Psychiatric Residency Program*: BHS will support the placement and mentoring of psychiatric residents within county-operated programs and clinics in order to train the next generation of practitioners and to encourage employment in the public mental health care system.

Project Objective

This project will support the statewide objective of increasing the number of psychiatrists within the public mental health system.

WET Project 4: Financial Incentives Programs

Community Workforce Need

BHS is facing acute shortages of employees across all sectors of the mental health workforce. Shortages are most acute amongst psychiatrist, nurses, psychiatric technicians, and licensed clinical social workers. Financial incentive programs will be geared towards BHS employees within these classifications.

Project Description

The main purpose of this strategy is to ensure that there are sufficient qualified and culturally competent candidates to fill vacant positions within BHS. This strategy is designed to be flexible so that as an increasing number of candidates are recruited and trained for specific positions, financial incentives are redirected to other positions that have been identified as difficult to fill.

Individuals will be eligible to submit applications to BHS for financial incentives. The application will include an interview process that will, in part, assess the candidate's capacity to complete the educational programming and commitment to returning to the public mental health field in San Joaquin County. The number and amount of awards will vary annually according to demand for qualified staff and the strengths of the applications received. In some years no funding may be awarded and funding will "roll-over" for allocation in future years.

Project Components

The following financial incentives may be provided, depending on merit and/or need:

- Psychiatry Incentives
  BHS is facing an acute shortage of qualified psychiatrists and psychiatric nurse practitioners at all levels. The recent opening of the California Health Care Facility in Stockton for seriously ill inmates of California's Correctional System has further exacerbated the challenges in hiring qualified psychiatrists. Hiring incentives are standard practices for recruiting and retaining psychiatrists. Locally the California Health Care Facility and Kaiser Permanente offer hiring incentives to psychiatrists. Under this strategy BHS will explore the merit of providing hiring incentives to psychiatrists who agree to work with BHS for a specified period of time.

- Educational Incentives
  - *Stipends:* Stipends may be awarded to employees or to people not yet employed in public mental health. All recipients of stipends will sign a contract stating their intent to work for BHS or a contracting agency for a minimum of 2 years following graduation.
  - *Scholarships:* Scholarships will be awarded for specific educational costs such as tuition, textbooks, etc. Scholarships will be available to part-time and full-time regular employees.
  - *Loan Assumptions*: BHS will further explore the possibility of awarding loan assumptions as an incentive to employment.

All recipients of stipends, scholarships, loan assumptions, and other benefits will be contractually obligated to work for Behavioral Health Services or contracting community-based organizations, and with a minimum commitment of two years. Those who do not meet their obligations will be required to reimburse the County for the full amount of assistance, plus interest.

Project Objective

This project is intended to decrease identified workforce shortages and will make it more financially feasible for individuals to increase their level of educational attainment and stay employed within the County mental health care system.

WET Project 5: Workforce Staffing Support

Community Workforce Need

BHS is committed to ensuring that the WET plan meets the stated objectives described in each of the funded project areas, and to identifying additional goals and objectives as new challenges arise. The WET Coordinator will work with BHS management to continuously analyze the impact of WET-related activities, and each year the WET Coordinator will assist the MHSA Coordinator to complete all annual updates. Based on findings, BHS may make changes to the current plan and post such changes for public comment.

Project Description

BHS will fund a full-time WET Coordinator to manage MHSA-funded workforce development activities. The WET Coordinator will be supported by the Training Coordinator, who will help establish workforce development activities for the tracking and management of such activities.

Project Components

- *Coordinator to Implement WET Plan Activities.*
  - Coordinate trainings in core-competencies.
  - Develop relationships with partner organizations to ensure high-level support for staff participation in training activities and that such knowledge is incorporated into practice.
  - Provide information to all eligible staff about available financial incentives and for ensuring a fair and equitable system for reviewing and approving financial incentive awards.

- *Monitor and Track WET Expenditures.* The WET Coordinator will manage the WET budget and will make sure that funding is utilized according to the WET Plan and within the time periods specified. S/he will manage the distribution of financial incentives and payments to professional trainers and group facilitators.

- *Represent the Workforce Training and Development Needs of San Joaquin County.* The WET Coordinator will work with other County MHSA Coordinators, OSHPD and DMH to develop a single, unified MHSA plan that is consistent with County needs and local and state guiding principles.

- *BHS Training Coordinator.* The BHS Training Coordinator manages the increasing training needs for BHS staff and community partners, including law enforcement. The training coordinator is responsible for working with the training divisions of local police and Sheriff and school districts to ensure that mental health related trainings are offered concurrent to professional growth and training plans of partner agencies. The training coordinator also develops and tracks participation in a range of MHSA related trainings for BHS staff and community partners as identified elsewhere in this Plan or as deemed necessary by BHS.

The Training Coordinator will also ensure that notifications about additional training opportunities will be distributed to the public mental health workforce, including consumers and family members of consumers who are interested in entering the mental health workforce.

Project Objectives

The WET Coordinator will provide guidance and recommendations to BHS managers in implementing the WET Plan.

INN Project 1: Adapting Functional Family Therapy

Project Description

BHS, in partnership with San Joaquin County Probation Department and community-based organizations, is adapting the Functional Family Therapy Evidence Based Practice, to include the use of parent partners and peer mentors for both pre-engagement and post discharge. Interventions will be more inclusive of peer contributions and improve outcomes associated with retention and long-term benefits to the families. Additionally, this project will help promote interagency collaboration through the development of interagency operating procedures for referral, case management, and the coordination of additional resources amongst partner providers.

A crisis bed is currently funded for youth who are experiencing an immediate crisis episode within their home for whom a safe place to stay may avoid psychiatric hospitalization. The crisis bed is used primarily when there are conflicts within family that exacerbate the child/youth's mental health symptomology.

This project will continue through June 2017.

CF/TN Project 1: CSU Expansion

Through construction funding approved under a grant from the California Health Facilities Financing Authority (CHFFA) under the California Mental Health Wellness Act of 2013, BHS has begun an expansion of its Crisis Stabilization Unit (CSU) to create three discrete clinical areas, each with a different level of care and target population. A shared nursing station will be built between the three clinical areas. As a result of this project:

- Access to services will be expanded to include children and youth.
- Services will be enhanced, to provide a separate treatment area for voluntary admissions.
- Service capacity will be doubled, from eight to sixteen individuals.

BHS was awarded $1,836,784 to enhance and expand the CSU to improve services for consumers and families. Additional funding is required for construction to meet design specifications and community needs for the expanded crisis stabilization unit. MHSA capital facilities component funds will be allocated to construction costs during the 2016/17 fiscal year.

CF/TN Project 2: Develop and Implement an Electronic Health Record (EHR) System

An EHR application is critical to fulfilling state and federal mandates and accomplishing MHSA goals of modernization and consumer and family empowerment. BHS is in the process of implementing an EHR application and upgrading its network systems and hardware to accommodate technological improvements. Linked to the upgrades in the electronic health records is the capacity to share information between health providers. BHS, in participation with the Health Plan of San Joaquin, San Joaquin General Hospital, Community Medical Centers, and the Health Care Services Agency are jointly implementing a health information exchange to allow for the secure and confidential transmission of appropriate health information between medical providers.

All remaining CF/TN component funds will be allocated and applied to these projects.

Appendix 2: Local Program Data and Performance Outcomes

Each year San Joaquin County Behavioral Health Services conducts an assessment of MHSA component area activities. The following section summarizes the PEI program evaluation for work conducted during FY 14/15. This evaluation is not reflective of the PEI programs and activities that are currently funded through MHSA. The following section is an excerpt from the Evaluation Report's Executive Summary.

San Joaquin County Behavioral Health Services (BHS) in partnership with a broad array of consumers, family members and community stakeholders conducted a comprehensive community planning process in 2008 and 2009 for the use of Prevention and Early Intervention (PEI) funding through the Mental Health Services Act (MHSA) program allocation. The plan was executed in FY 2009/10 and funding was awarded to qualified programs for FY2010/11 through FY2014/15.

The following evaluation report summarizes program activities, challenges, and accomplishments during the final year of this PEI program cycle.

In FY 14/15 eleven programs implemented programming in five project areas:

- Comprehensive Family Support Programs
- Comprehensive Youth Outreach and Early Intervention Programs
- Mental Health for Youth at Risk of Juvenile Justice Involvement
- Mental Health Promotion and Suicide Prevention
- Mental Health Community Trainings

Methodology

The 2014/15 evaluation process was designed to answer critical questions about quality, quantity, and impact of PEI services as well as guide programs towards improving methods, tools, and data collection and reporting. Evaluation findings are derived from quarterly and annual reports provided by PEI program managers. Each program used its own data collection tools, which included paper forms, excel spreadsheets, and electronic data systems. Each program used its own pre and post instruments to measure outcomes but not all of the instruments were validated

PEI Participant Demographics

The majority of program participants were women (57%). Adhering to state regulations, well over half (63%) of participants were children, ages 0-15. Latinos/Hispanics, who are considered underserved in San Joaquin County, comprised a plurality of participants (45%) followed by White/Caucasians (28%) and African Americans (15%). Twenty-eight percent (28%) of participants spoke Spanish as their preferred language.

Findings

San Joaquin County's community-based Prevention and Early Intervention Programs served 8,479 individuals, which was almost three times the number required in the PEI contracts. Outcome data was collected for 32% of participants, and of the 2,680 matched pre and post assessments, 915 (34%) demonstrated improvements in protective factors or decline in risk factors.

Dosage rates varied, with some programs providing briefer intervention while others met with participants many times in group or individual sessions. Dosage rates ranged from an average of 1.5 – 9 group sessions and between 1.5 – 16 individuals sessions, across the eleven programs. Higher rates of improvements among participants tended to occur in high dosage programs.

One of the principal goals of PEI is to identify and refer community members with signs and symptoms of serious mental illness or severe emotional disturbances for more intensive behavioral health services. Overall, PEI programs referred 7% of their participants to higher level of care. Early Intervention programs were most likely to identify prodromal mental illness, and as expected, showed the highest referral rates (38% of participants).

Recommendations:

As new PEI program directions are adopted in accordance with the Three Year Program and Expenditure Plan for 2014/15, 2015/16, and 2016/17 the following recommendations are provided to strengthen both program design and evaluation.

- **Adopt universal PEI measures:** Employ a set of clearly defined universal process and outcome measures across all PEI programs.
- **Ensure data collection and reporting adheres to State PEI regulations:** Each PEI contract should specify which state-defined PEI programs and/or strategies it adheres to, and should include data collection methods and strategies that ensure BHS's ability to generate required reports.
- **Pre and Post Instruments:** All prevention and early intervention programs should use validated pre and post instruments.
- **Data System Improvements:** Develop electronic data collection modules for all PEI-funded programs. All program staff should be trained to enter participant-level data into the system, which will enable more efficient and accurate contract monitoring and evaluation.

Appendix 3: Community Program Planning Process

CPP Meeting Materials, Instruments, and Presentations

- Behavioral Health Board, Meeting Agendas
- Planning Stakeholder Steering Committee Meeting Flyer and Invitation
- Community Input Survey Instrument
- Presentation to the Mental Health and Substance Use Board
- Presentation to the Planning Stakeholder Steering Committee

SAN JOAQUIN COUNTY
MENTAL HEALTH AND SUBSTANCE ABUSE BOARD

1212 NORTH CALIFORNIA STREET ♦ STOCKTON, CA 95202
Telephone: (209) 468-8750 ♦ Fax: (209) 468-2399
www.sjgov.org/mhs

June 15, 2016
6:00 PM
1212 North California Street, Stockton, Conference Room B
AGENDA

I.	**CALL TO ORDER**	2 Minutes
	(a) Pledge Allegiance	
II	**ROLL CALL**	2 Minutes
III	**INTRODUCTIONS**	5 Minutes
IV	**APPROVAL OF MINUTES:**	5 Minutes
	➢ Meeting of March 16, 2016 ➢ Meeting of April 20, 2016 ➢ Meeting of May 18, 2016	
V	**PUBLIC COMMENT**	5 Minutes
VI	**NEW BUSINESS**	
	❖ Presentation: "***MHSA Annual Update Planning***" by Kayce Rane	30 Minutes
	❖ Housing Update – *Billy Olpin*	5 Minutes
VII	**OLD BUSINESS**	
	1) Changing the Title of the Mental Health & Substance Abuse Board - *Steve McCormick*	10 Minutes
VIII	**DIRECTOR'S REPORT**	15 Minutes
IX	**COMMITTEE REPORTS:**	5 Minutes Each
	o Executive Committee – *Steve McCormick* o Legislative Report – *Gustavo Medina* o Children's Committee – *Tosh Saruwatari/Shelia Foster* o Grievance Committee – *Steve McCormick* o Housing Committee – *Jon Escobedo/Frances Hernandez* o Substance Abuse Disorder Committee – *CaryMartin/Laura Stanley/ Nancy Chastain/Steve McCormick/Tosh Saruwatari*	
X	**ADJOURN:**	

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MENTAL HEALTH AND SUBSTANCE ABUSE BOARD

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www.sjgov.org/mhs

Mental Health & Substance Abuse Board
August 17, 2016
6:00 – 8:00 P.M.
Conference Room B – 1212 North California Street, Stockton

AGENDA

I.	**CALL TO ORDER** Pledge Allegiance	2 Minutes
II.	**ROLL CALL**	2 Minutes
III.	**INTRODUCTIONS**	2 Minutes
IV.	**APPROVAL OF MINUTES:** Meeting of July 20, 2016	5 Minutes
V.	**PUBLIC COMMENT**	5 Minutes
VI.	**NEW BUSINESS** PRESENTATION: 2016-17 Annual Update to the Three-Year Mental Health Services Act Plan – *Kayce Rane*	45 Minutes
VII.	**OLD BUSINESS** a. Name Change of Mental Health & Substance Abuse Board to Behavioral Health Board b. Revision of the By-Laws	15 Minutes
VIII.	**DIRECTOR'S REPORT**	15 Minutes
IX.	**COMMITTEE REPORTS:** a. Executive Committee – *Steve McCormick* b. Legislative Report – *Gustavo Medina* c. Children's Committee – *Tosh Saruwatari/Shelia Foster* d. Grievance Committee – *Steve McCormick* e. Housing Committee – *Frances Hernandez* f. Substance Abuse Disorder Committee-*Cary Martin/ Nancy Chastain/ Steve McCormick/Tosh Saruwatari*	5 Minutes Each
X.	**ADJOURN: 8:00 P.M.**	

San Joaquin County Behavioral Health Services

Transforming Mental Health Services

Mental Health Services Act
2016-17 Annual Update
Stakeholder Steering Committee

In November 2004 voters passed Proposition 63, the Mental Health Services Act (MHSA), intended to transform public mental health care for children, youth, adults and seniors. Through MHSA, San Joaquin County Behavioral Health Services (BHS), in partnership with mental health consumers, family members, and diverse community stakeholders has created a range of new programs and mental health services throughout the County; including:

- Full Service Partnership Programs, providing a holistic response to treatment
- School and community based prevention and early intervention programs
- Outreach and engagement of historically underserved populations
- New consumer housing and a children and youth crisis facility (under construction)
- A workforce inclusive of peer partners and family members

While much has been accomplished, there is still a great deal of work to be done. BHS is convening its Stakeholder Steering Committee to review ongoing project activities, feedback from the Stakeholder Input Survey, and proposed project updates for 2016-17.

Please join us in a discussion on service priorities and opportunities to increase our engagement of vulnerable and underserved populations.

Thursday, August 4, 2016

3:00 – 4:30pm

Dorothy Chase Conference Room

1414 N. California Street, 2nd Floor
Stockton, CA 95202

If you require special accommodations to attend (interpreters, accessible seating, sign language or documents in alternate formats) please call us at 209-468-8871.

A DIVISION OF THE
HEALTH CARE SERVICES
AGENCY

SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES
1212 NORTH CALIFORNIA STREET ♦ STOCKTON, CA 95202
Tel: (209) 468-8700 ♦ Fax: (209) 468-2399

Mental Health Services ♦ Substance Abuse Services ♦ Mental Health Pharmacy

San Joaquin County Behavioral Health Services (BHS)
2016 MHSA Annual Update: Stakeholder Input Survey

Please complete the following questionnaire to provide feedback on mental health services in San Joaquin County. Your opinions and responses will help us to understand what works and what does not work for consumers with regard to:

- **Access to a broad spectrum of services and supports**
- **Quality of the services and supports**
- **Helpfulness of clinical services provided**

Your participation in this survey is voluntary. Your responses will not be available to anyone other than research staff. Results will be reported only in aggregate form and will not identify specific individuals.

Thank you in advance for your participation. We appreciate your responsiveness.

Sincerely,

Jim Garrett, Director
San Joaquin County Behavioral Health Services

San Joaquin County Behavioral Health Services (BHS)

2016 MHSA Annual Update: Stakeholder Input Survey

Please answer the following questions to provide feedback on mental health services in San Joaquin County. Your responses will help us understand what works well and how we can improve services. Thank you!

Q1 Are you a consumer or family member of someone receiving mental health services at BHS?

- Yes, I am a consumer ☐
- Yes, I am a family member ☐
- Yes, I am both a consumer and a family member ☐
- No, I am neither a consumer or a family member ☐ Go to Question 3 if you are neither a consumer or family member

Q2 If you are a consumer or a family member, what mental health clinic do you or your family member mostly receive services at?

- Children and Youth Services ☐
- BACOP ☐
- La Famila ☐
- TCC/SEARS ☐
- CATS, Team A, B, C or D ☐
- GOALS ☐
- Other ☐
- Tracy ☐
- Lodi ☐
- Forensic ☐

Please enter the name of the other clinic location: _____

Q3 Please rate your satisfaction with the following aspects of our services:

	Poor	Fair	Very Good	Excellent	Don't Know
The location of our services.	☐	☐	☐	☐	☐
Informational flyers and pamphlets	☐	☐	☐	☐	☐
Access to information on our website	☐	☐	☐	☐	☐
The length of time it takes to get an appointment	☐	☐	☐	☐	☐
The professionalism of our staff	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
The cultural sensitivity of our services	☐	☐	☐	☐	☐
The thoroughness of our services	☐	☐	☐	☐	☐

Q4 Would you recommend our services to someone who needs help for a mental health concern?

- Yes ☐
- No ☐
- Maybe ☐
- Don't Know ☐

BHS is also interested in ensuring that program activities fill unmet needs and work with those who need help the most.

Q5 Which of the following services do we need more of?

	Right Amount	Need a little more	Need alot more	Don't Know
Mental health clinic services	☐	☐	☐	☐
Crisis services	☐	☐	☐	☐
Respite services	☐	☐	☐	☐
Peer drop-in, wellness, or socialization services	☐	☐	☐	☐
Services to get basic needs met (food, clothing, hygiene products)	☐	☐	☐	☐
Transportation to appointments	☐	☐	☐	☐
Help finding the right health care provider	☐	☐	☐	☐

Q6 Do we need more services for the following populations?

	Right Amount	Need a little more	Need alot more	Don't Know
Homeless individuals	☐	☐	☐	☐
Individuals with frequent mental health crises	☐	☐	☐	☐
Individuals with frequent visits to the emergency room	☐	☐	☐	☐
Individuals with frequent arrests for mental health related behaviors	☐	☐	☐	☐
Individuals with both mental health and substance use disorders	☐	☐	☐	☐
Individuals at-risk of institutional care for a mental health illness	☐	☐	☐	☐

Q7 Are there any other services or populations that we should be prioritizing?

We would like to know a little bit more about you so we can understand the needs and experiences of different types of people.

Q8 Please indicate your age range:

- Under 18 ☐
- 18-25 ☐
- 26-59 ☐
- 60 and older ☐

Q9 What is your gender:

- Female ☐
- Male ☐
- Other, Both, Transgender ☐

Q10 Please indicate the primary language spoken in your home:

- English ☐
- Spanish ☐
- Other ☐

If other please specify: _____

Q11 What is your race / ethnicity (check all that apply)

- White/Caucasian ☐
- Black/African American ☐
- Hispanic/Latino ☐
- Asian or Pacific Islander ☐
- American Indian, Native American, First Nations ☐
- Other ☐

If other please specify: _____

Q12 Do you work with an agency that currently provides mental health or substance use treatment services in San Joaquin County

Yes ☐ No ☐ Don't Know ☐

Q13 Do you have any other recommendations on how we can improve program services?

_____

Thank you so much for taking the time to let us know what you think!

2016 MHSA Planning

Annual Update to the Three Year Program and Expenditure Plan for FY 2014/15, 2015/16 and 2016/17

Presentation to the Behavioral Health Board June 15, 2016

MHSA Overview

- Mental Health Services Act
  - Origination
  - Purpose and Vision
  - Funding Component Areas
- MHSA Sustainability
  - Governed by state regulations
  - Oversight by Department of Care Health Services
  - Community program planning processes

Prior MHSA Planning Efforts

- Original MHSA Plan, 2006
- PEI and WET Plans, 2009
- CFTN Plan, 2011
- Innovation Plan, 2010 and 2013
- 3 Year Program and Expenditure Plan, 2014
  - Annual Update #1, 2015
  - Annual Update #2, pending 2016
- Goal: Honor prior years input

MHSA Impacts in SJC

- Mental Health Program Expansion
  - Expanded menu of treatment services
  - Closer collaboration with law enforcement to prevent the decriminalization of the mentally ill
  - PHF redesign and the expansion of outpatient crisis services
  - Prevention and early intervention programs
  - Use of peer partners in recovery
  - Housing – ground broken for 3 projects!
  - Leveraging more resources and expanding services

MHSA Planning – Current

June	July	August
6/15 Launch Community Planning Process 6/23 – 7/8 Solicit input through community survey	7/13 Stakeholder Steering Commission 7/16 Annual Update posted for public review 7/20 MH&SA Board Meeting to review community input and plan directions	8/17 Public Hearing

Questions

Mental Health Services Act (MHSA)
2016-17 Annual Update

Update to the MHSA Three Year Program and Expenditure Plan for 2014/15, 2015/16, and 2016/17

A presentation to the MHSA Planning Stakeholder Steering Committee and Other Community Partners

San Joaquin County Behavioral Health Services

Meeting Purpose

- Presentation to Steering Committee
  - Overview of the MHSA
  - Community Program Planning Process
  - Key Community Findings
  - Leveraged Opportunities
  - Proposed Updates for FY 2016/17
- Discussion and Feedback
- Recommendations
- Next Steps

Overview

- Mental Health Services Act (MHSA)
  - Origination
  - Purpose and Vision
  - Funding Component Areas
- MHSA Sustainability
  - Governed by state regulations
  - Oversight by Department of Care Health Services
  - Informed by Community Program Planning Processes

MHSA: Expanding and Transforming Mental Health Services in SJC

- Funding Allocations
  - $32M Annually
- Mental Health Program Expansion
  - Expanded menu of treatment services
  - Closer collaboration with law enforcement to prevent the decriminalization of the mentally ill
  - Redesign and the expansion of outpatient crisis services
  - Prevention and early intervention programs
  - Use of peer partners in recovery
  - Housing – ground broken for 3 projects!
  - Leveraging more resources and expanding services

MHSA Program Plans

- Component Planning 2004-2013:
  - CSS, PEI, WET, INN, CF/TN
- Three Year Program and Expenditure Plan for 2014/15, 2015/16, and 2016/17
- Annual Updates:
  - 2015/16
  - 2016/17

Purpose of the Annual Update

- Check in with Stakeholders on Progress
- Review and Refine Program Activities
- Allocate Funding for the Fiscal Year

Community Program Planning (CPP)

- CPP – Design Considerations and Review
- Program Service Assessment
- Stakeholder Feedback Survey
- 2014/15 and 2015/16 Discussion Groups

Program Service Assessment

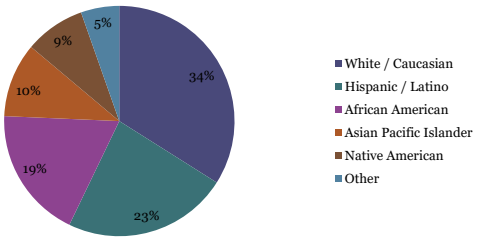
- 15,000 unique clients served annually at BHS
- 5,000 client visits each month

- Full Service Partnership, Clients FY 2015-16
  - Children and Youth, 0-17 - 335
  - Transitional Age Youth, 18-25 - 62
  - Adults, 26-59 - 1472
  - Older Adults, 60 and older - 129
  - Community Corrections FSP - 158
  - Summary Total - 2,156

Stakeholder Input Survey

Over 200 surveys returned
Profile of respondents

Race / Ethnicity of Participants



70% Consumers and or/Family Members

35% receive services at main BHS campus

16% TAYs or the parents or guardians of children receiving services

16% Older Adults

Stakeholder Input Survey

- Emerging Themes
  - 46% of respondents believe homeless individuals need more services.
  - 40% of respondents believe that there should be more services to get basic needs met.
  - Write in comments also suggested more services for homeless individuals.

Leveraged Opportunities

- California Department of Health Care
  - Whole Person Care Pilot Project
- California Accountable Communities for Health Initiative (CACHI)
  - Healing South Stockton

Proposed Updates for FY 2016/17

- PEI
  - New /Expanded Trauma Services
    - Partnership with Child Welfare Services, Mary Graham Children's Center
    - South Stockton Children's Mental Health Clinician
  - Capacity Building
    - Project has ended, all funds expended

Additional Updates:

- CSS
  - Whole Person Care Pilot – Program Match
- WET
  - No Changes
- CF/TN
  - All Funds Allocated to Current Projects
- INN
  - No Changes
  - Future planning directions? SMI Homeless?

Also in the Annual Update

- Ongoing Project Refinements
- Changes to budget allocations
- Analysis of needs, activities, and program performance

Thank You

- Discussion
- Questions

Mental Health Services Act (MHSA) 2016-17 Annual Update

Update to the MHSA Three Year Program and Expenditure Plan for 2014/15, 2015/16, and 2016/17

A presentation to the Behavioral Health Board
August 17, 2016

Presentation Agenda

- Presentation
  - Community Program Planning Process
  - Key Community Findings
  - Proposed Updates for FY 2016/17
- Discussion and Feedback
- Next Steps
  - Post Plan for public review and comments, August 19
  - Public Hearing, Wednesday September 21

San Joaquin County Behavioral Health Services

Community Program Planning (CPP)

- Design Considerations and Review
  - Program Service Assessment
  - Stakeholder Feedback Survey
  - 2014/15 and 2015/16 Discussion Groups
    - 2013, 20 community discussions were held with approximately 300 participants
    - 2014, 13 community discussions were held with approximately 200 participants
    - 2015, 9 community discussions were held with approximately 100 participants

3

San Joaquin County Behavioral Health Services

Program Service Assessment

- 15,000 unique clients served annually, within BHS
- 5,000 client visits each month

Analysis of Full Service Partnership (FSP) Programs, FY 2015-16 Number of Children, TAYs, Adults, and Older Adults Enrolled	
	For Fiscal Year 2015-16
Individuals Served in FSP Programs	Client Service Count
Children and Youth, 0-17	335
Transitional Age Youth, 18-25	62
Adults, 26-59	1472
Older Adults, 60 and older	129
Community Corrections FSP	158
Summary Total	2,156

4

Stakeholder Input Survey

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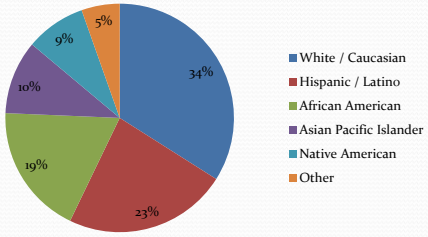
- Profile of respondents

Race / Ethnicity of Participants



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- 35% receive services at main BHS campus
- 16% TAYs or the parents or guardians of children receiving services
- 16% Older Adults

Stakeholder Input Survey

- Emerging Themes
  - 46% of respondents believe homeless individuals need more services.
  - 40% of respondents believe that there should be more services to get basic needs met.
  - Write in comments also suggested more services for homeless individuals.

Leveraged Opportunities

- California Department of Health Care
  - Whole Person Care Pilot Project
    - (award notification pending)
- California Accountable Communities for Health Initiative (CACHI)
  - Healing South Stockton Trauma Initiative
    - (awarded!)

Proposed Updates for FY 2016/17

- PEI
  - New /Expanded Trauma Services
    - Partnership with Child Welfare Services, Mary Graham Children's Center
    - South Stockton Trauma Initiative, Mental Health Clinician
  - Capacity Building
    - Project has ended, all funds expended

San Joaquin County Behavioral Health Services

Additional Updates

- CSS
  - Whole Person Care Pilot – Program Match
- WET
  - No Changes
- CF/TN
  - All Funds Allocated to Current Projects
- INN
  - No Changes
  - Future planning directions?

9

San Joaquin County Behavioral Health Services

Also in the Annual Update

- Ongoing Project Refinements
- Changes to budget allocations
- Analysis of needs, activities, and program performance

10

Budget Summary

Proposed MHSA Fund Expenditures		
Prevention and Early Intervention Projects		6,395,858
Prevention	1,550,258	
Early Intervention	2,297,292	
Other PEI	2,548,308	
Community Services and Support Projects		17,351,827
Full Service Partnership Programs	8,453,173	
All other CSS Projects	7,719,895	
Administration	1,178,759	
Workforce Education and Training		1,097,938
Innovation		1,069,525
Capital Facilities and Technological Needs		6,045,813
Total MHSA Fund Expenditures		**$31,960,961**

Additional Budget Considerations

- Nearly all PEI Program funding is allocated to programs that serve children and transitional age youth.
- Over 50% of CSS Program funding is allocated to Full Service Partnership programs
- It is likely that all CFTN and WET funds will be expended in the next two years.
- There is a large reserve of Innovation funding that is not allocated. A new project is required to prevent reversion of funds back to DHCS in 2019.

Thank You

- Discussion and Questions

- Next Steps
  - Post the plan for public review
  - www.sjmhsa.net
    - Go to Document Center to see the posted plan
  - Public Hearing, September 21, 2016