

## **Part II, Section III: Identifying Initial Populations for Full Service Partnerships**

***1) From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.***

Regardless of the age population, BHS is dedicated to work closely with all ethnic and marginalized populations. CBOs within the ethnic and GLBT communities will play an integral part by 1) educating the community about available services, 2) identifying community members with possible needs, 3) providing culturally specific interventions within their communities, 4) helping community members 'navigate' through the County system and 5) supporting community members within their communities.

### **Children & Youth**

#### **Child & Youth Program Full Service Partnership**

Full Service Partnership (FSP) for children and youth will target those with severe emotional disturbances who are uninsured, underinsured, unserved, underserved, and inappropriately served in the 0 – 17 age range.

Latinos have the greatest need in terms of ethnicity in this age group in San Joaquin County, with African Americans considered inappropriately served in the Foster Care system. Both African Americans and Latinos are over represented in the Juvenile Justice System. The overall juvenile arrest rate and the juvenile felony arrest rate in the county are significantly higher than the state average. San Joaquin County is host to a large migrant population and Latinos had the highest school dropout rate in the county.

The children targeted for Full Service Partnership will have one or more of the following situational characteristics:

- Those at risk of, or involved in the Juvenile Justice System
- Those at-risk of out-of-home placement

- Dependents at risk of residential treatment or stepping down from residential treatment
- Homeless or at risk of homelessness
- Those in need of crisis intervention and/or at serious risk of psychiatric hospitalization
- Those having problems at school or at risk of dropping out
- High-level service users and/or those at risk due to lack of services because of cultural, linguistic, lack of insurance, or economic factors

Additional situational characteristics include exposure to domestic violence, physical, emotional, and verbal abuse; and access to care barriers.

The **Child & Youth FSP** will work with children/youth and their families entering the Child Welfare/Foster Care system through the San Joaquin County Human Services Agency's Intake and Assessment Unit and Immediate Response Team, or those entering the Juvenile Justice System on probation formally or informally. This Full Service Partnership is committed to a "*whatever it takes*" philosophy of service, including case management with linkage and referral to appropriate community-based services; traditional individual and family therapy; psychiatric medical support; psycho educational support; and 24/7 crisis intervention and support.

## Transition Age Youth

**La Familia FSP**  
**BACOP FSP**  
**SEARS FSP**  
**Forensic**

Full Service Partnerships will target unserved/underserved and inappropriately served TAY ages 16 to 25 years old. Ethnic groups with the greatest need for services include Latinos, Southeast Asians, and African Americans in San Joaquin County. Both African Americans and Latinos are over-represented in the justice system. Latinos have the highest school dropout rate in the county.

The TAY targeted for Full Service Partnerships will have one or more of the following situational characteristics:

- Have a serious mental illness
- Repeated use of emergency mental health services
- Have co-occurring disorders
- Homeless or at risk of homelessness
- At risk of involuntary hospitalization or institutionalization

- High-risk youth with serious emotional disturbance in the Justice System and out-of-home placement, and or recidivists with significant functional impairment

**La Familia FSP** will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. TAY consumers will have individualized treatment plans that are strength-based and reflect the consumer's goals traditional Latino values will be integrated into the treatment milieu.

**BACOP FSP** will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American boys.

Working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic, **the SEARS FSP** will provide therapy, rehabilitation, case management, and medication services to Southeast Asian TAY consumers.

A full array of services will be provided to assist in the wellness and recovery of TAY. Programs will include a continuum of recovery services specific to the population served. Spanish-speaking services will be available, as the highest percentage of youth unserved are Latinos. Asian language-speaking services targeting Cambodian, Vietnamese, Lao, and Hmong populations will also be available. Cultural competence training for all of the abovementioned populations will be provided to staff in areas to increase their skills and understanding of the cultural communities.

## Adults

**La Familia FSP**  
**BACOP FSP**  
**SEARS FSP**  
**Forensic**

### **Forensic Full Service Partnership Court Program**

This program will serve the seriously mentally ill offender in San Joaquin County who is involved with the criminal justice system and who may have co-occurring disorders and may exhibit functional impairments with daily living skills. Many times the mentally ill offender is homeless.

Adults targeted for FSP services will range in age from 26 to 59 years old and have one or more of the following situational characteristics:

- Seriously mentally ill
- Homeless or at risk of homelessness
- Co-occurring substance abuse problems
- Involved in the criminal justice system
- Frequently discharged from psychiatric hospitals and/or are frequently hospitalized or are frequent users of emergency room services for psychiatric problems

The Forensic FSP will provide 24/7 supportive services as needed to all participants who have been determined to be incompetent to stand trial and other consumers involved in the court process. Program options will focus on a “*whatever it takes*” philosophy using treatment strategies learned from the AB 2034 programs and the Mentally Ill Offender Crime Reduction Program. Services will be culturally competent and sensitive to individual ethnic, religious and personal sexual orientation needs.

**La Familia FSP** will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. Adult consumers will have individualized treatment plans that are strength-based and reflect the consumer’s goals Traditional Latino values will be integrated into the treatment milieu.

**BACOP FSP** will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American adults.

Working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic, **the SEARS FSP** will provide therapy, rehabilitation, case management, and medication services to Southeast Asian adult consumers.

## Older Adults

### **GOALS - Gaining Older Adult Life Skills**

**La Familia FSP**

**BACOP FSP**

**SEARS FSP**

Older adults identified to participate in the GOALS FSP will be 60 years of age or older with serious mental illness and functional impairments. Individuals may also have co-occurring substance abuse disorders and/or other physical health conditions.

Older Adults targeted for Full Service Partnership services will have one or more of the following situational characteristics:

- Homeless or at risk of homelessness
- Frequent users of emergency room services for psychiatric problems or are frequently hospitalized
- Reduced personal and/or community functioning due to physical and/or health problems
- Isolated and at risk for suicide due to stigma surrounding their mental health problems

**GOALS FSB** will provide a “one-stop shop” located in Stockton, with a component based out in the community with mobile capabilities. Services include mental health programs, primary care clinics, pharmacies, benefits counseling, socialization programs, cultural events, nutrition/food service, and more. Inherent in these programs is the Senior Peer Counseling connection which involves other consumers and/or family members who are available to assist at lower levels of care.

**La Familia FSP** will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. Older adult consumers will have individualized treatment plans that are strength-based and reflect the consumer’s goals Traditional Latino values will be integrated into the treatment milieu.

**BACOP FSP** will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American older adults.

Working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic, **the SEARS FSP** will provide therapy, rehabilitation, case management, and medication services to Southeast Asian older adult consumers.

***2) Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. (Distinguish between criteria used for each age group if applicable.)***

In selecting, factors considered included (1) priority population criteria that were identified in the MHSA and the DMH final guidelines for the CSS plan; and (2) San Joaquin County’s community input process, during which these populations were consistently affirmed and prioritized.

## **Children**

- Community input meetings, Children & Youth Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

## **Transition Age Youth**

- Community input meetings, TAY Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Community input meetings, Criminal Justice Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

## **Adult**

- Community input meetings, Adult Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Community input meetings, Criminal Justice Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

## **Older Adult**

- Community input meetings, Older Adult Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Community input meetings, Criminal Justice Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

### ***3) Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.***

Through its consumer support, support to Full Service Partnerships and system development plans, San Joaquin County Behavioral Health Services (SJCBS) is committed to reducing racial disparities in serving SED and SMI individuals. Contracts will be developed with nine community-based organizations (CBO) to focus outreach services on the unserved and underserved ethnic communities in our county. Each CBO was an integral part of our MHSA planning and worked to ensure that their communities participated in the stakeholder workgroup meetings. The contracted CBOs included Mary Magdalene (African-American), Lao Family Community, Lao Khmu Association, Vietnamese Voluntary Foundation, Inc.(VIVO), Asian Pacific Self-Development and Residential Association (APSARA), El Concilio, Native Directions, Community Partnership for Families (Muslim/Pakistani), and San Joaquin County AIDS Foundation (gay, lesbian, bi-sexual, transgender outreach).

Community input meetings, consumer outreach to unserved/underserved ethnic groups, and an analysis of demographics and racial disparities determined that a variety of ethnic groups and some age populations are underrepresented as recipients of mental health services.

San Joaquin County currently has a population of nearly 615,000 individuals. According to prevalence studies, 44,513 individuals of all ages or 7% of the population are in need of mental health services. Overall, 27.8% of the adults ages 26-59 are living below the 200% poverty level. It is estimated that 18,653 of those adults between the ages of 26 and 59 have a SED or SMI and 6,984 of those people are living below 200% poverty. Recent data reflects that the

population with the highest number in need, regardless of age, is the Latino population. Children and Youth had the highest number of fully served individuals (59%), while Adults had 22%, TAY 18%, and Older Adults 1%. San Joaquin County's white population consistently ranks second for those unserved living below poverty, yet it also consistently has the largest numbers represented in the fully-served population among all four age groups.

### **Strategy for all Populations**

To continue the inclusiveness and transparency started during the MHSA planning process, SJCBS is creating a Community MHSA Consortium to assist Behavioral Health Services in rolling out the approved mental health programs and in evaluating evidence-based practices. Comprised of community-based organizations (including the nine contracted CBOs mentioned above), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations, the Consortium's goal will be to reduce cultural, racial, ethnic, and linguistic disparities within the mental health delivery system. Priority populations of the Consortium will be all cultural, racial and ethnic populations with individuals that have serious mental illness. Special emphasis will be placed on populations with the greatest disparities. This includes, but is not limited to: Cambodian, Hmong, Laotian, Vietnamese, Asian descent, Native American, African American, Muslim/Middle Eastern, Gay-Lesbian-Bisexual-Transgender, and homeless consumers and family members. Educational efforts of the Consortium will focus on program orientation and service delivery.

When the community-based organizations engaged in outreach and engagement efforts for the MHSA plan, two main issues surfaced as an obstacle to accessing services – trust and stigma. It became apparent that a lack of trust was present and, in some cases, a large amount of distrust was affecting the engagement process. The CBOs became a vital link to bridging and developing trust between the community and Behavioral Health Services. Our consumers also indicated that stigma was a major factor in keeping individuals away from mental health services. A major component of the Consortium will be to educate ethnic communities about mental illness, how to help an individual suspected of having a mental illness, and who to contact to get assistance.

Across all age groups, the highest numbers of unserved, underserved, and inappropriately served SED and SMI individuals in San Joaquin County are those in the Latino, Asian, and African American communities. Three of our Full Service Partnerships – La Familia, SEARS, and BACOP – will focus outreach and services primarily on these ethnic groups in order to reduce ethnic disparities.