Department of Health Care Services
Division of Behavioral Health Services
1212 North California St.
Stockton CA 95202

MENTAL HEALTH SERVICES ACT

FY 2011/2012 ANNUAL UPDATE

TO THE

THREE–YEAR PROGRAM AND EXPENDITURE PLAN

IN ACCORDANCE WITH THE
DMH PROPOSED GUIDELINES

FINAL PLAN

APRIL 13, 2011

ACKNOWLEDGEMENTS

Behavioral Health Services wishes to thank the many consumers, youth, and their family members who gave their time and energy to this process. Their words of wisdom and stories of optimism, wellness, resiliency and recovery have shaped every component of this plan.

In addition, BHS wishes to recognize the contributions of the members of the MHSA Planning Stakeholder Steering Committee and the Mental Health Board who helped guide the development of the planning process and the creation of this plan.

Prepared by Rane Community Development

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2011/12 ANNUAL UPDATE **ENCLOSURE 3**

COUNTY SUMMARY SHEET

This document is for the County's use only and is intended to provide direction regarding the exhibits that should be included based on the type of request being submitted (i.e. annual update, update, etc.). This enclosure does not need to be included in an annual update/update request.

	Exhibits																						
	A	**B**	**C[1]**	**D[2]**	**D1**	**D2**	**D3**	**D4**	**E**	**E1**	**E2**	**E3**	**E4**	**E5**	**F1[3]**	**F2[3]**	**F3[3]**	**F4[3]**	**F5[3]**	**F6[3]**	**G[4]**	**H[5]**	**I[6]**
For each annual update/update:	☑	☑	☑	☑					☑														
Component																							
☑ CSS					☑					☑					☐						☐	☐	
☑ WET						☑					☐					☐							
☑ PEI							☑					☑					☑						
☐ INN								☐					☐					☐					
☐ CF														☐					☐				☑
☐ TN														☐						☐			

[1]Exhibit C is only required when submitting an annual update.

[2]Exhibit D is only required for program/project elimination.

[3]Exhibit F1 - F6 is only required for new programs/projects.

[4]Exhibit G is only required for assigning funds to the Local Prudent Reserve.

[5]Exhibit H is only required for assigning funds to the MHSA Housing Program.

[6]Exhibit I is only required for requesting PEI Training, Technical Assistance and Capacity Building funds.

COUNTY CERTIFICATION

Components Included:

☒ **CSS** ☒ **WET**
☐ **CF** ☐ **TN**
☒ **PEI** ☐ **INN**

County: San Joaquin

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

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing[1] was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[2]

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

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

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

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

All documents in the attached FY 2011/12 annual update/update are true and correct.

Mental Health Director/Designee (PRINT) Signature Date

[1] Public Hearing only required for annual updates.
[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

County: San Joaquin **30-day Public Comment period dates:** Feb 18 – Mar 20
Date: April 13, 2011 **Date of Public Hearing (Annual update only):** March 22, 2011

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

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

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

Community Program Planning relating to the Annual Update for Mental Health Services Act funded programs began in late fall 2010. The planning team is comprised of Vic Singh, Director of Behavioral Health Services, Frances Hutchins, Deputy Director of Administration, Becky Gould, Deputy Director of MHSA Programs, and Rane Community Development, a consulting firm with Mental Health planning expertise. The primary venues for planning are regularly convened monthly meetings of the MHSA Planning Stakeholder Steering Committee and San Joaquin County's Mental Health Board; community meetings open to interested stakeholders; and focus groups with consumers and family members.

The MHSA Planning Stakeholder Steering Committee is scheduled monthly on the second Tuesday from 1-2:30pm. Meetings are held in a fixed location and are open to the public. Members were selected to build a broad representation of consumers, family members, BHS staff members, BHS funded program partners, and other community stakeholders. As noted, meetings are open to the public, and any participants are always invited to join the planning dialogue. Members of the Mental Health Board are appointed to positions by the San Joaquin County Board of Supervisors. The Mental Health Board meets on the third Wednesday of the month from 6-8pm in a fixed location and meetings are open to the public.

The MHSA Planning Stakeholder Steering Committee provides feedback and informs the planning for MHSA funded programs and activities. Meetings typically include a review of the number and types of clients served by operating programs, the progress made towards implementing those programs still in early phases, and recently the strategy for conducting program evaluation. The Mental Health Board receives monthly updates from the Planning Stakeholder Steering Committee and incorporates MHSA program activities into its broader agenda of strengthening all programs and departments within mental health.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Starting in November 2010 the following major topics related to the 2011/12 Annual Update were discussed by the Planning Stakeholder Steering Committee and the Mental Health Board.

- A review of penetration and retention rates for 2006/7, 2007/8, 2008/9
- A review of preliminary evaluation findings and recommendations for strengthening data collection
- Ongoing discussion regarding the implementation of the Cultural Brokers program and changes to the Full Service Partnership contractual goals, objectives, and performance measures
- Ongoing discussion of the California budget crisis and implications for mental health services
- Ongoing discussion of the budget crisis and implications for pivotal mental health partners such as schools, courts, and probation with a special focus on funding cuts to the specialty courts for juveniles and elimination of AB3632 funding for mental health services for children with special needs.

Finally, Behavioral Health Services staff engaged in a system mapping exercise, identifying current BHS program components and the protocols available for individuals to access services; either on their own, through an interagency referral, or through the referral of an outside individual or agency. The mapping exercise identified barriers to access and resulted in the formation of a joint discharge planning taskforce to strengthen coordination between social workers in outpatient and inpatient services.

The findings from these early planning efforts were presented to the public for consideration in January.

Community Program Planning Process

January 2011, San Joaquin County Behavioral Health Services (SJCBHS) launched the blic outreach and involvement component of the Annual Update process. Notices were sted at accessible community locations for all public meetings, including county services ildings, libraries, community based providers, and at the Wellness Center and Gipson enter. Community agencies providing case management for full service partnership ents were important allies in ensuring that information about meetings could be available languages other than English. E-mail notifications of the meetings were also sent out to large distribution list that has grown over the course of several MHSA planning ocesses. Several community stakeholders were also helpful in forwarding the meeting tice to their constituent groups, i.e. NAMI, the Wellness Center, etc.

The following community planning process was presented to and approved by the Mental Health Board on January 19, 2011.

- ***Community Meetings*** to be held in the day and evening
- ***Strategy Discussion*** with the MHSA Planning Stakeholder Steering Committee
- ***Focus Groups*** with consumers, family members, and selected special population groups

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Community meetings were held in the afternoon on January 31 and in the evening on February 7, 2011 to discuss issues related to the annual update. A total of 75 individuals participated in these meetings, with nearly 40% of participants self-identifying as consumers and or family members. Participants were provided with an opportunity to ask questions and all meeting participants were provided information on how to reach planning team members for additional comments.

Feedback and comments from the public meetings were reviewed with the MHSA Planning Stakeholder Steering Committee on February 8. Based on the public input at the community meeting and a subsequent discussion of needs, the MHSA Planning Stakeholder Steering Committee recommended expanding the Prevention and Early Intervention project related to Suicide Prevention for the coming year. The Steering Committee also recommended seeking further refined input on the topic of suicide prevention activities targeting children and youth 25 years and under.

Focus groups were held with over 50 individuals from four target groups to discuss the need for expanded suicide prevention efforts and strategies to address the problem:

- Parents and Caregivers
- Adult & Older Adult Consumers
- Transitional Age Youth Consumers
- Teen Employees from the Students in Prevention Program

Feedback and comments from all meetings were reviewed with the Mental Health Board on February 16. The Mental Health Board gave further feedback on content to the planning team. The Draft Annual Update was posted on February 18, 2011.

The Public Meeting to review the plan is schedule for March 22, 2011 at 6:00pm.
The Annual Update will be presented to the Board of Supervisors on April 5, 2011

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

Demographic information was collected for all participants in the community meetings and focus groups. Approximately 95% of meeting participants submitted the anonymous demographic forms. Of the 16 consumers participating in the consumer focus group, eleven submitted forms, resulting in a slight undercounting in consumer presence.

- ***56% of participants self-identified as consumers, family members, or both***
  - *26% consumers*
  - *20% family members*
  - *10% both consumers and family members*
- 23% of participants were older adults
- ***25% of participants were teens or young adults ages 15-25***
- Slightly more women than men participated (60%)

- ***52% were non-white***
  - 14% Latino
  - 11% Black African American
  - 8% Asian
  - 4% Native American
  - 15% mixed race or other

Valued input was received from our community partners who participated in the planning process. Stakeholder participants included:

- The Wellness Center
- The Gipson Center
- Recovery Coaches
- NAMI
- Education Partners
- Justice Partners
- CSS Program Partners
- Community non-profit organizations serving at-risk community members
- BHS staff members, including direct service staff and clinicians

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

Not Applicable.

Local Review Process

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

The Annual Update was posted on the Behavioral Health Services website on the dedicated MHSA Planning page. Hard copies of the plan document were printed and placed in locations frequented by consumers and family members including NAMI offices, at the consumer-run Wellness Center, and at the Gipson Center, a day program serving individuals with mental health illnesses. Electronic copies of the draft Annual Update were provided to members of the Mental Health Board and the MHSA Planning Stakeholder Steering Committee. E-mail notifications of the posting of the plan were sent to all individuals on the consolidated MHSA planning e-mail list that has been compiled since the onset of MHSA planning. Finally, in collaboration with our full service partnership providers serving ethnically diverse communities, notices of the availability of the Annual Update have been sent for posting (in English, Spanish, and Cambodian) within their local agencies. Individuals wishing to know more about the Annual Update were provided with contact information for a MHSA Cultural Broker to explain the purpose and intention of the Annual Update. A special meeting to notify and train the Cultural Brokers on communicating the Annual Update content was convened on March 10, 2011, following the posting of the plan.

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

Public Hearing, March 22, 2011

CHANGES:
Kayce Rane, Consultant of Rane Community Development addressed the Mental Health Board with opening comments that there was one minor change listed on page 13 was pertaining to the number of seniors served by PEI programs, reflecting an updated program report received after the posting date. Other changes included minor formatting and grammatical corrections. Page numbers were also added. No substantial changes to the narrative were made following the 30-day posting.

COMMENTS:
One public comment was received during the 30-day public hearing. The comment pertained to the use of this and previous annual updates in subsequent planning processes. It was recommended that SJCBHS consider examining service use over time. The comment did not include any recommendations for the current Annual Update. There were no new comments from Mental Health Board members or from the public present at this meeting.

San Joaquin County Board of Supervisors, April 5, 2011

The Annual Update was reviewed and unanimously approved by the San Joaquin County Board of Supervisors.

No substantial changes were made to the Draft at any time following the 30 day posting..

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: San Joaquin

Date: April 1, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN
1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges. Please check box if your county did NOT begin implementation of the following components in FY 09/10: ☐ WET ☐ PEI X INN
The following section describes the overall implementation of the Mental Health Services Act in San Joaquin County. Specific program level progress is described in subsequent exhibits. Generally implementation is proceeding as described in the original plans, with modest changes to scope or budget. The bullet points below reflect the stakeholder feedback received on the progress of implementation. Feedback was compiled during public meetings in January and February 2011. The narrative below each bullet point further describes the strengths and challenges of implementation. • **Slow and Purposeful Implementation** As a result of the dramatic economic downturn San Joaquin County Behavioral Health Services has developed a long term sustainability plan to stabilize programs at 2007 service levels through a period of fiscal conservation. MHSA program funding is being carefully allocated to ensure that all programs started will be sustained at consistent operating levels. Implementation is also slowed due to state and county staffing shortages and furlough days. With less people doing less work it takes more time to start new activities. For example in considering the availability and expansion of residential placements it became evident that state mandated licensing processes were experiencing an unprecedented backlog.

Similarly within BHS the retirement or departure of several management level positions has impacted the capacity to start new programs and projects. There are currently nine vacant management positions at Behavioral Health Services.

Most importantly, services were able to be sustained, as opposed to being reduced or eliminated. All programs initiated are still operating. Case loads for the full service partnership programs continue to grow and consumer and community supports such as the Wellness Center, the warm line and the Crisis Community Response Team are still steadily increasing in utilization.

- **Much to be proud of**

Mental Health Services Act Funding has enabled San Joaquin County to expand and enhance mental health services. New programs include, a consumer run Wellness Center, Full Service Partnership, Crisis Community Response Team, School-based prevention and early intervention programs targeting infants and young children through high school aged youth services for at risk youth in juvenile hall, on probation, or who have experienced traumatizing events, outreach and support services to older adults and many other important service expansions that have transformed services from clinically based within mental health departments to community-based and consumer empowered. We have grown a cadre of new community based partners whose expertise within underserved populations is now being leveraged to improve access to mental health services within diverse communities. Through our planning process we have also reached out to and formed stronger relationships with other County Service Agencies, including the Office of Education, the Office of the Sheriff, County Probation, the Office of the Mayors of Stockton and Tracy, and the Justice System. While there is still great need and much to be done we are a stronger system of care as a result of MHSA funding and MHSA planning processes than existed five years ago.

- **Important outcomes are being achieved**

The following highlights illustrate some of our major accomplishments since the onset of the Mental Health Service Act:

1. An average of 133 new consumers a month are registered through BHS Crisis Services; 24 more consumers a month than in 2009.

2. Wait times to receive mental health services at Crisis have been reduced significantly. Consumers are greeted and screened by a mental health professional on average within 22 minutes of the consumer's arrival.

3. Occupancy rates have increased in all three crisis residential or transitional houses to at or above 85%.

4. The increased utilization of crisis residential services, coupled with MHSA funded crisis response services, has

contributed to annual decreases in the PHF's average daily census:

- 2006-07 average of 37.7 people a day;
- 2007-08 average of 31.4 people a day;
- 2008-09 average of 30.5 people a day;
- 2009-10 average of 30.31 people a day;
- 2010-11 projected average of 27.52 people a day.

5. The number of grievances filed dropped 45% from 2008-09 through fiscal year 2009-10, and 14.5% from fiscal year 2007-08 through fiscal year 2008-09 for a combined 2 year decrease of nearly 60%.

- **Major challenges continue to hinder implementation**

Despite these strong accomplishments there are still major challenges to achieving our goal of transforming the system of care available to individuals with mental health illnesses. The state budget crisis has led to changes in plans and more complex financing strategies as we attempt to manage anticipated funding declines. Other major challenges include a continued depressed job market, with the rates for recently unemployed at nearly 20% amongst the county's workforce, and downward pressure on the low-income housing market making it harder for consumers to find safe, affordable housing and (any, not just meaningful) employment or vocational opportunities.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

The following section lists the major community issue identified and the MHSA response implemented to address those issues. Except where indicated, all programs are fully implemented and operational. Further discussion of the CSS programs implemented is included in the Exhibit D.

Major Issues Identified for Children During the 2006 Planning Process:

- Access to Services for foster care or juvenile justice involved youth
  - Children and Youth Services (CYS) Full Service Partnership

Major Issues Identified for Transitional Age Youth During the 2006 Planning Process:

- Co-occurring Disorders for teens under age 18
  - Residential Treatment Center for Adolescents (Opening Summer 2011)

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

Major Issues Identified for Adults During the 2006 Planning Process:

- Disparities in access for ethnically / culturally underserved populations
  - Three Full Service Partnership Programs, providing culturally and linguistically appropriate mental health case management services to:
    - African American Consumers
    - Cambodian Consumers
    - Gay, Lesbian, Bisexual, Transgender, Questioning and Queer Consumers
    - Hispanic/Latino Consumers
    - Hmong Consumers
    - Laotian Consumers
    - Muslim / Middle Eastern Consumers
    - Native American Consumers
    - Vietnamese Consumers
  - Embedded Full Service Partnership responses for fragile and vulnerable populations including
    - Homeless Consumers
    - Formerly Incarcerated Consumers
    - Court Referred, Forensic Consumers
- Capacity to Prevent and Respond to a Crisis
  - Mobile Crisis Intervention – Community Crisis Response Team (CCRT)
  - 24/7 Warm Line
  - Expansion of adult FSP programs to Lodi, Tracy and Stockton Outpatient Clinics
  - Community Behavioral Intervention Services
- Consumer Empowerment and Recovery
  - Consumer Run Recovery Center – The Wellness Center
- Housing and Vocational Pathways
  - Housing Empowerment and Employment Recovery

Major Issues Identified for Older Adults During the 2006 Planning Process:

- Access to Services for older adults
  - Gaining Older Adult Life Skills (GOALS) Full Service Partnership

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

PEI							
1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):							
Age Group	**# of Individuals**	**Race and Ethnicity**	**# of Individuals**	**Primary Language**	**# of Individuals**	**Culture**	**# of Individuals**
Child and Youth (0-17)	21,544	White	6,405	English	19,011	LGBTQ	5
Transition Age Youth (16-25)	478	African American	2,472	Spanish	2,792	Veteran	0
Adult (18-59)	50	Asian	2,409	Vietnamese	77	Other	247
Older Adult (60+)	677	Pacific Islander	219	Cantonese	21		
		Native American	472	Mandarin	4		
		Hispanic	8,529	Tagalog	80		
		Multi	146	Cambodian	176		
		Unknown	1,838	Hmong	186		
		Other	259	Russian	5		
				Farsi	33		
				Arabic	14		
				Other	350		
Total	**22,749**		**22,749**		**22,749**		**252**

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

2. Provide the name of the PEI program selected for the local evaluation[3]. ☐ N/A
Reducing Disparities in Access Evaluation efforts are measuring changes in retention and penetration rates; PHF lengths of stay; and missed and/or cancelled appointments. Disproportionalities are being evaluated by assessing all data by race/ethnicity, gender, and age group. Additionally special efforts are being taken to measure the outreach and engagement activities of the cultural brokers to determine how well underserved communities are being reached out to and brought into the mental health system of care.

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount[4]	**Target Audience/Participants[5]**
1. Technical Assistance BHS Redesign and Expansion Planning The purpose of the Redesign and Expansion project is to ensure that there are multiple points of entry to behavioral health services; to ensure that services are provided appropriately to individuals for whom a mental health issue has been identified; and to ensure that consumers have better options available for determining their scope of treatment. The Redesign and Expansion project will: Decrease reliance on inpatient hospitalizations;	BHS Senior Managers and Direct Service Staff

[3] Note that very small counties (population less than 100,000) are exempt from this requirement.
[4] Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
[5] Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

Expand access to outpatient services, including non-urgent entry into mental health services; and provide more treatment alternatives for consumers. All services are being designed to meet the needs of consumers with co-occurring disorders.	
2. Capacity Building Mental Health Board Use of Data During the Summer and Fall of 2010 a subcommittee of the Mental Health Board was formed to prepare an analysis of penetration and retention rates for the California Mental Health Planning Council. A series of facilitated discussion sessions were formed to help subcommittee members learn new ways to review and analyze data. Encouraged by the process, the subcommittee analyzed penetration and retention rates over a three-year time period and developed new techniques for understanding change over time.	Mental Health Board
3. Technical Assistance to San Joaquin General Hospital on Latino Penetration Technical Assistance was provided to San Joaquin General Hospital to determine and analyze penetration rates for Latinos in general as well as penetration rates for Latinos with mental health needs. This research has supported ongoing capacity building efforts for primary care physicians to improve their response to individuals presenting in health clinics with mental health concerns that would not typically be referred to the public mental health system of care.	Vic Singh, Director Behavioral Health Services Margaret Sczepaniak, Assistant Director Health Care Services
4. Technical Assistance, BHS Cultural Competency Planning Under the guidance of the Cultural Competency Committee, BHS managers, contracted service providers, and direct service staff engaged in a three month planning process to investigate progress made towards	BHS Senior Managers, Program Staff, Ethnic Services Manager, and the Cultural Competency Committee

achieving a more culturally competent mental health service delivery system and to develop a plan to reinforce and strengthen existing efforts. Technical assistance was provided on using data to inform the planning process.	
5. Capacity Building, Use of Data to Inform Decision-making Concerted efforts have been made to build evaluation into a program of continuous quality improvement. New contracts have refocused efforts to address desired outcomes and new data collection tools have been developed to ensure information is collected in an accurate and uniform manner. Two trainings were held with contracted service providers to 1) build understanding and interest in evaluation and efforts, and 2) train staff members on how to conduct data collection activities. Over 50 participants attended the two trainings.	BHS contracted service providers

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Joaquin ☐ **No funding is being requested for this program.**

Program Number/Name: Full Service Partnerships

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	48		93	$1,742
TAY	126	9		$9,137
Adults	498	278	197	$11,097
Older Adults	72	26	878	$7,847
Total	744	313	1,168	$9,848
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	255	English	665	LGBTQ	
African American	211	Spanish	266	Veteran	
Asian	130	Vietnamese	22	Other	

Pacific Islander	3	Cantonese	3		
Native American	99	Mandarin			
Hispanic	346	Tagalog			
Multi		Cambodian	21		
Unknown	7	Hmong	14		
Other	6	Russian			
		Farsi	1		
		Arabic	1		
		Other	64		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

San Joaquin County has designed its Full Service Partnership program to focus on traditionally unserved, underserved, and inappropriately served populations, creating culturally competent consumer partnerships through individualized client and family driven mental health services and support plans which emphasize recovery and resilience. To do this the county enlisted partners with specific expertise with each of the high-priority populations identified through the CSS as unserved, underserved or inappropriately served. The resulting Full Service Partnership program components are as follows:

- Black Awareness Community Outreach Program/MultiCultural (BACOP/MC) FSP
- CYS Foster Care FSP
- CYS Juvenile Justice FSP
- Forensic Court Adult FSP
- Gaining Older Adult Life Skills (GOALS) FSP
- La Familia FSP
- Southeast Asian Recovery Services (SEARS) FSP
- Community Adult Treatment Services (CATS) FSP
- Lodi Adult FSP
- Tracy Adult FSP

Each of these FSPs is designed to ensure that specific ethnic groups, underserved geographic areas, or at-risk populations is served using the principles of wellness and recovery. Over this past year, all FSPs have maintained steady caseloads, in accordance with the plan. The FSPs have been building capacity over this past year, implementing culturally-specific supports around depression, relationship skills, trauma (Seeking Safety), anxiety, and symptom management, as well as culturally-specific non-clinical supports such as Tai Chi; and as such have been able this past year to increase billing.

Through these efforts, consumers in the FSPs have been very successful in meeting their treatment and recovery goals. Contract staff are increasingly aware of objectives and have improved records-keeping for improved monitoring of progress and outcomes measurement. Specific successes over the year include successful completions among Juvenile Justice and Foster Care FSP consumers – all of the children and youth who have graduated the FSPs have avoided further juvenile justice system contacts and increased the stability in their lives. Another success has been in the culturally-specific FSP for Latino consumers which has assisted 6 consumers in gaining citizenship. The BACOP/Multicultural FSP, which focuses on providing culturally competent FSPs to African American, LGBT, Native American, and Muslim/Middle Eastern consumers, also helped 2 consumers gain citizenship. This goal was achieved through intensive case management and connection to agencies that focus on the path to citizenship.

The FSP program has been especially successful in reaching out to unserved and underserved populations and reducing disparities for ethnic and cultural populations, in large part due to a decision to emphasize community-based organizations that had deep roots in the high-priority populations in their contracting process, rather than focusing on agencies with mental health expertise. By coordinating efforts through the Consortium, mutual learning has been very intentional. Stronger clarity on the purpose and relationship between FSPs and the PEI Cultural Brokers program have further enhanced the nature and intention of outreach work. This leveraging of other MHSA program components has been an effective way of maximizing impact within tightening budgetary confines.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In light of the new fiscal reality, San Joaquin County has had to modify program objectives for the FSP. The current understanding of the FSP, and fiscal limitations have meant keeping consumers in FSPs at lower levels of care and for longer periods of time than what was envisioned in the original 2007 planning process. Program managers are embracing the spirit of FSP but also understand that the definition has broadened. But, in terms of these modified objectives, this past year has been quite successful for San Joaquin County's FSPs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $9,887,201 | $8,147,764 | -17.59% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	53		103	$1,742
TAY	140	10		$9,137
Adults	554	309	219	$11,097
Older Adults	80	29	976	$7,847
Total	827	348	1,298	$9,848
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

3. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

In the vision of MHSA, San Joaquin County FSPs were established through community input to provide community specific services for the unserved and underserved by the establishment of partnerships with community based organizations and service providers who have access to traditionally marginalized communities along the lines of race/ethnicity, sexual orientation, age, and socioeconomic status. The CSS planning process resulted in the identification of nine high-priority populations: Foster Youth, Juvenile Justice System-Involved Youth, Older Adults, Vulnerable Adults, Consumers with Co-Occurring Disorders, consumers living in Underserved Geographic Areas (Tracy and Lodi), and the following ethnic/cultural populations: Latinos, Southeast Asians, African American, LGBT, Muslim/Middle Eastern, and Native Americans. The ethnic/cultural groups have been served with linguistically and culturally competent services through community partners with specific expertise and deep reach into these communities.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

Not Applicable

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Joaquin ☐ **No funding is being requested for this program.**

Program Number/Name: Wellness Center

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		102		
Adults		405		
Older Adults				
Total		507		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	

Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The consumer-run Wellness Center is a model of resiliency and peer led recovery in San Joaquin County. Center consumers and staff have created an atmosphere that promotes learning about and advocating for recovery. To this end, consumers develop and implement peer led classes and support groups in conjunction with enrichment and recreation activities. Lectures on topics such as MediCal, managing treatment, and habits for wellness are also offered. Along with the classes, consumers are encouraged to complete a Wellness and Recovery Action Plan (WRAP) which provides detailed steps on their path to continuous positive development and makes the concept of recovery tangible through their personal goals and actions.

During 2009/10 we have expanded our focus on physical health and wellbeing. We are partnering with the mobile farmers market to bring healthy fruits and vegetables to consumers. The farmers market comes monthly and helps to educate our members about nutrition and eating right to gain better health. With the 25 years less life span for mental health clients we are hoping to decrease this number in our county by using a whole person approach to their physical wellness as well as their mental wellness. Additional activities include:

- Smoking cessation groups
- Morning walks
- Hygiene classes

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Funding restrictions for BHS has impacted the availability of services. As a result more individuals are appearing at the Wellness Center with more severe, active mental health symptoms. This challenges our peer recovery coaches who want to prevent and stabilize those who are experiencing a mental health crisis but do not have the professional training to always respond to the presenting crisis. Some individuals will also present in a manner that is disruptive and destabilizing to other consumer participants. We are currently working hard with the Crisis Center and the adult outpatient teams to develop better protocols and responses when individuals present to the Wellness Center in crisis. A related concern is a challenge in meeting the needs of the older adult or disabled population, some of whom are incontinent. Peer recovery coaches are seeking additional training as well as good policy guidelines on how to work with consumers with related hygiene challenges.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
A. a) Complete the table below: **FY 10/11 funding**: $490,375 **FY 11/12 funding**: $409,171 **Percent Change**: -16.56% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? B. If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		91		
Adults		360		
Older Adults				
Total		451		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

D. **Answer the following questions about this program.**
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The Wellness Center serves a broad array of consumers and is staffed by a diverse, multi-ethnic team that consists of Caucasian, African American, and Muslim/Middle Eastern recovery coaches. The program provides free, anonymous support to mental health consumers. Individuals are welcome to join us for program activities at any time. Currently our program model does not include registering program participants in any way. Estimates on the number of individuals who receive services are provided, but actual client counts by gender, race/ethnicity, or age are not available at this time. The program specifically targets adults and older adults although all consumers are welcome. Wellness Center recovery coaches continue to receive training and expand their cultural competency skills. Over the past year hygiene packets began being distributed. After a trial period a second option of products was offered with products better suited to African Americans.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not Applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not Applicable.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Joaquin ☐ **No funding is being requested for this program.**

Program Number/Name: Consortium

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	

Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Consortium is a public meeting, attended by Full Service Partnership (FSP) contractors and San Joaquin County Behavioral Health Services staff, as well as some consumers and family members. The program's purpose is to create greater understanding of the cultural groups in the county and ensure that the needs of the mental health consumer and family members served by San Joaquin County Behavioral Health Services and MHSA programs are met. This is achieved through monthly meetings that include the contract holders for the county's three culturally-specific Full Service Partnerships, La Familia, Southeast Asian Recovery Services (SEARS), and the multicultural Black Awareness Community Outreach Program (BACOP) who, together with the department, engage in ongoing discussions and evaluation of MHSA programs.

During the past year the Consortium engaged in a process to develop mission and vision statements as well as guidelines and ground rules. The group also developed a sub-committee that plans the monthly agenda, and a formalized shared facilitation arrangement between the MHSA Coordinator and the participating community-based organizations. This has expanded the sense of ownership among the participants and ushered in a new level of engagement. This clarification of the mission and vision have also ensured that meetings are more focused on joint learning, rather than on contract issues or other distractions from the group's core purpose. The clarification process also helps to make sure that the Consortium's business does not repeat the work of Cultural Competence Committee, a distinct group whose mission supports and is complemented by the Consortium.

These steps were part of a larger process which included the identification of several recommendations for improved functioning of the

Consortium. In the current fiscal year, the Consortium is working on implementing more of those recommendations, including increasing consumer and family voice. One step in that direction has been to use the Wellness Center as a resource for including more consumers in Consortium meetings. Further outreach is planned.

A major success of the Consortium has been its capacity to bring culturally-specific learning from the community to Behavioral Health Services, and vice versa. San Joaquin chose a cultural focus in designing its FSP programs and invested in community providers that had deep cultural reach and expertise but were not necessarily mental health experts. The Consortium has been an opportunity to enrich the department's understanding of how to reduce ethnic disparities and increase cultural competence while increasing these community providers' knowledge and familiarity with the mental health system. All Consortium activities help to ensure more cultural competence, better outreach to ethnic and cultural groups, and more effective and appropriate services to these often un-, under- and inappropriately served populations. The structural and operational improvements to the Consortium further ensure that these efforts are fruitful.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

This program has been able to maintain its level of functioning in spite of fluctuating mental health funding and internal staffing transitions. The Consortium's primary challenge has been to attract more consumers and family members to the monthly meetings, and they are currently working on deliberate strategies to increase participation without the use of monetary incentives.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $298,199 | $225,140 | -24.50%	Yes ☐	No ☒
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				N/A

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Consortium provides a concerted linkage to the community and specifically to the ethnic and special populations. It also gives a forum for Community Based Organizations (CBOs) to bring community issues to San Joaquin County Behavioral Health Services (BHS) so that staff and community members can work in a collaborative way to improve service to the unserved, underserved, and inappropriately served. The Consortium is as an inclusive body of Community Based Organizations and San Joaquin County Behavioral Health Services staff, consumers, families, and community members. The Consortium holds a monthly meeting that enables strategic collaboration and dialogue between the staff and community partners to maintain the inclusiveness that occurred during CSS planning. Aside from facilitating communication between BHS and Community Based Organizations, the monthly Consortium meetings provide a platform for information dissemination and dialogue regarding the successes and opportunities for improvement in reaching the unserved, underserved and inappropriately served.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not Applicable.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not Applicable.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Joaquin ☐ **No funding is being requested for this program.**

Program Number/Name: Housing Empowerment and Employment Recovery Service

Date: 02/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults		206		
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	33	English		LGBTQ	
African American	20	Spanish		Veteran	

Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	2	Mandarin			
Hispanic	8	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Housing Empowerment and Employment Recovery program enhances the mental health system by increasing the availability of stable, safe, affordable, permanent housing and employment services for people recovering from symptoms of severe mental illness.

A stable home and meaningful work activity promote wellness and recovery. Community based housing and employment specialist programs provide supports to persons enrolled in the Full Service Partnership (FSP). The Creating Housing Opportunities in Community Environments (CHOICE) assists consumers in locating and maintaining stable, safe, affordable, transitional or permanent housing. The Recovery Employment Services assists with individual goals for education and employment.

Housing Empowerment
Available housing consists of a network of options, satellite housing, shelters and existing apartments, co-location in mixed-income housing environments. One of the overarching focuses of the program is the development of collaborative relationships with community development partners. At each housing location wraparound services are also located. Services and programs include socialization activities, skill training and education around mental illnesses. Support personnel are also on site.

Housing Empowerment has circumvented challenges related to communication between consumers, mental health staff and residential

administration by instituting monthly meetings between site coordinators and the program coordinator. Additionally, all housing empowerment sites now have monthly meetings with consumers to keep abreast of ongoing issues. Appropriate mechanisms for increased communication with residential staff have also increased.

In 2009/10 BHS was able to add two new housing providers to our housing continuum. As this program works with consumers who have previously been unsuccessful in their housing arrangements we have taken special care to provide training and additional supports for housing operators to ensure that our consumers can find stable, successful living situations.

Employment Services
Like housing empowerment, employment services were created to enable sustained support for community members who access mental health services in the full service partnerships. Employment services include job training, job placement, coaching and other supports.

During 2009/10 new measures were taken to develop additional consumer positions within Behavioral Health Services. The Employment project can now refer some participants to BHS for employment within our Ambassador program. The Ambassador program provides a warm welcome to BHS by friendly, trained consumers. The Ambassadors help new visitors navigate the campus, directing them to specific programs and resources, and provide information on how to access services as a first time user.

The program was started as a means to ensure more consumers are working within and shaping BHS services. It also responds to the continuing economic climate in California which has hit San Joaquin County quite hard. Approximately 20% of Stockton's workforce filed for unemployment benefits within the past couple of years, testifying to the shortage of employment of any kind. As a result of the tight job market it has been more difficult for the employment services component to find viable employment for program participants. The Ambassador program provides important and meaningful employment for consumers.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

The current economic climate has complicated implementation of this program. In particular the lack of available jobs in the area is discouraging for consumers. To address this, BHS has contracted with a community based provider to add several new Ambassador positions, but funding restrictions have limited our capacity to expand employment opportunities any further.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

The economic crisis and job shortage has also impacted our program goals. Over the past year our language in talking with consumers has shifted from directly discussing employment possibilities to more honest conversations about the long term benefit in vocational training. job readiness skills, and demonstrating a steady living situation, that will position consumers for employment when jobs become more available.

A second challenge continues to be finding appropriate placement options for our adult, TAY consumers. One placement house has been established, but more are desired. BHS continues to explore potential funding in order to develop more TAY specific services.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $1,215,764 | $912,996 | -24.90% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☒

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults		236		
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Housing Empowerment and Employment Recovery program serves a diverse population of consumers with a focus on those that have not been able to fully find their path to recovery and wellness from the mental health services provided. Consumers in this program are typically struggling with multiple compounding issues affecting their recovery, including substance use, physical disabilities, and chronic health problems that require daily ministrations and support.

A strong partnership with a local low-income housing provider has helped us expand and enhance the housing component of the program. The program has attracted new housing providers and has been able to more fully integrate cultural competency training and standards throughout the program. Cultural competency is evaluated within all of our affiliated housing programs and we are pleased to have diverse cadre of professionals, representing African American, Filipino, and Latino cultural backgrounds. There are now several placement options for our Spanish and Tagalog speaking consumers.

Individuals served during 2009/10 include:

White	33
African American	20
Asian	4
Native American	2
Latino	8

During 2009/2010 data collection and reporting consisted of counts of program participants. In the 2010/11 fiscal year new requirements were initiated to more accurately record service utilization by race/ethnicity. A new evaluation targeting MHSA programs was launched in Fall 2010. In subsequent years we anticipate having more detailed information to report on program utilization and program outcomes.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not Applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not Applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Joaquin ☐ **No funding is being requested for this program.**

Program Number/Name: Community Behavioral Intervention Services

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		1		
Adults		122		
Older Adults		7		
Total		130		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	72	English	115	LGBTQ	
African American	18	Spanish	6	Veteran	

Asian	15	Vietnamese	2	Other	
Pacific Islander		Cantonese			
Native American	12	Mandarin			
Hispanic	13	Tagalog			
Multi		Cambodian	1		
Unknown		Hmong	1		
Other		Russian			
		Farsi			
		Arabic			
		Other	5		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

This past year the Community Behavioral Intervention Services (CBIS) program has continued to receive referrals from service providers to help consumers avoid crisis and hospitalization. The CBIS team works with referred consumers to implement particular behavioral interventions. Each referred consumer is already enrolled in a case management program, so the CBIS has a very specific task, which is to work with that consumer to ameliorate the specific target behavior that is putting the consumer at risk. This past year the program has been very successful in opening cases in a timely manner and in achieving positive outcomes. Program data show that consumers who complete the CBIS program are functioning better and meeting their recovery goals. CBIS graduates have avoided being re-admitted to the Psychiatric Health Facility and have stepped down in levels of care. Specific successes over the past year include the clarification of the CBIS program role and its distinction from case management – this clarification has eliminated the redundancy of consumers having more than one person functioning as a case worker.

This past year CBIS has effectively spread the word among programs in the community as to the services it provides. Now, if a case manager identifies a specific behavioral problem with a consumer, he or she knows to refer to CBIS. CBIS also works with programs and the county to look at the high-user list, consider if those consumers would benefit from CBIS, and make referrals accordingly. This has been an effective way of identifying consumers that may be inappropriately and/or under-served. CBIS is not designed, however, to enroll consumers who are not already enrolled in case management programs, so it does not reach the unserved.

CBIS staff, including recovery coaches, are ethnically diverse and all have had a significant amount of cultural competency training. The program's cultural competency approach also includes considerable peer one-on-one time. CBIS clinical staff speak Hmong, Khmer, Portuguese, Spanish, and English, so current program successes represent significant efforts to reduce cultural and ethnic disparities, and to ensure that these groups are treated in least-restrictive settings by helping to prevent hospitalizations.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
In the 2010-2011 Annual Update, additional training for staff in specific behavioral treatments was identified as an opportunity for program improvement. It was supposed that closer adherence to a behaviorist model might help to reduce treatment time and enable more consumers to be served by the program. This was not possible in the past year, however, so treatment time has continued to be longer, and the number of new consumers entering services each quarter has continued to be smaller than originally envisioned.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No $
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $567,000 | $473,108 | -16.56% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		1		
Adults		122		
Older Adults		7		
Total		130		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The Community Behavioral Intervention Service is a program that facilitates the extension of mental health support in the community in order to prevent consumer decompensation to acute levels of mental health care. Through this program, consumers receive modification support for behaviors that severely hamper their ability to exist independently and maintain wellness in the community. CBIS operates as a prevention mechanism, by responding to less severe but chronic behavioral issues that in other circumstances might necessitate a consumer visits to Crisis and more limiting forms of care.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not Applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not Applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Joaquin ☐ **No funding is being requested for this program.**

Program Number/Name: Crisis Community Response Team (CCRT)

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		216		
TAY		294		
Adults		2,799		
Older Adults		148		
Total		3,457		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1,610	English	3,168	LGBTQ	
African American	736	Spanish	140	Veteran	

Asian	210	Vietnamese	13	Other	
Pacific Islander	6	Cantonese			
Native American	204	Mandarin	1		
Hispanic	623	Tagalog			
Multi		Cambodian	14		
Unknown	54	Hmong	6		
Other	14	Russian	1		
		Farsi	1		
		Arabic			
		Other	113		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Crisis Community Response Team (CCRT) has continued to provide community based responses to requests for assistance from individuals, families, other agencies, and law enforcement. About 50% of calls came from consumer families, 40% from other agencies, and 10% from law enforcement. Most CRT home visits are made without law enforcement, continuing San Joaquin County's tradition of doing in-the-field case management in a non-threatening manner for maximum engagement of consumers. CCRT responds to all referrals, with around 61% of cases resulting in an in-home visit – most of those involve multiple follow ups. The program is designed to engage consumers in needed services, not to simply conduct 5150 evaluations.

The CCRT also consists of a consumer support warmline – the warmline fields over 9,000 calls a year, plus makes nearly 2,000 outgoing calls to remind consumers of appointments with doctors, wellness center groups, and the like. CCRT mental health outreach workers also operate a transportation program for vulnerable consumers who live out in the community and will have a hard time getting to service – last year 1627 transports were made.

In FY 09-10 we planned a Crisis Intervention Training (CIT) in collaboration with the WET plan, which was executed in September 2010. This 8-hour training focused on recognizing the signs of serious mental illness (SMI), de-escalation, empathy, ways to reduce anxiety, and safer, more effective ways of working with people who have SMI. There were 106 participants, 96 were police officers. The training

was very well-received by participants.

Because the CCRT is a mobile response team that makes home visits, and that responds to community and law enforcement referrals from all areas within the county, including underserved rural areas, the CRT is highly accessible to the whole community. CCRT staff includes bilingual/bicultural Latino and Filipino and African American outreach workers, to respond in a culturally competent manner to consumers from those populations. The CCRT also partners with Southeast Asian Refugee Services, Black Awareness Community Outreach Program, and La Familia (the three organizations that operate culturally-specific Full-Service Partnerships) if a consumer's needs exceed the cultural competence of the CCRT team-members. The CIT was designed in part to help to ensure that the county's ethnic minority consumers, who have a disproportionate likelihood of contact with law enforcement, are treated with respect and cultural competency, and allowed to avoid higher levels of care whenever possible. The warmline also helps provide greater access to unserved and underserved populations because it provides access to homebound consumers, remote consumers, and those who may be too intimidated to seek services due to stigma or cultural barriers. The warmline staff speaks Spanish and English.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Due to funding restrictions the CCRT has had to restructure some of its staffing arrangements. The CCRT is a 24-hour program, 7 days a week, but a mid-year analysis revealed that call patterns were heavier during the day. In response, the CCRT has maximized daytime staff to correspond to that need, while making cuts to maintain just enough evening staff to ensure prompt response to emergencies. CCRT has also begun to triage calls into three categories: immediate, 2-hrs, and next-day response required. Another challenge related to the economy is that over the past year the CCRT has seen a 21% increase in brand new consumers. Many of these new consumers are not SMI as much as they are suffering instability in their lives which has triggered a crisis.

Finally, the CCRT program is also looking for ways to support the challenges that law enforcement is experiencing in the field, related not only to consumers in crisis, but to those short of crisis but requiring some form of mental health expertise. The CCRT does not have adequate resources to accompany or respond to officers in the field for all of those needs, but is in open communication with law enforcement agencies in the county to devise a strategy to increase their capacity or find creative ways to make CCRT staff available to officers in these situations, to help ensure that consumers are treated respectfully, connected with appropriate resources that help divert

them from arrest, 5150, and crisis.

A current, U.S. Department of Justice Initiative, the Justice and Mental Health Collaboration Project, is currently underway to build better joint operating protocols between mental health and law enforcement. Planning processes are anticipated to conclude in December 2011 with a series of recommendations for strengthening communication and collaboration.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $1,200,083 | $1,001,355 | -16.56% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☒

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		167		
TAY		228		
Adults		2,170		
Older Adults		114		
Total		2,679		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

During the CSS planning process, stakeholders highlighted a need for peer-led support for consumers and potential consumers of mental health services in the community, who also serve as a de facto connection between law enforcement and mental health services. The San Joaquin County CCRT is a close representation of what consumers envisioned when developing the program. Currently, the CCRT team employs outreach workers who provide a variety of services, including consultation, mediation and transportation for consumers. As intended, over 30% of the referrals received come from families of consumers, with the remainder originating from the community, community-based organizations, and law enforcement. During the initial phases of vision gathering, stakeholders emphasized the need for flexibility in helping consumers before they reach crisis situations. As such, unlike other county examples of Community Response Teams, San Joaquin County CCRT does not ride with police officers. Instead they receive referrals from all facets of the community; triage referrals received, and respond to them appropriately, with crisis situations receiving immediate attention.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
Not Applicable
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
Not Applicable

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Joaquin ☐ **No funding is being requested for this program.**

Program Number/Name: Co-Occurring Residential Treatment Program

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

X This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	

Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Co-occurring Residential Treatment Program is intended to serve 18 youth referred from Juvenile Probation's Placement Unit. All the targeted youth have serious emotional disturbance and a co-occurring substance abuse problem, and will receive mental health and substance abuse services in a secure residential program.

No services were provided during 2009/10. Instead ongoing planning was completed to implement this program. A program site was identified and procured, and a Request for Proposals was released. A vendor was selected for the project and contract negotiations should be complete by June 30, 2011.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No implementation activities at this time. Project is proceeding as described in the CSS Plan and per the RFP released.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $128,100 | $98,637 | -23% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		18		
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

No services are currently provided. Target population is adolescents under age 18.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

Not Applicable

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Joaquin County

☒ **No funding is being requested for this program.**

Program Number/Name: Workforce Staffing Support

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This project was intended to increase workforce capacity. The first order of business for this program was to recruit and hire a WET Coordinator, which was accomplished this past year. The next major accomplishment for Workforce Staffing Support was to recruit Psychiatrists, which was also accomplished as planned. The final area of progress for this program was in recognizing that the county qualifies under the criteria of the U.S. Department of Health and Human Services Health Resources and Services Administration as a Health Professional Shortage Area (HPSA) in the area of mental health, but that the county has not been designated as such. The WET Coordinator facilitated the process this year to have that designation under both federal and state authorities. The application process is complete and the designation itself will be forthcoming in 2011. The designation will allow for more effective recruitment through the availability of associated scholarship and bonus programs.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes ☒	No ☐
2) Do the activities and strategies remain consistent with what was previously approved?	Yes ☒	No ☐
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $0 | $0 | 0% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☒
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

There have been no changes to this program within the scope of what was originally proposed.

2. If this is a consolidation of two or more previously approved programs, provide the following information:
   a) Name of the programs.
   b) The rationale for the decision to consolidate programs.
   c) How the objectives identified in the previously approved programs will be achieved.

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Joaquin County ☐ **No funding is being requested for this program.**

Program Number/Name: Training and Technical Assistance

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

2. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

In the past year, the WET component has been making significant progress toward Training and Technical Assistance objectives. Progress was made in offering Mental Health 101 trainings – the training curriculum was developed, relationships were built with partners and primary care providers to populate the trainings, four master trainers were trained from the county, and three separate training schedules have been set for implementation. In addition, plans have been laid for additional cultural competency trainings, and for a series of e-trainings involving easily-accessed internet-based curriculum delivery.

- A Crisis Intervention Training for law enforcement personnel was prepared in collaboration with the MHSA CSS Crisis Community Response Team program. The training was offered in Fall 2010 to 106 participants, 96 of whom were police officers.
- Training materials for mental health professionals and community partners working with the issues of returning war veterans was also developed. The training curriculum emphasizes recognizing signs and symptoms of post-traumatic stress and responding effectively to promote wellness and recovery.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
3) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes ☒ No ☐
4) Do the activities and strategies remain consistent with what was previously approved?	Yes ☒ No ☐
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $0 | $0 | 0% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☒
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

2. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

There have been no changes to this program within the scope of what was originally proposed.

3. If this is a consolidation of two or more previously approved programs, provide the following information:
   a) Name of the programs.
   b) The rationale for the decision to consolidate programs.
   c) How the objectives identified in the previously approved programs will be achieved.

Not Applicable.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Joaquin County ☒ **No funding is being requested for this program.**

Program Number/Name: Mental Health Career Pathways

Date: 02/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

3. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Currently there is a hiring freeze for San Joaquin County positions. Limited hiring is permitted to backfill vacant positions, but even this is not robust. SJCBHS has over 70 vacant positions that will likely remain vacant until uncertainties in the state budget are resolved. For the county overall there have been several rounds of lay-offs with 62 individuals recently laid-off without a reassignment possibility. San Joaquin County has one of the highest unemployment rates in the state (17%) and the City of Stockton unemployment rate is (19%).

Initial discussions with the local colleges revealed that the envisioned academic certification program for a Behavioral Specialist Certificate could not begin unless and until there was some assurance that there would be available jobs in the area for program graduates. The anticipated opening of a hospital in Stockton for the Department of Corrections, and the impending designation of the county as a Health Professional Shortage Area (HPSA) in the area of mental health by both State and the Federal authorities should remedy the reluctance of the colleges and enable those plans to go forward as envisioned. The anticipated growth in behavioral health jobs in the area may also open vacancies BHS.

All hiring is done in accordance with County personnel policies. Developing a culturally competency workforce must be done within the strict confines of the civil service regulations which prohibits hiring for racial or ethnic reasons. Positions that have ethnic services designations must go through the county's Civil Service Commission. Through the recent process of completing the Cultural

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

Competency Plan, our County Human Resources Division expressed a commitment to BHS's goals of developing a culturally competent workforce and their commitment to ensuring that positions are filled with personnel who can effectively address the needs of unserved, underserved, and inappropriately served populations.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

5) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes ☒ No ☐
6) Do the activities and strategies remain consistent with what was previously approved?	Yes ☒ No ☐
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $0 | $0 | 0% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☒

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

3. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

There have been no changes to this program within the scope of what was originally proposed.

4. If this is a consolidation of two or more previously approved programs, provide the following information:
   a) Name of the programs.
   b) The rationale for the decision to consolidate programs.
   c) How the objectives identified in the previously approved programs will be achieved.

Not Applicable.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: San Joaquin County ☒ **No funding is being requested for this program.**

Program Number/Name: Financial Incentive Programs

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

4. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The WET plan includes a program to award financial incentives for employees who work in chronically unfilled or positions with low-qualified workers and/or have experience as a consumer or family member, a member of a traditionally unserved or underserved population, an individual with longstanding family or community ties to the San Joaquin County, or an individual still developing proficiency in English. Under this program workers and students could apply for a variety of awards, including, scholarships, full-time pay for half- time work, stipends for students who will work for BHS after they graduate, and loan assumption for new hires.

San Joaquin County has been in a hiring freeze, so little progress has been made on the objectives of this program. The WET Coordinator has facilitated in the completion of the application for designation as a Health Professional Shortage Area (HPSA) in the area of mental health with the U.S. Department of Health and Human Services Health Resources and Services Administration and with the state. Future efforts in recruiting for and supplementing those scholarships.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

7) Does the work detail or objective of the existing program(s) or activity(s) remain consistent with what was previously approved?	Yes ☒	No ☐
8) Do the activities and strategies remain consistent with what was previously approved?	Yes ☒	No ☐
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $0 | $0 | 0% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☒

B. Answer the following questions about this program.

4. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

There have been no changes to this program within the scope of what was originally proposed.

5. If this is a consolidation of two or more previously approved programs, provide the following information:
   a) Name of the programs.
   b) The rationale for the decision to consolidate programs.
   c) How the objectives identified in the previously approved programs will be achieved.

Not Applicable

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Joaquin County

Program Number/Name: Reducing Disparities in Access ☒ **Please check box if this program was selected for the local evaluation**

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native		Mandarin			

		American					
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
This strategy combines the use of Cultural Brokers and community education which is coordinated with the WET Training and Technical Assistance program's Mental Health 101 trainings. The training piece is a contract with the local chapter of the National Alliance on Mental Illness. The curriculum development and planning have resulted in the development of a 30-hour courses delivered over 10 weeks. The target audience is mental health professionals and para-professionals, expanding next year to include board and care operators. The purpose of the course is to provide people who already work in the system to get more knowledge from a consumer and family perspective. The first training series was offered August 3 – October 5, 2010. A second training course has just launched and is scheduled to run from February 10 – April 14, 2011. Additional, future course offerings are anticipated, though not scheduled.. The Cultural Brokers piece involved implementing new contracts with 7 agencies to provide services that bridge cultural difference and promote more culturally competent care to reduce disparities for ethnic and cultural populations. Contract negotiations began in FY 09/10 and were completed in Fall 2010. An objective of the program is to move from traditional

outreach to more intensive outreach with more one-to-one engagement. A training this past year with the program directors of cultural brokerage and FSP programs focused on evaluation and outcomes which resulted in an intensified model of outreach to capture relevant data for outreach and linkage to mental health services. Another highlight has been the training of one of the Cultural Brokers as a trainer in Mental Health Stigma Reduction and Education. Building the capacity of the Cultural Brokers to further educate their communities by giving presentations about mental health will help to reduce stigma and increase families' and community members' ability to identify and respond to signs and symptoms of mental health needs effectively. Future development of the Reducing Disparities in Access program will include the possibility of more Cultural Brokers being trained to make these presentations.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[6], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
    - A summary of available information about person/family-level and program/system-level outcomes from the PEI program
    - Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
    - The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
    - Specific program strategies implemented to ensure appropriateness for diverse participants
    - Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

This program has been selected for the local evaluation of PEI programs. Program contracts for Cultural Brokers were executed on October of 2010 and all program directors and supervisors received a presentation on the evaluation in November. In January 2011 all cultural broker program staff received training on the data collection protocol. Follow up training is anticipated in June 2011 once the first quarter's data is reviewed.

[6] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $262,200 | $272,400 | 3.9% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☐

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	700	84
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Joaquin County

Program Number/Name: School Based Prevention ☐ **Please check box if this program was selected for the local evaluation**

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Some components were implemented in the latter half of the fiscal year. There were no major delays in implementation; rather a careful process of contract negotiations was conducted only after funding was received in Fall 2009, nearly halfway through the fiscal year. There was also a consecutive implementation plan with the largest (and most complex) contract with the Office of Education negotiated and executed first. All planned program activities are currently underway.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	20990	White	5744	English	17646	LGBTQ	
Transition Age Youth (16-25)		African American	2143	Spanish	2519	Veteran	
Adult (18-59)		Asian	2273	Vietnamese	75	Other	242
Older Adult (60+)		Pacific Islander	210	Cantonese	21		

		Native American	444	Mandarin	3		
		Hispanic	8039	Tagalog	80		
		Multi	139	Cambodian	167		
		Unknown	1744	Hmong	185		
		Other	254	Russian	5		
				Farsi	33		
				Arabic	14		
				Other	242		

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Program implementation efforts began in earnest during the 2009/10 fiscal year as contracts were negotiated. Some contracts were executed in Spring 2010, others did not begin until July 1, 2010. All of the following planned components are currently implemented.

- Mental Health in Young Children Campaign: Operations begun in FY 10-11
- Emergence of SMI in Adolescents Training: Operations begun in FY 10-11
- Co-Occurring Disorders in Adolescents: Training begun in FY 10-11
- Expanding School Based Prevention Efforts: The program began in May 2010, and for the two months of FY 09-10, planning and program set-up procedures were designed.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[7], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: • A summary of available information about person/family-level and program/system-level outcomes from the PEI program • Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken • The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants • Specific program strategies implemented to ensure appropriateness for diverse participants • Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
None to date.

[7] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $674,493 | $650,000 | -3.6% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☐

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

A. Answer the following questions about this program.
1. Please include a description of any additional proposed changes to this PEI program, if applicable.
None proposed. Ongoing implementation activities per the PEI plan are anticipated. More information in 2011/12 regarding the first year of operations is anticipated to guide any program changes.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: d. Names of the programs being consolidated e. The rationale for consolidation f. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)
Not Applicable.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	**Early Intervention**
Total Individuals:	25000	5250
Total Families:		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Joaquin County

Program Number/Name: Connections for Adults and Older Adults ☐ **Please check box if this program was selected for the local evaluation**

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	192	English		LGBTQ	
Transition Age Youth (16-25)	8	African American	31	Spanish		Veteran	
Adult (18-59)	294	Asian	37	Vietnamese		Other	
Older Adult (60+)	8	Pacific Islander	4	Cantonese			
		Native	6	Mandarin			

		American					
		Hispanic	40	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

This program has several pieces, including Mental Health in Older Adults Education Campaign, Connections for Homebound Seniors, Senior Peer Counseling, and Mental Health in Primary Care Settings.

The Mental Health in Older Adult Education Program and Connections for Homebound Seniors are operated by the county's Human Services Agency which already manages 450 older adults receiving Meals on Wheels. Outreach to these homebound older adults (identified as an un-served or underserved priority population during the planning process) takes the form of home visits to Meals on Wheel clients as well as social worker presentations at the senior centers located around the county. Staff are diverse and represent ethnic and cultural groups that are traditionally underserved or inappropriately served – the social worker is African American, and volunteers include White, Latino and Asian. Volunteers note when follow-up is required for translation and interpretation. The program has identified three individuals in need of conservatorship and has administered a tremendous number of depression screenings. Most screened did not demonstrate serious mental illness, but many were identified as needing program activities to prevent more acute depression.

The Senior Peer Counseling piece enlists peer volunteers in a 60-hour training course in peer counseling. The process for identifying and certifying volunteers as peer counselors is rigorous to ensure that peer counselors are competent and well-

equipped to support consumers. Two classes of 20 volunteers have been trained and are working in the field providing support to older adult consumers. Peer counselors are a diverse group, including African Americans, and bilingual/bicultural Chinese, Japanese, Samoan, Latino, and African. The Senior Peer Counseling program has connections to all the Skilled Nursing Facilities and nursing homes throughout the county, which helps to ensure that many unserved and underserved are reach. The peer counselors partake in a group supervision meeting once a week. More experienced peer counselors may eventually reduce supervision to once every two weeks. At supervision meetings peer counselors bring up concerns that require connections to more formal assessments or clinical services. There have been a number of instances where the need for Adult Protective Services has been flagged by peer counselors that would otherwise have gone undetected. Peer counselors have also reported that many of the older adults they see are reluctant to seek mental health services, but very much welcome peer counselor visits. The program is perceived as a valuable way to increase connection and prevent hospitalization.

Finally, the Mental Health in Primary Care Settings piece involves a psychiatrist who spends afternoons at a primary care clinic on the grounds of San Joaquin General Hospital. The psychiatrist does joint patient visits with primary care physicians. This helps to build the capacity of the primary care physicians to identify signs that patients might be in need of greater mental health supports, and to manage medication more effectively given the often high number of medications older adults take. The next step in the program plan is to hire a social worker and to double the number of hours the psychiatrist spends onsite at the hospital.
The program is currently aligning closely with the plan and meeting its objectives.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[8], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
    - A summary of available information about person/family-level and program/system-level outcomes from the PEI program
    - Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
    - The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the

[8] Note that very small counties (population less than 100,000) are exempt from this requirement

perspectives of diverse participants • Specific program strategies implemented to ensure appropriateness for diverse participants • Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
None to date

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐ No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐ No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $312,891 | $324,843 | 3.8% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☐

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Not Applicable

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not Applicable

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	620	325
Total Families:	5000	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Joaquin County

Program Number/Name: Empowering Youth and Families ☐ **Please check box if this program was selected for the local evaluation**

Date: 2-18-11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Some components were implemented in the latter half of the fiscal year. There were no major delays in implementation; rather a careful process of contract negotiations was conducted only after funding was received in Fall 2009, nearly halfway through the fiscal year. All planned program activities are currently underway.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	347	White	79	English	278	LGBTQ	
Transition Age Youth (16-25)	129	African American	85	Spanish	124	Veteran	
Adult (18-59)	6	Asian	25	Vietnamese		Other	1
Older Adult (60+)		Pacific Islander	0	Cantonese			

		Native American	9	Mandarin			
		Hispanic	216	Tagalog			
		Multi	8	Cambodian	1		
		Unknown	59	Hmong	1		
		Other	1	Russian			
				Farsi			
				Arabic			
				Other			

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Two components of the Empowering Youth and Family Program have been implemented in FY 09/10.

- Comprehensive Youth Outreach and Early Intervention program
- Mentally Ill Offender Crime Reduction Act program.

Two components were not implemented in FY 09/10

- Comprehensive Family Support Program
- Co-occurring Disorders Demonstration Project

The fifth component, Mental Health for Youth at Risk of Juvenile Justice is currently being implemented in 2011.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[9], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: • A summary of available information about person/family-level and program/system-level outcomes from the PEI program • Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken • The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants • Specific program strategies implemented to ensure appropriateness for diverse participants • Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
None to date.

[9] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $2,481,391 | $2,308,566 | -7% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☐

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
None proposed. Ongoing implementation activities per the PEI plan are anticipated. More information in 2011/12 regarding the first yea of operations is anticipated to guide any program changes.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)
Not Applicable.

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:		3200
Total Families:		440

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Joaquin County

Program Number/Name: Suicide Prevention ☐ **Please check box if this program was selected for the local evaluation**

Date: 2/18/2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	207	White	30	English	486	LGBTQ	5
Transition Age Youth (16-25)	341	African American	171	Spanish	55	Veteran	
Adult (18-59)		Asian	24	Vietnamese		Other	4
Older Adult (60+)		Pacific Islander		Cantonese			

		Native American	5	Mandarin	1		
		Hispanic	180	Tagalog			
		Multi	0	Cambodian	2		
		Unknown	34	Hmong			
		Other	4	Russian			
				Farsi			
				Arabic			
				Other	4		

B. Please complete the following questions about this program during FY 09/10.

3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
The PEI Suicide Prevention program has three pieces: Living Works, which provides suicide prevention training; the Family Advocate, which is a partnership among County Behavioral Health, NAMI, and a community-based contractor; and Detention-Based Suicide Prevention. In the past year Living Works Suicide Prevention helped fund suicide intervention training, as well as a 5-day instructor certification (ASSIST) which has produced a cadre of trainers who are putting together a series of trainings for direct service staff as well as the community. These trainings will overlap with the Mental Health 101 trainings being implemented through the WET component and focus on how to intervene with someone who is having suicidal ideation. The target is to train approximately 90 individuals in 3 trainings over the course of 12 months. Living Works trainers are an ethnically diverse group, and include one Caucasian, one Chinese, one Japanese and one African American. By providing culturally competent trainings, this program component aims to reduce ethnic and cultural disparities. The *Family Advocate* component (previously known as NAMI Peer Advocates) is a partnership among County Behavioral Health, NAMI, and a community-based contractor. The community-based organization deals with personnel issues, NAMI

provides the training curriculum and job duties, and the County Behavioral Health department works as contract liaison. The program component recruits and trains volunteer peer advocates who provide peer support, information about mental health services, and assistance navigating mental health services to individuals and families who are recently learning of a diagnosis of a serious mental health illness. The program component is on schedule in terms of curriculum development and the hiring of personnel. The Family Advocate is participating in support groups as a co-facilitator and working with inpatient and outpatient programs creating linkages to family support. Plans are in place to connect this program to the PEI Reducing Disparities program's Cultural Brokers.

The Detention-Based suicide prevention program has made measurable differences. The program has instituted initial screening and comprehensive mental health assessments to rule out suicide risk and mental health issues. The program identifies factors associated with suicide risk including precipitants, severity of crime, previous history, psychosocial factors, symptoms and signs, and functional impairments. The detention staff was trained to identify signs and symptoms of suicide and how to alert Behavior Health Services staff at the Juvenile Justice Center. Family members were involved in planning treatment and aftercare. The youth who had serious mental health issues received psychiatric support services.

BHS serves as liaison with the court and probation. Courts-ordered assessments were honored and recommendations were made regarding dispositions. The youth who presented with psychiatric emergencies were monitored closely. If they met medical necessity for inpatient hospitalization, they were transferred to psychiatric hospitals. Individualized behavior management plans were developed to mitigate suicide risk. BHS staff also provided grief counseling when a youth lost his/her loved one. BHS staff collaborated with the detention staff to manage negative behaviors of the youth. Behavioral health services clinicians provided crisis management, individual counseling, case management , identified precipitants and provided mental interventions tailored to the needs of the client. Aftercare was provided by community partners.

As a result of these efforts, The Juvenile Justice Center has seen a significant decrease in reported suicide attempts, and no suicides have occurred. Crisis intervention services were delivered to clients who threatened suicide, and the program has ensured that more unserved and underserved youth are receiving mental health interventions. They are referred to CITA, KADAP, MHSA, outpatient clinics. Due to the mental health screening and a close collaboration with the detention staff, more and more untreated, under diagnosed clients are receiving comprehensive mental health interventions. Their prognosis and integration into the community has improved. Ongoing trainings focus on the ability to recognize risk factors, as well as diversity, cultural values, and education to the clients and family about availability of mental health services. The program addresses resistance to treatment among youth and parents by advocating that mental

health issues are treatable and mobilizing social support. To ensure that ethnic and cultural disparities are reduced, program clinicians are trained to recognize ethnic and cultural differences, values, frames of reference, life styles, socioeconomic differences, and use interpreters when called for. Program clinicians are encouraged to look into culturally specific practices regarding rearing children, discipline and how they perceived mental illness. Parents are being educated about untreated mental illness and developmental and learning disabilities and their impact on emotions, cognition and behaviors.

4. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[10], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
    - A summary of available information about person/family-level and program/system-level outcomes from the PEI program
    - Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
    - The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
    - Specific program strategies implemented to ensure appropriateness for diverse participants
    - Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

[10] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☒	No ☐
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $161,253 | $1,461,594 | 906% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☒ Yes ☐	No ☐ No ☐

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.
See Exhibit F3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

Despite these concerted efforts suicide risk continues to be a major concern in San Joaquin County. Efforts are underway to expand the suicide prevention initiative to provide more general suicide prevention activities for youth and young adults in school and community settings. The project expansion is outlined in Exhibit F.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	10,000	
Total Families:	50,000	

2011/12 ANNUAL UPDATE **EXHIBIT E**

MHSA SUMMARY FUNDING REQUEST

County: San Joaquin County **Date:**

	MHSA Funding				
	CSS	**WET**	**CFTN**	**PEI**	**INN**
A. FY 2011/12 Component Allocations					
1. Published Component Allocation	$12,591,000			$3,724,700	
2. Transfer from FY 11/12[a/]					
3. Adjusted Component Allocation	$12,591,000				
B. FY 2011/12 Funding Request					
1. Requested Funding in FY 2011/12	$12,591,000			$5,719,801	
2. Requested Funding for CPP					
3. Net Available Unexpended Funds					
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	$4,412,214	$2,923,653		$8,697,643	$594,320
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	$4,412,214	$2,923,653		$6,702,542	$594,320
c. Unexpended Funds from FY 10/11					
d. Total Net Available Unexpended Funds	$0	$0		$1,995,101	$0
4. Total FY 2011/12 Funding Request	**$12,591,000**	**$0**	**$0**	**$3,724,700**	**$0**
C. Funds Requested for FY 2011/12					
1. Unapproved FY 06/07 Component Allocations					
2. Unapproved FY 07/08 Component Allocations					
3. Unapproved FY 08/09 Component Allocations					
4. Unapproved FY 09/10 Component Allocations[b/]					
5. Unapproved FY 10/11 Component Allocations[b/]					
6. Unapproved FY 11/12 Component Allocations[b/]	**$12,591,000**			$3,724,700	$0
Sub-total	**$12,591,000**	**$0**	**$0**	**$3,724,700**	**$0**
7. Access Local Prudent Reserve					
8. FY 2011/12 Total Allocation[c/]	**$12,591,000**	**$0**	**$0**	**$3,724,700**	**$0**

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.

2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.

3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds

4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.

5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

[a/]Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Pru an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

[b/]For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

[c/] Must equal line B.4. for each component.

FY 2011/12 ANNUAL UPDATE **EXHIBIT E1**

CSS FUNDING REQUEST

County: San Joaquin **Date:** 2/3/2011

CSS Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs											
1.	FSP-1	SJC Full Service Partnerships	$8,147,764	$8,147,764				$325,911	$488,866	$6,762,644	$570,343
2.	SD-1	The Wellness Center	$409,171		$409,171					$409,171	
3.	SD-2	Community MHSA Consortium	$225,140		$225,140					$225,140	
4.	SD-3	Housing Empowerment & Employment	$912,996		$912,996				$63,910	$849,086	
5.	SD-4	Community Behavioral Intervention	$473,108		$473,108					$473,108	
6.	SD-5	Community Response Team	$1,001,355		$1,001,355				$100,136	$801,083	$100,136
7.	SD-6	Co-Ocurring Residential	$98,637		$98,637			$98,637			
8.			$0								
9.			$0								
10.			$0								
11.			$0								
12.			$0								
13.			$0								
14.			$0								
15.			$0								
16.	Subtotal: Programs [a/]		$11,268,171	$8,147,764	$3,120,407	$0	$0	$424,548	$652,912	$9,520,232	$670,479
17.	Plus up to 15% Indirect Administrative Costs		$1,322,829								
18.	Plus up to 10% Operating Reserve		$0								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$12,591,000								
New Programs/Revised Previously Approved Programs											
1.			$0								
2.			$0								
3.			$0								
4.			$0								
5.			$0								
6.	Subtotal: Programs [a/]		$0	$0	$0	$0	$0	$0	$0	$0	$0
7.	Plus up to 15% Indirect Administrative Costs										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0								
10.	**Total MHSA Funds Requested for CSS**		$12,591,000								

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 72.30%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must n
Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Other Funding Sources: Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total
Total Mental Health Expenditures:	$8,147,764	$0	$0	$0	$0	$0	$0	$0	$0	$8,147,764

Revised 12/29/10

FY 2011/12 ANNUAL UPDATE **EXHIBIT E3**

PEI FUNDING REQUEST

County: San Joaquin County **Date:** 2/9/2011

	PEI Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	PEI-1	Reducing Disparities in Access	$54,000		$54,000			$54,000		
2.	PEI-2	School Based Prevention	$650,000	$650,000		$650,000				
3.	PEI-3	Connections for Seniors and Adults	$64,000		$64,000			$19,840	$44,160	
4.	PEI-4	Empowering Youth and Families	$2,308,566		$2,308,566	$530,970	$1,500,568	$277,028		
5.	PEI-5	Suicide Prevention and Supports	$1,315,000		$1,315,000	$894,200	$210,400	$210,400		
6.			$0							
7.			$0							
8.			$0							
9.			$0							
10.			$0							
11.			$0							
12.			$0							
13.			$0							
14.			$0							
15.			$0							
16.	Subtotal: Programs*		$4,391,566	$650,000	$3,741,566	$2,075,170	$1,710,968	$561,268	$44,160	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$658,735							**15%**
18.	Plus up to 10% Operating Reserve		$0							**0%**
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$5,050,301							
New/Revised Previously Approved Programs										
1.			$0							
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0							
10.	**Total MHSA Funds Requested for PEI**		$5,050,301							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 yea 86%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

FY 2011/12 ANNUAL UPDATE **EXHIBIT E3**

PEI FUNDING REQUEST

County: San Joaquin **Statewide Project Funds for FY 2011-12** **Date:** 2/9/2011

	PEI Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	SW-1	Reducing Disparities in Access	$218,400		$218,400			$218,400		
2.	SW-2	Connections for Seniors and Adults	$260,843		$260,843			$80,862	$179,981	
3.	SW-3	Suicide Prevention and Supports	$146,594		$146,594	$99,149	$24,207	$23,238		
4.			$0							
5.			$0							
6.			$0							
7.			$0							
8.			$0							
9.			$0							
10.			$0							
11.			$0							
12.			$0							
13.			$0							
14.			$0							
15.			$0							
16.	Subtotal: Programs*		$625,837	$0	$625,837	$99,149	$24,207	$322,500	$179,981	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$43,663							7%
18.	Plus up to 10% Operating Reserve									#VALUE!
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$669,500							
New/Revised Previously Approved Programs										
1.			$0							
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0							
10.	**Total MHSA Funds Requested for PEI**		$669,500							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 yea 20%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

County: San Joaquin ☐ **Completely New Program**

Program Number/Name: Suicide Prevention **X Revised Previously Approved Program**

Date: April 1, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☐	☐	☐	☐
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	☐	☐	☐	☐
5. Suicide Risk	☒	☒	☐	☐

2. PEI Priority Population(s) **Note: All PEI programs must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☒	☒	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	☐	☐	☐	☐

1. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

Project Overview and Statement of Need

San Joaquin County is seeking to expand funding to our Suicide Prevention Program. Suicide rates have been increasing at an alarming rate. In the past sixteen months fourteen children and youth from the San Joaquin region have committed suicide. Of these, five have been described as someone who would not be identified through current screening procedures: youth who were engaged with school, had strong friendship groups, and who were high achievers.

Educators, mental health professionals, and others in the County have expressed growing concern over the ”contagion” that appears to be growing, with more and more youth considering suicide and self injury as a viable alternative to their pain. Teenagers and young adults convened in focus groups to talk about the issue also expressed concern that suicide thoughts are becoming “more common.” In a group discussion with TAY consumers, many in the group expressed that they had been suicidal in the past. In the youth group, teens talked about the pressures they face and how some music and fashion trends seem to promote dark, maudlin behaviors. For example emo (characterized through music choices, fashion statements and peer groups) has been associated with a stereotype that includes being particularly emotional, shy, sensitive, introverted and angst-ridden. It has also been associated with depression, self-injury, and suicide. When asked, nearly all teens knew someone who engaged in self-harming behaviors, like cutting, or who had contemplated committing suicide. One teen participant stated:

Seeing it on the news sometimes promotes it. When you see a straight A students doing it you know they are stressed out just like you and it becomes more normalized. What you really need is someone to talk with. A friend that can support you. Because you can’t talk to adults. There is a disconnect with adults. You need to talk to someone that is on your level, where you are at. And an adult just can’t sympathize with what kids are going through.

Stakeholder Input

Over 100 community members participated in planning sessions for the Annual Update. The community outreach and engagement portion of the planning process consisted of two community meetings to identify community needs, a strategy discussion at the MHSA Planning Stakeholder Steering Committee to select a strategy area and target population, and four facilitated focus groups. Over half of the planning participants self identified as consumers and/or family members; a quarter were teens and youth 25 and under; and over half represented diverse racial and ethnic backgrounds.

1. Community Meetings:

Seventy-five participants in two community meetings reviewed an analysis of the budget situation and optional service needs. The discussion was then opened for community discussion. Three main, interlinking themes emerged from these discussions: addressing the impacts of stigma for individuals with a mental health illness; the impact of a variety of forms of discrimination, harassment, and bullying pertaining to race/ethnicity, immigrant status, sexual orientation, or other identifying factor; and concern over rising rates of youth suicides.

2. MHSA Planning Steering Committee:

The Steering Committee reviewed the feedback from the community meetings and directed planning efforts to consider expanding the suicide prevention program to incorporate two new initiatives:

- A public outreach and awareness component to ensure more individuals were made aware of the potential negative impacts of stigma and discrimination, including suicide and other self harming behaviors on individuals.
- A suicide prevention program targeting children, teens, and youth ages 25 and under.

The purpose of the two initiatives is to expand existing suicide prevention activities to target children and youth more broadly. Current suicide prevention activities focus on older adults and on young offenders within juvenile hall.

3. Focus Groups:

Four focus groups were conducted to specifically determine if a suicide prevention campaign addressing suicide risks in children and youth would be a good investment. Overwhelming focus groups participants agreed that such a campaign was imperative. The focus group participants were also asked to brainstorm strategies to reach out to children and youth still in schools, those who are no longer in school, and parents, family members and others who have close supervision over children and youth.

4. Initial Public Hearing:

The Mental Health Board held a public hearing to review the intended program *prior to posting*. At that time members of the mental health board and the public audience were asked to contribute input and suggestions to the proposed project. Overall the feedback from the initial public hearing was strongly supportive of expanding suicide prevention efforts.

Engaging Underserved Youth Where They Are At

The project will focus on reaching youth who are currently not identified as at-risk of mental health needs yet who may be experiencing pronounced stressors in their lives. Initial efforts will be intense to provide an immediate "inoculation" against the spread of suicidality amongst teens. The core of the program will be a peer-to-peer model that creates safe ways for young people to reach out and talk with others their age. These peer mentors would operate under the guidance of clinically trained supervisors so that they have professionally trained adult guidance and advice in helping their friends. The peer-based model is based on both literature and participant recommendations. Consistently it was suggested that youth are more likely to talk to another person "like them" than to an adult.

The two year program is intended to create a network of informal youth support groups that, over time, can be self sustaining through volunteer coordinators and mentors. It is anticipated that the support group format will model traditional place based support groups such as AA, as well as newer models of electronic support groups such as "Facebook-like" networks or "Tumblr-like" blogs. Use of new media networks will help reach out to youth who are less inclined to "join a group," may not have transportation, or feel comfortable seeking parental permission to participate (leave the house).

2. PEI Program Description (attach additional pages, if necessary).

Current suicide prevention efforts are focused on the following activities:

- Clinical supports to mitigate suicide attempts /ideation amongst youth in juvenile hall
- Suicide prevention training for primary care providers
- Suicide prevention training for teachers
- Suicide prevention and depression screening to homebound seniors

The proposed expansion would provide additional resources to initiate:

- A broad community awareness and education campaign targeting parents and family members of children and youth
- A network of peer-based groups for youth experiencing depression, stress, or anxiety.
- Specialized training in adolescent suicide prevention and screening for teachers, hotline operators, and others.

All program activities will be proceeded by an intensive planning effort to expand the project concepts and develop an implementation strategy. The planning process is anticipated to have broad stakeholder participation with key involvement by schools, health care providers, faith based communities, community based organizations serving diverse populations, and emergency service responders. The proposed planning objectives are described in response to question 6, below.

1. Community awareness campaign

Funding will be used to develop an anti stigma and discrimination campaign and promote it through public service announcements in English and Spanish on local radio stations and/or other mechanisms to broadly spread awareness, such as presentations at public events. Stigma and discrimination are linked to thoughts of hopelessness and despair. They are also linked to likelihood to consume drugs or alcohol. Community awareness campaigns will address the impact of stigma and discrimination and possible ramifications such as thoughts of suicide, self-harming behaviors, and drug and alcohol use amongst children and youth.

2. A Network of peer-based support groups for youth

Funding will be used to develop and implement a network of peer support groups, including traditional place-based groups as well as groups that convene via the internet. A two year project coordinator will be tasked with creating a training manual for youth peer mentors, identifying and establishing the venues for support groups, creating linkages to schools and county mental health, and developing a cadre of volunteer clinical leaders to provide advice and

assistance to peer mentors in the event that a serious need is identified. Finally the project coordinator will be responsible for developing a sustainability strategy that may include embedding the program within an existing youth program or developing volunteer supports for the program to operate more organically and independent of a formal program structure. The model of our consumer-run Wellness Center will be used in considering how to move a program to self-sufficiency.

3. Suicide prevention training and screening protocols

Funding will be used to identify and adopt screening tools and protocols to identify adolescents at-risk of suicide or self-harming behaviors. Tools will address the pressures faced by high performing children and youth, LGBTQ students, and students from families that have suddenly become economically stressed. Additional training will also be provided on appropriate response protocols when adolescents are calling the warmline and hotline and expressing thoughts of self-injury or suicide. Funding will be used to cover training costs and cost associated with developing new policies and procedures to implement a standardized screening protocol.

3. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
Community awareness campaign.	Individuals: Families: 50,000	50,000		12
Network of peer-based support groups	Individuals: 10,000 Families:	10,000		12
Suicide prevention training and screening protocols	Individuals: 100 Families:	500		12
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	50,000		

4. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

All program components are intended to ensure that there is better information available for children, youth, and their families in seeking help for depression, hopelessness, despair, or anxiety that may lead to self harming or suicidal thoughts or behaviors.

Training is intended to ensure that a number of first responders, beyond mental health providers have the knowledge and tools to intervene for a youth in crisis, however all training events will emphasize that trained mental health clinicians are available 24/7 to respond. Through the implementation process it is also anticipated that new protocols will be developed for schools and emergency service responders (such as law enforcement) that will promote the use of good screening tools and communication with County Mental Health Services.

5. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

The expansion of the suicide prevention effort to target children and youth not previously identified as at-risk will involve strong partnership and engagement from local schools. It is anticipated that upon submission of the Annual Update and the proposed expansion, implementation planning will begin in earnest. This planning will involve our key partners within schools, emergency service responders, and health care providers who have all recently spoken out against the wave of youth suicides seen in the county.

The planning process and the ensuing project implementation tasks will strengthen our collaborative relationships and enhance the systemic responses for youth. These tasks will include:

- Developing agreements with schools regarding recruiting peer mentors on school campuses.
- Developing agreements with schools regarding hosting school-wide assemblies on mental health and suicide prevention.
- Developing agreements with schools and cities about use of facilities for support groups.
- Developing communication strategies between mental health, schools, and emergency service responders regarding youth who have expressed suicidal thoughts or self-harming behaviors.

- Developing a shared decision pathway on when and how to escalate a response that is consistent across school districts.
- Identifying and selecting a screening tool that can identify feelings of depression and hopelessness amongst high achievers.
- Identifying and selecting a screening tool that inquires about "new" bullying such as cyber bullying or attacks on immigration status.
- Developing protocols on use of the screening tool that is consistent across school districts.

7. Describe intended outcomes.

The first and foremost outcome is to immediately stop the spread of youth suicide in our county.
Program measures assessing our progress in meeting project milestones will determine the extent to which we have:

- Identified and implemented protocols on using new screening tools for youth depression and anxiety in San Joaquin County.
- Created a better trained cadre of school based professionals to look for students at risk of suicide or self harm behaviors, with special training in our emerging at-risk population of high-achieving students.
- Created a network of youth support groups that can emerge as either a self-sustaining program or embedded within an existing program (such as Friday Night Live or Students in Prevention).
- Learned how to effectively use new media such as Facebook, Twitter, or Tumblr to more effectively reach out to our next generation of mental health consumers, and leaders.
- Changed public awareness of the impacts of stigma and discrimination on individuals.
- Changed public awareness of the signs and symptoms of suicide risk or self harming behaviors, how to listen when children and youth ask for help, and how to seek additional mental health assistance for children and youth.
- Created new data collection protocols that better tabulates the rate of self-harming behaviors seen in mental health and health care facilities

Outcome measures will track:

- Number of completed suicides by age, gender, and school
- Number of (known) attempted suicides by age, gender, and school
- Number of suicide-related responses by law enforcement
- Number of suicide-related admissions to mental health crisis services or the PHF
- Number of suicide-related admissions to health care facilities
- Number of suicide-related responses by school-based professionals

8. Describe coordination with Other MHSA Components.

School based suicide prevention activities will be strongly aligned with other school based programs. Current PEI funding is helping to support mental health awareness and counseling in elementary, middle, and high schools. All suicide prevention efforts will be linked to and aligned with these other school based mental health efforts, described in Exhibits D-3.

9. Additional Comments (Optional).

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Personnel	$220,000			
2.	Operating Expenditures	$80,000			
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)			$250,000	
5.	Other Expenditures			$250,000	
	Total Proposed Expenditures	**$300,000**	**0**	**500,000**	**$800,000**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	0	0	0	
C. TOTAL FUNDING REQUESTED		**$300,000**		**$500,000**	**$800,000**
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

The following budget narrative is for two years of additional program costs. It is anticipated that the project will use $533,333 in the first fear and $266,667 in the second year, on top of existing allocations.

Personnel:

$220,000 is allocated for a full-time temporary position within BHS for two-years to coordinate program activities. The principal task of the project coordinator will be to oversee the development of the peer-based support groups. This is a fully benefited position.

Operating Expenses:

$80,000 is allocated for ongoing operating expenses related to the project such as project overhead related BHS administration and management, equipment and supplies, and general operating expenses. Operating expenses are calculated as 10% of the total two year program budget.

Contract Services:

$250,000 is allocated for a variety of contracted services, most of which will be purchased within the first year of the program.

- $40,000 for a facilitator to convene stakeholder groups in a planning process to select screening tools and develop county wide protocols for identifying and responding to youth engaged in self-harm or suicidal behaviors.
- $20,000 to purchase the screening tool license and training manuals, conduct training sessions, and receive technical assistance on implementing screening protocols across different school districts.

- $50,000 available in mini-grants for school districts, emergency service responders, and other key partners seeking assistance paying for substitutes or overtime costs associated with attending suicide prevention or crisis response trainings.
- $100,000 for developing (or appropriately modifying) stigma and discrimination and suicide prevention campaigns for San Joaquin County.
- $40,000 to pay for new data systems that more accurately collect county-wide information on known incidences of suicides, suicide attempts and self-injury.

Other Expenditures:

$250,000 is allocated for the purchase of radio air time and/or billboard space to run the public education campaign. $100,000 will be spent in the first year and $150,000 in the second year, reflecting a briefer period of time airing messages in the first year due to program start up.

Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Project)
x Previously approved with no changes
☐ New

Date:12-10-10	County Name: San Joaquin
Amount Requested for FY 2010/11: $101,400	

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).

San Joaquin County Behavioral Health Services (BHS) proposes a four-year initiative to reduce disparities in access to publically funded mental health services through training, technical assistance, and capacity building. BHS and our community partners will engage in strategic activities to strengthen the county mental health system's alignment on core values and issues related to reducing disparities in access and improving service delivery for underserved populations.

The primary activities and goals for this initiative will be:

1. Promote Culturally and Linguistically Accessible Services (CLAS) standards throughout mental health serving organizations.
   Goal: Improve cultural or linguistic service delivery

2. Integrate mental health and alcohol & other drug services
   Goal: Provide "multiple access points" to treatment services.

3. Provide all community partners with training and resources in sustainability planning.
   Goal: Strengthen local capacity to support mental health needs in our underserved communities.

4. Develop shared outcomes and tools to measure service quality, access, and cultural responsiveness.
   Goal: Ensure all programs use data to support continuous program improvement.

5. Conduct community planning process to identify additional training, technical assistance or capacity building needs.
   Goal: Engage underserved communities in designing the scope, content, and approach of this initiative.

All of our community partners will be invited to participate in this initiative.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.
4) These funds may not be used to pay for any other program.
5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC Section 5892.
6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

_____

Director, County Mental Health Program (original signature)

Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Program)
☒Previously approved with no changes
☐New

Date:2-18-11	County Name: San Joaquin
Amount Requested for FY 2011/12: $101,400	
A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).	

San Joaquin County Behavioral Health Services (BHS) proposes a four-year initiative to reduce disparities in access to publically funded mental health services through training, technical assistance, and capacity building. BHS and our community partners will engage in strategic activities to strengthen the county mental health system's alignment on core values and issues related to reducing disparities in access and improving service delivery for underserved populations.

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2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892.
4) These funds may not be used to pay for any other program.
5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892.
6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

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Director, County Mental Health Program (original signature)