Part II: Program and Expenditure Plan Requirements

Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

1) Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

Table 3. San Joaquin County Mental Health Services Act, Issues by Age Group, 2006

Children/Youth	Transition Age Youth	Adults	Older Adults
Community Issue *At risk of out-of-home placement Service Strategy Child Welfare FSP	Community Issue *Homelessness Service Strategy Housing Empowerment	Community Issue *Frequent hospitalizations and medical care Service Strategy Behavioral Intervention Services, Community Response Team	Community Issue *Access Service Strategy GOALS, SEARS, BACOP, La Familia, Native Directions
Community Issue *Involvement in Child Welfare & Juvenile Justice Systems Service Strategy Juvenile Justice FSP	Community Issue *Inability to live independently Service Strategy Wellness Center, Behavioral Intervention Services, Recovery Employment Services	Community Issue *Homelessness Service Strategy Housing Empowerment	Community Issue *Isolation Service Strategy GOALS

Children/Youth	Transition Age Youth	Adults	Older Adults
Community Issue *Frequent hospitalizations and medical care Service Strategy Community response Team	Community Issue *Co-occurring disorders Service Strategy Co-occurring Residential Treatment Program	Community Issue *Inability to Work Service Strategy Recovery Employment Services, Community Response Team	Community Issue *Homelessness Service Strategy Housing Empowerment Services
Community Issue *Co-occurring disorders Service Strategy Co-occurring Residential Treatment Program	Community Issue *Access Service Strategy SEARS, La Familia, BACOP	Community Issue *Inability to Manage Independence Service Strategy Wellness Center	Community Issue *Frequent Hospitalizations and Medical Care Service Strategy Community Response Team, Behavioral Intervention Services
Community Issue *Access Service Strategy SEARS, La Familia, BACOP, Native Directions	Community Issue *Institutionalized or Incarcerated Service Strategy Forensic FSP, Juvenile Justice FSP, Child & Youth FSP	Community Issue *Access Service Strategy SEARS, La Familia, BACOP, Native Directions	Community Issue *Inability to Manage Independence Service Strategy Wellness Center

Table 4. San Joaquin County MHSA, Underserved Ethnic Population Workgroup Results

Race/Ethnicity	Community Issues	Service Strategies
Asian/Pacific Islander	Access, Language barriers, Cultural barriers, Isolation	SEARS, CBO Consortium MHSA
Black or African American	Access, Cultural barriers, misdiagnosis	BACOP, CBO Consortium MHSA
Hispanic or Latino	Access, Language barriers, Cultural barriers, Isolation	La Familia, CBO Consortium MHSA
Native American	Access, Language barriers, Cultural barriers, Isolation	CBO Consortium MHSA
Muslim / Middle Eastern	Access, Language barriers, Cultural barriers, Isolation	CBO Consortium MHSA

2) Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including it in each.)

Multiple interrelated processes led to the selection of the community issues described below: community input from Workgroups and Consensus groups, community needs assessment and data, outreach to ethnic populations, surveys, focus groups, and one-on-one interviews was categorized and aligned with the Mental Health Services Act and the recommended priority populations set forth in the Department of Mental Health guidelines. Community input was then ranked in terms of frequency of response and matched to an extensive analysis of census and agency data provided estimates of the numbers of unserved, inappropriately and underserved in the county. The following community issues were chosen to be the focus of MHSA services for the next three years:

- Issue: Access. Group Affected: All

  Access to care was identified as a core issue across all age groups. Lack of access contributes to racial disparities in treatment participation and to the consequences associated with untreated mental illness. San Joaquin County is home to nearly 615,000 persons. An estimated 37,822 county residents whose incomes are below the poverty line may be expected to have a SED or SMI at any one time. Fewer than 600 or 2.75% of these people can be classified as fully or adequately served in any given year.

- Issue: Frequent hospitalizations and medical care. Group Affected: Older Adults, Adults, Children & Youth

Community input suggested an over-reliance on acute inpatient care for populations with a serious mental illness. Emergency psychiatric evaluations and hospitalizations are frequently the outcome when community-based mental health resources are not appropriately used and is more frequently seen in ethnic populations. Often the inpatient hospital provider is not equipped to manage the mental health needs of those with serious mental illnesses. A lack of knowledge about alternative community-based help and early intervention is a key issue. Additionally, a large percentage of this population receives their mental health care from their primary care physician. Primary care and mental health providers recognize that there is a need to provide integrated community-based programs and supports to prevent frequent hospitalizations.

San Joaquin County Behavioral Health Services inpatient unit, during 2004, had an average of 118 admissions per month, with an average of 42 new admissions. Thirty five percent of all admissions in 2004 were new admissions with a readmission rate of an average of 76 per month or 65%. During January to June 2005, there was an average of 114 total average admissions per month, with an average of 38 per month as new admissions. Thirty three percent of admissions, January to June 2005, were new admissions with a readmission rate of 76 average per month or 67%.

- Issue: Homelessness. Group Affected: TAY, Adults, Older Adults

Roughly 3,300 persons are homeless in San Joaquin County on any given night, the majority of these being adults. Homeless adults and older adults with serious mental illnesses face many additional life complications, such as social isolation, stigma due to their mental disorder, co-occurring disorders, lack of transportation, difficulty finding affordable housing, scarcity of in-home support services, and lack of culturally competent health services. The number one way to improve outcomes for the transitional age youth is to maintain a stable living environment. The affects of homelessness were identified as one of the biggest barriers to accessing needed mental health services for all groups.

- Issue: At risk of out-of-home placement. Groups affected: Children & Youth

A comprehensive service approach that supports the entire family was among the top issues identified by community stakeholders during the MHSA planning process.

During the year of 2005, there were 8,075 family referrals, of which many are duplicates, made to the Child Welfare Bureau with 787 new individual Child Protective Service dependency petitions filed with the San Joaquin County Juvenile Court.

The MHSA planning groups named service to foster children and their families as a high priority. In June 2004 the San Joaquin County Human Services Agency reported that 34% of the Latino children who had a referral to Child Protective Services had a substantiated referral. African American children comprise 8% of the County's child/youth population, but 22% of the County's foster care population. The experience of our professional staff indicates that many, perhaps most of these youth are in need of mental health care.

- Issue: Isolation. Group involved: Older Adults

Older adults are often more isolated than other adults as their circle of family and friends becomes smaller. Those with mental illnesses, specifically dual-diagnosis, may not receive the attention they need from health professionals. Many health professionals lack geriatric mental health expertise; thus, they do not educate, advise and encourage older adults with serious mental illnesses to seek out and engage appropriate services. Professionals and others who encounter isolated older adults frequently are not trained to assess or screen for mental health issues.

- Issue: Involvement in child welfare and juvenile justice system. Group affected: Children & Youth

In 2003, San Joaquin County has the highest overall rate of juvenile arrests (7,985 per 100,000 juveniles) of any county in California with a juvenile population greater than 50,000. Between 1992 and 2000 the number of cases entering the juvenile justice system increased by 33.7%. In 1999, with a county population of 562,500 and a juvenile population of 73,800, ages 10-17, 5,846 crimes were committed. Juvenile violent crimes increased 57.6% in San Joaquin County between 1990 and 2000. During fiscal year, 2004-2005, 25 transitional age youth (ages 18-24) were identified as receiving services within the juvenile justice system.

Mental health services to youth in the juvenile justice system are not found to be representative of the county's ethnic demographics. Latinos, Asian Pacific

Islanders, and Native American youth are underserved, while African Americans are over represented in the juvenile justice system.

MHSA planning groups identified the importance of addressing the unmet health needs of children entering out-of-home placements.

- Issue: Co-occurring disorders. Groups affected: Children & Youth, TAY

The Intensive Supervision Unit (ISU) in Juvenile Probation's Placement Department is the high end of their system. While the intent of a holistic treatment environment is to cause change, many of the youth with court placement orders wait in an impacted juvenile hall of 179 beds, while an overloaded probation officer searches for the few group homes available in hopes of getting on the top of the waiting list. Of these, the number of severely emotionally disturbed children and youth, who are self-medicating with illegal street drugs, are increasing at an alarming rate and overly represented in ethnic populations. In 2003, San Joaquin County had the highest overall rate of juvenile arrests (7,985 per 100,000 juveniles) of any county in California with a juvenile population greater than 50,000. Success in traditional residential treatment programs for these youth is poor at best. The programs are not designed for the co-occurring disorder of substance abuse and emotional disturbance or illness.

- Issue: Inability to live independently or manage independence. Groups affected: TAY, Adults, Older Adults

Seriously mentally ill TAY, Adults, and Older Adults are often unable to manage their independence and be self-sufficient due to untreated mental health issues, lack of community services and supports, and public attitudes about their capacities and abilities.

During community input from stakeholders and workgroup members, it was acknowledged that transitional age youth exiting group homes, foster care placement, and the justice system were often not equipped with the skills needed to live and manage their lives independently.

- Issue: Inability to work. Group affected: Adults

Community stakeholders ranked needs for supportive education, supported employment and community living classes very high. Mental health consumers have identified employment as a viable goal and are asking for assistance in choosing, getting, and keeping a job. Mental Health Services Act workgroups identified mental illness and emotional disorders that impair the ability to work, as well as the lack of related employment supports for persons with serious mental or emotional challenges as a major problem.

- Issue: Institutionalized or Incarcerated. Group affected: TAY and Older adult

Many mentally ill TAY (transitional age youth) in the county's justice system have been unserved or inappropriately served by the mental health services system prior to incarceration. It is very possible that many of these incarcerated juveniles with a SED would not have been in the justice system had adequate services been available and accessible. Many ethnic youth are particularly vulnerable to entry into the juvenile justice system. During the year 2004/2005, adult and older adult mentally ill offenders treated in county jail totaled 977. The program manager for this area, estimates this number to be at least double or closer to 1,800.

It is cheaper for California counties to send many of their troubled juveniles out of state than to keep them here. After state and federal reimbursement, it costs each county less to send children elsewhere than to deal with them at home or commit them to CYA. In San Joaquin County, the Chief Probation Officer oversees a 45-bed camp program for delinquent youth, as well as a 179-bed Juvenile Hall. Both are perpetually overcrowded with a delinquent population that overwhelms probation officers. San Joaquin's rate of commitment to both out-of-state facilities and the CYA is among the highest in the state. But as one of California's poorer counties, San Joaquin cannot afford to send its chronic nonviolent offenders to the CYA, even though there are four CYA facilities just south of Stockton.

The CYA's sliding scale fee system, imposed in 1997, charges significantly more for lesser offenders than for murderers, meaning all of California's counties have been searching for different ways to house midlevel felons. The charges are higher for lesser offenders to discourage counties from sending them into CYA prisons rather than trying rehabilitation. Typically, they are youths that have run away from at least a few group homes or probation ranches and have committed repeat property crimes such as burglary or auto theft. Usually, they have not harmed anyone seriously, or they would be eligible for low-rate CYA incarceration.

Chief Probation Officer Hope, and others, would prefer to run programs in their own counties, keeping kids close enough to have them work through problems with their families and to reintegrate them into their own communities, but they can't afford to. Probation had an average of 24 juveniles placed in out-of-state programs such as the Arizona Boys Ranch, Glen Mills Schools in Pennsylvania, Rite of Passage in Nevada, EXCELSIOR in Colorado, and VisionQuest in Arizona. In addition, Probation had an average of 102 juveniles placed in programs throughout California. Although it costs $3,679 per month for every youth sent to VisionQuest, San Joaquin County pays only about 45 percent of that because state and federal

agencies reimburse for out-of-state placements for low-income youth. Technically, delinquents are considered foster children if they are placed in unlocked facilities such as the Rite of Passage rather than in lockdown facilities such as CYA. Because the out-of-state programs typically are remote and inaccessible, they don't use locks or fences, making them eligible for foster-care dollars.

But if a similar program was started in San Joaquin County, Probation couldn't pay the same rates. County-run programs are ineligible for state and federal rebates. That's why Colusa and Solano counties foot the entire bill for Fouts Springs Camp. "Standards are so restrictive that they almost deny the ability to be creative or innovative," said Dan Macallair, associate director for the Center on Juvenile and Criminal Justice in San Francisco. Ideally, he said, counties should be able to contract for individualized services on a case-by-case basis using funding that comes with fewer restrictions. The problem with current legislative reforms is that most are aimed at modifying the existing system. What troubled youth need, he said, is a complete system overhaul.

Many probation officials agree, saying that if they were given fewer restrictions they could easily find more productive solutions inside California.[1]

3) Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.

San Joaquin County currently has a population of nearly 643,100 persons. The Mental Health Services Act is intended to transform services provided to some of the county's neediest residents: people whose incomes are below the poverty line and who have a serious emotional disorder (SED) or a serious mental illness (SMI) for which they need care. The overall poverty rate in San Joaquin County is about 14% and 86,648 persons fall below the poverty line. An estimated 40,408 county residents whose incomes are 200% below the poverty line may be expected to have a SED or SMI at any one time.

During the planning process it became evident that limited data existed for various populations that would be targeted. While information was abundant concerning African Americans, Whites, Asians and Latinos, mental health statistics and references concerning the Native American, GLBT (Gay, Lesbian,

[1] Stanton, S. & Brown, M., *"Who's Guarding the Kids",* Sacramento Bee, July 30, 1998.

Bi-Sexual, Transgender) and Muslim/Middle Eastern populations within San Joaquin County were minimal if non existent. Through extensive outreach efforts within these communities information was obtained that provided invaluable insight concerning the way these communities address mental illness.

While some cultures and ethnicities are more accepting or tolerant of mental illness, there is a stigma that all groups apply and it is that stigma that acts as a barrier to health. Some cultures do not even have a word for mental illness. One of the focus groups in the Cambodian community was very quiet until a family member started talking about her father who wouldn't come out of his room and cried a lot, then stories began being shared by many others.

In fiscal year 2004-2005 San Joaquin County Behavioral Health Services served approximately 10,996 individuals with 707 of these individuals being fully served. Fully served is defined as intensive services that closely assist and monitor a consumer's multiple needs, including psychosocial needs, medication, housing, and employment support. Intensive service provision for all consumers has been a challenge due to severe budget cuts. It is anticipated that the Full Service Partnership component of MHSA will help alleviate some of the need.

Children/Youth

Fifty percent of the low-income children/youth in the county who likely need public mental health services are Latino; 18% are Caucasian, 17% are Asian, 9% are African American, and 1% are Native American.

Penetration rates indicate that County mental health services are reaching a small percentage of the poverty population. Children and youth are served at a rate of 6.6% for full service or 416 of the estimated 6,221 children ages 0-15 with a SED in San Joaquin County that are living below the 200% poverty threshold; 233 were male and 183 were female with white males topping the numbers at 100 fully served and white females at 78 fully served. The mental health services system left 1,570 children and youth under or inappropriately served and 4,235 went without any type of service at all. Native Indian Americans had only 4 receiving full service; 3 female and one male.

There are a higher percentage of African American children in San Joaquin County in foster care compared to other ethnic groups. African American children comprise 8% of the county's child/youth population, but 22.7% of the county's foster care population. Native Americans follow their demographic a little more closely. During the period of July 1, 2004 through June 30, 2005 there were only four new entries, two re-entries and two exits from the foster care system. In 2004, 31% of African American children referred to CPS had substantiated referrals. And these substantiated referrals reflect about 2% of the total African American youth population. During 2004, the 'other' ethnic category, which includes the Middle Easter/Muslim population, had the highest population of children with substantiated CPS referrals. 'Other" had 1,332 out of 2,937 which was the total for all ethnicities. When looking at race/ethnicity, African American

(17.9%) and Latino (17.8%) children have the highest percentage of recurrence and inappropriate treatment that is often entry into treatment at a higher level of need.

San Joaquin County reported 627 dropouts in the 2003-04 school year, of which Latinos comprised 42%, Caucasians 24%, African Americans 15%, and Asians 12%. San Joaquin County is the host to a large migrant population. There were 13,105 children ages 0-13 registered with the San Joaquin County Migrant Education Department in 2003/04.

Incarceration among the youth in San Joaquin County is prevalent. Data from 2002 indicated 8,147 arrests per 100,000 juveniles putting San Joaquin County's juvenile arrest rate 55% higher than the state average. The juvenile felony arrest rate followed the same trend at 68% above the California state average. As stated earlier, mental health services directed towards children and youth within the juvenile justice system are not representative of the county's ethnic demographics. Latinos, Asian/Pacific Islanders, Muslim/Middle Eastern and Native American youth are underserved, while African Americans appear high in number, they are noted as inappropriately served and often served via a higher level of care, such as through the juvenile justice or child welfare systems.

Transition Age Youth

When the data for San Joaquin County's population of transitional age youth is divided by ethnicity it shows Native Americans comprise 2%, other 3%, African Americans 8%, Asian/Pacific Islanders 14%, Latino 40% and Whites 33%. There is an estimated 8,324 youth with a SED or SMI in San Joaquin County and of those 4,070 are living below the 200% poverty threshold.

Latinos, Asian/Pacific Islanders and 'other' are all underserved, accounting for 31.1% of the total served including inappropriate service, the underserved and those fully served. It is important to note that the Muslim/Middle Eastern population of San Joaquin County makes up a large proportion of the 'other' category.

Two populations demonstrated the least number of fully served members. Among the Native American and 'other' populations a total of eight transitional age youth received full services, four from each group. Sixty nine males and 56 females have received full service with white males and white females being the top two recipients following the same trend as the children and youth age group.

Transitional age youth in foster care is consistently lower than in other age groups of children. These youth are more adept at avoiding authority and professionals and therefore they are less likely to receive treatment, be incarcerated, or placed in foster care; moving between friends and relatives homes is a common occurrence. During this period of life it is also less likely that welfare systems will place a child out of the home considering they are so close to their own inherent independence as a young adult, coupled with the demands

of a system having to deal with younger age groups. Entry into care is often initiated through higher levels of care, as in the juvenile justice system or hospitalization. During the planning process, 84 homeless individuals were contacted and 5% were between the ages of 18 and 24.

Adults

The Adult (26-59) Latino population is severely underrepresented in the county's mental health treatment system. Among the many factors that contribute to this disparity are the following:

- Limited knowledge concerning mental health services and acknowledgement of mental health issues
- Barriers such as language and cultural diversity of providers
- Stigma associated with mental illness and seeking services
- Culture of family and informal support that encourages handling problems within the family and culture
- Lack of transportation
- Financial constraints
- Sociopolitical factors
- Limited services, locations and availability
- Fear of deportation

There are 297,302 persons between the ages of 26-59 years of age living in San Joaquin County or 43.8% of the county's population. Overall, 25.1% of the adults ages 26-59 are living below the 200% poverty level. It is estimated that 18,653 of those adults between the ages of 26 and 59 have a SMI and 6,984 of those people are living below 200% poverty.

Mental health services have penetrated the adult population similarly to the other three age groups. Only 158 people were considered fully served offering a penetration rate of 2.1% of the target population. This is the second highest penetration rate among all four age groups with Children and Youth being the highest. Of the 158 people, 57 were males and 101 were females and the ethnic group receiving the highest number of consumers served, as a percentage, was White with African American coming in second.

Adult, Asian/Pacific Islanders represent 11% of the county population, 14% of the poverty population and 20% of the adult consumers served, and African Americans represent 8% county population, 10% county poverty population and 12.7% of all adults served, while Hispanics represent 34% of the county population, 43% of the poverty population and only 13.3% of those served in the adult age group. While African Americans appear to be well served, they are often not served appropriately with diagnosis only after their illness has escalated, putting them into higher levels of care or within the justice system.

Older Adults

There are 89,296 person ages 60 years and older living in San Joaquin County, representing 13% of the total population in 2005. The projected number of persons, ages 60 plus in 2010 will be 112,072. In contrast to younger ages, where male and female populations are similar, the female population comprises 61%. While the rest of the population is project to grow by 15.3%, the population of over 60 is projected to grow at a rate of 20%. This trend compels us to reach out to this often isolated population.

Whites represent 63% of the population with Latino following at 16%, Southeast Asian at 12% and African American at 6%. The population living under 200% of the Federal Poverty Level (FPL) in the Older Adult age group is 24,436 or 12% of the poverty population. Relatively speaking, older White, African-American and Asian/ Pacific Islander adults are more strongly represented in the treatment system while Latino older adults are highly underrepresented (total served Latinos represent 11.5%, yet comprise 18% of the county poverty population).

There are an estimated 1,636 low income older adults with SMI and only 6 who are fully served. Under or inappropriately served older adults total 1,160, and unserved are estimated at 3,710. The total of unserved, under or inappropriately served older adults total 4,870. The unserved is estimated at 76% of the number of older adults in poverty with severe mental illness.

Across all age groups, a consistent finding in San Joaquin County's penetration and usage data analysis is that Latinos and African-American are underrepresented in the mental health system.

4) If you selected any community issues that are not identified in the "Direction" section above, please describe why these issues are more significant for your county and how the issues are consistent with the purpose and intent of the MHSA.

Not applicable, all identified community issues were in the "Direction" section above.