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

# MENTAL HEALTH SERVICES ACT

# FY 2010/2011 ANNUAL UPDATE

## TO THE

## THREE–YEAR PROGRAM AND EXPENDITURE PLAN

IN ACCORDANCE WITH THE
DMH PROPOSED GUIDELINES: ENCLOSURE1 EXHIBITS A-H
RELEASED JANUARY 19, 2010

## FINAL PLAN

APRIL 30, 2010

## Acknowledgements

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

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

**Prepared by Resource Development Associates**

Project Team:

Kayce Garcia Rane, RDA, Project Lead
Brandon Sturdivant Sr., RDA
Rebecca Brown, RDA
Frances Hutchins, BHS
Becky Gould, BHS
Vic Singh, BHS, Director

**2010/2011 Annual Update**

## Table of Contents:

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

| County: | *San Joaquin* | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | ***Exhibits*** | | | | | | | | | | | | | | | | | | | |
| | | | **A** | **B** | **C** | **C1** | **D** | **D1*** | **E** | **E1** | **E2** | **E3** | **E4** | **E5** | **F**** | **F1**** | **F2**** | **F3**** | **F4**** | **F5**** | **G***** | **H****** |
| For each annual update/update: | | | ☑ | ☑ | ☑ | ☑ | ☑ | | ☑ | ☑ | | | ☑ | | | | | | | | | |
| **Component** | **Previously Approved** | **New** | | | | | | | | | | | | | | | | | | | | |
| ☑ CSS | $15,089,805 | $ | | | | ☑ | ☑ | ☐ | | ☑ | | | | | ☐ | ☐ | | | | | ☐ | ☐ |
| ☐ WET | $ | $ | | | | ☐ | ☐ | ☐ | | | ☐ | | | | ☐ | ☐ | | | | | | |
| ☐ CF | $ | $ | | | | | | ☐ | | | | ☐ | | | ☐ | | ☐ | | | | | |
| ☐ TN | $ | $ | | | | | | ☐ | | | | ☐ | | | ☐ | | | ☐ | | | | |
| ☑ PEI | $4,905,600 | $ | | | | ☑ | ☑ | ☐ | | | | | ☑ | | ☐ | | | | ☐ | | | |
| ☐ INN | $ | $ | | | | | ☐ | ☐ | | | | | | ☐ | ☐ | | | | | ☐ | | |
| **Total** | $19,995,405 | $ | | | | | | | | | | | | | | | | | | | | |

| | |
|---|---|
| **Dates of 30-day public review comment period:** | March 26, 2010 - April 25, 2010 |
| **Date of Public Hearing(*****):** | Monday, April 26, 2010 |
| | |
| **Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:** | February 26, 2010 |

*Exhibit D1 is only required for program/project elimination.

**Exhibit F - F5 is only required for new programs/projects.

***Exhibit G is only required for assigning funds to the Local Prudent Reserve.

****Exhibit H is only required for assigning funds to the MHSA Housing Program.

*****Public Hearings are required for annual updates, but not for updates.

2010/2011 Annual Update

# 2010/2011 Annual Update

# 2010/2011 Annual Update to the Three-Year Program and Expenditure Plan County Certification (Exhibit B)

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**2010/2011 Annual Update**

| County Mental Health Director | Project Lead |
|---|---|
| Name: Vic Singh | Name: Frances Hutchins |
| Telephone Number: (209) 468-8750 | Telephone Number: (209) 468-8750 |
| E-mail: vsingh@sjcbhs.org | E-mail: fhutchins@sjcbhs.org |
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[1]

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

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

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

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

All documents in the attached FY 2010/11 annual update/update are true and correct.

Mental Health Director/Designee (PRINT) Signature

Date

Victor Singh

4/29/10

[1] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

# COMMUNITY PROGRAM PLANNING PROCESS (EXHIBIT C)

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***Instructions: Please provide a narrative response and any necessary attachments to address the following questions.***

***County: San Joaquin Date: March 26, 2010***

## 1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input:

In December 2009, San Joaquin County Behavioral Health Services (BHS), with assistance from Resource Development Associates (RDA), a consulting firm specializing in community-based strategic planning processes, launched the MHSA component of the planning process. This "Planning Team" sought to incorporate stakeholder participation to:

- Reexamine the county's mental health needs
- Prioritize strategies which best respond to community needs and most effectively leverage resources.
- Generate ideas for developing a more inclusive system of care that connects mental health consumers to community assets

In convening stakeholders for input regarding the annual update, the RDA team utilized a multi-layered process where stakeholders with broad-ranging connections to mental health services were involved. The process included:

- Staff and Community Key Informant Interviews
- Strategic Planning Sessions (Management Meetings)
- Public Meetings
- Strategy Round Tables

**Staff and Community Key-informant Interviews**

On behalf of the planning team RDA staff convened key-informant interviews with consumers, staff and community partners. The objective was to reach the widest range of stakeholders possible to facilitate an opportunity for meaningful and extended conversations about the County's strengths, challenges and needs. In addition, through in-depth questions, stakeholders were probed about how County services could be better aligned to serve in a preventative capacity. Between December 2009 and March 2010, 55 stakeholders that represented the gamut of mental health service experience were contacted, from which 30 confidential interviews were conducted. Interviewees were selected by BHS leadership in consultation with the Chair of the Planning Stakeholder Steering Committee. These interviews contributed essential background on the status of services in San Joaquin County, and an introductory, yet systemic glance at prevailing needs in the San Joaquin community. Findings from these programs were utilized in developing potential strategies presented for review and stakeholder input at subsequent public meetings and strategy roundtables.

## Public Meetings

*Initial Public Meetings*
The planning team held 3 public meetings to ensure that all stakeholders, particularly consumers and their families had the opportunity to hear about and take part in the FY 10/11 Annual Update Process. The initial public meetings were well attended with more than 120 consumers, service providers, community members and county workers opening up to share their perspective of the progress of MHSA programs. During the meetings, the planning team presented the overall vision of the planning process, along with quantitative data on racially/ethnically stratified rates of service reception, and the results of key informant interviews with staff and community partners of BHS. Data analysis and key-informant interviews revealed a web of challenges and strategies for the creation of a more inclusive mental health system in San Joaquin County. The planning team made all public meetings interactive to ensure audience engagement and participation. After reviewing the findings, stakeholders split into groups and discussed the challenges that were presented and/or posited additional challenges that from their vantage point were not addressed. For each challenge the planning team, in consultation with all stakeholders, developed strategies that promoted better service delivery. The groups completed strategy sheets and provided detailed information on how the strategies they discussed could be implemented.

*Second Round of Public Meetings*
The planning team held a second meeting in order to present the community with findings from the results of the strategy roundtables and initial public meetings which provided the basis for the Annual Update plan. Over 60 stakeholders attended. Meeting agenda items included: the MHSA annual update process thus far, including initial and refined findings, and amended strategies for implementation. Consumers contributed to and refined the developed strategies through two activities. In one activity they discussed their satisfaction with the planning process. In another focused activity, consumers, family members and services staff offered their opinion on the desired area for improvement out of the following list:

- Responding to Co-occurring Disorders
- Improving Treatment Access and Wait Times
- Partnerships with Criminal Justice
- Expanding Children and Youth Services
- Revenue Gap for Inpatient Services
- Increasing Revenue and Ensuring Stability

Of these areas for improvement, meeting attendees selected two topics and brainstormed the critical challenges that needed to be overcome, along with ideal and realistic pathways to bringing their strategies to fruition considering the financial realities of the state budget crisis. The planning team collected all activity documents and analyzed them after the meeting.

## Strategy Roundtables

On behalf of the Planning Team, Resource Development Associates facilitated 6 strategy roundtables that focused on specific systemic challenges connected to San Joaquin County needs. The groups were deliberately kept small (between 10 and 20 participants) and targeted specific issues or population concerns. Every group or person that expressed an interest in attending a focus group was accommodated.

During each of the strategy roundtables, participants were presented with previously identified challenges and strategies for positive service advancement developed through analysis of the

findings from key-informant interviews, strategic planning sessions with the senior management, and public meetings. Roundtable attendees were encouraged to posit challenges and strategies that were not identified. Each group member was invited to the roundtable because s/he was a consumer, family member of a consumer, BHS staff, or service provider. The conglomerate of diverse stakeholders revealed opportunities to synergize service delivery and ensure ongoing communication to better understand roles and responsibilities within BHS.

The size and composition of the strategy roundtable were designed to promote a safe environment for honest discussion and to provide enough time for participants to express complex thoughts and experiences. After the initial co-occurring disorders roundtable, each successive group focused on critically examining each issue in order to generate actionable items for implementation by mental health consumers, families and staff. Each meeting was planned for two hours of engaged dialogue, but most went over by 15 to 20 minutes. The Planning Team, including Program Supervisors, the MHSA Program Manager and the Deputy Director of Administration invited a wide range of community partners and consumers to make sure that all stakeholders had a place at the table.

**Senior Management Strategic Planning Sessions**

San Joaquin Behavioral Health Services has an organized management team (BHS Senior Management Team) comprised of directors and key staff from all departments. The team meets monthly to discuss the general direction, strengths and challenges of mental health service distribution in San Joaquin County. As they have direct access and understanding of BHS, the team was able to provided initial guidance about challenges in access and consumers to receive services. The planning team met with the BHS Senior Leadership team 5 times over the course of the planning process.

The initial meeting concerned the identification of systemic challenges and opportunities for improvement. Utilizing scenario planning sessions and information from data analysis, the RDA team led a series of strategic planning sessions on improving access to service while inspiring the creation of effective, sustainable solutions. Scenario planning themes included

- Challenges,
- Responses to the challenges,
- Resources needed to facilitate improvement,
- Outcomes and indicators that signal improvement.

As a group the planning team and the BHS Senior Management Team completed one scenario planning session on the systemic overreliance on crisis services. The strategic session led to more refined research questions, and the finding that San Joaquin County mental health services were adequate, but community members needed additional mechanisms for connection before they progressed to more acute forms of service. After completing one scenario planning session as a group, the managers assembled their own teams in their respective departments and completed scenario planning sessions. Results of the planning sessions were emailed to the planning team for analysis, and incorporation in the process for identifying challenges. The following scenario planning sessions were convened by BHS Senior Management Team members with their staff:

- Low productivity percentages for mental health workers
- Consumer experience of limited access to appointments with their psychiatrist
- Segmented service delivery and reception for clients with co-occurring disorders
- The lack of Medi-Cal enrollment rates system-wide

These themes inherently concerned the experience of the unserved and underserved because scenario planning sessions resulted in the identification and creation of more effective and efficient ways to deliver service, thereby allowing the system to focus increased resources on penetration, and innovative ways to deliver mental health aid to consumers who need them the most and/or who have been traditionally marginalized from service reception. In subsequent Senior Management team meetings team members critically examined scenarios for service implementation, and or responded to consumer feedback from previous public meetings.

**All Meetings**

The following chart below depicts the turnout for all meetings held during the annual update planning period. Over 300 stakeholders participated in the planning sessions. The first meeting drew nearly 100 consumers.

| **Meeting** | | **# of Attendees** |
|---|---|---|
| Morning Public Meeting | 2/4/10 | 98 |
| Evening Public Meeting | 2/4/10 | 24 |
| Morning Public Meeting | 2/17/10 | 65 |
| Stakeholder Steering Committee Meeting | 3/9/10 | 24 |
| Evening Public Meeting | 3/9/10 | 28 |
| Mental Health Board Meeting | 3/17/10 | 26 |
| **Strategy Roundtables February 4 & 5** | | **# of Attendees** |
| Co-Occurring Disorders | | 14 |
| Treatment Access and Wait Times | | 17 |
| Partnering with Law Enforcement | | 15 |
| Children and Youth Services | | 5 |
| PHF Funding/Billing | | 10 |
| Revenue and Sustainability | | 13 |
| **Total** | | **339** |

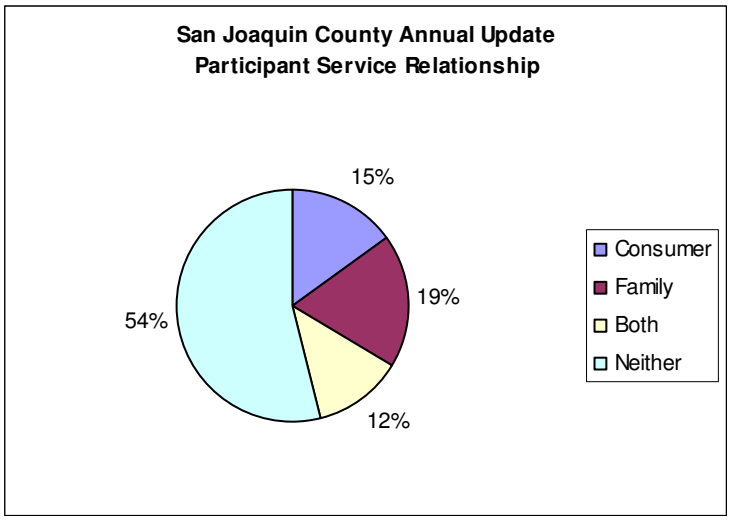
*Demographics*

In every meeting held during the annual update, participants were asked to fill out demographic forms in order to provide a snapshot of the demographic make-up of the population driving the county annual update process participants in the process. Of the 339 participants involved, 254 demographic sheets were completed and submitted to the planning team.

*Participant Service Relationship*

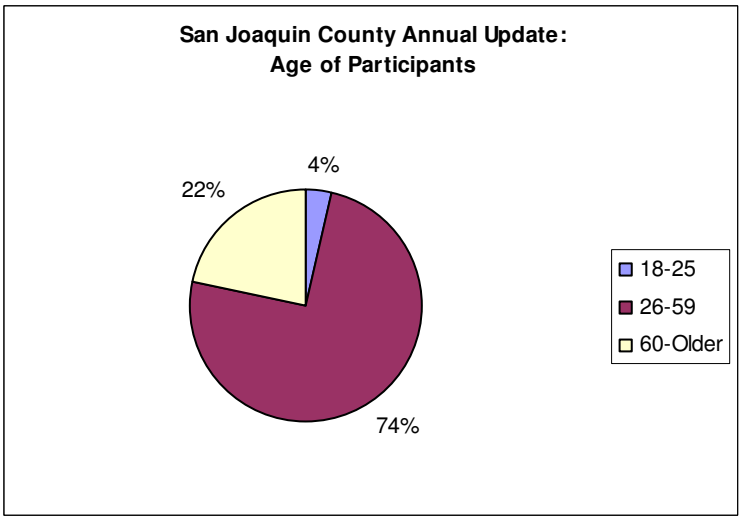
The following chart provides a breakdown of the planning processes' stakeholders' relation to mental health services. On the demographic form, meeting attendees were given the choice to denote whether they were a consumer of mental health services, a family member, both or neither.

Roughly half of the annual update participants self-identified as consumers and/or family members of consumers.



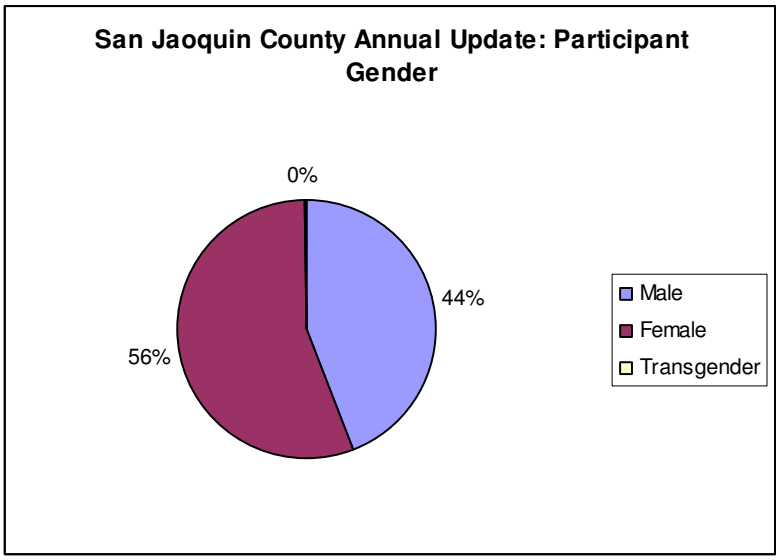

*Age*

Participants in the process were given the choice of selecting 3 different categories for age corresponding to the MHSA age categories of Transitional Age Youth, Adults, and Older Adults. The overwhelming majority of participants were between 26 and 59 years (74%), with participants between 18 -25, and older adults, 60+ accounting for 26% of the participating stakeholder population.



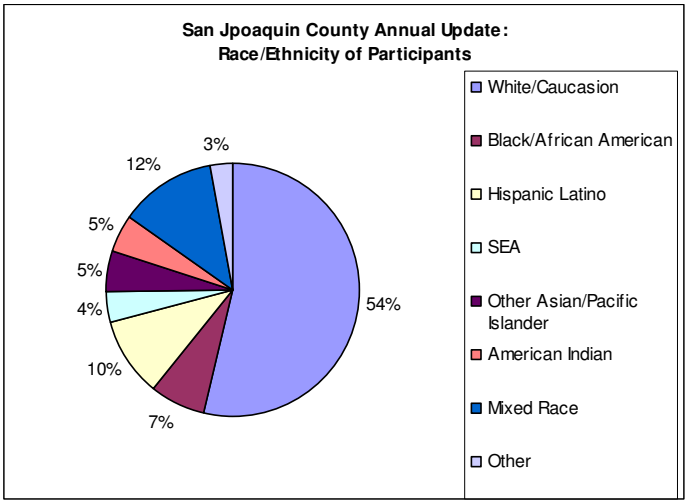

*Gender*

Meeting attendees were also given the opportunity to select their gender on the demographic form. Fifty-six percent of participants were females, while 44% were males. One individual self-identified as transgender.




*Race/Ethnicity*

San Joaquin County mental health officials try to create inclusive planning sessions that attract all demographics, in the spirit of true diversity, diffuse power sharing, and equal opportunities for decision making by all racial/ethnic groups. Roughly half of the participants were white, while the other half represented the range of minority populations in the county.




In general the proportion of Hispanic/Latino participants were low compared to the County proportion of the population. The rates of Hispanic/Latino participants may also include some of those indicating mixed race. Representatives from the largest Latino mental health serving agency in San Joaquin County*, El Concilio* and the *La Familia FSP*, attended every meeting.

## 2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process:

The planning team strived to create an inclusive process through which all San Joaquin County Behavioral Health Services (BHS) stakeholders were able to take part in the Annual Update in some form. Aside from the meetings for stakeholders to attend, BHS staff also made the development of the plan accessible to consumers in the Wellness Center. As detailed in the previous question, all San Joaquin Mental Health consumers were invited to participate in the annual update planning process. The following list details a subset of the stakeholder who participated in in-depth interviews. Subsequent lists reveal participants of staff key-informant interviews as well as organizations who were represented either at the public meetings or strategy roundtables.

Formal, confidential interviews were conducted by Resource Development Associates with the following stakeholders:

- **Wendy Moore**, Deputy Director, San Joaquin Human Services
- **Mick Founts,** Deputy Superintendent of Schools, San Joaquin County
- **Margaret Szczepaniak,** Assistant Director, San Joaquin County Health Care Services Agency
- **Vic Singh,** Director, San Joaquin County Behavioral Health Services
- **Richard Vlavianos,** Judge, San Joaquin County Superior Court
- **Cris Clay, Director,** University of the Pacific Reentry Program
- **Laura Rogers**, Director, Victor Community Support Services
- **Curt Willems**, Lead Manager, Substance Abuse Services
- **Becky Gould**, Deputy Director, MHSA Coordinator, San Joaquin County Behavioral Health Services

Formal, confidential interviews were conducted by Resource Development Associates with the following San Joaquin County Behavioral Health Services staff:

- **Linda Collins**, Chief MHC, Forensic
- **Jacqui Coulter,** Chief MHC, CATS/Teams B & D
- **Steve Ellington,** Chief MHC, TCC/SEARS/La Familia Clinics
- **Marla Ford,** Chief MHC, MHSA
- **Sue Gruber,** Manager, OAS
- **Guadalupe Guns**, Coordinator, SAS Treatment
- **Pat Hill,** Chief MHC, CYS-HSA/Valley LiNCS/Crisis/MHSA
- **Shirley Hollowell**, Nurse Manager, MHS Outpatient
- **Scarlet Hughes**, Public Guardian, Conservator's Office
- **Alfonzo Jones**, Coordinator, CATS
- **Christy Little**, Chief Psychiatric Technician, Inpatient
- **Carmen Murillo**, Accountant III
- **Brenda Newton**, Manager, Recovery House
- **Billy Olpin**, Chief MHC, Team B
- **Pam Roderick**, Manager, Family Ties
- **Michelle Salter**, Chief MHC, MHSA, BACOP/MC

- **Bophasy Saukum**, Q.I. Coordinator/BHS Compliance Officer
- **Sue Strain**, Chief MHC, Lodi Clinic
- **Ramona Thomas**, Manager, CDCC, Prevention, Central Intake
- **Lohit Tutupalli**, Manager, Pharmacy
- **Carolyn Waters**, MHC III, CYS

Stakeholder entities who were involved in the planning process include:

- **Child Abuse Prevention Council**
- **First 5 San Joaquin**
- **San Joaquin County BHS Con Rep**
- **The Wellness Center**
- **Power "N" Support Team**
- **El Concilio**
- **The Mental Health Board**
- **CSU Stanislaus**
- **CHOICE Program- CVLIHC**
- **Victor Community Support Services**
- **Mary Magdalene Community Services**
- **Manteca Unified School District**
- **Family Resource and Referral Center**
- **Stockton Valley School District**
- **Vietnamese Voluntary Organization**
- **San Joaquin Community Re-entry Program**
- **La Familia Full Service Partnership**
- **Counseling and More**
- **Sutter Tracy Hospital**
- **San Joaquin AIDS Foundation**
- **San Joaquin County Health Care Services**
- **Native Directions, Inc.**
- **National Alliance on Mental Illness**
- **Community Partnership for Families**
- **His Way Recovery**
- **San Joaquin County Department of Aging, Human Services Agency**

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

There are no programs/projects eliminated in the upcoming year for San Joaquin County.

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

The Annual Update was posted for review on the County MHSA website on March 26th, 2010.

E-mail notification was sent to all stakeholders involved in the planning process letting them know that the Annual Update was available for review on the website. Additionally, notices were posted at the Gipson Center and the Wellness Center that the Annual Update was available for review. Hard copies of the draft plan were distributed to the Gipson Center, the Wellness Center, NAMI, and other key stakeholders to be available for public review.

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

Stakeholders provided feedback on the Annual Update through a series of mechanisms including:

- A consumer focus group at the Martin Gipson Center
- Input via the MHSA Website Public Comments
- Submitted document corrections from Mental Health Board Members
- Clarifications on program information by County Staff
- Mental Health Board Meeting Public Hearing on the Annual Update
- San Joaquin County Board of Supervisors meeting

*Consumer focus group at the Martin Gipson Center*

The RDA team convened a focus group of 30 plus consumers regarding the established and soon to be Mental Health Services Act programs. Consumers were provided a continental breakfast, and an opportunity to share their views on the San Joaquin County mental health services in general, and MHSA program implementation in particular. Consumers revealed a strong desire to access upcoming programs like Entry Level Career Pathways, and some discontent around their lack of knowledge about existing CSS programs, including what is available and how to access services. The dialogue allowed for consumers to learn from each other and staff about services available in the San Joaquin mental health system.

*Input via the Community Comment Process*
More than one dozen consumers submitted e-mail comments following the close of the public comment period calling for the extension of Behavioral Health Services to the Family Resource Center. Despite the late receipt of these comments, these were also brought to the Mental Health Board and included as public testimony on the Annual Update. Consumers and stakeholder attendees at the April 26 Mental Health Board meeting and public hearing on the Annual Update were notified that a Request for Proposals is pending that will seek community-based service providers for prevention and early intervention services.

*Clarifications from Mental Health Board Members*
One San Joaquin County Mental Health Board Member provided written feedback that captured the essence of the Annual Update and provided clarification on Annual Update items that required rewording. The Board Member also called for a process of detailed quantitative reporting in addition to the yearly Annual Update Plan. The Board Member's responses were incorporated in the Annual Update Plan, and corrections were made to the document.

*Clarifications by County Staff*
County Staff also reviewed the Annual Update Draft and delivered appropriate feedback. Staff submitted clarifications on the description of the Wellness Center, the Consortium, Housing and Employment Recovery Services, as well as the WET Coordinator summary. All comments were considered and changed in the Annual Update as appropriate.

*Mental Health Board*
The San Joaquin County Mental Health Board held a public hearing on the Annual Update on April 26, 2010 following the closure of the 30 day public comment period. The Annual Update was reviewed and recommended for submission to the Board of Supervisors. The San Joaquin County Board of Supervisors approved the Annual Update on April 27, 2010.

There were no public comments that called for substantial changes to the proposed San Joaquin County Annual Update.

# IMPLEMENTATION PROGRESS REPORT OF ACTIVITIES

# (EXHIBIT C1)

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**County: San Joaquin County**

**Date: 3/26/10**

**Instructions:** Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

| CSS, WET and PEI |
|---|
| **1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.** |

To date, the County has three approved MHSA plans: CSS, WET, and PEI. All plans have been implemented to some degree. The following describes each MHSA plan and its level of implementation. Where appropriate strengths challenges and augmentations are also recorded.

## I. Community Services and Supports

The original San Joaquin CSS contained 6 components which have all been implemented. The following provides a brief description of the San Joaquin Community Services and Supports programs, followed by a review of their implementation to date.

- **Full Service Partnerships**: Partnerships that exist between county staff and Community Based Organizations (CBOs) to deliver appropriate and full-scale outpatient mental health service in the community.
- **The Wellness Center**: A community program designed, organized and run by people with serious mental illnesses in partnership with county staff.
- **The Consortium**: A means to continue the partnership, transparency and trust established in the MHSA planning process between San Joaquin County and community based organization staff, consumers and other stakeholders.
- **Housing Empowerment and Employment Recovery Service:** Programs that contribute supports for the provision of wraparound services including stable, safe, affordable permanent housing and employment services.
- **Community Behavioral Intervention Services**: A program which provides individualized interventions for specific behaviors that inhibit a client from transitioning either to a less restrictive environment, or to a lower level of clinical care.
- **The Crisis Community Response Team:** A mobile multi-disciplinary mental health support team that provides community outreach, early intervention and joint field response to 5150 detention evaluations, co-occurring and residential treatment programs.
- **Co-Occurring Residential Treatment Program:** This program will serve 18 youth in Juvenile Probation's Placement Unit. All the targeted youth have serious emotional disturbance and a co-occurring substance abuse problem, and will receive mental health and substance abuse services.

**Full Service Partnerships (FSPs)**

In the vision of MHSA, San Joaquin County FSPs were established through community input to provide community specific services for the unserved and underserved by the establishment of partnerships with community based organizations and service providers who have access to traditionally marginalized communities along the lines of race/ethnicity, sexual orientation, age, and socioeconomic status.

To date, all planned FSP programs have been fully implemented. Programs have expanded locations, reduced original staff, and reduced their schedule of service provision, as a result of budget cuts, but the services remain ready and available for consumers. The full service partnerships employ County and community based organization staff, all of whom are dedicated to supporting the provision of culturally competent mental health services. Programs have successfully brought in consumers who have little experience with mental health services and connected them to adequate care. Throughout all FSPs, there is an ever-increasing culture of mutual learning between CBO outreach workers, case managers, and county mental health staff.

Widespread challenges have accompanied the success of the programs. During the hiring process, San Joaquin County necessarily emphasized that CBOs employ staff with deep-rooted communal knowledge of the population they were to serve. However, a focus on understanding mental health issues did not accompany the mandate for community connection. Many of the current CBO staff need training about mental health issues, documentation procedures, protocol and the delineation of roles and responsibilities in mental health service provision.

FSPs staff and community partners know the challenges they face. But, the challenges are indicative of the way they have attempted to streamline community and county supports in a decentralized, meaningful way. They are the growing pains of systems that were not designed for concerted collaboration. FSPs are true representations of diversity in their demonstration of transparency, diffuse decision-making and community involvement in mental health service delivery.

**The Wellness Center**

As envisioned, the Wellness Center has developed into a model of resiliency and peer-led recovery in San Joaquin County. Center consumers and staff have created an atmosphere that promotes learning about and advocating for recovery. To this end, consumers have the opportunity to help develop 18 to 20 peer-led classes and support groups every quarter. Classes are led by Recovery Coaches who are consumers and family members that are paid staff. The classes focus on a variety of information, from wellness and recovery to coping and social skills. Along with the classes, consumers are encouraged to complete a Wellness Recovery Action Plan (WRAP) which provides detailed steps on their path to continuous positive development and makes the concept of recovery tangible through their personal goals and actions.

The ultimate goal of the Wellness Center is to function as an independent nonprofit organization run by consumers and family members who assume full financial and operational responsibility by 2015. As such, the Wellness Center has begun rejuvenating the “Power N Support Team,” which promotes leadership capacity and the continuation of culturally competent ways of administration by making sure that consumers are involved in every level of decision-making at the Center.

These efforts have been enacted with the hope of creating a consumer board that can provide structured guidance as part of the evolving non-profit status and for the Center’s future direction. Surveys, which allow for anonymous feedback and direction, will continue being employed by staff to understand

consumers' experience in the Center. Currently, the Wellness Center operates as a consumer partnership between San Joaquin County Behavioral Health Services and Central Valley Low Income Housing Corporation. Consistent communication and a well-defined communal vision allows for positive management of the Wellness Center.

*Augmentations*
The Wellness Center has made some augmentations to originally envisioned activities, chiefly through the usage and provision of discretionary consumer aid funds. At the Wellness Center, staff complete a needs assessments form with consumers to determine individual consumer needs which may include; bus passes, clothing vouchers, food gift certificates, hygiene kits, and payment to get a California ID. At one time community members were requesting a needs assessment to be completed, whether or not they utilized The Wellness Center in an effort to secure consumer aid funds. In the spirit of wellness and self-maintenance, the staff has now implemented an evaluation session for anyone who requests assistance. During the session, Wellness Center staff and the community member who request aid develop strategies to sustain their requested needs without the use of consumer aid funds which demonstrates resiliency.

Responding to a consumer and general community call for increased opportunities for involvement, the Wellness Center is now implementing a volunteer program. Stakeholders are still in the process of developing their vision of volunteerism at the Wellness Center, but preliminary ideas include consumers, and family members, participating as greeters, taking part in classes and support groups, and providing administrative support.

The Wellness Center is a model of peer led wellness and recovery. And, its ultimate strength lies in consumer empowerment and in the continuous learning that accompanies every activity and conversation that occurs in the center. Many consumers have adopted the center as their home and look forward to one day maintaining the Center themselves.

**The Consortium**
The Consortium provides a concerted linkage to the community and specifically to the ethnic and special population. It also gives a forum for Community Based Organizations (CBOs) to bring community issues to San Joaquin County Behavioral Health Services (BHS) so that staff and community members can work in a collaborative way to improve service to the unserved, underserved, and inappropriately served.

The Consortium continues to exist as an inclusive body of Community Based Organizations and San Joaquin County Behavioral Health staff, consumers, families, and community members. It began as a monthly meeting that enabled strategic collaboration and dialogue between the staff and community partners to maintain the inclusiveness that occurred during the CSS planning. Aside from facilitating communication between BHS and Community Based Organizations, the monthly Consortium meetings provides a platform for information dissemination and dialogue regarding the successes and opportunities for improvement in reaching the unserved, underserved and inappropriately served.

During the first year of existence, Consortium meetings focused on creating better relationships between CBOs, County staff and consumers. The meetings focused on understanding each other's services and resources, as well as the resources available in the wider community. The Consortium is now transitioning into "Phase II," which is a noticeable shift in purview from initially establishing trust to the examination of

research based mental health interventions for and with ethnic and special populations.

*Augmentations*
During standard Consortium meetings, contractors had specific questions about their program's implementation and contract clarifications. Inquiries about contract clarification necessitated the establishment of a separate meeting from the original Consortium: a contractor's meeting.

The overarching vision of the Consortium as a place to examine the tangible implementation of Full Service Partnerships, expanded service provision, and reciprocal learning between CBO staff, the community and County staff is well under way. One aspect of the Consortium is now set for implementation: evaluation. The Consortium is in year two of existence, and year one was focused on establishing appropriate service patterns, trusts and relationships in the community. Over the next year, the Consortium will engage in an evaluation/discovery process focused on treatment modalities, penetration rates per ethnic group, and the identification of evidence based treatment approaches.

**Housing Empowerment and Employment Recovery Services**
The Housing Empowerment and Employment Recovery Services is a component of the CSS programs that enhances the mental health system by increasing the availability of stable, safe, affordable, permanent housing and employment services for people recovering from symptoms of severe mental illness.

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

*Housing Empowerment*
Available housing consists of a network of options, satellite housing, shelters and existing apartments, co-location in mixed-income housing environments. One of the overarching focuses of the program is the development of collaborative relationships with community development partners. Support personnel are on site, and some of the services offered are efforts for socialization, skill training and education around mental illnesses.

Housing Empowerment has circumvented challenges related to communication between consumers, mental health staff and residential administration by instituting monthly meetings between site coordinators and the program coordinator. Additionally, all housing empowerment sites now have monthly meetings with consumer to keep abreast about ongoing issue. Appropriate mechanisms for increased communication with residential staff have also increased.

*Employment Services*
Like housing empowerment, employment services were created to enable sustained support for community members who access mental health services in the full service partnerships. Employment services include job training, job placement, coaching and other supports. There have been some challenges regarding communication between FSP staff and housing and employment services. Both services contribute vital components to wellness and recovery and were developed from stakeholders' desire for an effective system of care where consumers receive wraparound services.

**Community Behavioral Intervention Services (CBIS)**

The Community Behavioral Intervention Service is a program that facilitates the extension of mental health support in the community in order to prevent consumer decompensation to acute levels of mental health care. Through this program, consumers receive modification support for behaviors that severely hamper their ability to exist independently and well in the community. While a CSS program, CBIS operates as a prevention mechanism, by responding to less severe but chronic mental health issues that in other circumstances might necessitate consumer visits to Crisis and more limiting forms of care.

To date, the CBIS program has been implemented as envisioned by BHS stakeholders in the original CSS plans. Teams receive referrals from all parts of the BHS system including Crisis, FSPs, Adult Outpatient programs and wider community organizations.

Consumers have experienced great success at implementing behavioral modification techniques taught to them by BHS staff. And, there have been some opportunities for improvement. For example, treatment time has been extended longer than originally intended. While staff passion for the work is unquestioned, they would benefit from additional training on specific behavioral treatments and additional modalities of service provision.

Staff members hope to expand service to meet the increasing community need.

**The Crisis Community Response Team (CCRT)**

During the CSS planning process, stakeholders highlighted a need for peer-led support for consumers and potential consumers of mental health services in the community, who also serve as a de facto connection between law enforcement and mental health services.

The San Joaquin County CCRT is a close representation of what consumers envisioned when developing the program. Currently, the CCRT team employs 14 outreach workers who provide a variety of services, including consultation, mediation and transportation for consumers. As intended, over 30% of the referrals received come from families of consumers, with the other 70% originating from FSPs, the community and law enforcement. During the initial phases of vision gathering, stakeholders emphasized the need for flexibility in helping consumers before they reach crisis situations. As such, unlike other county examples of Community Response Teams, San Joaquin County CCRT does not ride with police officers. Instead they receive referrals from all facets of the community; triage referrals received, and respond to them appropriately, with crisis situations receiving immediate attention.

Recent collaborations with law enforcement have revealed challenges. On the one hand, when called to emergencies by law enforcement, CCRT members have diffused volatile situations because they knew the consumers, or their ability to connect with them allowed for a speedy resolution to an escalating conflict. On the other hand, CCRT members have at times been unable to respond to non-crisis situations in which law enforcement sought CCRT help. In these cases, community members exhibited certain characteristics of someone who needs mental health examination, but they could not be forcibly transported. In some instances law enforcement spent hours waiting, unable to leave because of their mandate to protect the community, but also unable to fully resolve the situation via an arrest or transport because neither was necessary. The limited staffing, triage process and ever-increasing demand for CCRT response renders

them incapable of immediately responding to ALL law enforcement calls. But, this particular challenge illuminates a systemic need for better support mechanisms for potential consumers who are not yet in crisis, but would benefit from targeted mental health treatment.

Recently, stakeholders from mental health, law enforcement and community based organizations met about the need for increased collaboration and understanding about serving both the severe and less acute mentally ill in the community. Stakeholders agreed that tighter forms of communication, increased training, and the establishment of intra-agency response protocol would result in better systemic response for consumers and those who are "in-between." Stakeholders are currently preparing for their first meeting and plan to continue meeting on a quarterly basis.

While not initially proposed as a service of CCRT, transportation for consumers has become increasingly important. When responding to the conglomerate of issues in the community, CCRT members noticed that referrals to BHS and follow-up conversations were sometimes ineffective in helping community members take advantage of mental health services. To increase the likelihood of consumers' follow-up on their referrals, outreach workers have begun transporting consumers who need mental health services to BHS. The transportation is a two-pronged service: transportation and support. While driving the consumer to their appointment, outreach workers have structured time to connect with consumers, as well as provide guidance and personal testimonies about the path toward wellness and recovery.

An additional and important CCRT component is the Consumer Support Warm-line. The Consumer Support Warm-line is a consumer-staffed friendly phone line through which consumers of mental health services receive support, share concerns, obtain referrals, and talk with a peer who generally understands their perspective and is willing to listen and talk with them. The warm line is integrated with the hotline, enhancing early identification and intervention in crisis situations, while promoting community education, decreasing stigma and fostering social support and improve community functioning for consumers who are in recovery.

San Joaquin CCRT services are successful and received well in the community because they employ a focus on pre-crisis care, and they have diligent, perseverant staff that reposition wellness and recovery from abstract concepts to tangible examples for consumers to see.

**Co-Occurring Residential Treatment Program**

The operation of the Co-Occurring Residential Treatment Program is a collaborative effort between San Joaquin County agencies that usually provide disparate services to juveniles offenders with substance abuse issues. The agencies involved include: Behavioral Health Services (BHS), Substance Abuse Services (SAS), Probation, Superior Courts, County Office of Education (COE) and the Human Services Agency (HSA). This project is still being implemented.

The program is designed to serve youth that have mental health disorders and co-occurring substance abuse problems. Thus, each youth will be provided with mental health and substance abuse services. On-site public educational services will also be provided to include services to special education students when required.

A collaborative approach such as this continues be a missing but necessary service to this population of youth in San Joaquin County. Residential services provided locally allow the family component of the

services to occur, resulting in more positive outcomes like reduced recidivism, substance abuse and the amelioration of the mental health symptoms that affect the well-being of the youth and family.

The Co-Occurring Residential Treatment Program aims to offer a comprehensive treatment diversionary alternative to substance abusing youth with co-occurring mental health disorders for the purpose of diverting these youth from out-of-county and out-of-state residential placements and Department of Juvenile Justice incarcerations. Furthermore, the participation of Behavioral Health Services, Substance Abuse Services, County Office of Education, Juvenile Probation and Health and Human Services Agency on-site, creates a synergy in service delivery that allows easy access to treatment and other services offered to the youth, all at one venue.

Phase I of the project, preparing a school site and completing renovations on the facility, has been completed. Financial constraints prompted a county decision to remove an RFP for service provision last fiscal year. However, the county is currently reissuing the Request for Proposal for a contractor who will provide treatment and residential services at the residential site (Phase II).

## II. Workforce Education and Training (WET)

The Workforce Education and Training component of the San Joaquin MHSA plan was developed with significant public participation. The plan aims to foster a diverse workforce, while facilitating the development of greater mental health assessment and response tools for agencies that have intersecting service relationships with San Joaquin County mental health consumers. The plan further interfaces client and family experience in the continuous production of wellness and recovery.

As a result of the financial crisis, resulting payment deferrals, and questions of program sustainability, all of the WET programs aside from the Workforce Staffing Support were implemented during the last quarter of Fiscal Year (FY) 09/10. The programs have not reached full implementation, so no exhaustive description of strengths, challenges and program augmentations can be furnished at this time. However, the following provides a brief synopsis of the original San Joaquin County WET strategies and their current status.

- **Workforce Staffing Support:** A two pronged action plan that aims to increase the number, competency and diversity of BHS staff who deliver service in the vision and through the values of MHSA
- **Training and Technical Assistance:** Dedicated co-occurring trainings for BHS staff, community partners and agencies provide different services to BHS consumers.
- **Mental Health Career Pathway Programs:** Processes for increasing the number of consumer and family member mental health workers, while supporting them as they make the transition. These programs also concern connection with Delta College to provide specific courses for BHS staff continuous development.
- **Financial Incentive Programs:** A program that aims to attract and retain qualified staff to the San Joaquin County mental health workforce specifically in chronically unfilled positions or positions where few qualified workers reside.

**Workforce Staffing Support:**

The workforce staffing and support strategy was developed in a two pronged action plan. The actions

support the development of a workforce that champions the vision and values of MHSA, specifically consumer involvement and wellness and recovery through funding the full position of a WET coordinator and the partial payment for the salary of the BHS medical director.

*WET Coordinator*
This plan calls for the hiring of a WET coordinator who is tasked with managing the MHSA funded workforce development activities, maintaining advisory boards and volunteer groups, managing the county WET fund, and ensuring the development of an accepting, culturally and linguistically diverse workforce through partnerships with the community and collaboration with local education institutions. Evaluation activities have not occurred yet, because of the late start date for the programs, but they are planned for FY 10/11, when all WET programs have operated for a significant amount of time.

*Medical Director*
The medical director is responsible for establishing processes that ensure that all staff understands the vision, purpose and principles of MHSA (e.g., through training and orientations). The medical director also ensures that BHS is adequately staffed by garnering a sustainable workforce that can assess, diagnosis and manage the prevention of psychiatric disorders and mental health issues. Since the hiring of the medical director, there has been progress in the recruitment and hiring of appropriate staff. In FY 09/10, 10 medical staff were hired including 7 psychiatrists, 2 Family Nurse Practitioners and 1 Physician's Assistant. Each new hire went through a specific part of their training that focused on MHSA and transforming stagnant forms of mental health care.

**Training and Technical Assistance:**
*Co-Occurring Disorder Training*
Training and Technical Assistance program is just beginning. It involves synchronized efforts to increase the capacity of staff inside BHS to treat consumers as whole people through timely and adequate assessment and treatment of co-occurring disorders. To date, specific staff have received training, and partnerships with Delta college have yielded the opportunity for mental health or substance abuse specialists to become behavioral health specialists and provide mental health and substance abuse treatments. General budget cuts have stagnated BHS's ability to train all staff in co-occurring disorders because increased training impacts the already limited hours staff can direct service to the clients.

*Mental Health 101*
The other strategies within this program are Mental Health 101 for Community Partners and Primary Care providers. Both these programs are designed to disperse knowledge of mental health issues in the community and other institutions where potential consumers congregate as a means to both increase communal and partner agency capacity, while facilitating support outside of mental health.
Mental Health 101 Partner Agency trainings are provided for partner organizations and agencies that have first or ongoing contact with individuals experiencing the onset of severe emotional disturbances (SED) or with serious mental illness (SMI). However recent tragedies highlight the need for increased training and mental health consultation opportunities for all partners, law enforcement in particular. Through the Mental Health 101 Primary Care Provider strategy, BHS currently utilizes a part time Psychiatrist and plans to provide a full time Mental Health Clinician to provide consultations for physicians with concerns about their patients as well as wider trainings for primary care medical staff. The program is a partnership with Prevention and Early Intervention, but as one component primarily concerns facilitating mental health assessment capacity for medical workers, a portion is funded through WET funds.

**Mental Health Career Pathway Programs**

Stakeholders involved in the WET planning process wanted to reduce barriers to employment and create opportunities for participation in the workforce for consumer and family members, and individuals from underserved ethnic and linguistic backgrounds in San Joaquin County. Through the WET plan, BHS aims to create this more diverse workforce through additional opportunities to gain entry-level education and training via incentives for consumers/family members/people from underserved cultural and linguistic backgrounds (Entry Level Career Pathways), and through instituting valuable jobs for those who participate in such workforce development opportunities (Entry Level Employee Support).

**Financial Incentive Programs**

Certain positions in the San Joaquin BHS have remained chronically unfilled. Some of these positions are key clinical staff whose absences severely affect the ability of BHS to provide adequate and timely mental health services to an expanding San Joaquin County population. In an effort to increase system-wide capacity to deliver service, consumers, community members and staff decided to create a WET steering committee, appointed by the county Mental Health Board and the WET Coordinator that can choose to award financial incentives for employees who work in chronically unfilled or positions with low-qualified workers and/or have experience as a consumer or family member, a member of a traditionally unserved or underserved population, an individual with longstanding family or community ties to the San Joaquin County, or an individual still developing proficiency in English. Workers and students can apply for a variety of awards, including, scholarships, full-time pay for half- time work, stipends for students who will work for BHS after they graduate, and loan assumption for new hires. The stakeholder committee is still being set up, with the first awards scheduled for release during FY 10/11.

## III. Prevention and Early Intervention

Like the CSS and WET planning processes, a wide range of mental health stakeholders participated in the development of the PEI plan. Community members were particularly enthused about the opportunity to extend services in the community that would decrease barriers to prevention, early diagnosis, and successful transition to care for individuals with Severe Mental Illness (SMI) and/or Serious Emotional Disorder (SED). They decided to fund 5 specific programs: Reducing Disparities in Access, School Based Prevention Efforts, Connections for Adults and Older Adults. Empowering Youth and Families, Suicide Prevention and Supports.

Budget cuts have severely affected the distribution of MHSA funding and impacted the way counties are able to leverage their resources in the provision of adequate mental health care. San Joaquin County received PEI funding at the end of November FY 09/10. No strengths, challenges and opportunities for improvement can be submitted at this present time as all programs are just beginning implementation. A thorough review of the programs will accompany the annual update for FY 11/12 A general description of all programs is presented below.

- **Reducing Disparities in Access**: A program instituted to provide increased access to the unserved and underserved through the provision of mental health education for partner agencies and community members. It seeks to eliminate barriers to mental health service delivery and reception, including intangible barriers like stigma.
- **School Based Prevention Efforts:** A program designed to support the youth of San Joaquin

County. It increases youth's access to mental health services by providing trainings for school site staff and expanding program capacity via more appropriate curriculum, more staff or the delivery of program services previously unrealized because of funding restraints.

- **Connections for Adults and Older Adults**: These programs were established to provide education, support, assessment and treatment for adults and older adults in San Joaquin County.
- **Empowering Youth and Families**: Through outreach, case management, and connection to pro-social activities and services, this program aim to Increase school attendance and completion, decrease stressful home and family environments, and decrease juvenile justice involvement for youth.
- **Suicide Prevention and Supports**: Through expanding community supports and providing training and prevention capacity in partner institutions, the San Joaquin PEI plan aims to provide suicide prevention support.

**Reducing Disparities in Access**

When creating the strategy Reducing Disparities in Access, community members sought to implement a program to change public perceptions and knowledge about mental health services through a multi-pronged approach which would provide education and training to community professionals and engage cultural brokers to spread information about mental health throughout San Joaquin's diverse cultural communities. Part of this program is a match of WET funds, as it is increases countywide workforce capacity to deliver appropriate mental health services. This combined strategy of providing trainings and incorporating consumer and family member voices is encouraging as an effective means of reducing the stigma and discrimination that serves as a barrier to consumers accessing services.

**School Based Prevention Efforts**

School based prevention efforts ranked highest on the charts of community members during initial planning session for PEI**.** Meeting participants recommended developing a network of interventions to reduce impulsive and aggressive behaviors and to increase protective factors and social-emotional competence for students in schools. They recommended programs that are multi-faceted and developmentally-focused, that enhance the competencies of children and youth, and that include special tracks for students who are at-risk for developing conduct problems, including substance use.

**Connections for Adults and Older Adults**

During the PEI planning process, consumers and family members discussed the profound stressors and traumas that led to mental health issues including: economic stressors, environmental and family stressors, and traumatic experiences, or a combination of events that preclude in a final tipping point. *Connections for Adults and Older Adults* is designed to help identify adults and older adults with mental health concerns as a result of these stressors and or ongoing mental health issues and connect them to appropriate support services to overcome moderate mental health concerns or to transition to more extensive mental health services. These programs cannot yet be assessed for their level of implementation because they are in infancy of implementation.

**Empowering Youth and Families**

This was one of the top ranking strategy areas for PEI consideration during the PEI planning sessions. PEI stakeholders identified a number of interrelated risk factors that are linked to the development of mental health issues in adolescents and young adults. These primary risk factors correlate to those identified in the PEI guidelines:

- School Failure
- Stressful Home and Family Environment
- Violence or Juvenile Justice Involvement

Stakeholders identified underlying and unresolved mental health issues amongst adolescents and young adults as the major factor in becoming involved in substance use, criminal or violent behaviors. In order to effectively prevent mental health issues or graduation to a more advanced stage of illness and associated manifestations and symptoms, and to intervene in the lives of youth and families that struggle with mental issues, stakeholders developed programs that focused on juvenile-involved youth, youth at-risk of juvenile involvement, and services for entire families.

**Suicide Prevention and Supports**

The Suicide Prevention and Supports program consists of four components, including the location of mental health clinicians in jail, trainings with primary care providers on recognizing the signs and symptoms of suicide ideation and depression, training for teachers and other service provider staff on suicide intervention and support through community organizations that give help to community members who need diffuse and lower level support for those who express a first time suicide ideation or mental health crisis in general.

**1. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with an emphasis on reducing racial/ethnic disparities.**

**Progress in service to the Unserved and Underserved**

San Joaquin County Behavioral Health Services champions service distribution in communities of traditionally unserved or underserved populations by community groups who have historical ties and appropriate cultural access to these communities. Through Full Service Partnerships, Community Supports and Services programs have utilized organic connections to the community with an increasing understanding of mental health services to engage untouched individuals in the county system of care. Since 06/07 racial/ethnic minority populations have increased in the number and percent of first time clients in the system. The decrease of white first time service recipients and increase in minorities in general points to the increase in diversity of the service population. In FY 06/07, White populations consummated 45% of first time mental health service recipients, 42% of first time mental health receptors in 07/08, and 35% of first time mental health recipients 08/09. During the same time period, as of FY 08/09 numbers, Latinos increased from 27% to approximately 32% of first time mental health recipients and African Americans increased form roughly 15% to nearly 18% of first time service recipients. However, not all minority populations experienced an increase in first-time service: the county Asian Pacific Islander and Native American population showed slight decrease in numbers and percentage of first time recipients.

The increased level of service reception for traditionally marginalized Latino and African American communities may point to preliminary success of outreach workers and the general model of Full Service Partnerships which pull community members in for service reception. In in-depth interviews, most stakeholders lauded the Full Service Partnerships for their ability to expand the county's ability to connect populations who historically have not had access to mental health services.

The Community Services and Supports programs have a focused effort on serving nine priority populations, in collaboration with Community-Based Organizations. Those communities include Latino, African-American, Native American, Cambodian, Hmong, Laotian, Vietnamese, Muslim/Middle Eastern and Lesbian, Gay, Bisexual, Transgender.

*Stratified Service*

Community Services and Supports programs have increased access for traditionally underserved populations, most notably Latinos, but racially/ethnically stratified results from data analysis indicate that efforts for the widespread provision of Mental Health Services have faced some challenges in providing sustained, less restrictive mental health support. The following text presents findings from a preliminary analysis of BHS data. A more comprehensive data review is intended in the 2010/11 fiscal year.

In reviewing county rates of service provision, the data showed disparate results for different ethnic populations. Native Americans, for example, were more likely than the average high frequency user to use PHF services (14% compared to 8%) and crisis services (12% compared to 7%). This group also shows a much smaller proportion of services for children (3% compared to 17% of other high frequency users). These findings suggest that early intervention may reduce the long-term impact of mental illness for this group. Native Americans were also disproportionately more likely to miss appointments with their doctors, suggesting that case management and outreach may result in fewer of the costly gaps in medical staffs' appointment books and a smaller likelihood that a lack of outpatient care will lead to crisis level services.

African Americans showed a similar tendency to miss appointments with doctors and a disproportionately high likelihood of receiving services through juvenile hall than the other groups. Both of these suggest prevention and early intervention strategies may be effective in encouraging outpatient care and avoidance of long-term negative outcomes as a result of mental illness.

While Hispanic Americans showed a very small proportion of visits to the PHF (2% compared to the average high frequency user of 8%) and a low frequency of missed appointments with their doctors, they, like African Americans, were disproportionately likely to receive mental health services from juvenile hall.

Asian Americans had the positive trends of using outpatient services heavily and not missing appointments as much as other groups, but they did show a lower level of service to children which may have a long-term impact on the mental illness of this group.

All in all, the data provide a picture where prevention and early intervention may support continued improvements in access to BHS as well as increasing the cultural competency of services, outreach, and case management.

**2. Provide the following information on the number of individuals served:**

| | CSS | PEI | WET | |
|---|---|---|---|---|
| **Age Group** | **# of individuals** | **# of individuals (for universal prevention, use estimated #)** | **Funding Category** | **# of individuals** |
| Child and Youth | **313** | **N/A** | Workforce Staff Support | |
| Transition Age Youth | **303** | **N/A** | Training/Technical Assist. | |
| Adult | **4310** | **N/A** | MH Career Pathway | |
| Older Adult | **359** | **N/A** | Residency & Internship | |
| **Race/Ethnicity** | | | Financial Incentive | |
| White | **2026** | **N/A** | | |
| African/American | **910** | **N/A** | [ X] WET not implemented in 08/09 | |
| Asian | **278** | **N/A** | | |
| Pacific Islander | **55** | **N/A** | | |
| Native | **245** | **N/A** | | |
| Hispanic | **1101** | **N/A** | | |
| Multi | **0** | **N/A** | | |
| Other | **36** | **N/A** | | |
| **Other Cultural Groups** | | | | |
| LGBTQ | **10** | **N/A** | | |
| Other | **10** | **N/A** | | |
| **Primary Language** | | | | |
| Spanish | **475** | **N/A** | | |
| Vietnamese | **35** | **N/A** | | |
| Cantonese | **269** | **N/A** | | |
| Mandarin | **0** | **N/A** | | |
| Tagalog | **0** | **N/A** | | |
| Cambodian | **43** | **N/A** | | |
| Hmong | **52** | **N/A** | | |
| Russian | **0** | **N/A** | | |
| Farsi | **4** | **N/A** | | |
| Arabic | **3** | **N/A** | | |
| Other | **4385** | **N/A** | | |

**PEI**

**4. Please provide the following information for each PEI Project:**
- **a) The problems and needs addressed by the Project.**
- **b) The type of services provided.**
- **c) Any outcomes data, if available. (Optional)**
- **d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).**

The San Joaquin County PEI programs were developed in concert with a mental health needs assessment. Developed programs mirror the needs and articulated wants of community members, through the problems they address by the services distributed through the plan. As programs are early in the implementation phase, no outcome data is available at this time.

**Reducing Disparities in Access:**

*Problems and Needs*

During the PEI planning processes, community stakeholders talked about the importance of increasing mental health awareness in the community. All groups that participated wanted expanded outreach and information, especially bilingual/culturally competent information. Tragedies resulting from partner agencies not having adequate mental health training juxtaposed with prevailing stigma and centralized, mental health services manifested as a community need and area that strategic outreach and training could provide assistance.

The call for outreach referred to a two pronged dissemination of information: 1) groups wanted outreach in communities, schools, workplaces, fields (for migrant workers), shelters and general areas of congregation and places of worship, 2) they also wanted sustained mental health trainings for partner agencies particularly institutions that were likely to encounter potential or established county mental health consumers.

*Services Provided*

The Reducing Disparities in Access program provides increased access to the unserved and underserved through the provision of mental health education for partner agencies and community members. Through Speaking Bureaus, comprised of a professional trainer, consumers and family members, the program seeks to eliminate barriers to mental health service delivery and reception, including intangible barriers like stigma. Cultural Brokers will also provide mental health stigma reduction trainings for community leaders, elders, shaman and clergy who have can spread the message of stigma reduction around mental health issues in the wider community.

**School Based Prevention Efforts:**

*Problems and Needs*

San Joaquin County community members identified school based prevention as a top priority to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence in youth. Youth and young adults with mental health illnesses generally exhibit characteristics by the age of by 25, with 50% of mental health illnesses emerging before 14 and 75% before 24[1]. Untreated mental health issues sometimes manifest in truancy and school failure, both of which are linked with juvenile

[1] Mental Health America, Conference presentation by CEO Dr. David Shern

delinquency and violence problems. To support the cultivation of prevention and early intervention for youth with mental health illnesses, and create a nurturing school culture for all students to enjoy, stakeholders identified the need for three levels of programming in school-based efforts: early development, elementary school, and middle school.

*Services Provided*

The school based program support the youth of San Joaquin County in two ways: 1) increasing their access to mental health services by providing trainings for school site staff and teachers (including preschool teachers) and 2) expanding program capacity via more appropriate curriculum, more staff and/or the delivery of program services previously unrealized because of funding restraints. One component of the program contributes specific trainings for the identification of mental health illnesses and treatment of particularly co-occurring disorders that establish more responsive, inclusive educational institutions in San Joaquin County. The other component of this program tangibly increases the support for mental health prevention programs like Second Step, Too Good for Violence, Reconnecting Youth, and Project Alert. Through this network of programs, the expansion of school-based prevention efforts will help provide earlier identification of children who would benefit from more extensive mental health services.

**Connections for Adults and Older Adults**

*Problems and Needs*

In the community planning process, stakeholders focused on service to children and youth as a primary priority for the whole process. This in turn connects to services for adults and older adults because the well-being of children largely depends upon the mental health of parents and adults as they play a large role in the mental development of children. Furthermore, there was a realization that the mental health needs of older adults are of critical importance and specific strategies needed to be developed to address mental health assessment and early intervention for older adults.

Community members felt that depression was a prevailing mental health issue for many older adults, which can lead to suicidal thoughts and tendencies. In-depth interviews and group dialogue revealed the persistent and community specific challenges of stigma, cultural misunderstandings of mental health assistance, and poverty as significant barriers for adults and older adults to receive appropriate mental health service.

*Services Provided*

In response to barriers to services, stakeholders developed a network of projects for adults and older adults. These projects increased the mental health capacity of existing programs through training for partner agency workers who have contact with consumers and potential consumers. For older adults the program offers projects that provide training for older adults professional and paraprofessional care providers, along with mental health training for Meals on Wheels staff who have contact with isolated older adults as well as the Senior Peer Counseling Program for consumers with mild to moderate depression and/or anxiety. An additional project targets financially strapped populations through imparting mental health knowledge to M.D Residents of San Joaquin General Hospital Family Practice Clinic. This has increased the capacity of rescreening underserved isolated and financially immobile populations for service provision. This clinic engages in approximately 200,000 outpatient visits per year.

[2] National Institute of Mental Health, "Suicide in the United States," www.nimh.nih.gov.

[3] State of California, Department of Health Services, "Suicide Deaths California, 2004," Data Summary No. DS06-060003, June 2006.

**Empowering Youth and Families**

*Problems and Needs*

Three risk factors were primary concerns for San Joaquin County stakeholders throughout the planning process: school failure, stressful home environments, and juvenile justice involvement. Data analysis during the process showed the dropout rate in San Joaquin over a four-year period was 34%, 13% higher than state wide rates. Community members also pointed out specific conditions in San Joaquin County which promote the development of stressful family environments including: not enough jobs, crime and violence, drugs and lack of affordable housing. Additionally, San Joaquin County has the highest juvenile justice arrest rate, for felonies and misdemeanors, in the state of CA. Youth who experience the previously mentioned conditions are more likely to either have a mental health issue, in the case of youth involved with school failure or juvenile justice, or develop them as a result of involvement in negative situations (family stress).

*Services Provided*

Thorough data analysis by the planning team, and detailed discussion and review by all stakeholders led to the Empowering Youth and Families program, an amalgamation of strategies that act as promising prevention and intervention devices. Program components consist of projects that increase mental health clinician support for juvenile offenders in juvenile hall, so they can facilitate the inclusion of mental health assessments in juvenile sentencing, as well as public schools that juvenile are referred to, in order to increase the opportunity for timely and appropriate mental health service distribution to this population. The program also contributes funds to ongoing street outreach efforts that center deliver outreach, engagement and mentoring services to at-risk youth. Lastly, Empowering Youth and Family Program increases the number of community adult-oriented case management, groups, classes, and other family supports in Stockton, Tracy, Lodi, Manteca, and other areas of the County, for at-risk adults, and ex-offenders.

Together the program components represent a comprehensive effort to provide mental health assistance in increasing pro-social youth and family environments, while decreasing juvenile involvement.

**Suicide Prevention and Supports**

*Problems and Needs*

Strategies aimed at preventing suicide emerged during many of the Community Meetings' public comment and group discussion sessions. Subsequent key informant interviews were conducted to learn more about the suicide risk in the County and to develop the Suicide Prevention and Supports project.

Suicide is a complex behavior that has been related to multiple risk factors, which vary with age, gender, and race/ethnicity. A majority of persons (90%) who commit suicide often suffered from depression or another diagnosable mental or substance abuse disorder. Studies indicate that the most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of depression and other psychiatric illnesses[2].

Suicide rates in San Joaquin County are comparable to California overall. Suicide rates are higher amongst males compared to females and amongst non-Hispanic Whites. Just over 70% of all suicides in California are committed by non-Hispanic Whites. Between 1979 and 1996, the number of suicide deaths were highest amongst young adults, 25-44, although the rate of suicides increased with age. A report by the California Health Services Agency shows that these trends continue to hold true, with 2002-2004

suicide deaths averaging 61.7 per year[3].

*Services Provided*

The San Joaquin County's Suicide Prevention project administers a multi-pronged approach to suicide prevention by funding mental health clinicians to identify youth experiencing or at-risk of juvenile justice involvement and by improving the capacity of professionals, through training, to identify suicide ideation and mitigate actual suicide risk. The final component of this project is peer support for individuals and families in crisis to help navigate the service delivery system. Through expanding community supports and providing training and prevention capacity in partner institutions, the San Joaquin PEI plan follows the guidelines developed by SAMHSA, the National Institute of Health, and the California Department of Health Services, that suicide is preventable.

# PREVIOUSLY APPROVED PROJECT DESCRIPTION (EXHIBIT D)

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**County:** ***San Joaquin***

***Program Number/Name:*** ***San Joaquin Full Service Partnerships***

***Date:*** ***3/17/10***

**X CSS**
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| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☐ | X | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | X | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | X | If yes, complete Exh. F1; If no, answer question #4 |
| 4. | Is there a change in funding amount for the existing program? | ☒ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☒ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 5. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
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**Full Service Partnerships**

The Full Service Partnership programs provide intensive community based services using a multi-disciplinary approach, including case management, individual and family therapy, psychiatric services, rehabilitation services, group therapy, specific behavioral interventions, 24/7 support, employment and housing linkage and "whatever it takes" supports. The Full Service Partnership programs are diverse in location, cultural focus, age focus, and criminal justice focus, allowing increased accessibility and consumer preference. The following populations are targeted through one or more San Joaquin Full Service Partnerships.

- Children (3-15)
- Transitional Age Youth (16 -25)
- Adults (26 - 59)

- Older adults (60+)
- Youth in the Juvenile Justice System who are on probation formally or informally
- Youth in the Child Welfare system
- Adult Mentally ill offenders
- African-American, Latino, Cambodian, Vietnamese, Laotian, Hmong, Native American, Muslim/Middle Eastern, Gay, Lesbian, Bisexual, Transgender communities who are unserved or are currently in the system are inappropriately served or underserved
- Homeless or at risk of homelessness
- At risk of involuntary hospitalization or institutionalization
- First episode of serious mental illness
- Frequent users of hospital or emergency room services for mental health treatment
- Persons with Co-Occurring disorders

The programs provide developmentally appropriate services that encourage independence and recovery, resulting improvement in quality of life. Outreach and "case-finding" will be done to identify previously unserved and underserved individuals. Staffing includes county and contract staff, in partnerships with contract community-based organizations to focus on priority ethnic and cultural communities. The multi-disciplinary programs include psychiatrists, nurses, psychiatric technicians, mental health clinicians, case managers, mental health specialists, and outreach workers/recovery coaches.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** The Wellness Center

**Date:** 3/17/10

**Select one:**
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| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #3 |
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| FY 09/10 funding | FY 10/11 funding | Percent Change |
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**The Wellness Center**

The Wellness Center is a program designed, organized and run by people who have or have had mental health problems. The Center is based the concept of a consumer-run and self-help program. The Wellness Center functions as a General System Development program by outreaching to peers, assisting peers develop life skills and coping skills; and reducing isolation and stigma by reaching out to staff and the community to be a partner in transformation.

The target population is all consumers (Adults 18+) with emotional or psychiatric concerns with a special emphasis on the unserved, underserved, and inappropriately served ethnic and cultural populations. These populations include faith and tribal based communities, as well as Transition Age Youth (TAY) and Gay, Lesbian, Bisexual, Transgender (GLBT).

## 2010/2011 Annual Update

One of the main goals of The Wellness Center is to provide a consumer-run center based on the concepts of recovery and wellness. The Wellness Center provides peer advocacy and skill based classes in a variety of topics. The Center coordinates and makes referrals to programs for additional treatment and supports.

The center has begun providing leadership training and is currently providing opportunities for Wellness Center participants to volunteer and provide leadership through co-facilitation of skill based and peer-support groups. Opportunities for consumer leadership are being explored through the Power N Support team and special projects. As Wellness Center participants advance through the four levels of classes, opportunities of mentorship will be explored to foster and enhance leadership and advocacy skills.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** The Consortium

**Date:** 3/17/10

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| CSS and WET | | | | |
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| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
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| 3. | Is there a change in services? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #4 |
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**The Consortium**

The Consortium is a means to continue the inclusiveness and transparency that was started by the MHSA process.
Additionally, the Consortium assists Behavioral Health Services in rolling out the approved mental health programs and in evaluating evidence-based practices. The Consortium provides a means to continue the partnership and trust that has developed.

Consumers, family members, contractors, and BHS staff meet together monthly in the consortium and in topic-specific subcommittees. No direct services are provided to clients. Contractors include CBOs representing the ethnic and cultural communities. The consortium contributes a forum for learning and understanding for consumers, service providers, family and community members and county mental health staff. Meetings topics oscillate form specific services offered in the community, exposure to resources available for consumers, evaluation topics. The Consortium is now increasingly focusing on evaluating the impact of full service partnerships.

**County:** San Joaquin

**Program Number/Name:** Housing Empowerment and Employment Recovery Services

**Date:** 3/17/10

**Select one:**
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| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #4 |
| 4. | Is there a change in funding amount for the existing program? | ☒ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
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**Housing Empowerment and Employment Recovery Services**

The Housing Empowerment and Employment Recovery Services program enables specific services that increase stable, safe, affordable, permanent housing for people recovering from symptoms of severe mental illness. Through employment services, individual goals for security and personal identity are identified and supported.

Seriously Mentally Ill adult and older adult enrollees of Full Service Partnership; unserved, underserved and inappropriately served persons, focus on African-American, Latino, Native American, Muslim/Middle Eastern, Southeast Asian and Gay, Lesbian, Bisexual and Transgender communities are the target populations for this program.

Community based housing and employment specialist programs provide supports to persons enrolled in Full Service Partnership (FSP). The Creating Housing

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Opportunities in Community Environments (CHOICE) assists consumers in locating and maintaining stable, safe, affordable, transitional or permanent housing. The Employment Recovery Services assists with individual goals for education and employment.

Housing is currently provided through crisis housing, satellite housing, shelters and affordable housing through partnerships with developers and apartment complexes in the San Joaquin County community.

## 2010/2011 Annual Update

**County: San Joaquin**

**Program Number/Name: Community Behavior Intervention Services**

**Date: 3/17/10**

**Select one:**
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| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #4 |
| 4. | Is there a change in funding amount for the existing program? | ☒ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☒ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| | | | | **FY 09/10 funding** \| **FY 10/11 funding** \| **Percent Change** |
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| 5. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. **For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached. | | | |

**Community Behavioral Intervention Services (CBIS)**

CBIS is a System Development program which provides individualized interventions for specific behaviors that inhibit a client from transitioning to either a less restrictive environment, or a lower level of clinical care. The population served by CBIS is clients from the age of 18 through Older Adult.

CBIS is a contract organizational provider which employs a clinician, behavioral specialists, and Recovery Coaches. Recovery Coaches consist of consumers/family members who have become recovery coaches. They have been trained in the Wellness Recovery Action Plan. This has assisted clients enrolled in CBIS with additional support toward their recovery even after they are discharged from CBIS services.

## 2010/2011 Annual Update

**County: San Joaquin**

**Program Number/Name: Crisis Community Response Team**

**Date: 3/17/10**

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| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #4 |
| 4. | Is there a change in funding amount for the existing program? | ☒ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☒ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
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| FY 09/10 funding | FY 10/11 funding | Percent Change |
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**Crisis Community Response Team / Consumer Support Warm-line**

**Consumer Support Warm-line**

The Consumer Support Warm-line provides peer support for consumers, family members, and the community. The Consumer Support Warm-line is a consumer-staffed friendly phone line through which consumers of mental health services receive support, share concerns, obtain referrals, and talk with a peer who generally understands their perspective and is willing to listen and talk with them. The integration of the warm and hotlines enhances early identification and intervention in crisis situations, promote community education, decreases stigma, fosters social support and improve community functioning for consumers who are in recovery.

**Crisis Community Response Team (CCRT)**

This mobile multi-disciplinary crisis team provides community adult mental health outreach, early intervention and joint field response with law enforcement for crisis 5150 detention evaluations. The CCRT responds in the community to provide mental health outreach to unserved & underserved, linkage to services, risk reduction, crisis intervention, crisis residential housing and 5150 evaluations. The Crisis Community Response Team (CCRT) is currently available 16 hours a day, 7 days a week, 365 days per year from 7:00AM to 11:00PM to respond to calls from mental health consumers, family members of consumers and the community, in addition to law enforcement, community agencies and hospitals. Emphasis is on early intervention and education to decrease the necessity of emergency calls for police and emergency medical response. The CCRT is the point of contact for law enforcement agency referrals and joint field evaluations. At the optimum, with an informed community and consumers comfortable in requesting mental health assistance, the CCRT will assist to decrease involvement by law enforcement, reduce psychiatric hospitalizations, incarcerations, and the frequent use of emergency rooms as mental health facilities.

1. The CCRT makes approximately 2 follow-up home contacts for every initial contact making efforts to engage consumers that have been hesitant to agree to mental health services.
2. The population to be served includes all persons regardless of race/ethnicity, language or situation. The multi-disciplinary response team that contacts consumers consists of staff, including consumer staff, who are best equipped to assist the consumer in terms or language, culture, age, medical, substance abuse or mental health need.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Co-Occurring Residential Treatment Program

**Date:** 3/17/10

**Select one:**
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| CSS and WET | | | | |
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| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 6. | Is this an existing program with no changes? | ☐ | ☒ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 7. | Is there a change in the service population to be served? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #3 |
| 8. | Is there a change in services? | ☐ | ☒ | If yes, complete Exh. F1; If no, answer question #4 |
| 9. | Is there a change in funding amount for the existing program? | ☒ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☒ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 10. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached. | | | |

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**Co-Occurring Residential Treatment Program**

The Co-Occurring Residential Treatment Program is a program for juvenile offenders with serious emotional disturbances and substance abuse issues. In order to establish a seamless system of care that promotes wellness, recovery and resilience for juveniles involved with the criminal justice system, several San Joaquin County agencies are taking part in this effort, including: Behavioral Health Services (BHS), Substance Abuse Services (SAS), Probation, Superior Courts, County Office of Education (COE) and the Human Services Agency (HSA). Program attendees will be able to access services that they usually receive in isolation, all at one location. Wraparound services including education, mental health and substance abuse avoidance assistance, along with other primary care services are delivered with the hope of reducing recidivism.

The target population for this program is juvenile offenders of all race/ethnicities and primary languages. Program participants need only be juvenile offenders with serious emotional disturbances and substance abuse issues.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Workforce Staffing Support

**Date:** 3/17/10

**Select one:**
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| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | X | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
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**Workforce Staffing Support:** Workforce staffing support is contains a two-pronged action plan intended to develop the capacity, diversity and inclusiveness of mental health services for San Joaquin County. The actions are described below.

*Action 1. Hiring of a WET Coordinator*

The WET coordinator's duties include establishment of:

- A **WET Steering Committee** that helps: 1) identify and prioritize core competency training needs; 2) identify and prioritize ongoing staffing shortages; 3) evaluate WET activities and recommend policy and program changes; and 4) award educational and career incentives.
- A **Committee of Change Agents** to help integrate substance abuse and mental health services for individuals with co-occurring disorders.
- A **Speakers' Bureau** that provide Mental Health 101 trainings to community partners.

- A **Team of Volunteers** that lead vocational support groups and workshops.

.

*Action 2: Medical Staff Development- partial payment of the medical director's salary ($25,000***)**

This program's objectives are to:

- Designate a portion of a Medical Director's position to WET related activities.
- Integrate MHSA principles, particularly wellness and recovery and client-driven services, and cultural competency into the provision of medical services through educational curriculum, training, effective recruitment and supervision.
- Develop innovative strategies to recruit and retain employees for hard-to-fill medical positions.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Training and Technical Assistance

**Date:** 3/17/10

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| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
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**Training and Technical Assistance**

Stakeholders expressed extensive interest in promoting system-wide competencies in co-occurring disorders, and in unifying mental health and substance abuse services to provide a welcoming, culturally competent, evidence-based and seamless service delivery model. Based on this interest, BHS provides workforce training in treating individuals with co-occurring mental health and substance disorders in a culturally competent manner to staff and volunteers of BHS and contracting CBOs, and to consumers and family members. BHS utilizes professional consultants who will help create a system-wide integration of services that address the needs of un-served, underserved and inappropriately served individuals with co-occurring substance and mental health disorders.

- The objectives of the program are to: Train all BHS and contracting CBO staff and volunteers in co-occurring disorders and develop the infrastructure for system-wide integration of services for dually diagnosed individuals.
- Train the entire workforce in at least one core competency each year, with curriculum tailored to specific occupations and departments.

- Develop a practice of prioritizing ongoing competency training needs and transforming knowledge of core competencies into effective practice through the use of train-the-trainers and Change Agents.
- Assign all-workforce and occupation-specific and workplace-specific web-based courses to BHS and CBO staff. Establish a training management system that assigns specific courses and tracks course completion.
- Evaluate training outcomes.

*Mental Health 101 for Community Partners*

BHS will provide basic training in mental health signs and symptoms, crisis intervention and de-escalation, and how to best access mental health services and supports to those of our partner organizations and agencies that may have first or ongoing contact with individuals experiencing the onset of severe emotional disturbances (SED) or with serious mental illness (SMI).

The major objective of this program is to:

- Offer 20 half-day trainings to "first responders" and other community partners to help them appropriately respond in a culturally competent manner to individuals experiencing SMI and SED.
- Reduce the number of accidental injuries and deaths resulting from insufficiently trained professionals dealing with individuals experiencing SMI and SED.
- Reduce stigma and discrimination and encourage a unified message throughout the County that seeking mental health services is a safe and satisfactory course of action for any individual in need of services.
- Increase the capacity of consumers and family members to articulate their experiences in a safe and welcoming environment and provide opportunities for such individuals to gain valuable and meaningful volunteer experience.

*Mental Health 101 for Primary Care Providers*

Primary care medical providers (PCP) often have first and frequent contact with community members who exhibit signs of emotional disturbances or mental illness. Additionally, due to stigma, many individuals and family members resist seeking services from BHS facilities, and rather, look to their doctors for consultation and psychiatric medications. Stakeholders from underserved communities, particularly Asian and Hispanic immigrants, stated that their community members were much more likely to seek services at primary care medical clinics.

Primary objectives for metal health assistance for primary care providers include:

- Provide approximately 100 hours each year, for two years, of mental health training in PCP settings to doctors, pharmacists, interns, nurses and support staff.
- Demonstrate increased knowledge among primary care medical staff of routine psychiatry and psychiatrics, focusing on MHSA principles and help them recognize their role in mental illness prevention, early intervention and treatment.
- Increasingly integrate behavioral health and physical health services so that clients are seen as whole persons with a wide range of personal assets and challenges. Prevent improper treatment, misdiagnosis and over-medication, due to patients receiving uncoordinated services.
- Reduce routine psychiatric caseloads so that psychiatrists can focus attention on clients with chronic mental illness and more difficult to treat conditions.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Mental Health Career Pathways Programs

**Date:** 3/17/10

**Select one:**
☐ CSS
X WET
☐ PEI
☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | X | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 4. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 5. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

**Mental Health Career Pathways Programs**

Mental Health Career Pathways are programs that help attract a diverse and qualified staff, while developing current employees, and promoting the hiring and support of mental health consumer and family members.

*Entry-Level Career Pathways*

Stakeholders involved in the WET planning process spoke of the need to apply multiple strategies to reduce barriers to employment and create opportunities for consumer and family member participation in the public mental health workforce. The WET Coordinator is tasked with bringing the following objectives to fruition for the betterment of San Joaquin County:

- Develop educational opportunities for entry-level job candidates. At least 2 new certificate programs will be developed.
- Encourage individuals with consumer and/or family member experience and/or individuals from underserved linguistic or cultural backgrounds to participate in such educational activities. At least 20 students per semester will receive financial incentives.
- Transform BHS services from the ground up by encouraging knowledge of psychosocial rehabilitation. An average of 20 individuals will complete the CASRA curriculum each year.
- Further integrate mental health and substance abuse services by providing incentives for entry level employees and substance abuse counselors to receive proposed Behavioral Health Certificates. An average of 5 students will take courses aimed at attaining a proposed Behavioral Health Certificate each semester.

*Entry-Level Employee Support*

This strategy addresses the interest of consumer and family member employees and volunteers who described a need for additional peer networks that support consumers and family members as they progress along career pathways and that help to reduce stigma and discrimination in the workplace. It also addresses the interest of BHS and contracting CBOs to retain skilled and experienced staff that have valuable experience as consumers and family members.

In full implementation the program will offer the following objectives

- Offer weekly vocational support groups and quarterly workshops that help retain skilled and experienced behavioral health staff with critical experience as consumers and family members and that support consumers and family members as they advance along behavioral health career pathways.
- Reduce the stigma associated with seeking support by offering quarterly peer-facilitated, voluntary vocational support workshops to all staff, volunteer or prospective employees.
- Provide 25 scholarships per year for mental health related workshops and on-line community access courses in order to educate consumers and family members and other prospective employees about mental health and encourage them to pursue careers in public mental health.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Financial Incentives Program

**Date:** 3/17/10

**Select one:**
☐ CSS
X WET
☐ PEI
☐ INN

| CSS and WET | | | | |
|---|---|---|---|---|
| **Previously Approved** | | | | |
| **No.** | **Question** | **Yes** | **No** | |
| 1. | Is this an existing program with no changes? | X | ☐ | If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2 |
| 2. | Is there a change in the service population to be served? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #3 |
| 3. | Is there a change in services? | ☐ | ☐ | If yes, complete Exh. F1; If no, answer question #4 |
| 4. | Is there a change in funding amount for the existing program? | ☐ | ☐ | If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly |
| a) | Is the change within ±15% of previously approved amount? | ☐ | ☐ | If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. |
| 5. | **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.<br>**For WET programs:** Describe objectives to be achieved such as days of training, number of scholarships awarded, major milestones to be reached. | | | |

| FY 09/10 funding | FY 10/11 funding | Percent Change |
|---|---|---|
| | | |

**Financial Incentives Program**

*Career Incentives*

The main purpose of this strategy is to ensure that there are sufficient qualified and culturally competent candidates to fill vacant positions within BHS and contracting CBOs. This strategy encompasses a variety of methods for recruiting and retaining employees for positions that are deemed hard to fill. It is also designed to be flexible so that as an increasing number of candidates are recruited and trained for specific positions, financial incentives can be redirected to provide support for filling other positions that have been identified as difficult to fill.

In full implementation, the Career Incentive Program will fulfill the following objectives:

## 2010/2011 Annual Update

- Offer approximately $100,000 annually in financial incentives to attract and retain qualified job candidates.
- Award incentives to between 3 and 10 individuals annually, depending on dollar amount of each grant.
- Increase the number of employees from underserved backgrounds.
- Increase the number of employees with critical linguistic proficiencies.
- Provide advanced educational opportunities to individuals with experience as consumers and family members.
- Ensure that prospective and current employees who have received incentives remain employed in the County's public mental health system for up to 2 years.

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Reducing Disparities in Access

**Date:** 3/17/10

**Select one:**
☐ CSS
☐ WET
X PEI
☐ INN

| | Prevention and Early Intervention | | | | | |
|---|---|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | | | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 | | |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 | | |
| 3. | Is the current funding requested greater than 15% of the previously approved amount? | ☒ | ☐ | If yes, complete Exh. F4; If no, answer question #4 | | |
| 4. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b | | |
| 5. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | | | |
| | The approved state plan included one time funding of $200,000 which was not received until 09/10. This one time funding was rolled Into this year's budget. | | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: Total Families: | | | | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Universal Prevention** | | **Selective/Indicated Prevention** | **Early Intervention** | |
| | **Total Individuals:** | 0 | | 0 | 0 | |
| | **Total Families:** | 0 | | 0 | 0 | |

**County:** San Joaquin

**Program Number/Name:** School Based Prevention Efforts

**Date:** 3/17/10

**Select one:**
☐ CSS
☐ WET
X PEI
☐ INN

| Prevention and Early Intervention | | | | | |
|---|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 | |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 | |
| 3. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer question #4 | |
| 4. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b | |
| 5. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | | |
| | | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: Total Families: | | | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Universal Prevention** | | **Selective/Indicated Prevention** | **Early Intervention** |
| | **Total Individuals:** | 0 | | 0 | 0 |
| | **Total Families:** | 0 | | 0 | 0 |

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Connections for Adults and Older Adults

**Date:** 3/17/10

**Select one:**

☐ CSS
☐ WET
X PEI
☐ INN

| Prevention and Early Intervention | | | | | |
|---|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 | |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 | |
| 3. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer question #4 | |
| 4. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b | |
| 5. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | | |
| | | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Universal Prevention** | **Selective/Indicated Prevention** | **Early Intervention** | |
| | **Total Individuals:** | | | | |
| | **Total Families:** | | | | |

**County:** San Joaquin

**Program Number/Name:** Empowering Youth and Families

**Date:** 3/17/10

**Select one:**

☐ CSS
☐ WET
X PEI
☐ INN

| Prevention and Early Intervention | | | | | | |
|---|---|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | | | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 | | |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 | | |
| 3. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer question #4 | | |
| 4. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b | | |
| 5. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | | | |
| | | | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Universal Prevention** | | **Selective/Indicated Prevention** | **Early Intervention** | |
| | **Total Individuals:** | | | | | |
| | **Total Families:** | | | | | |

## 2010/2011 Annual Update

**County:** San Joaquin

**Program Number/Name:** Suicide Prevention

**Date:** 3/17/10

**Select one:**
☐ CSS
☐ WET
X PEI
☐ INN

| Prevention and Early Intervention | | | | | |
|---|---|---|---|---|---|
| **No.** | **Question** | **Yes** | **No** | | |
| 1. | Is this an existing program with no changes? | ☐ | ☒ | If yes, complete Exh. E4; If no, answer question #2 | |
| 2. | Is there a change in the Priority Population or the Community Mental Health Needs? | ☐ | ☒ | If yes, completed Exh. F4; If no, answer question #3 | |
| 3. | Is the current funding requested greater than15% of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer question #4 | |
| 4. | Is the current funding requested greater than 35% less of the previously approved amount? | ☐ | ☒ | If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b | |
| 5. | Describe the proposed changes to the Previously Approved Program and the rationale for those changes. | | | | |
| | | | | | |
| 5a. | If the total number of Individuals to be served annually is different than previously reported please provide revised estimates<br><br>Total Individuals: _____ Total Families: _____ | | | | |
| 5b. | If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates: | **Universal Prevention** | | **Selective/Indicated Prevention** | **Early Intervention** |
| | **Total Individuals:** | | | | |
| | **Total Families:** | | | | |

# MHSA BUDGET FORMS (EXHIBIT E)

2010/11 ANNUAL UPDATE

EXHIBIT E

MHSA SUMMARY FUNDING REQUEST

County: San Joaquin County

Date: 5/7/2010

| | MHSA Funding | | | | | |
|---|---|---|---|---|---|---|
| | CSS | WET | CFTN | PEI | INN | Local Prudent Reserve |
| **A. FY 2010/11 Planning Estimates** | | | | | | |
| 1. Published Planning Estimate | $13,314,800 | | | $4,236,100 | | |
| 2. Transfers | | | | | | |
| 3. Adjusted Planning Estimates | $13,314,800 | | | | | |
| **B. FY 2010/11 Funding Request** | | | | | | |
| 1. Requested Funding in FY 2010/11 | $15,089,805 | | | $4,236,100 | | |
| 2. Requested Funding for CPP | | | | | | |
| 3. Net Available Unexpended Funds | | | | | | |
| a. Unexpended FY 06/07 Funds | | | | | | |
| b. Unexpended FY 2007/08 Funds[a/] | $0 | $30,733 | | | | |
| c. Unexpended FY 2008/09 Funds | $10,783,801 | | | $626,053 | | |
| d. Adjustment for FY 2009/2010 | $9,008,796 | $30,733 | | $626,053 | | |
| e. Total Net Available Unexpended Funds | $1,775,005 | $0 | $0 | $0 | $0 | |
| **4. Total FY 2010/11 Funding Request** | **$13,314,800** | **$0** | **$0** | **$4,236,100** | **$0** | |
| **C. Funds Requested for FY 2010/11** | | | | | | |
| **1. Previously Approved Programs/Projects** | | | | | | |
| a. Unapproved FY 06/07 Planning Estimates | | | | | | |
| b. Unapproved FY 07/08 Planning Estimates[a/] | | | | | | |
| c. Unapproved FY 08/09 Planning Estimates | | | | | | |
| d. Unapproved FY 09/10 Planning Estimates | $0 | | | | | |
| e. Unapproved FY10/11 Planning Estimates | $13,314,800 | | | $4,236,100 | | |
| **Sub-total** | **$13,314,800** | **$0** | | **$4,236,100** | **$0** | |
| f. Local Prudent Reserve | $0 | | | | | |
| **2. New Programs/Projects** | | | | | | |
| a. Unapproved FY 06/07 Planning Estimates | | | | | | |
| b. Unapproved FY 07/08 Planning Estimates[a/] | | | | | | |
| c. Unapproved FY 08/09 Planning Estimates | | | | | | |
| d. Unapproved FY 09/10 Planning Estimates | | | | | | |
| e. Unapproved FY10/11 Planning Estimates | | | | | | |
| **Sub-total** | $0 | $0 | $0 | $0 | $0 | |
| f. Local Prudent Reserve | | | | | | |
| **3. FY 2010/11 Total Allocation [b/]** | **$13,314,800** | **$0** | **$0** | **$4,236,100** | **$0** | |

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

FY 2010/11

EXHIBIT E1

CSS BUDGET SUMMARY

County: San Joaquin County

Date: 5/7/2010

| | CSS Programs | | FY 10/11 Requested MHSA Funding | Estimated MHSA Funds by Service Category | | | | Estimated MHSA Funds by Age Group | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Name | | Full Service Partnerships (FSP) | General System Development | Outreach and Engagement | MHSA Housing Program | Children and Youth | Transition Age Youth | Adult | Older Adult | |
| | | **Previously Approved Programs** | | | | | | | | | | |
| 1. | FSP-1 | SJC Full Service Partnerships | $9,887,201 | $9,887,201 | | | | $421,300 | $626,125 | $8,126,465 | $713,311 | |
| 2. | SD-1 | The Wellness Center | $490,375 | | $490,375 | | | | | $490,375 | | |
| 3. | SD-2 | Community MHSA Consortium | $298,199 | | $298,199 | | | | | $298,199 | | |
| 4. | SD-3 | Housing Empowerment & Employment | $1,215,764 | | $1,215,764 | | | | $89,034 | $1,126,730 | | |
| 5. | SD-4 | Community Behavioral Intervention | $567,000 | | $567,000 | | | | | $567,000 | | |
| 6. | SD-5 | Community Response Team | $1,200,083 | | $1,200,083 | | | | $120,009 | $960,065 | $120,009 | |
| 7. | SD-6 | Co-Ocurring Residential | $128,100 | | $128,100 | | | $128,100 | | | | |
| 8. | | | $0 | | | | | | | | | |
| 9. | | | $0 | | | | | | | | | |
| 10. | | | $0 | | | | | | | | | |
| 11. | | | $0 | | | | | | | | | |
| 12. | | | $0 | | | | | | | | | |
| 13. | | | $0 | | | | | | | | | |
| 14. | | | $0 | | | | | | | | | |
| 15. | | | $0 | | | | | | | | | |
| 16. | Subtotal: Programs [a/] | | $13,786,722 | $9,887,201 | $3,899,521 | $0 | $0 | $549,400 | $835,168 | $11,568,834 | $833,320 | Percentage |
| 17. | Plus up to 15% County Administration | | $1,303,083 | | | | | | | | | 10% |
| 18. | Plus up to 10% Operating Reserve | | $0 | | | | | | | | | 0.0% |
| 19. | Subtotal: Previously Approved Programs/County Admin./Operating Reserve | | $15,089,805 | | | | | | | | | |
| | | **New Programs** | | | | | | | | | | |
| 1. | | | $0 | | | | | | | | | |
| 2. | | | $0 | | | | | | | | | |
| 3. | | | $0 | | | | | | | | | |
| 4. | | | $0 | | | | | | | | | |
| 5. | | | $0 | | | | | | | | | |
| 6. | Subtotal: Programs [a/] | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | Percentage |
| 7. | Plus up to 15% County Administration | | | | | | | | | | | #VALUE! |
| 8. | Plus up to 10% Operating Reserve | | | | | | | | | | | #VALUE! |
| 9. | Subtotal: New Programs/County Admin./Operating Reserve | | $0 | | | | | | | | | |
| 10. | **Total MHSA Funds Requested for CSS** | | $15,089,805 | | | | | | | | | |

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 71.70%

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

**CSS Majority of Funding to FSPs**

| | | Other Funding Sources | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | CSS | State General Fund | Other State Funds | Medi-Cal FFP | Medicare | Other Federal Funds | Re-alignment | County Funds | Other Funds | Total | Total % |
| **Total Mental Health Expenditures:** | $9,887,201 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $9,887,201 | 72% |

**FY 2010/11** **EXHIBIT E4**

**PEI BUDGET SUMMARY**

**County:** San Joaquin County **Date:** 3/25/2010

| | PEI Programs | | FY 10/11 Requested MHSA Funding | Estimated MHSA Funds by Type of Intervention | | Estimated MHSA Funds by Age Group | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Name | | Prevention | Early Intervention | Children and Youth | Transition Age Youth | Adult | Older Adult | |
| | | **Previously Approved Programs** | | | | | | | | |
| 1. | PEI-1 | Reducing Disparities in Access | $43,800 | | $43,800 | | | $43,800 | | |
| 2. | PEI-2 | School Based Prevention | $674,493 | $674,493 | | $674,493 | | | | |
| 3. | PEI-3 | Connections for Seniors & Adults | $52,048 | | $52,048 | | | $16,135 | $35,913 | |
| 4. | PEI-4 | Empowering Youth & Families | $2,481,391 | | $2,481,391 | $570,720 | $1,612,904 | $297,767 | | |
| 5. | PEI-5 | Suicide Prevention & Supports | $14,659 | | $14,659 | $9,915 | $2,421 | $2,323 | | |
| 6. | | | $0 | | | | | | | |
| 7. | | | $0 | | | | | | | |
| 8. | | | $0 | | | | | | | |
| 9. | | | $0 | | | | | | | |
| 10. | | | $0 | | | | | | | |
| 11. | | | $0 | | | | | | | |
| 12. | | | $0 | | | | | | | |
| 13. | | | $0 | | | | | | | |
| 14. | | | $0 | | | | | | | |
| 15. | | | $0 | | | | | | | |
| 16. | Subtotal: Programs* | | $3,266,391 | $674,493 | $2,591,898 | $1,255,128 | $1,615,325 | $360,025 | $35,913 | Percentage |
| 17. | Plus up to 15% County Administration | | $300,209 | | | | | | | 9% |
| 18. | Plus up to 10% Operating Reserve | | | | | | | | | #VALUE! |
| 19. | Subtotal: Previously Approved Programs/County Admin./Operating Reserve | | $3,566,600 | | | | | | | |
| | | **New Programs** | | | | | | | | |
| 1. | | | $0 | | | | | | | |
| 2. | | | $0 | | | | | | | |
| 3. | | | $0 | | | | | | | |
| 4. | | | $0 | | | | | | | |
| 5. | | | $0 | | | | | | | |
| 6. | Subtotal: Programs* | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | Percentage |
| 7. | Plus up to 15% County Administration | | | | | | | | | #VALUE! |
| 8. | Plus up to 10% Operating Reserve | | | | | | | | | #VALUE! |
| 9. | Subtotal: New Programs/County Admin./Operating Reserve | | $0 | | | | | | | |
| 10. | **Total MHSA Funds Requested for PEI** | | $3,566,600 | | | | | | | |

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 88%

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

**FY 2010/11** **EXHIBIT E4**

**PEI BUDGET SUMMARY**

**County:** San Joaquin County Statewide Project Funds for FY 10/11 **Date:** 3/25/2010

| PEI Programs | | | FY 10/11 Requested MHSA Funding | Estimated MHSA Funds by Type of Intervention | | Estimated MHSA Funds by Age Group | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Name | | Prevention | Early Intervention | Children and Youth | Transition Age Youth | Adult | Older Adult | |
| **Previously Approved Programs** | | | | | | | | | | |
| 1. | SW-1 | Reducing Disparities In Access | $218,400 | | $218,400 | | | $218,400 | | |
| 2. | SW-3 | Connections for Seniors & Adults | $260,844 | | $260,844 | | | $80,862 | $179,982 | |
| 3. | SW-5 | Suicide Prevention & Supports | $146,594 | | $146,594 | $99,149 | $24,207 | $23,238 | | |
| 4. | | | $0 | | | | | | | |
| 5. | | | $0 | | | | | | | |
| 6. | | | $0 | | | | | | | |
| 7. | | | $0 | | | | | | | |
| 8. | | | $0 | | | | | | | |
| 9. | | | $0 | | | | | | | |
| 10. | | | $0 | | | | | | | |
| 11. | | | $0 | | | | | | | |
| 12. | | | $0 | | | | | | | |
| 13. | | | $0 | | | | | | | |
| 14. | | | $0 | | | | | | | |
| 15. | | | $0 | | | | | | | |
| 16. | Subtotal: Programs* | | $625,837 | $0 | $625,838 | $99,149 | $24,207 | $322,500 | $179,982 | Percentage |
| 17. | Plus up to 15% County Administration | | $43,663 | | | | | | | 7% |
| 18. | Plus up to 10% Operating Reserve | | $0 | | | | | | | 0.0% |
| 19. | Subtotal: Previously Approved Programs/County Admin./Operating Reserve | | $669,500 | | | | | | | |
| **New Programs** | | | | | | | | | | |
| 1. | | | $0 | | | | | | | |
| 2. | | | $0 | | | | | | | |
| 3. | | | $0 | | | | | | | |
| 4. | | | $0 | | | | | | | |
| 5. | | | $0 | | | | | | | |
| 6. | Subtotal: Programs* | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | Percentage |
| 7. | Plus up to 15% County Administration | | | | | | | | | #VALUE! |
| 8. | Plus up to 10% Operating Reserve | | | | | | | | | #VALUE! |
| 9. | Subtotal: New Programs/County Admin./Operating Reserve | | $0 | | | | | | | |
| 10. | **Total MHSA Funds Requested for PEI** | | $669,500 | | | | | | | |

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

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