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

Mental Health Services Act

2012-13 Annual Update
to the
Three-Year Program and Expenditure Plan

DRAFT Plan
May 18, 2012

Public Hearing:
June 20, 2012 at 6:00pm

Acknowledgements

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

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

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COUNTY CERTIFICATION

County: San Joaquin

County Mental Health Director		Project Lead	
Name:	Victor Singh	Name:	Frances Hutchins
Telephone:	(209) 468-8750	Telephone:	(209) 468-8750
E-mail:	vsingh@sjcbhs.org	E-mail:	fhutchins@sjcbhs.org
Mailing Address: 1212 N California Street Stockton, California 95202			

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

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interest and any interested party for 30 days for review and comments and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

AB 100 (Committee of Budget-2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, AB 100 deleted the requirements that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

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

All documents in the attached FY 2012/13 annual update are true and correct.

Victor Singh
Mental Health Director/Designee (PRINT)

Signature

County: San Joaquin

Date: _____

II. Description of Community Planning Process

Community Program Planning and Local Review Processes were conducted for this Annual Update in accordance with Title 9 of the California Code of Regulations, sections 3300 and 3315.

Community Program Planning relating to the 2012-13 Annual Update for Mental Health Services Act (MHSA) funded programs began in fall 2011. The planning team is comprised of Victor Singh, Director of Behavioral Health Services, Frances Hutchins, Deputy Director of Administration, Becky Gould, Deputy Director of Culturally Based Mental Health and Substance Abuse Services, and Kayce Rane of Rane Community Development, a consulting firm with mental health planning expertise.

During 2011-12, the primary venues for planning are regularly convened monthly meetings of the San Joaquin County Mental Health Board, community meetings open to interested stakeholders, and focus groups with consumers and family members.

The Mental Health Board meets on the third Wednesday of the month from 6-8 pm. Meetings are open to the public, and any participants are always invited to join the planning dialogue. Members of the Mental Health Board are appointed to positions by the Board of Supervisors. The Mental Health Board receives monthly updates from the Behavioral Health Director and incorporates MHSA program activities into its broader agenda of strengthening all programs and departments within mental health.

Starting in fall 2011 the following major topics related to the 2012-13 Annual Update were discussed by the Mental Health Board.

- A review of the improvements in consumer outcomes as a result of new services designed to reduce the need for inpatient hospitalizations.
- Ongoing discussion regarding the implementation of services to reduce the criminalization of the mentally ill, including evidence based practices for law enforcement and justice personnel.
- Ongoing discussion of the California budget crisis and implications for mental health services.
- Accomplishments and outcomes of mental health services.

<u>Participation in May Community Meetings</u>

Community meetings held in May 2102 served as both an opportunity to provide an update on progress made towards implementing and achieving targeted goals and objectives as well as an opportunity to receive feedback on perceptions of services and recommendations for ongoing planning and initiatives. The series of meetings was launched on May 1,2012, starting with a presentation to the Board of Supervisors and a declaration of May as Mental Health Month in San Joaquin County.

Subsequent public meetings were convened in Tracy, Stockton and Lodi. Meeting flyers were distributed to all individuals on a consolidated MHSA planning e-mail list that has been compiled since the onset of MHSA planning. Flyers also included statements in Spanish and Cambodian ensuring that meeting translation services were available for interested individuals. Meetings were held during both business and evening hours.

Thirty individuals participated in the three public meetings. Two-thirds (66%) of the participants self-identified themselves as consumers, family members of consumers, or both. Representation was relatively evenly split between adults 26-59 and adults 60 and older; one-third of the participants were

male. Most meeting participants were White/Caucasian, though over one-third identified as African American, Asian/Pacific Islander, Hispanic/Latino, or some other race/ethnicity.

Local Review Process

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

The 23-hour CSU has been a productive addition to services.

The funds provided from Prop 63 have had a great impact on our community in having the capacity to respond to youth in crisis appropriately and effectively.

Schedule of Stakeholder Process Meetings

Tuesday, May 1, 2012 9:00	Board of Supervisors Meeting	Receive 2010-11 Summary Annual Report
Monday, May 7, 2012 5:30 to 7:00 pm	Public Stakeholder Meeting in Tracy, CA	Receive comments from stakeholders in South County.
Tuesday, May 8, 2012 1:00-2:30 pm	Public Stakeholder Meeting in Stockton, CA	Receive comments from stakeholders in South County.
Thursday, May 15 5:30-7:00 pm	Public Stakeholder Meeting in Lodi, CA	Receive comments from stakeholders in South County.
Friday May 18, 2012 By 5:00 pm	Draft Annual Update Posted for Public Comment	Begin the 30-day Public Comment Period
May 18 to June 20, 2012	30-day Public Comment period	Provide community with additional opportunity to review plan and submit comments
Tuesday, June 12 1:00- 2:30 pm	MHSA Planning Stakeholder Steering Committee	Review of Plan and receive comments
June 20, 2012 6:00 pm	Public Hearing – Mental Health Board	Review of Plan and receive comments
T.B.A.	Board of Supervisors Meeting	Approval of Plan

II. a. Summary and Analysis of Substantive Recommendations

Feedback from community meeting participants was generally positive. Several individuals commented on service improvements or staff that had helped them. Though feedback was generally positive, there were ongoing substantive recommendations for continued improvements. The following analysis summarizes the main themes that emerged.

Substance Abuse Services: Substance abuse services and mental health services should be better integrated. Place more effort on developing clear protocols and treatment strategies for responding to dually diagnosed individuals, including protocols to diagnose and treat children and youth with dual disorders. Detoxification and treatment services need to be expanded to serve more individuals and to build children/youth capacity.

Stigma and Discrimination: Stigma and discrimination continues to be a barrier for individuals to seek mental health treatment. Additional work is needed especially with the Southwest Asian (Muslim) and Southeast Asian communities. In particular as school districts continue to advance their own capacity for mental health services they may need support in developing culturally and linguistically sensitive family treatment approaches. Behavioral Health Services (BHS) should partner with school districts to help develop strategies for schools to leverage the good, existing work of cultural brokers and full service partnership contractors who are working in underserved and historically inappropriately served communities.

Integration with Primary Medicine: Continue to train family medicine providers and provide outreach to physician groups on the availability of consultation with Behavioral Health Psychiatrists. Continue to build the capacity of primary care physicians to identify, treat, and manage moderate mental health disorders such as chronic depression.

Children and Youth Services: Focus on reducing hospitalizations of children. Provide more integrated and aligned family support services, including outreach, education, and linkages to support services within the first 30 days of a mental health diagnosis. Continue to expand WRAP protocols and joint case planning with Children's Services and Juvenile Probation. Increase the use of family based assessments and support services.

Adult Treatment Services and Supports: Continue expansion of telemedicine options, including links available in more places consumers are likely to frequent such as in the offices of primary care physicians or school counseling departments. Develop opportunities for consumers to consult with medical staff on the experiences of taking new medications, including check-ins on possible side-effects.

Housing: Expand housing opportunities for individuals with mental illness. Develop strategies that integrate mental health support services with housing, including medication management.

Barriers to Access:
Continue to address barriers to access including transportation and child care.

III. Notable Community Impact 2010-11

In 2010-11, BHS made strides toward all of its strategic priorities. During this time:

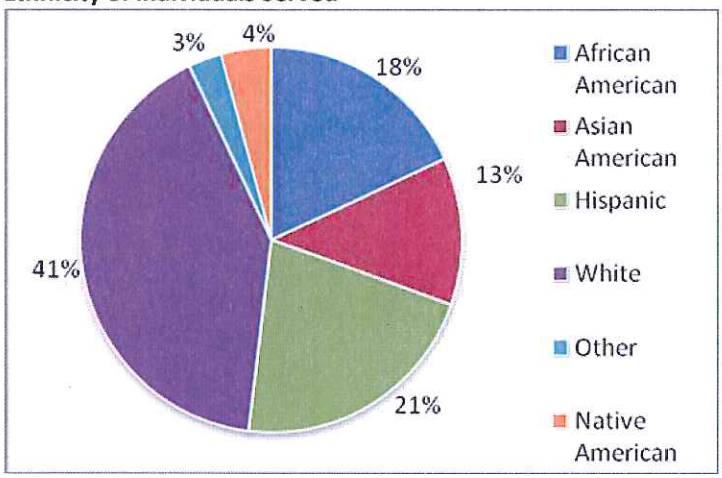
- Hospitalizations were significantly reduced
- Access was increased for all mental health consumers
- More individuals from traditionally underserved populations accessed services
- Collaborations were built to help stop the criminalization of people with mental illness
- Community partnerships expanded and strengthened to better meet consumer needs
- Organizational efficiencies were put in place to lower costs without sacrificing the quality of services or consumer satisfaction

Mental Health Services Overview

Programs and services are provided with a broad view of bringing health and excellence to all individuals seeking mental health service and are grounded in current evidence based practices. Program activities are collaboratively designed by mental health consumers, family members, community stakeholders, and behavioral health staff to help consumers reach their own goals for health, wellness, and recovery.

- Unique Individuals Served: 14, 097

Ethnicity of Individuals Served



Strategic Priorities

The 2010-11 strategic priorities emphasized the following goals:

- Improve consumer outcomes
- Improve access to services
- Increase community capacity
- Ensure customer satisfaction
- Improve fiscal health

Highlights from this year are described below according to each of these priority areas.

Improving Consumer Outcomes

Frequency and duration of hospital admissions is a primary indicator of health status. The average number of individuals admitted to the County's Psychiatric Health Facility (PHF) and the length of those hospitalizations provide a measure of the overall health and well-being of mental health consumers.

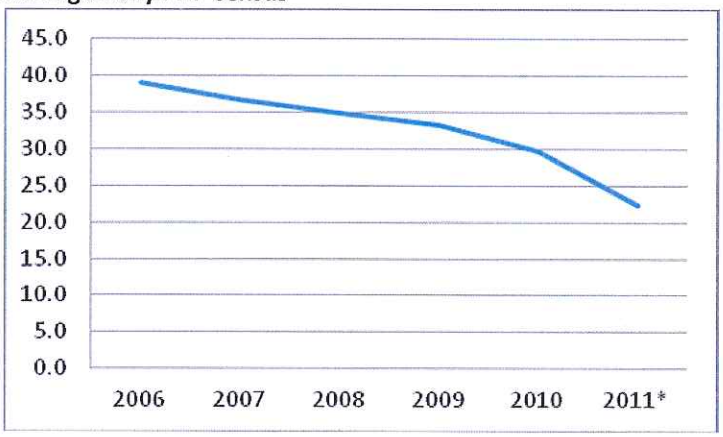
Goal: Reduce incidence and extent of hospitalizations

Measure 1: Reduce Incidence

- Over a 50% reduction in PHF census 2006-2011

By providing new and enhanced outpatient services, BHS was able to reduce the number of inpatient hospitalizations down to a daily average of 22.4 by June 2011. In November of 2011 the PHF was licensed and certified as a 16-bed facility.

Average Daily PHF Census

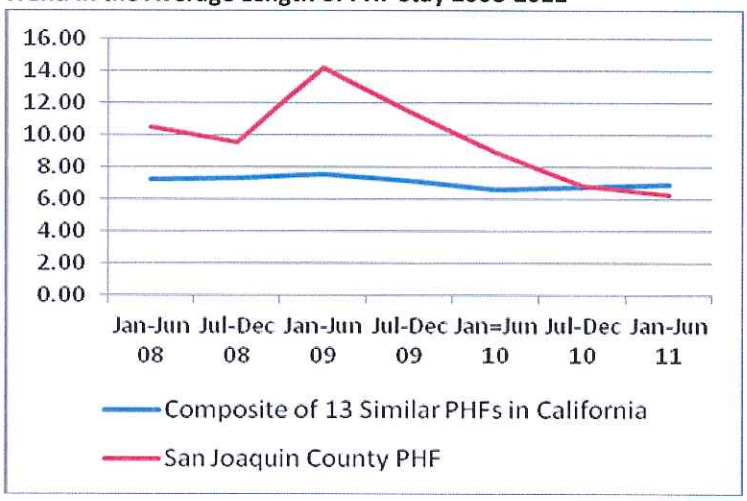


Measure 2: Reduce Length of Stay in PHF

- 50% reduction in the average length of hospitalizations
- Average length of hospitalizations aligns with similar facilities

New outpatient services and expanded residential placement programs have contributed to the reduction in average wait times as more community based support services are available to support treatment efforts.

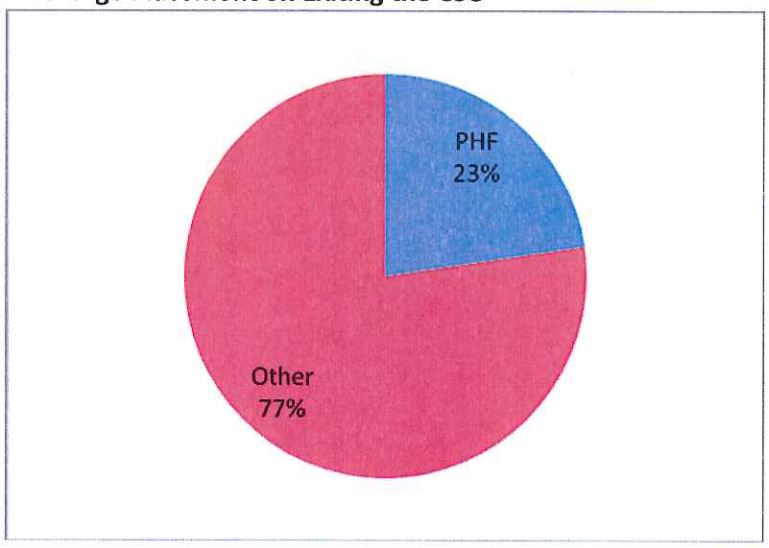
Trend in the Average Length of PHF Stay 2008-2011



Measure 3: Individuals diverted from PHF

- Over 75% of admissions to the Crisis Stabilization Unit (CSU) were diverted from PHF.

Discharge Placement on Exiting the CSU



Improving Access to Services

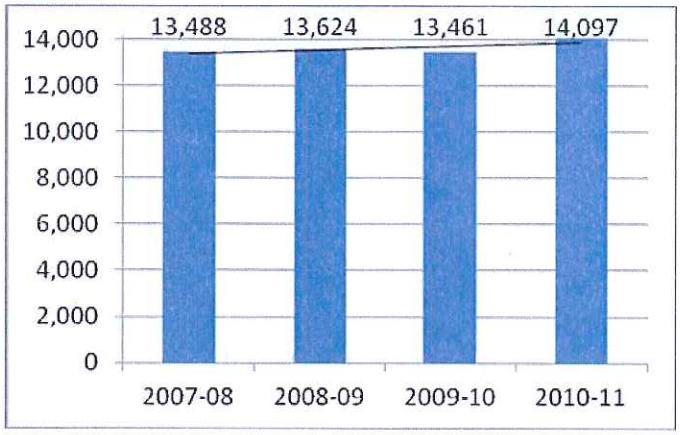
Access to health care services is critical to ensure that all individuals can manage their health and meet their own recovery goals. Over the past year BHS has seen an increase in the number and diversity of individuals receiving mental health services.

Goal: Increase the number and diversity of individuals receiving mental health services.

Measure 1: Increase in individuals receiving mental health services

- Approximately 600 more individuals received mental health services during 2010-11 over prior years.

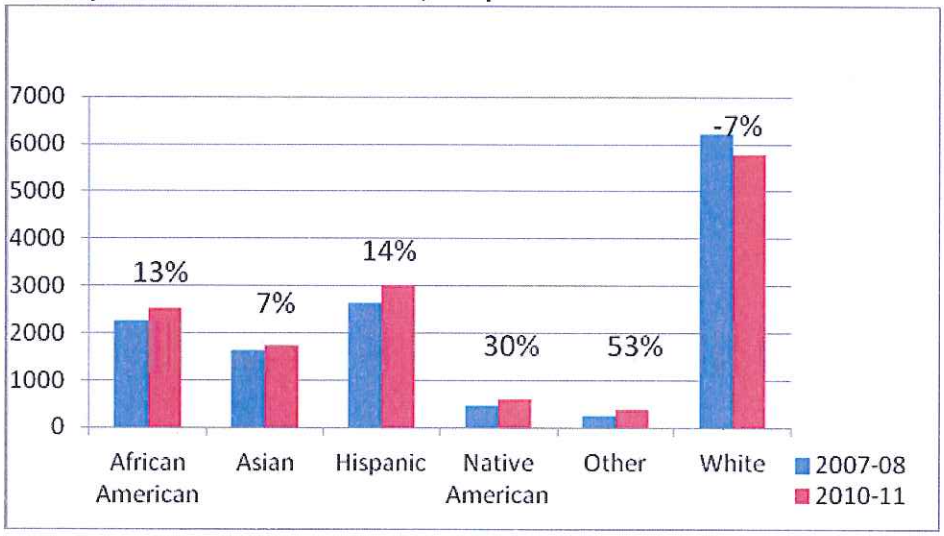
Trend in Mental Health Consumers Served



Measure 2: Increase diversity of consumers

- More ethnically diverse populations are receiving services compared to 2007-08

Ethnicity of Mental Health Consumers, Comparison of 2007-08 to 2010-11



Since 2007, the creation of specialty clinics targeting diverse populations and increased partnerships with community stakeholders has significantly impacted outreach, engagement, and service delivery to diverse populations.

Measure 3: Increase Staffing

- Three new psychiatrists, two new psychiatric nurse practitioners, and expanded telemedicine has increased the availability of psychiatric interventions.

In late 2011 BHS received approval to hire staff to fill 20 existing, vacant direct service positions. These positions are currently in the process of being filled and represent the first new positions after several years of attrition. And positions for consumers and family members have doubled since 2007, underscoring BHS's commitment to consumer-driven mental health services. BHS has engaged three new psychiatrists specializing in children and youth with mental health disorders. This increase in psychiatric staffing has significantly reduced wait times for a first time assessment for children and youth services.

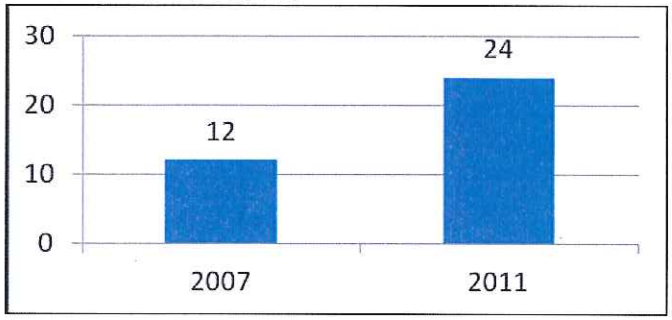
There should be no "wrong door" to mental health services. When someone is in crisis and seeking help, every door should be the right door.

-Family Member

Measure 4: Increase cultural competency

- 50% increase in positions designated to be filled by consumers or family members

Consumer Positions at BHS



Over the past five years BHS has created or assigned twelve more positions that are designated consumer positions, for a total of 24.

- Seven community based organizations received funding for cultural brokers to help serve as cultural liaisons between mental health services and traditionally underserved or inappropriately served communities. Reducing stigma and discrimination towards individuals with mental health illnesses is a major component of their work.

Increase Capacity of Community Partners

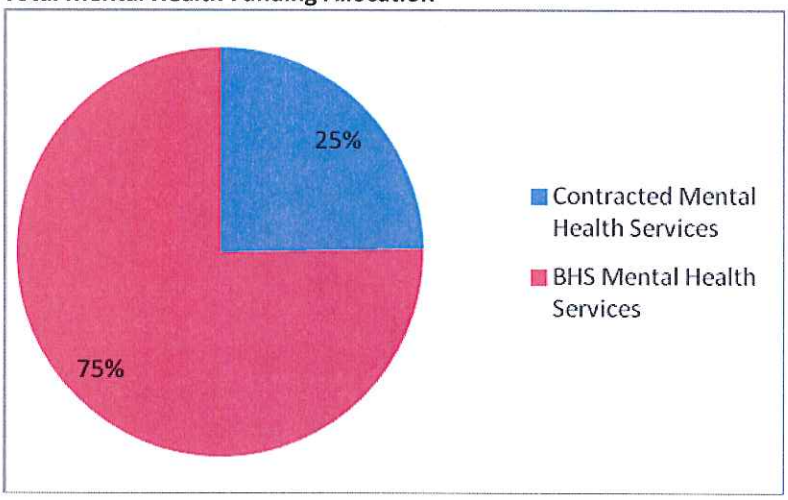
In 2009-10, reduced state and federal financing forced cuts in BHS-funded community-based services. BHS has now restored contracts to nearly all community service partners whose funding was reduced in 2009-10, thereby significantly increasing mental health capacity throughout the community.

Goal: Mental Health related services are widely available within the community.

Measure 1: Proportion of mental health funding allocated to community partners

- 25% of total mental health funding ($17.5 million) is allocated to community based partners.

Total Mental Health Funding Allocation

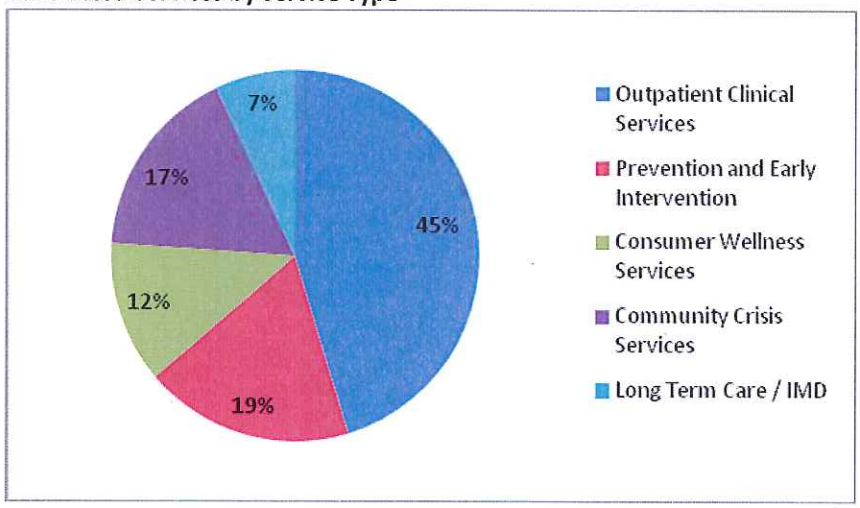


BHS is committed to creating a mental health service system that is responsive to the diverse needs of San Joaquin County. Funding numerous community partners helps ensure that there are more "right" doors to mental health services.

Measure 2: Contracted mental health services respond to a range of demographic and service needs.

- 47% of contracted mental health services address the needs of children and youth.
- 55% of contracted mental health services address complex needs beyond outpatient services such as housing supports, employment assistance, and interventions for at-risk children, youth, and families.

Contracted Services by Service Type



Consumer Satisfaction

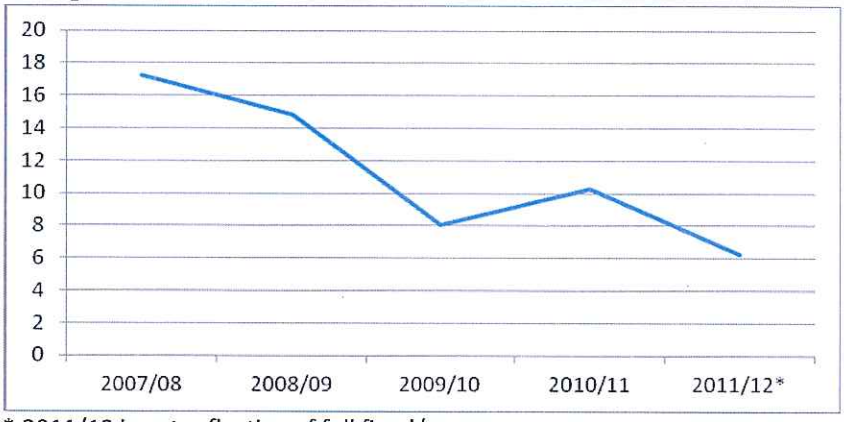
Consumer satisfaction helps ensure that services are responsive to consumer and family members needs and are reflective of a commitment to consumer-driven care practices.

Goal: Meet and exceed expectations for high quality treatment and support services.

Measure 1: Decrease consumer grievances

- 64% decline in average monthly grievances from 2007-08

Average Grievances Received Each Month

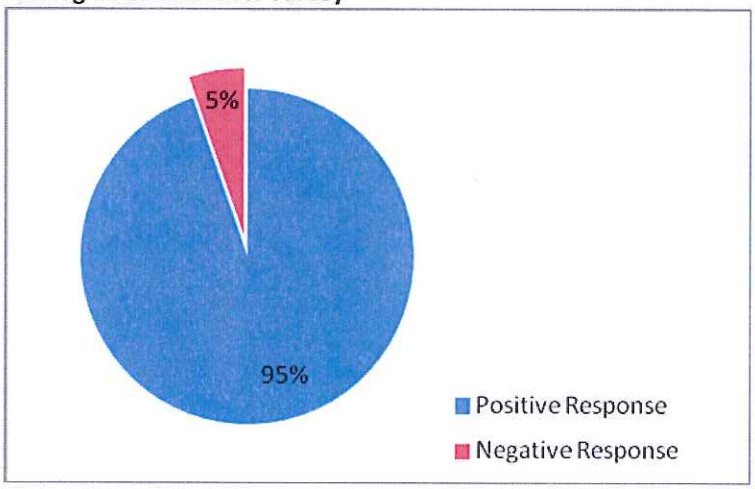


* 2011/12 is not reflective of full fiscal/year.

Measure 2: Meet or exceed 90% consumer satisfaction rates

- 95% of consumers responding to a survey question (n=732) reported "I like the services that I receive here."

Finding from Consumer Survey



An eight question customer satisfaction survey was distributed to mental health clinics in October 2011. The survey was distributed to all consumers receiving mental health services during a four week period. Survey completion was optional and not everyone given a survey returned it. Survey responses were anonymous and questionnaires were made available in English, Spanish, and Cambodian. Survey results were also shared with the Consumer Advisory Council for consideration and discussion on program performance and areas for improvement.

Measure 3: Reduce costs

- Three consecutive years of service fee reductions

Fees for mental health services are based on a state mandated formula that calculates overall cost of providing services compared to the number of services provided. As clinician productivity has increased BHS is both serving more consumers in a timely fashion as well as lowering any out-of-pocket costs that may be associated with their visits.

Improve Fiscal Health

BHS is working hard to increase organizational efficiencies to lower costs while maintaining and enhancing the quality and quantity of services delivered. Simultaneously BHS is strengthening its fiscal health by pursuing new grants and developing new services to maximize potential Medi-Cal revenue.

Goal: Maintain or exceed available mental health funding to support program activities despite federal and state budget cuts.

Measure 1: Increase the number of units that are eligible to bill Medi-Cal for services

- The PHF and the CSU received licensing and certification designations allowing these units to bill Medi-Cal for any services provided to Medi-Cal recipients (most of the consumers served).

  Total new revenue realized = over $700,000 in an eight month period of 2011-12.

Measure 2: Acquire additional grant revenue to support program improvements and community partnerships

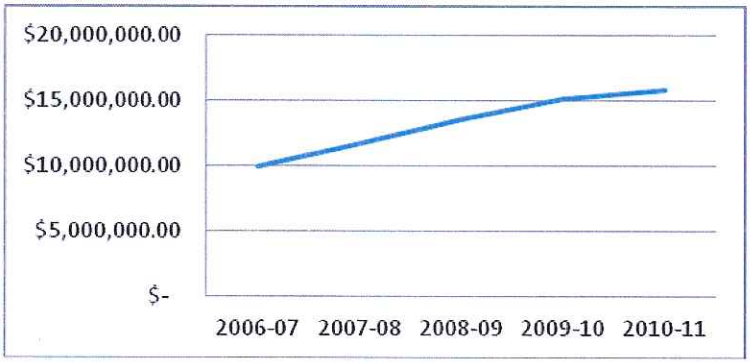
- Awarded two new grants in partnership with San Joaquin County Probation and Sheriff's Office to support justice and mental health collaborations in support of the public safety realignment.
  - $650,000 to San Joaquin County
- Partnered with Health Care Services and a coalition of agencies to submit and implement three new grants in support of health care reform efforts.
  - $960,000 to San Joaquin County

Measure 3: Increase Medi-Cal Revenue

Historically, state allocations were the largest sources of operating revenue for mental health services. With the ongoing state budget deficit MHSA funding has become an increasing share of the total revenue received. To offset the gap realized as a result of the state budget deficit and funding cuts BHS has worked hard to maximize additional revenue sources. Increasing productivity and adding new Medi-Cal billable units has partially helped to offset the funding cuts. However even as Medi-Cal revenue has increased, ongoing budget cuts in other areas makes the task of managing costs and limiting unnecessary expenses a careful balancing act even as BHS works to expand and enhance mental health services.

- Increase Medi-Cal Revenue to Offset Budget Cuts

Medi-Cal Revenue Earned



Since 2006-07 steady increases in the number and type of program services and clinician productivity have substantially increased the Med-Cal revenue earned by BHS. However Medi-Cal reimbursement rates are dropping. By the end of the current fiscal year (2011-12), Medi-Cal reimbursement rates will have declined nearly 25% over the 2009-10 rates due to statutory changes in the amount of funding received for each service provided.

IV. Description of MHSA Programs in Each of the Components

This section includes a description of the services provided by four MHSA Components:

- Community Services and Supports (CSS), including CSS Housing
- Workforce Education and Training (WET)
- Prevention and Early Intervention (PEI)
- Innovation

Planning for the Capital Facilities and Technological Needs (CF/TN) component, the fifth and final component of MHSA, is in progress and is expected to be completed in 2012. Planning for the next Innovation component will also commence in 2012. Innovation funding is intended to be used to try new, novel, and untested ideas to help new successful practices emerge.

IV. a. Community Services and Supports Component

1. Full Service Partnership

   A Full Service Partnership (FSP) is defined as a collaborative relationship between BHS and a client, and when appropriate, the client's family, through which the County plans for and provides a full spectrum of community services so that the client can achieve wellness, recovery and resilience. FSPs funded by MHSA are intended to integrate MHSA core principles: client and family driven mental health services within the context of a partnership between the client and provider; accessible, individualized services and supports tailored to a client's readiness for change that leverages community partnerships; delivery of services in a culturally competent manner, with a focus on wellness, outcomes and accountability.

   BHS designed its FSP services to focus on traditionally unserved, underserved and inappropriately served populations, creating culturally competent consumer partnerships through individualized client and family-driven mental health services and support plans which emphasize recovery and resilience. In accordance with the MHSA core principle of community partnerships, FSP services are provided as a collaborative effort between BHS and contracted community-based organizations. BHS enlisted community based organizations with specific expertise with each of the high-priority populations identified as unserved, underserved or inappropriately served. These partners provide expertise in cultural knowledge and access to the target individuals and groups in the community.

   BHS provides MHSA-funded FSP services at multiple sites throughout the County, targeted to ensure that specific ethnic groups, underserved geographic areas, and at-risk populations are served. These FSP services include outreach to identify and engage underserved and unserved individuals, psychiatric evaluation, intensive case management, and individual and group services. Intensive case management assists with restoration or maintenance of daily living activities, education of family and other support persons about mental illness, participation in peer activities such as groups and structured classes, obtaining prescribed medications, and accessing other community services such as SSI, medical, food, housing, transportation and legal assistance. Services are provided at homes, schools or other community based locations using the "Whatever It Takes" approach in reaching un-served and underserved populations.

   In 2010-11, 1,890 persons received FSP services. The FSP services and service sites are described in the table below.

MHSA Full Service Partnership Services

Service Site	*Target Population*	*Individuals Served*
Black Awareness Community Outreach Program/Multi-Cultural Services (BACOP/MC)	Adult ages 18+; African American, Muslim/Middle Eastern; Native American, and Lesbian, Gay, Bisexual, and Transgender (LGBT) communities	317 individuals 16 transition age youth 293 adults 8 older adults
La Familia Servicios Psico-Sociales	Adults ages 18+; Latino communities; Services are provided in Spanish and English.	334 individuals 17 transition age youth 293 adults 24 older adults
Southeast Asian Recovery Services (SEARS)	Adults ages 18+; Southeast Asian communities; Services are provided in Southeast Asian languages.	179 individuals 12 transition age youth 155 adults 12 older adults
Community Adult Treatment Services (Lodi)	Adults ages 18-60 in North County	200 individuals 12 transition age youth 161 adults 27 older adults
Community Adult Treatment Services (Stockton)	Adults ages 18-60 in Central County	396 individuals 30 transition age youth 354 adults 12 older adults
Community Adult Treatment Services (Tracy)	Adults ages 18-60 in South County	105 individuals 1 transition age youth 91 adults 13 older adults
Gaining Older Adult Life Skills (GOALS)	Adults ages 60 and above	131 individuals 3 adults 128 older adults
Children and Youth Services (CYS) Foster Care	Youth (to age 18) identified by the Human Services Agency and their families	63 individuals 62 children 1 transition age youth
Children and Youth Services (CYS) Juvenile Justice	Youth detained at the Juvenile Justice Center and their families.	61 individuals 51 children 10 transition age youth
Forensic Court Services	Adults returning to the community after incarceration; Mentally ill offenders	104 individuals 2 transition age adults 100 adults 2 older adults

2. Wellness Center

   The Wellness Center supports and educates consumers, family members and the community on issues concerning mental health. The Center's purpose is to reduce stigma related to mental illness through peer support, self-help groups and classes. The Wellness Center serves approximately 300 individuals each month.

3. Consortium

   The Consortium, a collaborative effort of BHS, community based organizations, consumers and family members, was established as an open forum in which to: 1) discuss ideas to reduce disparities and increase access among un-served, underserved and inappropriately served

populations; and, 2) develop strategies for effective non-traditional outreach, institute intensive engagement efforts with cultural matching, and improve service delivery to ethnic and cultural communities. The Consortium meets monthly with an average of 25-35 persons in attendance.

4. Housing Empowerment and Employment Recovery Service

   The Creating Housing Opportunities in a Community Environment (CHOICE) program, operated by the Central Valley Low Income Housing Corporation, provides one time financial support for permanent housing for persons enrolled in the FSP. In 2010-11, 223 individuals were assisted through the CHOICE program.

   The Employment Recovery Services, operated by the Community Re-Entry Program of the University of the Pacific, focuses on enhancing the job skills of persons enrolled in the Full Service Partnership. The program provides vocational assessments, information and linkages to educational institutions, job coaching and direct employment opportunities. The direct employment opportunities include part-time positions as Facility Hospitality Guides on the BHS campus. In 2010-11, 28 individuals received vocational assessments, nine individuals were linked with an educational institution and seven individuals were directly employed by the program as Hospitality Guides.

5. Community Behavioral Intervention Services (CBIS)

   CBIS, operated by the Human Services Project, provides brief behavioral intervention strategies and assists with development of skills, self reliance and empowerment. In 2010-11, 102 persons were served, including five transition-age youth, 95 adults and 2 older adults.

6. Crisis Community Response Team

   The Crisis Community Response Team (CCRT) is available 24 hours daily to respond to calls from mental health consumers, family members, law enforcement, community agencies, hospitals and the community. The Team focuses on providing education and early intervention. In 2010-11, the CCRT served 3,883 persons, of which 368 were children, 340 transition-age youth, 3,014 adults and 161 older adults.

7. Co-Occurring Disorder Residential Program

   The Co-Occurring Disorder Residential Program was initially envisioned as a high level Residential Care Facility (Level 13-14) that offered mental health and substance abuse services. Treatment components were to be provided at both the residential program and Holt School. The target group for the services was Juvenile Justice involved youth with concurrent substance abuse and mental health concerns.

   During 2010-11, a competitive Request for Proposals process to operate the 12-18 bed Residential Care Facility concluded with the announcement of a successful applicant. Following the award of the RFP several issues, including funding changes, arose that blocked the start up of the program.

   Since the inception and planning for this program, Probation has begun to use more "wrap around" services through a collaborative arrangement between the Human Services Agency, Probation, BHS and Victor Community Services and Supports. Wrap around services are an intensive, home based, individual and family model of treatment designed to support youth to successfully remain in their community. Wrap around services target behaviors to foster specific outcomes including increased school attendance and performance, decreased juvenile justice involvement, and decreased substance use and mental health symptoms.

The wrap around model has demonstrated significant success in producing positive outcomes to the extent that Probation has been able to reduce the number of youth placed at the highest level of residential treatment (RCL 13-14). Because of this success, Probation does not anticipate that it will be able to provide the number of youth required to sustain the Co-Occurring Disorder Residential Program. Neighboring counties were contacted and they too are unable to provide the number of youth required.

In addition, State regulations regarding funding for these services has changed so that much more of the cost becomes the responsibility of the County. When the project was designed, services provided under Early Periodic Screening Diagnosis and Treatment (EPSDT) were funded by 50% Federal funds, 45% State funds and 5% County funds. The State no longer provides EPSDT funding, so a full 50% of the cost is now borne by the County. In addition, funding for the residential placements was expected to be fully reimbursed by the State. Over time, the level of reimbursement has been reduced so that the Human Services Agency is responsible for a large portion of the cost.

Because of these changes, the project may no longer be sustainable. Therefore the project is now on hold while BHS reviews its options with the County.

Community Services and Supports – Housing

The CSS Housing Program provides funding for capital development and operating subsidies for the acquisition, construction and/or rehabilitation of rental housing. This supportive housing will be available for persons with serious mental illness who are homeless, or are at risk of homelessness. The County received an allocation of $6,339,500 and assigned the funding to the California Housing and Finance Agency (CalHFA) in accordance with funding requirements set by the State.

CalHFA is responsible for the review and approval of project applications and the underwriting of loans, disbursement of funds, and determinations of operating subsidies for projects as well as the continued monitoring of the project. Service First of San Joaquin has submitted an application for project funding for ten dedicated units in an 82 unit apartment project in Stockton known as Zettie Miller's Haven (ZMH). A total of $829,898 was allocated for the development costs of this project. The Section D of the application was posted in 2010-11 for public comment and submitted to the State Department of Mental Health. The ZMH project has been on hold pending additional funding from other sources.

BHS is presently working with the Corporation for Supportive Housing (CSH) to develop additional plans to acquire additional shared and rental housing for mental health consumers. CSH technical assistance and consulting services are available to the County through an agreement that CSH has with the California Institute of Mental Health.

IV.c. Workforce Education and Training Component

The Workforce Education and Training (WET) component was developed to: 1) identify occupational shortages and educational and training needs in the public mental health workforce; and, 2) assist in the development of a workforce, capable of providing client and family driven, culturally competent services, that promotes wellness, recovery and resiliency.

BHS has focused on the following four WET projects to achieve the work force development objectives and training goals: Workforce Staffing Support, Training and Technical Assistance, Mental Health Career Pathways, and Financial Incentive Programs.

Workforce Staffing and Support

Medical Staff Development: The purpose of this project is to assist BHS in recruiting the psychiatric and other medical staff required to serve the community adequately and to reduce wait times for services. The project has been focused on increasing the number of Psychiatrists and Psychiatric Nurse Practitioners in the BHS system. As a result of the program, three Psychiatrists and two full time Psychiatric Nurse Practitioners were recruited and hired in 2010-11.

Workforce Education and Training Coordination – This project was developed to assist in implementing the WET workforce development strategies. One of the duties was to oversee the County's applications for designation as a Health Professional Shortage Area (HPSA) in the area of Mental Health. The application process is complete and designations under both federal and state authorities expected to be granted in 2012. The MH- HPSA designation provides numerous benefits, including more effective professional staff recruitment through the availability of medical education loan forgiveness and J-1 and H1B visa waivers.

Training and Technical Assistance

Mental Health Training for Community Partners – A Crisis Intervention Training for law enforcement personnel was prepared in collaboration with the MHSA Crisis Community Response Team. Training was offered in September 2010 to 106 participants, 96 of whom were local police officers. In 2010-11, BHS provided five trainings in Mental Health First Aid (MHFA) to 124 individuals; including BHS employees, staff of community based organizations, community medical staff, and consumers and family members.

Workforce Training in Core Competencies – Two trainings on the California Brief Multicultural Scale (CBMCS) were offered to 37 individuals.

Mental Health Career Pathways

Entry Level Career Pathways – In order to assist consumers in gaining employment, BHS developed an Employment Team that offered pre-employment peer run groups, pre-employment classes, and community skill building groups. In 2010-11, 69 clients attended the peer run groups, 77 clients attended both the pre-employment classes and the community skill building groups. Eighteen of the participating clients gained employment and nine attended school with the assistance of the Employment Team.

Other portions of this project were not pursued in 2010-11 as there were minimal opportunities for consumer employment due to the economic downturn. BHS was unable to fill many vacant staff positions. The unemployment rate in the County averaged 15.9%. BHS has plans to develop both entry-level career pathways and entry level employee support as soon as employment opportunities in the area become more readily available. One of the career pathways detailed in the WET Plan involved the creation of a Behavioral Health Specialist Certificate program. The local community college has expressed interest in developing a certificate program of this type as soon as BHS and other behavioral health organizations can provide employment opportunities for program graduates

Financial Incentive Programs

Career Incentives - The WET plan includes programs to award financial incentives to employees who work in positions that are consistently unfilled, positions that face challenges in recruiting qualified applicants, and positions that require "lived experience" as a consumer of family member. Under this program, workers and students could apply for a variety of awards, including scholarships and stipends for students that agree to work for BHS after graduation, and loan assumption for new hires. Due to the lack of employment opportunities in the County, BHS has not actively pursued this project. However, in 2010, three mental health professionals working within the County each received $10,000 awards from the State's Mental Health Loan Assumption program.

IV.d. Prevention and Early Intervention Component

A portion of MHSA funding is allocated for Prevention and Early Intervention (PEI) programs and services that help prevent onset of an emotional or behavioral disorder or mental illness through education, information, supports and interventions for children, transition age youth, adults, and older adults, as well as improve the timely access to mental health services for underserved populations.

San Joaquin County's PEI plan includes the following five components:

- Reducing Disparities in Access
- School Based Prevention Efforts
- Connections for Seniors and Adults
- Empowering Youth and Families
- Suicide Prevention and Supports

Reducing Disparities in Access

The main goal of this project is to improve the access to mental health services by reducing the barriers of stigma, discrimination and negative perceptions of mental health issues through community outreach, education and training programs. The project consists of two program components: Cultural Brokers and Mental Health 101.

Cultural Brokers: Seven community based organizations provide culturally competent and linguistically appropriate outreach and engagement services to the African American Cambodian, Laotian, Latino, Lesbian, Gay, Bisexual and Transgender (LGBT), Native American, and Vietnamese communities to inform and educate the community members about the causes and symptoms of mental illness, available local resources and treatment options as well as provide screening and referrals to BHS clinics.

Cultural Brokers, 2010-11 Individuals Served

Provider	*Individuals Served*
Asian Pacific Self-development And Residential Association (APSARA)	1,006
El Concilio (Council for the Spanish Speaking)	355
Lao Family of San Joaquin	562
Mary Magdalene Community Services	955
Native Directions	2,646
San Joaquin AIDS Foundation	393
Vietnamese Voluntary Organization (VIVO)	1,858
Total	7,775

Mental Health 101 Training: The local chapter of the National Alliance on Mental Illness (NAMI) conducted a five-week, intensive Provider Education Series for community members, BHS staff, mental health service providers, and others. This training is offered twice a year. In 2010-11, 30 individuals participated in the training.

School Based Prevention

The overall goals of this project include:

- Increased resiliency of the students by providing the supports, resources and skills they need to increase protective factors and social-emotional competence, and to reduce impulsive and aggressive behaviors such as bullying, hitting, reduce school failure due to truancy and juvenile delinquency.

- Reduced stigma about mental health issues among teachers and students so that there is a better understanding of the prevalence of mental illness and the signs and symptoms of mental health issues.

- Improved identification of youth at risk of serious mental disorders or substance abuse and increased referrals to appropriate services for timely and effective interventions.

BHS funds the County Office of Education (COE) to work collaboratively with all school districts in San Joaquin County to expand or enhance existing mental health prevention programs including prevention curriculum and training on children's mental health issues as well as to establish in-school mental health assessment procedures.

For 2010-11, COE reported that

1. 65,305 students (94% of the students in the county) received a research validated curriculum designed to increase protective factors and resiliency, enhance their skills-set in decision making, goal setting and interpersonal communications.

2. 1,300 students received counseling services.

3. 100% of the school districts administered the California Healthy Kids Survey to 7th and 9th grade students as recommended by the California Department of Education.
4. Professional development training on mental health was provided to over 1,000 educators and school counselors. Two trainings, the Emergence of Serious Mental Illness in Adolescents Training and the Co-Occurring Disorders in Adolescents, were provided in 2010-11.

To address awareness of mental health concerns among pre-school children, the Family Resource and Referral Center provided an awareness and education campaign on Mental Health in Young Children. The training was provided to 249 early childhood education professionals and child care providers in 2010-11.

Connections for Seniors and Adults

This project aims to help identify adults with mental health concerns as a result of economic, environmental or family stressors or on-going mental health issues and connect them to appropriate support services to overcome moderate mental health concerns or to transition them to more extensive mental health services.

1. The Mental Health in Older Adults Education Campaign was designed to train older adults, service providers and volunteers in the identification of mental health issues, signs and symptoms of mental illness, and community resources for clinical services. Over 90 individuals were trained in 2010-11.

2. The Connections for Homebound Seniors program trained the providers of "meals on wheels" to recognize mental health concerns among the seniors they visit and to make referrals to mental health treatment. In 2010-11, 212 homebound seniors were screened.

3. The Senior Peer Counseling Program trains volunteers to provide screening and assessment services for older adults with mild to moderate depression or anxiety disorders and to refer them to supportive counseling services. In 2010-11, 250 individuals were served through this program.

4. The Mental Health in Primary Care program is located in the San Joaquin General Hospital's outpatient Family Practice Clinic. It is designed to build the capacity of primary care physicians to identify signs that patients might require mental health services, to prescribe and manage mental health medications, and to coordinate appropriate follow-up services for identified patients. In 2010-11, 106 family practice patients were served by this program.

Empowering Youth and Families

The following programs provide a comprehensive approach in addressing the needs of youth at risk of school failure and/or juvenile justice involvement and families facing chronic unemployment or under-employment, poverty, witnessing or experiencing violence or substance abuse in conjunction with a mild to moderate mental health issue such as depression, anxiety, and anger.

1. Mentally Ill Offender Crime Reduction - This program places Mental Health Clinicians in Juvenile Detention Center to conduct mental health screening and assessments on all youth entering detention. These screenings and assessments were identified by local judges and members of the juvenile justice roundtable as critical component of juvenile justice intervention and

necessary to identify and provide appropriate early intervention programming to this target population. In 2010-11, 311 youth received services through this program.

2. Mental Health for Youth at Risk of Juvenile Involvement – A partnership between BHS, COE, Probation, and school districts, this program provides prevention and early intervention for at-risk children and youth at school sites. COE provides mental health services for children and youth identified by Probation officers and schools. As the program was launched in May 2011, there was a minimal number of youth served in 2010-11.

3. Comprehensive Youth Outreach and Early Intervention Programs – The City of Stockton Peacekeepers and the City of Tracy Mayor's Community Youth Support Network provide outreach, engagement, mentoring and prevention services to at-risk youth in the community. The City of Stockton Peacekeepers focuses on children and youth at risk of entering gangs. The City of Tracy works with multiple community based organizations to provide various mentoring and prevention programs for high risk youth. In 2010-11, a total of 602 youth received mentoring and counseling services.

4. Comprehensive Family Support Programs - These programs were designed to provide supports to high risk families. In 2010, services were provided to families with children in foster care and to parents who are veterans. The programs are intended to respond to the critical need for support services for parents 18 and over in order to prevent them from becoming involved with, and/or to divert them from, the criminal justice or child welfare systems. In 2010, 263 families with children in foster care and 979 veterans were served.

Suicide Prevention and Supports

A multi pronged approach was adopted for suicide prevention by providing direct services to at-risk youth experiencing juvenile justice involvement and by improving the capacity of community members and professionals to identify suicide ideation and mitigate actual suicide risk. Providing peer support for individuals and families to help navigate the service delivery system is another element of this project.

1. Suicide Prevention in Juvenile Hall - Because suicide behaviors are elevated for youth involved in the juvenile justice system, mental health clinicians are placed in the Juvenile Detention Center to specifically work with youth who have a history of prior suicide attempts or who are exhibiting suicidal behaviors. In 2010-11, 577 youth were served.

2. Family Advocates – BHS provides a Family Advocate through the Central Valley Low Income Housing Corporation. The Family Advocate works in partnership with the local chapter of NAMI to recruit and train volunteer peer advocates who provide peer support, information about mental health services, and assistance navigating mental health services for individuals and families who are recently learning of a diagnosis of a serious mental illness. In 2010-11, 96 individuals and their families were served.

3. Suicide Prevention Training - BHS provided two session of the Applied Suicide Intervention Skills Training (ASIST) to clinicians, mental health specialists, registered nurses, psychiatric technicians, outreach workers, community members. In 2010-11, 50 individuals participated in the training.

IV. e. Innovative Projects Component

Innovations are defined as novel or creative mental health practices/approaches that are expected to contribute to learning. The Innovation Component allows counties to "try out" new approaches that can inform current and future mental health practices/approaches. San Joaquin County's first Innovation project was approved in May 2011 with the implementation beginning in July 2011.

1. Residential Learning Communities
   San Joaquin County has selected an Innovation project which examines how residential learning communities for high-frequency users of unplanned mental health services increase consumer engagement in their own recovery. This method of implementation, which encourages consumers to find and explore their own intellectual passions while at the same time encouraging social interaction, represents an innovation to service delivery. The project will develop four unique residential learning communities which will each involve a ten person peer group whose members will jointly create the learning direction based on their shared interests. The clinical outcome from this innovation approach of using these learning communities is expected to reduce the demand/need for crisis services. The project was implemented in July 2011.

2. Redesign of Children and Youth Services
   Based on a review of the most pertinent challenges faced by BHS, and corroborated by public feedback during the current Annual Update process, BHS will begin planning for a second Innovation project that focuses on redesigning and enhancing existing mental health services for Children and Youth - with a goal of reducing hospitalizations. (See description of the current challenges below.) The planning effort is scheduled to occur July - December 2012. Implementation of the selected Innovation component will begin in spring 2013.

V. Challenges and Barriers

1. Challenge: Frequent Hospitalization of Children and Youth
   In 2012-13, Innovation planning will be reinitiated to explore unique ways to redesign, enhance, and improve Children and Youth Services. Recent findings demonstrate that the County has not been meeting designated targets set by the State for referrals to Therapeutic Behavioral Services (TBS). Though referrals are increasing, and BHS is on track to meet target goals by the end of 2012, significant concerns remain regarding mental health outcomes for children and youth. Notably, while adult hospitalizations are decreasing, hospitalizations for children are increasing. Over the past three years the number of admissions for children and youth has increased 43% and in each of the past two years ten children were admitted on multiple occasions. With over 100 admissions in the most recent fiscal year, San Joaquin County's hospitalization rate for children and youth appears to be an outlier amongst behavioral health systems; and in need of correction.

   Strategy: BHS is seeking a new, novel, and unique approach to reducing hospitalizations for children that builds upon emerging evidence for early intervention and prevention of psychosis, leverages and expands existing resources, and reorganizes the Children and Youth Services division of BHS to be more responsive to the needs expressed by children, youth and their families with regards to treatment, stabilization, and preventing symptom escalation.

The Innovation planning process framework will serve as a launch pad for research, discussion, and stakeholder involvement on how to redesign and enhance Children and Youth Services with a goal of reducing mental health related hospitalizations for children and youth.

2. Challenge: Access to Primary Health Care for Mental Health Consumers: Many mental health consumers lack access to primary health care. Several recent studies found that adults with serious mental illness are likely to die about 25 years earlier than the general population (Joseph Parks, Missouri Department of Mental Health, 2007; University of East Anglia, England, 2011). The average age of death for the mentally ill is 51 as compared to a life expectancy of 76 for the general population (Parks, 2007). Both studies found that the mentally ill die from mostly preventable diseases. Mentally ill adults are more likely than others to be obese, have poor diets, have high alcohol consumption, abuse drugs, and smoke cigarettes. They have high rates of hypertension and high cholesterol (University of East Anglia, 2011). In addition, psychiatric medications can exacerbate poor health. For example, some anti-psychotic medications can cause drastic weight gain, which is associated with obesity, diabetes and heart disease.

   Barriers to access to primary care faced by the mentally ill include stigma and discrimination, lack of knowledge and education about preventive care and screenings, lack of coordinated care between primary care and psychiatric care providers, and lack of expectations and encouragement from service providers that they should strive for healthy lifestyles or obtain general primary health care services.

   Despite their many and severe risk factors, many individuals with mental illness do not access preventative primary care regularly and often receive health care solely through hospital Emergency Rooms.

   Strategy: BHS is partnering with San Joaquin General Hospital, the Health Plan of San Joaquin, Community Medical Centers and Health Care Services to develop bi-directional integrated health care and to enhance access to primary health care for the mentally ill through the development of "health homes", health information exchanges, and co-located clinics.

3. Challenge: Stagnant and/or Uncertain Funding: With the continuing State budget crisis, the amount of funding available for mental health services has been uncertain from year to year and has not been increased. Over the past several years, mental health staff of the County and community based organizations have faced reduced salaries, reduced employee benefits and furloughs. Contracts with community-based organizations were reduced up to 15% in 2009-10, with many being restored to the previous level of funding in 2011-12. These conditions have led to reduced staff salaries and benefits, creating staff recruitment and retention issues for both BHS and contracted providers of mental health services.

   Strategy: BHS has attempted to use its MHSA funding as judiciously as possible by carefully budgeting to "even out" the peaks and valleys in funding in order to provide consistency of services. For example, the amount of Prevention and Early Intervention funding allocated to the County varied widely between 2007-08 and 2011-12. BHS anticipated the variances and carried over funds from years with higher levels of funding to those with lower levels. BHS has also addressed this challenge by working to increase Medi-Cal revenue by: increasing workforce productivity, developing new services such as the CSU, that are Medi-Cal reimbursable and

redesigning the PHF to be Medi-Cal reimbursable. Through these efforts, BHS has increased its Medi-Cal reimbursement despite a nearly 25% reduction in the reimbursement rate from 2009-10 to 2011-12.

4. Challenge: Criminalization of the Mentally Ill: The County is experiencing several forces that are driving efforts to improve the County's response to mentally ill individuals in the criminal justice system. These include recent tragic events occurring when law enforcement officers intervened with mentally ill individuals, concern over the number of attempted suicides in juvenile hall, and the high use of an underfunded criminal justice system by mentally ill offenders.

   San Joaquin County is struggling to respond to the high numbers of the mentally ill involved at all levels of the criminal justice system. The county has one of the highest crime rates in the State. The high crime rate strains the county's law enforcement resources. Between 1999 and 2006, the number of arrests in the county increased 45.7%, while state-wide arrests increased only 5.5%.

   The high jail population is also a major concern, as it is estimated that 16% of incarcerated individuals suffer from mental illness (DOJ). In the County jail, many of the mentally ill go untreated. In 2009, 29 incarcerated individuals attempted suicide. A monthly average of 141 inmates receives psychiatric medications, representing 9.73% of the total jail population and a 25% increase over the past two years. In addition, many of these individuals suffer from co-occurring substance abuse disorders. The National GAINS Center for People with Co-Occurring Disorders in the Justice System estimates that 75% of incarcerated persons with serious mental illness have co-occurring substance abuse disorders (2001).

   Strategy: BHS launched an effort to strengthen its relationship with San Joaquin County Sheriff and Probation Department; to reduce the criminalization of the mentally ill and ensure sound treatment for justice-involved individuals with mental health and co-occurring disorders. A full time mental-health clinician and substance abuse counselor are co-located at the Probation Department's Assessment Center to provide screening, assessment and referrals to former offenders on post-release community supervision.

   Additional coordination with community partners includes efforts to build local capacity to address mental health needs by training public school educators, instituting counseling programs at alternative high schools, and initiating school-based prevention and early intervention that recognizes co-occurring disorders.

5. Challenge: Co-occurring Mental Health and Substance Abuse Disorders: An increasing proportion of the mental health consumers served are affected by co-occurring mental health and substance abuse disorders which often complicates their mental health symptoms and increases their contact with law enforcement and emergency rooms.

   Strategy: BHS has developed a Co-Occurring Disorders Task Force that is challenged with integrating mental health and substance abuse treatment among clinicians in their programs and ensuring that consumer needs are met in a holistic manner. Staff are being trained to apply various levels of interventions that may help to address co-occurring disorders. Examples include educating clients about harm reduction strategies, motivational interviewing, substance abuse assessments, determining readiness for change, and other interventions.

VI. Significant Changes for 2012-13

During 2012-13, BHS will conduct a planning process focusing on redesigning behavioral health services for children, youth and their families. The process is prompted by challenges related to high rates of hospitalizations and changes to children's mental health service state funding allocations and serves as an opportunity to broadly assess current behavioral health service delivery, the needs for youth and their families and how to best address these needs.

Some areas to be addressed in the redesign;

- Increased integration with Primary Care
- Increased community, school and home based services
- Increased service to foster youth
- Decreased occurrences of crisis and hospitalization contact
- Greater utilization of evidenced based practices including family, group and brief therapy models
- Successful transition to and increased collaboration with resources for transition-age youth
- Decreased caseload size with briefer, more strategic and intensive interventions
- Greater integration with contractors and utilization of community resources
- Increase ability to address both substance abuse and mental health difficulties within the family system

The planning process will commence with a needs assessment of current services and a review of current practices. Following an initial information gathering phase, youth, families, and other community stakeholders will be invited to provide input on their perceptions and recommendations to improve services. Planning activities will be guided by the spirit and recommendations of the Mental Health Services Act as well as recommendations for developing a comprehensive Children's System of Care. It is anticipated that the planning process will result in recommended actions, one or more of which may qualify for future Innovation funding.

Three programs, designed as one-year training initiatives, will be discontinued at the end of 2011-12 as described in the County's MHSA Plan. The three programs were designed to train a large number of educators, day care providers, social service workers and other professionals and para-professionals in mental health issues. As the training has been provided and completed, the programs will end as scheduled. The programs are: 1) Mental Health in Young Children Education Campaign; 2) Connections for Home Bound Seniors: and, 3) Suicide Prevention Campaign.

Attachment: MHSA Funding Summary

FY 2012/13
MHSA FUNDING SUMMARY

County: San Joaquin County **Date:** 5/18/2012

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$17,138,712	$2,645,706		$8,163,600	$2,842,200	
2. Estimated New FY 2012/13 Funding	$12,591,000			$3,055,200	$822,700	
3. Transfer in FY 2012/13[a/]	$0	$0	$0			
4. Access Local Pruduent Reserve in FY 2012/13	$0			$0		
5. Estimated Available Funding for FY 2012/13	$29,729,712	$2,645,706	$0	$11,218,800	$3,664,900	
B. Estimated FY 2012/13 Expenditures	$18,274,482	$358,588	$0	$4,981,730	$2,019,500	
C. Estimated FY 2012/13 Contingency Funding	$11,455,230	$2,287,118	$0	$6,237,070	$1,645,400	

[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	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$11,627,409
2. Contributions to the Local Prudent Reserve in FY12/13	$0
3. Distributions from Local Prudent Reserve in FY12/13	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$11,627,409