Mental Health Services Act

FY2015/16 Annual Update to the

Three-Year Program and Expenditure Plan

San Joaquin County

THIS PAGE DELIBERATELY LEFT BLANK:

Insert County Compliance Certification: May 21, 2015

THIS PAGE DELIBERATELY LEFT BLANK:

Insert County Fiscal Accountability Certification: May 21, 2015

Contents

Behavioral Health Services – Strategic Plan

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

Mission Statement

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

Vision Statement

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

Core Values

SERVICE:
We are dedicated to serving our community through the promotion of behavioral health and wellness.

RESPECT:
We value diverse experiences, beliefs, and backgrounds and strive in our interactions to keep everyone's dignity intact.

RECOVERY:
We share a belief that all individuals can find a path towards health and well-being.

INTEGRITY:
Our values guide us as individuals and as an organization to be responsive and trustworthy.

This 2015/16 MHSA Annual Update, aligns the mission, vision, and core values of the Behavioral Health Services Strategic Plan with the principles, values, and general standards of the Mental Health Services Act. At all times, both Plans are intended to be complimentary.

Introduction

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

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

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

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

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

A Three-Year Program and Expenditure Plan for the period of FY 14/15, FY 15/16, and FY16/17 was developed and approved by San Joaquin County Board of Supervisors in September 2014. This Annual Update for FY15/16 represents continued implementation and minor adjustments to existing approved programming. An Innovation component plan will be completed and posted for public review separate from this Annual Update. All San Joaquin County MHSA plans may be reviewed at www.sjmhsa.net.

Community Program Planning and Stakeholder Process

A. Community Program Planning Process

The community planning process serves as an opportunity for consumers, family members, mental health and substance abuse service providers and other interested stakeholders to discuss the needs and challenges for consumers receiving mental health services and to reflect upon what is working for the diverse range of consumers served. Between November 2014 and April 2015 the following venues were used to solicit input regarding the current Three Year Program and Expenditure Plan and the need for updates or major revisions.

- Mental Health and Substance Abuse Board
  - November 19, 2014
  - February 18, 2015
  - January 21, 2015
  - April 15, 2015

Announcements were made at the Mental Health and Substances Abuse Board regarding upcoming planning activities and requesting community participation in the planning process.

- MHSA Planning Stakeholder Steering Committee
  - December 4, 2014
  - March 31, 2015

The MHSA Planning Stakeholder Steering Committee (PSSC) meets three to four times annually to review MHSA planning activities. The purpose of the PSSC is to provide input regarding community mental health needs and suggestions on additional resources that can be leveraged to support mental health related activities. Additionally the PSSC reviews the proposed community program planning process activities and provide guidance and suggestion on how to strengthen community engagement and collaboration. The PSSC includes representatives of county and local organizations, community partners, and representatives from NAMI and the local Consumer Advisory Council.

- Consumer and Stakeholder Meetings
  - January 14, 2015 at the Cesar Chavez Library
  - January 26, 2015 at the Martin Gipson Socialization Center
  - January 30, 2015 at the Public Health Department

Community and consumer stakeholder meetings are opportunities for all interested stakeholders to provide input and feedback regarding the strengths and challenges of the community public mental health system and to make recommendations on improvements to the system of care. Outreach for the community-based consumer and stakeholder meetings are via an e-mail distribution list to all individuals that have ever attended an MHSA community meeting (and provided an e-mail address for future contact). Additional outreach and engagement includes the distribution and posting of meeting flyers in all BHS clinics; contracted providers were also sent meeting flyers and were asked to post them in lobbies or offices. The Consumer Outreach Coordinator also works with local drop-in programs to

encourage consumer participation at planning events. Van service was provided from BHS and the Consumer Wellness Center for consumers and family members to attend the community meetings.

B. Community Stakeholder Engagement

Summary of Community Meeting Participants

A total of 122 individuals, including nine BHS staff, attended one of the three community meetings to review the annual update and gather input to guide future program planning, including Innovation Component planning. Of the meeting participants, 35% (42) self-identified as representatives of community based organizations. Also in attendance were:

- K-12 education providers (7)
- Children and family service providers (6)
- Law Enforcement (3)
- Veterans Services (1)
- Senior Services (2)
- Hospital / Health Care Providers (4)
- Other advocates, parents, family members, and consumers

The greatest proportion of community meeting participants self-identified as consumers and family members. Of the 122 meeting participants, 52% (64) were consumers and 11% (14) were family members.

Nearly all participants were adults ages 26-59 (81%), however two youth under 18, five transitional age youth 18-25, and eight adults ages 60 and older, also attended the meetings.

Chart 1: Consumer and Family Member Participation

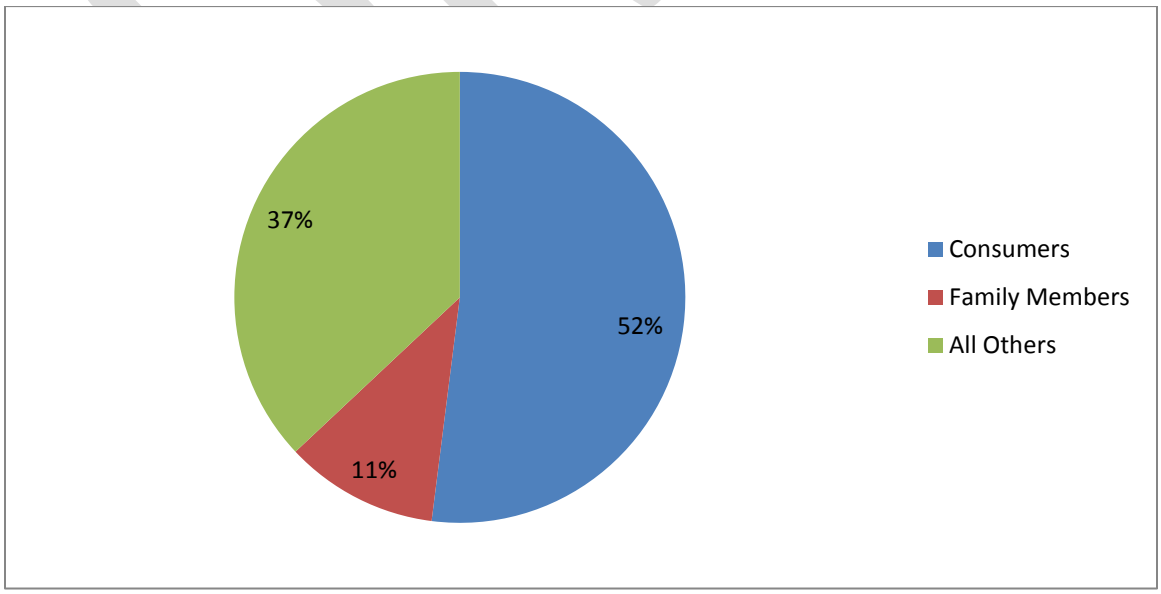
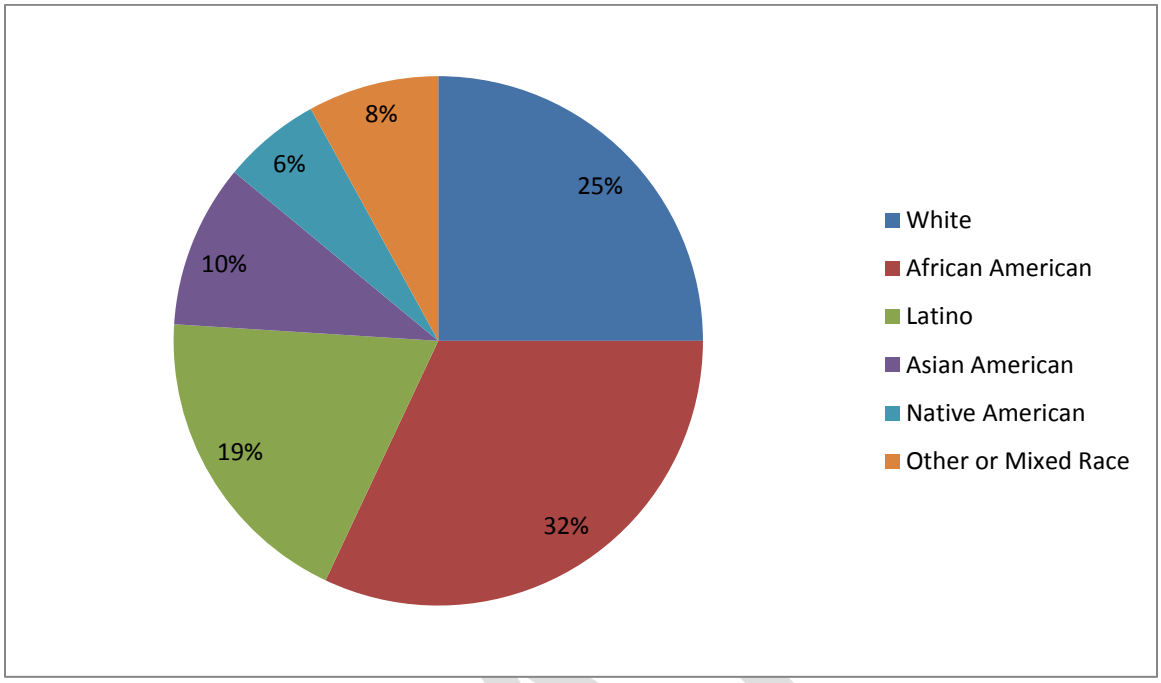


Chart 2: Racial and Ethnic Diversity of Participants



Additional Community Input

Public notice was made at each community meeting or presentation that written comments and suggestions would be accepted. Several community based agencies and community members submitted written suggestions for project ideas. Written comments were received from:

- Geneva Haynes, Mary Magdalene Community Services
- Sammy Nunez, Fathers and Families of San Joaquin
- Lani Schiff Ross, First 5 San Joaquin
- Paula Singh, Community Member
- Lindy Turner-Hardin, Child Abuse Prevention Council

Additionally, community input from previous MHSA Community Program Planning Processes (2013 and 2014) was reviewed and incorporated into this planning cycle.

C. Public Review

1. Dates of the 30 day Review

The document was posted for review and circulation on the *Document Center* of the San Joaquin MHSA website on April 17, 2015. The public review closed on May 20,2015.

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

Or via postal mail to:

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

2. Methods of Circulation

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

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

3. Public Hearing

May 20, 2015
6:00pm – 8:00pm
1212 N. California St.
Conference Rooms A & B
Stockton, CA 95202

4. Substantive Comments

Summary of MHSA Programming in San Joaquin County

Fiscal Year 2014/15 marked the first year of implementation of a broad new Three-Year Program and Expenditure Plan. Program activities and implementation updates for new programs are described below, by component. Updates represent activities undertaken during the first six months of implementation, following approval by the Board of Supervisors in September 2014. Some project descriptions have been revised. Substantial changes or updates to projects are described below. Updated project descriptions are included in the Appendix.

A. Prevention and Early Intervention

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
Early Intervention	Community Trainings	**Summary:** Community trainings to increase the recognition of early signs of mental illness and to effectively respond and link individuals to services. **FY 14/15 Implementation:** Nine organizations applied for funding to become certified trainers in Mental Health First Aid. The certification training was convened in October, 2014 and nineteen San Joaquin County community members were certified as Mental Health First Aid Trainers a second training for trainers is scheduled for May 2015. Community trainings will be scheduled in winter/spring 2015 – an anticipated 400-500 individuals are expected to participate in a Mental Health First Aid Training. Additionally, NAMI San Joaquin conducted a variety of trainings for providers, family members, and other interested stakeholders, as planned. **Substantial Changes or Updates for FY 15/16:** This project will continue in FY 2015/16. Funding is increased to $200,000 and is available for trainings in additional evidence based practices. (see updated project description in the Appendix, p. 38)
Early Intervention	Family Medicine Clinic	**Summary:** Consultation and support to family medicine clinics on how to provide screening and interventions for individuals with low to moderate mental health illnesses to prevent illnesses from becoming more severe and disabling. **FY 14/15 Implementation:** Consultation and support services are provided in tandem with San Joaquin Health Care Services Agency. Alternative funding source identified for the family medicine clinic to continue program services. MHSA funding for this project ended in November 2014. **Substantial Changes or Updates for FY 15/16:** Program funding discontinued in FY 2014/15, as planned. Investigation and planning will continue to examine strategies to strengthen the integration of mental health and primary health care services.

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
Early Intervention	Trauma Services for Adolescents	**Summary:** Provides early mental health interventions for adolescents who have experienced trauma and abuse. Activities include screenings and short term interventions for adolescents at risk of developing serious mental illnesses. **FY 14/15 Implementation:** FY 14/15 was the last year of a four- year contract with the San Joaquin County Office of Education. A new RFP for Trauma Services for Adolescents will be released in FY 15/16. Funding of up to $600,000 is available for this project. **Substantial Changes or Updates for FY 15/16:** This project originally combined trauma services for children 6-12 and adolescents, ages 12 and older. Starting with this 2015/16 Annual Update, Trauma Services for Children and Adolescents will become two projects: Trauma Services for Adolescents and Trauma Services for Children. (see updated project description in the Appendix, p. 40)
Early Intervention	Trauma Services for Children	**Summary:** Provides early mental health interventions for children who have experienced trauma and abuse. Activities include screenings and short term interventions for children at risk of developing serious mental illnesses. **FY 14/15 Implementation:** FY 14/15 was the last year of a four- year contract with the San Joaquin County Office of Education. A Request for Proposals (RFP) was released in Winter 2015, as planned. Funding of up to $800,000 is available for the selected contractor. The contractor is expected to provide Medi-Cal reimbursable services. Contract services will begin July 2015. **Substantial Changes or Updates for FY 15/16:** This project originally combined trauma services for children 6-12 and adolescents, ages 12 and older. Starting with this 2015/16 Annual Update, Trauma Services for Children and Adolescents will become two projects: Trauma Services for Adolescents and Trauma Services for Children. (see updated project description in the Appendix, p. 42)
Early Intervention	Early Interventions to Treat Psychosis	**Summary:** Provides early and integrated treatment to individuals within the early stages of psychosis, typically within the first two years of onset. Components will include, coordinated program referrals; outreach and engagement; assessment and diagnosis; cognitive behavioral therapy; education support groups; medication management; and individualized support and case management. **FY 14/15 Implementation:** A Request for Proposals (RFP) was released in Spring 2015, as planned. Funding of up to $600,000 is available for one contractor. The contractor will provide Medi-Cal reimbursable services. The Contractor will generate a minimum of $200,000 of Medi-Cal Revenue. Contract services will begin July 2015. **Substantial Changes or Updates for FY 15/16:** Project requirements and promising practices clarified. (see updated project description in the Appendix, p. 44)

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
Prevention	Skill Building for Parents and Guardians	**Summary:** Community-based parenting groups to improve parenting skills and build protective factors for children and families who are at risk for, or have experienced, traumatic situations. Programs are will mitigate childhood exposure to trauma and/or mitigate behavioral, emotional, or developmental problems through appropriate parenting interventions. **FY 14/15 Implementation:** FY 14/15 was the last year for programs funded under the previous PEI Program Plan. Currently five parenting programs are funded with PEI funding in San Joaquin County. A Request for Proposals (RFP) was released in Winter 2015, as planned. Funding of up to $600,000 is available for up to four (4) contractors to receive a maximum of $150,000 each. The project description requires that the skill building programs implement evidence based parenting classes, including, but not limited to: Nurturing Parenting Program; Strengthening Families; Parent Cafes; or Positive Parenting Program (also known as, Triple P). **Substantial Changes or Updates for FY 15/16:** PEI funds budgeted for skill building programs for parents and guardians is increased from a projected allocation of $360,000 to a new projected allocation of $600,000. (see updated project description in the Appendix, p. 46)
Prevention	Mentoring for Transitional Age Youth	**Summary:** Intensive mentoring and support for transitional age youth with emotional and behavioral difficulties who do not meet the criteria for specialty mental health care services at this time. The program will target high-risk youth. **FY 14/15 Implementation:** FY 14/15 was the last year for programs funded under the previous PEI Program Plan. Currently three programs that engage high-risk youth are funded with PEI funding in San Joaquin County. A Request for Proposals (RFP) was released in Winter 2015, as planned. Funding of up to $900,000 is available for up to three (3) contractors to receive a maximum of $300,000 each. The new project description requires that programs use an evidence-based mentoring strategy, including but not limited to; 1) Transition to Independence Project (TIP), or 2) Gang Reduction Intervention Program (GRIP). **Substantial Changes or Updates for FY 15/16:** Project name changed from TAY Mentoring to Mentoring for Transitional Age Youth. PEI funding is increased from a projected allocation of $700,000 to a new projected allocation of $900,000. Project requirements and referral practices clarified. (see updated project description in the Appendix, p.48)
Prevention	Juvenile Justice Project	**Summary:** Provides behavioral health screening, assessment, interventions, treatment, and transition services to youth detained in San Joaquin County's Juvenile Justice Center. **FY 14/15 Implementation:** Program services continued in FY14/15. Quality review findings show that nearly 100% of youth booked into the juvenile detention facility are screened for mental health illnesses using the Massachusetts Youth Screening Instrument (V. 2) (MAYSI – 2). Project will continue as planned in FY15/16.

Prevention and Early Intervention Projects Summary and Updates		
Component	**Program Name**	**Program Summary**
		Substantial Changes or Updates for FY 15/16: None.
Prevention	Suicide Prevention in Communities and Schools	**Summary:** Creates universal and targeted suicide awareness and prevention campaigns. **FY 14/15 Implementation:** FY 14/15 was the last year of a multi- year contract with the San Joaquin County Office of Education to develop suicide prevention programming with school districts throughout the County. A Request for Proposals (RFP) was released in Winter 2015, as planned. Funding of up to $600,000 is available for one contractor. Funding was also directed to CalMHSA to conduct universal suicide prevention campaign activities, as planned. **Substantial Changes or Updates for FY 15/16:** Project name changes from "Suicide Prevention" to "Suicide Prevention in Communities and Schools" to reflect that there are two distinct project areas, one supporting universal suicide prevention efforts in the community and one supporting *targeted* efforts in schools. PEI funds budgeted for Suicide Prevention Project is increased from a projected allocation of $575,000 to a new projected allocation of $775,000. $600,000 is allocated to targeted school based suicide prevention efforts. $175,000 is allocated to CalMHSA to develop a regional suicide prevention campaign. Required project components and promising practices clarified. (see updated project description in the Appendix, p. 51)
Prevention	PEI Capacity Building	**Summary:** Provides one-time capacity building projects to improve prevention and early intervention services,. **FY 14/15 Implementation:** Mini-grant funding was released in winter/spring 2015 for capacity building projects in San Joaquin County. **Substantial Changes or Updates for FY 15/16:** Capacity building funding in the amount of$200,000 will be available in 2015/16. Funds may be available for public agencies, including Behavioral Health Services, to meet targeted capacity building needs, especially those pertaining to new regulations associated with PEI that may be established in 2016/17

Prevention and Early Intervention (PEI) Component Worksheet

County: San Joaquin Date: April 2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Early Intervention						
1. Community Trainings	$ 335,889	$ 335,889	$ -	$ -	$ -	$ -
2. Trauma Services - Adolescent	651,284	651,284	-	-	-	-
3. Trauma Services - Children	851,284	751,284	100,000	-	-	-
4. Early Interventions in the Treatment of Psychosis	651,285	651,285	-	-	-	-
PEI Programs - Prevention						
5. Skill Building for Parents	651,286	651,286	-	-	-	-
6. Mentoring for Transitional Age Youth	1,051,285	1,051,285	-	-	-	-
7. JJC Interventions	1,052,993	733,084	248,565	-	68,344	3,000
8. Suicide Prevention in Communities and Schools	751,283	751,283	-	-	-	-
9. PEI Capacity Building	260,404	260,404	-	-	-	-
PEI Administration	$ 928,404	$ 928,404	$ -	$ -	$ -	$ -
PEI Assigned Funds	-	-	-	-	-	-
Total PEI Program Estimated Expenditures	$ 7,185,397	$ 6,765,488	$ 348,565.	$ -	$ 68,344	$ 3,000

B. Community Services and Supports

Community Services and Supports Projects Summary and Updates		
Component Area	**Program Name**	**Program Summary**
Full Service Partnership (FSP)	Children and Youth FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved youth and families who have not yet received services necessary to address impairments and stabilize children and youth within their own environments. Priority populations: children and youth 10-17 with serious emotional disturbances or mental illness who are involved with either the juvenile justice or foster care systems. (see the full project description in the Appendix, p. 61) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
Full Service Partnership	Transitional Age Youth FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved transitional age youth 18-25 with a diagnosed mental illness who are having difficulty stabilizing in and managing their own treatment and recovery. Priority populations: young adults ages 18-25 with co-occurring disorders, and young adults 18-25 who are exiting the foster care system. (see the full project description in the Appendix, p. 62) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
Full Service Partnership	Adult FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved adults who are homeless, or at risk of becoming homeless; or, involved in the criminal justice system; or, frequent users of hospital and/or emergency room services as the primary resource for mental health treatment; or, are at risk of institutionalization. Priority enrollment is for those with the highest level of impairment as determined by a clinical assessment, followed by criminal justice involvement. (see the full project description in the Appendix, p. 63 and the MHSA criteria for full service partnership enrollment, see CA Welfare and Institutions Code §3620.05) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
Full Service Partnership	Older Adult FSP	**Summary:** Provides individualized and focused treatment to older adults 60 and over with serious mental illness and/or co-occurring substance use disorders. Priority population: Older adults aged 60 and over, with serious mental illness

		and one or more priority risk factors. (see the full project description in the Appendix, p. 64) **FY 14/15 Implementation:** Programs continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
Full Service Partnership	Community Corrections FSP	**Summary:** Provides a full spectrum of mental health services to consumers who are engaged by the criminal justice system and in collaboration with San Joaquin County Jail, Correctional Health Services, the Collaborative Court System, the Probation Department, and other justice agencies. (see the full project description in the Appendix, p. 65) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
Full Service Partnership	Intensive Adult FSP	**Summary:** Serves adults consumers with severe and persistent mental illnesses that have not responded successfully to other treatment options, including, those returning from an institutional of mental disorders, psychiatric hospitalization, other placement, or to prevent a placement or hospitalization from occurring. **FY 14/15 Implementation:** BHS continues to research the feasibility of developing a new FSP program. **Substantial Changes or Updates for FY 15/16:** Research will continue on the feasibility of developing this project in FY 15/16. (see updated project description in the Appendix, p. 66)
Outreach & Engagement Programs	Expanded Mental Health Engagement	**Summary:** CSS Mental Health Engagement services will reach out to individuals with mental illnesses who are unserved by the mental health system and to individuals for whom disparities in access to treatment are prevalent. **FY 14/15 Implementation:** In 2014/15 outreach and engagement activities were conducted with older adults and veterans with depression, PTSD, and other mental illnesses to encourage them to participate in treatment services. **Substantial Changes or Updates for FY 15/16:** Project name is changed from "Specialty Mental Health Engagement" to "Expanded Mental Health Engagement." Project scope clarified (see the full project description in the Appendix, P. 67).
Outreach & Engagement Programs	FSP Engagement	**Summary:** FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services. Engagement services provide a warm link into FSP program services and warm hand-off to outpatient specialty mental health services upon discharge from an FSP. (see the full project description in the Appendix, p. 69) **FY 14/15 Implementation:** In 2014/15 outreach and engagement activities were conducted by Mental Health outreach Workers and Recovery Coaches to encourage participation in FSP services and to help transition consumers to routine specialty mental health or other treatment services upon discharge. **Substantial Changes or Updates for FY 15/16:** None.

General System Development Programs	Wellness Centers	**Summary:** Provides classes and information on services and supports available in the community, self-help and peer-support group activities, and trainings and workshops to promote long term recovery and well-being on a variety of topics: from positive parenting, to nutrition and active lifestyles, to job development skills. (see the full project description in the Appendix, p. 71) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** Volunteers program is clarified.
General System Development Programs	Mobile Crisis Support Teams	**Summary:** Provides community-based mental health assessment and intervention for individuals experiencing mental health issues and to avert a mental health related crisis. (see the full project description in the Appendix, p. 73) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
General System Development Programs	Housing Empowerment Services	**Summary:** Provides voluntary, flexible supports to help people with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. (see full project description in the Appendix, p. 74) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** Program clarified to include transitional housing within continuum.
General System Development Programs	Employment Recovery Services	**Summary:** Provides vocational rehabilitation for people with serious mental illnesses that emphasize helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. . (see the full project description in the Appendix, p. 76) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
General System Development Programs	Community Behavioral Intervention Services	**Summary:** Provides behavioral intervention work in the community to consumers who are having a hard time managing behaviors and impulses and address behaviors or symptoms that jeopardize mental health consumers' recovery, wellness and quality of life. (see the full project description in the Appendix, p. 78) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None
General System Development Programs	MHSA Housing	**Summary:** Provides funding for the development and construction of permanent, affordable, and supportive housing for individuals with serious mental illnesses. It is a statewide program that operates in partnership with California Housing Finance Agency. (see the full project description in the Appendix, p. 80) **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** None.

General System Development Programs	Crisis Services	**Summary:** Provides a range of 24/7 crisis services for any individual experiencing a mental health emergency in San Joaquin County. MHSA funding is used to expand and enhance mental health services and/or program capacity beyond what was previously provided. **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** Project name is changed from "Crisis Response Team" to Crisis Services.
General System Development Programs	System Development Expansion	**Summary:** Provides outpatient clinic services and supports for children, transitional age youth, adults and older adults who meet the criteria for specialty mental health care. MHSA funding is used to expand and enhance mental health services and/or program capacity beyond what was previously provided. **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** Project name is changed from "Specialty Mental Health" to "System Development Expansion."
General System Development Programs	MHSA Administration and Evaluation	**Summary:** Provides contract monitoring, technical assistance, training coordination, program evaluation, and strategic planning, with an approach towards continuous quality improvement, to ensure that all MHSA funded programs and activities meet the vision, goals, and mandates of the MHSA. **FY 14/15 Implementation:** Program activities continue from previous years. **Substantial Changes or Updates for FY 15/16:** No substantive changes anticipated.

Community Services and Supports (CSS) Component Worksheet

County: San Joaquin Date: April 2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Full Service Partnership						
1. Children and Youth FSP	$ 2,507,449	$ 820,213	$ 1,202,335		$ 484,451	$ 450
2. Transitional Age Youth FSP	985,372	604,902	380,470			
3. Adult FSP	9,741,937	4,409,394	5,308,163			24,380
4. Older Adult FSP	934,970	551,278	368,392			15,300
5. Community Corrections FSP	886,339	593,569	291,430			1,340
Outreach and Engagement						
7. Expanded Mental Health Engagement	413,727	413,727				
8. FSP Engagement	1,385,206	1,385,206				

2015/16 Program Expenditures are continued on the following page.

	A Estimated Total Mental Health Expenditures	B Estimated CSS Funding	C Estimated Medi-Cal FFP	D Estimated 1991 Realignment	E Estimated Behavioral Health Subaccount	F Estimated Other Funding
General System Development						
9. Wellness Centers	432,600	432,600				
10. Mobile Crisis Support Team	852,276	174,198	241,317			436,761
11. Housing Empowerment Services	1,325,352	1,325,352				
12. Employment Recovery Services	221,187	221,187				
13. Community Behavioral Intervention Services	682,705	159,886	522,719			100
14. MHSA Housing (see below)						
15. Crisis Services	2,864,856	53,687	2,768,869		1,000	41,300
16. System Development Expansion	5,453,471	5,453,471				
CSS Administration	$ 2,176,560	$ 1,625,448	$ 550,612			$ 500
CSS MHSA Housing Assigned Funds						
Total CSS Program Estimated Expenditures	$ 30,864,007	$18,224,118	$11,634,307		$ 485,451	$ 520,131
FSP Programs as Percent of Total	53.25%					

C. Workforce Education and Training

Workforce Education and Training Projects Summary and Updates	
Component & Project Area	**Program Summary**
Training and Technical Assistance	**Summary:** Provides for the delivery of trainings throughout San Joaquin County to support the delivery of high quality, culturally competent and consumer- and family- driven mental health services and supports. **FY 14/15 Implementation:** A training coordinator was hired and a range of trainings were offered to staff and community partners, as indicated in the WET plan. **Substantial Changes or Updates for FY 15/16:** Program clarified to further describe the range of trainings and other activities to promote and support the MHSA General Standards (see, CCR §3320). (see Appendix, p.84)
Mental Health Career Pathways	**Summary:** Provides for clinical supervision to meet licensure requirements and helps prepare consumers and family members of consumers for employment and support them in their career growth and development. **FY 14/15 Implementation:** Clinical supervisor contracted with to provide supervision hours. **Substantial Changes or Updates for FY 15/16:** Project clarified to include (existing) programs to prepare and support consumer and family members for employment. Specific activities include the CATS Career Center and the Peer Employee Support Program. Mental Health Clinician I Career Pathway Program clarified. (see Appendix, p. 86)
Residency and Internship	**Summary:** This project supports the statewide objective to increase psychiatrists within the public mental health system. **FY 14/15 Implementation:** BHS continues to support the OSHPD Psychiatric Residency Program. No residents were placed at BHS during FY 14/15, but BHS hosted several medical students during their psychiatric rotation to provide them with practical field experience in public mental health care services **Substantial Changes or Updates for FY 15/16:** None.
Financial Incentives	**Summary:** Provides financial incentives to address workforce shortages including hiring incentives and educational incentives, including stipends, loan assumption and/or scholarship programs. **FY 14/15 Implementation:** Program continues from previous years **Substantial Changes or Updates for FY 15/16:** Loan assumption program clarified. (see Appendix, p. 89)
Workforce Staffing Support	**Summary:** Provides for a WET Coordinator to manage MHSA workforce development activities. **FY 14/15 Implementation:** Project continues from previous years. **Substantial Changes or Updates for FY 15/16:** None.

Workforce, Education and Training (WET) Component Worksheet

County: San Joaquin Date: April 2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance Mental Health Career Pathways	$ 302,263	$ 302,263				
2. Programs	398,192	398,192				
3. Residency and Internship Programs	0	0				
4. Financial Incentive Programs	50,000	50,000				
5. Workforce Staffing Support	111,054	111,054				
WET Administration	112,463	112,463				
Total WET Program Estimated Expenditures	$ 973,972	$ 973,972				

D. Innovation

Innovation Projects Summary and Updates	
Component & Project Area	**Program Summary**
Adapting Functional Family Therapy	**Summary:** Provides for an adaptation of the standard approach to functional family therapy through the use of parent partners to encourage participation and retention and for collaborative service delivery with community program partners. **FY 14/15 Implementation:** Program continues from previous years. **Substantial Changes or Updates for FY 15/16:** None
New INN Project	**Summary:** A new project is currently in development. A full project plan will be developed and submitted to the Mental Health Services Oversight and Accountability Commission, per regulation. This project will be implemented in FY15/16 and included in the 2016/17 Annual Update, due June 2016.

Innovations (INN) Component Worksheet

County: San Joaquin Date: April 2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Adapting Functional Family Therapy	$ 1,361,717	$ 1,055,094	$ 229,534		$ 77,089	
2. New Innovation Project (TBD)	284,801	284,801				
INN Administration	246,106	246,106				
Total INN Program Estimated Expenditures	$ 1,892,624	$ 1,586,001	$ 229,534		$ 77,089	

E. Capital Facilities and Technological Needs

Capital Facilities and Technological Needs Projects Summary and Updates	
Component & Project Area	**Program Summary**
Contingency Funds for Capital Facilities Projects	**Summary:** Provides contingency funds for a construction project to expand and enhance a crisis stabilization unit to provide improved services for consumers and families. Includes the construction of a designated unit for children and youth. **FY 14/15 Implementation:** Program continues from previous years. **Substantial Changes or Updates for FY 15/16:** None
Electronic Health Record	**Summary:** Provides funding for software and system upgrades to meet state and federal mandates. **FY 14/15 Implementation:** Program continues from previous years. **Substantial Changes or Updates for FY 15/16:** None

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: San Joaquin Date: April 2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs – Capital Facilities Projects 1. Contingency Funds for Capital Facilities Projects	$ 500,000	$ 500,000				
CFTN Programs – Technological Needs Projects 2. Develop and Implement an Electronic Health Record	4,228,404	4,228,404				
CFTN Administration						
Total CFTN Program Estimated Expenditures	$ 4,728,404	$ 4,728,404				

F. Number Served in Full Service Partnership Programs

Analysis of Full Service Partnership Programs, Number of Children, Adults, and Seniors Served and the Cost per Person					
	For Fiscal Year 2013-14				
Individuals Served by Full Service Partnership Programs	**Client Service Count**		**Expenditures**		**Cost per Person**
Children and Youth 0-17	200	$	1,249,714	$	6,249
Adults 18 Years and Older	2,038	$	8,390,046	$	4,117
Older Adults in the GOALS FSP	142	$	921,521	$	6,490
Summary Total	**2,380**	**$**	**10,561,281**	**$**	**4,438**

G. Mental Health Services Act Budget Expenditure Plan

FY 2015/16
MHSA Funding Summary

County: San Joaquin County **Date: APRIL 2015**

	MHSA Funding				
	CSS	**WET**	**CFTN**	**PEI**	**INN**
A. Estimated FY 2015/16 Funding					
1. Estimated Unspent Funds from Prior Years	9,492,247	2,072,035	6,855,803	9,280,333	4,813,912
2. Estimated New FY 2015/16 Funding	18,501,029			4,625,663	1,216,853
3. Transfer in FY 2015/16[a/]					
4. Access Local Prudent Reserve in FY 2015/16					
5. Estimated Available Funding for FY 2015/16	27,993,276	2,072,035	6,855,803	13,905,996	6,030,765
B. Estimated FY 2015/16 Expenditures	18,224,118	973,972	4,728,404	6,765,488	1,586,001
C. Estimated FY 2015/16 Contingency Funding					

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

D. Estimated Local Prudent Reserve Balance	
Estimated Local Prudent Reserve Balance on June 30, 2015	1,646,769
Contributions to the Local Prudent Reserve in FY 2015/16	
Distributions from the Local Prudent Reserve in FY 2015/16	
Estimated Local Prudent Reserve Balance on June 30, 2015	1,646,769

Local Program Data and Performance Outcomes

A. Introduction

The Mental Health Services Act (MHSA) provides funding to county behavioral health departments to provide full spectrum mental health services—called Full Service Partnerships (FSP)—to children and youth (ages 0-15) and transitional age youth (ages 16-25) who are seriously emotionally disturbed, and adults (ages 26-59) and older adults (ages 60+) who have a serious mental disorder. Between July 1, 2013 and June 30, 2014, San Joaquin County Behavioral Health Services (BHS) provided FSP services to 2,431 individuals (herein "partners").

The San Joaquin County data presented in this report was extracted from the Statewide FSP Data Collection and Reporting (DCR) system using standardized templates recently made available to counties by Mental Health Data Alliance.

This report focuses on outcomes related to several of the most critical indicators of partner wellbeing, including:

- Residential status
- Emergency mental health and substance use interventions
- Psychiatric hospitalizations
- Arrests and incarcerations
- Grades and school attendance
- Reasons for disengagement in services

The report focuses on outcomes for partners who received services during fiscal year 2013/14, who had had uninterrupted FSP services for at least 12 months (n = 1,919). For the most part, this report aggregates outcomes for all age groups and all FSP providers. This report also focuses on those partners (n = 574) who discharged from the FSP during fiscal year 2013/14.[1]

Subsequent data and evaluation reports will describe an increasing array of outcomes, disaggregated by age group and FSP provider, and will compare San Joaquin County to statewide outcome data.

FSP Findings are described below.

[1] All partner outcomes are self-reported to BHS staff as part of initial assessment (PAF form), Quarterly Assessment (3M form), and Key Event Tracking (KET form).

B. Findings

Residential Status: Homelessness and Emergency Shelter

During the 12 months prior to receiving services, 104 partners (5.4%) reported having experienced homelessness (sleeping on the street) for at least one day during the year. During the first year of FSP services, 38 (2.0%) partners experienced homelessness.

- *On-the-street homelessness declined by 63% from year prior to first year of partnership.*

During the 12 months prior to receiving services, 164 partners (8.5%) reported having stayed in an emergency shelter for at least one day during the year. During the first year of FSP services, 98 (5.1%) partners experienced staying in an emergency shelter.

- *Experience living in emergency shelters declined by 40% from year prior to first year of partnership.*

During the 12 months prior to receiving services, partners experienced 36,946 combined nights of on-the-street homelessness and emergency shelter use. During the first year of FSP services, partners experienced 28,223 nights of on the street or emergency shelter homelessness.

- *The number of nights partners spent in shelter or homeless declined by 24% from year prior to first year of partnership.*

Of the 574 partners discharged during fiscal year 2013/14, 32 (5.5%) were homeless or in emergency shelter upon admission into the program and 24 (4.2%) were homeless or in shelter upon discharge.

- *Emergency shelter and homeless status decreased by 25% between admission and discharge.*

Residential Status: Children

Three hundred and seventy-three (373) children received services from FSPs in FY 2013/14. Of those, 133 had completed at least 12 months of partnership. The following table shows the number of children who had spent at least one day in each location one year before admission and during the first year of partnership. The table also shows the number of days spent by partners in each of the following locations one year prior and during participation in the FSP. [2]

[2] The number of partners add up to more than 133 because they may have spent the night in multiple locations during the course of the year. Similarly, that there was a decrease in partners living in each residential setting was likely due to the fact that the partnership created more stable environments and fewer overall types of living situations.

Table 1: Residential Status One Year Before and One Year Following FSP: Children

	Partners 1 Year Before	Partners Year 1 During	Percent Change In Partners	Days 1 Year Before	Days 1 Year After	Percent Change in days
Foster Home - Non Relative	66	56	15% decrease	18,142	19,456	7% increase
With Parent	59	41	31% decrease	18,452	14,672	20% decrease
Group Home (12-14)	16	16	0% decrease	3,778	5,014	33% increase
Emergency Shelter	13	3	77% decrease	1,232	781	37% decrease
With Other Family	12	7	42% decrease	2,186	2,555	17% increase
Group Home (0-11)	10	7	30% decrease	2,324	2,041	12% decrease
Fosther Home - Relative	8	8	0% decrease	1,595	2,450	54% increase
Juvenile Hall/Camp	8	2	75% decrease	303	452	49% increase
Psychiatric Hospital	6	1	83% decrease	58	27	53% decrease
Residential Treatment	2	0	100% decrease	11	-	100% decrease
Homeless	1	1	0% decrease	365	365	0% increase
State Psychiatric	1	1	0% decrease	94	27	71% decrease

- *There was an increase in the number of days, overall, that children lived in foster environments (54% increase with relatives and 7% increase with non-relatives) and with non-fostering relatives (17% increase).*

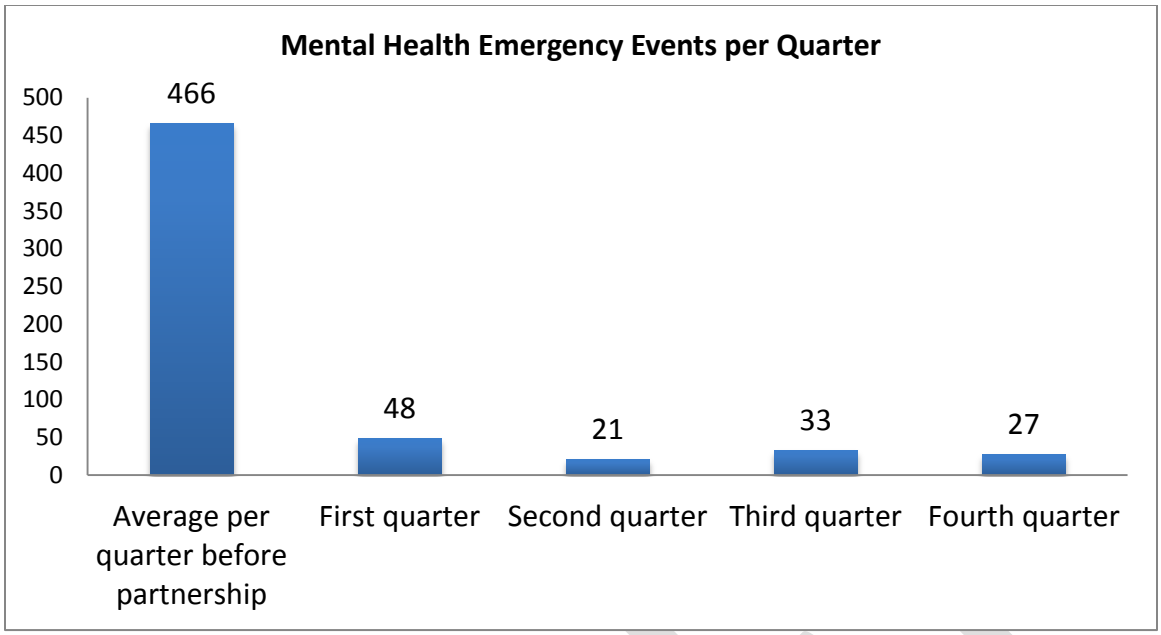
- *Overall, there was a decrease in children living in juvenile justice placements (75% decrease), but an increase in the number of days among those who stayed in juvenile justice placements (49% increase).*

Emergency Interventions

During the 12 months prior to receiving services, the 1,919 partners experienced 1,864 mental health or substance use emergency interventions. During the first year of FSP services, the same partners experienced 129 mental health or substance use emergencies.

- *Emergency events declined by 93% from year prior to first year of partnership.*

The following chart shows the average per quarter number of emergency events experienced by the 1,919 partners enrolled in FSPs during the year prior to enrollment, and the number of emergency events experienced each quarter during the first year of enrollment. Note that participation in FSP resulted in a steep decline during the first quarter, and remained low in subsequent quarters.



Psychiatric Hospitalizations

During the 12 months prior to receiving FSP services, of the 1,919 partners 311 (15.2%) experienced at least one psychiatric hospitalization. During the first year of FSP services, 138 partners (7.2%) experienced at least one psychiatric hospitalization. Those partners who experienced psychiatric hospitalizations during the year prior to receiving FSP services were hospitalized for an average of 24.5 days. Those who experienced psychiatric hospitalizations during the first year of FSP services were hospitalized on average 52.6 days.

- *The number of partners who experienced a psychiatric hospitalization declined by 56% during the first year of partnership.*
- *The number of days in psychiatric hospitals during the first year of partnership increased by 115%*

Incarcerations and Arrests

During the 12 months prior to receiving services, 304 partners (15.8%) experienced 474 arrests. During the first year of FSP services, 26 partners (1.4%) experienced 35 arrests.

- *The number of partners who experienced arrest decreased by 91% during the first year of partnership.*
- *The number of arrests decreased by 93% during the first year of partnership.*

During fiscal year 14/15, 218 partners, (11.3%) experienced incarceration days in the year prior to participation, and 57 (3.0%) experienced incarceration days during the first year of services.

- *Incarcerations declined by 74% during the first year of partnership.*

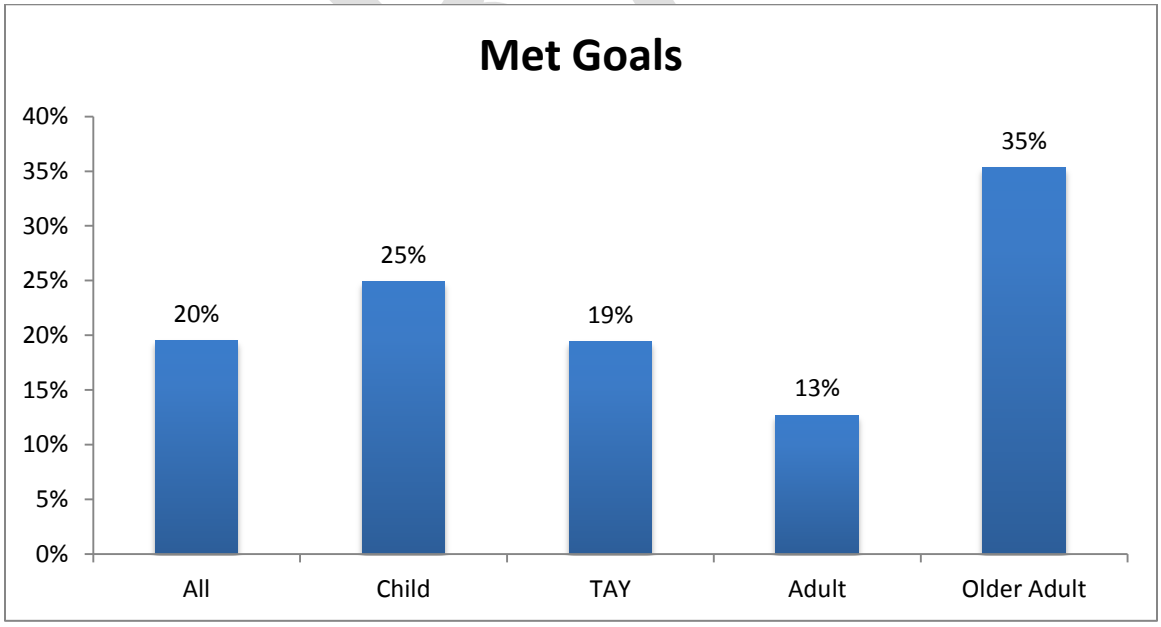
School: Grades and Attendance

For the 133 child partners who were enrolled in FSPs for more than one year, 15 (20%) had good or very good grades upon enrollment and 23 (31%) had good or very good grades after one year of partnership. Additionally, 64 (84%) reported upon enrollment that they attended school always or most of the time and 68 (89%) reported after one year of partnership that they attended school always or most of the time.

- *Children's grades improved by 53% following the first year of partnership*
- *Children's enrollment in school improved by 6% following the first year of partnership.*

Discharge Reasons

During fiscal year 2013/14, 574 partners discharged from FSPs. Of these, 173 (30%) were children; 98 (17%) were transitional age youth, 252 (44%) were adult; and 51 (9%) were older adult. The following table depicts the proportion of clients who discontinued services because they met their goals.



- *20% of all partners discontinued services because they had met their goals.*
- *Older adults were most likely to have discharged for having met their goals (35%)*
- *Adults were least likely to have discharged for having met their goals (13%).*

C. Conclusions

To varying degrees, partners experienced improvements in nearly all of the key indicators of wellbeing. The greatest improvements appear to be related to reductions in arrests among partners. Aside from ambiguous findings associated with residential placements for children (for whom it is sometimes uncertain whether in-home or out-of-home placements are most desirable) the one area of concern emerging from the FSP data involves the greater length of stay in psychiatric hospitals following FSP enrollment. BHS will continue to track this issue and consider strategies to reduce hospitalization lengths of stay.

Additionally, subsequent analyses of FSP outcomes will consider the following:

- Comparison of San Joaquin County partners to partners in other counties throughout the state.
- Disaggregation of findings by age group and FSP provider.
- Analysis of the quality of data, particularly, regularity of 3M and KET administration.
- Assessment of the appropriateness of FSP services for continuing partners, as evidenced by quality of life indicators upon admission and level of care indications upon discharge.

Appendix 1: MHSA Project Descriptions

1. **Prevention and Early Intervention Projects**
    - PEI Project 1: Community Trainings
    - PEI Project 2: Trauma Services for Adolescents
    - PEI Project 3: Trauma Services for Children
    - PEI Project 4: Early Interventions to Treat Psychosis
    - PEI Project 5: Skill Building for Parents and Guardians
    - PEI Project 6: Mentoring for Transitional Age Youth
    - PEI Project 7: Juvenile Justice Project
    - PEI Project 8: Suicide Prevention
    - PEI Project 9: PEI Capacity Building

2. **Community Services and Supports Projects**
    - CSS Full Service Partnership Summary of Eligibility and Components
    - CSS Project 1: Children and Youth FSP
    - CSS Project 2: Transition-age Youth (TAY) FSP
    - CSS Project 3: Adult FSP
    - CSS Project 4: Older Adult FSP
    - CSS Project 5: Community Corrections FSP
    - CSS Project 6: Intensive FSP
    - CSS Project 7: Expanded Mental Health Engagement
    - CSS Project 8: FSP Engagement
    - CSS Project 9: Wellness Centers
    - CSS Project 10: Mobile Crisis Support Team
    - CSS Project 11: Housing Empowerment Services
    - CSS Project 12: Employment Recovery Services
    - CSS Project 13: Community Behavioral Intervention Services
    - CSS Project 14: MHSA Housing
    - CSS Project 15: Crisis Services Expansion
    - CSS Project 16: System Development Expansion
    - CSS Project 17: MHSA Administration and Evaluation

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

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

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

PEI Project 1: Community Trainings

Community Need

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

Project Description

Trainings will reach out to community leaders, service providers, college instructors, religious or spiritual leaders, and consumers and family members to provide information on how to increase recognition and respond effectively to the signs and symptoms of potentially severe and disabling mental illness.

Project Goal: *To develop community members as effective partners in preventing the escalation of mental health crises and promoting behavioral health recovery.*

Project Components

1. **Mental Health First Aid (MHFA) for Youth and Adults** - Certified instructors will provide this evidence-based training to local trainers in San Joaquin County. All trainers will meet the certification standards of the national organization. Local MHFA trainers will then convene and facilitate MHFA classes throughout San Joaquin County, targeting community leaders and educators in diverse geographic and cultural communities. MHFA teaches individuals, without educational or professional backgrounds in mental health, how to help individuals developing a mental illness or in crisis. An eight-hour training session instructs participants to identify signs, symptoms, and risk factors of mental illness and addiction; navigate community resources; and help individuals in distress. For more information on evidence-based MHFA see: http://www.mentalhealthfirstaid.org/cs/ .

2. **NAMI Provider Education Program (PEP), In Our Own Voice (IOOV), and Peer-to-Peer (P2P)** - Trained instructors will provide evidence-based classes to service providers, consumers and family members.
   - PEP helps providers who work with individuals living with mental illness to understand the experiences of mental illness from the perspective of the individual and family member. The five 2.5 hour sessions help participants increase their empathy and professional skills. Two PEP classes will be offered per year.

   - IOOV are 60-90 minute presentations to illustrate the individual realities of living with mental illness. The objective is to change attitudes, preconceived notions and remove stereotypes regarding mental illness. Each year, 40 presentations are planned throughout the county (32 in English and 8 in Spanish).

- P2P program provides up-to-date research on brain biology, a personalized relapse prevention plan, tools to prepare for interactions with health care providers, and skills for decision-making and reducing stress. Classes are 10, 2-hour sessions designed for adults living with mental illness. Classes will be offered in English and Spanish.

For more information see:
http://www.nami.org/template.cfm?section=Education_Training_and_Peer_Support_Center

3. **Trainings to Promote Prevention and Early Intervention –** BHS will make funding available for community and staff trainings in support of prevention and early intervention project goals and activities. Examples include, but are not limited to trainings addressing:
   - Screening and referral practices,
   - trauma informed care,
   - adolescent brain development,
   - response strategies for youth with emerging behavioral or conduct disorders
   - suicide prevention,
   - effective prevention and early intervention practices for diverse communities

PEI Project 2: Trauma Services for Adolescents

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

Project Description
Schools or community based organizations serving neighborhoods with high rates of violence will use screenings to identify adolescents suffering from the effects of trauma and abuse and provide brief interventions to address treatment needs and/or refer the identified adolescent to BHS for higher level specialty mental health care services.

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

Project Components:
Program partner(s) implementing Trauma Services for Adolescents must provide all three project components described below. Treatment intervention services must also be available year-round.

Project Component 1: Positive School Climate

- Implemented in schools that have adopted positive discipline practices, positive school climate, restorative justice or other proactive approach to identifying and engaging at risk youth.
- Project team will provide information and materials on youth development, complex trauma, and potential signs, symptoms, or risk factors to schools regarding training opportunities for school teachers and staff, for example:
    - Distribute the *Complex Trauma Fact Sheet for Educators* to all school personnel and discuss implications with staff. http://www.nctsn.org/sites/default/files/assets/pdfs/complext_trauma_facts_educators_final.pdf
    - Provide information and training dates of upcoming MHFA-Adolescents training.
    - Provide a trauma informed care training or webinar, using a standardized evidence based curriculum such as the National Child Traumatic Stress Network, Training Toolkit for Educators, see http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008
    - Offer sessions on vicarious trauma / compassion fatigue for teachers and counselors.

Project Component 2: Screening and Assessment

- Youth displaying signs, symptoms, or risk factors for trauma will be referred by school personnel to identified program staff for validated / evidence based screening or assessment to provide preliminary diagnostic information.
    - Use of evidence based screening tool such as the Youth Outcome Questionnaire, Self Report (YOQ-SR); UCLA PTSD Reaction Index for youth 13-18; or other evidence based tool, see: the National Child Traumatic Stress Network's list of standardized measures. http://www.nctsn.org/content/standardized-measures-assess-complex-trauma

Project Component 3: Referral to Brief/Early Intervention Treatment Services – Trauma

- Youth with trauma indicators or other mental health symptomology are referred to an identified program partner for brief/early intervention services that are available year-round. Treatments options may include, but are not limited to:

    - Individual treatment intervention, using an evidence-based approach (e.g. Dialectal Behavioral Therapy, Trauma-Focused CBT, or other similar treatment intervention.)
    - Trauma-focused support group, using Seeking Safety, Sanctuary or other similar trauma-focused group intervention.
    - Brief, family services and supports, including 1-3 individualized case plan meetings with parent/guardian; discussion of complex trauma and implications for caregivers (see http://www.nctsn.org/sites/default/files/assets/pdfs/complex_trauma_caregivers_final.pdf); and referrals to additional services and supports as needed.

- Program Partner will provide brief case management services as necessary to stabilize child/family. Services will be available year-round.
    - Coordination of care with the youth's primary care physician
        - Linkage to benefits counselor if the youth/family does not have medical health care coverage
    - Coordination of care with child welfare services, as appropriate
    - Coordination with the school site counselors or administrators, especially as needed to prevent suspension or expulsion

- Youth with indicators of serious mental illness, will be referred to BHS, Children and Youth Services for further assessment and evaluation by a child psychiatrist.

PEI Project 3: Trauma Services for Children

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

Project Description
This project is a school-based project serving elementary school students ages 6-12 who are (1) attending elementary schools that have, or will commit to implementing Positive Behavioral Interventions Services (PBIS); and (2) who are living in high risk neighborhoods, as evidenced by high rates of violent crimes, law enforcement calls, and/or referrals to Child Welfare Services.

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

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

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

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

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

Project Components:

Personnel Training in Trauma – School administrators, teachers, and program staff can help reduce the impact of trauma on children by recognizing trauma responses, accommodating and responding to traumatized students within the community or classroom setting, and referring children to outside professionals when necessary.

An independent licensed clinician or community based provider will provide trainings at selected school or community sites using a standardized, evidence-based curriculum such as the National Child Traumatic Stress Network's Child Trauma Training Toolkit for Educators. For more information about the evidence-based toolkit see: http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008

Trauma Screenings - Children and youth exposed to traumatic situations will be identified and screened using a validated and/or evidence-based screening tool such as:

- *UCLA Trauma Screen and PTSD Reaction Index* - Children and youth with strong indications of trauma and risk for developing PTSD will be asked by school or program staff to complete the UCLA PTSD trauma screen to provide preliminary diagnostic information. Self-reported responses to the screening tool will be reviewed by a Licensed Professional of the Healing Arts (LPHA) to determine the need for further assessment and treatment. For more details about the evidence based Trauma Screen and PTSD Reaction Index see: http://www.nctsn.org/nctsn_assets/pdfs/mediasite/ptsd-training.pdf

Depending on their age and the result of screenings, children, youth, and families will be referred to the appropriate interventions below.

Short-term Trauma Interventions for Children - Evidence-based interventions will be provided, including, but not limited to:

- *Cognitive Behavioral Intervention for Trauma in Schools (CBITS).* CBITS is a school based program group and individual intervention designed to reduce symptoms of PTSD, depression and behavioral problems; improve peer and parent support; enhance coping for students exposed to traumatic life events, such as school and community violence, physical abuse, domestic violence, natural disasters. Target group is children ages 6-12 years old. Length of treatment is ten group sessions and one to three individual sessions. The intervention also includes two sessions with the parents and one with the teacher. For more details about the evidence-based CBITS program see: http://cbitsprogram.org

Link children to specialty mental health treatment - All individuals providing trauma screenings and interventions must have appropriate training in the practice modality and an understanding of when and how to refer children, youth and parents/caregivers to specialty mental health services for treatment of Severe Emotional Disturbance (SED) and Serious Mental Illness (SMI). Referrals to BHS for further assessment and interventions for children with SED/SMI will be monitored and follow-up coaching will be provided when needed.

PEI Project 4: Early Interventions to Treat Psychosis

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

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

Promising models include, but are not limited to:

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

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

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

Project Components

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

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

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

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

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

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

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

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

PEI Project 5: Skill-Building for Parents and Guardians

Community Need

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

Project Description

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

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

Project Components

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

Potential evidence-based parenting classes include:

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

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

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

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

PEI Project 6: Mentoring for Transition Age Youth

Community Need

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

Project Description

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

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

Project Components

Program Referrals: Program staff will work with BHS to develop appropriate referral procedures. BHS may refer transitional-age youth with emotional/behavioral difficulties (EBD) and identified by BHS clinicians as needing additional mentoring and support to prevent the onset of serious mental illness. Youth may also be referred from the Children's Mobile Crisis Support Team, the Juvenile Justice Center clinical team, the Children and Youth Services crisis team, and other selected programs. Other referral sources may include local police departments, the County Probation Department, and the City of Stockton's Ceasefire program.

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

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

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

  TIP mentoring:
  - engages youth in their own futures planning process;

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

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

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

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

PEI Project 7: Juvenile Justice Project

Community Need

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

Project Description

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

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

Project Components

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

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

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

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

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

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

PEI Project 8: Suicide Prevention in Communities and Schools

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

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

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

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

1) Project Component:

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

2) Project Components:

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

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

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

- <u>Yellow Ribbon Suicide Prevention Campaign</u>
  Implement the evidence-based *Yellow Ribbon Campaign* with its four essential stages:
  - Planning sessions with school leaders;

- *Be a Link® Adult Gatekeeper Training* for school personnel and *Ask 4 Help® Youth Gatekeeper Training* for youth leaders, followed by school-wide student assemblies;
- Booster training and training for new staff members and students; and
- Establishment of community task forces to ensure ongoing resource connections, awareness reminders, event coordination, and expanded gatekeeper training.

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

- Question, Persuade, Refer (QPR)
  Provide *QPR Gatekeeper Training for Suicide Prevention* to school personnel to train them to engage and intervene with youth who are displaying or discussing suicidal or self-harming behaviors. QPR will be implemented in accordance with the evidence-based practice described at: http://www.qprinstitute.com/index.html

- safeTALK Workshops
  Implement *safeTALK* for individuals ages 15 and over to recognize and identify individuals with thoughts of suicide, and connect them to mental health resources. *SafeTALK* will be implemented in accordance with the evidence-based program detailed at: https://www.livingworks.net/programs/safetalk/
  SafeTALK workshops teach youth to be "alert helpers" who are better able to move beyond common tendencies to miss, dismiss, or avoid suicide; to identify individuals with suicidal thoughts; and to help connect a person with suicidal thoughts to suicide intervention responders.
  SafeTALK includes the following practice requirements:
  - Workshops must be conducted by a registered safeTALK trainer and held over three consecutive hours;
  - A community support resource (such as a trained volunteer, safety officer, or mental health professional) must be present to support any participants who experience difficulty;
  - Each workshop will have between 10 and 30 participants.

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

Component 2: Depression Screening and Referral

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

- *Patient Health Questionnaire-9 for Adolescents* - Depression is common among adolescents. In response to the growing evidence for effective treatments for depression among adolescents, the US Preventive Services Task Force now recommends screening for depression among adolescents in primary care settings. The PHQ-9 has good sensitivity and specificity for detecting major depression among adolescents in the primary care setting. For more information on the PHQ-9 see: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/

- *Center for Epidemiological Studies Depression Scale for Children* - (CES-DC) is a 20-item self-report depression inventory used as initial screener and/or measure of treatment progress. Scores may indicate depressive symptoms in children and adolescents as well as significant levels of depression. For more information on CES-DC see: http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

PEI Project 9: PEI Capacity Building

Community Need

Programs providing prevention and early intervention services require increased capacities to grow and sustain as robust partners within the mental health system of care. Programs are also required to have the capacity to participate in data collection and evaluation activities required to measure performance and ensure that prevention and early intervention activities are leading to the desired program outcomes.

Project Description

Project Goal: *The project will improve access to services by strengthening the capacity of BHS and its community partners, to measure and monitor prevention and early intervention services, including ensuring programs are keeping fidelity to evidence-based practices.*

Project Components

Component 1: PEI Community Program Partner Capacity Building

BHS will provide one-time funding for capacity building projects to community-based organizations providing mental health prevention and early intervention services. The PEI Community Program Partner Capacity Building Project is intended to build the capacity of organizations to achieve one or more of the following Strategic Goals:

- Provide access and linkages to mental health treatment early in the onset of mental illness or emotional disturbance;
- Improve timely access to mental health services for underserved communities;
- Reduce risk factors for developing potentially serious mental illness and build protective factors;
- Reduce stigma and discrimination related to mental illness;
- Prevent suicide; and/or,
- Increase recognition of early signs of mental illness.

PEI Community Program Partner Capacity Building Project includes activities to increase the capacity of community program partners to provide evidence based interventions to reduce the risk factors for developing potentially serious mental illness and build protective factors. Funding is allocated for program staff trainings to increase competencies in practice areas. Funding may not supplant other funding allocation.

Component 2: BHS Data System and Evaluation Capacity Building

BHS will develop a data system and reporting protocols to measure and monitor PEI program activities and to provide training to community based partners on data collection, reporting, and the use of information to strengthen program services and performance outcomes.

D. Full Service Partnership Projects

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

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

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

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

5. FSP Eligibility Criteria

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

Criteria 1: Eligibility for Public Mental Health Services (WIC § 5600.3)

All individuals enrolled in a Full Service Partnership program must meet the criteria for specialty mental health services as defined by the California Welfare and Institutions Code.

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

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

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

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

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

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

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

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

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

Criteria 4: San Joaquin County Priority Service Needs

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

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

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

And,

- Adults ages 18 and older, who meet all criteria for Full Service Partnership Program enrollment, and who are currently involved with the criminal justice system will be *prioritized* for enrollment.

6. FSP Components and Related Services

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

Referral and Engagement:

- *FSP Referrals:* Consumers referred to an FSP program are required to have an assessment for specialty mental health care services through San Joaquin County Behavioral Health Services. Assessments and referrals may be received through any of the BHS specialty mental health outpatient clinics or 24-hours services, including inpatient and residential services.

- *Orientation to FSP Services:* Within 14 calendar days of receiving a referral, FSP program staff will evaluate the needs and orient the eligible consumer to the program philosophy and process; providing enough information so that the consumer can make an informed choice regarding enrollment.
- *FSP Engagement Services:* Individuals eligible for FSP services, and not receiving treatment services, may be referred for FSP engagement services. The FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services.

Assessment and Service Planning:

- *FSP Treatment and Support Team:* Individuals enrolled in an FSP program will have an enhanced treatment team that includes a clinician, nursing or medical staff, case manager, and frequently a peer or parent partner with lived experience in recovery is part of the team.
- *FSP Assessment and Enrollment:* Within 14 calendar days of the decision to enroll, the FSP treatment team will meet with the client to complete an initial orientation packet. This process is used to explore the natural supports individuals have to build into recovery efforts, including family and community supports and to further understand treatment needs. Clinicians will conduct comprehensive clinical assessment [3] to make recommendations for treatment and service interventions which are outlined in the *Client Treatment Plan*.
- *(Adult) Client Treatment Plan*: Plans describe the treatment modalities and services recommended to support recovery. Planning may occur in one or more sessions and will be completed within 60 days of enrollment. Plans include a *Strength Assessment* that highlights the interests, activities and natural supports available to the consumer and the core areas of life, or domains, (e.g. housing or personal relationships) they wish to focus on through treatment. Clients will be evaluated by a psychiatrist to review and discuss medications as a component of the treatment plans. Client Treatment Plans will be updated at least every twelve months.
- *(Children and Youth) Service Support Plan*: For youth in treatment in a FSP, service support plans describe the treatment modalities and services recommended to support recovery. Planning may occur in one or more sessions. Plans include a *Strength Assessment* that highlights the interests, activities and natural supports available to the consumer and the core areas of life, or domains, (e.g. housing or personal relationships) they wish to focus on through treatment. Service Support Plans will be updated as needed or every six months. The plan is developed through Child Family Team meetings conducted every 30 days.
- *Wellness Recovery Action Plan (WRAP):* Adult Consumers will work with peer partners to develop their own WRAP plans with strategies to decrease and prevent intrusive or troubling thoughts and to increase positive activities and quality of life. WRAP plans are consumer-directed and empowerment focused.

[3] Level of care instrument will be selected during FY 2014/15 and implemented FY 2015/16.

Service Interventions and Monitoring:

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

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

Transition to Community or Specialty Mental Health Services

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

CSS Project 1: Children and Youth FSP

Project Description

The Children and Youth FSP provides intensive and comprehensive mental health services to unserved and underserved youth and families who have not yet received services necessary to address impairments and stabilize children and youth within their own environments. Full Service Partnership program interventions are targeted for children and youth who are: (1) juvenile justice involved, or (2) in foster care and meet the State of California definition of the Katie A. Subclass, specifically,

Katie A. Subclass Criteria

- Minors (children/youth up to age 21)
  - With an open child welfare services case
  - With full scope Medi-Cal (Title XIX) eligibility
  - Who meet medical necessity for Specialty Mental Health Services
  - Have either one of the following criteria(s):
    Currently in, or being considered for:
    - Wraparound, therapeutic foster care, specialized care rate due to behavioral health needs or other intensive EPSDT services (i.e. TBS, crisis stabilization / intervention)
    - Group Home (Level 10 or above), a psychiatric hospital or 24 hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or has experienced three or more placements within 24 months due to behavioral health needs.

Target populations include:

- *Children and Youth* with serious emotional disturbances or serious mental illness, who fall into one of the following groups:
  - Children and Youth who meet the Katie A. Subclass definition (see above).
  - Children and Youth involved with the San Joaquin County Juvenile Justice system
  - Children and Youth who are identified at risk as a result of a serious mental health condition with recent crisis and or psychiatric hospitalization contacts.

CSS Project 2: Transitional-age Youth (TAY) FSP

Project Description

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

Target populations include:

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

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

CSS Project 3: Adult FSP

Project Description

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

Target population:

- *Adults 26-59,* with serious and persistent mental illnesses that have not otherwise stabilized in their recovery through specialty mental health services, and who are unserved or underserved, and experiencing at least one of the following (*see eligibility criteria p. 55*):
    - Involvement with the criminal justice system
    - Homeless or at imminent risk of homelessness
    - Frequent emergency room or crisis contacts to treat mental illness
    - At risk of institutionalization

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

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

CSS Project 4: Older Adult FSP

Project Description

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

Target Population:

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

CSS Project 5: Community Corrections FSP

Project Description

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

Target Population:

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

CSS Project 6: Intensive Adult FSP

Project Description

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

BHS will continue to research the feasibility of developing a project that targets those individuals that have been hardest to serve successfully, such as those returning from a placement at an Institution for Mental Disease (IMD) or other long-term placement. If feasible a project may be developed for implementation in FY 16/17.

Target Population

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

CSS Project 7: Expanded Mental Health Engagement

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

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

Target populations

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

Project Components

- *Provide Counseling, Engagement and Support Services* for individuals with co-occurring SMI and developmental disabilities, older adults and veterans living alone under isolated conditions who are suffering from untreated mental illnesses, including depression, grief, loneliness, post-traumatic stress disorder, or who are experiencing a loss of mobility or independence.

- Engage and link individuals to public mental health system.
- Provide screening, referrals and support to link participants to additional services and supports, especially as pertaining to health and safety needs.
- Provide one-on-one support, connection and engagement to reduce depression.
- Facilitate access to support groups at senior, veterans, and community centers.
- Conduct two to four home visits to each participant on a monthly basis (seniors only).

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

CSS Project 8: FSP Engagement

Project Description

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

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

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

Target Population

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

Project Components

- *Conduct targeted engagement* to FSP eligible individuals, referred by FSP clinical teams, to provide information on available treatment services and the benefits of recovery supports.
    - Conduct home or in-person visits with consumers to inform them of available treatment services and the benefits of recovery supports.
    - Conduct outreach and engagement as requested by the consumer to family members and/or other adults within the home to increase family/social support for participating in treatment services. Provide culturally and linguistically appropriate resources and information.
    - Ensure that consumers and family members develop a shared understanding of FSP program services, including MHSA housing, housing supports, employment and

education services, 24/7 intervention services, community wellness services, crisis services, and services for individuals with co-occurring substance use disorders.

- *Provide FSP engagement services* to consumers in FSP programs to support and sustain them in planned treatment services.
  - Conduct in-person and telephone check-ins and appointment reminders.
  - Provide transportation to scheduled mental health appointments.
  - Encourage and support participation in treatment groups and socialization activities.
  - Assist consumers in developing their own Wellness Recovery Action Plan.
  - Conduct, as authorized, culturally and linguistically appropriate communication with family members to ensure family support and understanding of treatment services.

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

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

CSS Project 9: Wellness Center

Project Description

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

BHS currently provides funding for one Wellness Center in Stockton CA. Proposals for additional Wellness Centers may be solicited during FY 2016/17 for wellness center programming in additional communities.

Project Goal*:*

The primary objectives for this program will be to:

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

Target Population

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

Project Components

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

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

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

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

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

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

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

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

CSS Project 10: Mobile Crisis Support Team

Project Description

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

BHS currently operates one MCST, but will be expanding operations to create two new teams stationed in alternate locations and extend the hours of operations of the existing team to include evening and weekend hours. Services are available daily (Monday – Sunday), and into the evening hours most days of the week.

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

The new MCSTs will begin operations this year. Funding for this project is partially supported through the Mental Health Services Act and through the Investment in Mental Health Wellness Act.

CSS Project 11: Housing Empowerment Services

Project Description

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

Project Goal: *The goal of this project is to increase the numbers of mental health consumers who have stable, safe, and affordable permanent housing.*

The project is intended to result in:

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

Target Population

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

Project Components

Project Component 1:

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

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

- *Individualized Consumer Interviews*: Conduct individual interviews with each consumer to determine their preferences for location of housing (specific city or neighborhood), type of housing desired (independent, shared with roommates), desired proximity to services, transportation needs, and cultural and other preferences to assist in locating suitable housing.

The interview will also be used to collect information on consumers' rental history, income, and financial situation.

- *Housing Coalition:* Establish and facilitate a coalition of housing experts, including housing providers, community planners, and others familiar with low-income housing, to provide networking, promote new housing opportunities for low-income mental health consumers, and to track the development of new housing projects. Maintain referral lists of landlords and property management firms with a history of providing housing to low income individuals and/or mental health consumers. Encourage and enlist other landlords and property managers to accept mental health consumers as tenants, especially those at risk for homelessness.
- *Housing Related Support Services:* Increase consumer's ability to choose, obtain and retain housing:
    - Help consumers search for suitable scattered site housing, complete housing applications and meet with landlords to discuss possible concerns.
    - Assist consumers in increasing independent living skills focusing on housing stability, such as paying rent on time, managing money, locating community amenities, buying furnishings and household goods, and maintaining the cleanliness of the apartment.
    - Provide informational presentations to consumers and family members on issues related to fair housing laws, tenant rights and responsibilities, landlord/tenant conflict resolution, and resolving problems with neighbors.
    - Provide assistance for consumers in moving their furniture and belongings into their new homes.
- *Financial Assistance for Consumers:* Provide financial assistance with rental deposits, initial month's rent, critical utility payments, essential furnishings, and property damage coverage in order to sustain and/or maintain stable housing in urgent situations.

Project Component 2:

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

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

CSS Project 12: Employment Recovery Services

Project Description

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

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

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

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

Target Population

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

Project Components

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

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

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

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

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

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

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

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

CSS Project 13: Community Behavioral Intervention Services

Project Description

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

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

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

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

Target Population

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

Project Components

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

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

Additional project components include:

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

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

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

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

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

CSS Project 14: MHSA Housing

Project Description

The MHSA Housing program provides funding for the development and construction of permanent, affordable, and supportive housing for individuals with serious mental illnesses. It is a statewide program that operates in partnership with California Housing Finance Agency. To date San Joaquin County Behavioral Health Services has approved two projects for use of MHSA housing funds. Applications to the California Housing Finance Agency were approved in June 2014, though notifications of final approvals and financing are still pending (June 2015).

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

Additional funding, allocated for MHSA Housing projects in San Joaquin County, is currently available through the California Housing Finance Agency. Should the above referenced projects be approved and constructed, there will still remain an additional, $1,629,270 available for permanent supportive low-income housing projects for mentally ill consumers. Interested housing developers are invited to review the funding criteria at: http://www.calhfa.ca.gov/multifamily/mhsa/.

BHS will review this project and may develop new strategies to create housing for individuals with mental illnesses in FY 2015/16. Options include, but are not limited to, reclaiming unspent funds from California Housing Finance Agency.

CSS Project 15: Crisis Services Expansion

Project Description

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

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

CSS Project 16: System Development Expansion

Project Description

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

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

Areas of expansion include:

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

CSS Project 17: MHSA Administration and Program Evaluation

Project Description

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

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

WET Project 1: Training and Technical Assistance

Community Workforce Need

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

Project Description

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

Project Components

- *Trainings for Volunteers, Peer Partners, Case Managers, and Community Partners.* All volunteers, peer partners (consumers and family members), case managers and non-clinical community partners contracted to provide direct mental health services and supports shall be trained in the fundamentals of mental health, including how to engage and refer individuals for further assessment and interventions. Trainings for BHS staff, volunteers and community partners may include, but are not limited to, the following:
  - *Suicide Prevention Trainings (e.g. Assist)*
  - *Mental Health First Aid*
  - *Wellness Recovery Action Plans*
  - *Crisis Intervention Training (for Law Enforcement)*
  - *Provider Education Training*
  - *Trauma Informed Care*
  - *Trainings to become support group facilitators*
  - *Motivational Interviewing*
  - *Stigma Reduction (including but limited to, Shaken Tree)*

- *Specialty Trainings in Treatment Interventions.* Specialty trainings are provided to increase the competencies of staff in core practice modalities. These modalities include the delivery of evidence-based interventions, to fidelity, and as described throughout this MHSA plan. Trainings may include, but are not limited to, the following treatment interventions:
  - *Seeking Safety*
  - *Cognitive Behavioral Therapies*

- *Dialectical Behavioral Therapy*
- *Multisystemic Therapy*

- *MHSA General Standards Training and Technical Assistance.* The Medical Director will provide training, guidance, and supervision to support and promote the MHSA and the General Standards of the MHSA amongst the medical staff of Behavioral Health Services, including its staff and contracted psychiatrists, physician assistants, nurses, and psychiatric technicians. Training, guidance and supervision is provided to support and promote:
  - *Community Collaboration,* including efforts to integrate primary and mental health services and to provide mental health services within community-based locations throughout San Joaquin County.
  - *Cultural Competence,* including the use of culturally competent prevention, intervention, treatment and recovery approaches and culturally and linguistically appropriate discourse with consumers and family members.
  - *Client Driven Services*, including the incorporation of WRAP activities and plans within the clinical model, and practices which embraces the client as having the primary decision-making role in identifying his/her needs and preferences in service delivery.
  - *Family Driven Services,* including practices which incorporate the input of families within the development of treatment plans and in which the families of children and youth with SED/SMI have the primary decision-making role in the care of their own children.
  - *Wellness, Recovery, and Resiliency,* including supervision and guidance to ensure that all medical staff promote and support clients on their pathways to wellness and recovery.
  - *Integrated Service Experience,* including training or support to ensure that medical staff have the tools, training, and resources to access a full range of services provided by multiple agencies and programs in a comprehensive and coordinate manner.

Project Objective

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

WET Project 2: Mental Health Career Pathways

Community Workforce Need

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

Project Description

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

BHS Mental Health Clinician Career Pathways Project Components

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

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

Consumer and Family Member Career Pathways Project Components

- *Peer Specialist Certification Program* - BHS continues to support the creation of a Peer Specialist Certification program within the State of California. The Department of Mental Health (DMH) and the California Office of Statewide Health Planning and Development (OSHPD) have prepared complimentary reports recommending the development of a Peer Specialist Certification Program and Career Pathway program. A senate bill, introduced February 2015, would require

the Department of Health Care Services to establish, by July 2016, a statewide peer and family support specialist certification program.

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

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

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

Project Objective

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

WET Project 3: Residency and Internship Programs

Community Workforce Need

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

Project Description

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

Project Component

- *OSHPD Psychiatric Residency Program*. OSHPD is currently seeking solicitations from accredited psychiatric residency programs or fellowships within the State of California. These psychiatric programs will be required to place psychiatric residents and fellows in clinical settings within the public mental health system. In partnership with the selected accredited programs, BHS will support the placement and mentoring of psychiatric residents within county-operated programs and clinics in order to train the next generation of practitioners and to encourage employment in the public mental health care system.

Project Objective

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

WET Project 4: Financial Incentives Programs

Community Workforce Need

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

Project Description

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

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

Project Components

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

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

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

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

Project Objective

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

WET Project 5: Workforce Staffing Support

Community Workforce Need

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

Project Description

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

Project Components

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

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

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

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

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

Project Objectives

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

INN Project 1: Adapting Functional Family Therapy

Project Description

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

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

Preliminary findings are promising, and additional implementation is required to fully understand learning objectives. This project will continue through June 2017.

CF/TN Project 1: Provide Contingency Funds for Capital Facilities Project

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

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

BHS was awarded $1,836,784 to enhance and expand the CSU to improve services for consumers and families. MHSA capital facilities component funds will be applied as a contingency for any design or construction cost overruns.

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

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

Appendix 2: Community Program Planning Process

Meeting Flyers and Community Outreach

- Community Meeting Flyers
- Table: Demographics of meeting participants

Meeting Presentation and Forms

- Community Meeting Presentation
- Demographic Form
- Community Feedback Form

San Joaquin County Behavioral Health Services

Transforming Mental Health Services

Mental Health Services Act
2015-16 Annual Update and Innovation Plan

In November 2004 voters passed Proposition 63, the Mental Health Services Act (MHSA), intended to transform public mental health care for children, youth, adults and seniors. In San Joaquin County, MHSA funds have resulted in a tremendous increase in community-based mental health services over the past ten years, including more prevention and early intervention programs for children and adolescents and more clinical services for those previously unserved or underserved. A new MHSA Three Year Program and Expenditure Plan for Fiscal Years 2014-15 through 2016-17 was approved by the San Joaquin County Board of Supervisors in September, 2014. (see the MHSA Three-Year Plan at www.sjmhsa.net.)

Please join us for a Presentation on our Implementation Activities and What's Coming Next

You are invited to a presentation on the progress underway to implement the Three-Year Plan. Your feedback is requested to ensure that we continue to be responsive to the needs of our community as we look towards FY2015/16.

San Joaquin County Behavioral Health Services will also be developing a third Innovation Project. Per regulations, Innovation Projects must be novel, creative and/or ingenious mental health practices/approaches that contribute to learning. Your assistance is requested to review the project concepts received from consumers and family members and help assess their feasibility.

We are counting on your voice to help guide us!

Thursday,
December 4, 2014

1:00 pm – 2:30 pm

Dorothy Chase Conference Room
1414 N. California Street
Second Floor
Stockton, CA 95202

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

San Joaquin County Behavioral Health Services

Transforming Mental Health Services

Mental Health Services Act
Annual Update and Innovation Plans

In November 2004 voters passed Proposition 63, the Mental Health Services Act (MHSA), intended to transform public mental health care for children, youth, adults and seniors.

San Joaquin County Behavioral Health Services is reviewing its current Three-Year Program and Expenditure Plan for the use of MHSA funds to support community based mental health services and developing an Annual Update to describe the activities that will be conducted in 2015/16. Funding is distributed in five services areas: 1) Community Services and Supports, 2) Workforce Education and Training, 3) Prevention and Early Intervention, 4) Innovation and 5) Facilities and Technology. BHS is also soliciting input on innovative and creative uses of funding to support mental health services. Your ideas and comments will help us develop new programs and recommendations for ongoing improvements.

We are counting on your voice to help guide us!

Community discussions are being held as a component of the MHSA planning process. Please come hear about how MHSA currently contributes to mental health services and share your experiences and recommendations for strengthening services.

(The same discussion will be held at each meeting.)

Wednesday **January 14, 2015**	**Friday** **January 30, 2015**
1:30 – 4:00pm **Cesar Chavez Library** 605 N. El Dorado St. Stockton, CA 95202	1:30 - 4:00pm **Public Health Department** 1601 E. Hazelton Avenue Stockton, CA 95202

Please Post this Flyer in your Lobby

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

SERVICE * RESPECT * RECOVERY * INTEGRITY

San Joaquin County Behavioral Health Services

Transforming Mental Health Services

Mental Health Services Act
Annual Update and Innovation Plans

In November 2004 voters passed Proposition 63, the Mental Health Services Act (MHSA), intended to transform public mental health care for children, youth, adults and seniors. A Three-Year Program and Expenditure provides funding in five project areas:

1) Community Services and Supports
2) Prevention and Early Intervention
3) Workforce Education and Training
4) Innovation and
5) Facilities and Technology.

Respectful
Transparent
Consumer Driven
Recovery Focused

Please join us for a meeting to discuss mental health prevention and treatment programs.

- Learn about the MHSA programs and services
- Share what works and provide feedback on how to improve services
- Brainstorm new and innovative service ideas

We are counting on your voice to help guide us!

A Confidential Meeting for Consumers and Clients of Mental Health Services

Monday
January 26, 2015

11:30 - 2:30pm

Martin Gipson Socialization Center

405 E. Pine Street
Stockton, CA 95204

Questions? Contact us for more information:

Kerrie Melton, BHS Consumer Outreach Coordinator at 209-468-3498 *or*
Karen Walker, Chair of the Consumer Advisory Committee at 209-451-3977

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

SERVICE * RESPECT * RECOVERY * INTEGRITY

San Joaquin County Behavioral Health Services					
Meeting Participant Demographic Information	**Total Response (22)**	**Total Response (59)**	**Total Response (41)**	**Total Response (122)**	**Percentages of Responses**
Do you identify yourself as a consumer or a family member of a consumer of mental health services?	**Chavez Library 1/14/15**	**Gipson Center 1/26/15**	**SJC Public Health 1/30/15**	**Total All Community Meetings**	**Total All Community Meetings**
Consumer	3	55	6	64	52%
Family Member	6	3	5	14	11%
Please indicate your age range:					
under 18	0	1	1	2	3%
18-25	0	2	3	5	6%
26-59	18	25	22	65	81%
60 and older	2	2	4	8	10%
Do you consider yourself to be:					
Male	6	18	11	35	46%
Female	14	10	17	41	54%
Transgender	0	0	0	0	0%
Language spoken in home					
English	18	27	29	74	93%
Other	0	3	1	4	5%
Stakeholder Affiliation					
County mental health department staff	2	4	3	9	7%
Substance abuse service provider	1	0	2	3	2%
community-based/non-profit mental health service provider	6	5	18	29	24%
Community based organization (not mental health service provider)	5	2	6	13	11%
Children and families services	0	2	4	6	5%
K-12 education provider	4	0	3	7	6%
Law enforcement	0	1	2	3	2%
Veterans services	0	1	0	1	1%
Senior services	1	1	0	2	2%
Hospital/Health care provider	1	2	1	4	3%
Advocate	0	7	4	11	9%
Other	3	4	2	9	7%
What is you ethnicity? Do you consider yourself:					
White/Caucasian	5	6	7	18	25%
Black/African American	9	10	4	23	32%
Hispanic/Latino	2	7	5	14	19%
Southeast Asian	0	1	3	4	6%
Other Asian or Pacific Islander	1	1	1	3	4%
American Indian/Native American	2	2	0	4	6%
Mixed Race:	0	0	5	5	7%
Other	0	1	0	1	1%

Community Meeting and Discussion
January 30, 2015

MHSA Planning 2015-16

Meeting Overview

AGENDA

- MHSA Overview
  - Mission and Purpose
  - Impacts in San Joaquin
- 2015 Planning
  - MHSA Annual Update
  - Innovation #3

GROUND RULES

- Sign-in
- Cell phones silent
- Avoid cross talk
- Ask questions
- Submit written feedback
- Respect agenda
- Complete anonymous demographic form

Overview of the MHSA

- (CSS) Community Services and Supports
- (PEI) Prevention and Early Intervention
- (WET) Workforce Education and Training
- CFTN) Capital Facilities and Technological Needs
- **(INN) Innovation**
  - Novel, creative projects to test new ideas

Informing the Planning Process

- Mental Health Services Act, as amended in 2012
- Current Recommendations and Strategic Directions
- Budget: Current and Anticipated MHSA funding
- California Code of Regulations (Title 9, Chapter 14)
- Proposed PEI Regulations (Draft)

Definitions in Regulation

- Serious Mental Disorder or Illness (Welfare and Institutions §5600.3)
  - "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.
- Unserved (CA Code of Regulations §3200.310)
  - Individuals who may have serious mental illness and are not receiving mental health services. Individuals who have had only emergency or crisis-oriented contact / services.
- Underserved (CA Code of Regulations §3200.300)
  - Clients who have been diagnosed and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery. Includes family members who are not receiving sufficient services to support the clients recovery.

San Joaquin's Three Year MHSA Program and Expenditure Plan

- Approved by the Board of Supervisors
  - September 9, 2014
- Effective for three years
  - Fiscal Years 2014/15, 2015/16, and 2016/17
- Annual Updates are submitted each year
  - Changes or modifications to planned projects
  - Update and refine budgets

Planning Timeline

Nov/Dec.
- Launch MHSA Planning Process
  - MH&SA Board 11/19/14
  - PSSC Mtg. 12/4/14

January
- 3 Community Meetings
  - 1/14 – Cesar Chavez Library
  - 1/26 – Martin Gipson
  - 1/30 – Public Health

February
- Draft Annual Update
- Align with 15/16 Budget

March
- Post Annual Update
- Convene INN Strategy Discussions

April
- Post INN Plan

Key Issues: Annual Update

- Implementation Update
  - New PEI and CSS projects
    - RFPs in development
- Update 15/16 Budgets
  - Align to 15/16 Allocation
  - Impact of other Budget Updates
    - Revenues
    - Expenses

Innovation

- Per MHSA Guidelines
  - Novel, creative
  - Time limited
  - Intended to test a new strategy or approach
- San Joaquin County Objective
  - Fill system gaps

Innovation – Community Input

Community Planning Processes - 2013 & 2014

Community Needs
- Co-occurring Disorders
- Homeless
- Housing Continuum
  - Shelters
  - Board and Care
  - Respite
  - Transitional housing

Program Principles
- Consumer / Peer Driven
  - Meets people where they are at
  - Incorporates wellness
  - Responsive to basic needs
- Community Based
  - In neighborhoods
  - Non-stigmatizing

Strategic Directions

1. Effective Programs
2. Across a Broad Continuum
3. Leverage Existing Resources
4. Integrates Co-Occurring Mental Health and Substance Abuse Treatment Services
5. Access to Safe, Stable Housing
6. Strong System of Care

Large Group Discussion

- Discussion Questions
  - Are there additional needs / gaps to consider?
  - What might be funded through Innovation?
  - What will we learn through this project?
    - Measurable objectives?
    - Data needed?

Small Group Discussion

- Brainstorm the next Innovation Project
- Instructions
  - Break into small groups
  - Elect a Recorder / Reporter
  - Brainstorm ideas based on the needs identified in the large group discussion
    - Project Idea
    - Learning Question
    - Rationale / Challenge

Report-Out and Summary

- Small Group Innovation Concept Report Outs
  - In 1-2 sentences, describe your innovative mental health treatment idea.
  - What is the research, or learning question, your idea would test?
  - Why is this project needed in San Joaquin County?

Next Steps

- E-mail your Innovation ideas by Friday February 6th.
  - kaycerane@ranecd.com
- For further information:
  - www.sjgov.org/mhs
  - www.sjmhsa.net
    - Document Center to see the Current Three Year Plan

THANK YOU

San Joaquin County Behavioral Health Services
MHSA Planning Process

Per State of California guidelines, we must report demographic information on planning participants. This information will be kept confidential and used for reporting purposes only. You may decline to answer these questions.

- ☐ I decline to answer the demographic questions

Please indicate your age range:

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

Please indicate your gender:

- ☐ Male
- ☐ Female
- ☐ Transgender

Please indicate the primary language spoken in your home:

- ☐ English
- ☐ Other: _____

Consumer Affiliation (check all that apply)

- ☐ Mental health client/consumer
- ☐ Family member of a mental health consumer

Stakeholder Affiliation (check all that apply)

- ☐ County mental health department staff
- ☐ Substance abuse service provider
- ☐ Community-based/non-profit mental health service provider
- ☐ Community based organization (not mental health service provider)
- ☐ Children and families services
- ☐ K-12 education provider
- ☐ Law enforcement
- ☐ Veteran services
- ☐ Senior services
- ☐ Hospital/ Health care provider
- ☐ Advocate
- ☐ Other: _____

What is your race ethnicity?

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Southeast Asian
- ☐ Other Asian or Pacific Islander
- ☐ American Indian/Native American/First Nations (including Hawaiian and Alaskan Native)
- ☐ Mixed Race: _____
- ☐ Other: _____

Please return to facilitator upon concluding the meeting. The demographic information is confidential. Your name WILL NOT be connected to your response.

Feedback Form:
San Joaquin MHSA Planning 2015

Overall, how well did this meeting meet your expectations? (Please check one)			
☐ Very Well	☐ Well	☐ Slightly	☐ Not At All
What about this meeting worked well?			
How would you improve this meeting?			

Feedback Form:
San Joaquin MHSA Planning 2015

Overall, how well did this meeting meet your expectations? (Please check one)			
☐ Very Well	☐ Well	☐ Slightly	☐ Not At All
What about this meeting worked well?			
How would you improve this meeting?			

San Joaquin MHSA Planning 2015 – Feedback Form

Cesar Chavez Library, Stockton – January 14, 2015

Very well	Well	Slightly	Not at all
6	2	0	0

What about this meeting worked well?	How would you improve this meeting?
Intervention : Coming up with strategies benefiting BHS and MHS	Effective meeting for MHSA information
Very well organized, great community representation	
I really enjoy breaking into groups and talking with others and learning we all want to reach out more to help.	Being able to do more group activities
Liked working in small groups a lot	By allowing a few more minutes to table time to discuss things
Spacious, could clearly hear speaker. Nice sharing with other agencies	No recommendations
Setting, presenter, small group format	
Organized, clear/good speaker, slides clear	Parking, BIG challenge
Discussing ideas	Making parking accessible, only one hour parking available

San Joaquin MHSA Planning 2015 – Feedback Form

Gibson Center – January 26, 2015

Very well	Well	Slightly	Not at all
14	8	0	1

What about this meeting worked well?	How would you improve this meeting?
▪ This is education to understand what consumers are in need. Voicing out concern. ▪ I learned a lot ▪ Well inform ▪ It just was needed; I believe we need more meetings. Information is very good. ▪ Implementation update. ▪ I have learned more about what we need ▪ People are talking more about their needs ▪ Our consumers were heard. ▪ Because I talked about interesting topics. ▪ Having consumers be able to address our matters in and safe place we feel very comfortable enough to speak out our matters and concerns. ▪ New topics ▪ The great ideas ▪ The small focus groups ▪ Large group discussion was great. ▪ Keep me thinking about life to proceed on a different situation for my life support and provide more items to discuss, more about my treatment or medication. ▪ About the meeting worked well is easy and you cannot be disappointed with that. ▪ Very well. ▪ Some of the advice people said like DMV or housing.	▪ The meeting was well organized and a lot of information ▪ Working to it. ▪ Advertise ahead of time more. ▪ Better seating situation ▪ Just to have more meetings. ▪ Start doing more for the consumers. ▪ It really good already. ▪ More time, bigger space ▪ More talk about transportation to and from places like grocery store. It's hard to carry the groceries on foot. ▪ More topics is about consumer is and their needs. ▪ Need not to improve. ▪ By going everywhere were every mental health client needs to know so we can have more ideas and input them together to have better resources. ▪ Keep small group focus teams. ▪ The meeting went very well; it was long and very informal. ▪ That the meeting has to be daily.

San Joaquin MHSA Planning 2015 – Feedback Form

SJC Public Health Services, Stockton – January 30, 2015

Very well	Well	Slightly	Not at all
14	5	1	0

What about this meeting worked well?	How would you improve this meeting?
Brainstorming and discussion. The group came up with great ideas	More advance notice. I received the announcement yesterday.
Food, the conversations, the information given was important. The small group conversation was good	I just didn't know who was in the room. What kind of resources was there? We didn't have an introduction of professionals.
I loved the great convo	Narrow down to one plan
Really enjoyed hearing everybody's ideas	It is great already
Listening to the different ideas available, resources	
Open discussion with an involved	More meetings monthly
Facilities	Small group discussion
Very informative, wanted to share the huge need for mental health in our schools. You need to meet students where they are… SCHOOL. There currently are very little our students with mental health issues	How about finding a way to identify (those roaming the streets, e.g., using St. Mary's Interfaith clients) who want recovery and providing services to them
As a new board and care, this was great information to hear	Make sure that I don't miss any of the meetings
Group discussion	
Lots of good ideas	
Ok	Move family and clients Stockton is not Stanford
Open discussion – great feedback	It was great!
Worked very well	
Discussion was good, small groups allowed a chance to find solutions	
Small groups	More time
Interesting group ideas – "outside the box" fostered	
Large and small groups worked very well in terms of brainstorming and coming up with a plan	

San Joaquin MHSA Planning 2015 – Feedback Form

Notes:
Will they….can they….
Will they, can they service me
Will they, can they respect me
Will they, can they help with my integrity
Will they, can they help me with my recovery
Will they, can they stop stigmatizing
Will they, can they just CARE
Create availability in recovery for our environment

More therapy
I see psychiatrist every 3 months
I get medicine
I have a case manager; we talk 3 times a week
But I need therapy, talk about things in the past and right now
(as dictated)

Housing wish list
One stop place for housing help and for the homeless to get help without funding problems
Emergency help and intervention for people who can't help themselves
No funding issues (wish list)

Mental health missionary
More churches getting involved to go out into the community and/or mental health services to help in a spiritual way
More drug programs – outreach
More people properly trained as in consumers or just in the mental health field to provide the services
More volunteers/job coaches as recovery coaches (consumers)
Contracts – with employment in the area like HSA

Dial a ride service out of Gipson Center ran by consumer enclaves to get:
Grocery
Transportation to different centers
Appointments

San Joaquin MHSA Planning 2015 – Feedback Form

Recreation activity more
Camping trips
Baseball night
Monday Night Football
Snow trips
Fundraisers
Gipson Center health fair
Softball team
More money to pay consumers a living wages $10 an hour
Housing volunteers

More group meetings
For mental health consumers, more shuttle services out of area consumers
Volunteer consumer outreach team

More apartments available
More bus passes
More discounts for ID and drivers licenses
More schools, college and high school opportunities
More shuttles