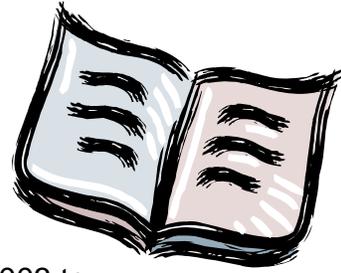


## Definitions



### **AB 2034**

Assembly Bill 2034 was a program that began January 2003 to provide intensive services to homeless persons with serious mental illness. In San Joaquin County, this program is called HEART - the Homeless Engagement and Response Team. The effectiveness of AB 2034 programs has resulted from the mandate to provide immediate housing, flexibility of funding and reporting of client and system outcomes.

### **Community Collaboration**

The process by which various stakeholders including groups of individuals or families, citizens, agencies, organizations and businesses work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility. The goal of community collaboration is to bring members of the community together into systematically solve existing emerging problems that could not be easily solved by one group alone.

### **Co-occurring (Dual Diagnosis) Substance Abuse Disorder**

Dual diagnosis services are treatments for people who suffer from co-occurring disorders -- mental illness and substance abuse. Research has strongly indicated that to recover fully, a consumer with co-occurring disorder needs treatment for both problems -- focusing on one does not ensure the other will go away. Dual diagnosis services integrate assistance for each condition, helping people recover from both in one setting, at the same time.

Dual diagnosis services include different types of assistance that go beyond standard therapy or medication: assertive outreach, job and housing assistance, family counseling, even money and relationship management. The personalized treatment is viewed as long-term and can be begun at whatever stage of recovery the consumer is in. Hope and optimism are at the foundation of integrated treatment.

### **Cultural Competence**

The term 'cultural competence' has also been referred to as culturally sensitive, as it is not possible for all to be culturally competent in all cultures, but everyone can be culturally sensitive. Cultural competence consists of set of congruent

(compatible, harmonious, match with) behaviors, attitudes and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals that enables systems, communities and individuals to work effectively in cross-cultural situations.

Cultural competence includes language competence and views cultural and language competent programs and services as methods for elimination of racial and ethnic mental health disparities. Identification, development, promulgation, and adoption of culturally competent best practices for care must be an integral part of ongoing culturally competent planning and implementation of the MHSA.

### **Full Service Partnerships**

Funds through MHSA to provide access to all services and “whatever it takes” for initial populations, and working in collaboration with groups of individuals or families, citizens, agencies, and organizations. These partnerships shall be culturally competent and shall include individualized client/family-driven mental health services that include working with our partners to develop supports plans which emphasize resilience and recovery, and which offer integrated service experiences for clients and families. In selecting the initial populations to serve, specific attention should be paid to populations and individuals that are currently unserved, and to reducing racial/ethnic disparities.

### **Mentally Ill Offender Crime Reduction Grant (MIOCRG)**

This initiative was designed to learn what works in reducing recidivism among mentally ill offenders (Chapter 501, Statutes of 1998). San Joaquin County was one of 30 projects in 26 counties. Most projects used the Assertive Community Treatment (ACT) model of multidisciplinary mental health professionals and social workers who serve consumers as a team rather than as individual providers in the community. ACT services are frequently available 24 hours a day, seven days a week, and are typically provided over an extended period of time. The multidisciplinary team often includes a psychiatrist, nurse, substance abuse specialist, housing specialist, benefits specialist and/or occupational therapist.

### **Recidivism**

Recidivism is a tendency to relapse into crime. Different programs define in different ways, all the way to relapse into antisocial behavior to arrest with conviction.

## **Seriously Emotionally Disturbed**

Seriously Emotionally Disturbed (SED) is a Welfare and Institutions Code term. It is an inclusive term for children and adolescents whose severity of emotional, mental and behavioral disturbance is identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than substance abuse or developmental disorder. The behavior is considered to be a pattern of inappropriate behavior, which deviates substantially from behavior appropriate to one's age and cultural peer group. As a result of the mental disorder, the child must:

As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

- The child is at risk of removal from home or has already been removed from the home.
- The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

## **Serious Mental Illness**

Severe and persistent mental illness defined as schizophrenia, schizoaffective disorder, manic-depressive (bipolar disorder) and major depressive disorder.

## **System of Care**

The severity of the problem shall indicate the system of care necessary based upon the following criteria:

- Range of Service – the severity of the behavior is judged to require a range of services which necessitates the involvement of multiple agencies and support systems
- Disruption – The severity of the behavior is determined sufficiently disruptive to lead to the removal of the child from his or her current home, school, community or therapeutic setting

- Persistence – The severity of behavior is judged persistent in spite of documented interventions provided in a coordinated and therapeutic manner

**Wellness focus, including the concepts of recovery and resilience:**

- Recovery – process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms.
- Resilience – refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence.
- Wellness – a term that encompasses the overall goal of recovery. When referring to children and youth some areas of recovery may not apply, such as work. Wellness is a term sometimes used in reference to children and youth instead of recovery, because certain aspects of a productive life are in the process of development.

# Let's Talk

Please join us at a public meeting sponsored by San Joaquin County Mental Health Services to talk about mental health care in San Joaquin County.

In November 2004, voters passed Proposition 63, the Mental Health Services Act, which will transform mental health care for children, youth, adults and seniors. Now, we would like your help. Come to one or more of the public meetings listed below to hear about Proposition 63. (The same presentation will be made at each meeting.)

**Thursday, August 18, 5:30 p.m. – 7:00 p.m.**

Fair Oaks Library  
2370 East Main Street, Stockton

**Saturday, August 20, 10:00 a.m. – 11:30 a.m.**

Tracy Public Library  
20 East Eaton Avenue, Tracy

**Monday, August 22, 5:30 p.m. – 7:00 p.m.**

Lathrop City Hall Council Chambers  
390 Towne Center Drive, Lathrop

**Tuesday, August 23, 5:30 p.m. – 7:00 p.m.**

Maya Angelou Library  
2324 Pock Lane, Stockton

**Wednesday, August 24, 10:00 a.m. – 11:30 a.m.**

Hutchins Street Square Cottage Room  
125 South Hutchins Street, Lodi

If you would like more information or require special accommodations at the meeting - for example, American Sign Language or other interpreter, accessible seating, documentation in alternate formats -feel free to call (209) 952-1143 or (209) 986-2249.



## Platiquemos

Acompáñenos en una junta pública auspiciada por los Servicios de Salud Mental del Condado de San Joaquín, para platicar sobre la salud mental en el condado de San Joaquín.

En noviembre del 2004, electores aprobaron la Proposición 63, el Acta de Servicios de Salud Mental, la cual transformará al salud mental para niños, jóvenes, adultos y personas de edad avanzada. Necesitamos su ayuda ahora. Asista a una o a más de las siguientes juntas públicas sobre la Proposición 63. (La misma presentación se hará en cada junta)

Jueves 18 de agosto, 5:30 p.m. - 7:00 p.m.

Fair Oaks Library

2370 East Main Street, Stockton

Sábado 20 de agosto, 10:00 a.m. - 11:30 a.m.

Tracy Public Library

20 East Eaton Avenue, Tracy

Lunes 22 de agosto, 5:30 p.m. - 7:00 p.m.

Cámara del Concejo Municipal de Lathrop

390 Towne Center Drive, Lathrop

Martes 23 de agosto, 5:30 p.m. - 7:00 p.m.

Biblioteca Maya Angelou

2324 Pock Lane, Stockton

Miércoles 24 de agosto, 10:00 a.m. - 11:30 a.m.

Hutchins Street Square Cottage Room

125 South Hutchins Street, Lodi

Si usted gusta de mas información o requiere de atención especial en la junta, como por ejemplo, intérpretes de otros idiomas o de lenguaje de signos, acceso para discapacitados, documentación en formatos alternativos, llame gratis al (209) 952-1143 or (209) 986-2249

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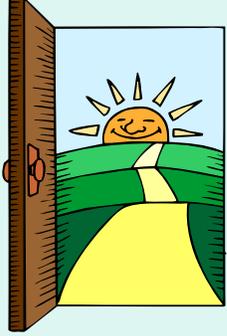
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Let's talk  
about the Mental  
Health Services Act  
(Proposition 63) in  
San Joaquin County

*Transforming  
Mental Health  
Services*



Hablemos  
sobre el Acta de  
Servicios de Salud  
Mental (Proposición  
63) en el condado de  
San Joaquín

*Transformando  
los Servicios de  
Salud Mental*

**Goals of Presentation**

- Learn about a historical change beginning to happen in California's mental health system.
- Provide your ideas about this change.
- Learn about how your voice can be heard, as State and local decisions are being made.



**Metas de la Presentación**

- Aprenda sobre los históricos cambios que empiezan a ocurrir en el sistema de salud mental de California.
- Ofrezca sus ideas sobre este cambio.
- Aprenda sobre cómo su opinión puede ser escuchada mientras se toman decisiones locales y estatales.




**PRESIDENT'S NEW FREEDOM  
COMMISSION ON MENTAL HEALTH**  
www.MentalHealthCommission.gov  
July, 2003



- A future where recovery is the expected outcome and where mental illness can be prevented or cured.
- Where every individual, family and community understands mental health is an essential part of overall health.
- Where consumers and families will have the necessary information and the opportunity to exercise choice over the care decisions that affect them.
- Where continuous healing relationships will be a key feature of care.



**PRESIDENT'S NEW FREEDOM  
COMMISSION ON MENTAL HEALTH**  
www.MentalHealthCommission.gov  
July, 2003



- Un futuro donde la recuperación es el resultado deseado, y donde enfermedades mentales pueden ser prevenidas o curadas.
- Donde cada individuo, familia y comunidad comprende que la salud mental es parte esencial de la salud total.
- Donde consumidores y familias tendrán la información necesaria, y la oportunidad de poner en práctica sus preferencias en decisiones sobre la salud que los afectan.
- Donde relaciones curativas continuas serán clave en la atención médica.

## The Passage of Proposition 63

- Passed by the voters November 2004.
- It is now known as the Mental Health Services Act (MHSA).
- Became state law January 1, 2005.



## La Aprobación de la Proposición 63.

- Aprobada por los electores en noviembre del 2004.
- Ahora conocida con el nombre de Acta de Servicios de Salud Mental (MHSA).
- Se convirtió en ley estatal el 1º de enero del 2005..



## Funding Source

- Is a 1% tax on individuals with an annual income of greater than \$1 million.
- Will mean over \$700 million a year in revenue for California.
- MHSA funds will be allocated to each county.
- San Joaquin County will receive approximately \$10 million per year.



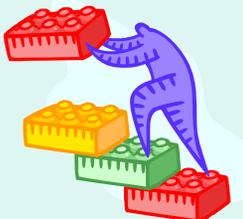
## Fuentes de Financiamiento

- Es un impuesto del 1% para individuos con ingresos anuales mayores de \$1 millón.
- Resultará en mas de \$700 millones al año en ingresos para California.
- Los fondos del MHSA serán distribuidos entre los condados.
- El Condado de San Joaquin recibirá aproximadamente \$10 millones al año.



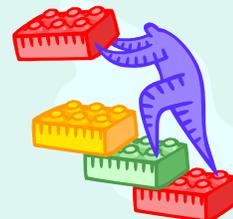
## Components of MHSA Funds

- Community Planning (5%)
- Community Services and Supports (52.25%)
- Prevention and Early Intervention (20%)
- Capital Facilities and Technology (10%)
- Education and Training (10%)
- Innovative Programs (2.75%)



## Componentes de los Fondos MHSA

- Planificación Comunitaria (5%)
- Servicios Comunitarios y de Respaldo (52.25%)
- Prevención e Intervención Anticipada (20%)
- Instalaciones Capitales y Tecnología (10%)
- Educación y Entrenamiento (10%)
- Programas de Innovación (2.75%)



## First to be Implemented

- Community Planning
- Community Services and Supports (CSS)

### Later Implementation

- Prevention and Early Intervention
- Capital Facilities and Technology
- Education and Training
- Innovative Programs



## Implementación Inicial

- Planificación Comunitaria
- Servicios Comunitarios y de Ayuda (CSS)

### Implementación Secundaria

- Prevención e Intervención Anticipada
- Instalaciones Capitales y Tecnología
- Educación y Entrenamiento
- Programas de Innovación



## Community Planning

- Consumers and families at the core of planning.
- Stakeholders are consumers, families, friends, staff, providers, partner agencies, underserved ethnic populations, community organizations, businesses and the entire community.
- All stakeholders encouraged to participate.



## Planificación Comunitaria

- Consumidores y familias al centro de la planificación.
- Interesados son consumidores, familias, amigos, personal, proveedores, agencias hermanas, étnicas sin representación adecuada, organizaciones comunitarias, comercio y toda la comunidad.
- Se invita a la participación de todos los interesados.



## Community Services & Supports

- San Joaquin County allocation for CSS is \$5.6 million per year.
- Target Group:
  - Children and Adolescents with **Severe Emotional Disorder**.
  - Adults and Older Adults with **Serious Mental Illness**.
  - **Unservd**, underserved and inappropriately served.
  - Emphasis on underserved ethnic groups.



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  - **Unservd**, underserved and inappropriately served.
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## Servicios Comunitarios y de Apoyo

- Asignación al Condado de San Joaquín para el CSS es de \$5.6 millones al año.
- Grupo de Enfoque::
  - Niños y Adolescentes con Severos Desórdenes Emocionales.
  - Adultos y Personas de Edad Avanzada con Serias Enfermedades Mentales.
  - Personas sin representación, sin debida o apropiada representación.
  - Énfasis en étnicas sin debida representación .



## CSS *continued*

These services will focus on:

1. **Full Service Partnerships** with consumers and their families – doing whatever it takes. System development is a second priority.
2. Transformation of services based on **Recovery, Resiliency, Wellness and Empowerment.**
3. Provision of researched **best practices.**



## CSS - *continuación*

Estos servicios se enfocarán en:

- **Colaboración de servicio total** con clientes y sus familias -- recurriendo a lo que sea necesario. Desarrollo de sistemas es de segunda prioridad.
- Transformación de servicios basada en **Recuperación, Perseverancia, Bienestar e Independencia.**
- Provisión de las **mejores estrategias** investigadas.



## Desired Consumer Outcomes of Proposition 63

- A safe place to live.
- A meaningful use of time.
- Supportive relationships with family, friends, and neighbors.
- Assistance available 24/7.
- Decreased hospitalization, incarceration, and out-of-home placement.

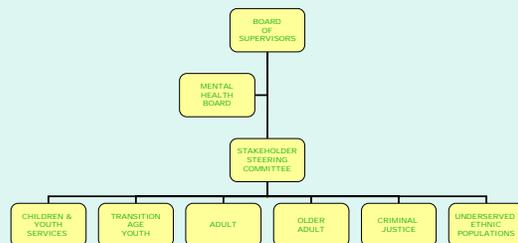


## Resultados deseados de la Proposición 63 de parte del cliente.

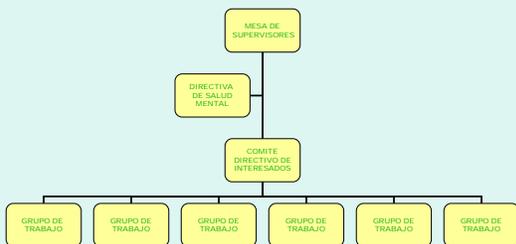
- Un lugar seguro donde vivir.
- Pasatiempos útiles.
- Relaciones edificantes con familiares, amigos y vecinos.
- Asistencia disponible las 24 horas al día, 7 días a la semana.
- Menos hospitalización, encarcelamiento y traslado fuera del hogar.



## Community Planning Structure



## Estructura de Planificación Comunitaria



## Planning Process – Workgroups you can participate in:

- Children and Youth
- Transition Age Youth
- Adult
- Older Adult
- Underserved Ethnic Groups
- Adult Criminal Justice



Sign up now !!!!!!!

## Proceso Planificador - Grupos de trabajos en los que usted puede participar:

- Niños y Jóvenes
- Jóvenes de Edad Transitoria
- Adultos
- Adultos de Edad Avanzada
- Etnias sin Debida Representación
- Justicia Criminal para Adultos



¡Inscríbase Hoy Mismo!

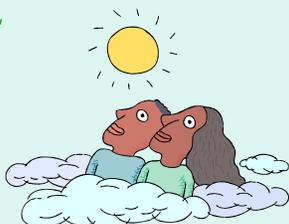
## The Vision

San Joaquin County Mental Health Services will partner with consumers and their families to promote hope, resilience, recovery and improvement in quality of life through education and consumer/family empowerment, using culturally competent services.



## La Visión

Los Servicios de Salud Mental del Condado de San Joaquín colaborarán con clientes y sus familias para promover esperanza, perseverancia, recuperación y mejoramiento de calidad de vida, a través de educación y la independización del cliente y su familia, y de servicios culturalmente competentes.



## How to contact us:

- Bruce Hopperstad, Director of Behavioral Health Services  
phone: (209) 468-2080
- Richard Sanguinetti, MHSA Activity Liaison  
phone: (209) 986-2249  
e-mail: [rsanguinetti@sjcbhs.org](mailto:rsanguinetti@sjcbhs.org)
- Lois Lang, Project Coordinator  
phone: (209) 952-1143  
e-mail: [llang@leadershipone.net](mailto:llang@leadershipone.net)
- [www.sjmhsa.net](http://www.sjmhsa.net)

### Cómo contactarnos:

- Bruce Hopperstad, Director de Servicios de Salud Conductual  
teléfono: (209) 468-2080
- Richard Sanguinetti, MHSA Enlace de actividades  
teléfono: (209) 986-2249  
correo electrónico: [rsanguinetti@sjcbhs.org](mailto:rsanguinetti@sjcbhs.org)
- Lois Lang, Coordinador del Proyecto  
teléfono: (209) 952-1143  
correo electrónico: [llang@leadershipone.net](mailto:llang@leadershipone.net)
- [www.sjmhsa.net](http://www.sjmhsa.net)



# Transforming Mental Health Services

## MENTAL HEALTH SERVICES ACT Community Orientation Meeting

DATE: August 18, 2005  
TIME: 5:30 PM – 7:00 PM  
LOCATION: Fair Oaks Library -- Stockton

### Attendance

Fifty two in attendance. Interpretation available and offered in Cambodian, Spanish and American Sign Language.

### Questions & Comments:

1. Comments: NAMI is starting a family-to-family class on August 27 at St. Joseph's Medical Center.
2. Question: Family group support meetings are held on the first Thursday and 4<sup>th</sup> Saturday at Mental Health.  
Comments: Type in the comment
3. Question: Will this develop new and/or innovative services that are primarily community focused?  
Answer: Yes, the focus will be creating services that the community needs
4. Question: How did you decide on the number of meetings per workgroup? Reference to information going to the Steering Committee for "voting."  
Answer: The State laid out very detailed plans of how planning would occur and our county Behavioral Health Services created a specific document of how planning would occur within the county and multiple communities
5. Question: Is there a plan for how the information will go from the workgroups to the Steering Committee? Reference to "an end product on which the Steering Committee can or will act.
6. Answer: Yes, there is a plan and we know that we want to understand the needs of the community, the barriers to services and the services they think would work the best, but we are still flexible about the process and invite all comments and full participation in the workgroups.
7. Question: Will this money be used for current programs? (will the State be cutting back on current programs so that this money will then go to the cutbacks)

- Answer: No, the legislative intent is clear that the funds are to go for new and/or expanded services. There will be no ‘supplanting’.
8. Question: Is there a philosophy or guiding principle of how much can be allocated to county-based or community-based programs? Will the programs be more county based vs. community based?
- Answer: While we don’t have final guidelines from the state, our thought is that we are very interested in most of the funds going out into the community for direct services
9. Comment: There is a great need for access to outlying geographic area – neighborhood/community based. The lack of adequate transportation is a barrier.
10. Question: At what point is a new program no longer new and will effective programs be able to be self sustaining with these funds.
- Answer: These funds will not disappear; they are dependent on the 1% tax on individuals who annually make greater than 1 million. The State has also created a structure to protect against down years. MHSA provides for a reserve, so the funding can remain more consistent.
11. Question: Are there target dates for when these plans will be implemented?
- Answer: January 1, 2006 submittal; April 15 in place
12. Question: What is the process, after a plan is submitted for consideration, for awarding contracts or approving programs?
- Comment: We need to explain acronyms during meetings.
13. Question: (Rebecca Nabors) Who determines whether a program is an expansion or a new program?
14. Comment: We need a clear definition of “an expansion.”
15. Comment: First 5 has similar challenges of determining an “expansion” or “enhancement.”
16. Comment: (Jesse Nabors): A mental health program can cross a number of lines. What if anything, are you thinking about to expand programs to students.
17. Comment: (Jesse Nabors) in the example of school funding, we need to make sure that most of the funds go to services for the children and not to administration.
18. Question: Is there a certain allocation between new and expanded?
- Answer: There are no percentages set by the Mental Health Services Act that prescribe how much of the money is spent on the expansion of existing programs vs. new programs. Of course, all of Mental Health Services Act funds are intended to be only for the expansion of services or for new services. The Steering Committee, with a membership that is more than half consumers and family members, will ultimately review and then decide on the basis of available funding (estimated to be about 8 million dollars) which expanded programs or new programs identified by the workgroups should be funded. Then, the actual budget for those

expanded or new programs will be developed by San Joaquin County Behavioral Health Services and submitted to the Board of Supervisors for approval.

19. Question: How and who decides how programs going to be selected?

Answer: Workgroups will come up with there proposals that will be sent to the Steering Committee. We anticipate that there will be more asked for than will be able to be funded. After the Steering Committee prioritizes and selects the proposed services, it will go to the Mental Health Board. A public hearing will be conducted to get feedback on the Plan with a 30 day period open for input. The Plan will be revised and edited as needed from input and will then be presented to the San Joaquin County Board of Supervisors and then to the State. Funding will occur approximately 90 days after the State receives it. Consumers are integral to the process and consumer and family members are in workgroups, the Steering Committee and the Mental Health Board.

20. Question: How are we monitoring the effectiveness of our current programs? Are deadlines going to be set for determining effectiveness?

Answer: This is also a directive from the State that programs are becoming increasingly outcome based, for example measurement of days out of the home, incarceration, school performance, and days of employment.

21. Question: Will dollars be available for auxiliary, concrete things such as housing and transportation?

Answer: Yes.

22. Comment: At a national conference, MHSA was recognized as being one of the first endeavors of its kind in the country.

23. Comment: Some young adults may have already qualified for services through special education programs.

# Join a Workgroup !

We need your input - each workgroup will focus on a specific area of need. You may participate in any group that you have an interest in. The groups are:

## **1. Children and Youth Services Workgroup**

The Children and Youth Services Workgroup will make recommendations for new and expanded mental health services for the transformation of services for children and youth with serious emotional disturbance (SED), as well as services for their families. This includes uninsured youth not eligible for Medi-Cal, youth in the juvenile justice system, and youth at risk of foster home placement. Special emphasis will be placed on providing services to persons from underserved ethnic populations.

For questions regarding this workgroup, please contact Kim Suderman or Michele Roland-Bird at telephone number 468-2385.

## **2. Transition Age Youth Workgroup**

The Transition Age Youth Workgroup (TAY) will make recommendations for new and expanded mental health services for the transformation of services for individuals between the ages of 16 and 25 with a serious emotional disturbance or serious mental illness. This includes youth who are homeless or are at risk of being homeless, and youth who are aging out of services for children and youth. Special emphasis will be placed on providing services to persons from underserved ethnic populations.

For questions regarding this workgroup, please contact Michele Roland-Bird at telephone number 468-2385 or Lyn Thomas-Shaw at telephone number 468-3490.

## **3. Adult Workgroup**

The Adult Workgroup individuals will make recommendations for new and expanded mental health services for the transformation of services for adults with a serious mental illness. This group includes persons who are at risk of being homeless, hospitalized and/or jailed or imprisoned, because of a mental illness. Special emphasis will be placed on providing services to persons from underserved ethnic populations.

For questions regarding this workgroup, please contact Becky Gould at telephone number 468-9370, John Schaeffer at telephone number 468-8720 or Tosh Saruwatari at telephone number 468-8854.

## **4. Older Adult Workgroup**

The Older Adults Workgroup will make recommendations for new and expanded mental health services for the transformation of services for older adults (over 60 years of age). This group includes individuals who have a reduction in personal or community functioning, who are homeless or at risk of being homeless, or who are institutionalized or are at risk of being institutionalized. Special emphasis will be placed on older adults from underserved ethnic populations.

For questions regarding this workgroup, please contact Sue Gruber at telephone number 468-3760.

## **5. Justice Workgroup**

The Justice Workgroup will make recommendations for new and expanded mental health services for the transformation of services for individuals with serious mental illness, who are at risk of serving time in jail or prison. Special emphasis will be placed on providing services to persons from underserved ethnic populations.

For questions regarding this workgroup, please contact Linda Collins at telephone number 468-8786.

## **6. Underserved Ethnic Populations Workgroup**

The Underserved Ethnic Populations Workgroup will make recommendations for new and expanded mental health services for the transformation of services for individuals who are unserved, underserved or inappropriately served, which includes: Asian, African-American and Latino communities--with limited access to community mental health services, and in some instances only 25% or less of the access compared to other groups. The crucial role of this workgroup is to make recommendations on how to increase access of the unserved, underserved and inappropriately served populations. Another role is to ensure that cultural competence is embedded in all services.

For questions regarding this workgroup, please contact Marla Ford at telephone number 468-8842.

You may also contact us at telephone number, for general information: Lois Lang, phone (209) 952-1143 or [llang@leadershipone.net](mailto:llang@leadershipone.net) or Richard Sanguinetti (209) 986-2249 or [rsanguinetti@sjcbhs.org](mailto:rsanguinetti@sjcbhs.org)

# Transforming Mental Health Services

## Mental Health Services Act – Proposition 63 CHILDREN & YOUTH WORKGROUP

Please join us at the public consensus meetings facilitated by San Joaquin County Behavioral Health Services to talk about mental health care in San Joaquin County. These meetings will process the community's input and recommendations obtained during the first round of Workgroup Meetings and develop strategies to address the Mental Health Services in our county. Participants are welcome to attend one or all of the meetings. Dates and locations for all meetings are also available online at [www.sjmhsa.net](http://www.sjmhsa.net).

### Schedule of Meetings

| Day       | Date       | Time                   | Location of meeting   | Room                             |
|-----------|------------|------------------------|---|----------------------------------|
| Wednesday | 11/2/2005  | 9:30 a.m. - 11:30 a.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA                         | Conference Room A                |
| Wednesday | 11/16/2005 | 9:00 a.m. - 11:30 a.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |
| Wednesday | 11/23/2005 | 9:00 a.m. - 11:30 a.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |
| Wednesday | 11/30/2005 | 9:00 a.m. - 11:30 a.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |
| Wednesday | 12/7/2005  | 9:00 a.m. - 11:30 a.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |

If you would like more information or require special accommodations at the meeting - for example, American Sign Language or other interpreter, accessible seating, documentation in alternate formats - feel free to call Richard Sanguinetti at (209) 986-2249 or Lois Lang at (209) 952-1143.

# Transforming Mental Health Services

## Mental Health Services Act – Proposition 63 TRANSITION AGE YOUTH (TAY) WORKGROUP

Please join us at the public consensus meetings facilitated by San Joaquin County Behavioral Health Services to talk about mental health care in San Joaquin County. These meetings will process the community's input and recommendations obtained during the first round of Workgroup Meetings and develop strategies to address the Mental Health Services in our county. Participants are welcome to attend one or all of the meetings. Dates and locations for all meetings are also available online at [www.sjmhsa.net](http://www.sjmhsa.net).

### Schedule of Meetings

| Day    | Date       | Time                  | Location of meeting   | Room              |
|--------|------------|-----------------------|---|-------------------|
| Monday | 11/7/2005  | 1:00 p.m. - 3:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room C |
| Monday | 11/14/2005 | 1:00 p.m. - 3:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room C |
| Monday | 11/21/2005 | 1:00 p.m. - 3:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room C |
| Monday | 11/28/2005 | 1:00 p.m. - 3:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room C |
| Monday | 12/5/2005  | 1:00 p.m. - 3:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room C |

If you would like more information or require special accommodations at the meeting - for example, American Sign Language or other interpreter, accessible seating, documentation in alternate formats - feel free to call Richard Sanguinetti at (209) 986-2249 or Lois Lang at (209) 952-1143.

# Transforming Mental Health Services

## Mental Health Services Act – Proposition 63 ADULT WORKGROUP

Please join us at the public consensus meetings facilitated by San Joaquin County Behavioral Health Services to talk about mental health care in San Joaquin County. These meetings will process the community's input and recommendations obtained during the first round of Workgroup Meetings and develop strategies to address the Mental Health Services in our county. Participants are welcome to attend one or all of the meetings. Dates and locations for all meetings are also available online at [www.sjmhsa.net](http://www.sjmhsa.net).

### Schedule of Meetings

| Day     | Date       | Time                   | Location of meeting   | Room                             |
|---------|------------|------------------------|---|----------------------------------|
| Tuesday | 11/1/2005  | 8:30 a.m. - 11:00 a.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA                         | Conference Room B                |
| Tuesday | 11/8/2005  | 8:30 a.m. - 11:00 a.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |
| Tuesday | 11/15/2005 | 8:30 a.m. - 11:00 a.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |
| Tuesday | 11/22/2005 | 8:30 a.m. - 11:00 a.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA                         | Conference Room B                |
| Tuesday | 11/29/2005 | 8:00 a.m. - 10:30 a.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA                         | Conference Room B                |

If you would like more information or require special accommodations at the meeting - for example, American Sign Language or other interpreter, accessible seating, documentation in alternate formats - feel free to call Richard Sanguinetti at (209) 986-2249 or Lois Lang at (209) 952-1143.

# Transforming Mental Health Services

## Mental Health Services Act – Proposition 63 OLDER ADULT WORKGROUP

Please join us at the public consensus meetings facilitated by San Joaquin County Behavioral Health Services to talk about mental health care in San Joaquin County. These meetings will process the community's input and recommendations obtained during the first round of Workgroup Meetings and develop strategies to address the Mental Health Services in our county. Participants are welcome to attend one or all of the meetings. Dates and locations for all meetings are also available online at [www.sjmhsa.net](http://www.sjmhsa.net).

### Schedule of Meetings

| Day      | Date       | Time                   | Location of meeting   | Room                             |
|----------|------------|------------------------|---|----------------------------------|
| Thursday | 11/3/2005  | 10:30 a.m. - 1:00 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA                         | Conference Room B                |
| Tuesday  | 11/8/2005  | 11:00 a.m. - 1:00 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA                         | Conference Room C                |
| Thursday | 11/17/2005 | 12:00 p.m. - 2:30 p.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |
| Tuesday  | 11/29/2005 | 10:30 a.m. - 1:00 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA                         | Conference Room B                |
| Thursday | 12/8/2005  | 12:00 p.m. - 2:30 p.m. | San Joaquin County Mental Health<br>Family Health Center<br>1414 N. California Street<br>Stockton, CA | Dorothy Chase<br>Conference Room |

If you would like more information or require special accommodations at the meeting - for example, American Sign Language or other interpreter, accessible seating, documentation in alternate formats - feel free to call Richard Sanguinetti at (209) 986-2249 or Lois Lang at (209) 952-1143.

# Transforming Mental Health Services

## Mental Health Services Act – Proposition 63 UNDERSERVED ETHNIC POPULATIONS WORKGROUP

Please join us at the public consensus meetings facilitated by San Joaquin County Behavioral Health Services to talk about mental health care in San Joaquin County. These meetings will process the community's input and recommendations obtained during the first round of Workgroup Meetings and develop strategies to address the Mental Health Services in our county. Participants are welcome to attend one or all of the meetings. Dates and locations for all meetings are also available online at [www.sjmhsa.net](http://www.sjmhsa.net).

### Schedule of Meetings

| Day    | Date       | Time                  | Location of meeting   | Room              |
|--------|------------|-----------------------|---|-------------------|
| Friday | 11/4/2005  | 2:00 p.m. - 4:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room B |
| Friday | 11/18/2005 | 2:00 p.m. - 4:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room B |
| Friday | 12/2/2005  | 2:00 p.m. - 4:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room B |
| Friday | 12/9/2005  | 2:00 p.m. - 4:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room B |
| Friday | 12/16/2005 | 2:00 p.m. - 4:30 p.m. | San Joaquin County Mental Health<br>1212 N. California Street<br>Stockton, CA | Conference Room B |

If you would like more information or require special accommodations at the meeting - for example, American Sign Language or other interpreter, accessible seating, documentation in alternate formats - feel free to call Richard Sanguinetti at (209) 986-2249 or Lois Lang at (209) 952-1143.

# Transforming Mental Health Services

## Mental Health Services Act – Proposition 63 CRIMINAL JUSTICE WORKGROUP

Please join us at the public consensus meetings facilitated by San Joaquin County Behavioral Health Services to talk about mental health care in San Joaquin County. These meetings will process the community's input and recommendations obtained during the first round of Workgroup Meetings to develop strategies to address the mental health services in our county. Participants are welcome to attend one or all of the meetings. Dates and locations for all meetings are also available online at [www.sjmhsa.net](http://www.sjmhsa.net)

### Schedule of Meetings

| Day    | Date       | Time                  | Location of meeting      | Room     |
|--------|------------|-----------------------|--------------------------|----------|
| Monday | 11/14/2005 | 2:00 p.m. - 4:30 p.m. | Superior Court, Dept. 35 | Dept. 35 |
|        |            |                       | 222 East Weber Avenue    |          |
|        |            |                       | Stockton, CA             |          |
| Monday | 11/21/2005 | 2:00 p.m. - 4:30 p.m. | Superior Court, Dept. 35 | Dept. 35 |
|        |            |                       | 222 East Weber Avenue    |          |
|        |            |                       | Stockton, CA             |          |
| Monday | 11/28/2005 | 2:00 p.m. - 4:30 p.m. | Superior Court, Dept. 35 | Dept. 35 |
|        |            |                       | 222 East Weber Avenue    |          |
|        |            |                       | Stockton, CA             |          |
| Monday | 12/5/2005  | 2:00 p.m. - 4:30 p.m. | Superior Court, Dept. 35 | Dept. 35 |
|        |            |                       | 222 East Weber Avenue    |          |
|        |            |                       | Stockton, CA             |          |
| Monday | 12/12/2005 | 2:00 p.m. - 4:30 p.m. | Superior Court, Dept. 35 | Dept. 35 |
|        |            |                       | 222 East Weber Avenue    |          |
|        |            |                       | Stockton, CA             |          |

If you would like more information or require special accommodations at the meeting - for example, American Sign Language or other interpreter, accessible seating, documentation in alternate formats - feel free to call Richard Sanguinetti at (209) 986-2249 or Lois Lang at (209) 952-1143.



# Transforming Mental Health Services

## MENTAL HEALTH SERVICES ACT Adult Workgroup Meeting Summary

DATE: September 29<sup>th</sup>, 2005  
TIME: 5:00 p.m. – 7:00 p.m.  
LOCATION: Lodi Public Library -- Lodi

### Attendance

Twenty-three (23) people were in attendance: consumer (2); family member of consumer (9); community member (2); public agency (4); other (2); non-profit (2); undesignated (2).

### **I. Identifying Needs**

- Housing that's safe, affordable, appropriate, drug free
  - Supervised independent living with social and occupational services
- Vocational training and job employment – sheltered workshops
  - “Community Skill Building” program works
- 24x7 Mobile Crisis and Evaluation Team for persons not able to get around
- Outreach and support to Board and Care homes
- Respite and counseling support for care givers
- In-home support services for consumers that don't qualify for benefits without a physical disability
- Longer-term (> 3 months) transitional housing – “Bright House”
- Babysitting/childcare during appointments
- Transportation
- Integrated services that are located near each other – “one-stop shopping”
  - Mental health
  - Physical health
  - Counseling
  - Vocational training
  - Substance abuse services
  - Childcare
- Continuity of care following transitional care
- Integration of training for staff for dual-diagnosed consumers (substance abuse/MH)
- Increased staff to offer scheduled consistent group services
- 24x7 non-crisis drop-in services – “Warm Line”
- 24x7 availability of Psychiatric services on site
- Outreach to physically disabled/dual-diagnosed
- Public education on mental illness to attack stigma
  - Use advertising to show the “face of mental illness” – publicly recognized person
  - Share consumer success stories

- Integration of MH services into schools
- Things for people to do; other services like those available in Stockton made available in rural areas too
- Increased coordination/collaboration between law enforcement, social services, and MHS
- Improve standard of living at Board and Care homes
  - Increase funding to B&C operators
- In-patient Psychiatrist same doctor as the out-patient Psychiatrist; need for same Dr to follow patient through treatment
- Culturally sensitive/bi-lingual staff that is culturally competent

## **II. Revealing High Need Populations and Services**

- Veterans
- Ethnic/cultural minorities
- Homeless
- Elderly
- Unemployed consumers
- Latinos
- African-Americans
- Southeast Asians
- Filipinos
- Native Americans
- Underserved gender groups
- Underserved people in Board and Care homes
- Homebound

### **Barriers**

- Lack of integrated mental health team that includes law enforcement
- Stigma
- Lack of education of banks/lending institutions to counter financial abuse of elderly clients
- General lack of public understanding of elder abuse
- Lack of information to perspective employers; MH consumer liaison to advocate and assist with employment
  - Incentives to hire/train consumers
- Transportation – lacking general access when needed
- Language, including deaf/blind
- Illiteracy
- Transportation
- Lack of funding; consumer's quota for services used up
- Not enough case managers

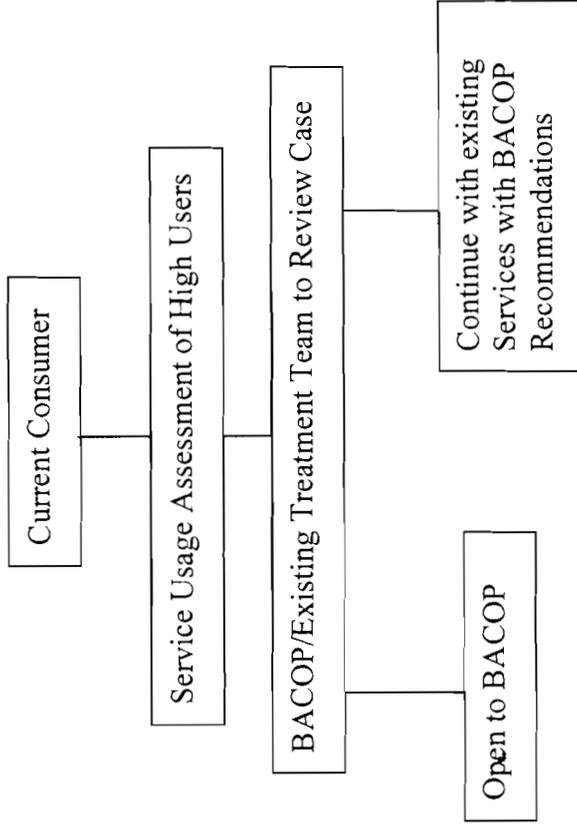
### **What Services Have Worked**

- Wrap-around community based intervention services – CBIS
- Day reporting
- Forensic program for other populations
- Latino Mental Health

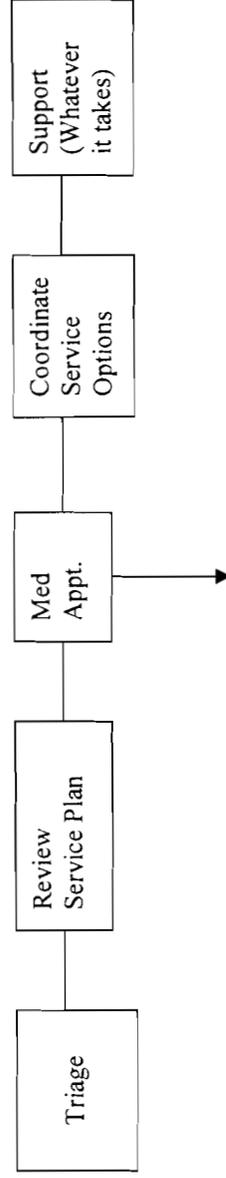
- Holiday suicide prevention coping group
- BACOP
- Community Skills Building
- Day Treatment (all ages)
- MET (mobile evaluation team for all ages)
- Some good case managers
- More case managers and lower case loads
- HEART (homeless engagement and response team)
- Older adult day treatment
- Holiday suicide prevention services – “coping with the holidays workshop”

APPENDIX  
Flowchart for the 90 Day Model

Following is a flow chart for the First 90 Days Model with an integrated services team approach with any consumer being intensively served with "whatever it takes" immediately upon their entry in to the SJC/BHS system. Individuals entering the system will have a "navigator" with whom they relate, are familiar and representative of their ethnicity. The 90 day approach is divided into three parts: Existing consumers, new consumers and outreach & engagement to underserved and un-served. This model will be used by all FSP plans to access ethnic communities. This flow chart is for current consumers.



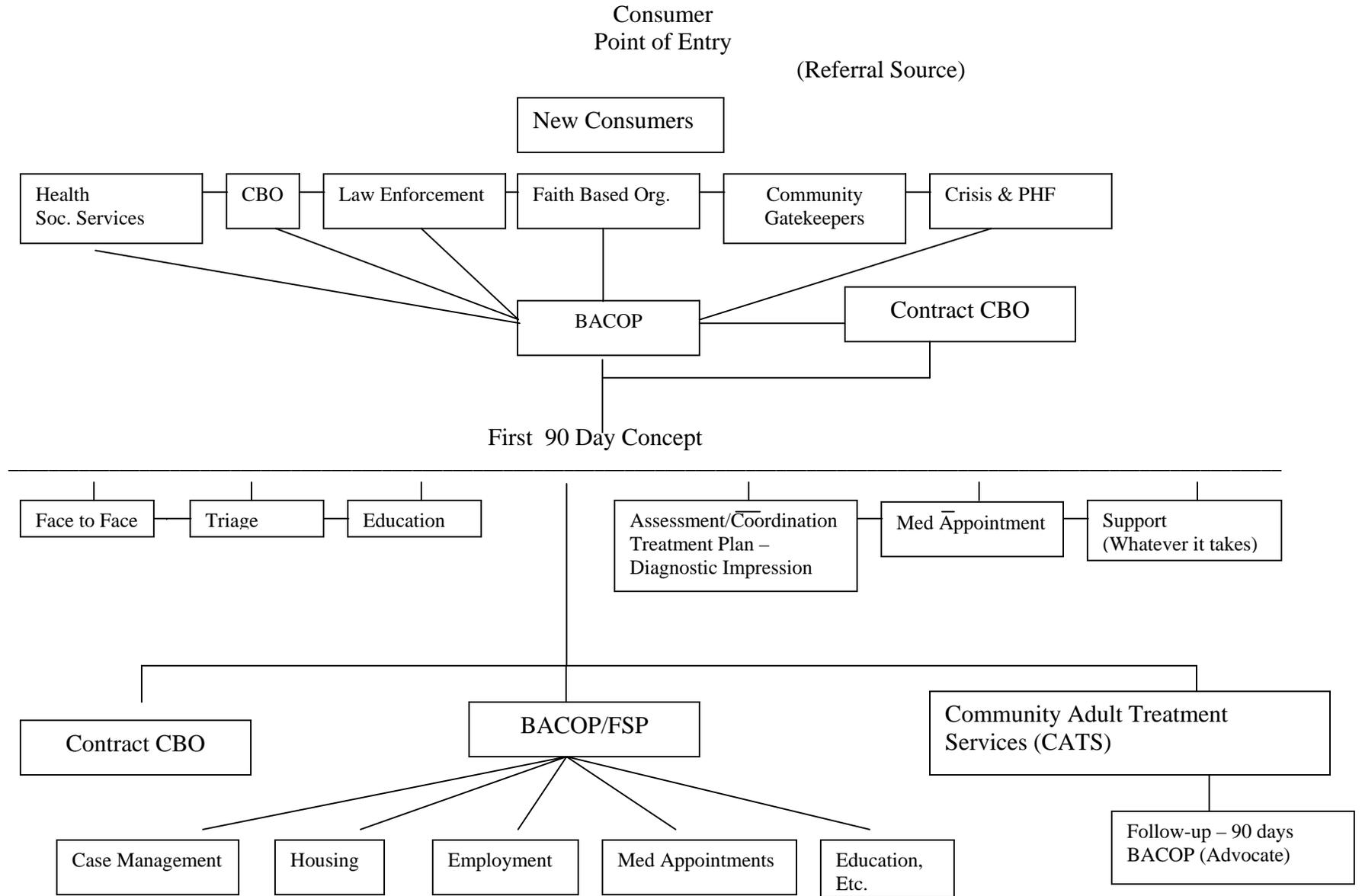
Modified "90 Day" Concept



Transition Back to Existing Services

Footnote: The First 90 Day Model Created by BACOP (Black Awareness Community Outreach Program)

Following is a flow chart for the First 90 Days Model with an integrated services team approach with any consumer being intensively served with “whatever it takes” immediately upon their entry in to the SJC BHS system. Individuals entering the system will have a “navigator” with whom they relate, are familiar and representative of their ethnicity. The 90 day approach is divided into three parts: Existing consumers, new consumers and outreach & engagement to underserved and un-served. This model will be used by all FSP plans to access ethnic communities. This flow chart is for outreach & engagement and new consumers.



Footnote: The First 90 Day Model Created by BACOP (Black Awareness Community Outreach Program)

## Public Review

In August 2005, San Joaquin Mental Health Services began development of a mental health services plan in compliance with Proposition 63, the Mental Health Services Act, which would expand services in San Joaquin County for children, youth, adults and seniors. After months of public meetings and plan development we need your help again. Please take a moment to go to the location nearest you, review the San Joaquin Mental Health Services Draft Plan and give us feedback. The plan is available at the following locations:

|  |  |
|--|--|
| Caesar Chavez Central Library<br>605 N. El Dorado St<br>Stockton, CA 95202-1907<br>#937-8221 | Maya Angelou Southeast<br>Branch Library<br>2324 Pock Ln<br>Stockton, CA 95205-7821<br>#937-8221   |
| Margaret K. Troke Branch<br>Library<br>502 West Benjamin Holt<br>Stockton CA<br>#937-8221    |  |
| Tracy Public library<br>20 E. Eaton Ave<br>Tracy, CA 95376-3100<br>#831-4250                 | Manteca Public Library<br>320 W. Center<br>Manteca, CA 95336-4539<br>#937-8221                     |
| SJC Behavioral Health Services<br>1212 North California St<br>Stockton Ca<br>#468-8700       | Lodi Public Library<br>201 West Locust St<br>Lodi CA 95240<br>#333-5566                            |
| Lodi Mental Health Clinic<br>1209 West Tokay Suite 5<br>Lodi CA<br>#331-2070                 | Manteca Mental Health Clinic<br>129 East Center St<br>Manteca Ca<br>#831-5941                      |
| Transcultural Clinic<br>4422 North Pershing Ave<br>Suite D-2<br>Stockton CA<br>#953-8843     | Tracy Mental Health Clinic<br>241 East 10 <sup>th</sup> St<br>Suite C & D<br>Tracy CA<br>#239-5553 |

Public Comment cards are available at all locations. Tell us what you think! The Draft Plan and on-line Public Comment cards are also available on the website at [www.sjmhsa.net](http://www.sjmhsa.net).

**A Public Hearing on the Draft Plan will also be held at 2:00 p.m. on Monday April 24, 2006 at 1212 North California Street, Stockton, and Conference Rooms A & B.**

If you would like more information or require special accommodations at the meeting feel free to contact Richard Sanguinetti at #986-2249

# Transforming Mental Health Services

## Public Comments

We appreciate and welcome your comments and suggest regarding the draft San Joaquin County Mental Health Services - Community Supports and Services Plan. Please feel free to contact us with any comments or suggestions.

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Organization Represented, if any: \_\_\_\_\_

Would you like to be contacted about your comments?      Yes      No

If yes, please fill out the following information:

|          |        |           |
|----------|--------|-----------|
| Address: |        |           |
| City:    | State: | Zip Code: |
| Phone:   | Email: |           |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax comments and suggestions to 209-468-2399; e-mail to [rsanguinetti@sjcbhs.org](mailto:rsanguinetti@sjcbhs.org); visit the website at [www.sjmhs.org](http://www.sjmhs.org) or deliver to 1212 North California Street. If you have questions, please contact Richard Sanguinetti at 209-986-2249. Also, you may call Richard if you would like to give your comments verbally

Thank You!

# Keu Pauv

## Ntawm Nroog San Joaquin Tsev Khu Mob Puag Hlwb

### Nthuav tawm tswv yim lug ntawm Tsoom Pej Xeem

Nroog San Joaquin Tsev Khu Mob Puag Hlwb – nrug rua Khoom hum pawg kev paab cuam hab txhawb nqaa npaaj tswv yim los lub hom phaj tog txais mej txuj kev txhawb nqaa hab tawm tswv yim. Peb yuav ncu mej tug txaj ntsig txug ntawm kev paab hab tawm tswv yim rua tsaab ntawv ntawm nuav. Thov mej hu tuaj rua peb tau txhua lub sib hawm Yog mej muaj lug tawm tswv yim los txhawb nqaa

Nub tim: \_\_\_\_\_

Thov Sau Koj lub Npe: \_\_\_\_\_

Yog sawv cev Ntawm Koom Hum; Yog lub twg: \_\_\_\_\_

Koj puas kaam peb hu nrug koj thaam txug cov lug tawm tswv yim txhawb nqaa ntawm ?

Kaam \_\_\_\_ Tsi Kaam \_\_\_\_

Yog tas Kaam, Thov sau koj les chaw nyob, Xuv tooj, hab koj tug Email:

|            |           |                       |
|------------|-----------|-----------------------|
| Chaw Nyob: |           |                       |
| Lub Zog:   | Lub Xeev: | Thaaj twg / Zip Code: |
| Xuv tooj:  | Email:    |                       |

### Cov lug tawm tswv yim:

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Thov xaa koj cov lug es paab hab kom tawm tswv yim tuaj rua ntawm tug **xuv tooj nuav 209-468-2399**; e-mail rua [rsanguinetti@sjcbhs.org](mailto:rsanguinetti@sjcbhs.org); saib huv computer website yog [www.sjmhs.org](http://www.sjmhs.org) los yog xaa tuaj rua ntawm Chaws nyob yog: 1212 North California Street. Yog koj muaj lug nug dlaab tsi hu tau rua Richard Sanguinetti xuv tooj yog 209-986-2249. Los yog, koj muaj lug paab cuam tawm tswv yim les caag hu tau rua Richard. Los yog koj xaav has cov lug rua nwg kag los yeej tau.

**Ua tsaug !**

**Hmong**

# Bieán Ñoã

## Dòch Vui Söüc Khoûe Tâm Thaàn

### YÙ Kieán Ñòùng Gòp

Chùng tôi rất cảm kích vàø sãin sống ñòn nhãn mọi phê bình vàø yù kieán xây döng của quý vàø veà bên soạn thảo của Kế Hoạch Dòch Vui Söüc Khoûe Tâm Thaàn Quận Hải San Joaquin – Community Supports and Services. Xin vui lòng liên lạc với chúng tôi nếu quý vàø có ñời phê bình hoặc gòp yù kieán nào.

Xin In Rõ Tên:

Ñãï dieãn cho Cô Quan, nếu có:

Ñieãn Thờ (Email):

Quý vàø có muốn ñối liên lạc về những phê bình của quý vàø không?

Có

Không

Ñòa Chæ:

Thønh Phóá:

### Comentarios del público

Apreciamos y aceptamos sus comentarios y sugerencias con respecto al proyecto Servicios de Salud Mental del Condado de San Joaquin - Plan de Servicios de Asistencia Comunitaria. Por favor siéntase libre contactarnos con cualquier comentario o sugerencias..

Favor de Imprimir  
Nombre::

Organización  
Representada, si  
alguna:

Email:

¿Gustaría que se pongan en contacto con usted sobre sus comentarios?

Sí

No

Dirección:

Ciudad:

Estado:

Código Postal:

Teléfono:

Comentarios:

# ការផ្តល់សេវា

## ការព្យាបាលវិបត្តិផ្នែកខាងផ្លូវចិត្ត

### ការចាប់អារម្មណ៍នៃសាធារណៈជន

យើងមានអំណរ និងស្វាគមន៍ការចាប់អារម្មណ៍ និងការគូរយោបល់ ចំពោះពង្រាងការព្យាបាលវិបត្តិផ្នែកខាងផ្លូវចិត្តជំហាន San Joaquin - ការជួយគាំទ្រពីសហគមន៍ និងគំរោងការព្យាបាល ។ មានការចាប់អារម្មណ៍ ឬការគូរយោបល់ណា សូមទាក់ទងមកយើងដោយសេរី ។

សូមសរសេរឈ្មោះ

តំណាងអង្គការណា បើមាន

Email:

តើអ្នកចង់ឲ្យយើងទាក់ទងមកអ្នក ពីការចាប់អារម្មណ៍ឬទេ ?  បាទ/ចាស  ទេ

អស័យដ្ឋាន

ទីក្រុង  រដ្ឋ

Zip Code:  ទូរស័ព្ទ

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# Transforming Mental Health Services

## SAN JOAQUIN COUNTY MENTAL HEALTH SERVICES ACT

### Public Comment Compilation

Note: PM after the comment indicates that the comment occurred during the April 24<sup>th</sup>, Mental Health Advisory Board public comment meeting on the MHSA Draft Plan

#### **Black Awareness Community Outreach Program comments:**

1. In lieu of attendance, there were 141 comment sheets prepared that stated support of the proposed BACOP section of the Mental Health Services Plan
2. BACOP needing more operating money; have already donated over \$ 400,000 in outreach, engagement and system development
3. I reviewed and heard some comments regarding the MHSA Plan and the portion pertaining to the cost associated with the BACOP program. I would suggest it is always in the best interest of the writer to be proactive by answering obvious questions up-front. Therefore, I would recommend the following:
  1. That a statement of explanation be provided that acknowledges the cost differential and speaks to the reason why this program is costing more per client slot.
  2. The statement could be a short addendum to the budget pages or be a \* placed at the bottom of the budget page.
  3. The explanation should recognize the fact that both the Asian and Hispanic groups have existing mental health programs at County Mental Health and in the community.
  4. The statement should explain that for the African American group there are no such programs specific to this population at Mental Health or in the community, and the BACOP proposal would act to develop the infrastructure and capacity both in County Mental Health and in the Community (CBO) to meet the needs of the African American population.
  5. Finally, BACOP will have the added responsibility to provide oversight and support to the Middle Eastern Muslim, American Indian, and Gay/Lesbian/Bisexual/Transgender groups contracted to do outreach.
4. Need full participation of African American community secondary to higher incidence of mental illness and crime; implement the model program you've designed (PM)
5. Look at cost-benefit analysis of BACOP 90-Day Model

### **Justice System Program**

1. Need more drug/court programs to help people stay out of trouble and help with employment services (PM)

### **La Familia**

1. La Familia at about \$11,000 per person and two other programs much higher (BACOP at ~ \$ 18,000 and GOALS at \$ 12,987); need to look at the equity of this when we show the high Latino need (PM – 2 comments)

### **MHSA Plan in general**

1. The plan was well done and there was a lot of community input, including consumer and family input – 18 replies
2. Process was great (PM)

### **Other**

1. Transportation needs to be emphasized as it was emphasized during the community input and consensus meetings (PM)
2. Access to mental health services was difficult at the beginning, but better now (PM)
3. I would like to see more of the money invested in Board and Care
4. Mental health department here is wonderful; started to transform before Prop. 63 (PM)
5. Remember the hard work that went into building the Plan and the relationships in the community and continue this work (PM)
6. Consumers have been really involved in meeting inclusion, consensus groups and education at web cast trainings (PM)
7. Remember to care with heart to heal the mid of mentally ill

### **Staff**

1. Mental health staff need more training
2. Staff need to re-charge on a regular basis and find ways to handle negative energy

### **Wellness Center**

1. Coordinate with existing services i.e. with Gipson Center. (PM)
2. Thanks for keeping Gipson Center open; Board and Care consumers need help with transitioning back into community; Gipson Center needs transportation to and from instead of being stuck at the B & C (PM)
3. Need to define Wellness Center to emphasize more than drop-in center as socializing, napping etc. by need to focus around defining values as first stages of recovery, volunteering opportunity, part time employment, place

- to go besides B & C during day; transforming Services; consumers to run groups; involve B & C members – support groups, advocacy, socialization; transportation to increase attendance for psych treatment and primary care treatment (PM)
4. When will Wellness Center start? A: not set at this time, awaiting State approval of funds (PM)
  5. What Gipson Center to stay open and didn't expect to see it move. A: Gipson Center will not more; Wellness Center is in addition to Gipson, so will be two separate centers (PM)
  6. Gipson Center good at building self esteem; consumers benefit in relationship to what they put in; concerned about all ethnic groups & GLBT (PM)
  7. Encouraged by changes in the system – Wellness Center is a good idea; will add spiritual part of recover (PM)
  8. Gipson Center needs monitored shower and washing machine facilities

San Joaquin County Mental Health Services  
 MHSA Community Services and Supports  
 Public Comments Previously Submitted  
 Mental Health Board Public Hearing  
 April 24, 2006

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| Comment 1 | <p>The SJBHS CSS plan is well written and easy to follow. The county did a good job of identifying community issues and analyzing community needs and those who participated were able to identify FSP populations, strategies and develop the workplans. Twelve workplans to implement is ambitious and a reflection of trying to give every workgroup something. FSP-1 was hard to follow since Exhibit 4 was too lengthy with too many statistics. SUMMARIZE IT! Workplans #1 through #4 and #6 are collaborations and my concern is with the hiring of so many new SJBHS personnel presumably to oversee what the CBO and their personnel are doing in the communities. Where are the consumer/family members being hired in these plans? There still seems to be a question about how FSP-5, the Forensic Court Program will be administered. Will SJBHS contract out or do in house? This will need to be addressed. The System Development Plans 1 through 6 are all good but again ambitious. The Wellness Center seems to be the only place consumers will be hired by SJBHS. Is this what the MHSA was about? The Consortium is a good idea but does SJBHS need to fund this project and hire even more staff. Why can't the organizations involved share funding? The 24/7/365 Community Response Team is much more than those of us involved in the concept ever asked for and very expensive...family members and those in the community simply wanted crisis workers to go into the community to see if something could be done before our loved ones were involuntarily committed or hauled off to jail. CBIS is a proven program and they don't seem to need additional SJBHS new personnel to implement. Anything that will improve housing and employment is essential. In summary, Community collaboration is evident, Cultural competence is expected, Client/family driven mental is promised, a focus on wellness that includes recovery and resilience is the goal, and 'whatever it takes' is a challenge to all these workplans. MHSA asks that a few be Fully served instead of many being Underserved. In twenty years of experience with SJBHS my family member was Unserved, Underserved, Inappropriately served, and never Fully served. It is too late for these programs to reach my family member but I hope they do help others. In the end, I am glad I participated in the process and I am anxious to see some results.</p> |
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| Comment 2 | <p>Throughout all workplans timelines should be mm/dd/yy, not Month 1 &amp; 2 etc. Throughout workplans families are not adequately considered. Families are co-survivors of mental illness. P. 77 (one time expenditures) line 10 Shredder (not Shedder) SD1-Wellness Center-interested persons welcome etc. - in what capacity?. As visitors, volunteers, what, how? Greenhouse is one word. SD4 sec.6) Probably would be better to end statement with the first period. Not necessary to dwell on past. Need to know here and now. SD5-Community Response Team. Need more details on how the team would work. Need distinction between CIS and Community Response Team. Exhibit 4, sec.5)Peer support on mobile teams-where is mention of family support on team? Are the mobile teams dedicated or have other responsibilities? sec.2)I am concerned that there is a subtle shift in focus from mobile crisis unit to outreach and education. A mobile crisis team 24/7/365 was a very high priority in all community/workgroup meetings. Families and concerned citizens need crisis intervention to de-escalate emergency situations in situ. Would the team be available when crisis occurs? sec.2) Need clear definition of "hot" line and "warm" line and relationship between. sec.10) Last para. of this section just reflects back the language of the question. sec.6) I would eliminate first sentence-not necessary to restate the past-just need to know here and now as the Community Response Team should not be an extension of "Mobile Evaluation Team" in Older Adult Services. Not all volunteers wish to work their way up the career ladder to employment with SJCBS. Some persons may simply want to volunteer according to their capabilities and desire to help.</p> |
| Comment 3 | <p>On a positive note - I like the way consumers and their families have been included in jobs across proposed programs. Concern - I am concerned with the proposal of the Wellness Center and don't see how it is offering something new to the county. Even after attending some of the public meetings, I do not feel that the MH administration has a clear understanding of the activities and tasks that the PWLC and Gipson Center. For that reason, the similarities in the Wellness Center and current services may not be apparent. PWLC is Consumer driven and operated. In addition to the classes taught at the Gipson Center by college or full time staff, PWLC offers several classes a day taught by other consumers. The specific area for PWLC within the Center is full of active, participating consumers who look forward to coming to the Center every day. While some consumers may choose to relax and sometimes sleep at the Gipson Center, that does not represent what the majority of the 75 - 90 consumers a day do at the Gipson Center. All of the services provided by the Center and PWLC are done with a minimal budget, particularly in comparison to the proposed budget for the new Wellness Center. It would seem that a better use of the money would be to enhance current services or to create a similar service in other cities within our county.</p>  |

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| Comment 4  | What is the definition of "Living Successfully" for someone with serious mental illness? My definition would not include homelessness but the individual with mental illness might prefer homelessness to rules? Is success defined with and/or by each client? How will their difficulties be prioritized and by whom? Will parenting classes be a part of this program..How about general social skill classes? I am so intrigued by this program.. It is many decades late.. |
| Comment 5  | Part 1 section 2 the word plan is misspelled it pan instead of plan??   |
| Comment 6  | You have my name spell wrong on Page 27 it Giampetro not Gianpetro.   |
| Comment 7  | I think that this Plan from San Joaquin county outreaches all ethnic minority, consumers, family member, GBLT and should be consider a model for the state.   |
| Comment 8  | The flyers you used to outreach to both English and Latino community should be included in the plan. At least that my take on it the two other plans I read in full included the flyers in the attachment section.  |
| Comment 9  | in section 13 of the plan on page 93 it say please provide a timeline for this work plan, including all critical dates. The css requirements state that you put a DATE not just in Months in both review we asked for this correction.  |
| Comment 10 | On page 9 of the current draft under NAMI Section It Quotes that the current president serves on the steering committee this is in correct Mary Ellen Craston Benett is not the current President of Nami. Dr. Robert Moore is, he is not on the steering committee.  |

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| Comment 11 | On page 78 of the plan you have a variance in the price of the computers i believe the total cost of the highest one is 28,200 that is unacceptable if you do the math that comes out to roughly \$3,525 per machine The average cost of the computer I have seen in the plans I have read is between \$1,400 and \$2,000 that included a printer with each computer. It been my experience the state has been very stringent on computers and cost of equipment like this and office furniture.  |
| Comment 12 | In the draft summary there is a listing of other medical providers who were apart of this community planning process. San Joaquin County Public Health Services was not listed. The following staff participated in at 4 or more meetings each. Eloise Steward MSW, Joyce DePron MSW, Gwendolyn Snell RN, Judy Wagner Program Manager, and myself.  |
| Comment 13 | Hi Richard. In the document it mentions that this was posted and a hearing has already taken place. Is that true? I requested notice and had hoped to have had a chance to adequately reviewed the plan. My time invested in the process deserves a chance to review the finished doc to me. I am currently reviewing it. How it could be passed out and given an hour to review is incredible. It is very thorough and detailed and requires that kind of review. A note-on page 82, 2nd line should be "one" instead of "on". The WRAP Program sound phenomenal. I'm on page 293 and can't finish the rest until late tonight but I have more notes but if the period of comments have expired, I can direct my energy somewhere else. Best regards, Mary |
| Comment 14 | You need to provide mental health care and medicine for those who cannot afford medical care but whom are working. These people are often at-risk and the problem escalates because they cannot afford that and a roof over their head. You also need to locate services in Tracy. It is difficult to get to Stockton and expensive. You need satellite stations. Tracy is part of San Joaquin County, too.   |

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| Comment 15 | <p>In 2000, my mentally ill adult daughter came from Richmond, VA to live with me. Unfortunately, the place she had been residing in did not send her medications. I immediately went about transferring all of her business to Stockton. We came to the county to try and obtain a medication source for her. She was receiving antipsychotics, which are essential to her maintaining control. On our second visit to the county MH facility, my daughter was taken in the back, placed on a 5150, and held as a danger to others. I was not informed until after waiting for 2 hours. I later found out thru friends, that work at the facility, that the hold was initiated by statements made by me to her in the waiting room. Even though she was held for 72 hours, she still had no medication. It took several outpatient visits following the inpatient release before she was prescribed medication. Personally and professionally, I find this appalling. As I can only use this as my measure of the care provided by SJCMH, I have to say that some serious educating and resources are providing. I am a Psychiatric RN and successfully worked as so for over 30 years. I have worked all over the country in this capacity from NY to Alaska. I have never seen such deplorable mental health care in my life. As an experienced mental health professional I came to the county with the name of my daughters Va. provider, contact and fax numbers, also a list of her medications with empty bottles. Even with this the county could not call Virginia and obtain the information needed to order her medications. Their way of handling mental health is to incarcerate people as 5150 when they make too much noise. I can only assume it was either ignorance or discrimination. Did they assume we were just poor black folk they could treat any way they chose? Whatever the reason it clearly indicates that SJCMHC on California Avenue, is not efficiently and appropriately treating the needs of the mentally ill. Fortunately, my employer was able to cover my daughter as a disabled and was able to get her needs met via private care. I cannot help but feel some concern for the needs of the mentally ill who are forced to rely on the services provided by the county. Someone needs to travel to other county mental health facilities in other states, who do provide good care, and find out how they do it. Then this one can be restructured and retrained utilizing best practice methods.</p> |
| Comment 16 | Just wanted to let you know that I like the website! Good job!  |
| Comment 17 | <p>There are no services in Tracy for people who have Medicare only. That includes group therapy. The services in Stockton are not adequate. Will the mobile service for seniors have services or will it be transportation only? What is in the plan to help children and youth?</p>   |
| Comment 18 | I am interested in The Wellness Center. A place where we can learn various life skills for example cooking classes and peer groups.   |

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| Comment 19 | I think the "Wellness Center" is necessary for prevention and maintaining wellness. This will help the consumer and the community a great deal. Full Service Partnerships seem to be a good start to make consumers and families access services.   |
| Comment 20 | I am in support of Wellness Center, BACOP, La Familia, SEARS, Consortium and Forensic Services, which are desperately needed.   |
| Comment 21 | How about opening a new Gipson Center in Lodi? Clients need a site near where they live.  |
| Comment 22 | The Gipson Center has helped me in countless ways. It's helped me obtain a job in PWLC and I have learned many skills and ideas for coping and bettering my life. It has helped my dual recovery.   |
| Comment 23 | People Who Love and Care has helped me to get along with people better, learn better skills of coping with mental illness. I have been coming to the Gibson Center for 3 or 4 years. I also attend the groups put on by U.O.P. students. I take arts and crafts, and computer classes.  |
| Comment 24 | More services and great work for good organizations and good meeting today. I had plenty of good importance for today.  |
| Comment 25 | It was a <u>really, really</u> great meeting that I attended to speak about the Mental Health system and helping their clients out and etc. I loved it very much. Thank you.  |
| Comment 26 | I like comment boxes and I like the school and great certificate volunteering always moving through.  |
| Comment 27 | Gibson Center has help me to be a better man.   |
| Comment 28 | Why not spend the money on new services at Gibson & PWLC instead of The Wellness Center down the block.   |
| Comment 29 | I think Gibson Center is a very positive place to socialize with others. We have a lot of educational groups and I love working here.   |
| Comment 30 | Good presentation. [How do you] get a part-time job or full-time job?   |
| Comment 31 | Need to coordinate with existing services such as Gipson Center to make effective use of funding. Is the Wellness Center proposal eligible for funding in view of the requirement that "these services cannot be obtained from other sources" (Gipson Center)? See page 2. Transportation needs were very high, yet not highly identified in summary proposals. Need on-going inventory and directory of social services for clients and families. I am volunteering for the Community MHSA Consortium. Please contact me. Watch and reduce as much as possible the Administration costs. |

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| Comment 32 | <p>On page 33 of the MHSA Plan I feel that there should be mention to the Consumer Culture. We are moving to transform the system and deliver services in a whole new way of thinking. I strongly feel that the barriers that we will need to overcome need to mentioned. 1. Training curriculum must meet these changes at a college level, and at a systems level 2. Seeing consumers as people instead of a diagnosis. 3. Support of consumers who may be willing to take a risk, for the betterment of recovery. (Going to school, working, volunteering, advocating for themselves. 4. Moving away from a medical model to a recovery model. (Just what does this mean) These are just some of those issues, The Power 'N' Support Team will also develop partnerships and be a part of the Consortium. As a consumer and partial writer of the Wellness Center I take offence to the wording used to define what a drop in Center is. These are not my words or the words of the Power "N" Support Team. You can see this definition on page 219 beginning of the third paragraph. We would ask that the definition be deleted from this section and a respectful, more meaningful definition be entered. Although the Wellness Center will not be considered a Drop IN Center, the Drop in Centers function a still very important and a valuable resource for the consumer populations, and would like to see the definition address those important factors rather than the not so meaningful approach to this definition. The Power "N"Support team will be meeting to put their views in writing of what they feel a drop in center is and the difference in services we see compared to the Wellness Center. We shall bring this to the MHSA Public Comment session. Respectfully Cheryl Torres Consumer Outreach Coordinator Advocate</p> |
| Comment 33 | <p>yes, Tracy is in need of mental health services. plus there is a need for services for the d.d., day programs, bus services.</p>  |



# Transforming Mental Health Services

## MENTAL HEALTH SERVICES ACT Stakeholder Steering Committee Meeting

DATE: April 27, 2006  
TIME: 1:00 p.m. - 5:00 p.m.  
LOCATION: 1212 No. California Street, Conference Rooms A & B

### Attendance

Twenty eight (28) people in attendance beyond Stakeholder Steering Committee. Stakeholder Steering Committee member attendance: Ken Cohen, Mary Ellen Cranston-Bennett, Robert Hart, Bruce Hopperstad, Frances Hutchins, Monica Madrigal, Cary Martin, Jennie Montoya, Cindy Morishige, Jane Riddle, Chris Rose, Margaret Szczepaniak, Daphne Shaw, Bill Stoner, Cheryl Torres and Stella Williams.

Facilitator: Lois Lang, LeadershipOne

The purpose of this meeting was to 1) review the public comments collected via web site, fax, mail, person-to-person and public meeting conducted by the Mental Health Advisory Board on April 24<sup>th</sup> 2) give direction and recommendation to BHS and the County Board of Supervisors re: the draft MHSa plan.

The following was decided:

- A. Noted technical corrections, such as typos and writing clarifications will be returned to BHS staff and consultant to complete.
- B. Budget clarifications, such as the cost of computers is to be returned to BHS staff with feedback by e-mail to the Stakeholder Steering Committee when the staff has developed changes, as needed.
- C. The following issues were discussed with direction from the Stakeholder Steering Committee:
  1. **Black Awareness Community Outreach Program.** Public commented on ~ \$18,000 per consumer vs. other programs, such as La Familia, at around ~ \$11,000. Bruce explained that the Full Service Partnership amount for BACOP is closer to ~\$11,800 per consumer and that the rest is to build infrastructure that is already in place for other groups, such as the Transcultural Clinic. It was also noted that BACOP will provide outreach and engagement services to the Middle Eastern, Native Indian

American and GLBT communities. Second public comment request was for additional funds and this request was rejected by the Stakeholder Steering Committee.

2. **Ethnic Specific Service Offerings.** Need to note in the MHSA plan that there is a philosophical underpinning that segregated services can keep the status quo; need to initially target specific cultures to increase access into specific ethnic/other communities with the goal to later integrate into the mental health system. Another need is for SJC-BHS to increase cultural and linguistic competency of staff. There was a suggestion that there be training with various community based organizations to assist with this.
3. **Number of programs - multiple vs. fewer number.** There were several points made with the conclusion that we can leave the number of programs as is. Comments were 1) cautious optimism regarding number of programs and ability to get the programs running, 2) finding/recruiting number of trained staff to fill positions/vacancies being created will be difficult, 3) even if fewer programs were focused on, there would still be staff issues and challenges.
4. **Geographic distribution of services and transportation.** Need to look at systematic coordination of services throughout the County by requiring that as part of community based organization's Request for Proposal process. Create subcommittee to look at systematic coordination to includes service distribution and working with public transit system. Check clarity in the Plan about how we will work on access secondary to transportation challenges.
5. **Wellness Center/ Gibson Center clarification.** Need to clarify in the MHSA plan that the Wellness Center is in supplement to the Gibson Center. The Wellness Center will support those coming into mental health, especially during crisis and will work with the consumer to define and reach recovery. One public comment from the 24<sup>th</sup> noted the need for showers and washing machine facilities at the Gibson Center. Decision by the Stakeholder Steering Committee was to amend the one time funding if this need is determined and if the facility can be modified.
6. **Model for Mobile Outreach.** The intent for mobile outreach is to have teams available for early intervention with the intent to work closely with emergency crisis services. Need to add to the plan a clear definition of warm/hot line and when there will be a hand-off between the two.

Ken Cohen will draft a letter for the Stakeholder Steering Committee to send to the Board of Supervisors to note the members support the SJC-MHSA plan with

the corrections noted above. Ken Cohen thanked mental health staff, consumers, family members, community members, and consultants for their assistance in the planning process and the writing of the MHSA plan.

Robert L. Lampkins  
San Joaquin AIDS Foundation  
4330 N Pershing Ave. Suite B3  
Stockton, CA 95207  
209-476-8533

2/16/2006

Richard Sanguinetti  
Steering Committee  
San Joaquin County Public Health

Dear Mr. Sanguinetti,

I am writing to you on behalf of the San Joaquin AIDS Foundation to express our sincerest gratitude for the fine work done by Mr. Bruce Hopperstad in requesting our input on the Proposition 63 Mental Health Committee.

This is the first time that we have been asked for our input on what services are needed for the community that we serve. Our organization conducted several hundred surveys as well as town hall forums to assist the committee with designing a program that fits the needs of the community. Many times we are given programs that have no benefit for the community. By allowing public input in the process, Mr. Hopperstad and the CBO's have come up with a plan that meets the needs of the communities that we serve. For the first time in our community, the public that we serve expressed thanks that we asked for their input in the process. The feedback we received was in the past, programs were put out that had no impact as they were designed in a vacuum. What was developed in this process will have a positive impact as it will be actually what is needed by those we serve.

I would ask that the Steering Committee allow the work that has been done to continue and the allow the hard work and input that has been given by the public, not be dismissed. If we are to serve the public, the voice of the public should not be silenced.

Respectfully,  
Robert Lampkins  
President, Board of Directors

**New Life Worship Center C.O.G.I.C.  
2036 N. Wilson Way.  
Stockton, CA. 95205**

TO: Whom it May Concern

Feb.16, 2006

I am writing this letter on behalf of some of the clergy in the Afro-American community. I speak as the voice of a few Pastors and Ministers in this community. We would like to thank and commend Mr. Bruce Hopperstead for his efforts and energy in assisting us with Prop 63. We learned to appreciate his knowledge and sincerity during our meetings with him. We believe his efforts to be genuine and forthright. Therefore we feel it's only fitting that we again say "Thank You" Bruce.

Remember this letter is only the representation of a few of us Pastors and Ministers that has worked to bring about a much-needed change in our Mental Health Services.

In His Service,  
Pastor Thurnell Clayton Jr.

Good afternoon, we at Mary Magdalene Community Services wanted to take the time to say thanks you and to share how much we appreciate the MH Prop 63 Steering Committee for the work that you are doing to finalize a plan for the Mental Health Service Act. I think at this point we can all testify to the fact that this has been a big undertaking. Your willingness to remain focused and complete a document that speaks to the heart of the MHSA and what the community has said, is amazing. In discussion with participants of some of the Consensus groups we all felt that Bruce Hopperstad's presentation in December reflected well what the community had said.

Lastly, I along with a few others attended a CIMH meeting in Sacramento to present our experience in outreaching to the African American Community for Prop 63. In that meeting a couple of State Mental Health staff was present. Our local commitment to bringing the ethnic communities on board made it possible for this county to be recognized by the state as an example of how outreach and engagement of ethnic populations can happen. Throughout our presentation they applauded the efforts of this county. We have since been ask to assist them in developing two web-cast on "Outreach to Ethnic Communities". They were also impressed with how this county uses ethnically based CBO to do outreach, and our local plan to continue the dialogue with the ethnic CBO's, consumers, family members through the development of a consortium.

Thanks for the opportunity to share my thoughts.

Samuel Vaughn

Mary Magdalene Community Services

# Treatment a priority, police say

By Karina Ioffee  
Record Staff Writer

STOCKTON — Police chiefs and sheriffs like to say they are tough on crime.

But rather than arrest and jail young criminals, many favor intervention to keep them off the streets in the first place.

Such are the findings of a statewide poll released Wednesday, based on interviews with more than 200 police and probation chiefs and district attorneys from across California.

Thirty-five percent of respondents agreed most young adults their agencies dealt with needed mental health services, yet 64 percent said very few of the youths were actually receiving any mental health services, according to the poll, commissioned by Fight Crime: Invest in Kids California, a bipartisan organization made up of law enforcement leaders.

The poll also found the majority favored mental health programs as the most effective method in reducing crimes, more so than prosecuting minors as adults and hiring more officers.

"Law enforcement really sees what families need, because they are out there on the front lines every day," said Barrie Becker, state director for the Oakland-based Fight Crime: Invest in Kids. "They see the different generations cycling through, and they want to be a resource."

The findings are especially relevant since the passage of Proposition 63 in November. It imposes a 1 percent tax on incomes of \$1 million and above to raise funds for mental health programs in California. An estimated \$700 million will be generated annually.

San Joaquin County Behavioral Health Services will receive \$5.6 million in the upcoming fiscal year, and officials say the money is badly needed.

Earlier this month, the agency began holding public meetings to discuss the kinds of programs the money could help fund, including in the area of criminal justice.

One idea is to build a residential facility for teens who suffer from mental illness or abuse drugs, said Chris Hope, chief probation officer for the San Joaquin County Probation Department.

"We've been looking for a  
**SEE MENTAL HEALTH, PAGE B5**

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www.recordnet.com/local

## MENTAL HEALTH: Funding shortage an issue

INUED FROM PAGE B1

way to fund a facility like that for several years," Hope said. Minors with mental health issues who have committed a crime are held at juvenile hall because no other service is available to them. If they have a drug problem, they are simply released back into the community, he said.

Mental illness and drugs are common among young criminals, said Kim Suderman, director of Children and Youth Mental Health Services at the county office of Behavioral Health. Often, the two go hand in hand, she said.

"Many kids who are in the juvenile justice system are self-medicating a mental health

erman said.

Many others may have a learning disability that if identified early on could have improved self-esteem and kept them from acting out through criminal behavior, she said.

The community meetings will likely continue through the end of October. Any project ideas will be sent to the San Joaquin County Board of Supervisors for approval.

Chief Richard Bull of the Ripon Police Department supports Proposition 63. He says funding shortage for mental health programs has been a concern.

"We have been pretty frustrated with the lack of mental health services," Bull said. "It's

### PUBLIC MEETINGS

San Joaquin County Behavioral Health Services is holding two public meetings to discuss how to treat people with mental issues who have ended up in the criminal justice system. The 5 p.m. meetings are Thursday at the Maya Angelou Library, 2324 Pock Lane, Stockton, and Oct. 5 in the community room next to Ross at West Valley Mall, 3200 Naglee Road, Tracy.

ting in trouble no matter how many officers we put on the street."

Contact reporter Karina



# Transforming Mental Health Services

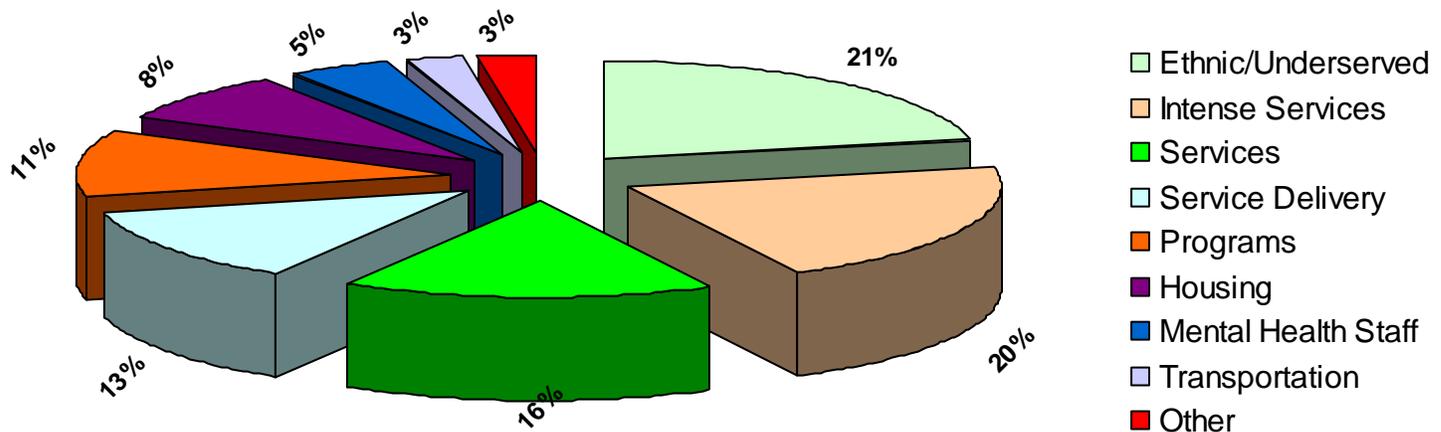
## San Joaquin County - Mental Health Services Act All Adult Workgroups Voting Data Summary November 2005

This data is a summary of the dot voting from the community for all adult workgroup meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSa, Community Supports and Services funding.

Data was submitted from the workgroups as follows:

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Adult Workgroup, by Percentage, 2005.



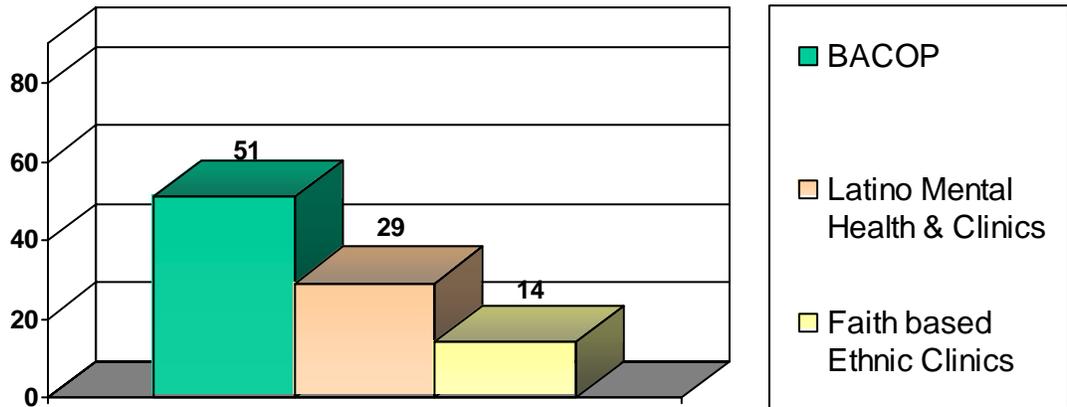
Specific strategies/ideas under each general area is as follows:

### Ethnic/Underserved (21% of the entire vote)

Top three are:

1. BACOP
2. Latino mental health and clinics
3. Community faith based to reach ethnic populations.

Graph 2. Top Three Strategy Choices, by Number of Votes, for the Ethnic/Underserved Category



The remainder of strategies, listed in order of priority are:

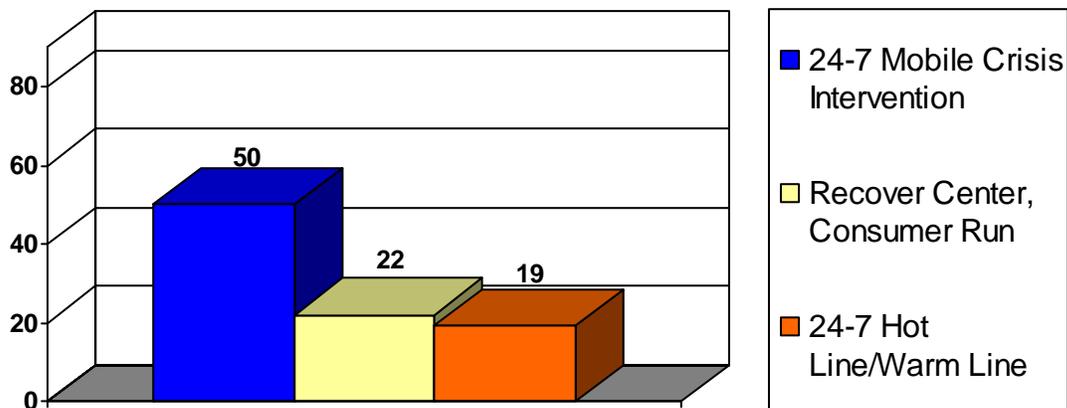
- a. African-American centers
- b. Neighborhood ethnic specific centers
- c. Homeless outreach, more services
- d. Cultural center to learn about other cultures

**Intense Services** (20 % of the entire vote)

Top three are:

1. 24-7 mobile crisis intervention
2. Recovery center, consumer run
3. 24-7 hot line/warm line

Graph 3. Top Three Strategy Choices, by Number of Votes, for the Intensive Services Category



The remainder of strategies, listed in order of priority are:

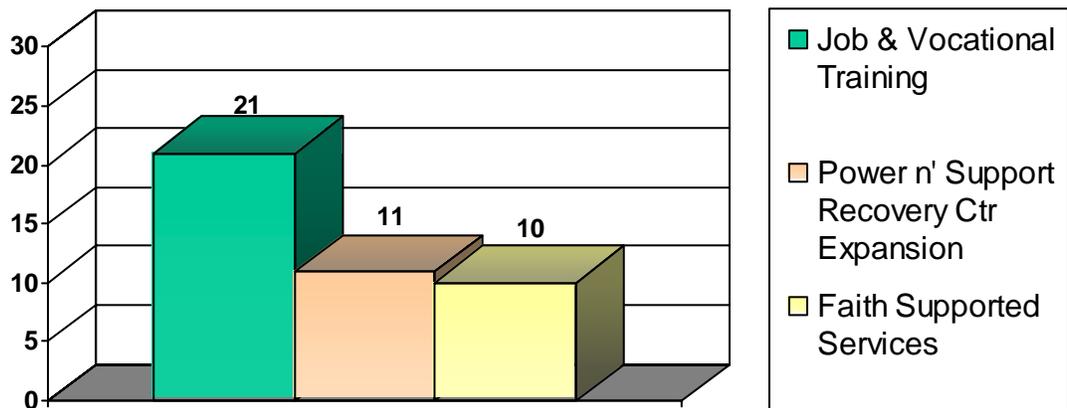
- a. 24-7 psychiatric doctor services on site
- b. CBIS (1:1 onset to recovery)
- c. 24-7 residential treatment
- d. 24-7 case management/consumer peer assistance
- e. Long-term residential with 24-hour staffing
- f.

**Services** (16% of the entire vote)

Top three are:

1. Job and vocational training
2. Power n' Support Recovery Center expansion
3. Faith supported services, spiritual advisor

Graph 4. Top Three Strategy Choices, by Number of Votes, for the Services Category



The remainder of strategies, listed in order of priority are:

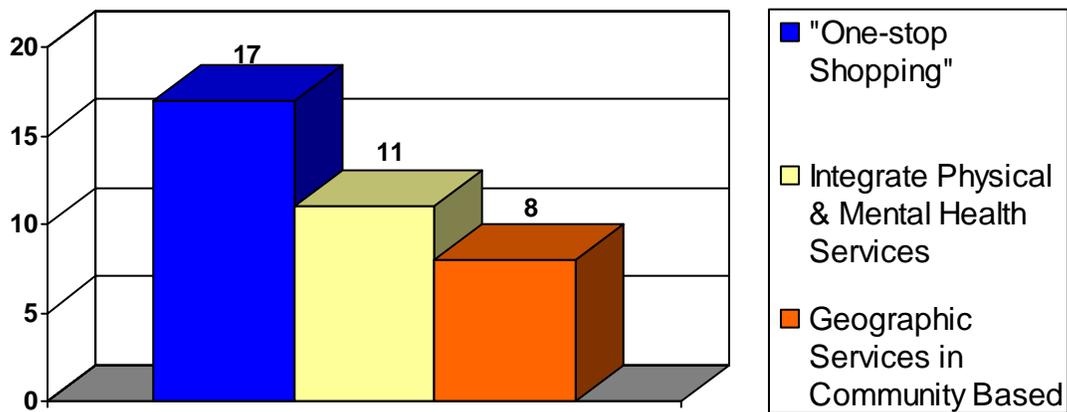
- a. Substance abuse services, integrated with mental health services
- b. Increase conservators office 🚗
- c. Life skills coordinator, budget management, community re-entry
- d. Legal support services 🚗
- e. Child care and respite care 🚗
- f. Medical care, assistance with Medi-Cal eligibility 🚗
- g. Pet therapy 🚗
- h. Physical fitness trainer/center access 🚗
- i. Recovery center located at mental health services - consumer run
- j. Nutrition vouchers 🚗
- k. Couples counseling
- l. DBT, expand
- m. Divorce support 🚗
- n. Holistic health services

Service Delivery (13 % of the entire vote)

Top three are:

1. Centralized 'one-stop shopping'
2. Integrate physical and mental services 🚗
3. Geographic Services in Community Based Neighborhoods

Graph 5. Top Three Strategy Choices, by Number of Votes, for the Services Category



The remainder of strategies, listed in order of priority are:

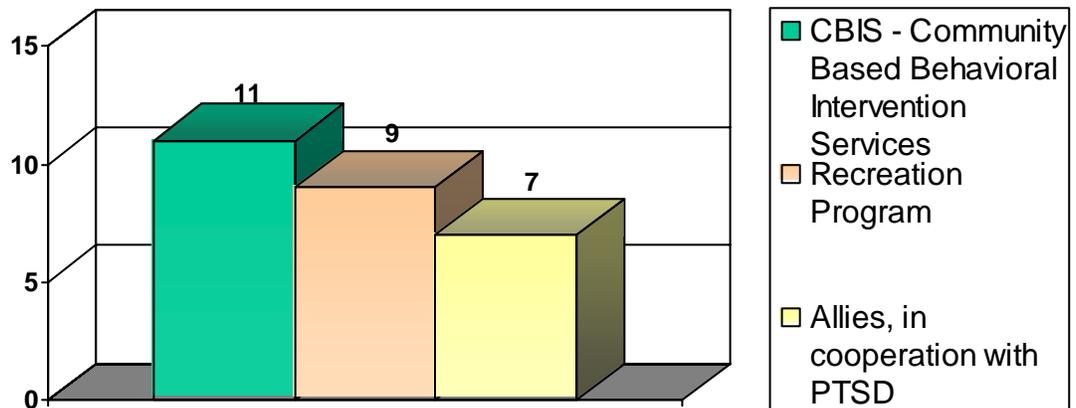
- a. Collaborate with faith groups
- b. Developmentally disabled MH consumers activity center 🚗
- c. Multi-lingual, expand interpretation services to other languages
- d. Team to call before law enforcement
- e. Up-to-date technology at the Gipson Center
- f. Team sports with consumers and staff
- g. Education to consumers about available services
- h. In-home support services
- i. Mentors
- j. Outreach for homebound and caregivers
- k. Psych tech to do home visits and give medications
- l. Satellite activity centers
- m. Veterans services 🚗
- n. Services to maintain house, pets etc. when hospitalized 🚗

**Programs** (11% of the entire vote)

Top three are:

1. CBIS - community based behavioral intervention services
2. Recreation program
3. Allies, recreate in cooperation with PTSD

Graph 6. Top Three Strategy Choices, by Number of Votes, for the Programs Category



The remainder of strategies, listed in order of priority are:

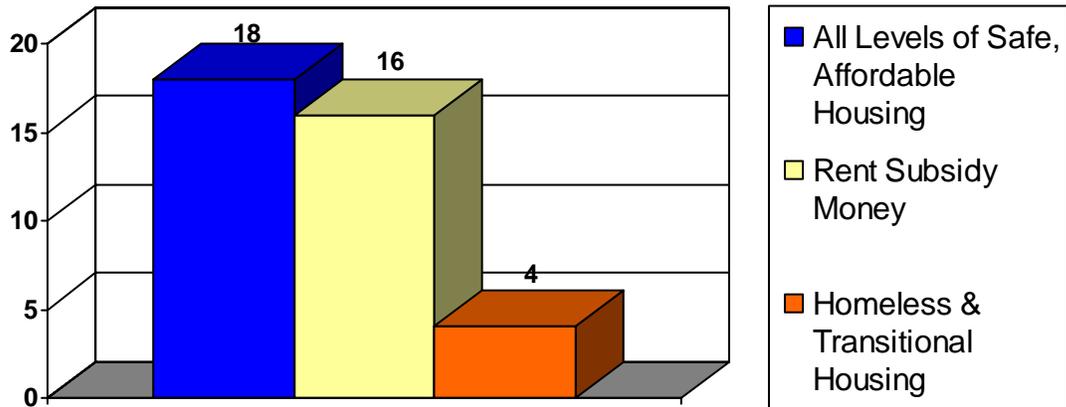
- a. Transitional living program with independent living skills
- b. Consumer events
- c. HEART program for seniors
- d. Independent living skills and community re-entry
- e. Portal club and other activities
- f. Prevention and early intervention programs 🚗
- g. Transitional for the incarcerated
- h. HEART, expand to include food 🚗
- i. Nutrition training for board and care 🚗

**Housing** (8 % of the entire vote)

Top three are:

1. All levels of safe, affordable housing
2. Rent subsidy money, cooperative capital
3. Homeless and transitional housing

Graph 7. Top Three Strategy Choices, by Number of Votes, for the Housing Category



The remainder of strategies, listed in order of priority are:

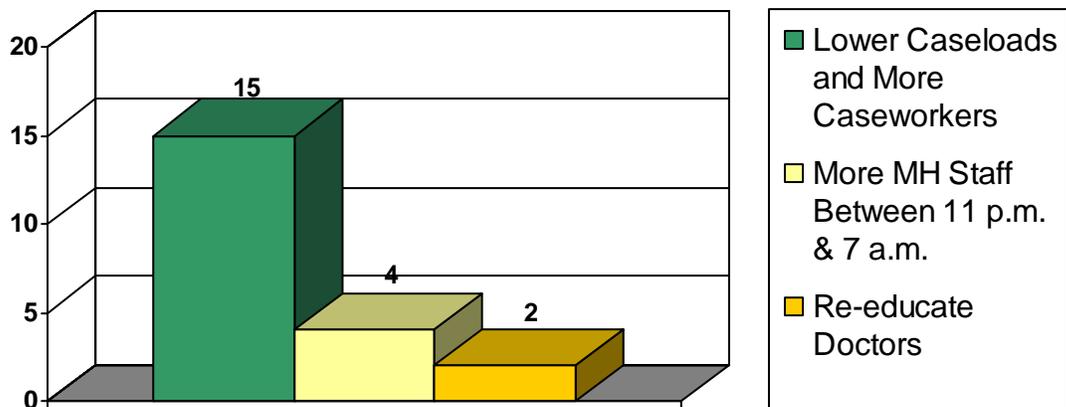
- a. Financial assistance to obtain housing
- b. Enhancement for board and care
- c. Supportive independent housing
- d. Transition housing for young adults

**Mental Health Staff** (4.5 % of the entire vote)

Top three are:

1. Lower case loads and more case workers
2. More mental health staff between 11 p.m. and 7 a.m.
3. Re-educate doctors 🚗

Graph 8. Top Three Strategy Choices, by Number of Votes, for the Mental Health Staff Category



The remainder of strategies, listed in order of priority are:

- a. Certification programs for emergency service providers
- b. Emphasize employing consumers in new MHS programs
- c. Mentoring students in mental health field, scholarships, ethnic diversity

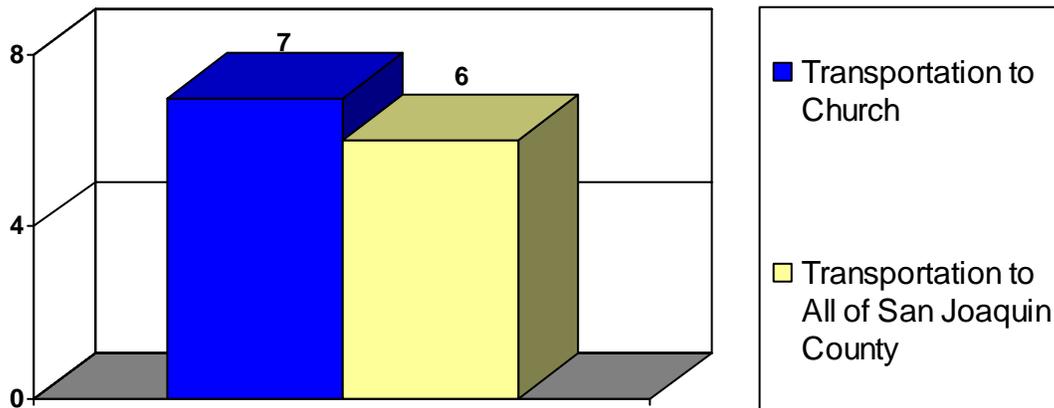


**Transportation** (2.5 % of the entire vote)

Top three are:

1. Transportation to church
2. Transportation to all of San Joaquin County

Graph 9. Top Three Strategy Choices, by Number of Votes, for the Transportation Category



**Other** (2.5 % of the entire vote)

Top five are: (five used because they received same number of votes)

1. Campaign to de-stigmatize mental illness (2 votes)
2. Increase funding to Gipson Center (2 votes)
3. Mental health fair for consumers/staff (2 votes) 
4. New name for mental health services that is less frightening (2 votes) 
5. Obtain federal funding (2 votes) 
6. Debit card instead of waiting for voucher (1 vote)
7. Financial support for family of deceased consumer (1 vote) 
8. Funding for client benefit fund (1 vote) 

**Asian Pacific Self-Development and Residential Association Focus Group**  
**Data Summary**  
*November 2005*

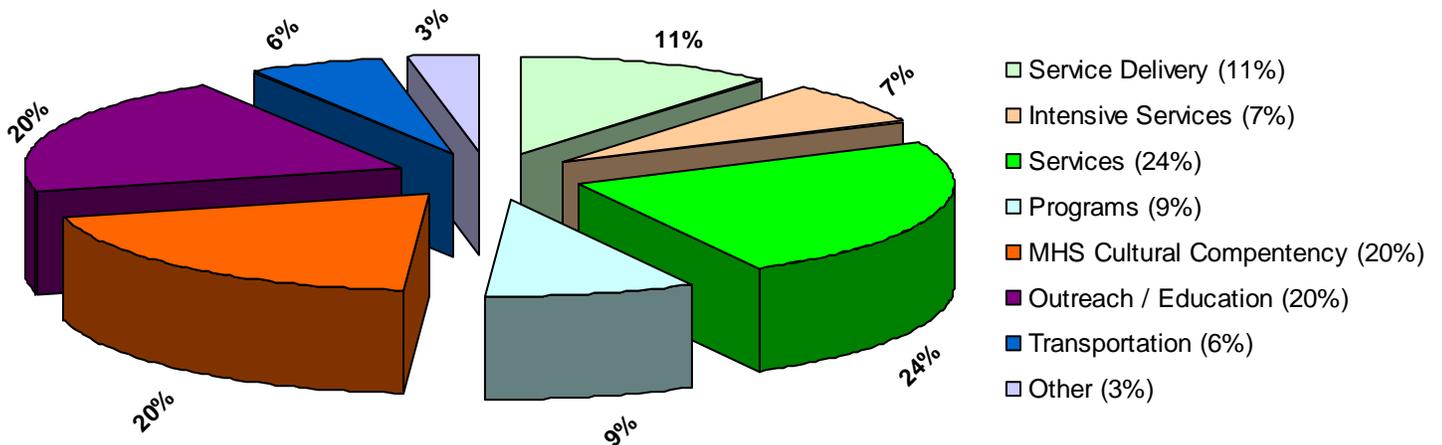
This data is a summary of the dot voting from the community for all adult workgroup meetings. Data was submitted from the workgroups as follows:

Table 1. Summary Data of Voting and Attendance for APSARA Workgroups

| Date         | Number of Votes | Number of Voters | Meeting Attendance |
|--------------|-----------------|------------------|--------------------|
| 9-8-2005     | 114             | 23               | 24                 |
| 9-15-2005    | 86              | 16               | 17                 |
| 9-17-2005    | 45              | 9                | 10                 |
| 9-20-2005    | 187             | 37               | 40                 |
| 9-29-2005    | 95              | 19               | 23                 |
| <b>Total</b> | <b>527</b>      | <b>104</b>       | <b>114</b>         |

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, APSARA Focus Groups, by Percentage, 2005.



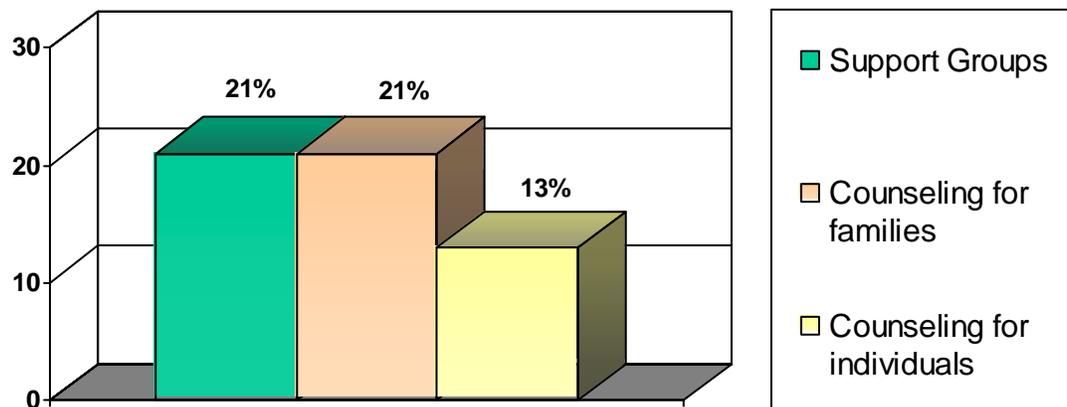
Specific strategies/ideas under each general area are as follows:

I. **Services (including geographic)** (24% of the focus group responses)

Top three are:

4. Support Groups (Cambodian and age appropriate)
5. Counseling for families
6. Counseling for individuals (for youth: not with parents)

Graph 2. Top Three Strategy Choices, by Percentage, for the Services (including geography) Category.



The remainder of strategies, listed in order of priority are:

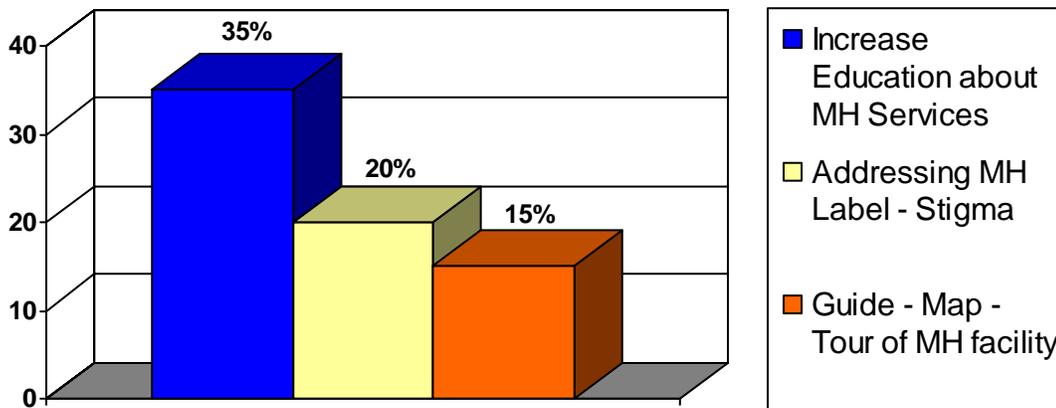
- e. Outreach workers in the community
- f. More clinics in the community
- g. Free mental health services
- h. Child care for parents
- i. Counseling for parents
- j. A phone directory of MH services

II. **Outreach / Education** (20 % of the focus group responses)

Top three are:

4. Increase Education and advertising about MH services in the Cambodian community
5. Addressing MH label and the stress/depression in the community as not being "crazy"
6. Develop a guide/map of the MH facility; offer tours of the facility

Graph 3. Top Three Strategy Choices, by Percentage, for the Outreach / Education Category.



The remainder of strategies, listed in order of priority are:

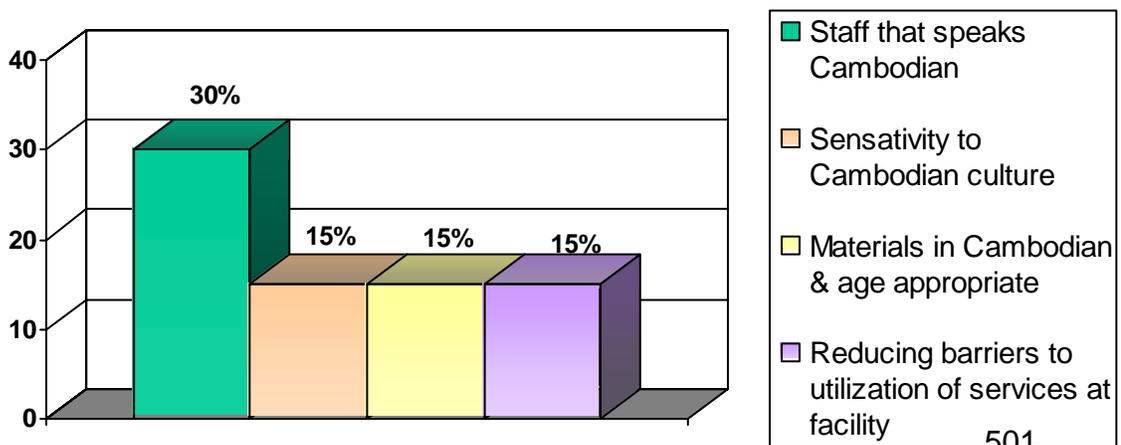
- g. Magnets that have MH phone directory
- h. Radio station to educate and discuss MH services to communities/people who are illiterate
- i. Guest speaker to talk about MH at Cambodian community
- j. Changing the name of Mental Health to address “crazy” label stigma

III. Cultural Competency at MHS (20% of the focus group responses)

Top four are:

- 4. Staff that speaks Cambodian (increasing the recruitment of Cambodian staff)
- 5. Sensitivity to Cambodian culture
- 6. MH materials in Cambodian language and age appropriate
- 7. Reducing barriers to cultural utilization of MH services at the facility

Graph 4. Top Four Strategy Choices, by Percentage, for the Cultural Competency at MHS Category.



The remainder of strategies, listed in order of priority are:

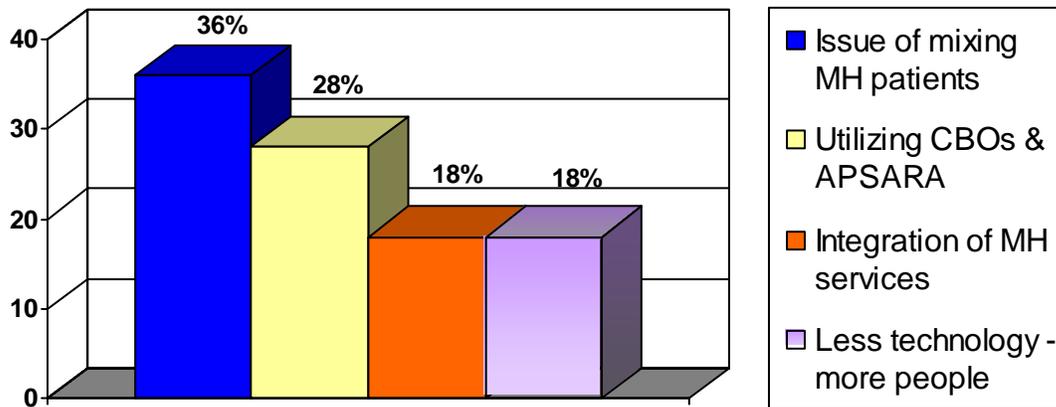
- o. Treat community members with respect - build trust
- p. Staff needs to be more friendly - easy to access and less intimidating
- q. Age and gender appropriate staff

IV. Service Delivery (11 % of the focus group responses)

The four are:

- 4. Issue of mixing patients with severe MH issues with those with less severe MH issues (within the facility) - issue of fear of being put with severe MH patients
- 5. Utilize CBOs such as APSRA
- 6. Integration of MH services with other services and programs
- 7. People to answer phones and not machines - less technology

Graph 5. The Four Strategy Choices, by Percentage, for the Service Delivery Category.

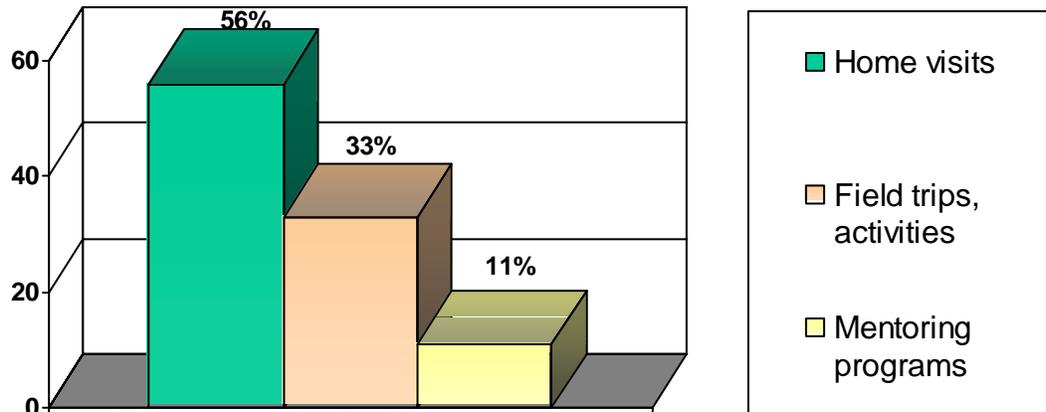


V. Programs (9% of the focus group responses)

The three are:

- 1. Home visit program
- 2. Field trips, activities
- 3. Mentoring programs (for children as well as parents)

**Graph 6.** The Three Strategy Choices, by Percentage, for the Programs Category.



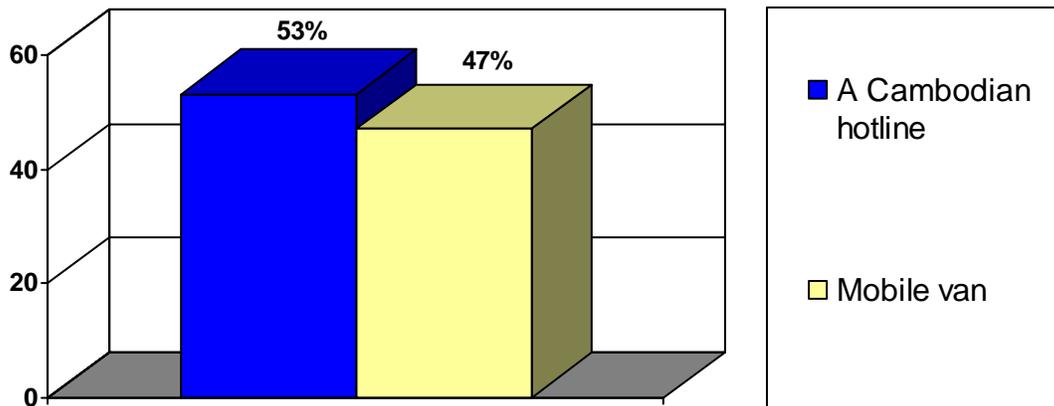
There are no remaining strategies in this category.

**VI. Intensive Services** (7 % of the focus group responses)

The two are:

4. A 24/7 Cambodian hotline
5. A mobile van (services for MH issues especially to reduce the involvement of law enforcement)

**Graph 7.** The Two Strategy Choices, by Percentage, for the Intensive Services Category.



There are no remaining strategies in this category.

**VII. Transportation** (6 % of the focus group responses)

Transportation was an issue that was raised in every category of focus groups: children, youth, TAY, adult, older adult, and criminal justice.

Only the category of “Outreach/Education” matched the level of topical discussion as transportation in that it was also raised by every category of focus group.

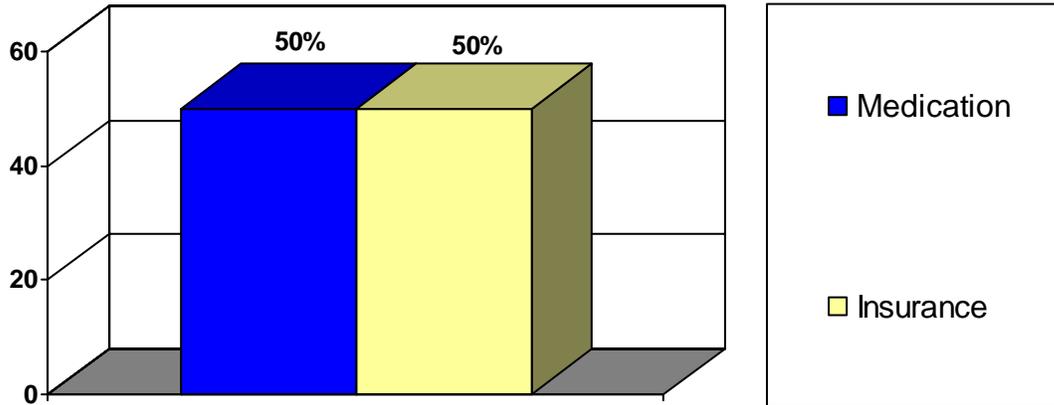
This area did not break down into further categories.

VIII. Other (2.5 % of the focus group responses)

The two are:

1. Medication - a need to explain why it's needed, how to use it, the side effects, etc.
2. Insurance - no insurance, no medi-cal, under-insured

**Graph 8.** The Two Strategy Choices, by Percentage, for the "Other" Category.

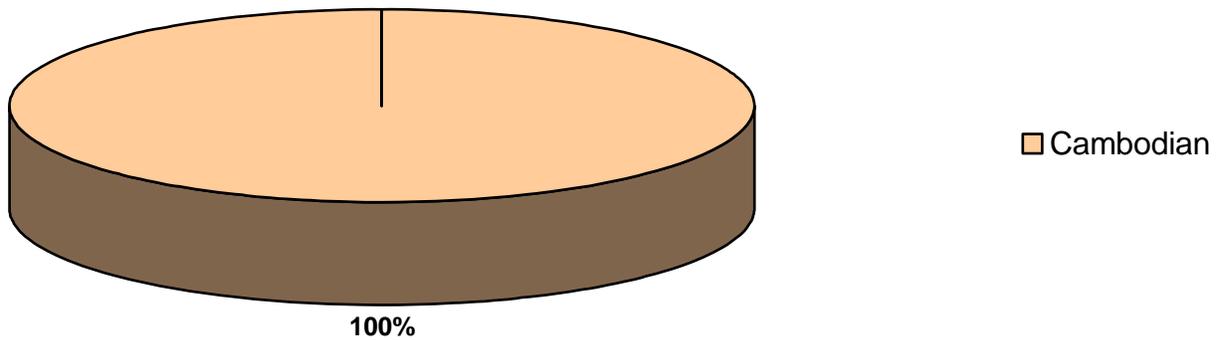


There are no remaining strategies in this category.

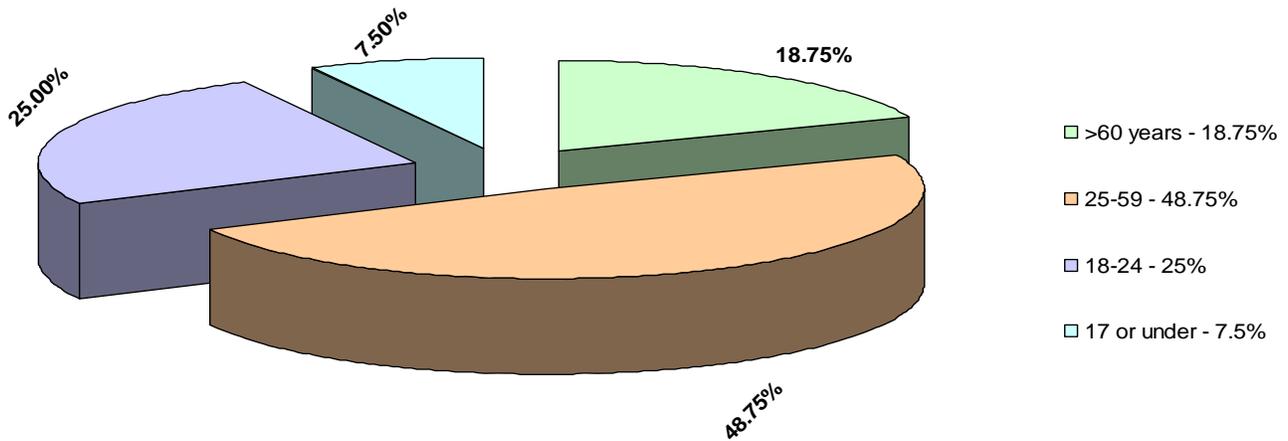
APSARA Survey Analysis  
October 2005

A total of 80 surveys were collected, compiled and analyzed.

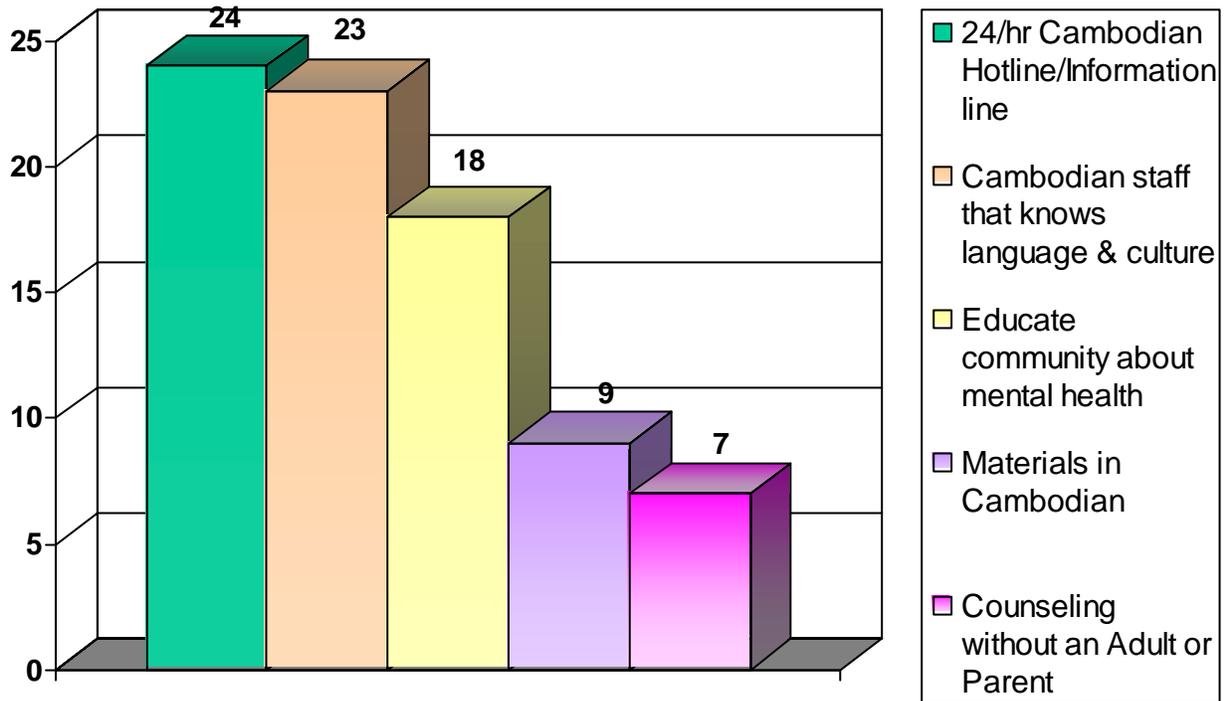
Graph 1. Respondents by Ethnicity, APSARA, October 2005



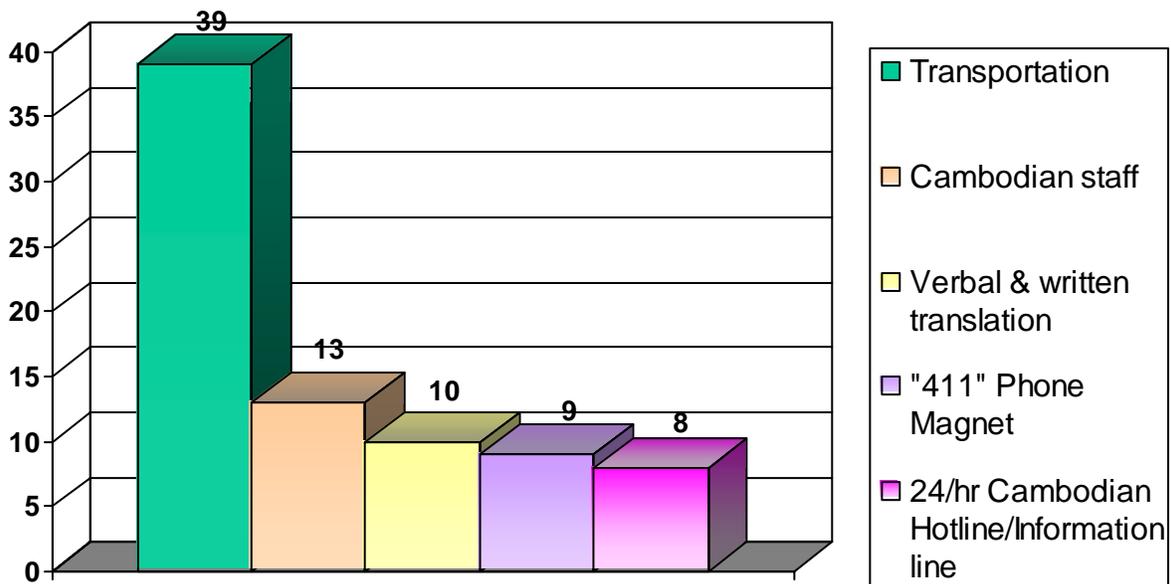
Graph 2. Respondents, by Age, APSARA, October 2005



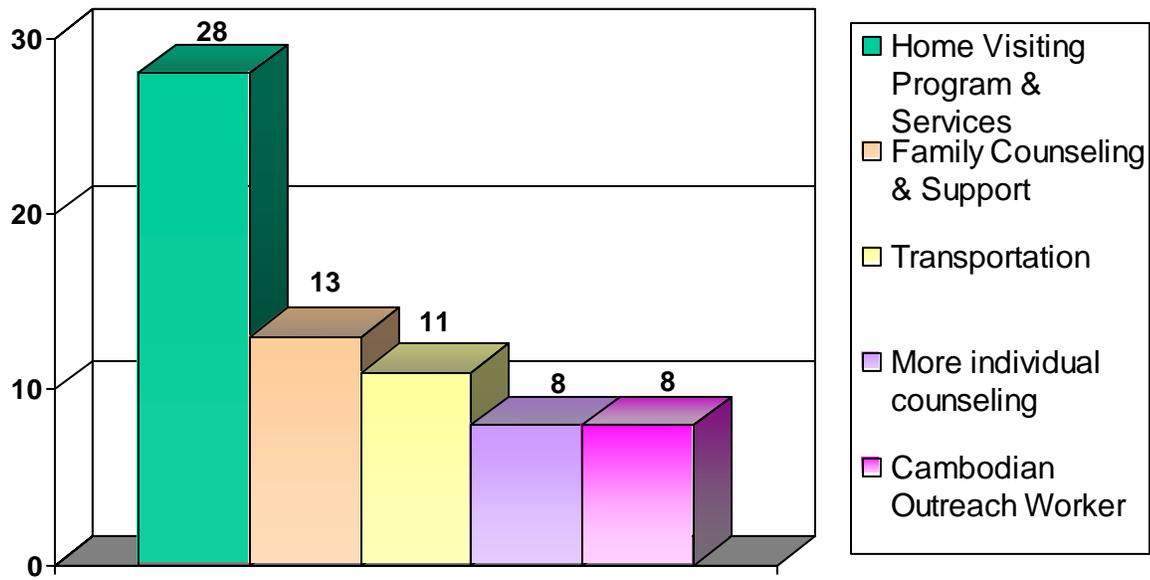
Graph 3. The Top Five Ways to 'Make Services Better', APSARA, October 2005



Graph 4. The Top Five Ways to 'Make Services Easier to Get', APSARA, October 2005



Graph 5. The Top five 'Needed Services', APSARA, October 2005



| Make services better?  | Make services easier to get?   | Needed services  |
|--|--|--|
| <b>Ethnic Awareness &amp; Diversity</b>  |  |  |
| Cambodian Worker; need Cambodian staff; Cambodian staff that speaks the language; Cambodian staff helping Cambodian people; Know the Cambodian culture; provide worker who understand the culture (23)                                     | Cambodian materials in writing; materials in Cambodian language that has many pictures as sample of mental health issues; Translation; staff able to speak language (10) | Translation (2)  |
| Cambodian support group  | Hire Cambodian workers, both genders; more Cambodian workers(13)   | Cambodian support group (6)  |
| Do not speak the language  | Cambodian radio help spread about mental health services (2)   | Cambodian outreach worker; Cambodian outreach worker to educate communities (7)  |
| Materials in Cambodian; translation (9)  | Cambodian Outreach Worker (2)  | Staff that understands the culture; staff that speaks our language; Cambodian worker at mental health facility (4)                                     |
| Phone line just for Cambodian people; Cambodian hotline; Provide Cambodian phone line (24)   | Provide Cambodian Hotline; Cambodian phone line; Cambodian Staff help guide (8)  | Provide Cambodian hotline  |
| Teach Cambodian Community about mental health; help to educate the Cambodian community to get rid of the stigma that mental health is a place for crazy people (6)   | Provide video tape about services in Cambodian   | Cambodian Radio station that talks about mental health services; to help spread words regarding mental health; Cambodian media such as TV or radio (3) |
| Contract with Cambodian students and pay them to go to school to learn about mental health   | Need staff to explain more about mental health besides "crazy" stigma that all Cambodians understand when they come into mental health                                   |  |
| <b>Mental Health Services</b>  |  |  |
| Educate community about mental health; mental health awareness; educate about existing services; provide different guest speakers to talk to community about different types of mental health such as retardation, stress, depression (12) | More counseling for family and individual; Provide individual counseling; more individual counseling (4)   | Mobile Van to respond to people in crisis without police (5)   |
| Respond to crisis with no police; mobile van respond to mental health crisis without police; no law enforcement of any branch dealing with mental health   | Less technology, get a human not a machine (4)   | Mental health workers making home visits to those that do not know about services  |

| Make services better?<br>issues(4)  | Make services easier to get?   | Needed services  |
|---|--|--|
| Explain what meds are given to patients or victims  | Have staff show people around the facility; provide map(2)   | Family counseling; Family coping skill classes; family support group (13)                              |
| Expand mental health services to places where they go for other help  | Services and providers close to home   | Integrate with other services (3)  |
| Family counseling; strategies for family how to deal with family members that have mental illness (2)   | Different facilities for different severity of illness (5)   | Provide training to everyone dealing with mental health issues   |
| Eliminate the stigma that Mental Health is for crazy people only (2)  | Extend services to APSARA (5)  | Extend services outside the community; extended services; extended services to neighborhood center (3) |
| More advertisement about mental health services; Advertise mental health services (5)   | Higher younger staff for the younger patient to relate to; Younger staff easier to talk to, has an ability to relate to (3)  | One on one counseling; more counseling (8)   |
| Create a warm environment at the mental health facility   | A magnet with phone number directory; create a simple number like "411" (9)  | Phone directory  |
| Build trust in the community  | Hot line for people with mental health issues; phone hotline (3)   | Support group for adult and youth separately (4)   |
| Less technology; Human answer phone not machine (2)   | Bring services to neighborhood center (4)  | More sessions  |
| Provide map/direction; help direct to go to the right facility (2)  | Keep confidentiality   | Youth support group; youth club (6)  |
| Do not let patients hang out in front of the building scaring people  | Educate the community on mental health (4)   | Cause and effect about medications   |
| Provide strategies to deal with stress and depression; get parents to learn about stress and depression that most teens face in today environment (2) | Facility to hold temporary insanity people for cool down period - to stay away from relatives or loved ones; provide a van to pick up people that has mental health issues and temporary hold them for an evaluation (2) | Depression; stress; help with stress situation; depression problem especially with youth (7)           |
| No adult involved; counseling with no adult; without parents (7)  | Private phone line for youth; keep confidential from parents (2)   | Provide facility to hold people that have behavior problem or let them cool down                       |
| Deeper explanation about mental health (2)  | Extend services to school site   | Younger staff; younger staff for younger patients (2)  |
| Make facility easy to access; easy access (2)   | Youth support group (2)  | Educate community about mental health  |
| Younger staff for both genders; younger workers that can relate with both genders; hire younger staff because teen does not want                      | Services closer to home  | Peer pressure  |

| Make services better?<br>to talk o an adult (6)                                    | Make services easier to get?   | Needed services   |
|--|--|---|
| Have someone at mental health ready to help when you arrive                        | Workers come, outreach and teach family about mental health and tell family what to do and where to go when family needed services (2)   | Extend services to APSARA   |
| Free mental health services; provide free services (2)                             |  | Integrated services besides mental health   |
| Less medication; do not give out to much medications; provide good medications (2) |  |   |
| Less time waiting to see counselors  |  |   |
| Provide female staff   |  |   |
| <b>Social Activities/Services</b>  |  |   |
| Activities to reduce stress; fun activities (3)                                    |  | Provide trips, entertainment; filed trips, camping (2)  |
| Provide field trips as an incentive; provide field trip for good behavior (2)      |  | Activities; fun activities; activities to release stress (2)  |
| Bring services to the community through events                                     |  | Give out field trip especially for senior people with out children and do not have car                      |
| Create activities that people are willing to participate in and have fun           |  | Youth activities (3)  |
|  |  | Give incentive like field trip when caught with good behavior (4)   |
|  |  | Provide different facility for young people to hang out (2)   |
| <b>Transportation</b>  |  |   |
| Many people do not have a car - provide transportation; transportation (5)         | A van to pick up and drop off patients; transportation; provide transportation; if someone could pick up for services when needed; provide a car to pick me up or come to my home (39) | Transportation; No car; Transportation for seniors (11)   |
| <b>Medical Services</b>  |  |   |
| Provide nutrition programs   |  | I have difficulty going to sleep; difficulty sleeping (2)   |
| <b>Social Services</b>   |  |   |
| Serve Rice; Asian Food; serve ethnic food (5)                                      | Home visits to the family ; home visiting (2)  | Home visiting for people without transportation; Home visit service; home visit program (28)                |
| Day Care Center to help parents with children                                      | Child care; day care (3)   | Outreach worker to educate the community about mental health; educate community on mental health (4)        |
|  | Serve Asian food; serve ethnic food (2)  | Give scholarships to students to encourage youth to learn more about mental health; scholarships for people |

| Make services better?  | Make services easier to get?                    | Needed services  |
|--|---|--|
|  |   | that want pursue psych field (4)   |
|  |   | Serve Asian food   |
|  |   | Alcohol, drug and tobacco cessation support (4)  |
|  |   | Child care for people with children (2)  |
|  |   | Parenting and discipline classes; train parents how to raise children in United States life styles; mental health education to parents (4) |
| Other  |   |  |
| Trust; building trust (2)  | Radio media for people who do not read or write | Many Cambodian lost many of their loved one during Khmer Rouge many of us came to US and live as animal in the cage                        |
| Older people seem to look down on the younger people when come to mental health  | No comment                                      |  |
| Do not know where mental health facility at, do not know how to access mental health; need the service but do not know how to access; do not know the phone number for mental health (6) |   |  |
| Too many patients hang out side the facility make other scared to seek help  |   |  |
| Changing mental health name to something simple like paradise  |   |  |

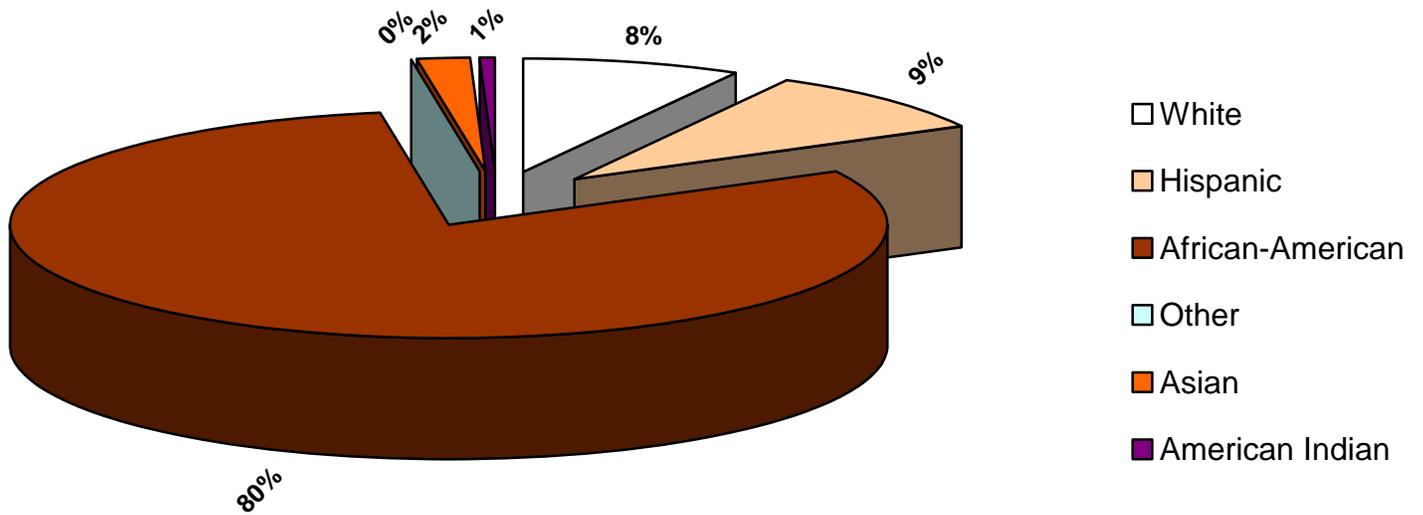
| Group                  | Date       | # in Attendance |
|------------------------|------------|-----------------|
| Older Adult            | 9-27-2005  | 30              |
| PVA Residents Meeting  | 9-30-2005  | 200             |
| Adult                  | 9-30-2005  | 10              |
| Criminal Youth         | 10-6-2005  | 12              |
| Transitional Age Youth | 10-7-2005  | 11              |
| Children & Youth       | 10-14-2005 | 13              |
| Children & Youth       | 10-18-2005 | 8               |

| Age            | Gender | Race           |
|----------------|--------|----------------|
| 60 +<br>(15)   | M (40) | Cambodian (79) |
| 25-59<br>(39)  | F (40) |                |
| 18-24<br>(20)  |        |                |
| 17 or <<br>(6) |        |                |

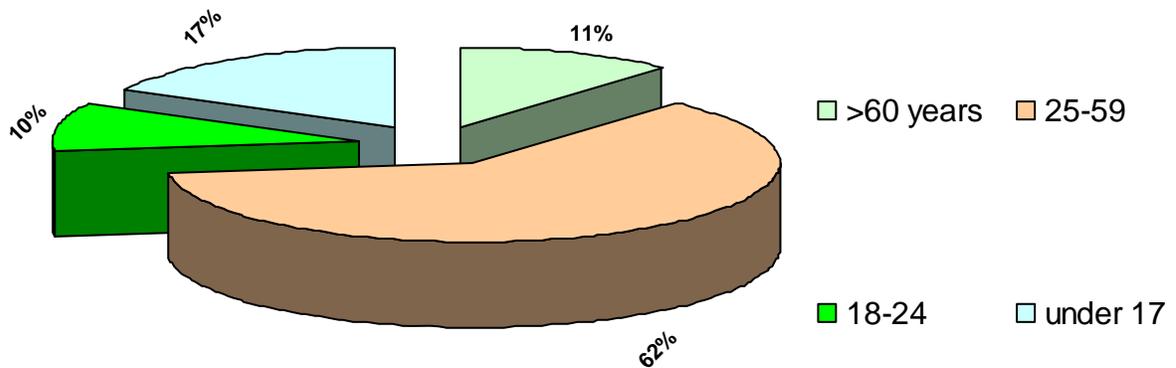
## BACOP & Mary Magdalene

A total of 218 surveys generated through BACOP (Black Awareness Community Outreach Project) and Mary Magdalene in October 2005 were collected, compiled and analyzed.

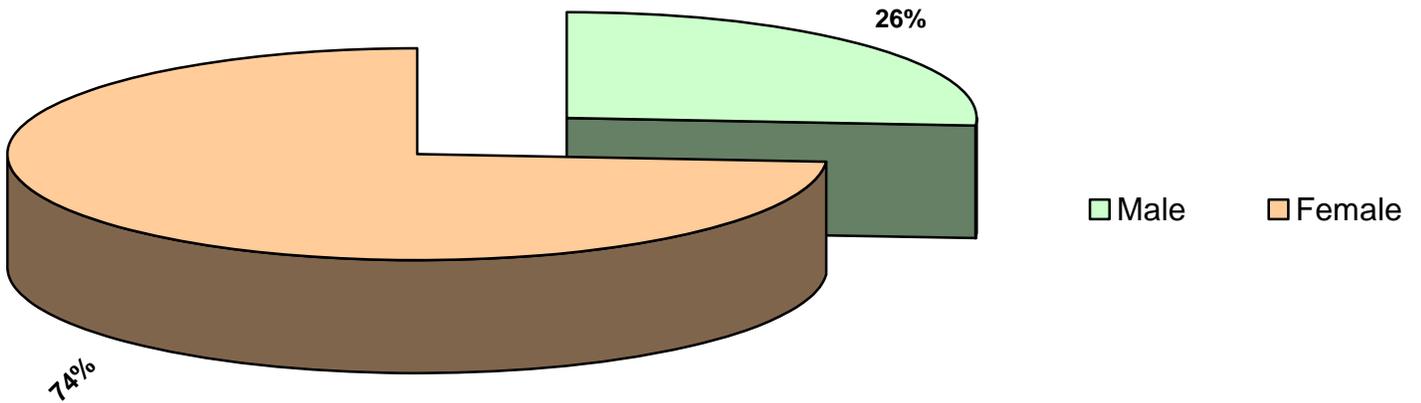
Graph 1. Survey Respondents by Ethnicity, BACOP and Mary Magdalene, September/October 2005



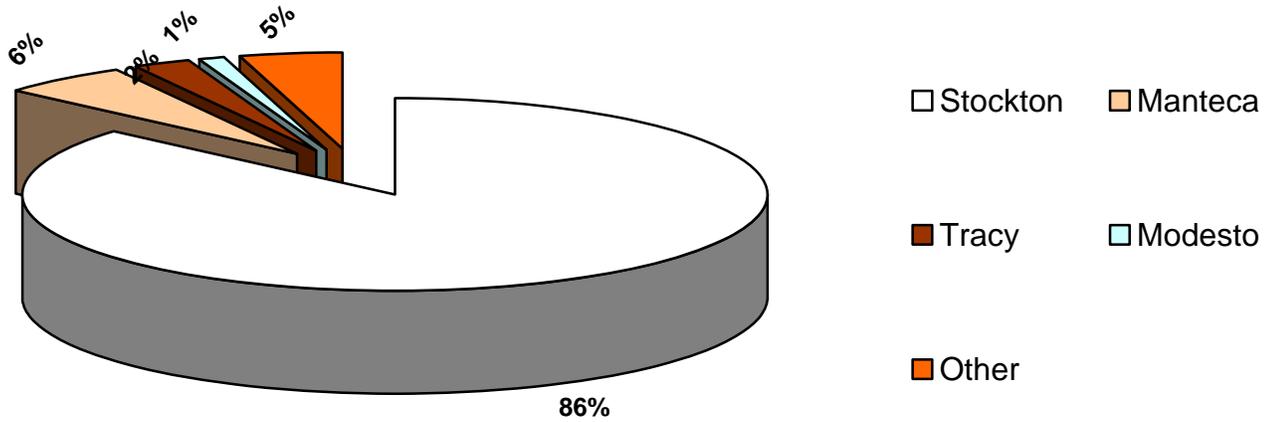
Graph 2. Respondents by Age, BACOP and Mary Magdalene, 2005



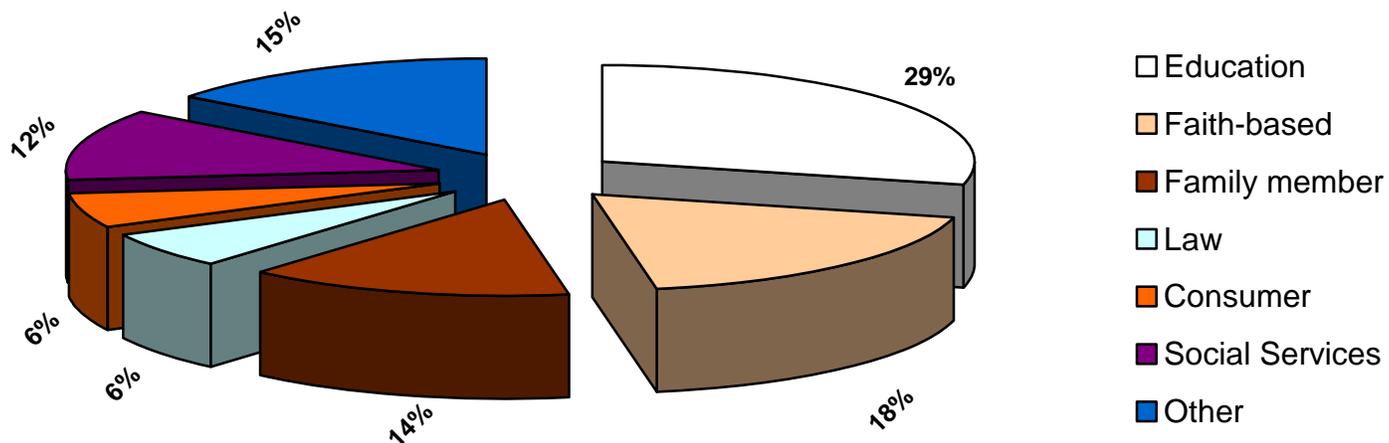
Graph 3. Response by Gender, BACOP and Mary Magdalene, 2005



Graph 4. Response by Geographic Location, BACOP and Mary Magdalene, 2005



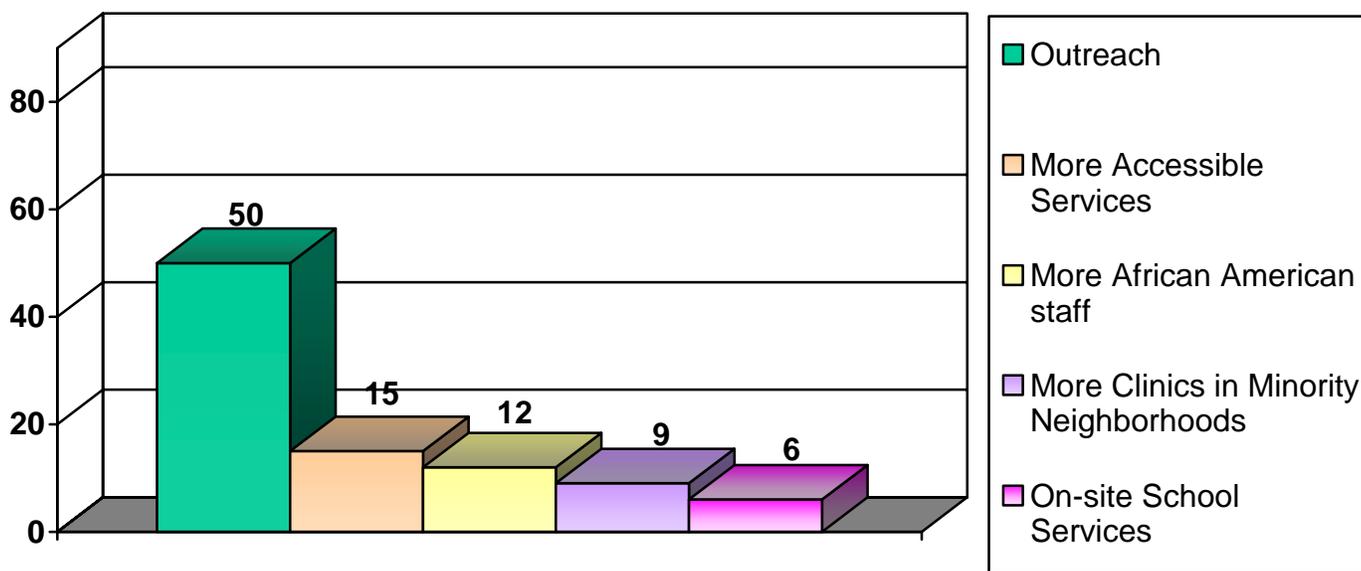
Graph 5. Response by Representative Group, BACOP and Mary Magdalene ,2005



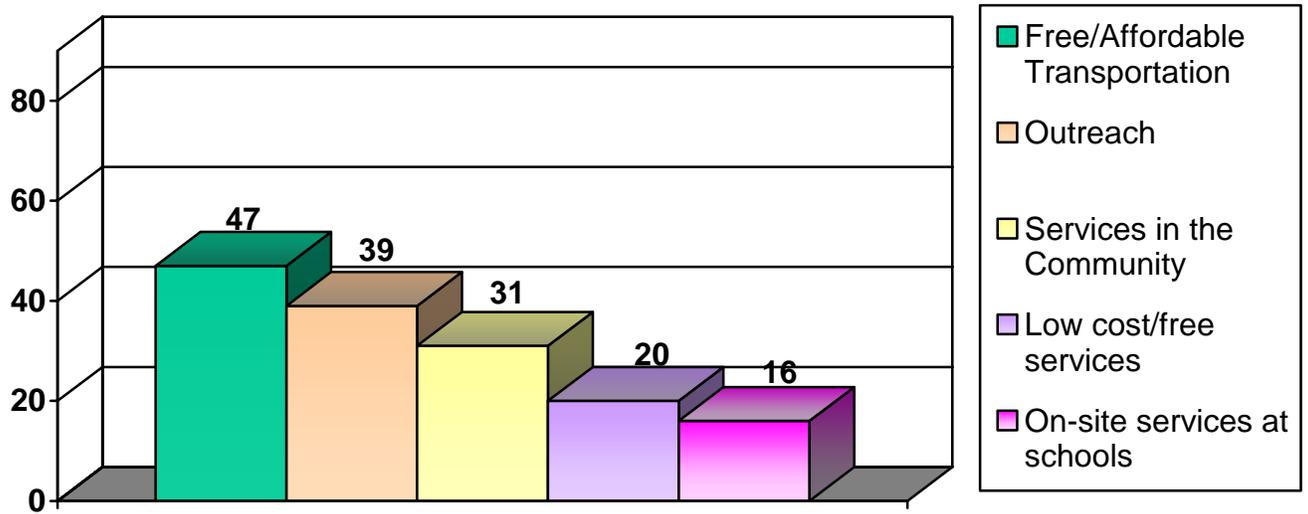
Respondents were asked the following open-ended questions:

1. How can we make Mental Health Services better?
2. How can we make services easier to get?
3. What type of services are needed?

Graph 6. Top 5 Ways to Make Mental Health Services Better, BACOP and Mary Magdalene, 2005



Graph 7. Top 5 Ways to Make Services Easier to Access, BACOP and Mary Magdalene, 2005



Graph 8. Top 3 Services Needed, BACOP and Mary Magdalene, 2005

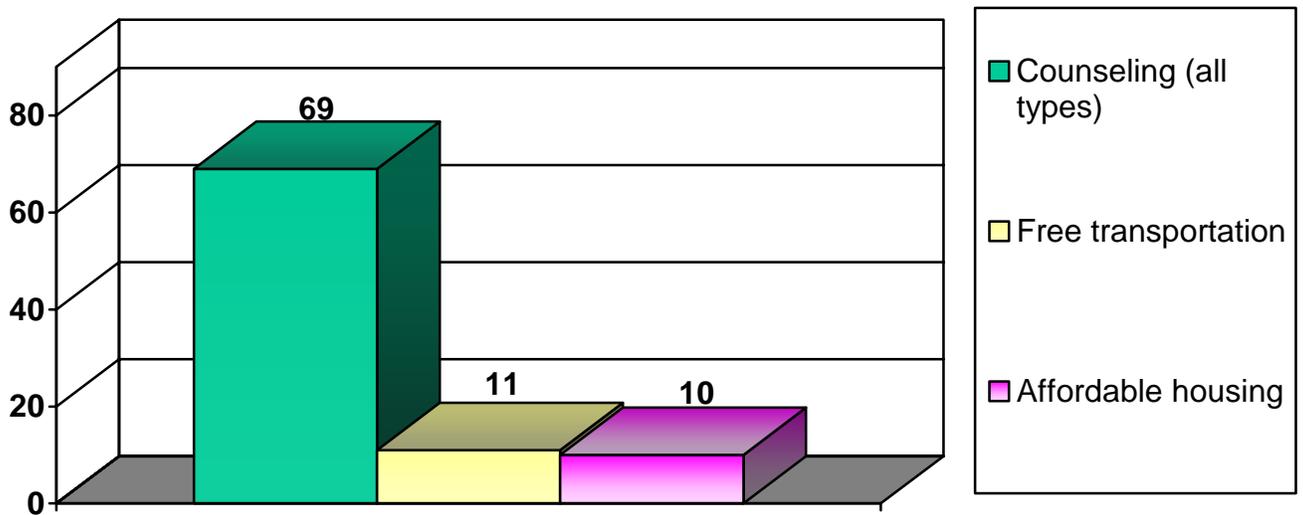


Table 1. Additional Survey Responses:

| Make services better?                      | Make services easier to get?                        | Needed services                         |
|--|---|---|
| <b>OUTREACH</b>                            |   |   |
| Community workshops                        | MH staff visit school sites yearly                  | Outreach (general)                      |
| More info at school sites                  | More info to teens                                  | Outreach workers in Black neighborhoods |
| Outreach to seniors                        | Workshops, Fairs                                    | Workshops on MH                         |
| Outreach to teens                          | Ask what people need                                | Workshops on balancing work/home        |
| Door-to-door outreach                      | Door-to-door outreach                               | Educate community groups                |
| Info about cost of services                | Educate about mental health                         | Health fair                             |
| Make services more appealing to minorities | Info to parents/teachers about MH                   | Info about importance of taking meds    |
| Info to parents about ADHD                 | Needs assessment for Blacks                         | Educate Black community about MH        |
| Home visits to talk about MH               | Outreach to ethnic community                        | Increase acceptance of mental illness   |
| Direct mail to Black organizations         | MH info at community sites (grocery, library, etc.) | Focus outreach on Black males           |
| Solicit needs from Black organizations     | Use community centers for outreach                  | Education and follow-up                 |
| Reduce stigma about mental health          | Mail information                                    | Outreach in prisons                     |
| Make info more accessible                  | Outreach to community organizations                 | Better outreach to Black community      |
| Outreach to parolees                       | Mobile vans for info                                | Outreach to teens                       |
| Outreach specific to Black community       | Collaborate with Worknet and EDD                    |   |
| Outreach to homeless                       | Outreach areas that Blacks frequent                 |   |
| Outreach in smaller communities            |   |   |
| Outreach to faith-based community          |   |   |
| Outreach at Health Fairs                   |   |   |
| Workshops for teachers about MH            |   |   |
| Education about different MH disorders     |   |   |
| Outreach to businesses                     |   |   |
| Info about how to access services          |   |   |
| <b>ACCESS</b>                              |   |   |
| Quicker access to services                 | School-site MH activities                           | Treatment for all in need               |
| More accessible services                   | Home-visiting/parenting                             | Services in the neighborhood            |
| Advocacy for those needing help            | After-school MH programs on site                    | Transportation                          |
| More access for minorities                 | On site services at elementary schools              | In-home visits                          |
| Widen access to services                   | More access for kids                                | Access to low-cost meds                 |
| More services for 18+                      | 24-hour services                                    | Services for infants                    |
| Free services                              | Access for all                                      | More referrals                          |
| Services for Black seniors                 | Bring services to homes                             | Services for elderly                    |
| 24-hour services                           | Easier to get help                                  | Services for drug babies                |
| On-site school services                    | Services for kids                                   | Dual diagnosis                          |
| More clinics in minority neighborhoods     | Friendly service                                    | Fun services for kids                   |

| Make services better?                             | Make services easier to get?             | Needed services                                 |
|---|--|---|
| Transportation                                    | More visible in community                | One-stop shop                                   |
| More outpatient services                          | Better access for Blacks                 | More services for Black youth                   |
| More services for singles                         | On site services at churches             | 24/7 safe place services for all                |
| New facility in Stockton for homeless MH patients | On site services at businesses           | More services for teens                         |
| Services in churches                              | 24-hour phone/info line                  | Services in the schools                         |
| Hotlines for support                              | Use church facilities for meetings       | Free screening                                  |
| More access for homeless                          | Make the process easier                  | Free meds                                       |
| Services for veterans with mental issues          | Less paperwork                           | Help with paperwork                             |
| More services for kids                            | Services in maternity wards              | Access to counseling for all*                   |
| Socialize the system                              | More emergency help for kids             | Facilities just for Blacks                      |
|   | Socialize the system                     | Services for kids in foster care                |
|   |  | Low cost/free services                          |
|   |  | More MH access in general doctor offices        |
| <b>Delivery</b>                                   |  |   |
| Alternatives to day treatment                     | Faster diagnosis and service             | Counseling with follow-up*                      |
| Better case management                            | Mobile unit                              | Collaborate with other agencies                 |
| More preventive services                          | Help people on the streets               | More intensive counseling*                      |
| Anger management classes                          | Concentrate services in poor communities | Better monitoring of meds                       |
| Quicker feedback after ADHD referral              | Support groups for kids/families         | Treatment plans for patients                    |
| Suicide prevention counseling for youth           | Crisis services for youth                | Preventative services                           |
| Invite family members to counseling               | ADHD school-based services               | 24-hour hotline                                 |
| One-on-one counseling for kids/teens              | Medication monitoring                    | 24-hour suicide line                            |
| Better diagnostic intake                          | Same day walk-in emergency services      | Crisis intervention                             |
| 24-hour suicide hotline                           | Take services to the streets             | 24-hour case management                         |
| Better follow-up with patients                    | Early & correct diagnosis                | At-risk identity teams                          |
| Wraparound services                               | Specific clinics for specific disorders  | Way to get in touch with caseworker after hours |
| More services for Black community                 |  | More MH help for incarcerated                   |
| Improve care of chronically ill                   |  | Bring MH services to churches                   |
| More substance abuse treatment options            |  | MH support groups in the community              |
| More options for schools serving MH clients       |  | Non-crisis evaluation in the community          |
| Spiritual care with MH care                       |  | Faster turnaround time                          |
| Create a Black MH center                          |  |   |
| Make sure patients are taking meds                |  |   |
| Stop overmedicating                               |  |   |
| More teen and kid-friendly centers                |  |   |
| Clear explanation of services                     |  |   |
| Phone service (weekly) to aid community           |  |   |
| More services for different disorders             |  |   |
| Serve kids without harming parents                |  |   |

| Make services better?                           | Make services easier to get?                 | Needed services                                      |
|---|--|--|
| One-on-one support                              |  |  |
| Less paperwork                                  |  |  |
| Provide needed meds                             |  |  |
| <b>Staffing</b>                                 |  |  |
| More young counselors                           | Bilingual workers                            | Better case management                               |
| More Black staff                                | MH staff at each school site                 | Mentorship program to recruit new staff              |
| More compassionate staff                        | More doctor referrals for services           | More minority staff                                  |
| MH staff representing all ethnic groups/genders | More minority representation                 | More Black staff                                     |
| More intake workers                             | Better listening skills                      | Better customer service at MH                        |
| More MH staff                                   | More staff                                   | More staff   |
| More counselors in elementary schools           | Better educated staff                        |  |
| Cultural awareness training                     |  |  |
| More Black MH staff in the community/streets    |  |  |
| <b>Programs</b>                                 |  |  |
|   | Anger management classes on school site      | Prevent premature births                             |
|   | Self-esteem building classes on school site  | Counseling for moms with small kids*                 |
|   | For depressed kids                           | " cancer patients*                                   |
|   | Anger management/conflict resolution classes | " stress management*                                 |
|   | On bullying                                  | " for teens*   |
|   | On anxiety/self-esteem                       | " for incarcerated/ex-felons*                        |
|   | Divorce support groups                       | Family counseling*                                   |
|   | For foster/adopted youth                     | One-on-one counseling for kids*                      |
|   | For K-2 age                                  | Grief counseling*                                    |
|   | Counseling (general)                         | HIV/Aids counseling*                                 |
|   | Therapeutic behavior services                | Counseling for domestic violence victims*            |
|   | Parenting classes                            | " for teen parents*                                  |
|   | For depressed/suicidal teens                 | " for at-risk*                                       |
|   | For single parents                           | " for children/youth*                                |
|   | For youth                                    | Health education                                     |
|   | To learn to communicate feelings             | Nutrition education                                  |
|   | Support groups (general)                     | Art/music for Alzheimer's patients                   |
|   | Adaptability mentor/services                 | Divorce counseling*                                  |
|   |  | Crisis-awareness groups                              |
|   |  | Gang prevention                                      |
|   |  | Marriage counseling*                                 |
|   |  | Counseling on aging issues*                          |
|   |  | Group counseling for single parents*                 |
|   |  | Outpatient counseling for all*                       |
|   |  | Hygiene program for patients                         |
|   |  | Support for dealing with mentally ill family members |
|   |  | Biofeedback/guided imagery                           |
|   |  | How to access social services                        |
|   |  | Counseling for mentally-challenged*                  |
|   |  | Support groups                                       |
|   |  | Counseling for child abuse victims*                  |
|   |  | Counseling for prostitutes*                          |
|   |  | " for pregnant teens*                                |

| Make services better?                     | Make services easier to get?                             | Needed services  |
|---|--|--|
|   |  | " for bipolar disorders*   |
|   |  | " for rape victims*  |
|   |  | " child molestation victims*   |
|   |  | Counseling for those with schizophrenia, Alzheimer's, depression*        |
|   |  | Parenting support groups   |
|   |  | Caregiver support group  |
|   |  | New mom support group  |
|   |  | Counseling for those with ADHD*  |
|   |  | " for borderline personalities*  |
|   |  | Anger management counseling*   |
|   |  | Anti-gang support groups   |
|   |  | Family planning support groups   |
|   |  | Foster families support group  |
|   |  | Substance abuse counseling*  |
|   |  | Grief counseling*  |
| <b>Social Services</b>                    |  |  |
|   |  | Help with food   |
|   |  | Help with clothing   |
|   |  | Respite care   |
|   |  | Help with senior abuse/neglect   |
|   |  | Financial help   |
|   |  | More homeless shelters   |
|   |  | Transitional programs for parolees                                       |
|   |  | Community services for minorities  |
|   |  | Help Blacks get out of poverty   |
|   |  | Childcare  |
|   |  | Job-training for disabled  |
|   |  | Vocational programs  |
|   |  | Healthcare   |
| <b>Other</b>                              |  |  |
| More Special Ed in schools                | Less paperwork   | More doctor appointments   |
| More funding                              | Get government involved                                  | More frequent assessment by doctors                                      |
| Job training for students                 | More available meds                                      | Behavioral studies about kids  |
| More funding for programs for Black youth | More community involvement                               | Referrals to churches/clubs  |
| Bring people to God                       | Transitional housing                                     | Larger MH facility   |
| Rename MH                                 | GED classes  | Life skills classes  |
| More appealing facilities                 | Tutorial services  | More community services  |
| More funding for Black organizations      | Organized games for kids                                 | Church/community work together   |
| Affordable housing                        | Funding for local organizations that serve Black youth   | Transitional living services   |
| Board & Care transitional housing         | Make sure patient carries phone numbers of helpers       | Help with job skills   |
| Substance abuse counseling                | Better planning/organization/public accountability by MH | More collaboration with faith-based                                      |
| Teach coping skills to MH patients        | Integrate MH staff with community workers                | Community companions   |
| Financial support                         |  | More caring facilities   |
|   |  | Compliance tracking  |
|   |  | Address the Black "experience"   |
|   |  | Assess patient for drug/alcohol addiction before labeling mental illness |
|   |  | Job fairs  |

*\*These additional survey responses are included in the Counseling vote tally under "Top 3 Services Needed"*

**Focus Groups were held in September/October 2005:**

1. September 29, BACOP/Mary Magdalene, 39 listed on sign-in sheet
2. October 7, Delta Sigma T /Link, 8 listed on sign-in sheet
3. October 20, Pastoral Focus Groups, 45 listed on sign-in sheet

**From these focus groups the following Services and Strategies were listed:**

- Afro-American Services
- Hiring staff that mirror community (Afro-American)
- Therapy Services
- Mentoring support for Afro-American
- Nutritional Education
- Educational Service (parents, teens) treatment
- Structured services
- Transitional services for prison release, CYA, youth homes
- Dual diagnosis facilities
- Afro-American Community Based Services
- 24 hr Case management
- Life skills
- Residential for youth
- Community-based clinics (One-stop-shop, outreach, case management, Primary care)
- Respite for grandparents
- User friendly
- Case managed services for those coming from incarceration
- Education for churches
- Accessible therapists with people of color
- Choices and trust of particular service provider
- Fee waivers for non-insured
- Education for clients/pastors ongoing
- Black success stories (stigma busters)
- Education for reporting to authorities
- Designated representatives (contact person for Behavioral Health)
- Liaison/advocate between churches and MH/Police
- Mental Health outreach coordinator to the church
- Program similar to Su Salud - VA Stand down for homeless and others
- Program to address homeless needs - housing, legal, job skills, etc.  
Immediate emergency service
- Community-based programs
- Services to elderly
- Mobile Evaluation Team, including pharmacy

## All Children and Youth Workgroups Voting Data Summary November 2005

This data is a summary of the dot voting from the community for all children and youth workgroup meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSA, Community Supports and Services funding.

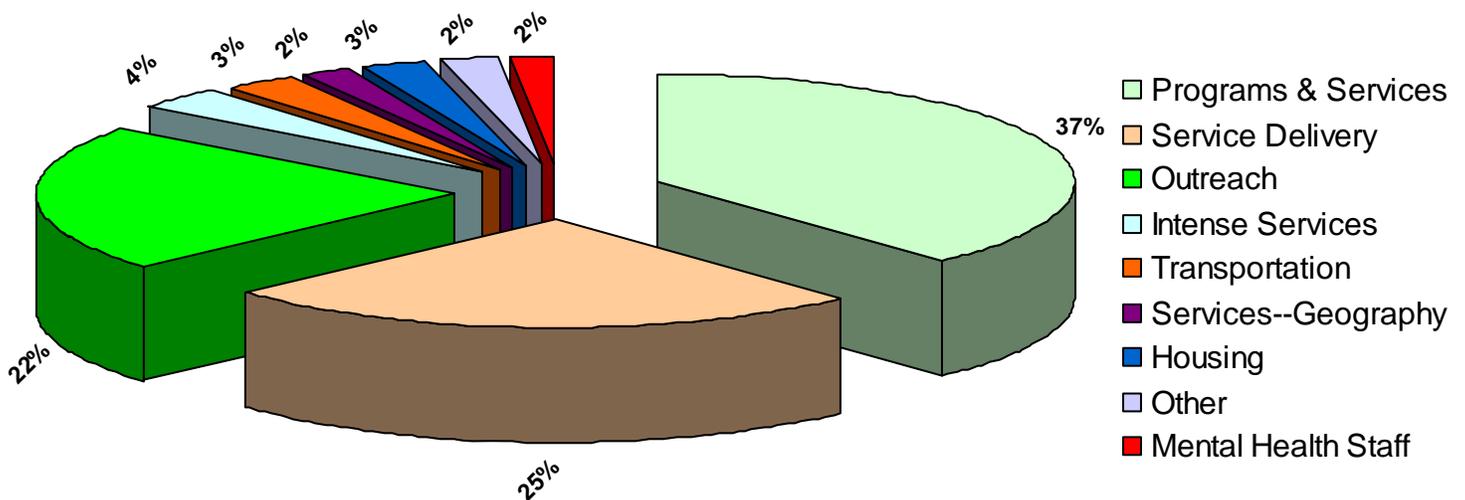
Data was submitted from the workgroups as follows:

Table 1. Summary Data of Voting and Attendance for Community Children and Youth Workgroups

| Date         | Number of Votes | Number of Voters | Meeting Attendance |
|--------------|-----------------|------------------|--------------------|
| 9-7-2005     | 136             | 26               | 29                 |
| 9-12-2005    | 90              | 18               | 19                 |
| 9-22-2005    | 94              | 16               | 17                 |
| 9-27-2005    | 82              | 16               | 14                 |
| <b>Total</b> | <b>402</b>      | <b>76</b>        | <b>79</b>          |

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Children and Youth Workgroup, by Percentage



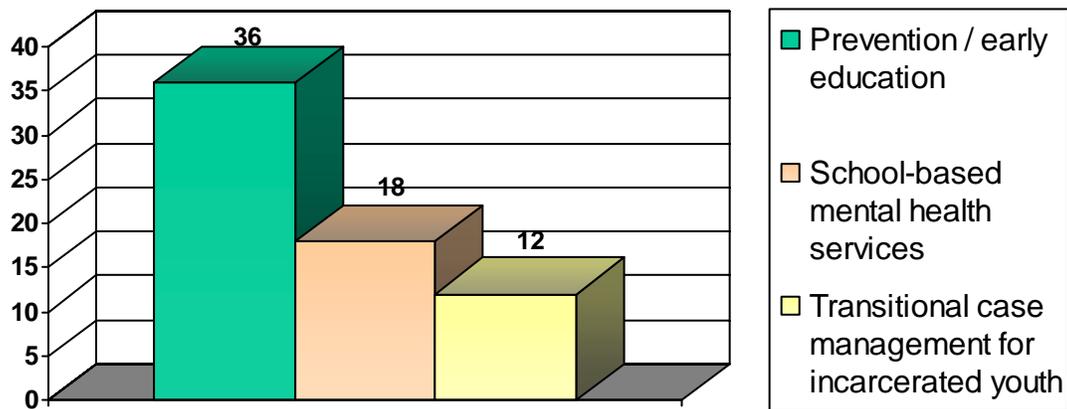
Specific strategies/ideas under each general area are as follows:

**Programs and Services** (37% of the entire vote)

Top three are:

1. Prevention/early education services 🚗
2. Increasing school-based counseling services with mental health professionals for early identification
3. Transitional case management services for incarcerated youth.

Graph 2. Top Three Strategy Choices, by Number of Votes, for the Programs and Services Category



The remainder of strategies, listed in order of priority are:

- a. In-patient psychiatric unit for children and adolescents in San Joaquin County. 🚗
- b. Family Resource Center (FRC) 🚗
- c. Centrally located services, beyond the "one stop shopping," that need to link to Community Partnership for Families
- d. Expansion of child county MH services to not be so restrictive so that eligibility criteria are beyond crisis and high end 🚗
- e. Peer on peer outreach and counseling 🚗
- f. After school 🚗
- g. Respite options for parents
- h. Pre-school 🚗
- i. Expand current respite care for special needs (physical) MH youth 🚗
- j. Youth development programs -- personal and professional development skills
- k. After-care for juvenile justice youth -- counseling and medication monitoring 🚗 (unless for transition out services)

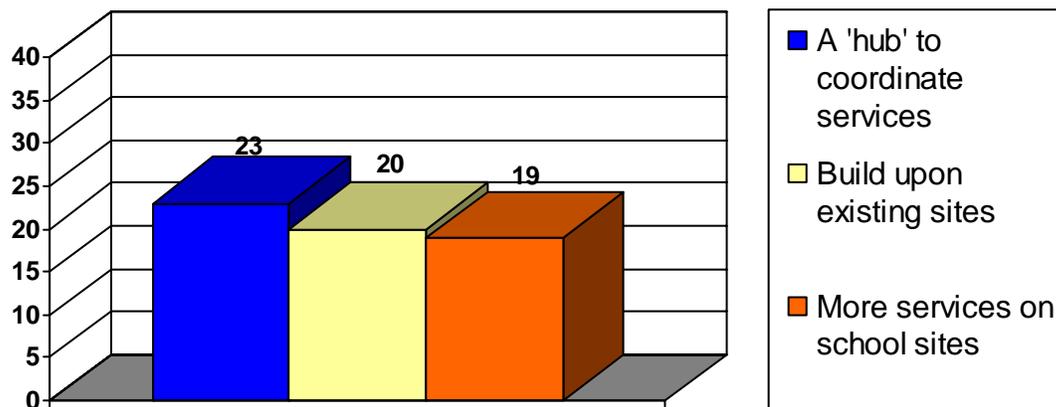
- I. KDAP programs specific for dual diagnosis services and substance abuse and mental health
- m. Vocational Training for Transitional Youth
- n. Services for those in custody: outpatient / while in juvenile hall
- o. Partial hospitalization for youth (23 hour or less care)
- p. Youth support groups: issues such as substance abuse/parents/MH/school
- q. Expanding MH services to in-custody juvenile hall youth: "pre-crisis"
- r. Day Commitment Program for those out of custody (with transition)
- s. Residential treatment for dual-diagnosis youth (short term)
- t. Residential treatment for dual-diagnosis youth (group home)
- u. Mentoring programs for youth, parents (support groups) and for peer and role modeling
- v. Problem of getting medication without follow-through: more mentoring needs to be available medication distribution needs to go through a centralized location, MHS oversight
- w. Substance abuse

**Service Delivery** (25% of the entire vote)

Top three are:

- 1. A 'hub' to coordinate services and providers
- 2. Build upon existing sites
- 3. More services on school sites

Graph 3. Top Three Strategy Choices, by Number of Votes, for the Service Delivery Category



The remainder of strategies, listed in order of priority are:

- a. Home visits vs. office visits
- b. Faith based community being utilized

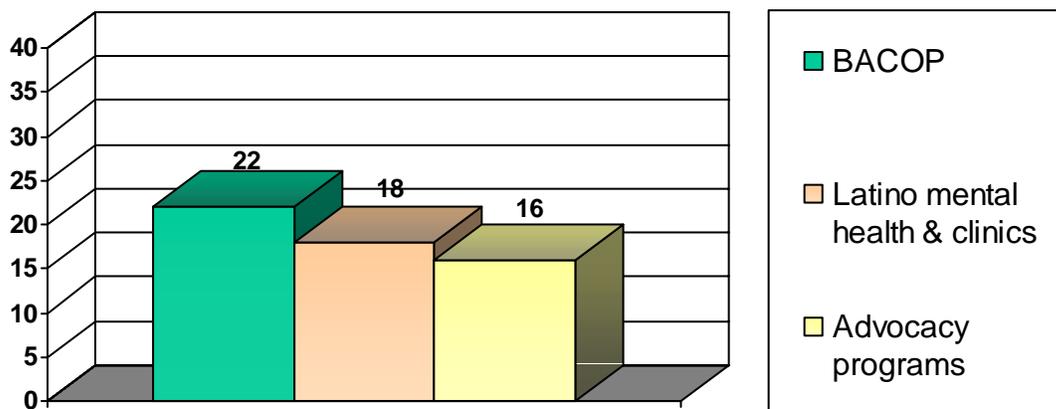
- c. Services in the community
- d. 24 hour case management
- e. General health 🚑
- f. Partnerships with MH, substance abuse services and employment agencies
- g. Case loads - "collaborative case management" for juvenile justice youth
- h. Access to alternative treatment programs/options
- i. Resources and access
- j. Explore options with California Youth Authority: connecting with youth before transition

**Outreach (including ethnic/underserved)** (22% of the entire vote)

Top three are:

- 1. BACOP - culturally sensitive services
- 2. Latino mental health, including community-based clinics outside of Stockton
- 3. Advocacy programs, to improve access to services that are sensitive to culture and language.

Graph 4. Top Three Strategy Choices, by Number of Votes, for the Outreach Category



The remainder of strategies, listed in order of priority are:

- a. Multiple language resources including phone line, resource guide, more meeting in the community
- b. A community-based outreach program for young African American males; a site in the community
- c. Education on issues 🚑

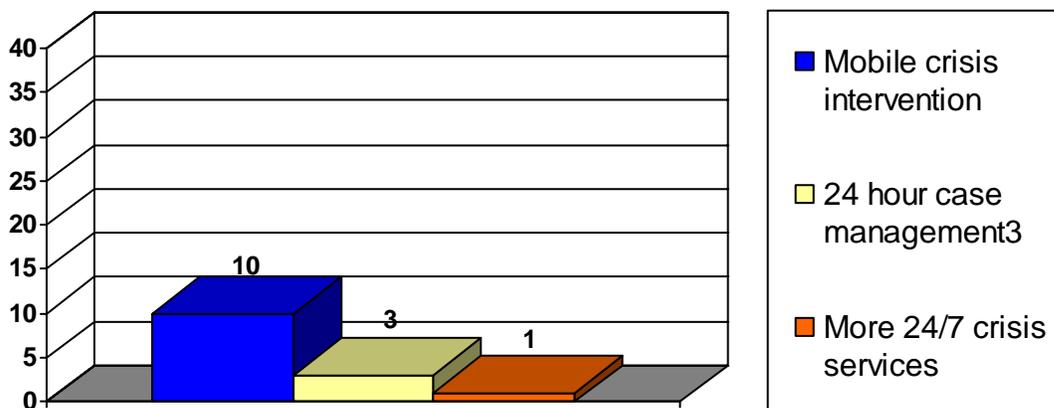
- d. Identifying gatekeepers within a community, such as informal leaders and key players, especially within ethnic communities (knowing the ways into a community) (e.g. in African-American community: ministers, grandparents, etc.)
- e. Knowledge increase, such as resource fairs and outreach programs
- f. Services for all families: bi-cultural / bi-racial
- g. Faith based outreach with MH support to educate about services and to outreach and run programs
- h. Drop-in center for gay and lesbian youth - services on-site 🚗
- i. Services provided in S.E. Asian languages -- increase current level

**Intense Services** (20% of the entire vote)

Top three are:

- 1. Mobile crisis intervention
- 2. 24 hour case management services
- 3. More 24/7 crisis services, with a 'real person' on the other end

Graph 5. Top Three Strategy Choices, by Number of Votes, for the Intensive Services Category



There were no additional strategies in this category.

**Transportation** (3% of the entire vote)

One strategy was identified:

- 1. Provide transportation services. This strategy received 11 votes.

**Housing** (3% of the entire vote)

One strategy was identified:

1. Safe, affordable, decent housing. This strategy received 10 votes.

**Services: Geography** (2% of the entire vote)

One strategy was identified:

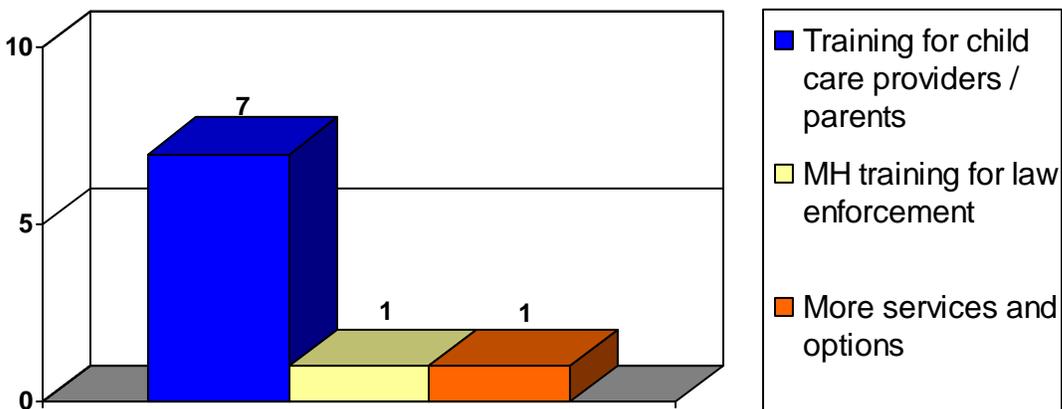
1. Provide services in the community. This strategy received eight votes.

**Other** (2% of the entire vote)

Top three strategies:

1. Training / outreach to child-care providers serving children who are 0-12 years old; a "training preschool" for parents and providers to visit 🚗
2. Training for law enforcement agencies regarding MH issues
3. More therapy services and psychiatric options

Graph 6. Top Three Strategy Choices, by Number of Votes, for the Other Category



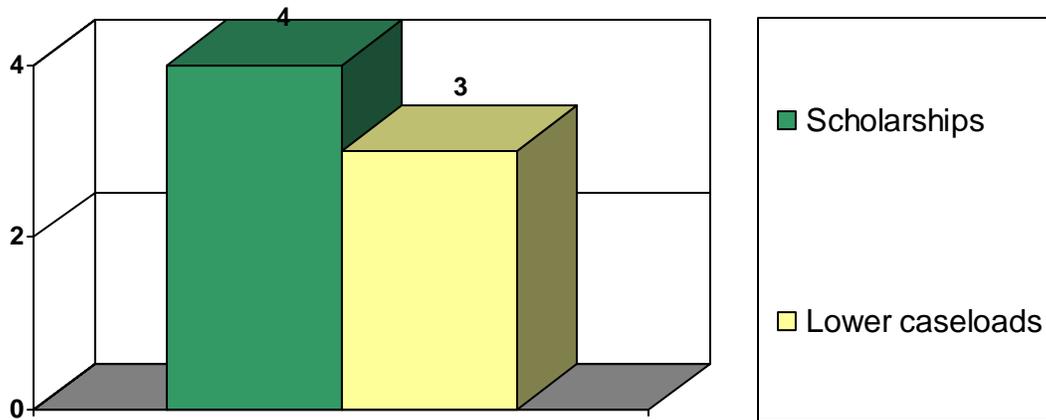
There were no additional strategies in this category.

**Mental Health Staff** (2% of the entire vote)

The top two choices are:

1. Scholarships to help encourage people to enter the mental health field 🚗
2. Lower case loads

Graph 8. Top Two Strategy Choices, by Number of Votes, for the Mental Health Staff Category



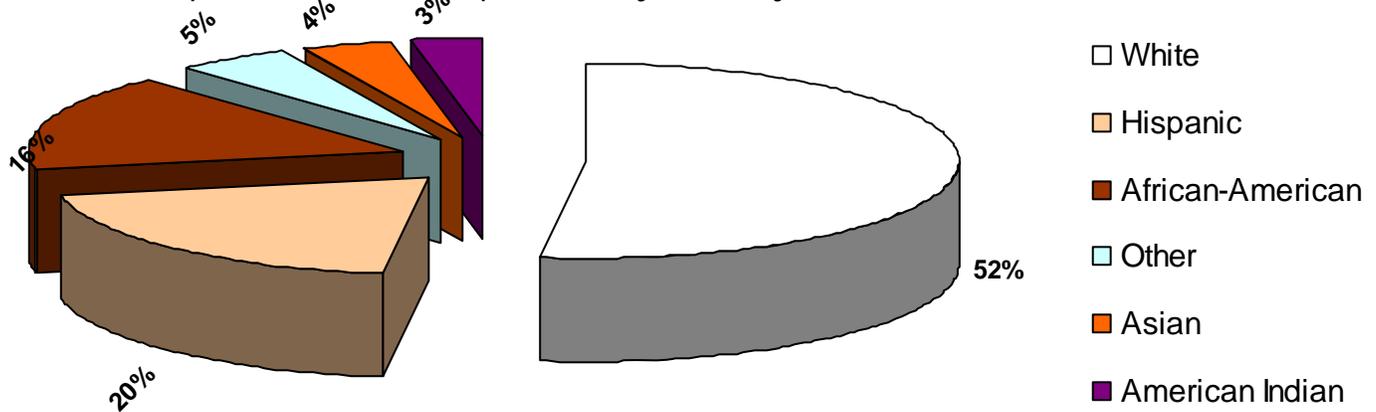
The remaining two strategies, neither of which received a vote, are:

- a. Clinicians 🚚
- b. MFT that specialized in youth MH issues such as money/resources needed for training

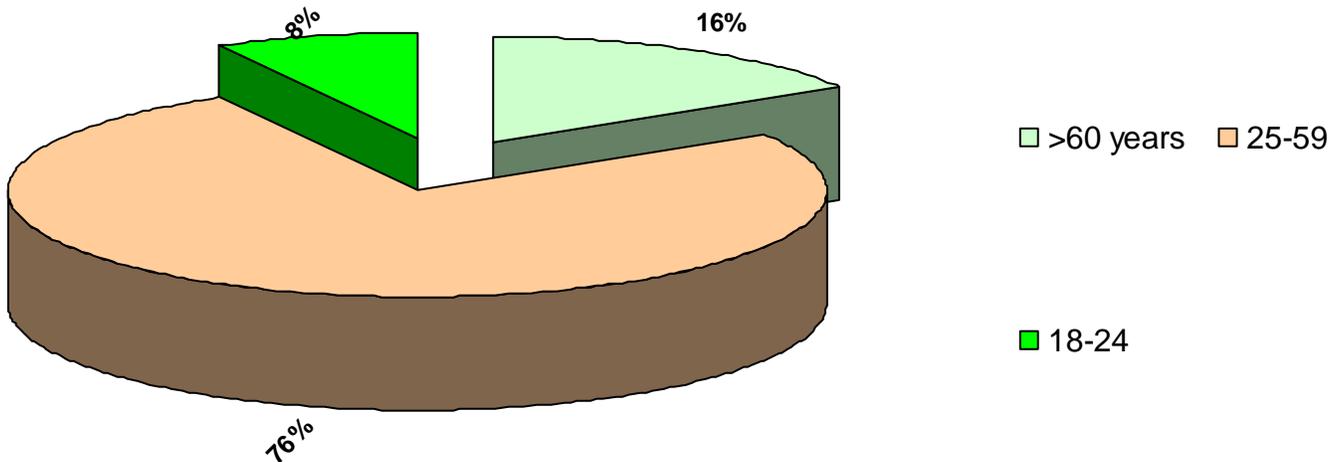
### All Consumer Survey Input September & October 2005

A total of 277 surveys from the September 30<sup>th</sup> picnic event, 34 random surveys and 22 surveys from Pine Manor consumers were collected, compiled and analyzed. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSA, Community Supports and Services funding. Details from the consumer event follow and details from the other surveys are on file and available on request.

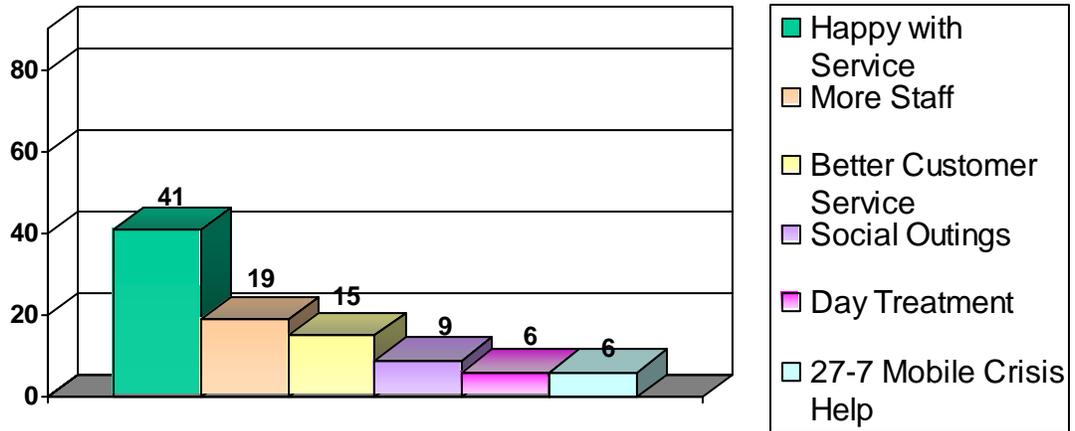
Graph 1. Consumer Respondents by Ethnicity, October 2005



Graph 2. Consumer Respondents, by Age, October 2005

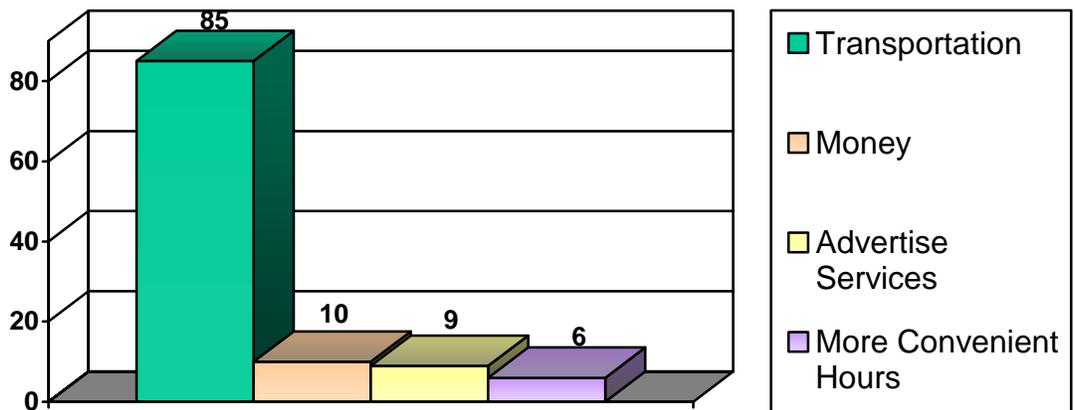


Graph 3. The Top Six Ways to 'Make Services Better' from Consumers, October 2005



1. Happy with services...you treat us well
2. Need for more staff and doctors 🚑
3. Need better customer service - treat as individuals with compassion and understanding
4. More social outings
5. Day treatment
6. 24-7 mobile crisis assistance/ warm line

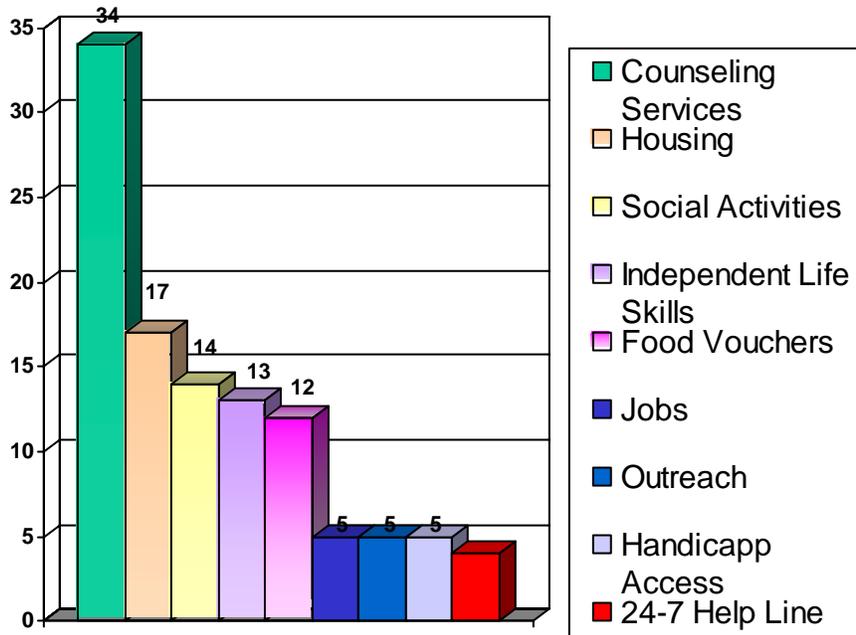
Graph 4. The Top Four Ways to 'Make Services Easier to Get' from Consumers, October 2005



1. More and better transportation, staff to pick us up
2. Money
3. Advertise in paper, TV & phone book

4. More convenient doctor hours, more staff after hours when we don't want to go to crisis, on-time appointments

Graph 5. The Top Eight 'Needed Services', Consumer Picnic, September 2005



1. More counseling services, counseling at consumers homes; more support groups; support groups in care facilities; more individual therapists
2. Housing, help with cost of; safe, affordable housing, supervised & individual housing
3. More social activities
4. Independent life skills, money management
5. Food vouchers, free lunch, more food
6. More and better paying jobs
7. Outreach
8. More handicapped access 🚗
9. 24-7 help line

The following table details comments.

| Make services better?   | Make services easier to get?   | Needed services   |
|---|--|---|
| <b>Law Enforcement</b>  |  |   |
| Stop chasing people and locking them up   | More information and advertising about group   | Stop crime rate   |
| Stop playing with our minds - we are people too and have hearts and feelings just like you  | You don't want to call police to lock them up  | Medical compliance programs that give more freedom  |
| Didn't know about mental health but was heard by law enforcement who told me  | By internet (2)  | Legal - personal services   |
| Pay more attention to the law   | They are easy enough   | Better education for law enforcement  |
| <b>Mental Health Services</b>   |  |   |
| I am happy with services; they're good; no complaints (34)<br>You are doing ok (7)<br>We feel good with the friendships we have - you treat us well                               | No ideas. I think the people of our county don't have any idea how lucky we are to have such a great agency! | More counseling services (15)<br>Counseling at patients homes (3); more individual therapists; more counselors; groups in care facilities (3) |
| Be available when needed (7) - more evening workers   | Listen to us   | Communication   |
| Don't open state hospital again, was abused there as a child  | Advertise in paper, TV, & phone book (8)   | No favoritism in Puff unit  |
| More worker visits at board & care/BACOP- (2)   | Outreach first 90 days   | Outreach (5)  |
| More staff (14)<br>More doctors to talk to (5)  | The way you are (4)  | More staff<br>More female staff (3)   |
| Combine more substance abuse mental health program  | More outreach (3)  | More dual diagnosis services (2)  |
| Keep things simple (2); help all people who want help (3)   | Trust and love   | Medicine (3)  |
| Better customer service from general staff, compassion & understanding from professionals, some of us know what's going on with ourselves; treat as individuals, not puppets; (7) | More discussion when being admitted  | A lot of services (2)   |
| Ideas to African-American women   | By keeping all of our appointments; be on time (2)   | BACOP (3) full funding with expansion.<br>24/7 everyday intervention (2)  |
| Offer psychotherapy to all patients who are taking psycho tropics   | Offer critical care through local hospitals  | More specialized groups focusing on all aspects of mental health (5)  |
| Earlier appointments  | More staff (2)   | All needs are met   |
| Cheaper meds;<br>Easier to get (2)  | Unsure how system works presently  | In Lodi (2)   |

| Make services better?   | Make services easier to get?   | Needed services   |
|---|--|---|
| Listen to what is being said by us; consumer friendly (6)   | Faster services (4)  | Staff meetings to share problems  |
| Improve staff courtesy to clients and better recognition when they don't say same name (2)<br>Educate staff; take better care of patients   | Being able to have someone else with you   | Medication (2)  |
| Scrutinize personnel handling incoming mail & sensitive personal request forms & records addressed to 1212 N. California St. business office & adult case manager plus dispense or injection medication at out patient clinic | A simple outline checklist of services depending on individual cases, person is qualified or due       | Efficiency, thoroughness, accuracy  |
| Make mental health services better by first come, first serve basis   | By records & telephone communication with doctors  | Records of doctor who are treating  |
| One day at a time; go to group education  | By mental health newspapers  | Outreach program to those who want help in Afro-American community                    |
| Provide quicker pharmacy services   | More convenient doctor hours (2) help with people after hours when they don't want to go to crisis and | Psychiatric services  |
| Get more peer advocates & peer-to-peer services   | Have physician that can give medicine in the crisis unit   | Cut me loose from services  |
| More mental health programs (5)   | One-stop shop  | I would like to see Bridges program and African American community & Latino community |
| Form proper system  | Services by phone  | Plenty in mind  |
| More cognitive therapists   | Money (6)  | More groups (4); more evening groups  |
| Bigger place at older day treatment (4)   | Get rid of all the red tape  | More women counselors for group therapy   |
| Lighter door on bathrooms (2)   | Relax  | Good ones   |
| By better understandings (2)  | You're doing fine (3)  | Less medication   |
| Bathtub in PHF  | Give examples of applicable fees for sliding scales.   | Help people get better, not stay sick; help the whole family                          |
| Doing what I have to do   | Doing what I need to do  | Counsel meetings without restrictions   |
| Day treatment reinstated (6)  | By providing insurance like medical to all legitimate mental patients                                  | Day treatment (2)   |
| I think the new building is really nice   | More help, more information booths (2)   | A coffee shop, snack bar with canteen, a restaurant, gift shops (2)                   |
| Community education to decrease stigma (2)  | People who are easier to talk to   | Help for those who are discourage   |
| 24/7 help (4) mobile crisis intervention team (2)   | More timely services   | 24/7 help line (2)  |

| Make services better?  | Make services easier to get?   | Needed services   |
|--|--|---|
| Transforming with M.T.H. Proposition 63  | Newsletter and advocacy and consume introduction about Proposition 63  | More support and dedication to self help awareness and training for beneficial services to contribute with Proposition 63 |
| Easier to get information (2)  | More places in town  | More communication with providers, family and staff. Once a week family discussion  |
| Shorter waiting time in crisis   | Try hard   | Services that address coping skills (2)   |
| Stress management  | Make process simple-more user friendly   | Services for minority African-American (2)  |
| Quality services   | Have culturally sensitive workers to African-American  | Substance abuse groups  |
| Be efficient   | Use of Martin Gipson Center  | Independent living training (5)   |
| Appointments; doctors verify appointments ahead of time (2)  | More workers (4)   | Mental health team with an African-American clinician in the AA community   |
| More P & I money   | An 800# (3)  | Technology to help, websites to help with living arrangements   |
| Educate family members of clients. When clients are in hospitals, inform family members of what is going on. I was never offered an opportunity to discuss my wife's situation with a doctor | Follow up  | Educate family members (2)  |
| More child care while clients getting services (3)   | Lower fees   | Bring back the CBIS program (2)   |
| More fun for the clients broken spirits  | There is no way  | Blood testing not all meds.   |
| Do not spend money on the workers, just on the people; do not minimize people programs   | Open house to offer outreach to the public   | Better restrooms-especially wheelchair access   |
| More awareness of illness and how to deal with learning about how to treat and describe the treatment (2)  | Describe implement plans to treat illness; explain program; progress problem and seek good help about the subject matter (2) | Health religious based with more understanding of solving solutions for programs  |
| Less time in guest home  | Provider money   | Social worker's   |
| Stay out of Puff   | Take medication, get well health wise  | Responsible consumers   |
| Better facility  | Work with us - don't pass the buck   | More combined board & care activities (2)   |
| Support residential care   | Case manager (3)   |   |
| <b>Social Activities/Services</b>  |  |   |
| More outings to San Francisco; more social activities (6)  |  | More social, interactive with food (14); go to zoo & movies   |
| More outdoor activities (3)  |  | More services for senior citizens   |

| Make services better?  | Make services easier to get?  | Needed services  |
|--|---|--|
| To have the doctor always available - I'm able to be assisted by the nurse but not by a doctor that speaks Spanish (3) | More personnel that speak Spanish (2)   | Socialization centers in Tracy-Lodi etc.;                |
| <b>Transportation</b>  |   |  |
| More free bus passes   | More & better transportation (81) Staff to pick us up at (4); transportation in Lodi  | More handicapped accessibilities (5)                     |
| Mental health senior services  | Provide more accessibility to services  | Transportation after MH office closes and at late night. |
| <b>Medical Services</b>  |   |  |
| By being less hostile  | Medical services available  | A medical Dr./OB/gyn to work with abuse survivors        |
| Making more programs for the jobs people need  | Coaching the employees that we are not always on the verge of a psychotic break. We are basically human in our emotions not geeched docile idiots | A good germ doctor                                       |
| Bring back CBIS (2)  | Allowing the services to be seen in every public place  | Dental, medical  |
| More culturally sensitive (2)  | Medi Cal  | Assistance with severely handicapped people              |
| Friendly   | More medical testing  | Medical or Medicare                                      |
| <b>Social Services</b>   |   |  |
| Food vouchers (4)  | More kits   | More help to get on SSI and other resources (3)          |
| Better food and programs in Lodi   | More money (3)  | Conservatorship, payer rep.                              |
| Services to take you out to eat  | More food   | Free lunch (5)   |
| Power of attorney  | Crisis can be better  | DMV-child support  |
| Reduce case load   |   | Shopping for good things, such as music (2)              |
| Make us the payee of our checks  | Organization  | Food (3)   |
| <b>Employment</b>  |   |  |
| Quality work   | Less rules  | Job school   |
| More vocational rehab (4)  | Participation with local industry to create jobs for my clients   | Job training on job site here                            |
| Train personnel more rigorously  |   | Training for mental health workers for paid positions    |
| Create part time professional positions for those on disability  | Post open positions at the Gipson Center and at Mental Health   | Support while looking for a job                          |
| Crisis could be better - after you are evaluated you have to wait too long to be assigned to A-B-C.                    | Need information person to explain how mental health system works (2)   | More jobs; better paying jobs (5)                        |

| Make services better?                                      | Make services easier to get?   | Needed services   |
|--|--|---|
| <b>Housing</b>   |  |   |
| Put me on Section 8 (2)                                    | Bigger facility  | Help with cost of housing & food (6); safe, affordable housing, supervised & individual housing (11)  |
| Help get my own place                                      |  | Substance abuse housing   |
| <b>Other</b>   |  |   |
| Help get music   | Get specials for each month on the 1 <sup>st</sup> of the month              | Groups to discuss how to spend Proposition 63 money   |
| Help me be protected from people walking over me           | Free services  | Massage therapy as a way of socializing after an illness; therapy in physical health classes, tai chi   |
| Have someone go get us food and deliver at your motel room |  | Cigarette vouchers back   |
| By some drink  |  | Money management (6)  |
| More services for senior citizens                          | A single administrative auditor to maintain the influx and out flow of funds | Senior mental health programs, more accessibility to larger facilities  |
| Pray (2)   | Pray (2)   | All services that are needed (2)  |
| Be proud   | Get by   | Suicide prevention  |
| More coffee  | Don't be lazy, earn your money   | Life skills management (2)  |
| A raise  | Being my own payee   | To be my own payee  |
| Don't know   | By talking to my worker  | Mental health should arrange with the county board of supervisors to keep real estate owners from wiping out any additional funding from social security - rents are too high |
| Attending all meetings                                     | Info desks   | None  |
| Be honest  | By asking the program  | Wash hands signs  |
| Save the serenity garden                                   | Bus schedule   | More homeless outreach  |
| Literacy programs  | Listening (2)  | Anger management (2)  |
| By having people wash their hands after using restrooms    | Making it more easy to read  | Ethnic services (2)   |
| More supplies  | It was not hard  | Save the serenity garden  |
| Cooperating with staff                                     | Change rules and regulations   | More one on one (2)   |

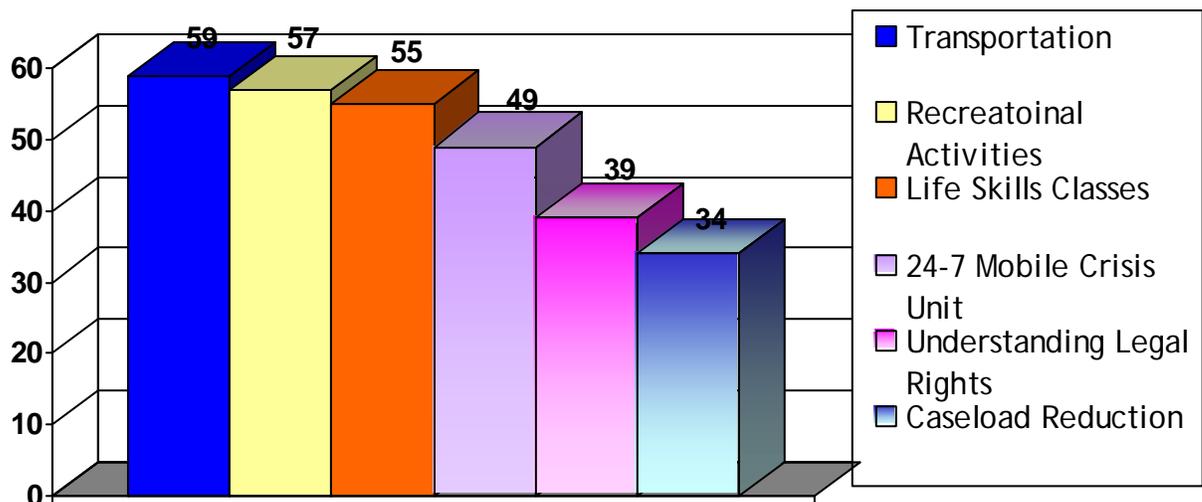
| Age            | Gender  | Race                           | Residence         | Group                             |
|----------------|---------|--------------------------------|-------------------|-----------------------------------|
| 60 +<br>(40)   | M (123) | White (114)                    | Stockton<br>(134) | Staff<br>(13)                     |
| 25-59<br>(189) | F (90)  | Hispanic (28)                  | Manteca (3)       | Mental Health<br>Services (1)     |
| 18-24<br>(21)  |         | American Indian (6)            | Lodi (22)         | Consumer (167)                    |
| 17 or <<br>(0) |         | Portuguese (1)                 | Thornton (1)      | Family (3)                        |
|                |         | Asian born<br>American (5)     | Escalon (1)       | Social Services (7)               |
|                |         | Black (33)                     |                   | Residential Provider<br>(1)       |
|                |         | Negro (2)                      |                   | AFR administrator<br>(1)          |
|                |         | Mixed black (1)                |                   | Private provider (1)              |
|                |         | Mexican-American<br>(16)       |                   | Law enforcement<br>(2)            |
|                |         | African-American<br>(3)        |                   | AMAC (1)                          |
|                |         | Japanese American<br>(1)       |                   | Community re-entry<br>program (1) |
|                |         | Asian/ Pacific<br>Islander (3) |                   | Gibson Center (2)                 |
|                |         | Chinese American<br>(3)        |                   | All types (1)                     |
|                |         | Philippine (2)                 |                   | Heart (3)                         |
|                |         | Human (1)                      |                   | Education (3)                     |
|                |         | Other (1)                      |                   | Faith Based (1)                   |
|                |         |                                |                   | Team B (1)                        |
|                |         |                                |                   | PUFF (1)                          |

## Consumer Picnic Event Workgroup Meeting Voting Summary

DATE: September 30, 2005  
 TIME: 11:00 a.m. - 3:00 p.m.  
 LOCATION: 1212 No. California St. - Stockton

Attendance: Approximately 350. Dot voters - 159.

Graph 1. Top Six Strategy Choices, by Number of Votes, for the Consumer Picnic Event, September 2005



### *Services and Strategies to Meet Needs Voting summary:*

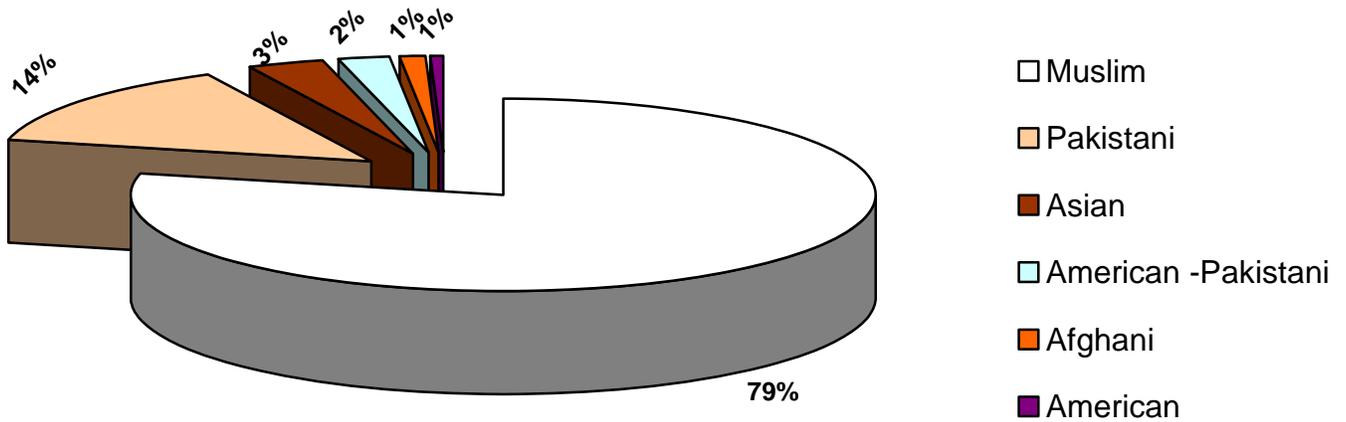
- Integrated substance abuse housing program - **24 votes**
- Mental Health owned properties near mental health facilities and services - **24 votes**
- All mental health providers and staff will receive cultural training - **18 votes**
- Develop clinics specific to each ethnic group for outreach, prevention and intervention in the community - **14 votes**
- Organized recreational activities for consumers (arts, sports, music, etc.) - **57 votes**

- Life skills classes to include areas such as: job coaching, nutrition, hygiene and health care, basic financial management skills, parenting classes and language classes - **55 votes**
- Develop a support system for families of mental health consumers - **29 votes**
- Offer services and resources that are peer managed - **21 votes**
- Family consumer advocates training - **12 votes**
- Child care for consumer's families during services - **21 votes**
- Individual, specific, re-entry programs for each consumer - **22 votes**
- Technology used to better service consumers (i.e. laptops, website for caregivers/service providers) - **17 votes**
- Trained mental health professionals leading a 24-7 mobile crisis unit - **43 votes**
- Transportation for consumers to and from services - **59 votes**
- Caseload reduction for case managers in order to better meet the needs of consumers - **34 votes**
- A "hub" (one-stop shopping) to coordinate services/providers - **15 votes**
- More home visits by trained mental health workers instead of office visits - **30 votes**
- Prevention and early intervention services - early identification of problems - **25 votes**
- Understanding court system - **29 votes**
- Understanding legal rights as a consumer - **39 votes**
- Outreach/education to faith based organizations - **27 votes**
- Outreach/education to all ethnic/cultural community groups - **23 votes**
- Consumer run, cultural competency recovery center located in the Mental Health Services Day Treatment - **23 votes**
- 24-7 multi-lingual hotline and evaluation teams (countywide to include psychiatrist who are culturally sensitive) - **22 votes**
- Outreach/ education to sexually diverse populations - **11 votes**
- Outreach within schools - **21 votes**
- Outreach to make sure programs continue - **16 votes**
- Financial assistance program for consumers during hospitalization (i.e. home needs, bills, pets) - **19 votes**

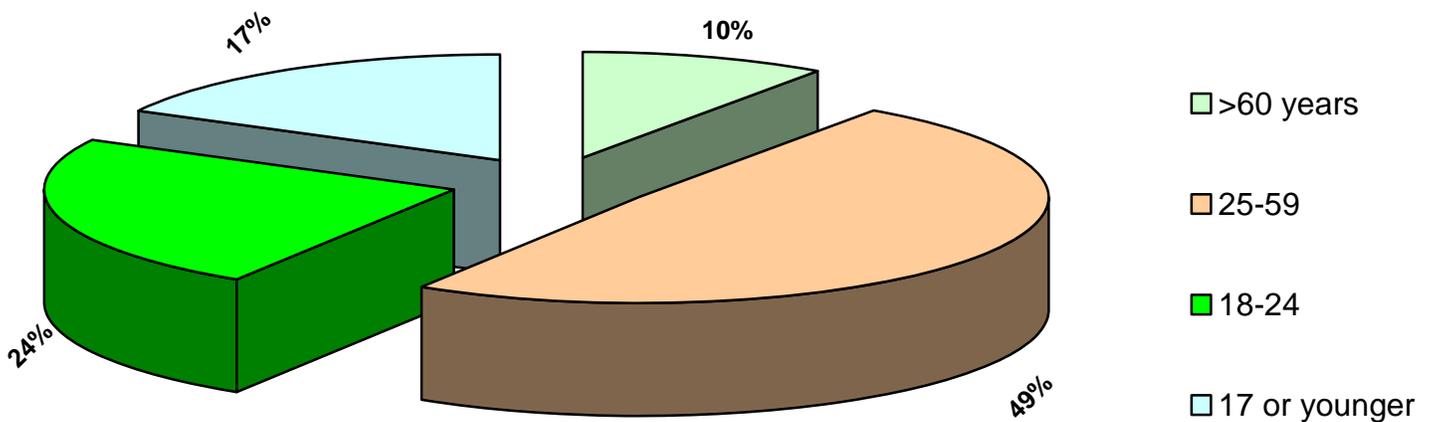
## Community Partnership for Families (Muslim) Outreach Data

This data is a summary of a focus group and 259 surveys for all Community Partnership for Families (CPF) outreach to the Muslim/Pakistan communities.

Graph 1. Respondents by Ethnicity, Muslim Community, October 2005



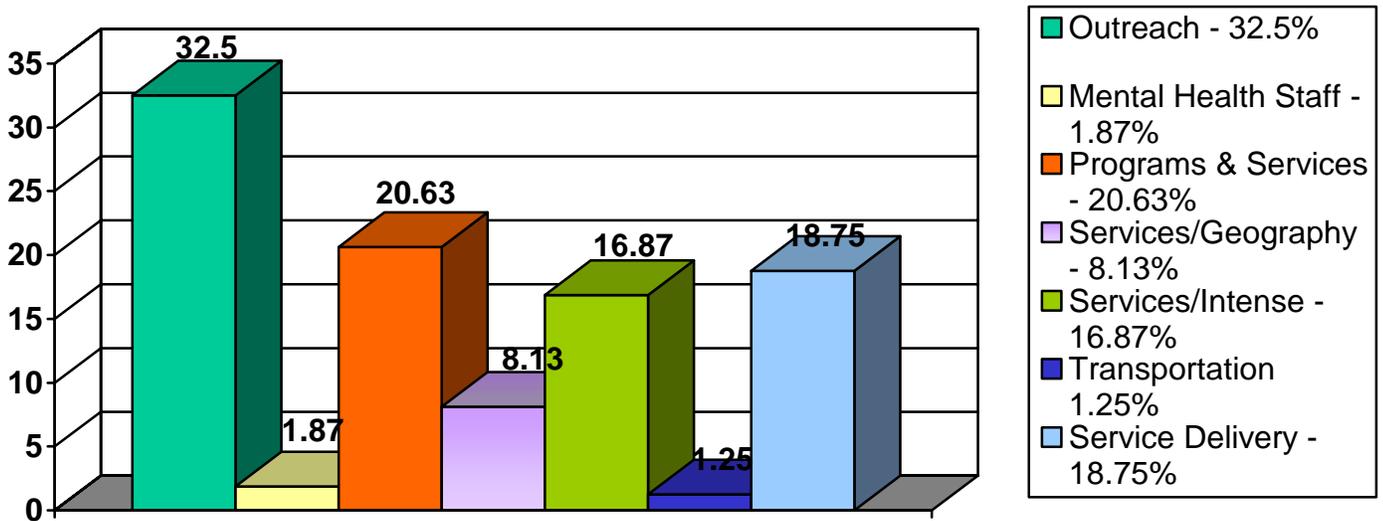
Graph 2. Respondents, by Age, Muslim Community, 2005



From the focus group, specific issues and strategies were discussed:

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail at the end of this document.

Graph 3. Percentage of General Categories of Identified Need, Muslim Community, October 2005



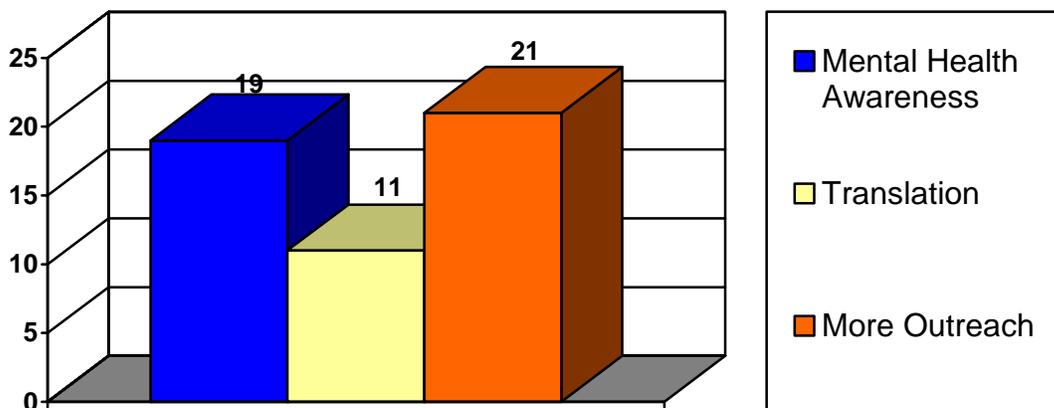
Specific strategies/ideas under each general area are as follows:

**Outreach** (32.5% of the entire vote)

Top three are:

1. More outreach needed; workers; community involvement
2. Mental Health Awareness needed
3. Support in own language, information in own language

Graph 4. Top Three Strategy Choices, by Number of Votes, for the Outreach Category, Muslim Community, October 2005



The remaining strategy was:

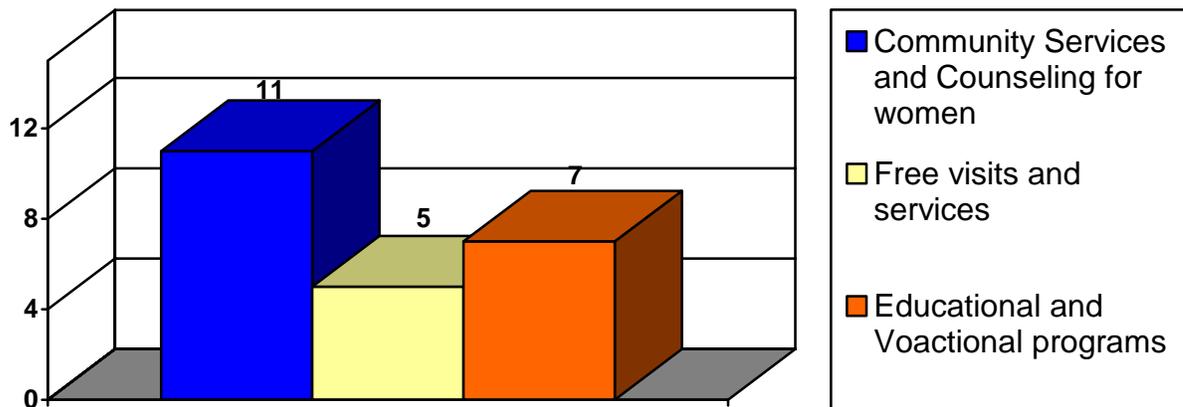
- a. Information about mental health resources

**Programs** (20.63% of the entire vote)

Top three are:

1. Community services and counseling for women
2. Educational programs and vocational training
3. Free visits and services

Graph 5. Top Three Strategy Choices, by Number of Votes, for the Programs Category, Muslim Community, October 2005



The remainder of strategies, listed in order of priority are:

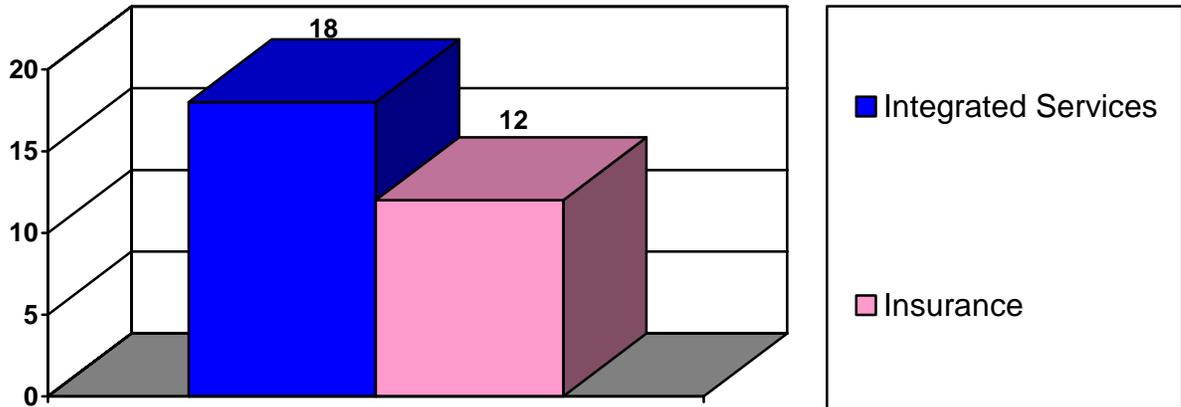
- a. Outpatient services
- b. Services and Support
- c. After school programs for youth
- d. Health and physical activities
- e. Child Care
- f. Incentives

**Service Delivery** (18.75% of the entire vote)

Top two are:

1. Integrated Services
2. Insurance

Graph 6. Top Two Strategy Choices, by Number of Votes, for the Service Delivery Category, Muslim Community, October 2005



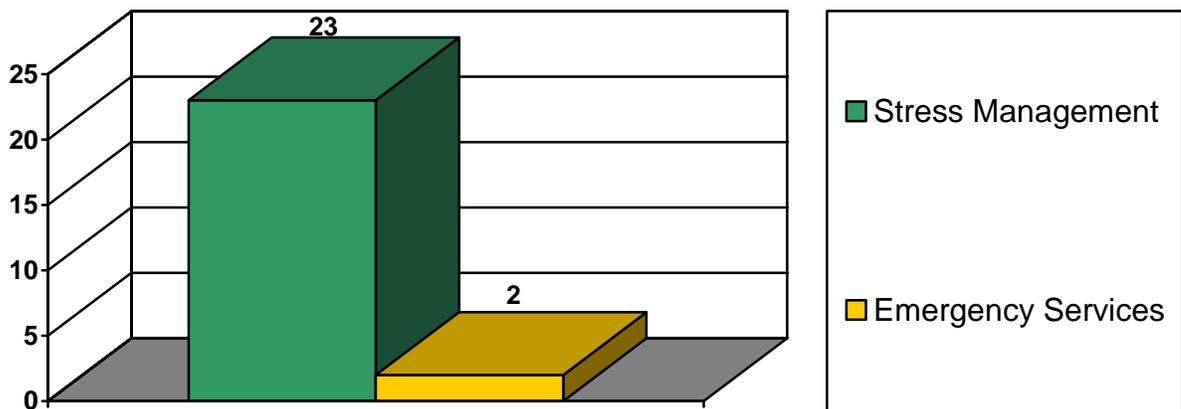
There are no other strategies in this category

**Intense Services** (16.87% of the entire vote)

Top two are:

1. Stress management classes on a regular basis
2. Emergency Services

Graph 7. Top Two Strategy Choices, by Number of Votes, for the Intense Services Category, Muslim Community, October 2005



The remainder of strategies, listed in order of priority are:

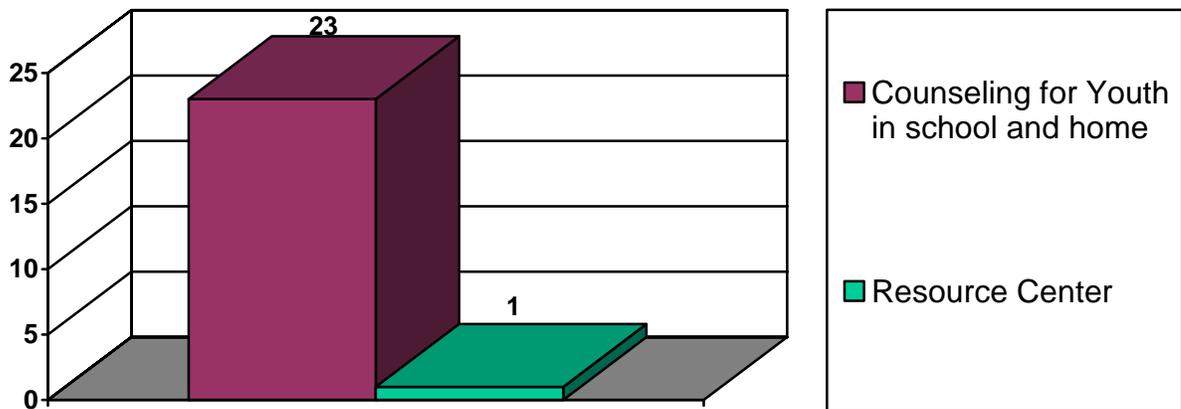
- a. Prevention and early intervention
- b. Anger management

Geography of Services (8.13% of the entire vote)

Top two are:

1. Counseling for youth in school and home
2. Resource Center

Graph 8. Top Two Strategy Choices, by Number of Votes, for the Geography of Services Category, Muslim Community, October 2005



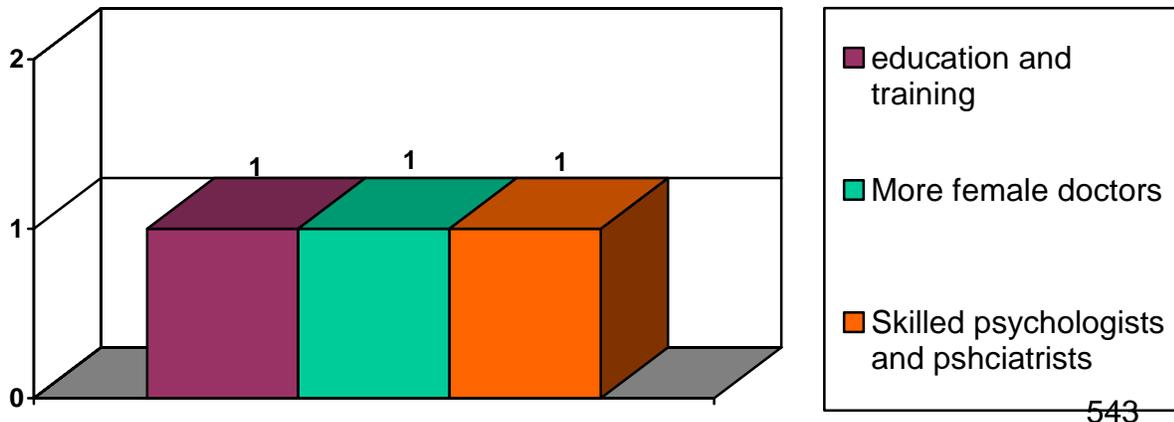
There are no other strategies for this category.

Mental Health Staff (1.87% of the entire vote)

Top three are:

1. Education and training
2. More female doctors
3. Skilled psychologists and psychiatrists

Graph 9. Top Three Strategy Choices, by Number of Votes, for the Mental Health Staff Category, Muslim Community, October 2005

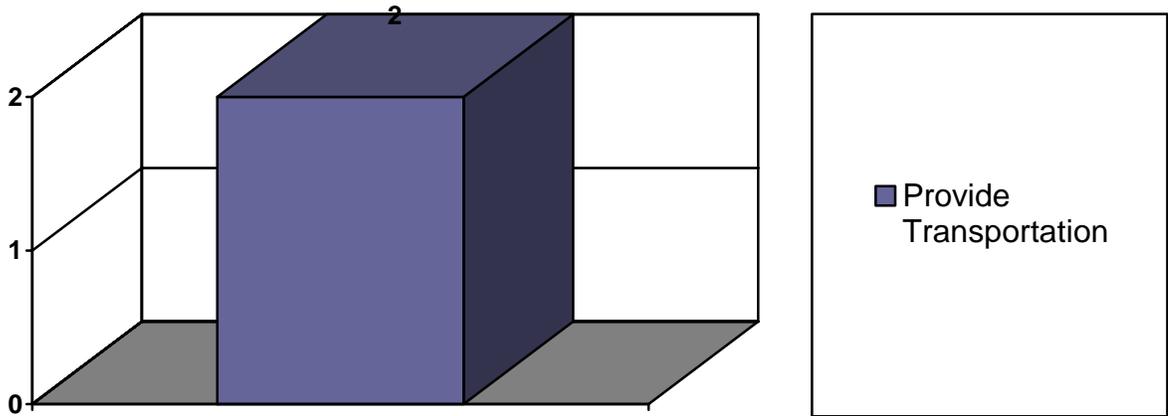


There are no other strategies for this category.

Transportation (1.25% of the entire vote)

To provide transportation was the only strategy in this section.

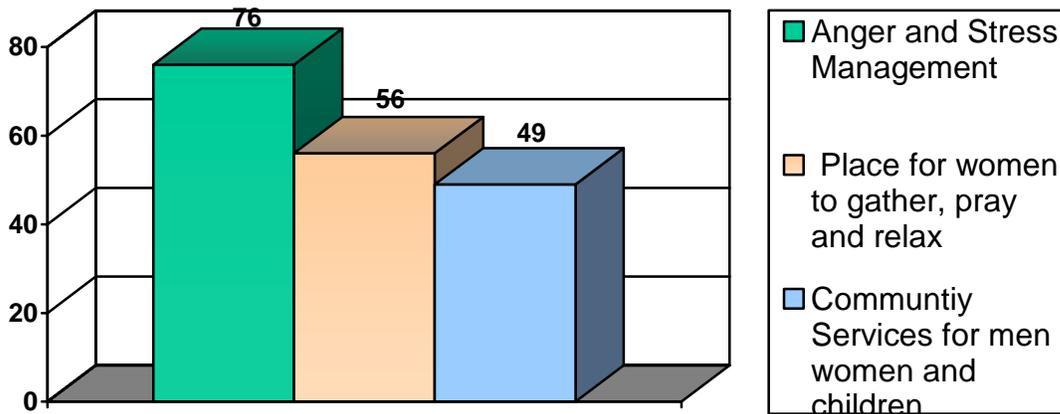
Graph 10. Top Two Strategy Choices, by Number of Votes, for the Mental Health Staff Category, Muslim Community, October 2005



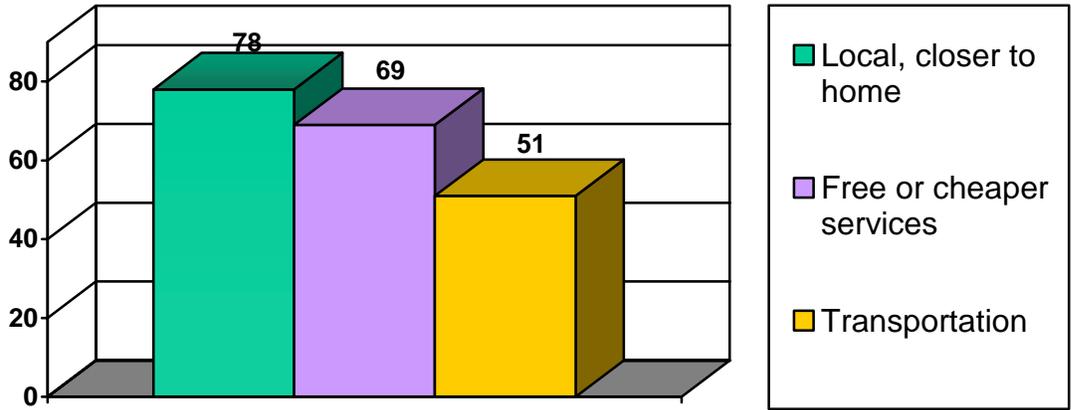
There are no other strategies for this category.

A total of 259 surveys were collected, compiled and analyzed.

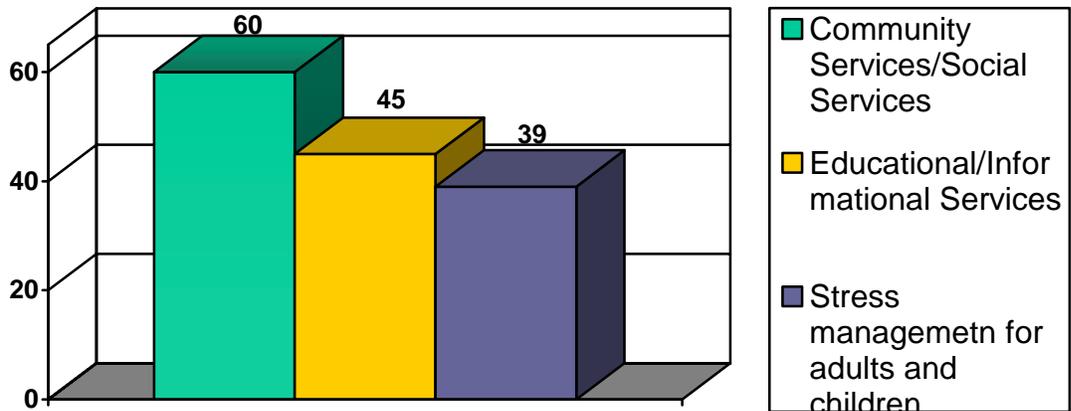
Graph 11. The Top Three Ways to 'What Kind of Services will be Helpful for the Problems You Described', Muslim Community, October 2005



Graph 12. The Top Three Ways to 'Make Services Easier to Get', Muslim Community, October 2005



Graph 13. The Top Three 'Needed Services', Muslim Community, October 2005



| What kind of services will be helpful for the problems you described? | How can we make services easier to get?                 | Needed services  |
|---|---|--|
| <b>Law Enforcement</b>  |   |  |
| This is the job of the authorities                                    |   |  |
| <b>Mental Health Services</b>   |   |  |
| More medication (2)   | Bilingual case worker; translation; interpretation (49) | Counseling services; counseling; counseling for women (25) |
| Counseling services;  | More clinics in different places;                       | Socio and psychological; mental (5)                        |

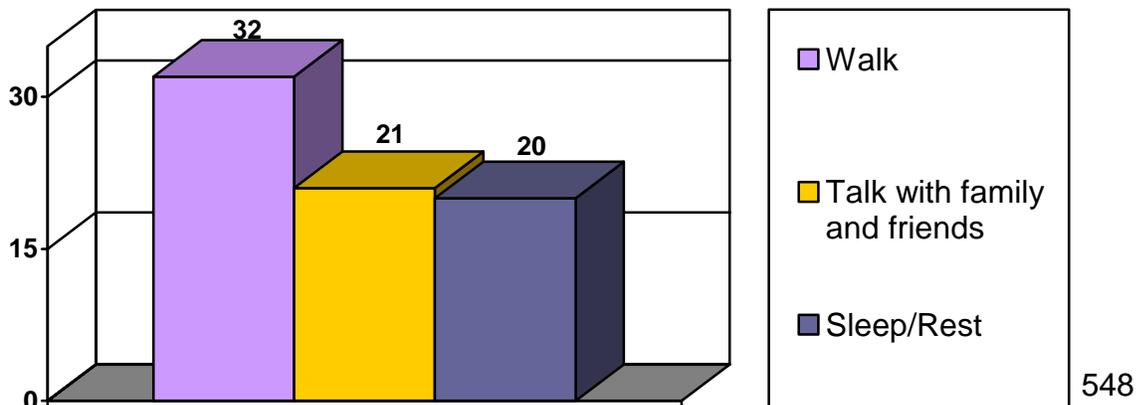
| What kind of services will be helpful for the problems you described?   | How can we make services easier to get?   | Needed services  |
|---|---|--|
| counseling for children (24)  | Provide them in the community; make them available in the neighborhood; a center in every city (16) |  |
| An institute in every county and city and staffed with a sociologist  | Free; cheaper services; it should be without cost (69)  | Full customer service  |
| Counseling for women (23)   | Closer to home; local (78)  | Anger management for children and adults; conflict management (24)         |
| Free services; free mental health (22)  | Publicity; outreach; advertising (25)   | Free clinics (14)  |
| None  | None  | None   |
| Out patient services; outpatient clinic (5)   | Less paper work   | Out patient therapy (11)   |
| Group therapy available to the community  | Good customer service   | Stress management for adults and children; relaxation (39)                 |
| Have classes that deal with these problems - workshops  | Monthly home visit; come to our home (10)   | Mental health outreach (19)  |
| Anger management; conflict management; Stress relief; relaxation; stress management (76)  | In Lodi; east Lodi (21)   | Social workers that know health issues; outreach (15)                      |
|   | 24 hours availability   | Translation; bilingual (31)  |
| A teacher who can guide female and teach them about their mental health and how to cope because they are stressed out and don't know how to tackle the crisis | Regularly provided services; Weekly or monthly services; daily (22)                                 | All kinds of related services; more (10)                                   |
| Awareness and mental health education (21)  |   | I need doctor and pills for my mental health                               |
| Case worker that relates to you   | Someone to be with you and the doctor at all times  | Cheaper meds   |
| Evening and morning classes   | Platform to listen to our emotions  | More facilities; clinics (16)  |
| Being aware of your stress  | Stress management techniques (15)   | Teach children coping skill; counseling for children (3)                   |
| We should have facility   | In the reach of people; without cast; for everyone (8)  | Welfare needs and health needs at the same place; integrated services (22) |
| I need always doctor services to see me   | Stockton  | Counseling for women (29)  |
| Integrated services (11)  | Provide in schools and colleges   | Short and informational (2)  |
| Psychology; psychiatrists (29)  | Downtown (13)   | Give and show informational videos   |
| Prevention programs   | Build more facilities   | Depression classes (12)  |
| After school programs for youth (12)  | Good schedule in Lodi   |  |
| Interpreter; language issues (38)   | Islamic teachers  |  |

| What kind of services will be helpful for the problems you described?         | How can we make services easier to get?                                | Needed services  |
|---|--|--|
| Public education program; Outreach worker (22)                                |  |  |
| Education; school (3)   |  |  |
| Well educated doctors; more doctors (11)                                      |  |  |
| Free doctors and clinics (12)   |  |  |
| A clinic (5)  |  |  |
| Activities for depression   |  |  |
| Brochure that will reassure that everything is going to be alright            |  |  |
| <b>Social Activities/Services</b>   |  |  |
| Community gathering; social gathering (39)                                    | Gather a social group  | Entertainment activities for girls who stay home (12)      |
| Relaxation for women; a place for women to gather and talk and pray (56)      | More involvement between Muslims                                       | Community gathering (29)                                   |
| Be with family  | Social gathering hall (29)   | Social activities (21)                                     |
| Craft activities for women to relax; relaxation classes (21)                  | Islamic Center   | Physical activities, gym; trainer (12)                     |
| Islamic Center; a place where we can get together to pray and teach Quran (5) |  | Recreation facilities for Pakistani and other cultures (5) |
| Social activities for people to keep busy; social activities (31)             |  |  |
| Games for boys; places for boys to play (3)                                   |  |  |
| <b>Transportation</b>   |  |  |
| Transportation (25)   | Transportation should be provided; transportation; ride to school (51) | Transportation (31)  |
| <b>Medical Services</b>   |  |  |
| Full medical benefits; medical; health insurance (7)                          | Free health insurance (3)  | Health services (11)                                       |
| Exercise classes; exercises for Pakistani females (21)                        | Medi-Cal   | Nutrition classes  |
| Free medicine (3)   |  | Exercise Classes/ physical education (17)                  |
| <b>Social Services</b>  |  |  |
| Community services for women and girls; community services (49)               | Child care; free child care (7)  | Translation (12)   |
| Separate schools for Muslims  | Financial Aid  | Giving free books  |
| Employment and job training; vocational training (22)                         | Translation in public schools  | Teach us about Islam                                       |
| Child care (3)  | Having food in schools (5)   | Educational services; Informational                        |

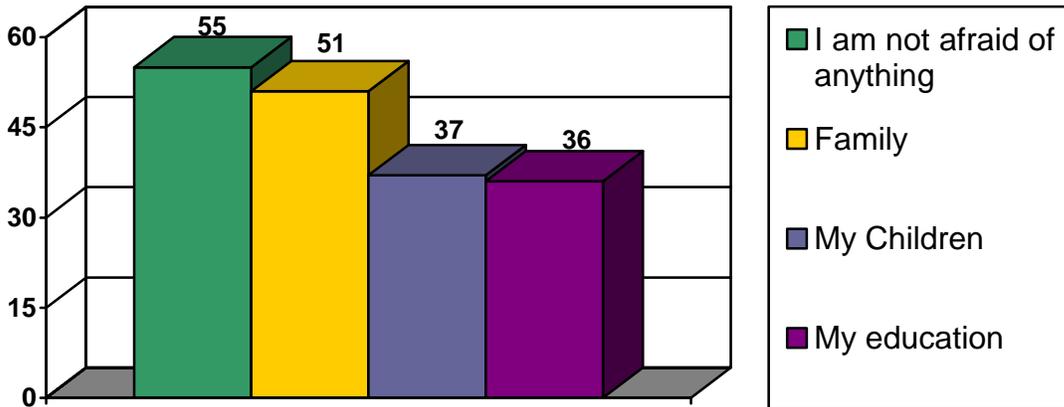
| What kind of services will be helpful for the problems you described? | How can we make services easier to get? | Needed services  |
|---|---|--|
|   |   | Services; adult education (45)   |
| ESL Classes (33)  |   | Financial problems and funding (15)  |
| Adult education (17)  |   | ESL Classes (21)   |
| After school programs (25)  |   | Social services; community services; community services for men and women (60)         |
| Awareness of birth control  |   | More interactive studies for children in our Muslim community; Islamic teachers (2)    |
| Vegetarian food   |   | A place for women to worship and talk (10)   |
| Senior Services (3)   |   | Tutoring center  |
|   |   | Schools should educate children on issues (5)  |
| <b>Employment</b>   |   |  |
| Employment and job training; vocational training (21)                 |   | Job training and financial help; vocational training; vocational training for men (27) |
| Information technology  |   |  |
| <b>Other</b>  |   |  |
| N/A   | N/A                                     | N/A  |
| By getting safety, we need to be safe                                 | Communicate with people                 | Communication  |
| I don't have any problems   | Good pay                                | I don't know (2)   |
| Prayer  | I do not know; not sure (4)             | Working is really good   |
| Get work to do  | Not my problem                          | Less exams more education  |
| Medical is really helpful   | Have less exams                         |  |
| Rise of prices; gas prices (2)  | Cost of gas                             |  |
| Exams in school   | More stop signs and crossing guards     |  |
| Pumpkin patch would help  |   |  |

Community Partnership for Families included the following questions in their survey. The responses have been compiled and analyzed as follows.

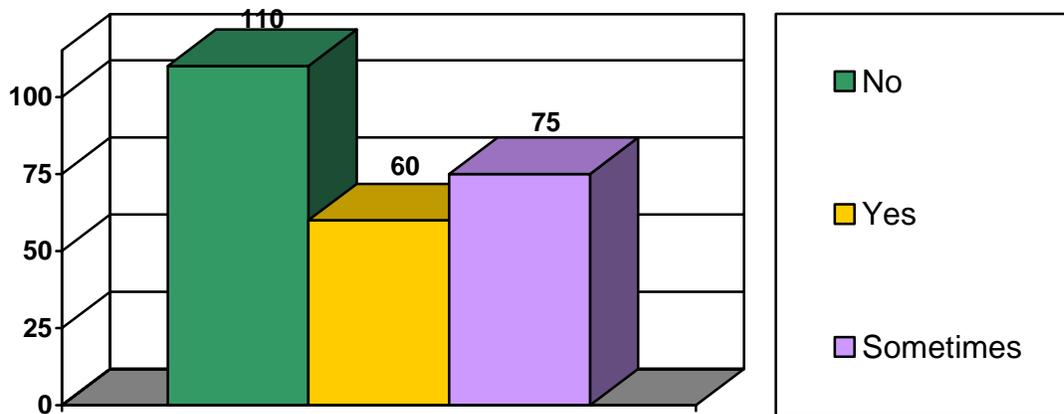
Graph 12. Top Three responses to "How do you deal with stress or anxiety?"  
Muslim Community, October 2005



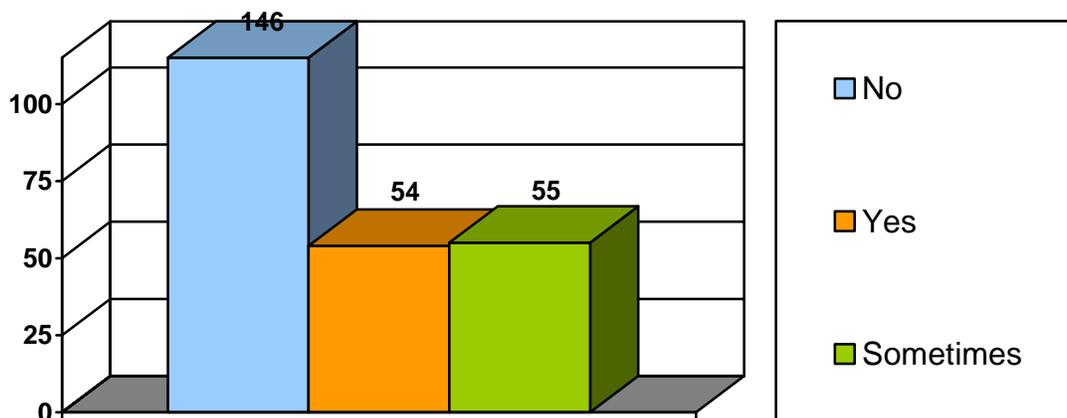
Graph 13. Top Three responses to "What Kinds of Things Do You Worry About? Are You Usually Afraid Of?" ,Muslim Community, October 2005



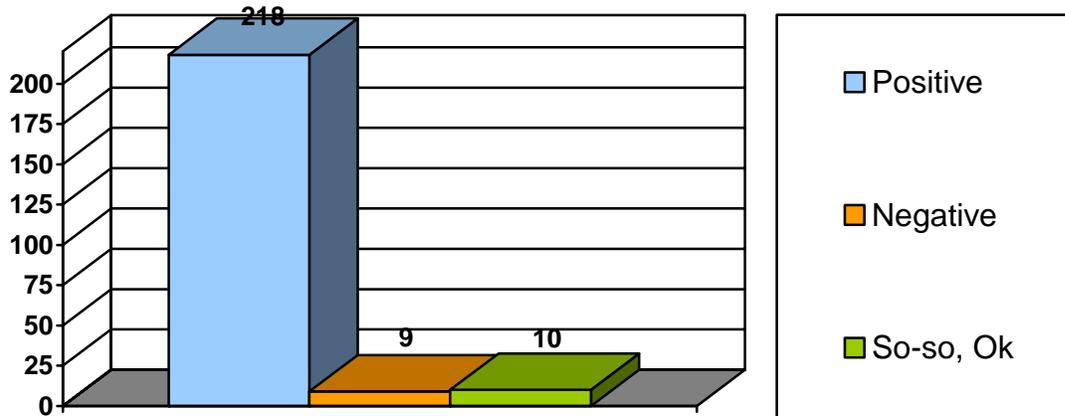
Graph 14. Top Three responses to "Do You Ever Find Your Emotions Preventing You From Doing Your Everyday Activities?" Muslim Community, October 2005



Graph 15. Top Three Responses to "Do You Ever Have Problems with Falling Asleep or Waking Up Early?" Muslim Community, October 2005



Graph 16. Top Three responses to “How Do You Feel About the Future for You and Your Family?’ Muslim Community, October 2005



| Self Esteem  |  |   |  |   |
|--|--|---|--|---|
| How do you deal with stress or anxiety?                                  | What kinds of things do you worry about? Are you unusually afraid of anything?               | Do you ever find your emotions preventing you from doing your every day activities? | Do you ever have problems with falling asleep or waking up early? (Sleep problems) | How do you feel about the future for you and your family? (Positive/negative) |
| Listen to music (15)   | Financial; bills; Rise of prices (12)  | Face the world (2)  | A lot of time (2)  | So so; Ok (10)  |
| Walk; take a walk; I like to walk alone and talk to myself; walking (32) | Future of my children; children (37)   | No; None; not really (110)  | Yes; yes falling asleep; yes (54)  | Positive; good; Hopeful; bright (218)   |
| Watch TV (14)  | No; not really; nothing; not afraid of anything (55)   | Fatigue   | Sometime; once in awhile; sometimes like twice a month (55)                        | Belief in God; God knows better   |
| Patience; relax; take deep breaths; breath (12)                          | My education; study; finish school; School; my studies; homework; graduating; education (36) | Sometimes (60)  | No; not really (146)   | No (2)  |

|  |   |                             |  |   |
|--|---|-----------------------------|--|---|
| Exercise; work out; run; jogging (19)  | I worry about the tragedy back home; my family back home; I have deep concern for my children who are abroad; (9) | Yes; often; many times (75) | Waking up on time (2)                      | It depends on the availability of resources for Pakistani minorities  |
| Prayers and religious faith; pray and read Holy Quran; praying (50)  | My health; families health (20)   | I don't know                | Waking up early                            | Negative; sometimes the future looks dark; not good (9)               |
| Work (9)   | Job security; not having a good job; business; career (13)  |                             | I am sleepy all the time due to exhaustion | I feel good for them, I am positive for them; I am happy for them (3) |
| Sleep; get some rest; lay down; nap; go to bed (20)  | Family; about my family; parents; My mother; family matters (510)   |                             |  | I think great   |
| Think positively; talk about something positive; talk with friends or family; chatting with crazy people; think positively; go to friends (21) | My future; my life; my life failing; myself; what will happen in future (20)                                      |                             |  | Positive will be tough due to pricing of homes in California          |
| Dancing (2)  | Full benefit  |                             |  | Nervous, anxious, stressed out  |
| Play (6)   | Accidents   |                             |  | Nervous but optimistic  |
| No; None; I don't have (4)   | Disaster to earth; earthquake; natural disaster (6)   |                             |  |   |
| I do not know how to deal; I don't know (5)  | Safety (2)  |                             |  |   |
| Keeping busy; go out (4)   | Positive approach to every life problem   |                             |  |   |
| Do creative things   | I don't know  |                             |  |   |
| Sports (3)   | Political mismanagement of the country  |                             |  |   |
| Manage stress rather than eliminate; deal with it (4)  | That I might do something to others or myself   |                             |  |   |
| Eat (2)  | I get angry fast  |                             |  |   |
| Get mad; shouting (3)  | Yes   |                             |  |   |
| I am mental patient  | The dark and noises (2)   |                             |  |   |
| Very difficult   | God; the Quran (2)  |                             |  |   |
| Make different faces   | Field trips   |                             |  |   |
| Play with my cousins; play with family (4)   | Car; gas prices (2)   |                             |  |   |
| Forget about the problem   | Monsters, scary movies, spooky ghosts (2)   |                             |  |   |
| Going to tour  | Many things (2)   |                             |  |   |

|                              |   |  |  |  |
|------------------------------|---|--|--|--|
| Sing (2)                     | Afraid of my kids turning against Islam |  |  |  |
| Dance                        | My home                                 |  |  |  |
| Do my housework (3)          | My marriage                             |  |  |  |
| I listen to tilawat/naat     | Everything                              |  |  |  |
| Chill in spa; spa (2)        |   |  |  |  |
| Emotions; depressed; cry (6) |   |  |  |  |
| Bad (2)                      |   |  |  |  |
| I read (2)                   |   |  |  |  |
| Make a "to-do" list          |   |  |  |  |
| Go shopping (3)              |   |  |  |  |
| Enjoy nature                 |   |  |  |  |
| Vacation                     |   |  |  |  |
| Ignore the problems          |   |  |  |  |
| Think                        |   |  |  |  |

| Age                | Gender       | Race                     | Residence     | Group Affiliation   |
|--------------------|--------------|--------------------------|---------------|---------------------|
| 17 or Younger (44) | Male (104)   | Muslim (141)             | Stockton (26) | Family Members (32) |
| 18-24 (61)         | Female (146) | Pakistani (25)           | Lodi (158)    | Education (15)      |
| 25-29 (125)        |              | Asian (6)                | Galt (1)      | Social Services (1) |
| 60+ (25)           |              | Pakistani - American (4) | Thornton (1)  |                     |
|                    |              | Afghani (2)              | Other (1)     |                     |
|                    |              | American (1)             |               |                     |

**Criminal Justice Outreach Survey**  
*October 4, 2005*

A total of fifteen surveys were collected. The following are the survey responses as stated by participants.

| Age            | Gender | Race         | Residence    | Group                  |
|----------------|--------|--------------|--------------|------------------------|
| 60 +<br>(0)    | M (6)  | Hispanic (2) | Lathrop (2)  | Education (2)          |
| 25-59<br>(14)  | F (8)  | Mexican (2)  | Lodi (4)     | Consumer (1)           |
| 18-24<br>(2)   |        | White (6)    | Manteca (3)  | Law Enforcement<br>(1) |
| 17 or <<br>(0) |        | Latino (1)   | Stockton (5) |                        |
|                |        | Black (1)    |              |                        |

| Make services better?                                      | Make services easier to get?  | Needed services   |
|--|---|---|
| <b>Mental Health Services</b>                              |   |   |
| Immediate/easier access to clinicians; prevent relapse (7) | Service centers outside of Stockton; all cities in San Joaquin County | MH needs assessment at the jail   |
| Reduced cost (5)   | No cost services  | Sensitivity training for Correctional/law enforcement personnel (2)                                       |
| Outpatient counseling                                      | Work with Probation   | Substance abuse program at the jail (2)   |
| Information about services (4)                             | Publicity about services; access to information (4)                   | More MH services at the jail  |
| 24x7 mobile crisis/evaluation team (3)                     | Immediacy of access   | Alcohol, Domestic Violence, anger management programs for women   |
| Hot line   | 24x7 mobile crisis/evaluation team (2)                                | Counseling at the jail to help identify needs (2)   |
| Sensitivity training for Correctional staff                | Qualified service providers   | Publicity about services  |
| Make treatment more interesting and smaller classes        |   | MH clinician/Dr at the Honor Farm   |
| Work with Probation  |   |   |
| <b>Social Activities/Services</b>                          |   |   |
|  |   | Grief counseling to prevent substance abuse used as coping mechanism (3)                                  |
| <b>Transportation</b>                                      |   |   |
| Transportation to services (4)                             | Transportation access (3)   |   |
| <b>Social Services</b>                                     |   |   |
|  | Family support programs; liaison for inmates (2)                      | Programs for children of incarcerated parents (2)   |
|  |   | Parenting counseling/classes during and after incarceration; professional MH staff to support the program |
| <b>Employment</b>  |   |   |
|  | Transitional housing for released inmates                             |   |
| <b>Other</b>   |   |   |
| Jail services for assessment, intervention, counseling (4) | Reimbursement of co-pay (2)   |   |
| Family liaison for inmates                                 | Phone access in jail/booking (4)                                      |   |

## All Criminal Justice Workgroups Voting Data Summary November 2005

This data is a summary of the dot voting from the community for all criminal justice workgroup meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded through MHSA, based on the Community Supports and Services (CSS) funding guidelines.

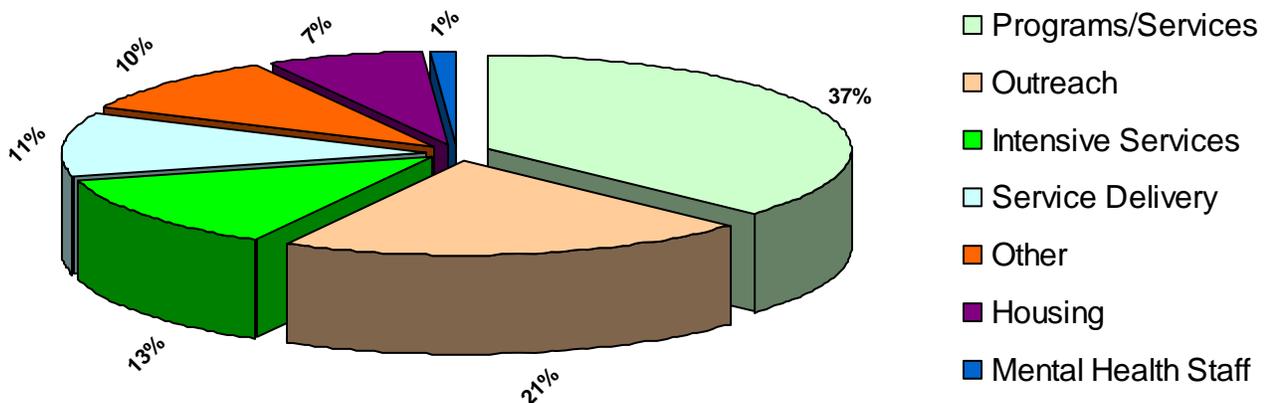
This data is a summary of the dot voting from the community for all criminal justice workgroup meetings. Data was submitted from the workgroups as follows:

Table 1. Summary Data of Voting and Attendance for Criminal Justice Workgroups

| Date           | Attendance | Number of Voters | Number of Votes |
|----------------|------------|------------------|-----------------|
| 9.8.2005       | 20         | 8                | 40              |
| 9.21.2005 a.m. | 82         | 52               | 262             |
| 9.21.2005 p.m. | 25         | 21               | 105             |
| 9.27.2005      | 24         | 18               | 90              |
| 10.5.2005      | 14         | 12               | 60              |
| Total          | 165        | 111              | 557             |

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Criminal Justice Workgroups, by Percentage



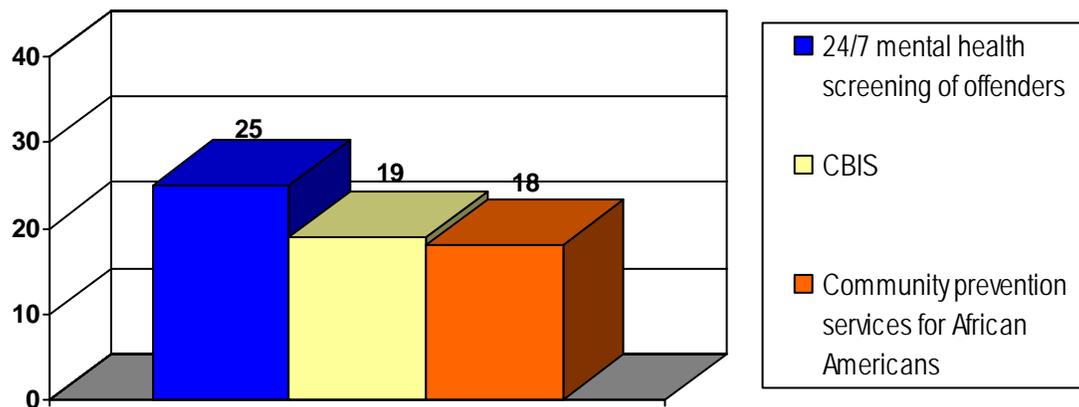
Specific strategies/ideas under each general area are as follows:

Programs and Services (37% of the entire vote)

Top three are:

1. 24x7 case management screening at the jail and pre-conviction; identification and evaluation of offenders who may be mentally ill and fall through cracks
2. CBIS
3. African-American services within the community to provide case management for those being released from incarceration.

Graph 2. Top Three Strategy Choices, by Number of Votes, for the Programs and Services Category



The remaining strategies, listed in order of priority are:

- a. Collaboration programs with VMRC (Valley Mountain Regional Center) and SJCBS for individuals who could be incarcerated, are incarcerated, and those being released from incarceration
- b. Consumer-run recovery center
- c. PACT (program of assertive community treatment)
- d. Fund MIOCRG (Mentally Ill Offender Crime Reduction Grant)--court diversion program
- e. Funding for Power'n Support
- f. Jail diversion program, e.g. Sunhouse
- g. Day treatment programs
- h. Dual-diagnosis intervention programs; services by clinician while incarcerated; clean and sober housing. \*Expand Allies\*
- i. Substance abuse intervention for dual-diagnosed mentally ill
- j. Dual-diagnosed live-in rehab - 6 month minimum with after care
- k. Increase competency services and training for people with misdemeanor offenses

- l. Forensic support groups with a real doctor 🚗
- m. Intervention services for families of incarcerated persons (family therapy, behavioral therapy, inter-agency collaboration); help families organize 🚗
- n. Program for Behavioral Wellness; hand-outs
- o. Community re-entry support and education; rehab; support for families
- p. Older adult day treatment 🚗
- q. 71 bed dual-diagnosis residential treatment facility and out-patient follow-up statistics
- r. A place to go-safe house-for overnight upon release from jail with needs evaluation/case management/referral services
- s. Gipson Center Program for consumers that generates funds for the Center and is financially sustaining
- t. In-jail consumer/family support services
- u. Pet therapy 🚗
- v. Place to go for problem consumers to receive services without restrictions due to poor behavior or under the influence (substance-abuse); could be community-based, CBO-based, MHS-based
- w. Programs like "Un Paso Adelante"
- x. Provide services and follow-up for foster youth who need them
- y. Residential care funding adequate to provide necessary and appropriate services for consumers with chronic mental illness to prevent them from being pushed into the community
- z. Residential out-patient with wrap around services that are multi-cultural, culturally sensitive. Basic education assessment; employment training like skills; anger management; substance abuse; continuing care
- aa. Community re-entry Day Treatment
- bb. Gang affiliation support group for those leaving gangs 🚗
- cc. Locked facilities for youth back in SJ Co. 🚗
- dd. Medical, dental, psychiatric care
- ee. Programs for serious offenders including 290 registrants
- ff. Community faith-based spiritual center
- gg. Nutritional supplements and food vouchers 🚗
- hh. Respite care for families and Board and Care operators
- ii. Respite for consumers from Board and Care environment; time out
- jj. Retirement Center for the elderly, and elderly offenders 🚗
- kk. Special groups for older adult consumers who are incarcerated

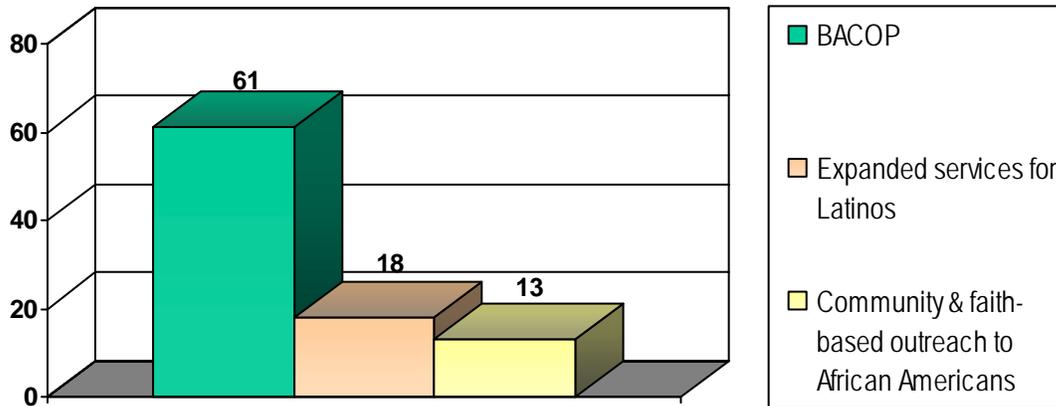
**Outreach (including ethnic/underserved)** (21% of the entire vote)

Top three are:

- 1. BACOP

2. Funding for expanded culturally appropriate mental health service to Latinos
3. Community-based, faith-based community outreach for African-Americans.

Graph 3. Top Three Strategy Choices, by Number of Votes, for the Outreach Category



The remaining strategies, listed in order of priority are:

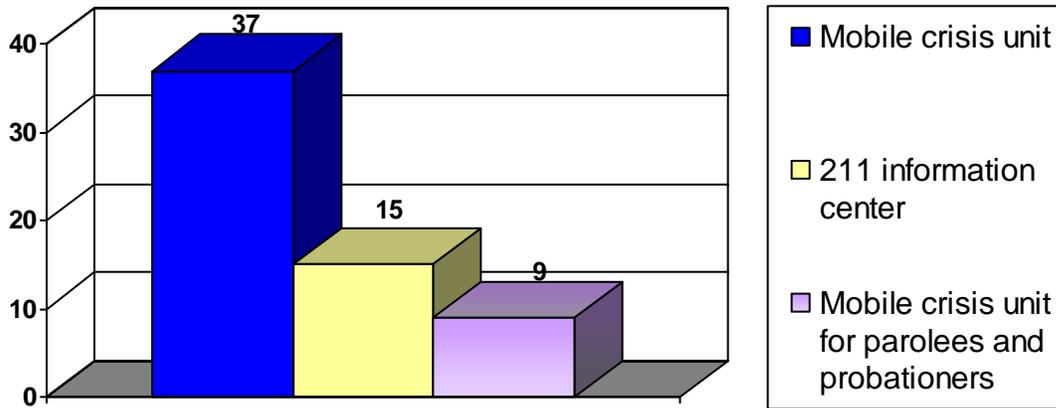
- a. Social Center for all ethnic groups 🚗
- b. Ethnicity coordinator to meet the needs for ethnic services
- c. 24-7 Latino team
- d. Outreach to each ethnic group
- e. Education of the public to reduce stigma
- f. Funding for all nationalities
- g. Multi-lingual services appropriate to the population

**Intensive Services** (13% of the entire vote)

Top three are:

1. 24-7 mobile response psychiatric evaluation team for the community and to include law enforcement
2. "211" information center - multi-lingual/cultural
3. Mobile crisis unit for mentally ill offenders

Graph 4. Top two Strategy Choices, by Number of Votes, for the Intensive Services Category



The remaining strategies, listed in order of priority are:

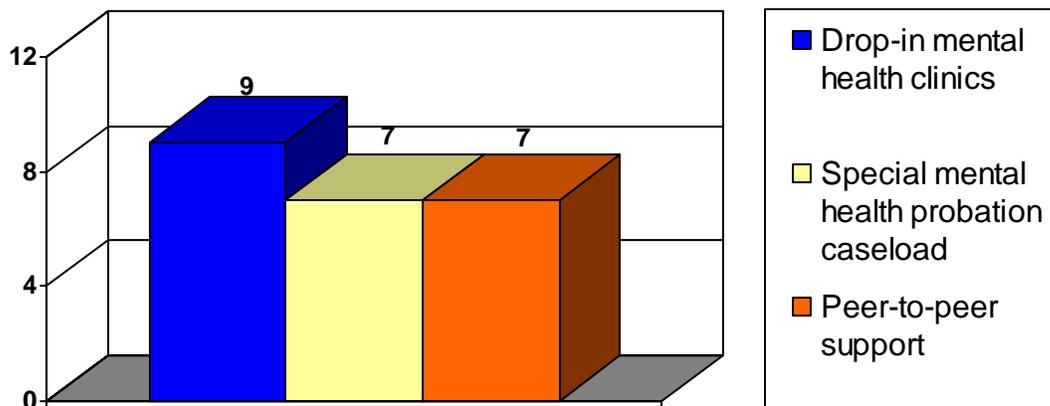
- Investigation team to address problems for older adults 🚗
- 24-7 case management
- PES (psychiatric emergency services)
- 24-7 crisis hotline
- 24-7 medical mobile unit for rural areas 🚗

**Service Delivery** (11% of the entire vote)

Top three are:

- Set up clinics for drop-in appointments with mental health professionals
- Create specialized mental health, mental ill offender caseload
- Peer-to-peer support

Graph 5. Top Three Strategy Choices, by Number of Votes, for the Service Delivery Category



The remaining strategies, listed in order of priority are:

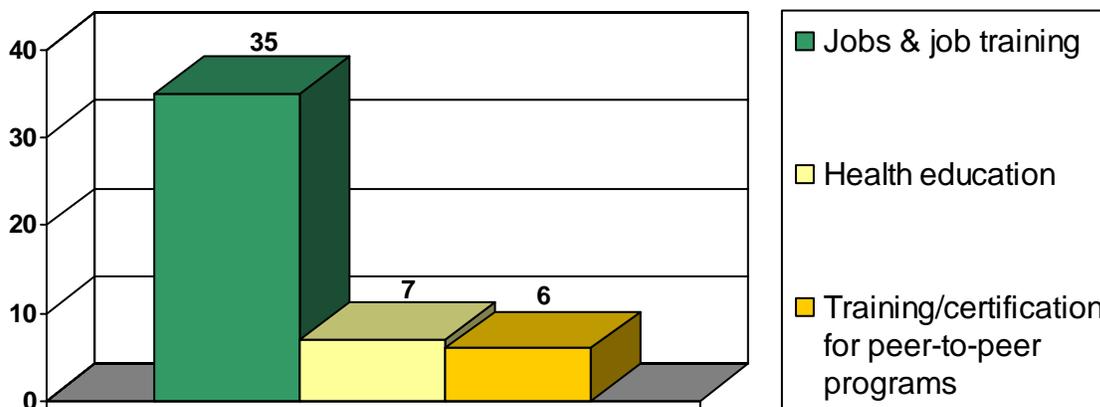
- b. Alternative treatments to jail sentencing
- c. Multi-service center: "one-stop shopping." Create a services agency with linkage to resources, groups, medical, socialization, food
- d. Wrap-around services; universal/intensive case management
- e. Consumer-run recovery center located on-site to deliver support and deliver resources
- f. Prevention/intervention prior to incarceration
- g. "211" program for total information about all services in the community
- h. Service Coordinator assigned to Mental Health clients
- i. Face-to-face support services
- j. Integration of MH and substance abuse programs
- k. Technology used to better service clients (laptops, etc.) 🚗
- l. Treat Mentally ill offenders rather than jail them
- m. Funding for non-profit community-based organizations 🚗
- n. Streamline existing services to speed up processing

Other (10% of the entire vote)

Top three strategies:

- 1. Work and training programs that include cooperative efforts between consumers, mental health service providers, and community industries
- 2. Health education 🚗
- 3. Education programs to certify consumers to train others for independent living (peer-to-peer)

Graph 6. Top Three Strategy Choices, by Number of Votes, for the Other Category



The remaining strategies, listed in order of priority are:

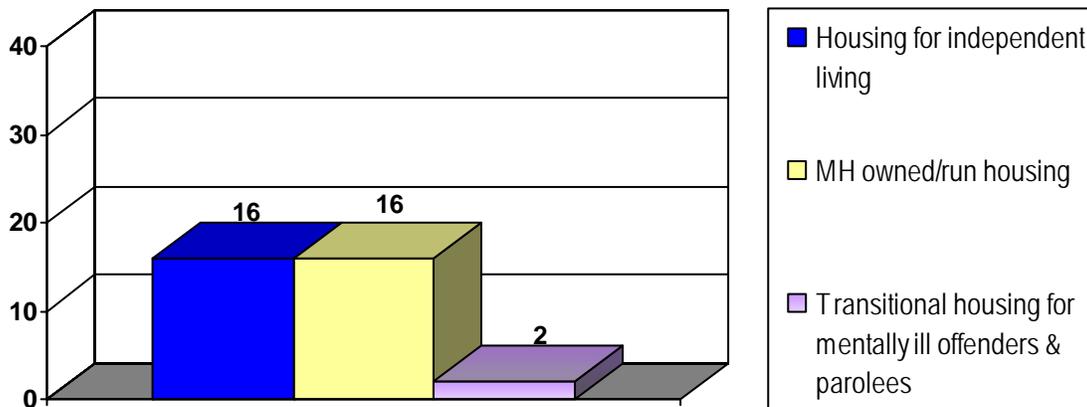
- a. Prevent and reduce street crime committed by and against consumers 🚗
- b. Educate consumers about the legal system
- c. Medical care for diabetic consumers 🚗
- d. Rebuild donated cars for resale 🚗
- e. Continuing education for law enforcement re: mental health issues; part of 24-7 mobile evaluation team
- f. Continuous funding/resources 🚗
- g. Hold harmless 🚗
- h. Mental Health Drug Court

### Housing (7% of the entire vote)

Top three are:

1. Housing for independent living; all aspects - safe, affordable, appropriate - flexible funding
2. MH owned/run community based housing program
3. Transitional housing for mentally ill offenders with referral services for SSI and temporary money relief.

Graph 7. Top Three Strategy Choices, by Number of Votes, for the Housing Category



The remaining strategies, listed in order of priority are:

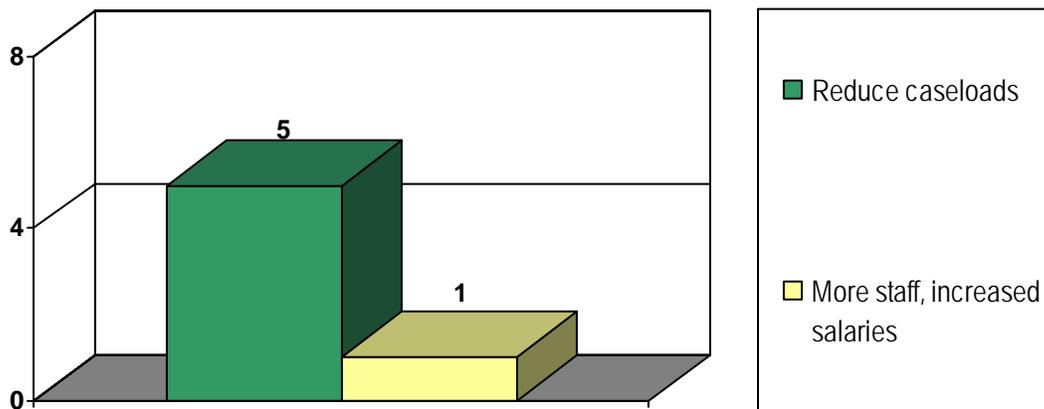
- a. Buy abandoned buildings and renovate them for shelters/services outlet
- b. High security (safe) transitional housing for older adults > 70 yrs

**Mental Health Staff** (1% of the entire vote)

The top two choices are:

1. Reduce case loads (five votes)
2. More staff, increased salaries (1 vote) 🚗

Graph 8. Top Two Strategy Choices, by Number of Votes, for the Mental Health Staff Category



The remaining strategies, neither of which received a vote:

- a. Create a MHS position for cultural coordinator
- b. Professional staff for on-going training of MH staff

**Transportation** (>1% of the entire vote)

There was one strategy in this category:

1. Better transportation services (1 vote)

**Services: Geography** (>1% of the entire vote)

There were two strategies in this category that received one vote each:

- a. Community-based service centers
- b. Recreational and socialization services in the community

## Criminal Justice Honor Farm Outreach Voting Data Summary November 2005

This data is a summary of the dot voting from the community for underserved ethnic homeless outreach meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSA, Community Supports and Services funding.

Outreach was conducted during the month of October 2005, led by Mental Health Services Homeless Outreach staff which includes 1 focus group. Thirty inmates attended the focus group which generated 15 surveys.

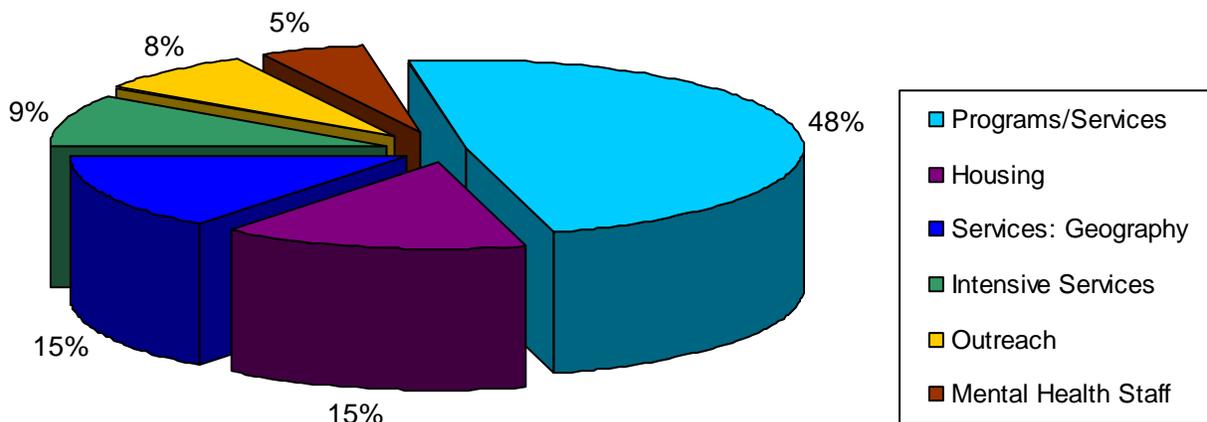
Table 1. Summary Data of Voting, Attendance, and Survey Response for Community Underserved Ethnic, Homeless.

| Date             | Contact Type | Number Attendees | Total Votes/Responses |
|------------------|--------------|------------------|-----------------------|
| October 14, 2005 | Surveys      | 15               | 16                    |
| October 14, 2005 | Focus Group  | 30               | 101                   |

Data was submitted from Mental Health Services Criminal Justice staff as follows:

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Criminal Justice Outreach, by Percentage



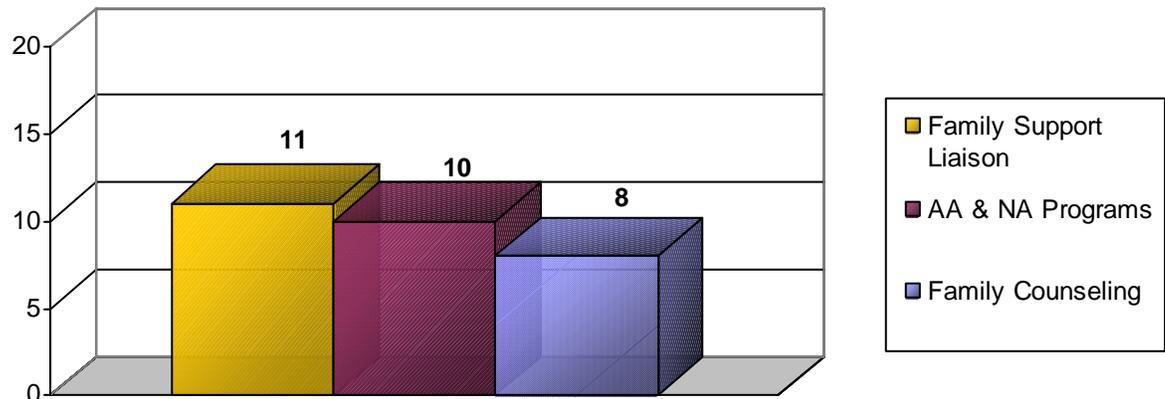
Specific strategies/ideas under each general area are as follows:

**Programs and Services** (48% of the entire vote)

Top three are:

1. Family support liaison program for incarcerated persons
2. AA & NA through MHS; substance abuse, DV, anger management programs at the jail
3. Family counseling especially for incarcerated parents and their children - Parenting classes

Graph 2. Top Three Strategy Choices, by Number of Votes, for the "Programs and Services" Category



The remaining strategies, listed in order of priority are:

- h. Post jail release peer and clinical support
- i. Collaborative support programs with Probation
- j. Mental Health services/counseling at the jail
- k. Easier access to programs after incarceration
- l. Treatment programs that are stimulating
- m. Programs for children whose parents are incarcerated
- n. Transitional support program to start while incarcerated - How to start over
- o. Vocational training, education of health services, prevention programs, continuous support

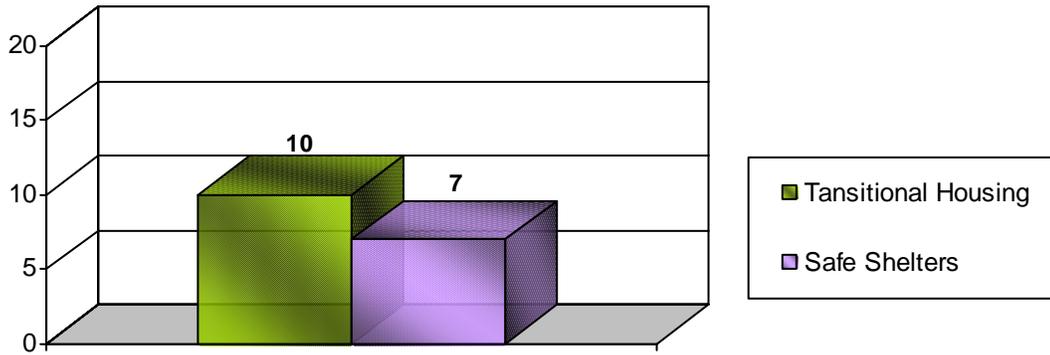
**Housing:** (15% of the entire vote)

Top two are:

1. Transitional housing from jail with Detox

2. Shelters in safe areas that offer substance abuse counseling and child counseling

Graph 3. Top Two Strategy Choices, by Number of Votes, for the "Housing" Category

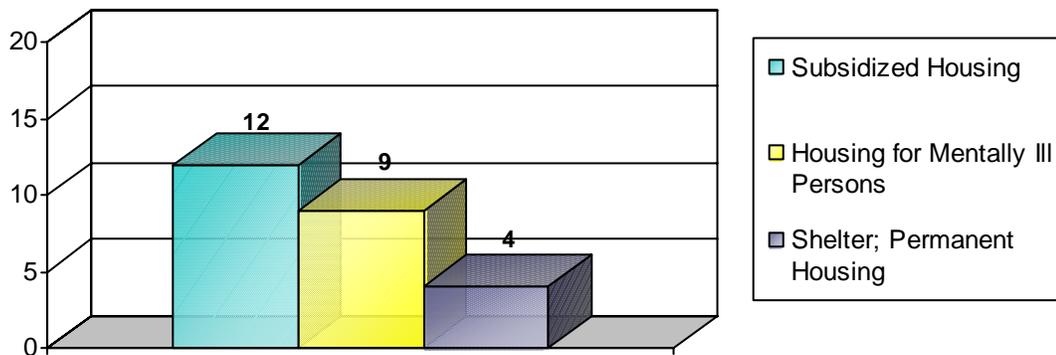


**Services, Geography:** (15% of the entire vote)

Top two are:

1. Community-based Detox
2. Free clinics

Graph 4. Top Two Strategy Choices, by Number of Votes, for the "Services, Geography" Category

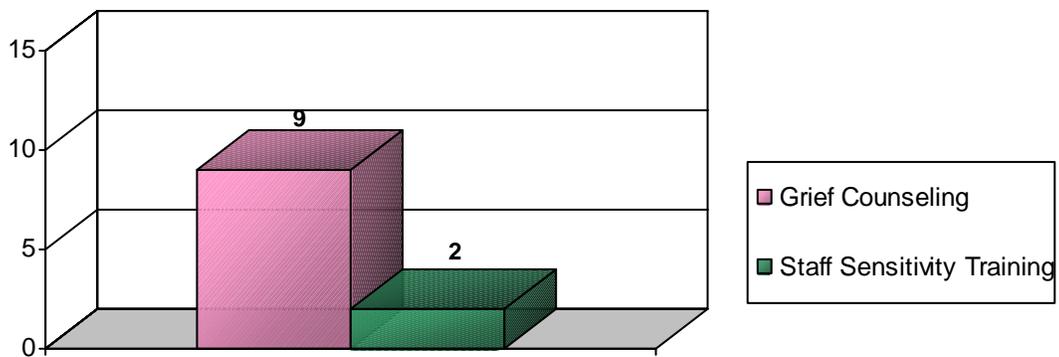


**Intensive Services** (9% of the entire vote)

Top two are:

1. Grief counseling for persons who lose a family member while incarcerated
2. Sensitivity training of staff processing prisoners

Graph 5. Top Two Strategy Choices, by Number of Votes, for the “Intensive Services” Category

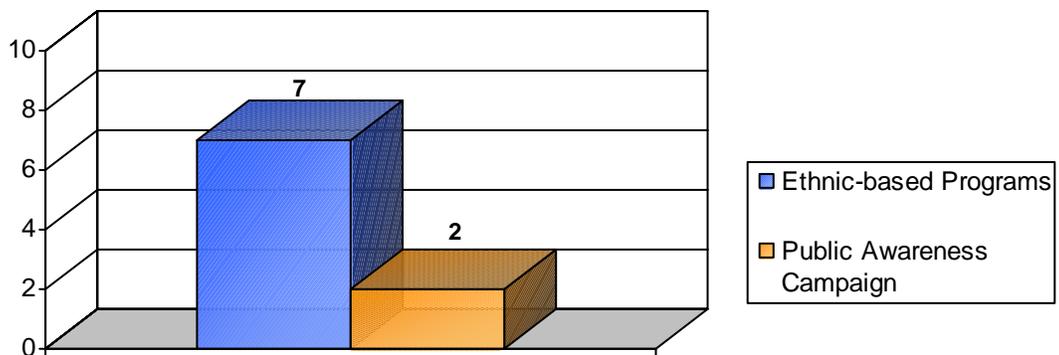


**Outreach** (8% of the entire vote)

Top two are:

1. Programs to specifically meet the needs of ethnic groups throughout the community
2. Public awareness campaign of mental health services

Graph 6. Top two Strategy Choices, by Number of Votes in the “Outreach” Category

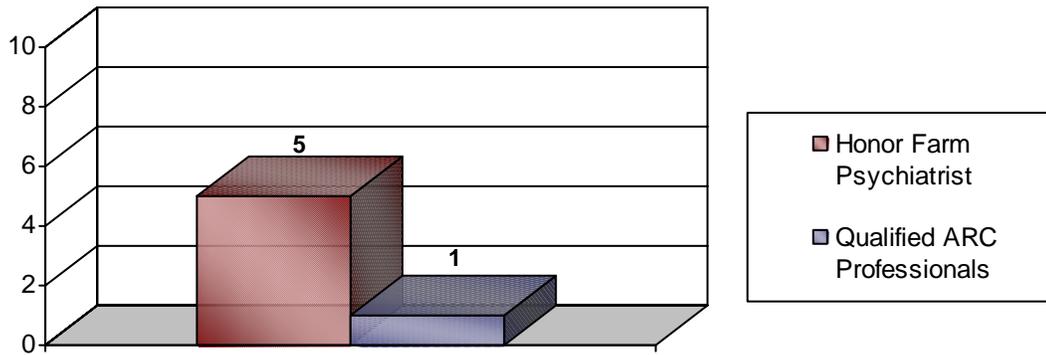


**Mental Health Staff:** (5% of the entire vote)

Top two are:

1. Professional MH staff - psychiatrists - at the honor farm/jail
2. Qualified professional providing services - ARC (alcohol recovery center)

Graph 7. Top two Strategy Choices, by Number of Votes in the "Mental Health Staff" Category



**El Concilio Survey Outreach**  
*October 10, 2005*

There were many different outreach efforts by El Concilio, thus there will be documents with different numbers of surveys and focus group participants. This portion represents 11 surveys.

| Age            | Gender | Race        | Residence    |
|----------------|--------|-------------|--------------|
| 60 +<br>( )    | M ( )  | Latino (11) | Lathrop (6)  |
| 25-59 ( )      | F ( )  |             | Stockton (4) |
| 18-24 ( )      |        |             | Manteca (1)  |
| 17 or <<br>( ) |        |             |              |
|                |        |             |              |

| Make services better?   | Make services easier to get?  | Needed services   |
|---|---|---|
| <b>Mental Health Services</b>   |   |   |
| That the services be free   | Serve clients first   | Faster services, three weeks is too much                |
| More information on mental health; Having services on television and schools( 2)          | More outreach/education on mental health (2)                            | More mental health services at the hospitals in Spanish |
| More psychologists  | There is a shortage of services   | Serve the underserved                                   |
| More trusting services for older adults/ they mean have staff that older adults can trust | Different take on MH, example: cultural competency, linguistic services | Alternative services that work                          |
| Trust   | Bring services closer to the community                                  | More information of the MH services at the schools      |
| <b>Transportation</b>   |   |   |
|   | Transportation for the people that have no way to get to services       |   |
| <b>Other</b>  |   |   |
|   | Services for ADHD at the schools  | Children abusing parents                                |
|   | After school programs, based on prevention, example: tutoring           |   |
|   |   |   |

**El Concilio Focus Group Voting Data Summary**  
*November 2005*

This data is a summary of the dot voting from the community for underserved ethnic Latino focus group meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSa, Community Supports and Services funding.

Outreach was conducted during the month of October 2005, led by El Concilio which includes four (5) countywide Focus Groups and 112 surveys.

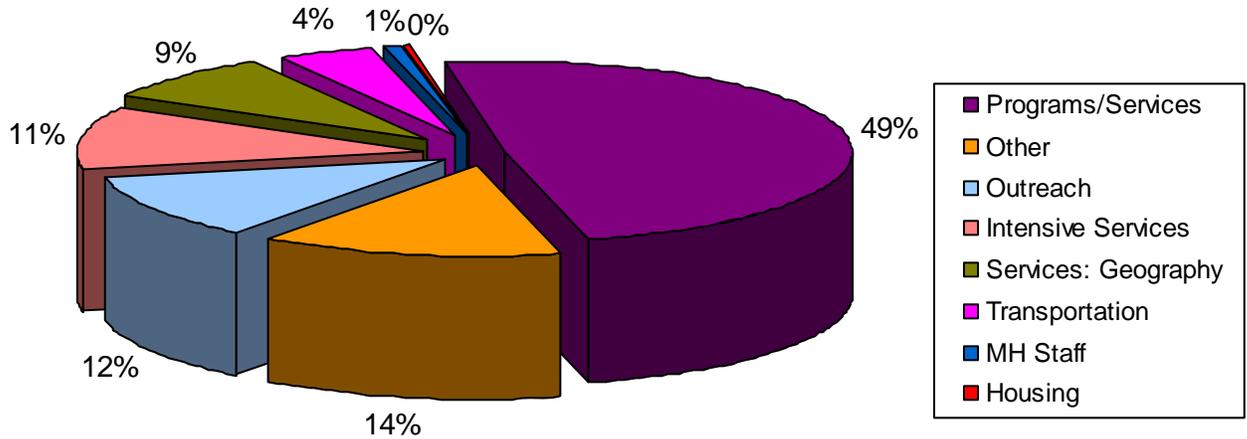
Table 1. Summary Data of Voting, Attendance, and Survey Response for Community Underserved Ethnic, Latino.

| Date             | Contact Type | Number Attendees | Total Votes/Responses |
|------------------|--------------|------------------|-----------------------|
| October 3, 2005  | Surveys      | 10               | 6                     |
| October 10, 2003 | Surveys      | 11               | 21                    |
| October 13, 2005 | Surveys      | 29               | 80                    |
| October 19, 2005 | Surveys      | 14               | 15                    |
| October 20, 2005 | Surveys      | 24               | 72                    |
| October 24, 2005 | Surveys      | 2                | 6                     |
| October 25, 2005 | Surveys      | 10               | 12                    |
| October 26, 2005 | Surveys      | 7                | 21                    |
| October 28, 2005 | Surveys      | 12               | 36                    |
| October 3, 2005  | Focus Group  | 13               | 30                    |
| October 10, 2005 | Focus Group  | 32               | 97                    |
| October 13, 2005 | Focus Group  | 39               | 40                    |
| October 20, 2005 | Focus Group  | 8                | 22                    |
| October 27, 2005 | Focus Group  | 11               | 45                    |
| <b>Total</b>     |              | <b>184</b>       | <b>503</b>            |

Data was submitted from Latino community-based organization, El Concilio, as follows:

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Latino Outreach, by Percentage



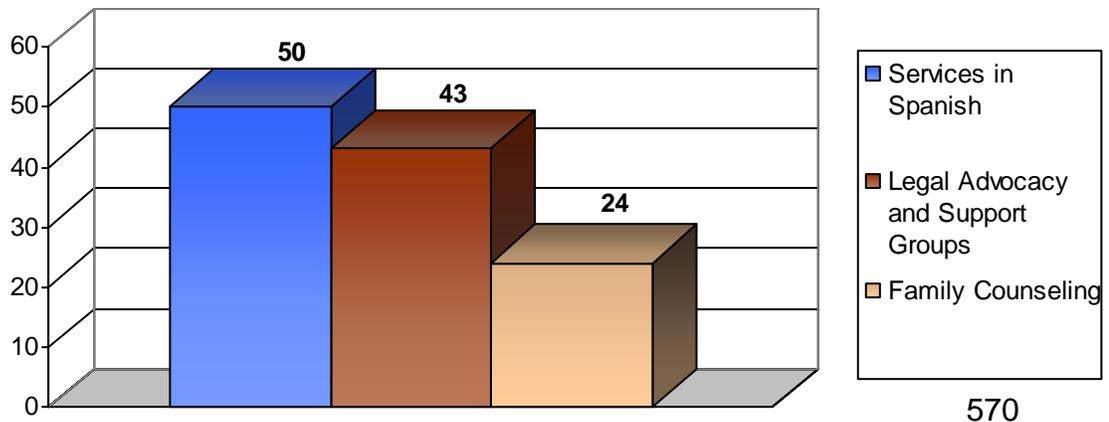
Specific strategies/ideas under each general area are as follows:

Programs and Services (49% of the entire vote)

Top three are:

1. Psychiatric and psychotherapy services in Spanish for all age groups.
2. Bi-lingual counseling for families, parents, caregivers, children, marriage and drug awareness.
3. Legal advocacy through staff attorneys and support groups to reduce anxiety and depression of new immigrants 🚗

Graph 2. Top Three Strategy Choices, by Number of Votes, for the "Programs and Services" Category



The remaining strategies, listed in order of priority are:

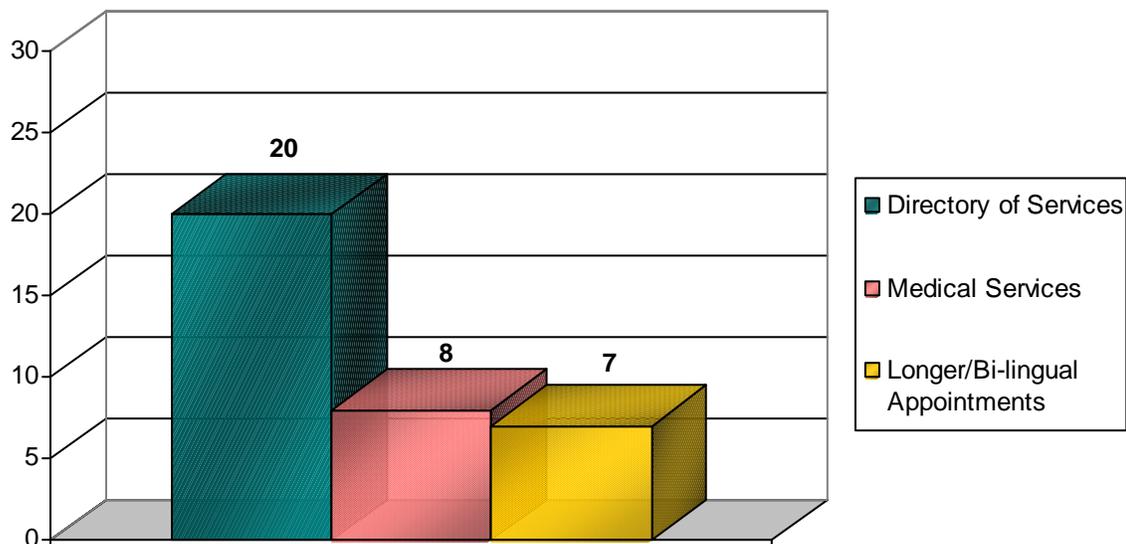
- p. Funding to expand Latino Mental Health countywide.
- q. Provide community-based mental health services in Spanish throughout San Joaquin County with a sliding cost scale for low income families.
- r. Prevention and early intervention programs
- s. Clinical services to help with depression, absent mindedness, and medical support
- t. More complete services needed; ages 0 - 100+ yrs
- u. More accessible psychological services
- v. In-home services
- w. Mental health services for HIV/AIDS
- x. Services that are sensitive to gender, race, sexual orientation, and religion
- y. Community centers for young adults, young people with different times for bingo for adults to get a break from their children and to talk with other adults
- z. MH services for children 0 - 5 yrs
- aa. Consumers becoming MSW or other social services
- bb. Prevention services at schools
- cc. Organized sports and recreational activities for adults 🚗
- dd. Oversight of patients health and medications; continuous "wrap around" care
- ee. Integrated services
- ff. Respite care for parents and disabled children
- gg. Faster services
- hh. More MH services at hospitals in Spanish
- ii. Alternative therapy services that work
- jj. Serve the underserved
- kk. Grief Therapy

**Other** (14% of the entire vote)

Top three are:

1. Directory of Services in Spanish
2. Dental, vision, hospitalization and general medical services- especially for children and older adults 🚗
3. More time allotted for appointments; bilingual

Graph 3. Top Three Strategy Choices, by Number of Votes, for the "Other" Category



The remaining strategies, listed in order of priority are:

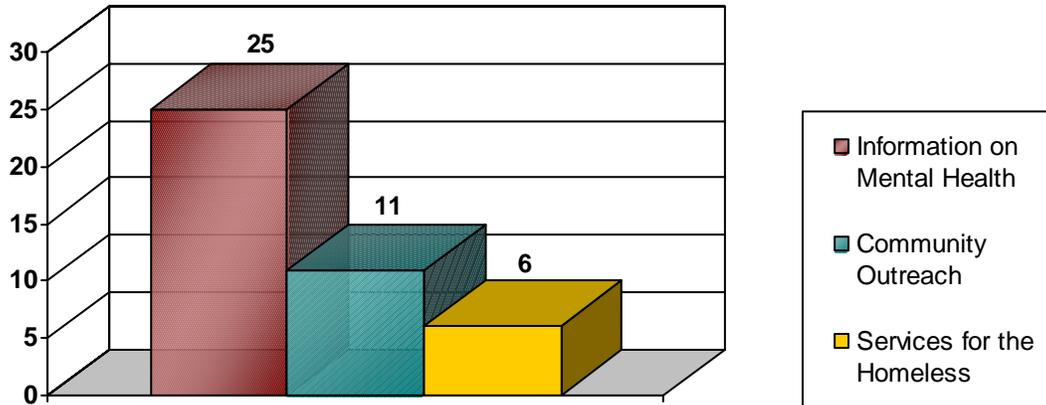
- a. Classes for families and children on personal improvement 🚗
- b. Services for the uninsured
- c. Classes for families with developmentally delayed children 🚗
- d. Better quality of life for older adults 🚗
- e. Higher worker wages 🚗
- f. Let volunteers speak at meetings to share interesting information related to mental health problems 🚗
- g. Hospice Care 🚗
- h. After school programs
- i. Services for children abusing parents 🚗

**Latino Outreach** (12% of the entire vote)

Top three are:

1. More publicity about services that exist; using Spanish language media including TV, newspapers, pamphlets, internet websites, etc.
2. Services for the homeless including housing.
3. More community outreach to parents and kids in need

Graph 4. Top Three Strategy Choices, by Number of Votes, for the "Latino Outreach" Category



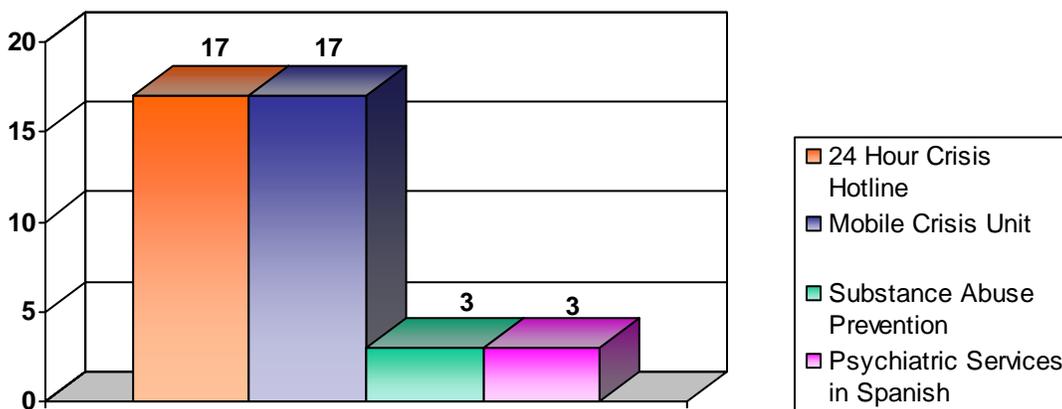
There were no additional strategies in this category.

**Intensive Services:** (11% of the entire vote)

Top three are:

1. 24x7 Hotline
2. Psychiatric services in Spanish Department hospitalization PHF unit
3. Substance abuse, trauma, and domestic violence services

Graph 7. Top three Strategy Choices, by Number of Votes, for the "Intensive Services" Category



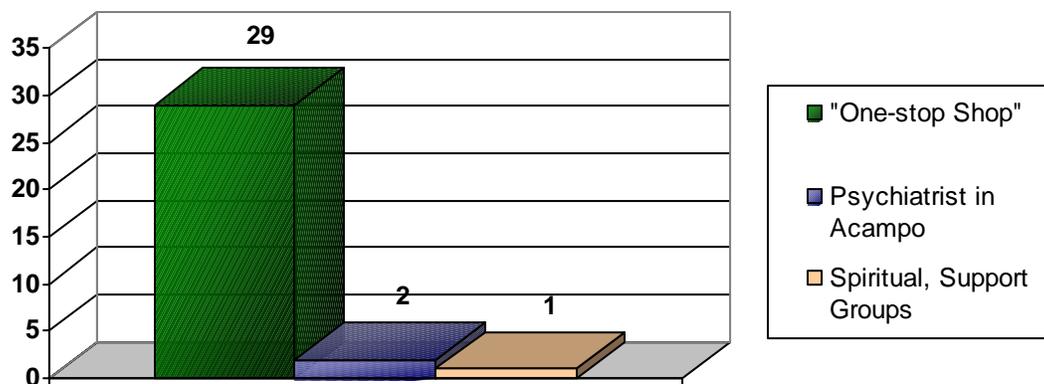
There were no additional strategies in this category.

**Services, Geography** (9% of the entire vote)

Top three are:

1. "One-stop shopping" where mental health services are provided in Spanish. Assistance with immigration issues that bring about depression and anxiety
2. Spiritually-based community-based services and support groups 🚗
3. Psychiatrist/psychologist in Acampo

Graph 5. Number of Votes in the "Services, Geography" Category



There were no additional strategies in this category.

**Transportation** (4% of the entire vote)

One strategy was identified:

1. Transportation to Mental Health Services for appointments. This strategy received 16 votes.

**Mental Health Staff:** (1% of the entire vote)

One strategy was identified:

1. Education funding for training psychotherapists. This strategy received 3 votes.

**Housing:** (0% of the entire vote)

One strategy was identified:

1. General housing needs. This strategy received 1 vote.

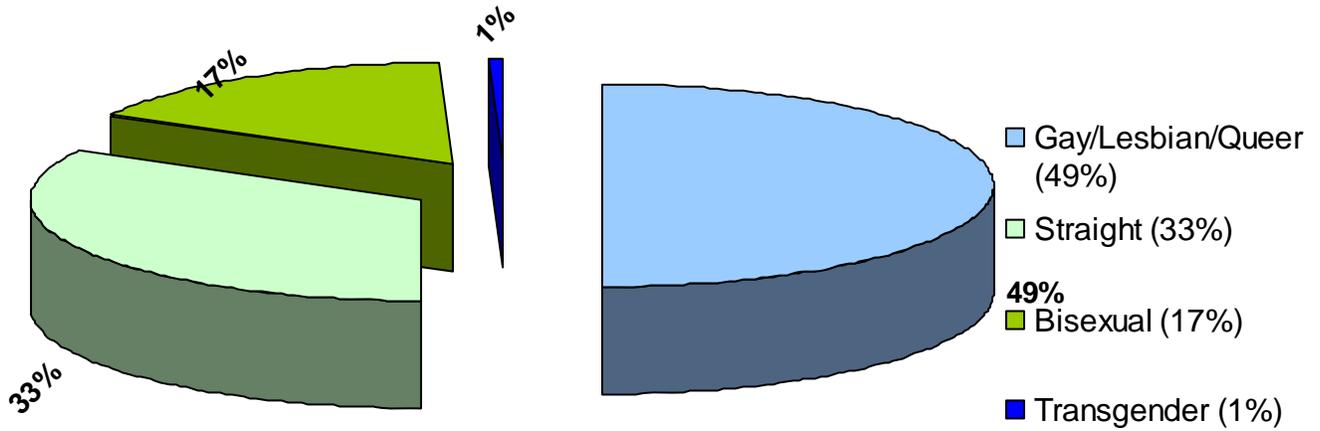
## Gay, Lesbian, Bi-Sexual, Transgender Outreach Data

Outreach was conducted during the month of October 2005, led by San Joaquin AIDS Foundation.

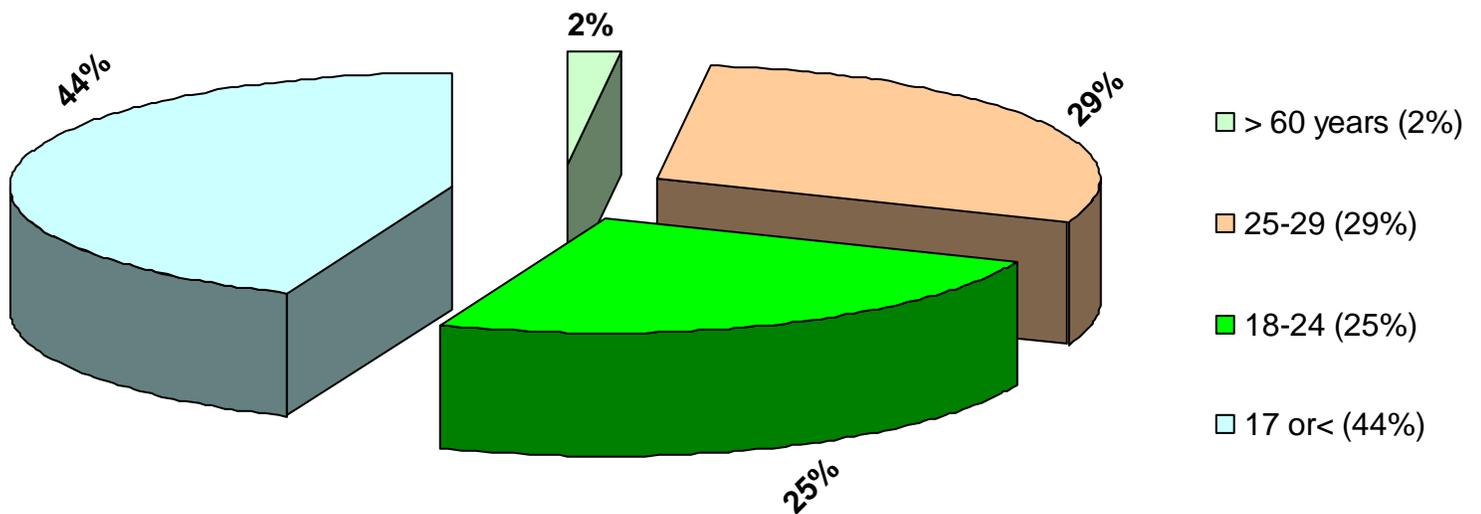
| Contact Group-Location - Date                             | Contact Type | Number     |
|---|--------------|------------|
| Club Paradise   | Surveys      | 23         |
| East Union High School Gay Straight Alliance - Manteca    | Surveys      | 23         |
| Franklin High School Gay Straight Alliance - Stockton     | Surveys      | 12         |
| Gay Men's Social Group - Stockton                         | Surveys      | 3          |
| Lincoln High School Gay Straight Alliance - Stockton      | Surveys      | 19         |
| Lodi High School Gay Straight Alliance - Lodi             | Surveys      | 13         |
| Parents & Friends of Lesbians and Gays (PFLAG) - Stockton | Surveys      | 9          |
| Positive Thinking Support Group-SJAF                      | Surveys      | 6          |
| San Joaquin AIDS Foundation                               | Surveys      | 5          |
| San Joaquin Delta College-Stockton                        | Surveys      | 18         |
| Tracy High School Gay Straight Alliance                   | Surveys      | 15         |
| University of the Pacific- Pride Center, Stockton         | Surveys      | 9          |
| Valley Ministries Metropolitan Community Church           | Surveys      | 23         |
| West High School Gay Straight Alliance - Tracy            | Surveys      | 9          |
| Weston Ranch High Gay Straight Alliance -Lathrop          | Surveys      | 19         |
| Other contacts  |              | 8          |
| October 26, 2005 (awaiting answer on #)                   | Focus Group  | 15         |
| Miscellaneous   | Surveys      | 8          |
|   | <b>Total</b> | <b>237</b> |

A total of 214 surveys were collected, compiled and analyzed.

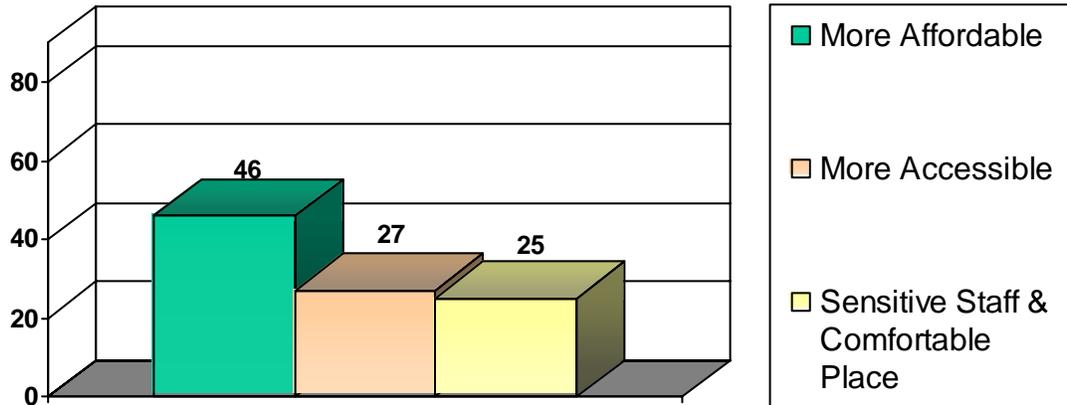
Graph 1. Respondents by Identified Sexual Orientation of GLBT Outreach, October 2005



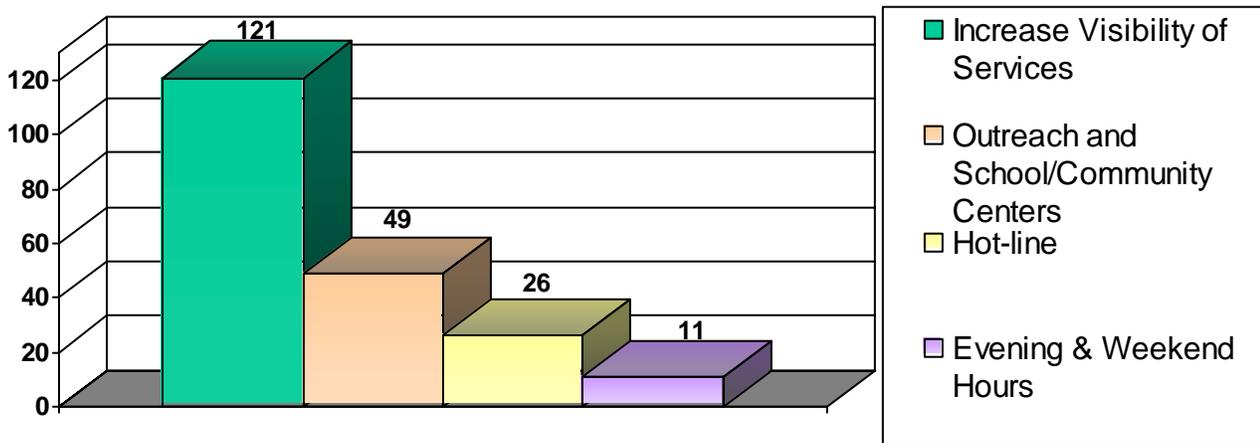
Graph 2. Respondents, by Age, October 2005



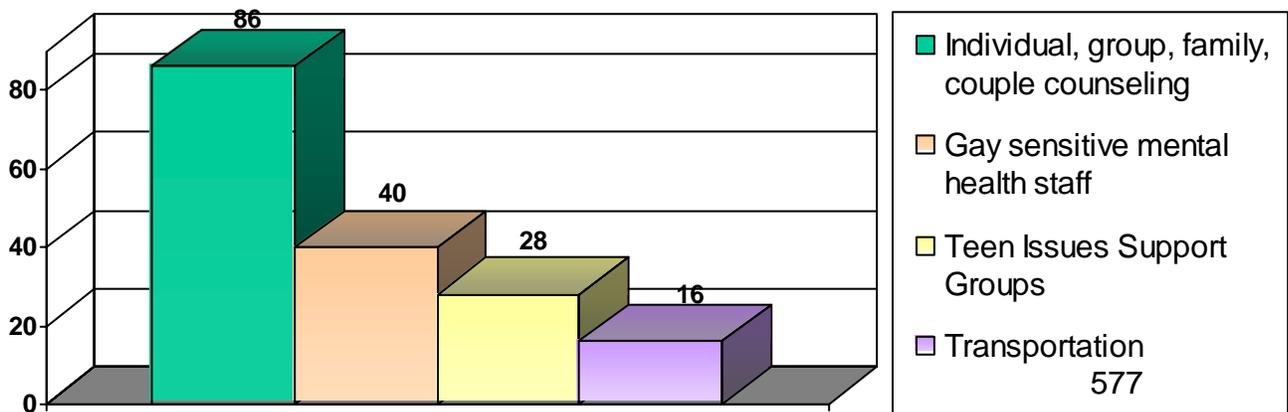
Graph 3. The Top Three Ways to 'Make Services Better', GLBT Outreach, October 2005



Graph 4. The Top Four Ways to 'Make Services Easier to Get', GLBT Outreach, October 2005



Graph 5. The Top Four 'Needed Services', GLBT Outreach, October 2005



Survey details are noted below.

| Make services better?   | Make services easier to get?  | Needed services  |
|---|---|--|
| <b>Mental Health Services</b>   |   |  |
| More considerate, sensitive staff, understand & listen; listen, don't judge; comfortable inviting places with food (25) | Guest speakers at school to help everyone understand mental illness and GLBT issues (7)   | One-on-one counseling; talk therapy; a lot of LGBT teens are victimized & have feelings they need to express (52)          |
| More counseling, less medicating (4)  | Several outreach stations and in the person's language; closer locations; services in a variety of places; counseling/community and/or school centers; mobile psych counselor (33)                            | Gay sensitive counselors and psychiatrists; gay, lesbian, queer friendly, and centered on GLBT issues (40)                 |
| Unlimited sessions (2)  | More visible (posters at local places) - more information available, contact information; what mental health services are available; TV promos; bulletins at local churches, schools, community centers (121) | Broaden services to the gay community (5)  |
| More affordable (46)  | Evening hours and weekends; 24 hour access; weekend crisis help; make entry to emergency services quicker (11)  | More dual diagnosis services (4)   |
| More older staff to help; use of non-professionals (1)  | Making more people aware of mental illness; decrease public stigma (7)  | Home services  |
| More accessible (27)  | Help people get to the right people   | Better on-line help; website with message board; on-line talking; website is crucial for easy access (18)                  |
| Groups for different problems that the gay community goes through; more information about GSA (12)                      | be more out for us to find you and your services  | Gay family counseling (10)   |
| AIDS prevention counseling & testing (5)  | Mobile testing site for homeless  | Teen issues, coming out classes or support groups; parent acceptance workshops; eating disorders; suicide; depression (28) |
| Education   | Services local to my home and not in a bad part of town (3)   | Education, prevention, case management   |
| Create programs around communities needs (2)  | Quicker, more efficient services; faster processing time/help (4)   | Couples (queer) therapy (5)  |
| A place called something beside "mental" just sounds bad  | More clinics; locations in other cities; environments comfortable for the GLBT community (16)   | Everything seems pretty good   |
| Letting people know if  | Advertise older men services  | Counseling dealing with sexuality (3)  |

| Make services better?  | Make services easier to get?  | Needed services   |
|--|---|---|
| services paid for by their insurance   |   |   |
| Build a better environment for the GLBT community. Work with teachers to build a homophobia free environment | Outreach to community; I think there is a level of embarrassment in planning a trip, scheduling an appointments etc. that keeps people from utilizing such services (6) | Doctors that stay; more psychiatrists; all doctors trained in mental health, not just psychiatrist (3)                      |
| You could get better help  | Location that is more easy for teens to attend (3)  | Grief counseling  |
| Have more councils and meetings  | Get rid of stereotypes and rumors - let it be known what is out there   | talking   |
| Places to stay   | Mental health center on campus and in the community (3)   | Need a self mutilation group for teenagers and adults, but especially teenagers in Stockton.                                |
| Remove bias in mental health services  | I've seen an enormous change in emergency care. They have shortened waiting time for appointments.  | More group therapy (6)  |
| Fewer forms and red tape   | Give everyone the opportunity to be evaluated in High School; more school counselors (7)  | Gerentologist to help with elders   |
| More at school; school counselors  | 800 number in local easy spot to see; coming out crisis hotline; one where you can talk to a counselor (26)   | Family support & therapy (5)  |
| Outreach to younger people (2)   | Visit schools, go to clubs  | Mentor counseling or buddy program  |
| Understand that there are funding issues for mental health to help   | Teen centers (5)  | Support group for HIV + people and their family   |
| Everyone should have a mental health check-up once a year  | By this method is one great step because it allows our local community members know that they are reaching out to find solutions  | Make services for teens at school, but outside of school hours  |
| Form alliance with GLBT and straight to address issues   | Services in Manteca (2)   | More counselors in Tracy, especially for teens and children (2)   |
| Laws protecting your mental health as well as our sexual orientation (2)                                     | More accessible to teens, maybe in school or community;   | Support for children of mental health patients  |
| Color is always good   | Confidentiality of services to teens  | Keep in contact with school counselors  |
| Fewer clients to social worker   | Don't require so much education to get into the field   | There is a lot of abuse out there   |
|  | Meth is a problem   | Open forums on GLBT issues  |
|  |   | Help people with HIV/AIDS with returning to work after being on disability for so long with counseling or some kind of help |
| <b>Social Activities/Services</b>  |   |   |

| <b>Make services better?</b>                            | <b>Make services easier to get?</b>                 | <b>Needed services</b>  |
|---|---|---|
| Open social events to bring homo/hetero people together | More teen events for GLBT community                 | Informal picnics  |
| Miss Empiriss pageant for fundraiser for AIDS (2)       | Local gay pride parade to show support of community | Movie night; other alternative social activities (2)                    |
| Medicine paid for (3)                                   |   | Confidential  |
| Do not depend on our government                         |   | Food bank (2)   |
| <b>Transportation</b>                                   |   |   |
|   | By providing transportation (cabs, vans) (3)        | Transportation to and from mental health (16)                           |
| <b>Medical Services</b>                                 |   |   |
| Don't share things that are contagious (2)              | Screening for cancers                               | Physical health services  |
|   |   | Hospice   |
|   |   | Health and safety info  |
|   |   | Women's health  |
| <b>Social Services</b>                                  |   |   |
|   |   | Delivery of medication and food service                                 |
|   |   | More knowledge about GSA clubs on campus and have not just gays in club |
| <b>Other</b>  |   |   |
| More involved with the special ed kids                  | More open spaces at school and in classrooms        | Help with pets  |

| Age              | Race  | Residence   | Group  |
|------------------|---|---|--|
| 60 +<br>(5)      | White (77)<br>Hispanic (28)                                       |   | Family (95)<br>Education (13)<br>Consumer (10)<br>Student (8)<br>Faith based (7)<br>Public Health (2)<br>Law enforcement (2)<br>Ethnic group (4)<br>Goths (3)<br>Punks (2)<br>White redneck (1)<br>Outcasts (1)<br>Military (1)<br>Social Services (1) |
| 25-59<br>(56)    | Black (17)<br>Filipino (10)                                       | Stockton<br>(110)   |  |
| 18-24<br>(49)    | Southeast Asian (4)<br>Syrian/Hawaiian (3)<br>American Indian (2) | Tracy (21)<br>Manteca<br>(20)   |  |
| 17 or <<br>(86)  | Lebanese (1)<br>Middle Eastern (1)<br>Portugese (1)               | Lodi (14)<br>Elk Grove,<br>work in Lodi<br>(1)<br>Linden (1)<br>Roseville (1)<br>Sacramento<br>(1)<br>Kings Beach,<br>CA (1)<br>Modesto (1)<br>Lockeford (1)<br>Sacramento<br>(1) |  |
| Straight<br>(60) | Gay/Lesbian/Queer<br>(91)   | Bi-Sexual (30)  |  |
|                  | Transgender M to F  | Transgender F<br>to M (1)   |  |

REPORT ON  
TRANSFORMING MENTAL HEALTH SERVICES  
GLBT COMMUNITY FOCUS GROUP MEETING  
FACILITATED BY THE SAN JOAQUIN AIDS FOUNDATION  
WEDNESDAY, OCTOBER 26, 2005

Issues raised regarding the Gay, Lesbian, Bi-sexual, Transgender Community in San Joaquin County:

- Internalized Homophobia
- Gay and Lesbian Teen Suicide Rate
- Need for Support Groups for GLBT Youth
- Harassment of GLBT Youth in Schools
- Lack of Counseling for all Segments of GLBT population, including Youth, Individual, Couples Counseling, as well as Grief Counseling and Counseling for Parents and Families of GLBT Youth.
- Lack of Sensitivity to GLBT issues and sexuality by Therapists, Counselors and other Caregivers.
- Stigma Regarding GLBT Population, as well as stigma regarding those who seek treatment for Mental Health issues.
- Mental Health links to Substance Abuse, and Vice Versa.
- Accessibility to Services due to location
- Accessibility to Services due to inability to pay and lack of insurance coverage for Mental Health.

Proposed Solutions:

- Continuing Education for Counselors, Therapists and other Caregivers regarding GLBT Issues.
- Plan for Mental Health Services to fund education for Counselors/Therapists for the GLBT Community in exchange for commitment to a period of service to the Community.
- Mental Health Counselors in Public Schools.
- Gay Friendly Teen Center
- Satellite Counseling Offices in Local Communities
- Raise General Community Awareness of GLBT and Mental Health Issues through Community Outreach Programs, Web Site, Media.

## Homeless Populations Survey Results

A total of 59 surveys were collected. The following are the survey responses as stated by participants.

| Age            | Gender           | Race                     | Residence          | Group                            |
|----------------|------------------|--------------------------|--------------------|----------------------------------|
| 60 +<br>(1)    | M (22)           | White (28)               | Stockton<br>(45)   | Public Health<br>Provider<br>(3) |
| 25-59<br>(54)  | F (26)           | Hispanic (8)             | Manteca (2)        | Mental Health<br>Services (2)    |
| 18-24<br>(3)   | Unstated<br>(11) | American Indian (1)      | Lodi (2)           | Consumer (5)                     |
| 17 or <<br>(0) |                  | African American<br>(19) | Tracy (1)          | Family (13)                      |
|                |                  | Southeast Asian (1)      | French Camp<br>(4) | Social Services (5)              |
|                |                  | Unstated (2)             | Sacramento<br>(1)  | Faith Based Group<br>(4)         |
|                |                  |                          | Other (1)          | Medical (1)                      |
|                |                  |                          | Unstated (3)       | Education (2)                    |
|                |                  |                          |                    | Ethnic Group (3)                 |
|                |                  |                          |                    | Childcare Provider<br>(1)        |
|                |                  |                          |                    | Working class (2)                |
|                |                  |                          |                    | Poor (1)                         |
|                |                  |                          |                    | Humans (1)                       |
|                |                  |                          |                    | None (3)                         |
|                |                  |                          |                    | Unstated (13)                    |

| Make services better?   | Make services easier to get?   | Needed services   |
|---|--|---|
| <b>Law Enforcement</b>  |  |   |
|   |  | Assistance for police-places to take people they pick up  |
| <b>Mental Health Services</b>   |  |   |
| Make more accessible for those who really need it; Diagnose and referral so that proper services are going to the people who really need it; screen some of the outwardly mentally ill who are truly capable of doing something that would cause someone to harm them (5) | Meetings here  | More compassionate management   |
| Regular meetings with Mental Health personnel or counselors; make appointments more often (1)   | Talk to homeless people to find out if they need Mental Health; asking; speak at shelters (3)  | Areas of depression; self esteem (2)  |
| Provide more community outreach workers among the homeless; more outreach workers (3)   | Use terminology that is easy to understand; use smaller words (2)  | Homelessness; Mental health servicing for homeless (2)  |
| Being more courteous; training mental health staff to be friendlier, caring, considerate of consumers with addictions; nicer therapists (3)   | Make them easier; help families navigate through accessing services; make services available via Family Resource Centers; contact the community ties and family; put notices up to where clinics are; more advertising; posting signs when services are available and when and where they will be (6)  | Counseling; psychiatrics; counseling for dysfunctional families, including anger management; people to talk to; one-on-one (10)   |
| Take time to talk and study the people when interviewing them; listen to all patient's words or questions (2)   | Mental Health Services need to be located within the community it is servicing; rural areas: resource centers; more satellite offices in outlying communities; Have an office closer to homeless service; Mental Health Staff co-locate in different community center or "on call" when community center needs their services; more availability in Lodi (6) | All; all types of services needed; whatever it takes to help; all types to fit any illness; everything; all services that help people deal with life and living; whatever a person who has problems need at that time (6) |
| Need work close   | Make them free; free; make available to everyone for free (3)  | Patience  |
| Provide services even without a diagnosis   | In home care or "Care-O-Vans"; bring service to clients (2)  | Behavior Intervention Services; Youth Behavioral Health Services (2)  |
| Provide more and better treatment to mentally ill people who are suffering  | Have a better plan for people that cannot get service  | Hot line (800 #)  |

| Make services better?   | Make services easier to get?   | Needed services   |
|---|--|---|
| from an active addiction to alcohol and drugs   |  |   |
| Move to a new location: downtown;   | Phone appointments   | Alzheimer's   |
| More education about Mental Health: give information about where to go; information about services; preventative services, parenting programs (4)   | Explain how to set up a meeting with appropriate staff member when in the intake   | Mental health evaluation for the clients at some point so they don't stay there for years; mental health assessment (3) |
| Someone to come out to the shelter to talk to people in between their appointments; come talk to consumer (2)                                       | Not going through crisis. I sat there for six hours and still wasn't seen. All I needed was counseling sessions. I wasn't in Crisis but the only way to get services is to go through crisis and it's really crazy; easier access to counselors-takes months (sometimes) to get an appointment (2) | Preventative services (2)   |
| Make all facilities available 24 hours a day for anyone   |  | Mobile crisis team; crisis (2)  |
| Free services; charging people less for services (2)  |  |   |
| Mobile unit   |  |   |
| Expand services; enlarge services-more of them (2)  |  |   |
| Make waiting time in crisis shorter   |  |   |
| Making it easier and more accessible to get to  |  |   |
| <b>Ethnic Awareness &amp; Diversity</b>   |  |   |
| More free services and better related to the different cultures; ethnic group's their language; culturally relevant and sensitive (3)               | Educate the community in various settings and languages using a variety written materials at 4-6 grade level for the languages of our community use various neighborhood sites (2)   | Translator  |
| Services for youth and adolescent especially the areas that have significant barriers in language   |  |   |
| Create ad campaigns and outreach that specifically target reticent and disenfranchised ethnic minority groups (Blacks, Latinos, etc.); Outreach and |  |   |

| Make services better?   | Make services easier to get?   | Needed services   |
|---|--|---|
| services to underserved community such as Hmong, Cambodian, Vietnamese who suffer the most during Vietnam War (3) |  |   |
| <b>Social Activities/Services</b>   |  |   |
|   |  |   |
| <b>Transportation</b>   |  |   |
| Offer bus passes to people who have no transportation (2)   | Health access easier to pick up; van pick up for those who are sick; providing transportation; buses and vans on call at all times; bus passes; reliable transportation; bus vouchers; Mental Health pick us up and bring us back (11) | Transportation issues must be addressed; bus passes; assistance with rides to appointments (4)  |
| Ride service to appointments  | Provide information about transportation to mental health services   | Services for those who cannot easily or affordably use other forms of transportation to/from Mental Health Providers  |
| <b>Medical Services</b>   |  |   |
| Cleaner hospitals   |  | Respite care  |
| Have a doctor come out once a week  |  | Medical and dental care; medical and dental care for single women; at shelters (3)  |
| Better ways to monitor medications  |  | Medical marijuana   |
| <b>Social Services</b>  |  |   |
|   | Social worker on staff   | More for the homeless like shelter, food and clothing and not make it so hard to get in; access to clothing; (3)  |
|   |  | Education   |
|   |  | Childcare; help collecting baby items for expected baby (2)   |
|   |  | Training for childcare providers to teach them to ID issues early and make them aware of services available   |
|   |  | Drug treatment programs with an emphasis on Mental Health treatment; drug and alcohol counseling; codependency counseling; counseling for children of alcoholics, addicts and batterers (3) |
|   |  | Money management  |
|   |  | Education on chemical dependency; how to say no and handle peer pressure  |
|   |  | Treatment for ADD and ADHD  |
|   |  | Outreach services   |
|   |  | Support groups  |

| Make services better?   | Make services easier to get?   | Needed services  |
|---|--|--|
| <b>Employment</b>   |  |  |
|   | People would go on their income  | Access to employment related phone access                            |
| <b>Housing</b>  |  |  |
| Make available housing and shelters for those people who have mental problems; better access to housing (3)   |  | Shelter; a place to live; permanent housing (4)                      |
| <b>Other</b>  |  |  |
| I don't know; I don't have a mental problem; I don't use Mental Health Services; can't reply because have not looked into services; not sure; no idea; unknown (13) | I don't know; I don't have a mental problem; not sure; unknown (6)   | I don't know; I don't have a mental problem; not sure; no idea (7)   |
| Everything O.K.; everything fine already (2)  | Everything O.K.; everything fine already; (3)  | Everything O.K.; everything fine already (2)                         |
| Not stated (4)  | Not stated (7)   | Not stated (7)   |
| Put all politicians in a rubber room  | Eliminate the political process and those who know nothing about mental conditions and what it is like, they slow down the process | It's all pretty much covered here at the shelter                     |
| I believe to be redistributed directly to the people who use mental health services   | Shelter has a wonderful staff  | The type that actually helps people with their problems and concerns |
|   | I'm already hooked up thank you  | None   |
|   |  | I have doctor appointments and therapy                               |

## Homeless Outreach Voting Data Summary November 2005

This data is a summary of the dot voting from the community for underserved ethnic homeless outreach meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSA, Community Supports and Services funding.

Outreach was conducted during the month of October 2005, led by Mental Health Services Homeless Outreach staff which includes one (1) countywide focus group and 59 surveys.

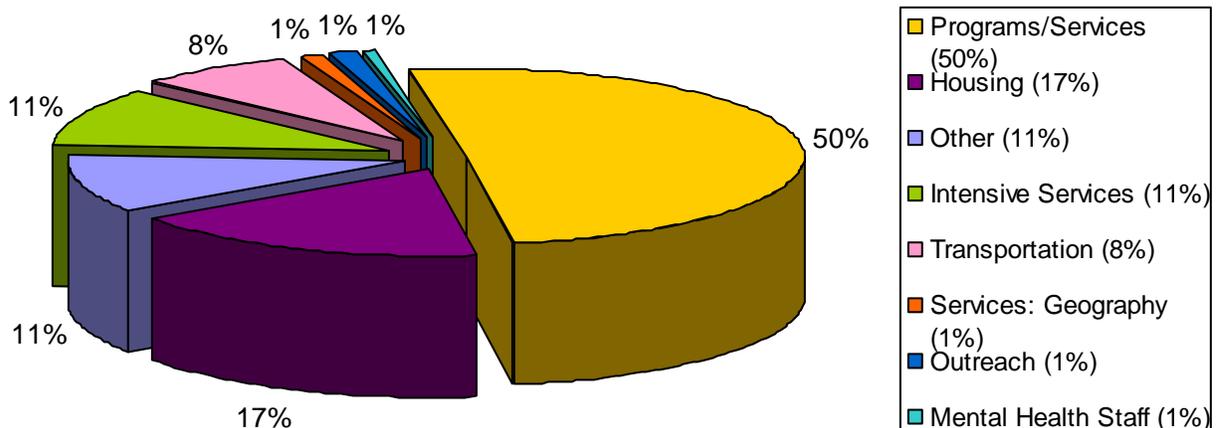
Table 1. Summary Data of Voting, Attendance, and Survey Response for Community Underserved Ethnic, Homeless.

| Date             | Contact Type | Number Attendees | Total Votes/Responses |
|------------------|--------------|------------------|-----------------------|
| October 28, 2005 | Surveys      | 59               | 84                    |
| October 21, 2005 | Focus Group  | 25               | 30                    |
| <b>Total</b>     |              | <b>84</b>        | <b>114</b>            |

Data was submitted from Mental Health Services Homeless Outreach staff as follows:

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Homeless Outreach, by Percentage



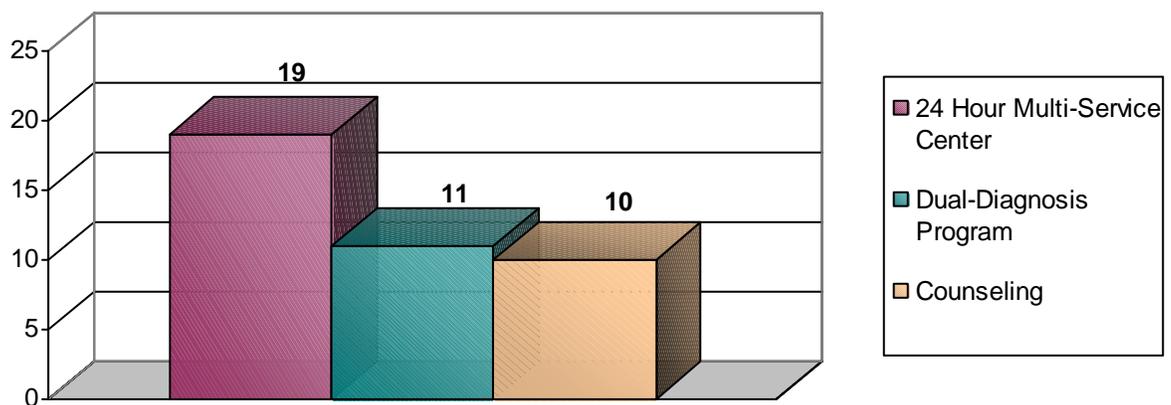
Specific strategies/ideas under each general area are as follows:

**Programs and Services** (50% of the entire vote)

Top three are:

1. 24 hour multi-service center - bi-lingual, treatment, support, drop-in.
2. Dual-diagnosis 6-month live-in/drop-in program.
3. Counseling; psychiatric; counseling for dysfunctional families, including anger management; people to talk to; one-on-one.

Graph 2. Top Three Strategy Choices, by Number of Votes, for the "Programs and Services" Category



The remaining strategies, listed in order of priority are:

- a. All types of services needed; whatever it takes to help; all types to fit any illness; everything; all services that help people deal with life and living; whatever a person who has problems need at that time.
- b. Food vouchers 🚗
- c. Assertive community treatment to help people stay living independently
- d. Expansion of the "engagement outreach services" programs
- e. Mental health evaluation for the clients at some point so they don't stay there for years; mental health assessment
- f. Drug treatment programs with an emphasis on Mental Health treatment; drug and alcohol counseling; codependency counseling; counseling for children of alcoholics, addicts and batterers
- g. Prevention services
- h. Areas of depression; self-esteem
- i. Mental health servicing for the homeless
- j. Behavior Intervention Services; Youth Behavioral Health Services
- k. Services for non-traditional mental illness persons; someone outside the system

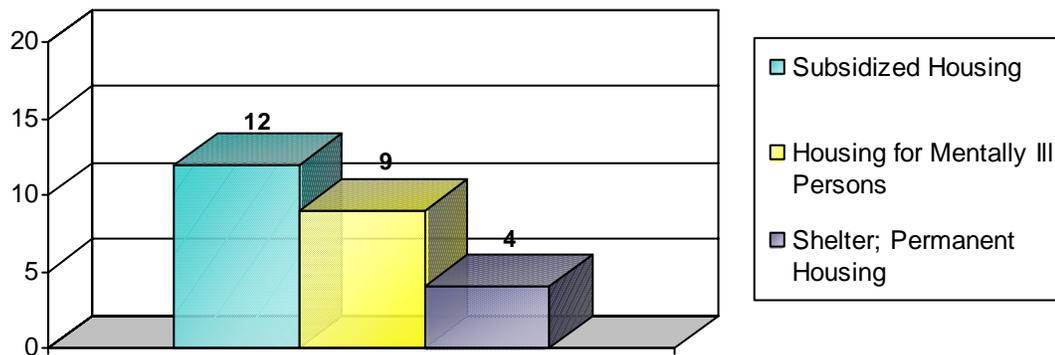
- l. Vocational training/employment program; "ticket to work"
- m. Patience 🚗
- n. Translator 🚗
- o. The type that actually helps people with their problems and concerns
- p. Single parent services 🚗
- q. Medication compliance programs

**Housing:** (17% of the entire vote)

Top three are:

- 1. Subsidized housing that's safe and affordable; permanent support to end homelessness
- 2. Housing specifically for mentally ill homeless persons
- 3. Shelter; a place to live, permanent housing

Graph 3. Top Three Strategy Choices, by Number of Votes, for the "Housing" Category



The remaining strategies, listed in order of priority are:

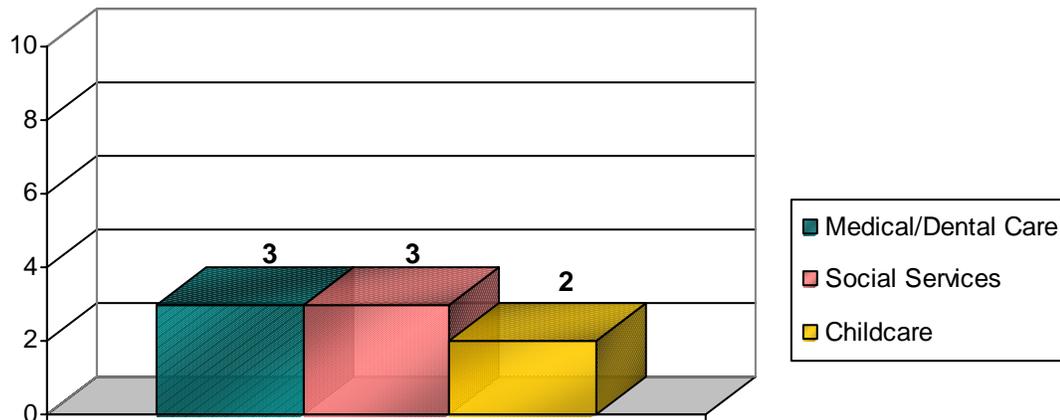
- a. Transitional housing - i.e. HEART
- b. Funding for existing homeless shelters to support mentally ill drop-ins

**Other** (11% of the entire vote)

Top three are:

- 1. Medical and dental care; medical and dental care for single women; at shelters 🚗
- 2. More social services for the homeless like shelter, food and clothing and not make it so hard to get in; access to clothing 🚗
- 3. Childcare; help collecting baby items for expected baby 🚗

Graph 4. Top Three Strategy Choices, by Number of Votes, for the "Other" Category



The remaining strategies, listed in order of priority are:

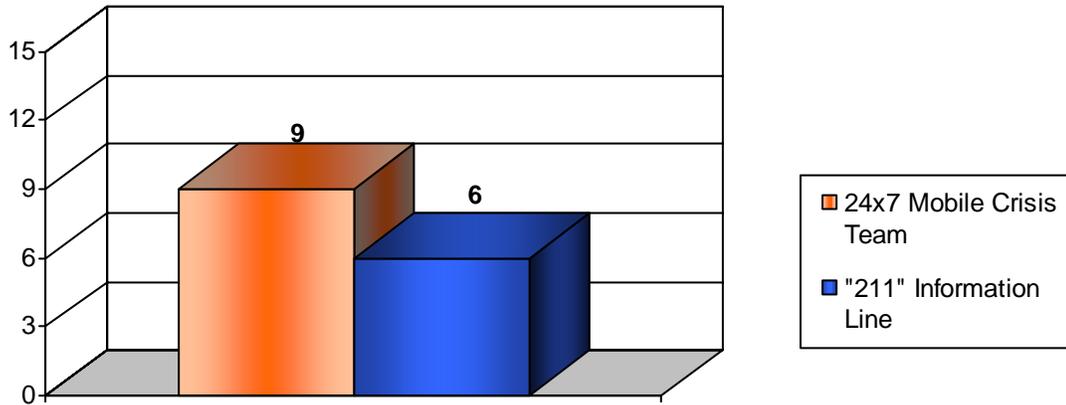
- a. More compassionate management
- b. Medical marijuana 🚗
- c. Assistance for police - places to take people they pick up
- d. Education 🚗
- e. Training for childcare providers to teach them to ID issues early and make them aware of services available 🚗
- f. Money management training
- g. Education on chemical dependency; how to say no and handle peer pressure
- h. Treatment for ADD and ADHD 🚗
- i. Access to employment related phone access
- j. Central resource coordinator
- k. Name change 🚗

**Intensive Services:** (11% of the entire vote)

Top two are:

1. 24x7 mobile crisis response team; blended agency countywide
2. "211" Mental Health Services information line

Graph 5. Top two Strategy Choices, by Number of Votes, for the "Intensive Services" Category



The remaining strategies, listed in order of priority are:

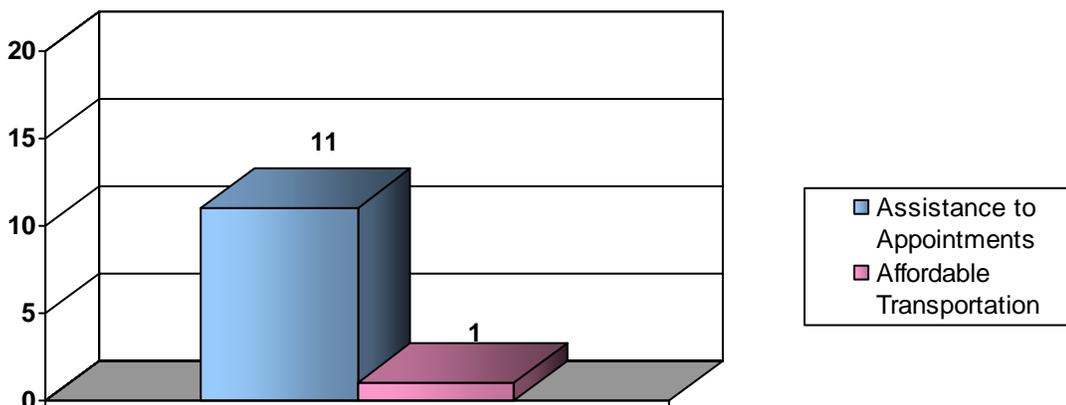
- a. Hot line - 800 phone number
- b. Alzheimer's 🚐

Transportation (8% of the entire vote)

Top two are:

1. Issues must be addressed; bus passes; assistance with rides to appointments
2. Services for those who cannot easily or affordably use other forms of transportation to/from Mental Health Providers

Graph 6. Top two Strategy Choices, by Number of Votes in the "Transportation" Category



There were no additional strategies in this category.  
**Services, Geography** (1% of the entire vote)

One strategy was identified:

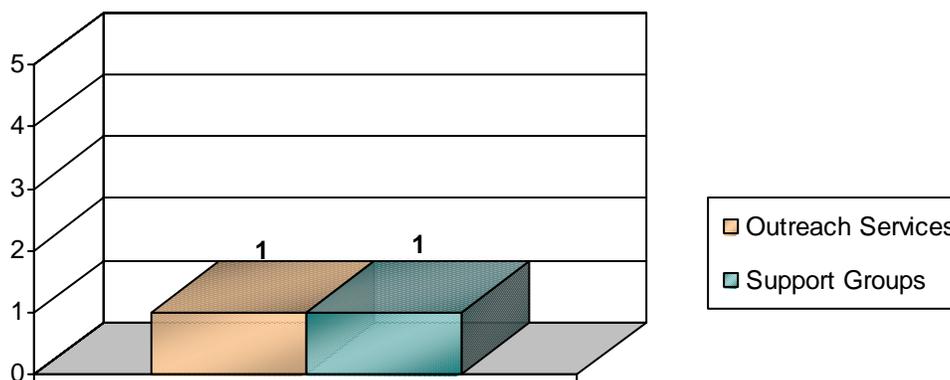
1. Community organization based response teams for resources and training - i.e. churches. This strategy received 2 votes

**Homeless Outreach** (1% of the entire vote)

Top two are:

1. Outreach services
2. Support groups

Graph 8. Top Two Strategy Choices, by Number of Votes, for the "Homeless Outreach" Category



There were no additional strategies in this category

**Mental Health Staff:** (1% of the entire vote)

One strategy was identified:

1. Dual-diagnosis training for doctors. This strategy received 1 vote.

**Miscellaneous Comments:**

1. I don't know; I don't have a mental problem; not sure; no idea
2. Not stated
3. Everything O.K.; everything fine already
4. It's all pretty much covered here at the shelter
5. None
6. I have doctor appointments and therapy

**Lao Family Community of Stockton Focus Group Data Summary**  
*November 2005*

This data is a summary of the three (3) focus groups and one (1) survey from the Hmong community as conducted and reported by the Lao Family Community of Stockton. Data was submitted as follows:

Table 1. Summary Data of Workshops, Data Method and Meeting Attendance as Recorded by the Lao Family Community of Stockton.

| Date       | Workgroup | Data method | Meeting Attendance |
|------------|-----------|-------------|--------------------|
| 10-18-2005 | Hmong     | Focus group | 12                 |
| 10-21-2005 | Hmong     | Focus group | 15                 |
| 10-25-2005 | Hmong     | Focus group | 32                 |
| 10-27-2005 | Hmong     | Survey      | 20                 |

Due to the method of data collection for both focus groups (absent of a “voting” or individual prioritization method) and a survey (open ended collection of individual data), the ability to graphically present the results was challenged.

Instead, the following seven categories provide a summary of the material collected by the Lao Family Community of Stockton. The issues listed below are presented in descending order of discussion as determined by the number of times the topic was listed in the focus group notes and individual surveys (with Category I being the most frequently discussed issue).

**I. Cultural Issues for the Hmong Community**

Cultural issues were listed as a significant concern for the Hmong community. These issues reflected a need within Mental Health to better bridge the gap between the Hmong community and the services, programs, and materials provided by Mental Health. The concern of cultural issues for the Hmong community was expressed in a number of ways as listed in the areas below:

1. Having more Hmong on staff (staff that can speak fluent Hmong and explain MH process within appropriate cultural/language context)
2. Understanding Hmong culture, traditions, unique issues
3. Translation and interpretation services
4. Provide services/material in different languages (Hmong)
5. Hmong clinician and/or doctor on staff

6. Train Hmong educators
7. Staff that is friendly and respectful of Hmong ways
8. The importance of building relationships and trust by MH staff within the Hmong community

## **II. Transportation**

Transportation was a theme that was raised in all three focus groups as well as gathering the largest number of responses in the survey results.

## **III. Services and Programs**

A variety of services and programs were suggested as strategies to approach the mental health needs within the Hmong community. The category of programs and services were mentioned in frequency closely behind cultural issues and transportation.

Below are descriptions of the services and programs suggested by the focus groups and through the surveys.

Examples of services suggested by the Hmong community include the following:

1. Counseling services (in Hmong)
2. Group therapy/sessions
3. Screening and preventative services
4. Support groups - especially for parents and elder Hmong

Examples of intensive services include:

1. Hmong help-line available 24/7
2. Interpreters/translators that are available 24/7

Examples of programs mentioned in the focus groups and survey include:

1. Home visits (in-home programs)
2. Activities for the Hmong community including various age, gender groups (field trips, games, place to socialize)

## **IV. Service Delivery**

The issue of service delivery often reflected both the need for services as well as the cultural issues listed in category I.

Service delivery can be reflected in the following examples:

1. The need for female interpreters
2. Providing effective and accurate diagnosis
3. Increasing MHS staff for better service
4. Friendly staff
5. Money and resources to Hmong organizations to conduct outreach and screening within the community.

#### **V. Geographic Services**

Services that can be classified in a geographic category were discussed in the focus groups and surveys as reflected in two major areas:

1. Clinics within the community
2. A community facility to include MH services

#### **VI. Outreach / Education**

Suggestions for outreach and education, as well as specific strategies for implementation, were provided by the Hmong community. Examples of the results include the following:

1. Increase outreach and outreach materials to the Hmong community
2. Mental Health education workshops (increased knowledge about MH services, programs, process, etc.)
3. Community education
4. Increased advertisement in the Hmong community (including the use of Hmong media such as radio broadcasts for illiterate population)

#### **VII. Other**

Additional areas mentioned within the focus groups and surveys included concerns such as medication, insurance and scholarships as reflected below:

1. Medication education: Hmong believe medication makes them worse
2. Medication: therapy specifically related to Hmong issues
3. Medication: consultation and better explanation of how to use it, the side-effects, etc.
4. Insurance issues: provide financial assistance with medical coverage
5. Scholarships: for Hmong students to enter mental health field

## Lao Khmu Focus Group and Survey Data Summary *October 2005*

This data is a summary of the voting from the community for underserved ethnic Laotian focus group meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSA, Community Supports and Services funding.

Outreach was conducted during the month of October 2005, led by Lao Khmu which includes three (3) focus groups and the 84 surveys generated from the focus groups.

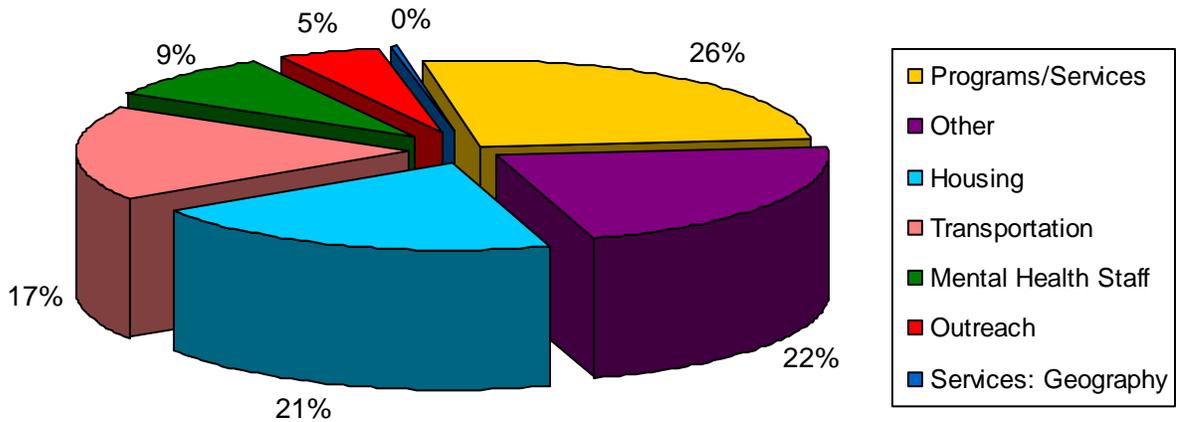
Table 1. Summary Data of Voting, Attendance, and Survey Response for Community Underserved Ethnic, Laotian.

| Date             | Contact Type           | Number Attendees | Total Votes/Responses |
|------------------|------------------------|------------------|-----------------------|
| October 5, 2005  | Surveys                | 11               | 12                    |
| October 5, 2005  | Focus Group            | 13               | 30                    |
| October 27, 2005 | Focus Group<br>Surveys | 73               | 161                   |
| <b>Total</b>     |                        | <b>97</b>        | <b>203</b>            |

Data was submitted from Laotian community-based organization, Lao Khmu, as follows:

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Laotian Outreach, by Percentage



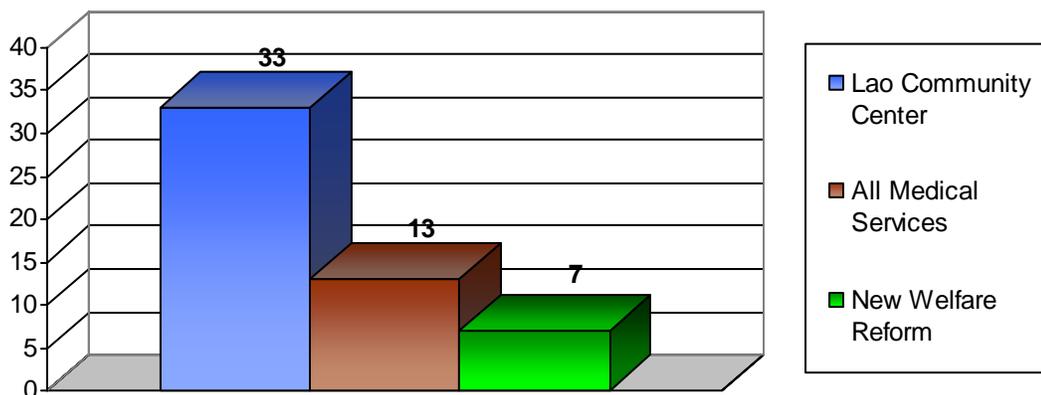
Specific strategies/ideas under each general area are as follows:

**Programs and Services** (26% of the entire vote)

Top three are:

1. Lao Community Center; youth center and after school programs; vocational training/employment center
2. All medical services; hospital, doctors, nurses 🚑
3. New Welfare Reform to aide newborn children 🚑

Graph 2. Top Three Strategy Choices, by Number of Votes, for the "Programs and Services" Category



The remaining strategies, listed in order of priority are:

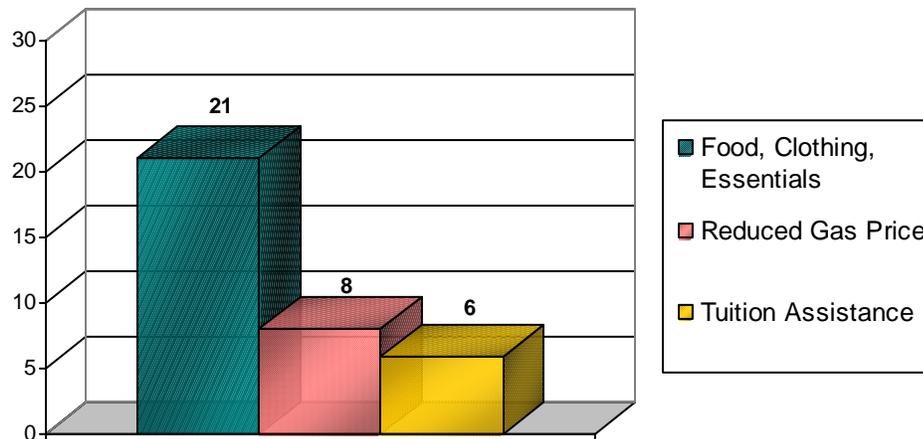
- a. More Lao interpreters
- b. Lao Mental Health Clinic for substance abuse, counseling and therapy
- c. Lao childcare center for working parents 🚗
- d. Start a rescue center for Lao people 🚗
- e. Elderly health services 🚗
- f. MH services that focus on the Lao family; give children emotional support and resources
- g. Feeling comfortable, non-threatened, to seek mental health help

Other (22% of the entire vote)

Top three are:

1. Food, clothing, and other essentials 🚗
2. Reduce gas price 🚗
3. Tuition assistance program for Lao college students 🚗

Graph 3. Top Three Strategy Choices, by Number of Votes, for the "Other" Category



The remaining strategies, listed in order of priority are:

- a. Lao language school 🚗
- b. More money 🚗
- c. ESL classes 🚗
- d. PG & E discounts 🚗
- e. Someone to pick up/deliver prescriptions when consumer cannot
- f. More Lao lawyers 🚗

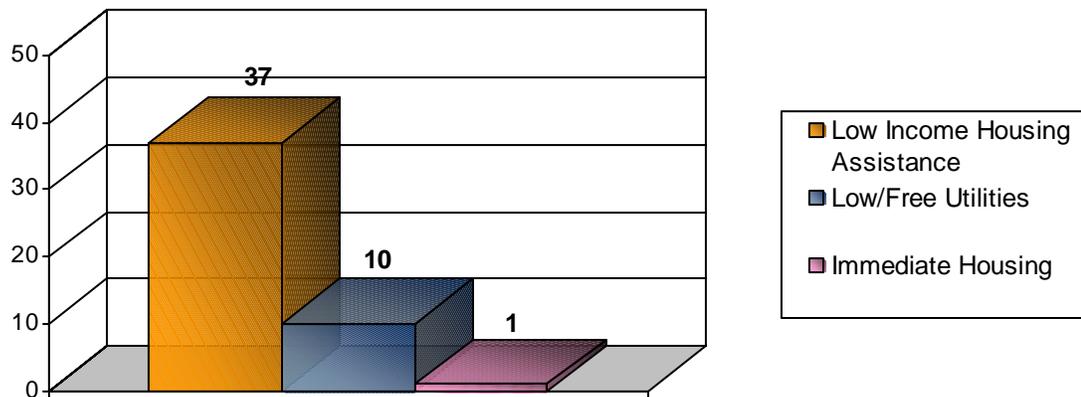
- g. More education
- h. Better lifestyle 🚗
- i. Love is key
- j. Paperwork assistance; printed in Lao language or have someone fill it out
- k. Better mental health

**Housing:** (21% of the entire vote)

Top three are:

- 1. Housing assistance; fair housing
- 2. Low/free utility for low income families
- 3. Immediate housing; long waiting lists

Graph 4. Top Three Strategy Choices, by Number of Votes, for the "Housing" Category

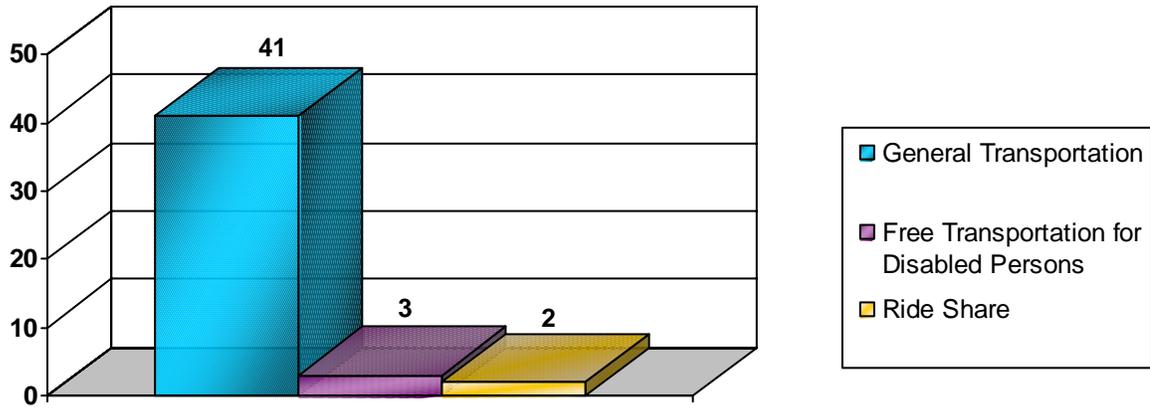


**Transportation** (17% of the entire vote)

Top three are:

- 1. General transportation
- 2. Free transportation for disabled persons; elderly
- 3. Ride Share program

Graph 5. Top Three Strategy Choices, by Number of Votes, for the "Transportation" Category



**Mental Health Staff:** (9% of the entire vote)

One strategy was identified:

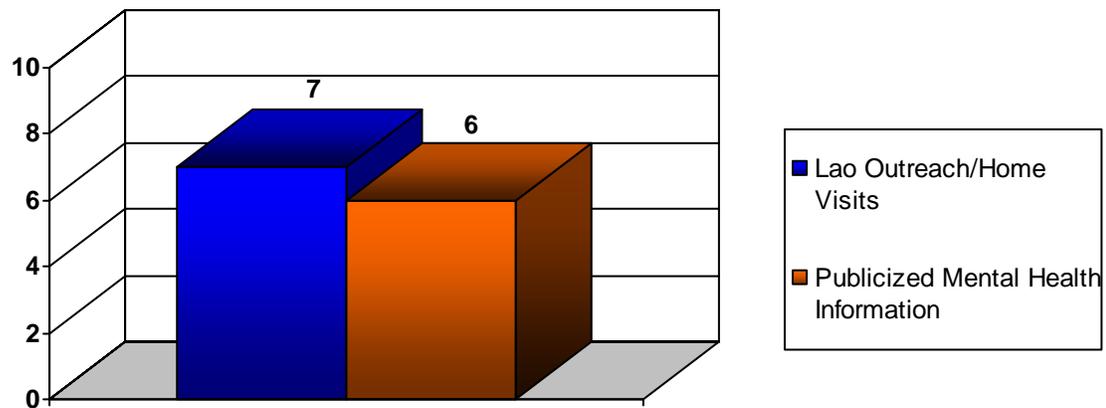
1. More Lao social workers, doctors, psychologists, staff who speak Lao language; translators. This strategy received 23 votes.

**Outreach** (5% of the entire vote)

Top two are:

1. Lao Outreach/Home visit workers.
2. Outreach throughout community in native language; focus groups; commercial advertising materials in Lao language

Graph 6. Top Three Strategy Choices, by Number of Votes, for the "Housing" Category



Services, Geography (0% of the entire vote)

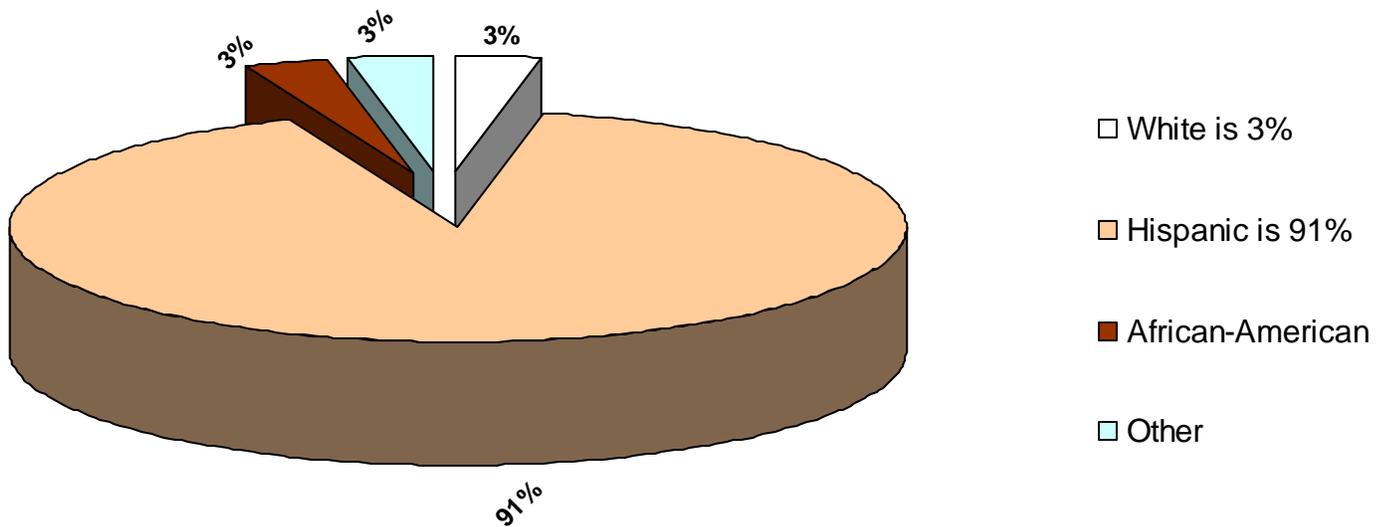
One strategy was identified:

1. More clinics where everyone is able to get to them. This strategy received 1 vote.

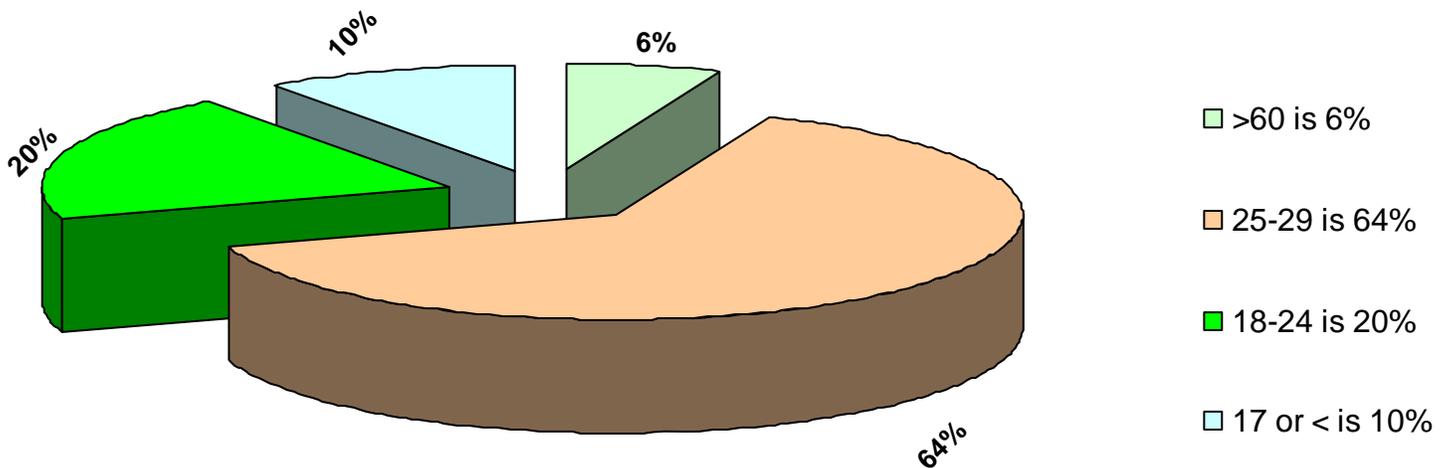
## Latino Mental Health Staff Outreach October 2005

A total of 710 contacts were made with surveys and focus group data collected, compiled and analyzed. Staff did intensive outreach to local churches, flea markets, individuals and other established community groups.

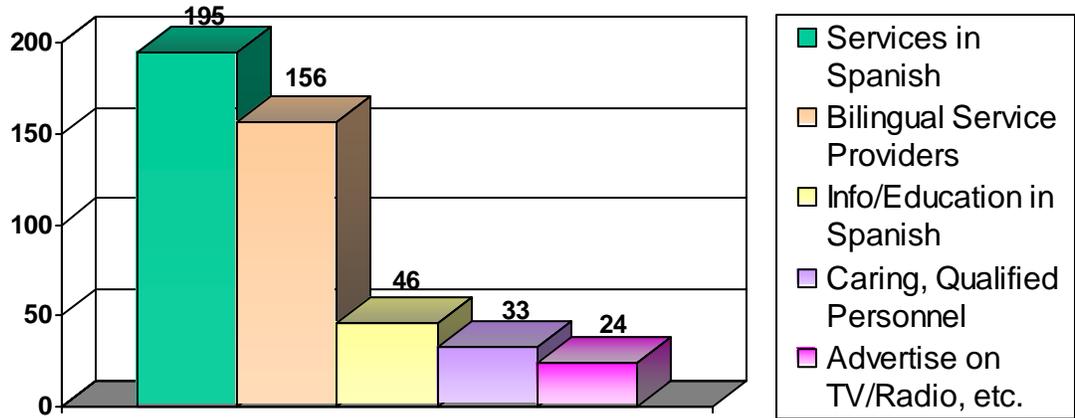
Graph 1. Respondents by Ethnicity, Latino Mental Health Staff Outreach, October 2005



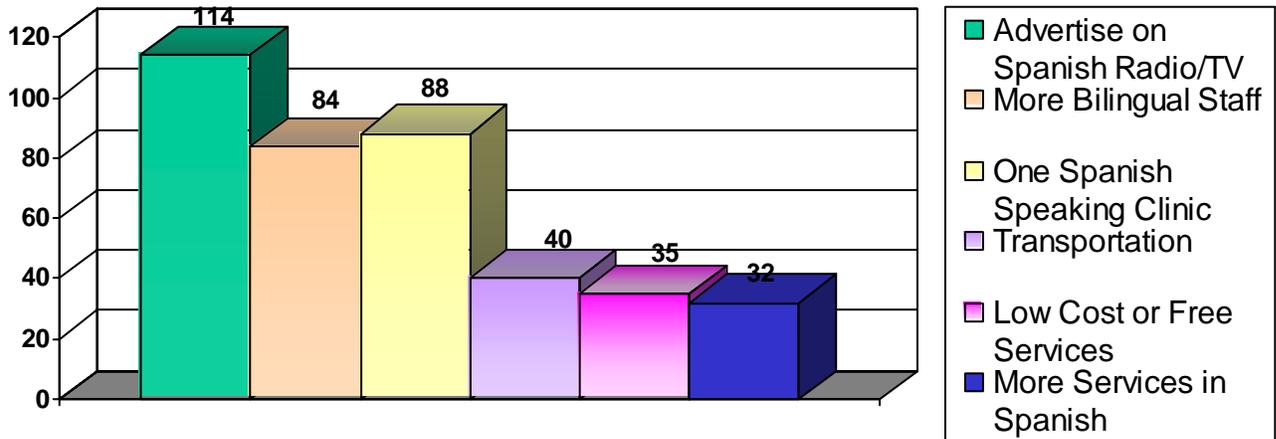
Graph 2. Respondents, by Age, Latino Mental Health Staff Outreach, October 2005



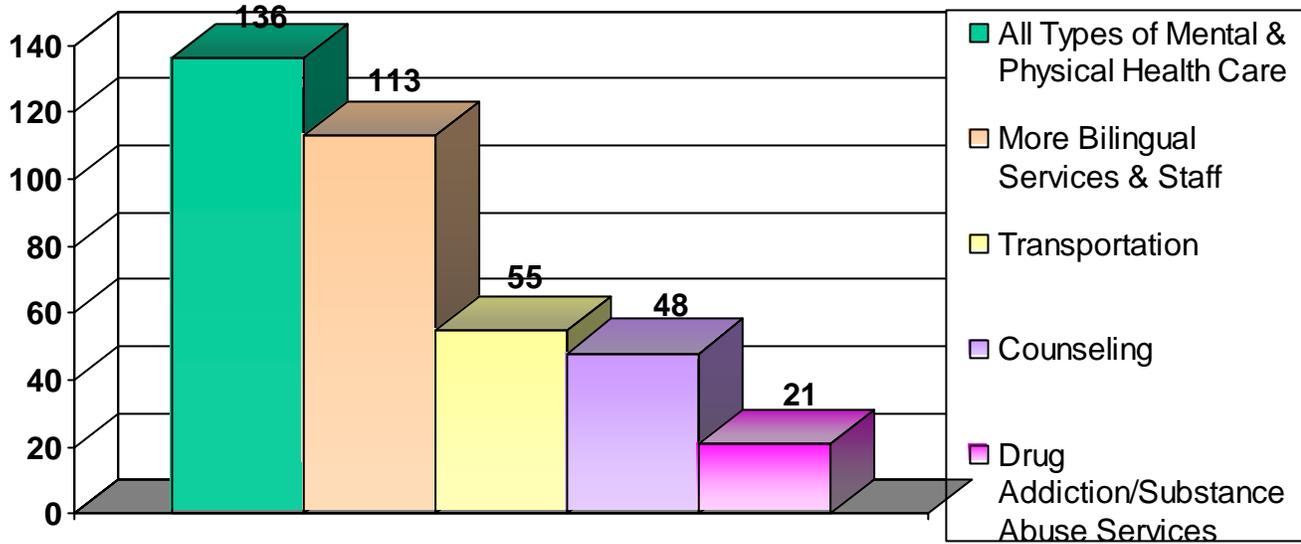
Graph 3. The Top Five Ways to 'Make Services Better', Latino Mental Health Staff Outreach, October 2005



Graph 4. The Top Six Ways to 'Make Services Easier to Get', Latino Mental Health Staff Outreach, October 2005



Graph 5. The Top Five 'Needed Services', Latino Mental Health Staff Outreach, October 2005



Details of survey responses are on the following pages.

| Make services better?                                       | Make services easier to get?   | Needed services   |
|---|--|---|
| <b>Law Enforcement</b>                                      |  |   |
| Have stronger relationship with law enforcement             | More security  |   |
|   | Train police, fire fighters about referral protocols   |   |
| <b>Mental Health Services</b>                               |  |   |
| More bilingual service providers including docs & RNs (156) | Advertise on radio/TV, send fliers to schools and churches, etc (31)                                   | More clinics/services for Spanish speakers (57)                   |
| Having caring, qualified personnel (33)                     | Help illegal people (2)  | Medical emergency services (2)                                    |
| Crisis line   | Have applications in Spanish/ get assistance in completing (5)   | Being informed about our children and their behavior in our homes |
| More services in Spanish (195)                              | Gratuities   | More day care (5)   |
| Advertise on Spanish speaking media (7)                     | Mail information to homes  | Intervention in schools   |
| Make health care available to everyone                      | Information in Spanish at hospitals and schools; community; flea markets; on bulletin boards, etc (20) | How to identify and handle a crisis (2)                           |
| Give services to undocumented Latinos (5)                   | A change of view to live better  | Having information in Spanish (8)                                 |
| Advertise on TV/radio, etc. (24)                            | Advertise on radio/TV/newspaper including Spanish (83)   | More bilingual staff (56)   |
| Help us to obtain better treatment (3)                      | Bilingual staff (84)   | Explanation of patient's rights                                   |
| Helping low income people from different countries (2)      | Contract or contact more people  | Have services available at places of work (fields) (2)            |
| More information/education in Spanish about services (46)   | Give more information on programs to undocumented people (2)   | Communication and understanding of the culture (2)                |
| Evaluate methadone clients                                  | More services in Spanish (32)  | Suicide intervention  |
| Bilingual/Spanish speaking groups (8)                       | More clinics; better access to help (19)   | More locations (7)  |
| More personnel in hospitals and other health centers (18)   | Have a mobile unit   | All types of mental and physical health care (136)                |
| Pre-exams compliant w/ mental health code                   | Recovery centers at every mile   | Walk-in services (3)  |
| Walk-in services (2)  | Have groups at agreeable times   | Depression/bi-polar treatment (10)                                |
| One Spanish speaking clinic that offers all services (19)   | Evaluation teams   | Help the whole family; children (19)                              |
| Understand our problems (2)                                 | Ask the patients for input   | Low cost or free services (8)                                     |
| Ask teens to help   | More Hispanic groups (2)   | Mobile units (2)  |
| Day care (5)  | Services throughout the day/week (13)  | More volunteers (5)   |
| Early intervention  | Unite to learn what can be done to treat mental illness; alcoholism                                    | More public education via TV (2)                                  |
| More people willing to help us- Hispanic (6)                | Make ourselves more noticeable Hispanic  | More crisis centers / crisis intervention in Spanish (2)          |
| Unite to get more help (2)                                  | Information on where to get help   | Drug addiction/substance abuse (21)                               |

| Make services better?   | Make services easier to get?                                    | Needed services  |
|---|---|--|
|   | (9)   |  |
| Offer services to people on the streets                       | Information that's easy to understand (3)                       | More compassion and attention to needs of Hispanics including undocumented (6) |
| Better service w/o discrimination (11)                        | Better service w/o discrimination (10)                          | Information that's easy to understand(2)                                       |
| More service for uninsured (4)                                | More personnel in hospitals and other health centers (8)        | Counseling and therapy (48)  |
| Better schools  | More service for uninsured (7)                                  | Appointments   |
| More outpatient facility staff; longer hours                  | Better and quicker service/don't ignore patients (6)            | More information about available services (5)                                  |
| Be allowed to communicate our feelings and needs in Spanish   | Less paperwork (2)  | AL ANON and other support groups (9)   |
| By attending the services that are available                  | More funding (5)  | More personnel in hospitals and other health centers (8)                       |
| More recovery centers (4)                                     | Bilingual day care  | Better service w/o discrimination (7)  |
| Low cost or free services (24)                                | Low cost or free services (35)                                  | More groups (7)  |
| Better customer service; faster; more empathy (8)             | Conduct community outreach (17)                                 | Services for older people (10)   |
| Communication and understanding of the culture (2)            | Educate people on their rights to treatment (2)                 | More free services for undocumented workers w/o penalty for telling the truth  |
| More support for the family (4)                               | Do not inquire about legal status                               | More groups for Spanish speakers (7)   |
| Programs for children; educate children re: MH (2)            | One Spanish speaking clinic that offers all services (88)       | More services for Hispanic youth (16)<br>More services for all youth (15)      |
| Conduct community outreach/ Go to migrant work camps (12)     | Make them available to everyone, not just low income or insured | Parenting skills classes (2)<br>(including for divorced parents)               |
| Educate women about mental health                             | More information about mental health (22)                       | How to live in a diverse culture (2)   |
| Don't treat people like they are crazy (2)                    | Spanish language phone line (2)                                 | More information on mental health and prevention of mental illness (6)         |
| More centers /better access (18)                              | Walk-in services (7)  | Home visits  |
| Don't release patients unless they're diagnosed and medicated | Information at the workplace, schools, malls (3)                | Conduct community outreach (10)  |
| Teach people about depression                                 | Understanding the Hispanic culture                              | More people of color at mental health  |
| Services throughout the day (4)                               | More community clinics (8)                                      | Anger management classes (7)   |
| Cheaper supplies  | Reschedule appointments timely                                  | Appointment reminders (3)  |
| Services for the elderly (3)                                  | Competent personnel (3)   | Rehab centers (4)  |
| More funding (8)  | More community services   | Services throughout the day (3)  |
| Services for adolescents (7)                                  | Involve teens (2)   | Help for abused people (4)   |
| More people of color in management                            | Dial 1-800-HELP; easy number to call (2)                        | Services for homeless (4)  |
| Substance abuse groups  | Spanish speaking suicide helpline                               | Marriage counseling (2)  |
| Information easy to understand (2)                            | Provide education about services for parents at schools         | Quicker response to calls; be seen quicker (2)                                 |
| Communicate with family of                                    | Easy access for disabled (2)                                    | Phone line for Spanish speakers  |

| Make services better?                                      | Make services easier to get?                             | Needed services  |
|--|--|--|
| client re: progress  |  |  |
| Clients do volunteer outreach                              | Dedicated staff (2)                                      | Doctors and RNs (22)   |
| Mobile unit  | Weekly TV program  | Women's issues   |
| Public conferences   |  | Emergency services   |
| <b>Social Activities/Services</b>                          |  |  |
| Multiple schedules for classes                             | More classes (2)   | Offer more activities for children and teens/skills classes for adults (3) |
| Teen community centers                                     |  | More education on mental health  |
|  |  | Life skills training   |
| <b>Transportation</b>                                      |  |  |
| Transportation (9)   | Busses/other transportation (40)<br>Including bus passes | Make transportation available for non-drivers; uninsured (55)              |
|  |  | Ambulance (4)  |
|  |  |  |
| <b>Medical Services</b>                                    |  |  |
| Provide vaccinations (2)                                   | Clinic with pharmacy and lab                             | More Spanish speaking doctors and nurses (113)                             |
| Decrease wait for meds                                     | More hospitals (3)                                       | More hospitals (4)   |
| Spanish speaking MDs (4)                                   | Affordable medication (3)                                | More information about medications (9)                                     |
| Medication (2)   |  | Affordable medications (10)  |
| Information re: meds                                       |  | See the doctor you prefer  |
| Larger hospital  |  | Vaccinations (3)   |
| <b>Social Services</b>                                     |  |  |
| Provide services in to incarcerated/probationary teens (2) | Hire and train competent social workers                  | Counselors from Concilio   |
| More case workers  |  | Counselors for alcoholism  |
| Counseling for family of clients                           |  | Youth centers; After school programs (3)                                   |
|  |  | Senior Center  |
|  |  | Christian counseling   |
|  |  | More residential programs  |
| <b>Employment</b>  |  |  |
|  |  | Job training/Help find jobs (5)  |
|  |  | Help with job problems   |
|  |  |  |
| <b>Other</b>   |  |  |
| Getting second opinions                                    | Telemarketing (2)  | Good telephone service   |
| Help Christian churches                                    |  | Legal services (2)   |
| More government involvement (2)                            | Offer herbal alternatives                                | Nutrition education  |
|  |  | A place to eat when family has to wait (2)                                 |

| Age             | Gender  | Race                        | Residence           | Group                           |
|-----------------|---------|-----------------------------|---------------------|---------------------------------|
| 60 +<br>(42)    | M (294) | White (20 )                 | Stockton<br>(499 )  | Staff<br>(6 )                   |
| 25-59<br>(455)  | F (396) | Hispanic (602)              | Manteca<br>(17)     | Mental Health<br>Services (5)   |
| 18-24<br>(141)  |         | American Indian (1)         | Lodi (41 )          | Consumer ( 23 )                 |
| 17 or <<br>(71) |         | Southeast Asian ( 2)        | Thornton ( 6 )      | Family (67)                     |
|                 |         | Pacific Island (4)          | Escalon (9 )        | Social Services<br>(48 )        |
|                 |         | African American<br>(22)    | Acampo (5)          | Residential<br>Provider ( )     |
|                 |         | Other/Mix (11)              | Lathrop (18)        | Law Enforce. (6)                |
|                 |         | South Asian (2)<br>(Indian) | Lockeford (3)       | Religious (66)                  |
|                 |         |                             | Delta Island<br>(4) | Ethnic<br>Group (28)            |
|                 |         |                             | Tracy (6)           | Public Health (5)               |
|                 |         |                             | French Camp<br>(3)  | Private Health<br>Provider (12) |
|                 |         |                             | Modesto (3)         | Education (22)                  |
|                 |         |                             | Murphy (1)          | Concilio (14)                   |
|                 |         |                             | Galt (1)            | Individual (38)                 |
|                 |         |                             | Linden (1)          | City Gov't (1)                  |
|                 |         |                             | Other (22)          | Pac. Isl. Mediator<br>(1)       |

## Native American Survey Data Summary October 2005

This data is a summary of the voting from the community for underserved ethnic Laotian focus group meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSA, Community Supports and Services funding.

Outreach was conducted during the month of October 2005, led by Native Directions/Three Rivers Lodge which includes thirty (30) surveys

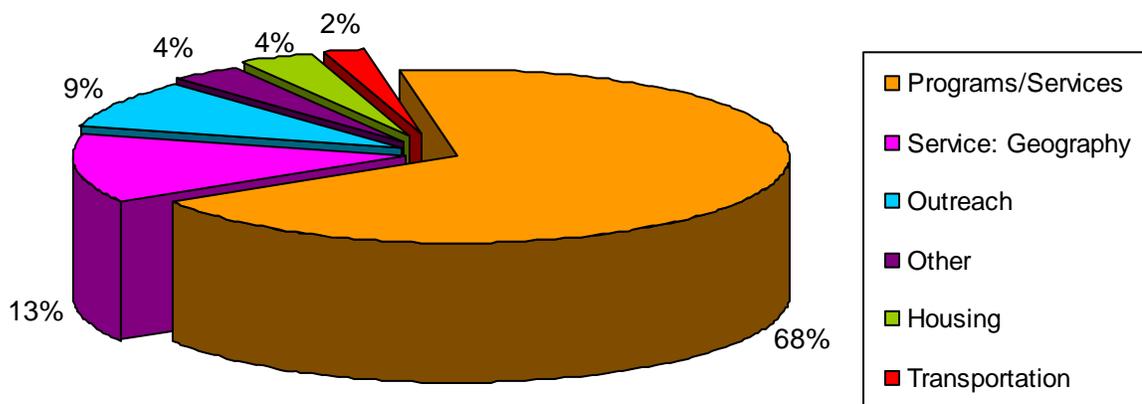
Table 1. Summary Data of Voting, Attendance, and Survey Response for Community Underserved Ethnic, Native American.

| Date         | Contact Type | Number Attendees | Total Votes/Responses |
|--------------|--------------|------------------|-----------------------|
| October 2005 | Surveys      | 30               | 56                    |
| <b>Total</b> |              | <b>30</b>        | <b>56</b>             |

Data was submitted from Native American community-based organization, Native Directions/Three Rivers Lodge, as follows:

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Native American Outreach, by Percentage



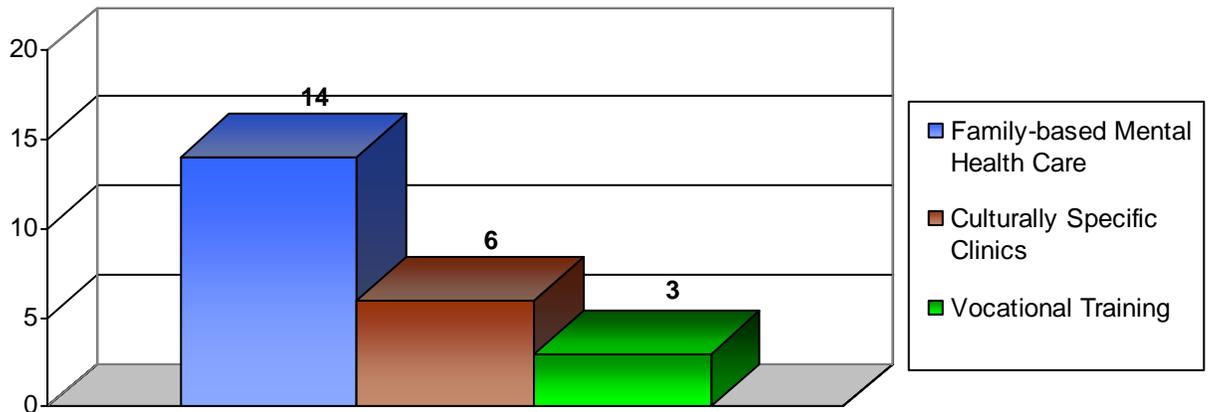
Specific strategies/ideas under each general area are as follows:

**Programs and Services** (68% of the entire vote)

Top three are:

1. Mental health care for the whole family; counseling for elderly and youth
2. Culturally specific local clinics staffed with professionals and volunteers
3. Vocational training; mentoring

Graph 2. Top Three Strategy Choices, by Number of Votes, for the “Programs and Services” Category



The remaining strategies, listed in order of priority are:

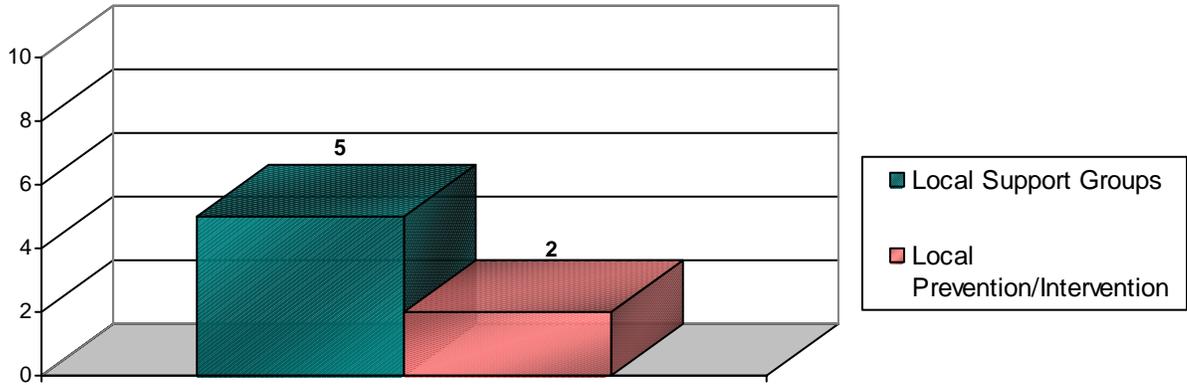
- a. Funding for culturally based services
- b. Sensitivity to people in general
- c. Elder and youth activities 🚗
- d. Social disorders programs; substance abuse; sexual abuse; alcoholism; depression
- e. Current services ok
- f. Continuous care
- g. Suicide prevention treatment
- h. Traditional and contemporary therapy treatments
- i. Self-reliance skills for elder and youth
- j. Care for the elderly

**Services, Geography** (13% of the entire vote)

Top two are:

1. Local support groups to help families and individuals with anxiety, emotional stresses, children with bi-polar disorder, medication, general life issues
2. Local prevention/intervention centers

Graph 3. Top Two Strategy Choices, by Number of Votes, for the "Services, Geography" Category

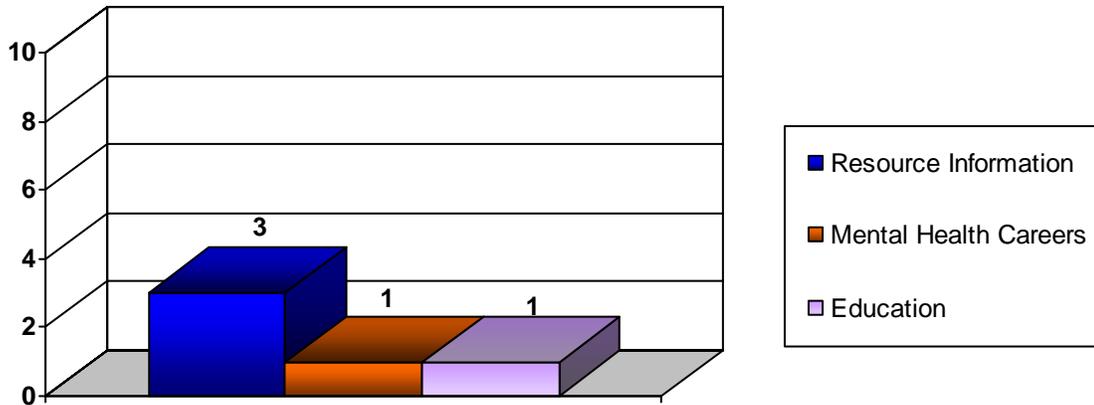


**Outreach** (9% of the entire vote)

Top three are:

1. Resource information; outreach services to youth; Native Americans
2. Opportunities/education in mental health careers 🚗
3. Education 🚗

Graph 4. Top Three Strategy Choices, by Number of Votes, for the "Outreach" Category

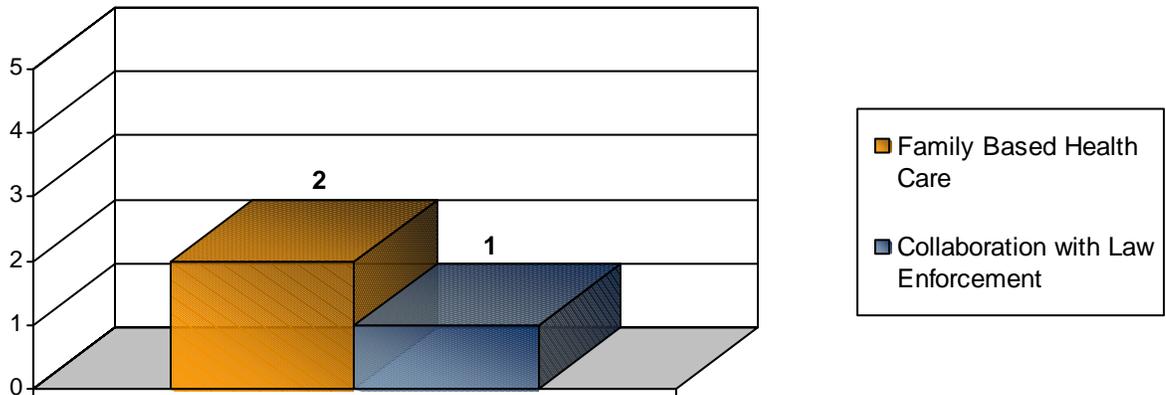


**Other** (4% of the entire vote)

Top two are:

1. Health care for the whole family 🚗
2. Communication/collaboration with faith-based and law enforcement

Graph 5. Top Two Strategy Choices, by Number of Votes, for the "Other" Category



**Housing:** (4% of the entire vote)

One strategy was identified:

1. Low income housing. This strategy received 2 votes.

**Transportation** (2% of the entire vote)

One strategy was identified:

1. Safe, free shuttle transportation for the elderly. This strategy received 1 vote.

**Native American Survey Outreach**  
*October 2005*

A total of 30 surveys were collected. The following are the survey responses as stated by participants.

| Make services better?   | Make services easier to get?                                     | Needed services  |
|---|--|--|
| <b>Law Enforcement</b>  |  |  |
|   |  | Communication/collaboration with faith-based and law enforcement   |
| <b>Mental Health Services</b>   |  |  |
| Traditional and contemporary treatments   | More locations for services; locally based (5)                   | Current services ok  |
| Funding for services (2)  | Mobile van services  |  |
| Incentives to partnerships  | More funding (3)   |  |
| Better family based education of mental illness at the Reservation level; learning that it's ok to work with a disability and understand that someone is near for support when needed (5) | Build trust - let people know that they <u>can</u> trust someone | Funding for culturally based services (2)  |
| Inter-agency communications   | One-on-one groups  | Mental health care for the whole family; elder care; youth services (14)   |
| More accessible services, especially for low income persons, and clinics; "one-stop shop" centrally located (11)  | Cultural sensitivity training for staff                          | Continuous care  |
| MH workers not set up barriers to treatment; better understanding of the people's culture and their problems (3)  |  | Sensitivity to people in general   |
|   |  | Local prevention/intervention centers (2)  |
|   |  | Local support groups to help families and individuals with anxiety, emotional stresses, children with bi-polar disorder, medication, general life issues (5) |
|   |  | Suicide prevention treatment   |
|   |  | Traditional and contemporary therapy treatments  |
| <b>Social Activities/Services</b>   |  |  |
|   |  | Elder and youth activities (2)   |
| <b>Transportation</b>   |  |  |
| Transportation to services  | Transportation to services (6)                                   | Safe, free shuttle transportation for the elderly  |
| <b>Medical Services</b>   |  |  |
|   |  | Health care for the whole family (2)   |
| <b>Social Services</b>  |  |  |
| Workshops (2)   | Local centers with extended hours (5)                            | Social disorders programs; substance abuse; sexual abuse; alcoholism;  |

| Make services better?  | Make services easier to get?  | Needed services   |
|--|---|---|
|  |   | depression (2)  |
| Provide center for Native Americans  | Collaboration between multi-diverse agencies  | Culturally specific local clinics staffed with professionals and volunteers (6) |
| Victim's support groups - rape, abuse, life skills support   |   | Vocational training; mentoring (3)  |
| Youth programs and mental health awareness (3)   |   | Self-reliance skills for elder and youth  |
|  |   | Care for the elderly  |
| <b>Housing</b>   |   |   |
|  |   | Low income housing (2)  |
| <b>Other</b>   |   |   |
| Outreach - publicize available services through radio, TV, newspapers, schools; phone calls; booths at public functions - i.e. parades, crafts fairs (8) | Make resource information more available; advertise; internet; local outreach/focus groups; community awareness days (15) | Resource information; outreach services to youth; Native Americans (3)          |
|  | Financial assistance  | Opportunities/education in mental health careers                                |
|  | Community outreach to identify people in need; visible presence in the Native American community; referrals (4)           | Education   |

## Native American Focus Group Outreach Summary *October 2005*

In October 2005 the community based organization Native Directions, Inc., (Three Rivers Indian Lodge) conducted five outreach focus group meetings with the Native American community. These meetings were in conjunction with the Mental Health Services Act to determine the mental health services needs of the un-served, underserved, and inappropriately served ethnic populations.

The Native American community of San Joaquin County identified their top priority needs as:

1. Outreach
2. Programs and services
  - a. for youth
  - b. that are culturally sensitive and
  - c. that are centrally located
3. Jobs, housing, and transportation

### Outreach:

The Native American community has been largely un-served by San Joaquin County Mental Health Services. There is a high need for outreach, directly by Mental Health Services staff and through culturally competent community based organizations, such Three Rivers Indian Lodge, to raise awareness of mental illness issues and available treatments. The Native American community is especially concerned about early education of its youth population in a culturally sensitive manner to prevent such problems as depression, anxiety, and substance abuse.

### Programs and Services:

Mental health programs and services that focus on the needs of the Native American community should be culturally sensitive and geographically accessible. While the attendees of the five focus group meetings identified developing a mentally and emotionally healthy youth population as its priority, the need for services to all age groups was also stated.

### Jobs, Housing, and Transportation:

The third priority issues raised by the focus groups are a need for vocational training and employment assistance work-age persons, and low income housing and safe, free shuttle transportation for elderly Native Americans.

In addition to the five focus group meetings held by Native Directions, Inc., thirty people provided input via survey on what is needed to make mental health services better, easier to get, and what types of services are needed. Due to the quantifiable nature of the survey information the results were compiled under separate document in data analysis format.

## All Older Adult Workgroups Voting Data Summary November 2005

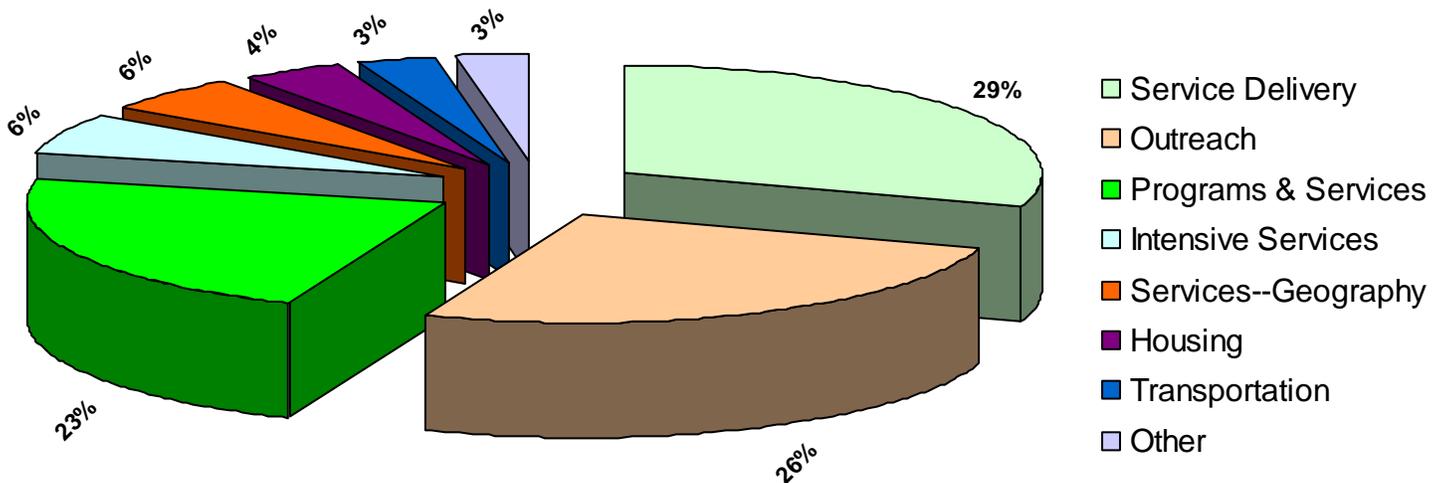
This data is a summary of the dot voting from the community for all older adult workgroup meetings. Data was submitted from the workgroups as follows:

Table 1. Summary Data of Voting and Attendance for Community Older Adult Workgroups

| Date      | Number of Votes | Number of Voters | Meeting Attendance |
|-----------|-----------------|------------------|--------------------|
| 9.8.2005  | 66              | 13               | 20                 |
| 9.15.2005 | 100             | 18               | 20                 |
| 9.19.2005 | 145             | 28               | 24                 |
| 9.29.2005 | 88              | 16               | 20                 |
| Total     | 399             | 75               | 84                 |

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Community Older Adult Workgroup, by Percentage



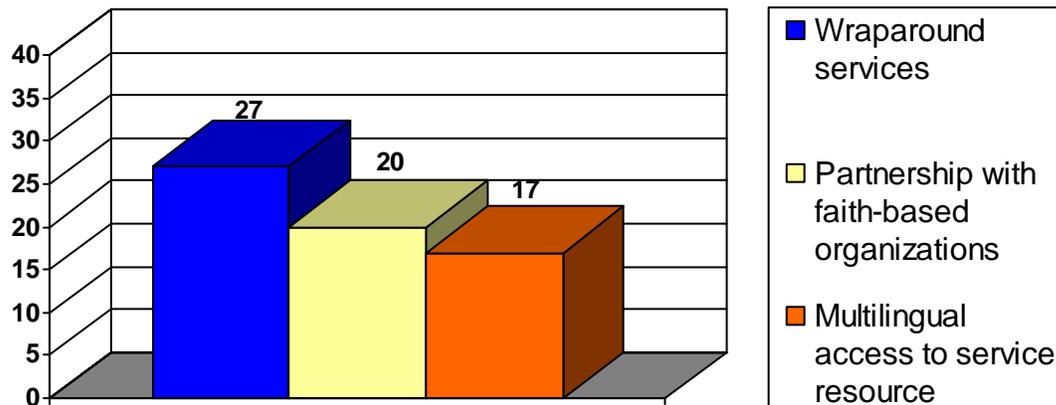
Specific strategies/ideas under each general area are as follows:  
**Service Delivery** (29% of the entire vote)

Top three are:

1. Wraparound services, one stop shop

2. Partnership between faith-based organizations and MH
3. Multilingual access to service resource information (211 system fully funded, internet guide, hard copy manual)

Graph 2. Top Three Strategy Choices, by Number of Votes, for the Service Delivery Category



The remainder of strategies, listed in order of priority are:

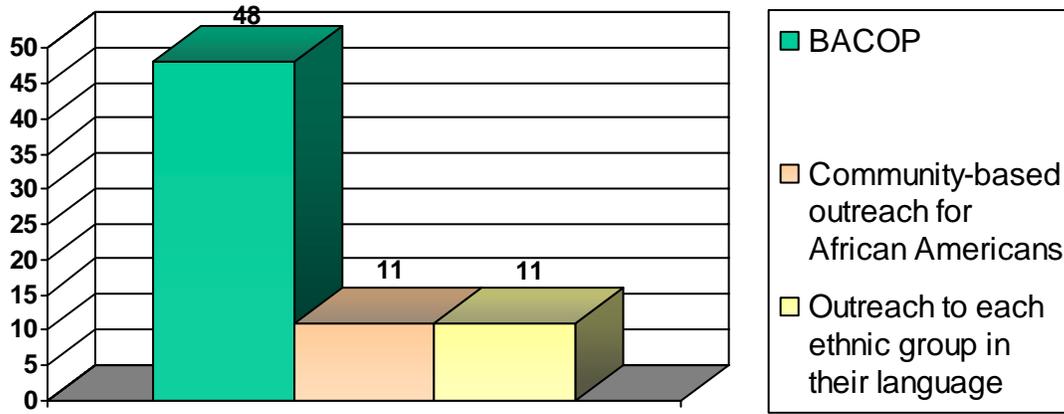
- a. Set up clinics for drop-in appointments with MH professionals
- b. 24-hour, after-hours case management
- c. Senior Center - one stop shop. One in every major city in the county
- d. Mobile care in the community
- e. No fee based care
- f. Care management that goes out to the consumer
- g. BIS Behavioral Intervention Services in home
- h. Bundle services
- i. Use technology to better service clients (laptops, etc.)
- j. Advocacy groups and agency collaboration
- k. Access to services - mental health and general
- l. Warm line for mental health support
- m. Expanded in-home mental health support services and CBIS

**Outreach (including ethnic/underserved)** (26% of the entire vote)

Top three are:

1. BACOP
2. Community-based outreach program for African Americans
3. Outreach to each ethnic group in their native languages.

Graph 3. Top Three Strategy Choices, by Number of Votes, for the Outreach Category



The remainder of strategies, listed in order of priority are:

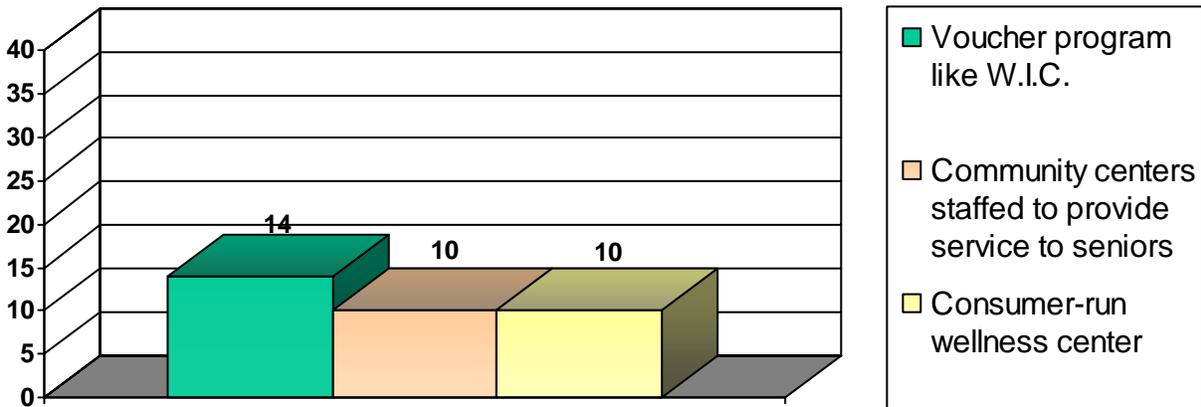
- a. Enhancement for Latino mental health
- b. Bilingual services, culturally competent staff
- c. Ethnic-specific mental health clinics in all neighborhoods
- d. More Spanish-speaking psychotherapists
- e. Positive media exposure about mental health for the purpose of education, eliminating stigma, changing attitudes
- f. Education & outreach to public in need of services
- g. Outreach to community leaders
- h. Services for non-English speaking adults
- i. Regional outreach to encompass all cultures

**Programs and Services** (23% of the entire vote)

Top three are:

1. Voucher program like W.I.C.
2. Community centers/Family Resource Centers staffed to provide services for seniors on a regular basis
3. Consumer-run consumer wellness and recovery center.

Graph 4. Top Three Strategy Choices, by Number of Votes, for the Programs and Services Category



The remainder of strategies, listed in order of priority are:

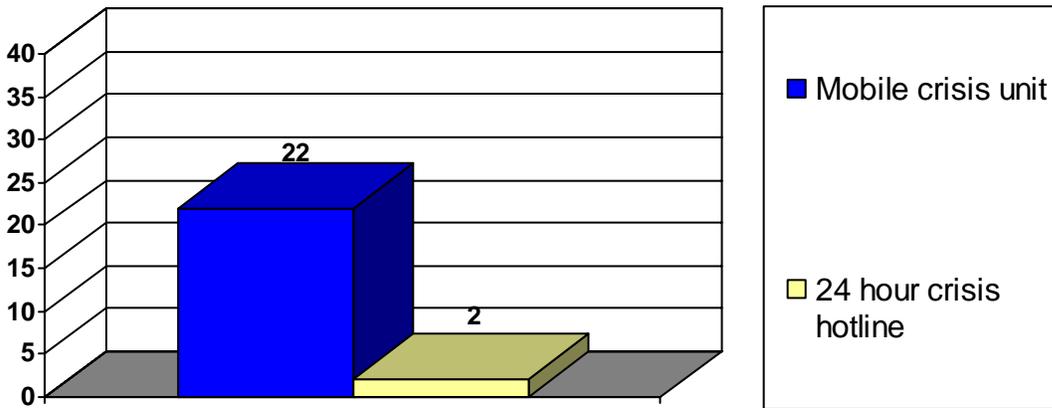
- a. Centralized location in community for older adult services - faith-based and collaborators
- b. Assistance to help seniors stay in their homes
- c. Cultural center for the elderly to access all needed services
- d. Day treatment - wellness & recovery center
- e. Senior peer-to-peer; hire seniors to work
- f. Expansion of HEART, ALLIES, MIOCRG programs
- g. Prevent assets from being taken away, financial abuse team
- h. BIS Behavioral Intervention Services in home
- i. Legal services
- j. Independent living skills
- k. More board & care facilities
- l. Respite care for consumer or caregiver
- m. Provide enhancements for board and care facilities serving the elderly
- n. Buddy system: younger to older
- o. Brown bag service
- p. Board & care evaluation for independent living, seniors placing seniors
- q. Expand DBT

**Intensive Services** (6% of the entire vote)

Top two are:

1. Mobile crisis unit staffed with bilingual / culturally competent medical and MH staff 24/7
2. 24-hour crisis hotline

Graph 5. Top two Strategy Choices, by Number of Votes, for the Intensive Services Category



Two additional strategies in this category received no votes:

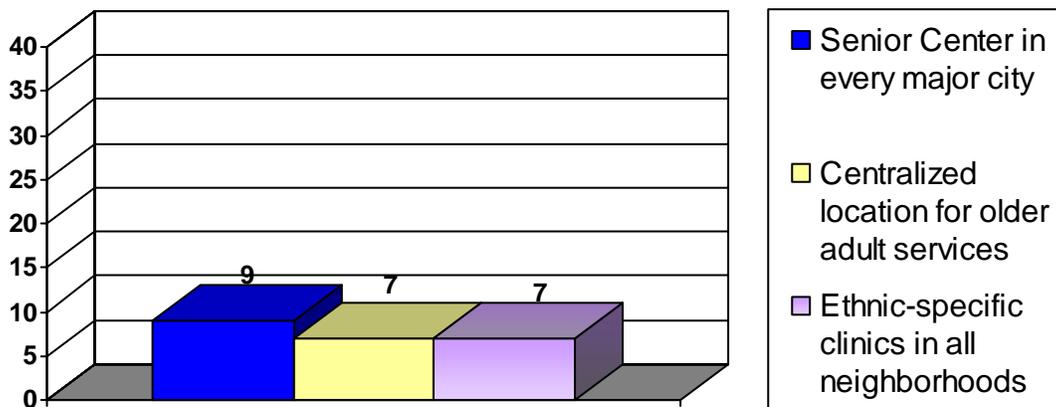
- a. Suicide prevention hotline
- b. Bracelet alert system

**Services: Geography** (6% of the entire vote)

Top three are:

1. Senior Center/one stop shop. One in every major city in the county.
2. Centralized location in community for older adult services - faith-based and collaborators
3. Ethnic-specific mental health clinics in all neighborhoods.

Graph 6. Top Three Strategy Choices, by Number of Votes, for the Services: Geography Category



One additional strategy in this category received no votes:

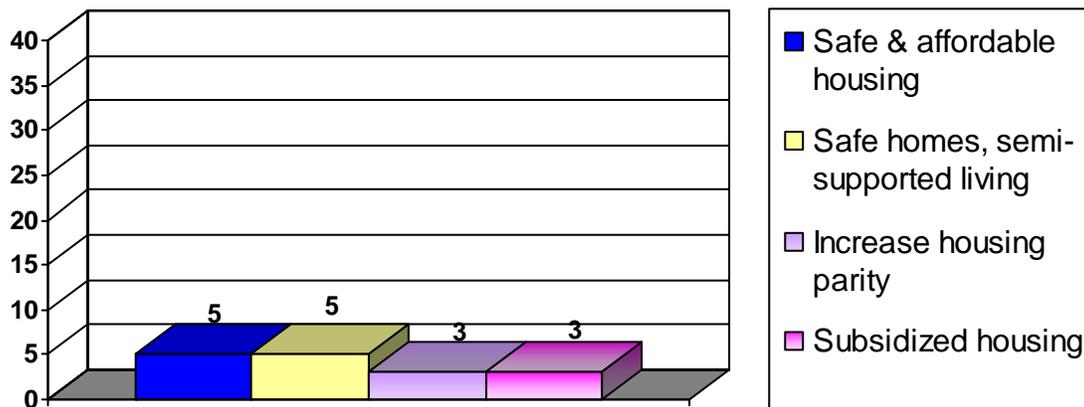
- a. Satellite services for all cultures

**Housing** (4% of the entire vote)

With two ties, top four are:

1. Safe & affordable housing
2. Safe homes, semi-supported living
3. Increase housing parity for various MH groups--level the playing field
4. Subsidized housing.

Graph 7. Top Four Strategy Choices, by Number of Votes, for the Housing Category



No additional strategies were identified.

**Transportation** (3% of the entire vote)

One strategy was identified:

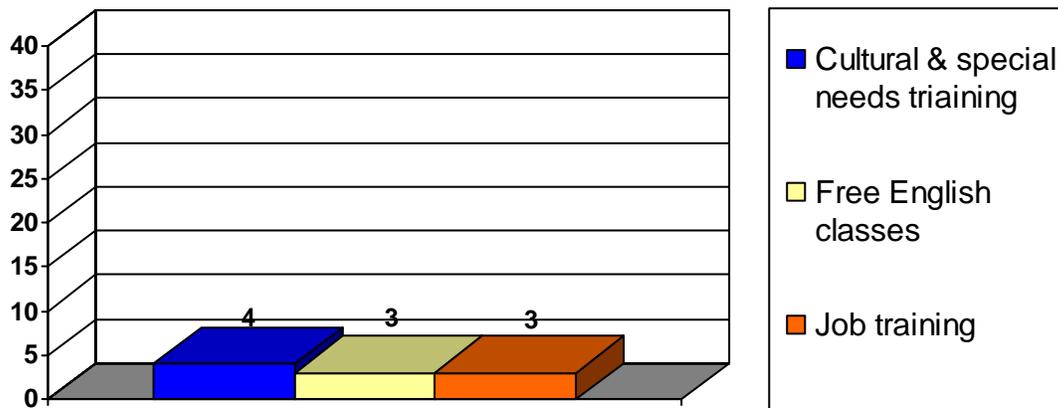
1. Provide transportation services. This strategy received 12 votes.

**Other** (3% of the entire vote)

Top three strategies:

1. Cultural training for staff and for special needs of the elderly
2. Adult school English-language class, free
3. Job training for older adults

Graph 6. Top Three Strategy Choices, by Number of Votes, for the Other Category



One additional strategy in this category received one vote:

- a. Volunteer opportunities

**Mental Health Staff** (0% of the entire vote)

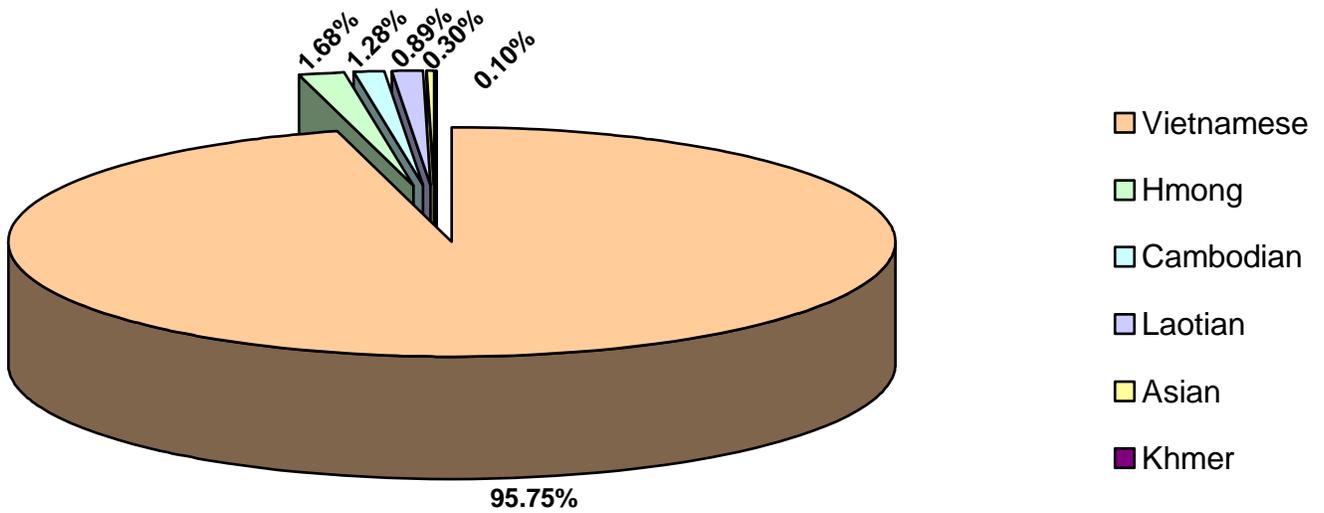
One strategy was proposed and received no votes:

1. Smaller caseloads.

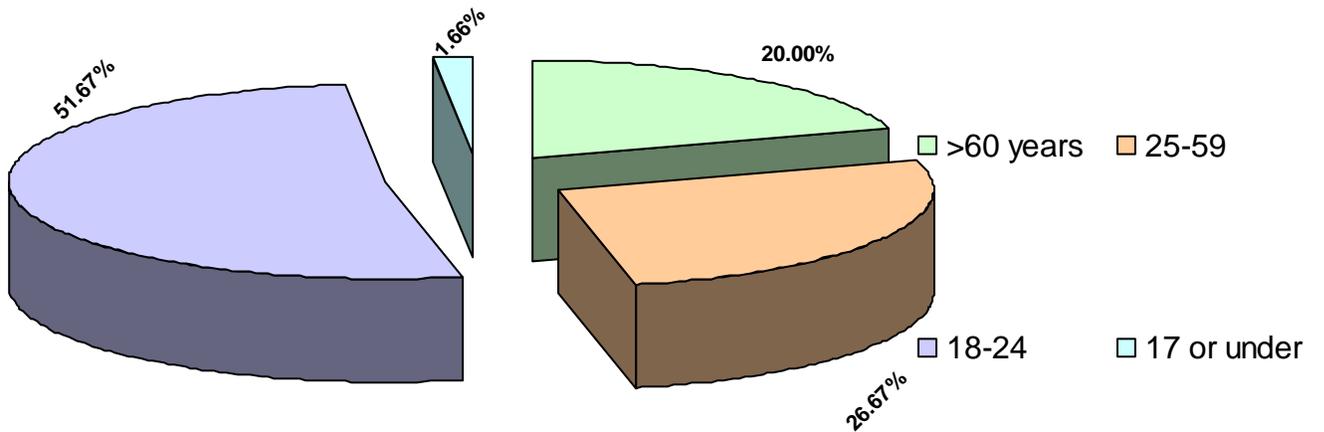
Transcultural Clinic Survey Analysis  
October 2005

A total of 61 surveys were collected, compiled and analyzed.

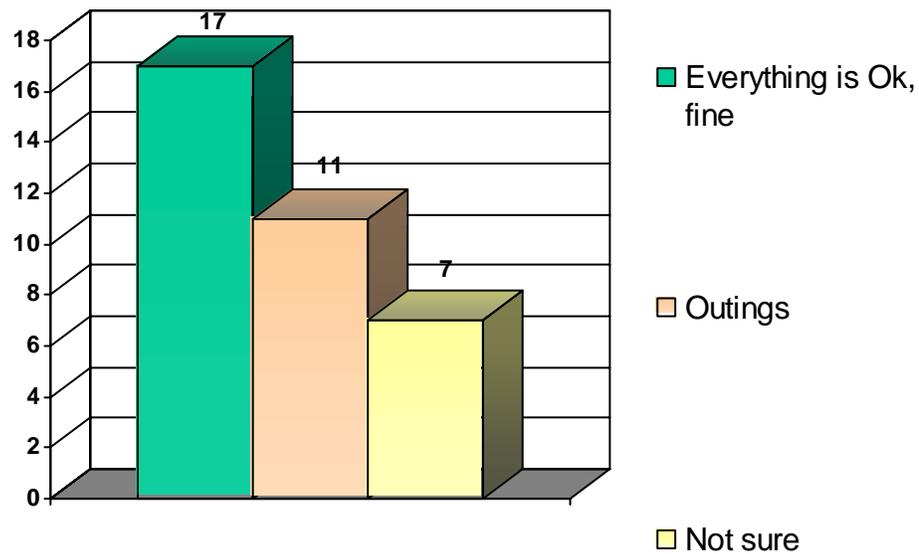
Graph 1. Respondents by Ethnicity, Transcultural Clinic Survey Analysis, October 2005



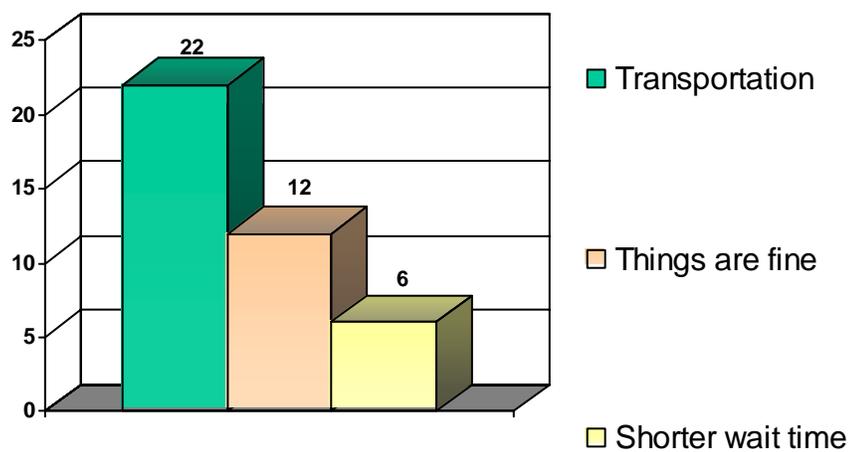
Graph 2. Respondents, by Age, Transcultural Clinic Survey Analysis, October 2005



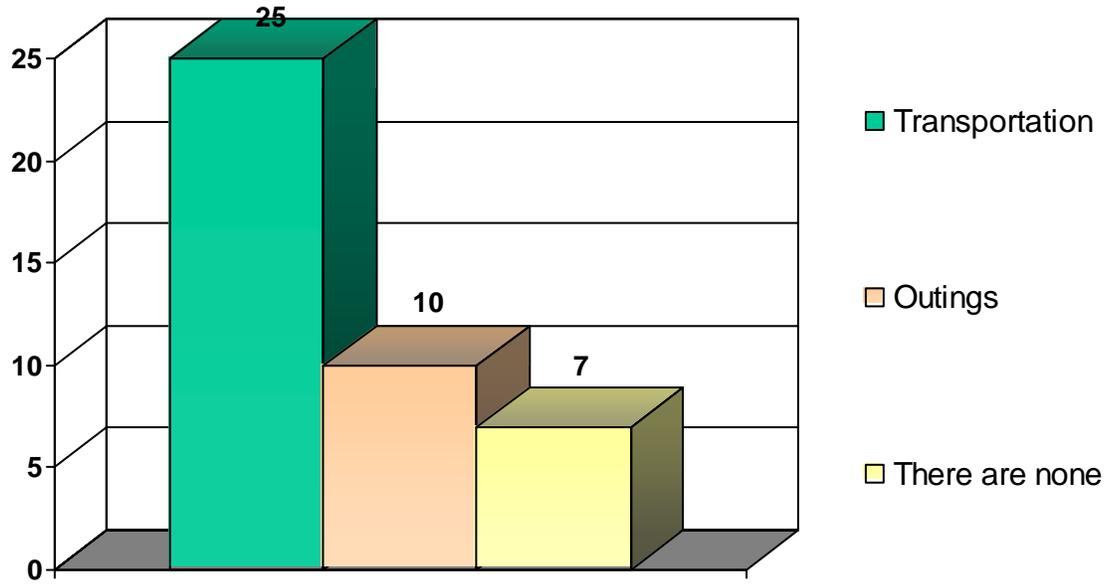
Graph 3. The Top Three Ways to 'Make Services Better', Transcultural Clinic Survey Analysis, October 2005



Graph 4. The Top Three Ways to 'Make Services Easier to Get', Transcultural Clinic Survey Analysis, October 2005



Graph 5. The Top Three 'Needed Services', Transcultural Clinic Survey Analysis, October 2005



| Make services better?   | Make services easier to get?   | Needed services   |
|---|--|---|
| <b>Ethnic Awareness &amp; Diversity</b>   |  |   |
| The language issue; personnel of the different languages  | The personnel in the different languages is the most crucial of making services easier to get  | Speaking in their native tongue (interpret); Translators; interpreter (3)         |
| Provide information on mental illness in my own language  | Vietnamese translation   |   |
|   | Educating the neighborhoods of different races   |   |
| <b>Mental Health Services</b>   |  |   |
| Everything going great no changes necessary; its fine; no need more; None; Ok; It is good to maintain this way (17)   | Don't let client or us wait to long; I don't want to wait to long; come on time - don't let client wait too long; Like to call client faster (6) | Maintain the same services; everything Ok; None (7)                               |
| Help client   | Accept any walk in person who is in need of services   | Home visiting   |
| More room space   | Please call remind (3)   | The mental health did a wonderful job there is no service more to need            |
| Opening more clinics around Stockton  | Ok; None; Its fine; that is good (12)  | Workshop training for families of patients  |
| You can make it better by helping mental people to get more help - each person was here for a reason  | Be more friendly to the patients and listen when they tell their problems to you   | Emotional support group   |
| Workers relate to mental issues to family members   | More doctors   | Case worker   |
| Help support emotionally  | Promoting services to the unknown people   | Information on resources  |
| Help with medication when needed  | Help with paper work   | Home visit  |
| Case manager  | Explain how we can feel good and enjoy   | After hour hot line to speak directly to a psychologists                          |
| Follow appointment time; when the doctor shows up for the appointment on time for their patients, the waiting time should not be more then 30 minutes; By calling in patient faster (4) | Saturday clinic (2)  |   |
| Client don't know say   | Easier (2)   |   |
| See staff   |  |   |
| Want clerk to pay more attention to client; Staff paying attention (3)  |  |   |
| <b>Social Activities/Services</b>   |  |   |
| Outing  |  | Need group picnic; group picnic once a month; picnic or field trip every week (4) |
|   |  | Music and dance together  |
|   |  | We can have lunches together  |
|   |  | Activity or social center (2)   |
|   |  | Outing (6)  |
| <b>Transportation</b>   |  |   |

| Make services better?                               | Make services easier to get?  | Needed services  |
|---|---|--|
| We need transportation at the doctors office        | More transportation; transportation for those that need it; provide transportation (16) | Need bus pass (7)  |
|   | Bus pass (2)  | Transportation; needs transportation; need someone to pick up (18) |
|   | Shuttle to pick up (4)  |  |
| <b>Social Services</b>                              |   |  |
| Outings; need group activity and outing (11)        |   | Help with SSI papers, legal papers                                 |
| Someone to tell good stories for patients enjoyment |   |  |
| Someone to share religious life - believe in God    |   |  |
| <b>Housing</b>                                      |   |  |
|   |   | I need help in contact with the housing authority for me.          |
| <b>Other</b>  |   |  |
| Don't know; I don't know; not sure (7)              | I don't know (3)  | I don't know   |

| Age            | Gender | Race            | Residence     | Group                |
|----------------|--------|-----------------|---------------|----------------------|
| 60 +<br>(12)   | M (20) | Hmong (14)      | Stockton (31) | Ethnic Group<br>(12) |
| 25-59<br>(16)  | F (32) | Khmer (1)       | Other (2)     | Mental health (1)    |
| 18-24<br>(31)  |        | Asian (3)       | Manteca (2)   | Consumer (13)        |
| 17 or <<br>(1) |        | Cambodian (13)  |               | Faith group (2)      |
|                |        | Vietnamese (17) |               | Family member<br>(6) |
|                |        | Laotian (9)     |               |                      |

**All Transitional Age Youth Workgroups Voting Data Summary**  
*November 2005*

This data is a summary of the dot voting from the community for all transitional age youth (TAY) workgroup meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded through MHSA, based on the Community Supports and Services (CSS) funding guidelines.

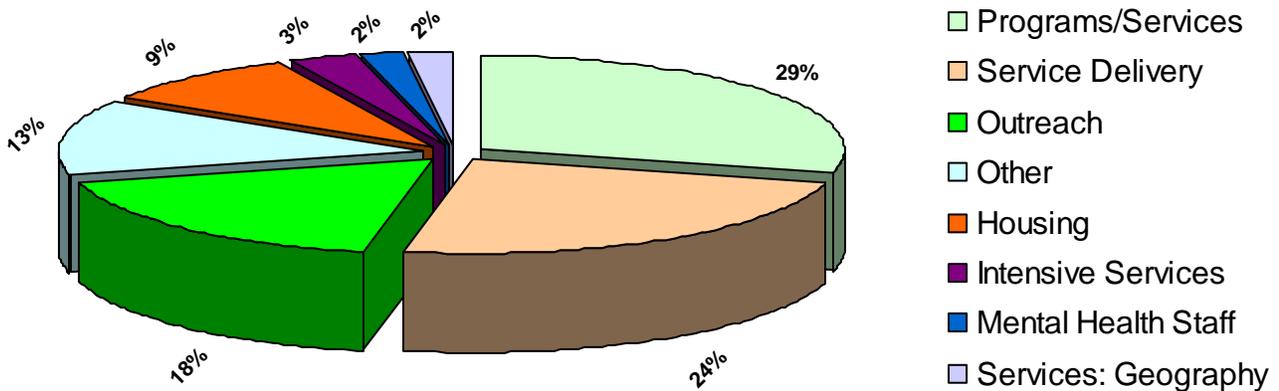
This data is a summary of the dot voting from the community for all TAY workgroup meetings. Data was submitted from the workgroups as follows:

Table 1. Summary Data of Voting and Attendance for Community Underserved Ethnic Workgroups

| Date      | Number of Voters | Number of Votes |
|-----------|------------------|-----------------|
| 9.8.2005  | 23               | 114             |
| 9.14.2005 | 34               | 169             |
| 9.22.2005 | 3                | 15              |
| 9.26.2005 | 25               | 124             |
| 9.28.2005 | 42               | 212             |
| Total     | 127              | 634             |

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Transitional Age Workgroup, by Percentage



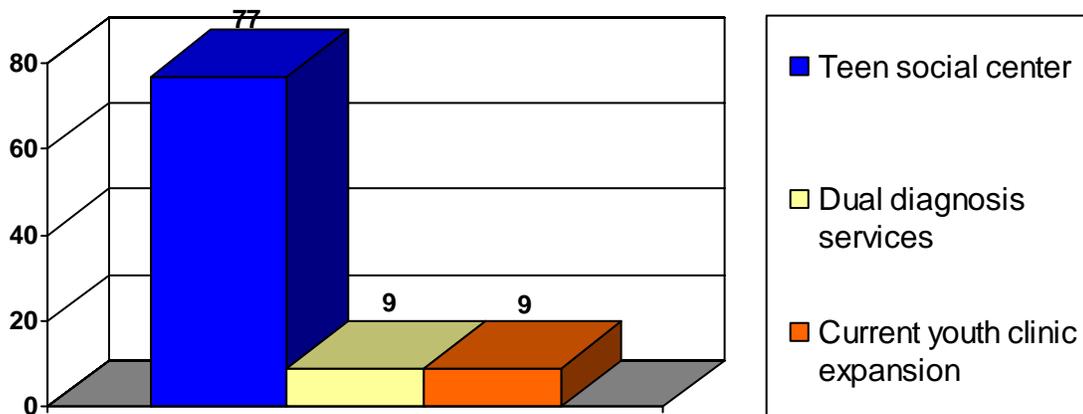
Specific strategies/ideas under each general area are as follows:

## Programs and Services (29% of the entire vote)

Top three are:

1. Teen social and activity center; safe environment with role models and fun, low cost activities
2. Dual diagnosis services/ programs (Substance Abuse & MH): Outpatient programs that can be referred to, full services to meet all needs.  
"Crossroads" model of early intervention
3. Expansion of current youth MH clinic.

Graph 2. Top Three Strategy Choices, by Number of Votes, for the Programs and Services Category



The remaining strategies, listed in order of priority are:

- a. Expand Crossroads. Provide more mental health professionals. Establish satellite offices using existing community centers and/or schools in Tracy, Lodi, Manteca, and North Stockton.
- b. Mentoring center - transformative with transportation and job center
- c. Provide ongoing mental health services through KDAP for juveniles with substance abuse issues.
- d. Collaboration for youth - TAY - role play, life skills
- e. High school programs: 4 areas: (1) clubs, (2) courses, (3) seminars, (4) counseling; 5 sub-areas: (1) MH definition and stigma issues, (2) emotional, (3) pregnancy, (4) substance abuse, (5) learning independent living skills
- f. Social activities, ways to connect, options
- g. Programs such as the Gipson Center: improve on programs and increase the intake of teens
- h. African American family services; community services
- i. Independent living skills program, including ongoing support, focus on foster youth / transitioning youth, run by peers (as teachers)
- j. Peer counseling 🚗

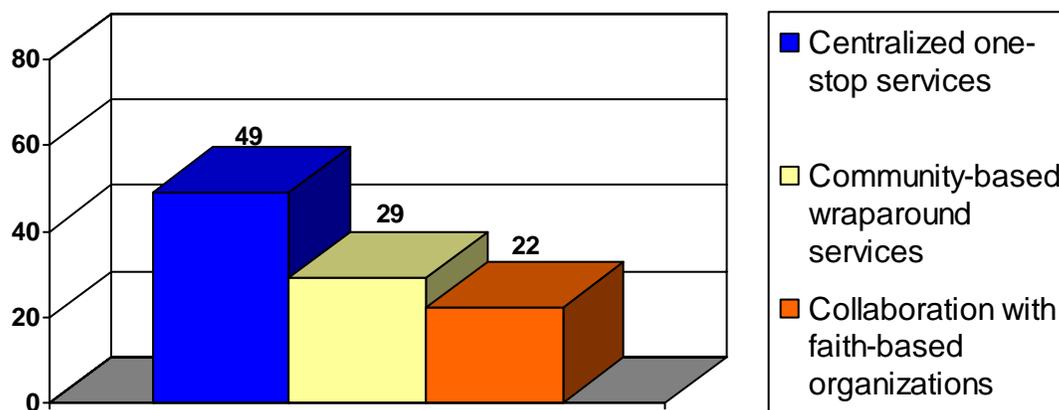
- k. Services to those with traumatic brain injury and other traumatic events; long-term assistance 🚗
- l. Specialized camps: to get out of the area and into the outdoors and to build self-esteem and self-confidence 🚗
- m. Independent living skills program
- n. Provide specialized training to probation officers. These POs would specialize in mental health caseloads, and would work closely with mental health caseworkers.
- o. An all-inclusive facility for TAY to learn skills that can turn into business skills
- p. Counseling - personal
- q. Facility "safe haven" for youth to "run to" where services are available for all issues 🚗
- r. More mentoring programs 🚗
- s. Provide ongoing and consistent mental health treatment for youth who are in juvenile hall (i.e. provide more than just crisis-motivated intervention).
- t. Youth Leadership Training Programs 🚗
- u. "Surrogate Parents" sponsors
- v. Bridges Program: collaboration between youth and adult MH department
- w. Family Education Center (welcome center, encourage participation, education) 🚗
- x. Identifying pregnant foster youth and young, married couples in graduate school in order for one person in the couple to stay at home and help the pregnant youth. Example taken from the state of Maryland 🚗
- y. Inpatient adolescent treatment in county
- z. Programs for teen parents (mothers, fathers, parents of TAY); example "Birth and Beyond", with prenatal care / parenting issues, skills development 🚗
- aa. Programs to treat serious mental illness and substance abuse
- bb. Provide a psych tech at juvenile hall around the clock (24/7).
- cc. Case management of mental health for HIV positive youth
- dd. Education program regarding healthy / nutritional food--for the purchase of and education about. Example: "W.I.C." 🚗
- ee. Provide transitional services and continuity of care as youth leave juvenile hall and enter their community or family context.

## Service Delivery (24% of the entire vote)

Top three are:

1. Centralized services, a “one stop center” where all agency and CBO partners at center including medical services: doctors, clinicians, health and dental issues
2. Community based one-stop shop for all needs (community centered, family resource centers, faith-based centers; bilingual, cultural specific & appropriate; like skills; recreational activities; faith based; basic needs, clothes, insurance)
3. Collaboration with faith-based organizations

Graph 3. Top Three Strategy Choices, by Number of Votes, for the Service Delivery Category



The remaining strategies, listed in order of priority are:

- a. Counseling prior to crisis: Reliable, easy access to MH services, Outpatient access
- b. A “211” information line. Also a web site. To be able to find out about services/programs/information. Accessible in different languages
- c. Assisting with transitional case management prior to need
- d. Utilize the CBOs as providers
- e. Work more with city teen centers and faith based centers/schools
- f. Continuation of services: housing/employment/independence; a “continuum of services”
- g. After-hours case management
- h. Business Community involved, identified, utilized, job shadow, mentors role, model for mental health TAY population
- i. Expanded service in juvenile hall and in California Youth Authority 🚗
- j. Transitional case management; after-care; evening hours
- k. Using existing mediums in ethnic communities
- l. Empower workers closest to a youth’s situation to allocate resources from multiple funding streams as needed.

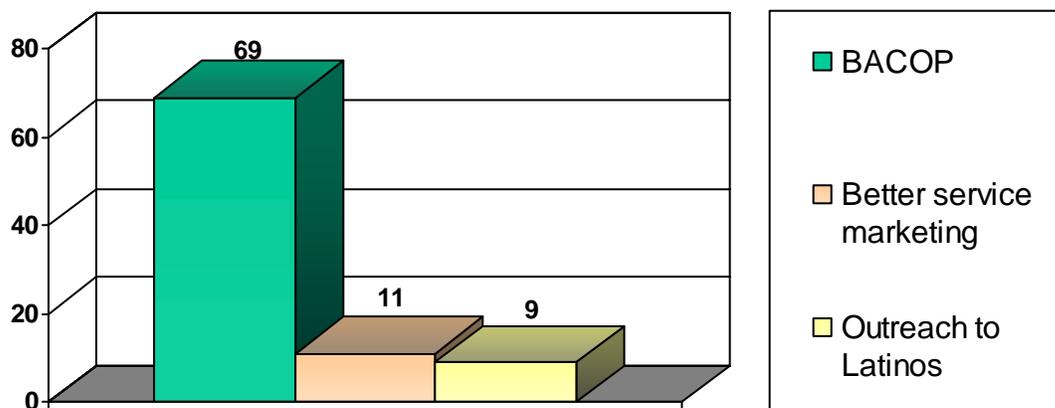
- m. Put resources/services in the community through MHSA funding
- n. Use successful MH consumers as mentors/counselors as an example of success
- o. Mentor programs for emancipated minors
- p. More mental health services (how to work with those with mental illness)
- q. Research “aging out” laws and regulations to enhance the range of services that can be provided to transitional age youth.
- r. Seek waivers from the State and federal governments from “aging out” and related mental health treatment regulations. 🚗
- s. Services on site at housing. Example of Mayflower apartments
- t. Support by “System” including education, business, getting out into the community
- u. Tutoring by other students 🚗
- v. Use age appropriate techniques to reach TAY group
- w. Use of mentors and peers that are knowledgeable about mental health in school settings and in returning to education
- x. Use sports and other activities as a way for TAY to be included in recreational activities
- y. Well-trained law enforcement (more sensitive; increased knowledge about mental illness treatment programs, communicating with the consumer/family, and the community)

**Outreach (including ethnic/underserved)** (18% of the entire vote)

Top three are:

1. Addressing issues in African American community (BACOP: increased utilization and using its models)
2. More advertising/marketing for services (TV-MTV; text message; school assembly; radio; songs and words that are good; easy to remember phone number)
3. Community-based outreach for Latinos.

Graph 4. Top Three Strategy Choices, by Number of Votes, for the Outreach Category



The remaining strategies, listed in order of priority are:

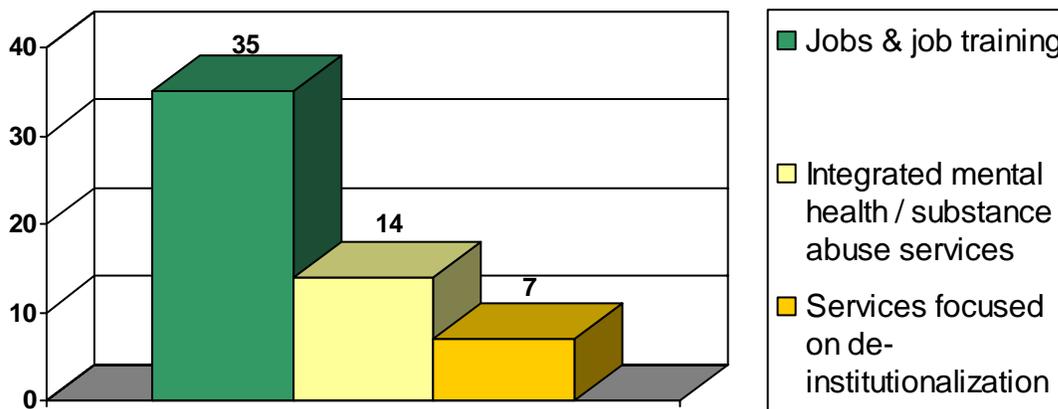
- a. Community-based outreach for Latinos
- b. Engage Gatekeepers
- c. Ethnic partners utilizing media/publications in the community
- d. African American community
- e. Latino community
- f. Reach out to and educate families, especially those for whom English is a second language.
- g. Go into schools to educate about issues such as MH, alcoholism, pregnancy 🚗
- h. Make name (mental health on buildings) more appealing to youth 🚗

**Other** (13% of the entire vote)

Top three strategies:

1. Jobs and job training for youth. Counseling, mentoring, job shadow opportunities.
2. Need for integrated, outpatient and residential substance abuse services
3. An age-appropriate system of services that is focused on de-institutionalization

Graph 5. Top Three Strategy Choices, by Number of Votes, for the Other Category



The remaining strategies, listed in order of priority are:

- a. Creating jobs / increasing business partners for on-the-job trainings, e.g. coffee houses where TAY can work, "Home Boy Industries" model (a bakery in Southern California), "Construction Tech" in SJ Co. run by H.S.A.
- b. Skills training and education to include leisure skills, exposure, and field trips 🚗
- c. Vocational Training Center: apprentice type program / options; "technical Training certificate" offered; e.g. Delancy Street Program in

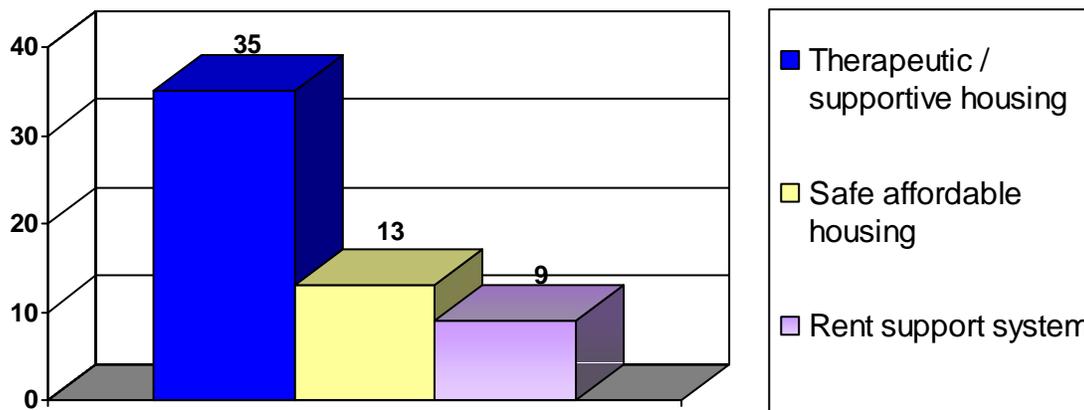
- San Francisco; also job corps programs as a model. Comprehensive span of services 🚗
- d. Better schools (study halls; educational assistance; tutors; more private schools with scholarships) 🚗
  - e. Prevention of alcoholism in preparation for a crisis 🚗
  - f. Respite Services for prevention assistance and to be able to take a break 🚗
  - g. High income 🚗
  - h. Community service projects for youth to participate in--more to do 🚗
  - i. Curfew enforcements 🚗
  - j. Issues of trust and fear 🚗
  - k. Resources needed 🚗

**Housing** (9% of the entire vote)

Top three are:

1. Therapeutic/supportive housing program (e.g. Sacramento County, 18-21+ year olds, housing assistance for foster and emancipated youth), including job skills training, health care, etc.
2. Safe affordable housing
3. Rent support system: Funds for housing, moving and upkeep.

Graph 6. Top Three Strategy Choices, by Number of Votes, for the Housing Category



One additional strategy was identified:

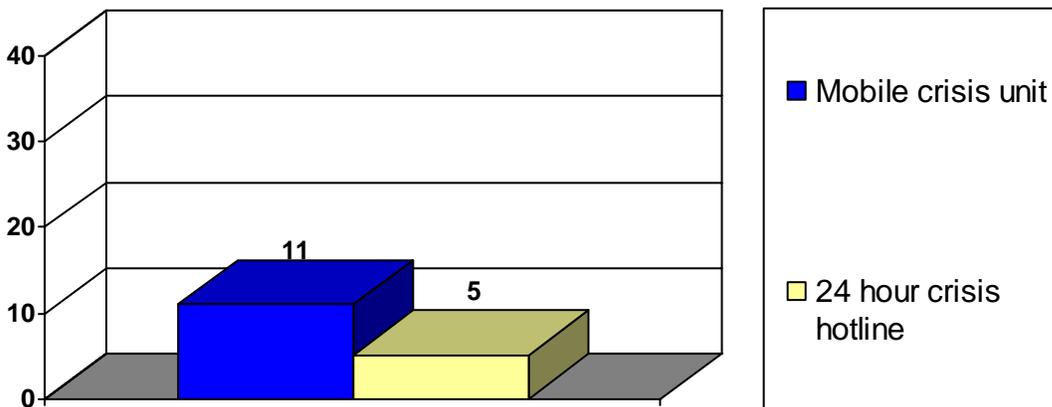
- a. Example of AB/24 House in Long Beach "Portals"

**Intensive Services** (3% of the entire vote)

Top two are:

1. Outreach van 24/7 for mental health services including education and crisis intervention (first line of help/contact)
2. "Crisis Counseling" line that is available 24/7 to meet prevention/pre-hospitalization needs

Graph 7. Top two Strategy Choices, by Number of Votes, for the Intensive Services Category



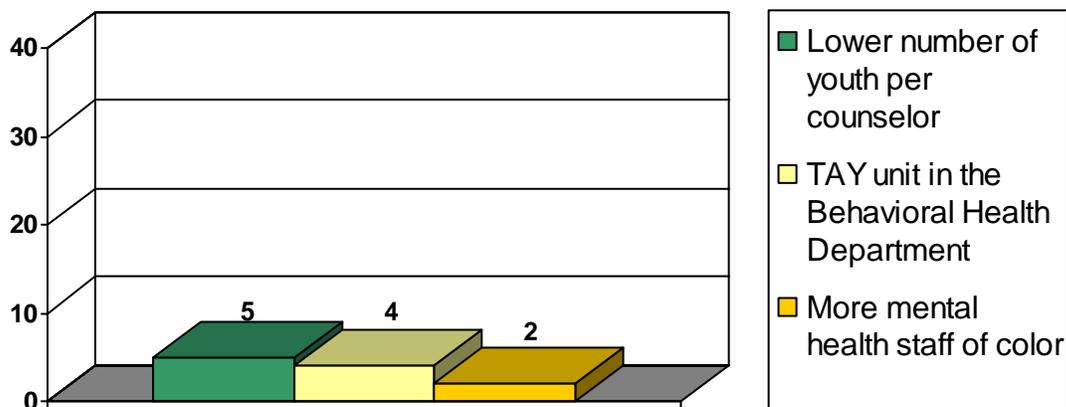
There were no additional strategies in this category.

**Mental Health Staff** (2% of the entire vote)

The top three choices are:

1. Lower number of youth per counselor
2. A BHS department for TAY
3. More mental health staff of color, ethnic diversity & knowledge, Afro centric mind set

Graph 8. Top Three Strategy Choices, by Number of Votes, for the Mental Health Staff Category



The remaining strategies, listed in order of priority are:

- a. Reduction of case loads to meet the needs of consumers
- b. GED/college level courses about how to work in MH field 

**Services: Geography** (2% of the entire vote)

There was one strategy in this category that received 9 votes:

1. Neighborhood based centers with mental health specialists on site

**Transportation** (0% of the entire vote)

There were two strategies in this category:

- a. Transportation help, bus cards / three votes
- b. Rural area services / one vote.

## All Unserved/ Underserved Ethnic Workgroups Voting Data Summary November 2005

This data is a summary of the dot voting from the community for all underserved ethnic workgroup meetings. A car (🚗) placed behind a strategy signifies that this suggestion will probably not be able to be funded under the current MHSA, Community Supports and Services funding.

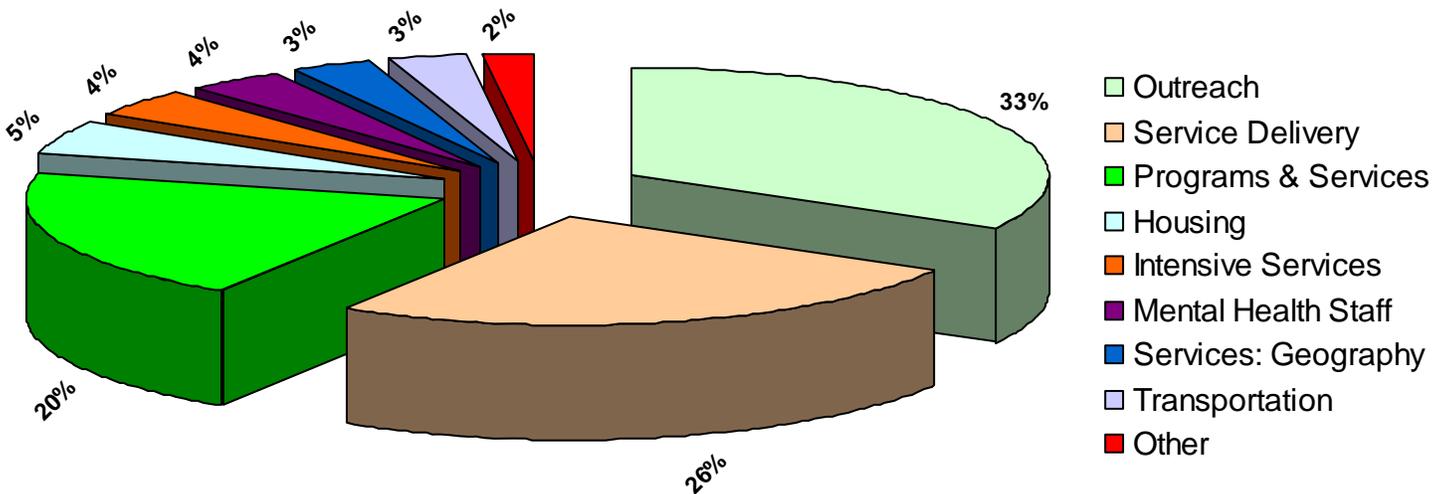
Data was submitted from the workgroups as follows:

Table 1. Summary Data of Voting and Attendance for Community Underserved Ethnic Workgroups

| Date      | Number of Votes | Number of Voters | Meeting Attendance |
|-----------|-----------------|------------------|--------------------|
| 9.9.2005  | 101             | 20               | 20                 |
| 9.15.2005 | 45              | 9                | 9                  |
| 9.22.2005 | 65              | 13               | 14                 |
| 9.24.2005 | 55              | 11               | 13                 |
| 9.27.2005 | 89              | 18               | 24                 |
| 9.28.2005 | 30              | 6                | 8                  |
| 10.1.2005 | 65              | 13               | 12                 |
| Total     | 450             | 90               | 100                |

The following pie chart indicates the percentage, per general area, that people voted on. Each general area has specific strategies or ideas that were mentioned and are listed in detail.

Graph 1. Breakdown of General Areas of Need, Underserved Workgroup, by Percentage



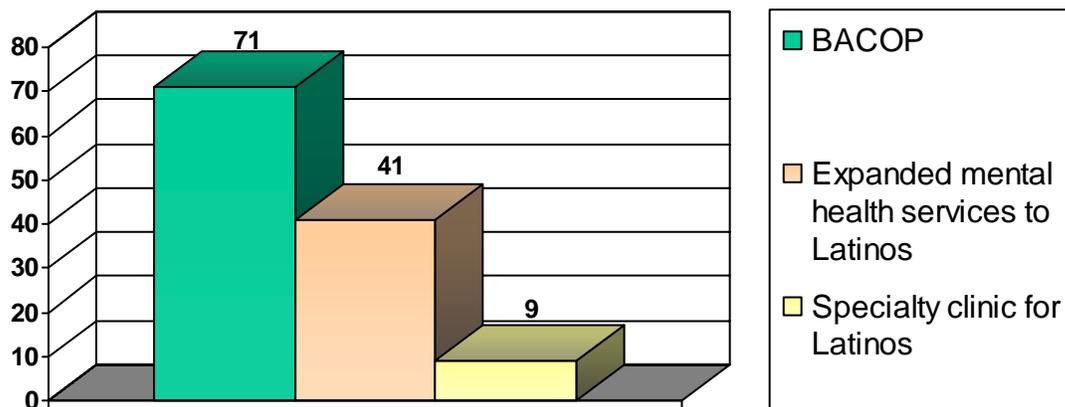
Specific strategies/ideas under each general area are as follows:

**Outreach (including ethnic/underserved)** (33% of the entire vote)

Top three are:

1. BACOP
2. Expanded mental health services to Latinos
3. Specialty clinic for Latinos.

Graph 2. Top Three Strategy Choices, by Number of Votes, for the Outreach Category



The remaining strategies, listed in order of priority are:

- a. After hours (evenings/weekends) interpreter services, especially crisis; bi-lingual providers who are competency tested
- b. Outreach to the developmentally disabled 🚗
- c. Outreach to community leaders; i.e. church pastors, elders
- d. Funding that serves the Filipino community
- e. Outreach to gay/lesbian/trans-gender persons; educate providers
- f. Gender-specific/sexual orientation programs
- g. African-American group program called UMOJA (Unity); support group specific to African-American community - like the La Familia program
- h. Increase in Spanish interpreters and interpreter training
- i. Outreach for deaf, blind, veterans
- j. MH services in all languages
- k. Campaign to de-stigmatize mental illness
- l. MH publications in Spanish; multi-media information
- m. Education for families to help consumer; care giver classes
- n. Teach workshops in community and at client friendly level
- o. Grassroots advocacy within all MH 🚗
- p. Integration of African-American gatekeepers that help consumers access services better
- q. Education for new consumer/family to available services and how to access them

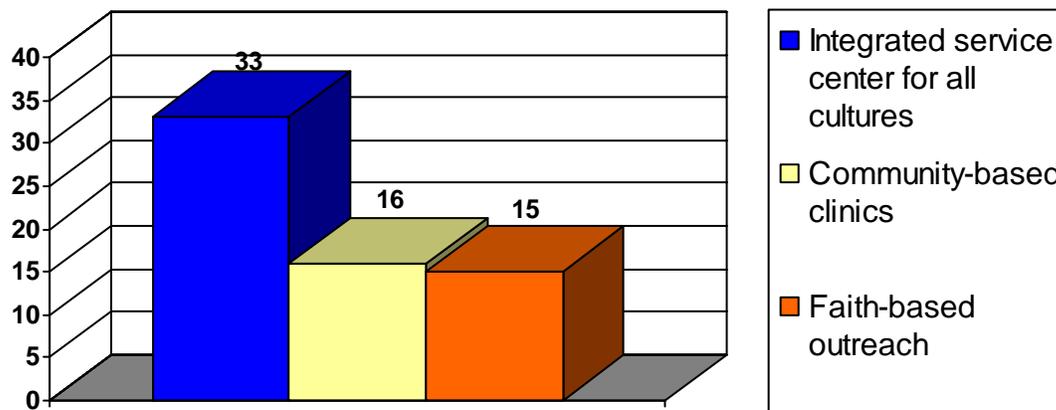
- r. Multi-media information for all languages
- s. Literacy programs for all cultures/languages 🚗

**Service Delivery** (26% of the entire vote)

Top three are:

1. Integrated, multi-cultural treatment, socialization, and vocational training center--showers, storage, phone and mail, clothes closet, food bank--that's community-based - \*all cultures\*
2. Create additional MH services and clinics in cultural areas within communities
3. Faith-based outreach through churches

Graph 3. Top Three Strategy Choices, by Number of Votes, for the Service Delivery Category



The remaining strategies, listed in order of priority are:

- a. African-American community-based case management, outreach, mentoring, socialization; wrap around
- b. Multi-lingual services and cultural center combined at one location - "One-stop shopping" for all consumers
- c. After hours (evenings/weekends) interpreter services, especially crisis; bi-lingual providers who are competency tested
- d. CBOs to provide intervention, prevention, and outreach programs to community
- e. Beef-up after hours case management; mobile 24x7 team (case manager, doctor, medical staff)
- f. Psychotherapy and job training instead of medications
- g. Fund CBOs for psychotherapy, individual/group, in cultural and language context
- h. Increase MH services

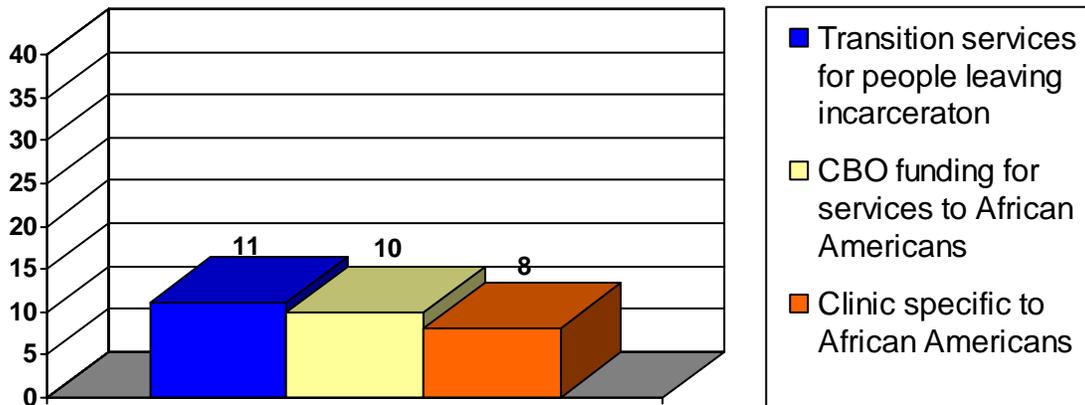
- i. One-Stop Shopping facility - medical, dental, vision, mental health, mentors, support, advocates, services, referrals, community resources, information, vocational assistance (jobs), substance abuse services, counseling
- j. Mobile treatment vans to deliver services to rural areas
- k. Mentoring Center
- l. MH services that are inclusive of and for all cultures - no segregation of services based on race or ethnicity. All people's needs must be met taking culture and language into consideration when developing treatment programs, communicating with the consumer/family, and the community
- m. Wrap around services for kids leaving Foster Care system - transitional age youth
- n. Comprehensive shared database of information on consumers gathered at all points of services 🚗
- o. Foster care MH services; better access and services for children in Foster care 🚗
- p. Provide services (integrated) in Family Resource Centers
- q. More school based services
- r. Integrate MH services with CBOs
- s. Evening and weekend activities (7 day/wk)
- t. Expansion of support groups
- u. Consumer/family advocacy center to educate them of their rights (grievances, fair hearing - HIPPA) 🚗
- v. Integration between law enforcement and MH
- w. Prevention services in all areas 🚗

**Programs and Services** (20% of the entire vote)

Top three are:

1. Transition services - continuity of care for persons leaving incarceration; step-down program (supervised housing, treatment programs, life skills, personal grooming, money management); contract with organizations and businesses to provide at transition facility
2. CBO funding for services to the African-American community - services that relate to the individual communities
3. Develop clinics specific to African-Americans to do outreach, prevention, intervention in the community.

Graph 4. Top Three Strategy Choices, by Number of Votes, for the Programs and Services Category



The remaining strategies, listed in order of priority are:

- a. Increase funding for homeless services in general - life skills training, substance abuse workshops, wrap-around services - beyond just having a bed.
- b. Activity center and social services for developmentally disabled 🚗
- c. Saturday evening clinic at TCC
- d. Fund CBOs to provide MH services in community
- e. Case manager/doctor at TCC
- f. Day treatment for Southeast Asians
- g. Funding for culturally-based, community-based support centers for education, life skills development, accessible community-based MH services (i.e. more staff)
- h. Day Treatment for TCC and transportation to/from treatment
- i. Life skills training program for TAY (i.e. workshops)
- j. Funding for Power N Support
- k. Consumer-run culturally competent recovery center located in the MH Services Day Treatment facility
- l. Services to incarcerated youth 🚗
- m. Case management for HIV AIDS 🚗
- n. After school program for young people - elementary/high school 🚗
- o. More doctors, nurses, and case managers added to all MH services areas with emphasis on bilingual/bi-cultural competency
- p. In-home support services for all persons
- q. Bridges
- r. Specialized services for cognitively impaired persons 🚗
- s. Holistic and alternative treatment options offered within traditional treatment services at MHS
- t. Career/employment counseling with sheltered employment and cooperative agreement with employers/businesses
- u. Provide anger management for school age children 🚗

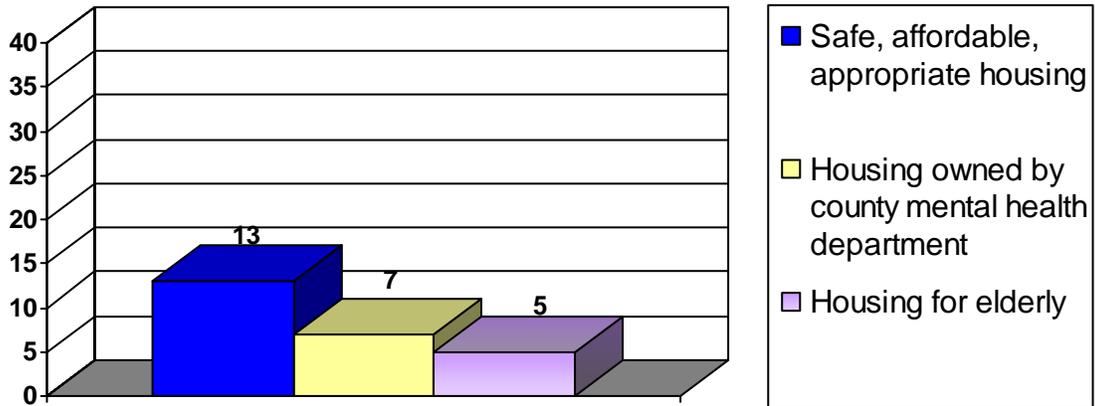
- v. Utilize the Gipson Center for support group activities for consumer and independent living skills training
- w. More funding for Portal Club and set aside funding for consumer activities
- x. Integration of services through Delta College counselors to assist MH consumer students through the education process
- y. Child care services during treatment
- z. Survival and life coping skills classes
- aa. Child readiness programs 🚗
- bb. Intervention services for families affected by suicide
- cc. Basic living skill training programs for refugees 🚗
- dd. Respite for care givers (remove consumers from environment; day care funding)
- ee. Specialized services for gay, lesbian, bi-sexual, and transgender persons
- ff. MH services for people who are developmentally delayed
- gg. Lock facility in SJ Co
- hh. Legal services for immigrants 🚗
- ii. Facilities specific to youth for psychiatric hospitalization in SJ Co. 🚗
- jj. Expand PUFF
- kk. CBIS
- ll. Special clinic opening called "La Familia"
- mm. Program for transitional age youth
- nn. More and expanded psychotherapy services
- oo. Grief services program 🚗
- pp. ESL for MH consumers/families 🚗
- qq. Veterans, blind, deaf, homeless services
- rr. Case managers to assist with accessing services
- ss. Substance abuse services for seniors who self-medicate 🚗
- tt. CBIS (community based intervention services) in combination with cognitive behavioral therapy; independent living skills
- uu. Advice nurse to explain medications and their side-effects
- vv. Funding for MIOCRG (mentally ill offender crime reduction)
- ww. Develop storage locker unit for homeless 🚗

**Housing** (5% of the entire vote)

Top three are:

1. Variety of housing services; safe, affordable, appropriate
2. MH owned affordable, safe housing
3. Housing for the elderly with cognitive difficulties. 🚗

Graph 5. Top Three Strategy Choices, by Number of Votes, for the Housing Category



One additional strategy was identified:

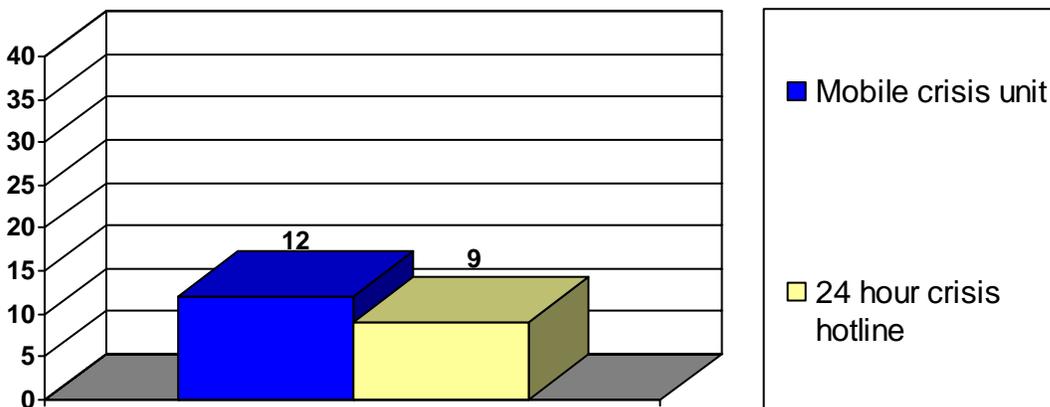
- a. More board and care facilities

**Intensive Services** (4% of the entire vote)

Top two are:

1. 24x7 full-service mobile team for crisis, treatment, Rx - countywide, culturally/linguistically competent
2. 24x7 multilingual hotline

Graph 6. Top two Strategy Choices, by Number of Votes, for the Intensive Services Category



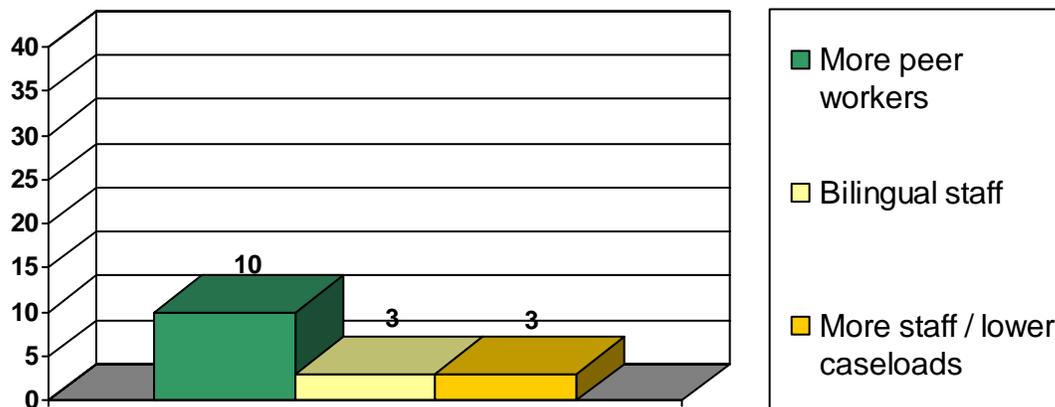
There were no additional strategies in this category.

### Mental Health Staff (4% of the entire vote)

The top three choices are:

1. More peer workers
2. Hire/train bi-cultural/bilingual staff
3. Increase staff, reduce case loads

Graph 7. Top Three Strategy Choices, by Number of Votes, for the Mental Health Staff Category



The remaining strategies, listed in order of priority are:

- a. Stipend programs; paraprofessional/professional 🚗
- b. More PSRs stationed in jails to assist with funding 🚗
- c. Competitive salaries for public social workers to retain high quality staff 🚗
- d. Refresher clinical services training for professional staff 🚗
- e. Bilingual/multicultural psychiatrists
- f. Hire more bilingual staff (and African-American), more professionals in all areas
- g. Funding to help individuals to get education stipend - 2 years service for 1 year financial assistance for nursing, psych-tech, clinical 🚗

### Services: Geography (3% of the entire vote)

There was one strategy in this category that received 16 votes:

1. Create additional MH services and clinics in cultural areas within communities - system changes

**Transportation** (3% of the entire vote)

There was one strategy in this category that received 16 votes:

1. Provide transportation services.

There was one additional strategy in this category that received no votes:

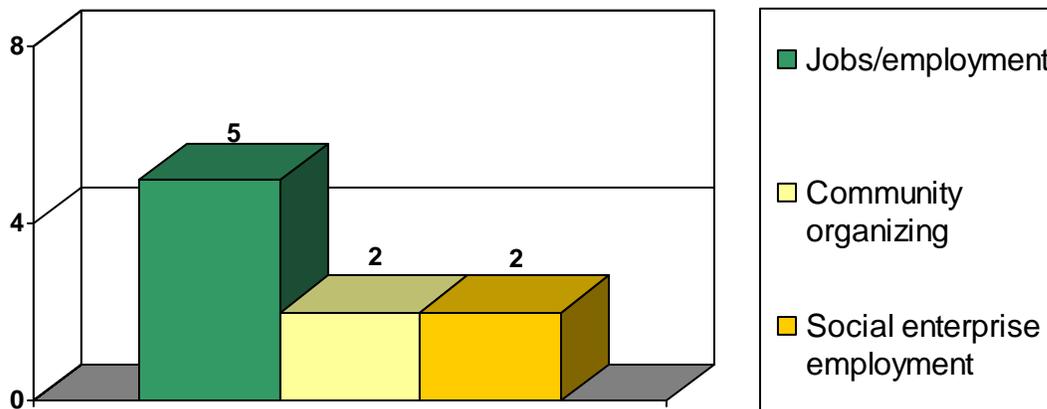
- a. Education on the use of public transportation

**Other** (2% of the entire vote)

Top three strategies:

1. Jobs/employment for mental health consumers
2. Community organizing to empower people
3. Social enterprise employment developed and run by consumers (e.g. The Village)

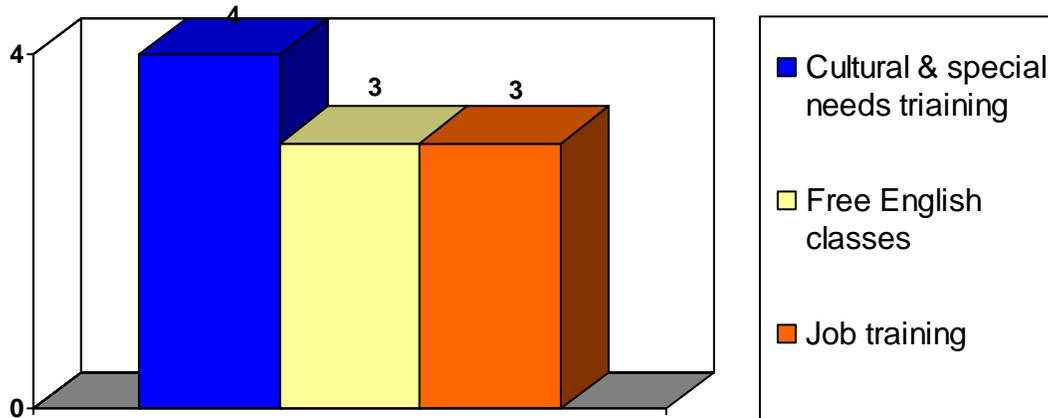
Graph 8. Top Three Strategy Choices, by Number of Votes, for the Other Category



The remaining strategies, listed in order of priority are:

- a. Training/education in schools regarding mental health/illness 🚗
- b. More programs services monitoring through QI 🚗
- c. Training for Board and Care providers and staff that is culturally sensitive and diverse

Graph 6. Top Three Strategy Choices, by Number of Votes, for the Other Category



One additional strategy in this category received one vote:

- b. Volunteer opportunities 🚗

**Mental Health Staff** (0% of the entire vote)

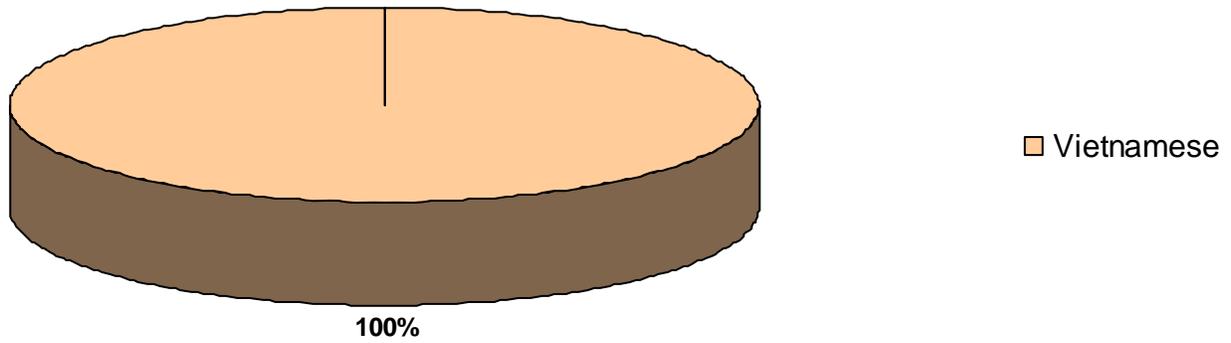
One strategy was proposed and received no votes:

- 1. Smaller caseloads.

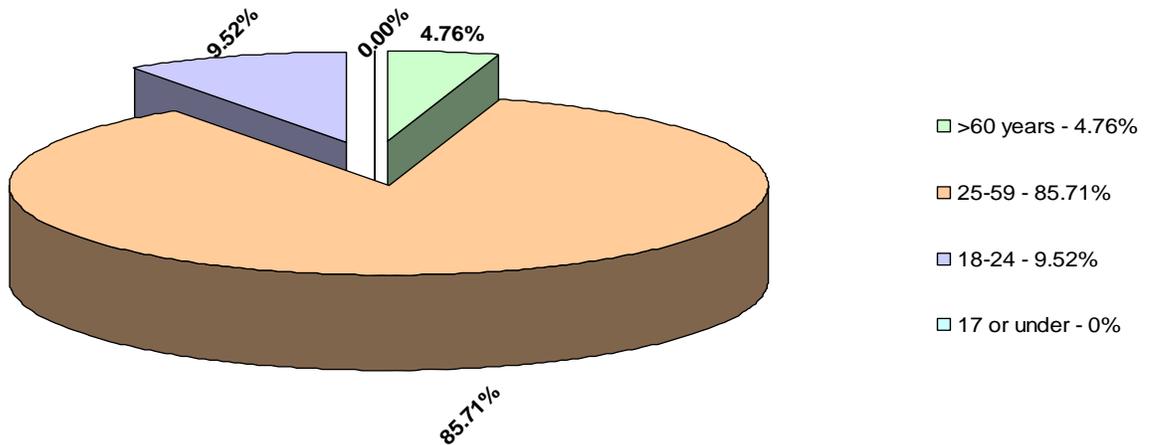
VIVO Survey Analysis  
October 2005

A total of 21 surveys were collected, compiled and analyzed. These surveys were gathered by the non-profit, Vietnamese Voluntary Foundation, Inc. (VIVO).

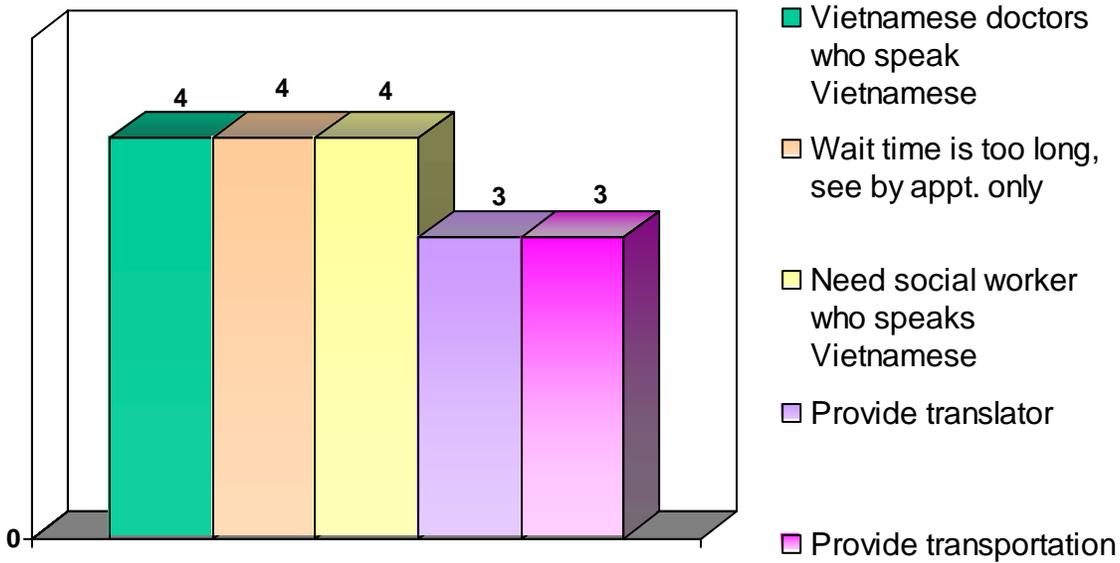
Graph 1. Respondents by Ethnicity, VIVO, October 2005



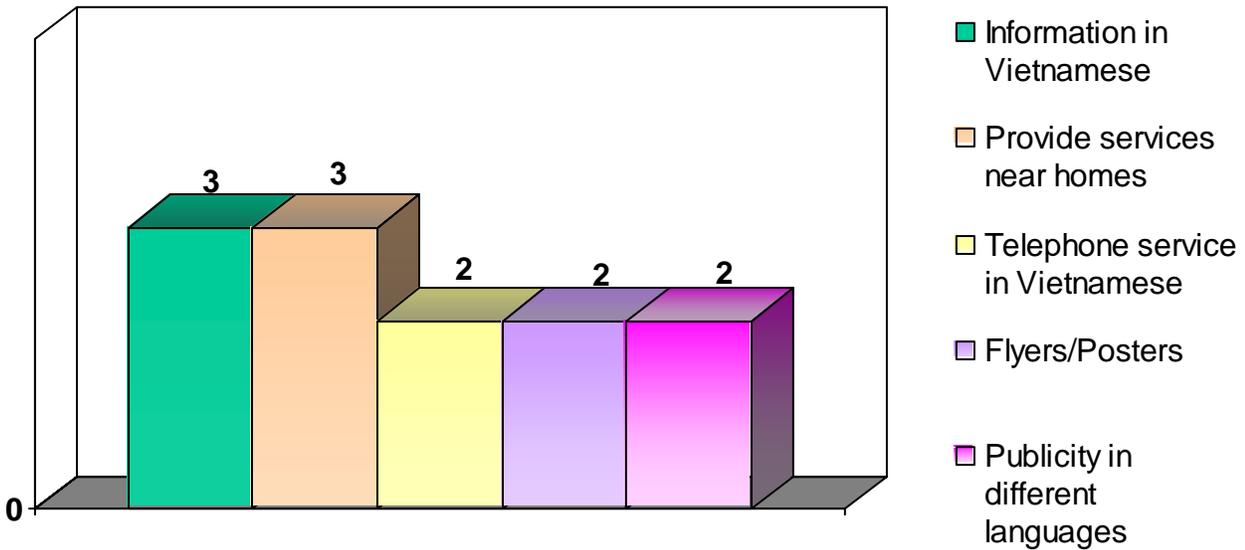
Graph 2. Respondents, by Age, VIVO, October 2005



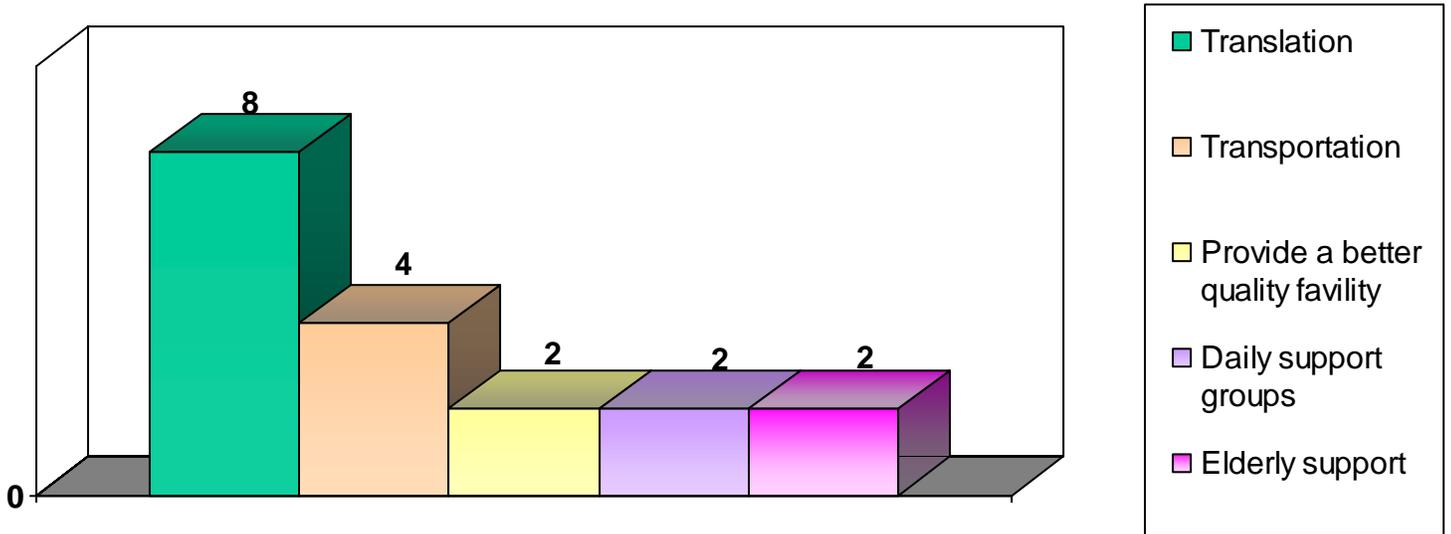
Graph 3. The Top Five Ways to 'Make Services Better', VIVO, October 2005



Graph 4. The Top Five Ways to 'Make Services Easier to Get', VIVO, October 2005



Graph 5. The Top five 'Needed Services', VIVO, October 2005



| Make services better?  | Make services easier to get?   | Needed services  |
|--|--|--|
| <b>Ethnic Awareness &amp; Diversity</b>                                    |  |  |
| Provide translator (3)   | Provide many nurses and help from patient's kind of Asian speaker; speak same language   | Almost everything because patients hardly know how to speak English and fill out paper.        |
| Multiple workers that speak more than one language                         | Have every interpreter for 5-6 clients only, no more than 8 to make it possible to help all clients                                  | Translation (8)  |
| Have Vietnamese doctor who speaks Vietnamese (4)                           | Pass out interpreters phone numbers through newspaper or to every house  | Vietnamese direct line   |
| Social worker who speaks Vietnamese or of same ethnicity/culture (4)       | Telephone service available in Vietnamese (2)  | Have Vietnamese social worker  |
| Need direct Vietnamese phone line because most elderly don't speak English | Information in Vietnamese (3) (how to get to TCC, clinic, etc)   |  |
|  |  |  |
| <b>Mental Health Services</b>  |  |  |
| Be patient with the elderly  | Have more workers out in the community   | Attention and privacy  |
| One on one patient to doctor to keep privacy                               | Provide services on or near homes (3)  | Show that you care   |
| Wait time too long; try to see client/patient by appointment only (4)      | Outreach:<br>Flyers/posters (2)<br>Publicity information in different languages (2)<br>Vietnamese telephone advertisement on bus (1) | Provide services at the facility that is for mental health only, so as not to confuse clients. |
| Provide time and help  | Make it simple and easy. Because sometimes its so detailed we don't know where to start  | Help for everything. As elders, we need much help  |
| Provide a private room because sometimes others can hear the conversation  | Available staffing   | Prefer not to have visits at home because sometimes that is where the stress comes from        |
| Expertise  | Flexible hours   | Provide better quality and facility—sometimes it is very dirty (2)                             |
| Committed staff that follows up on clients                                 | More sources and convenience   | Provide help in all areas for the family   |
|  | Better staff   | Daily support group (2)  |
|  | Better programs  | Show patients that they are welcome  |
|  |  | More services and home visits  |
|  |  | Provide counseling, how to deal with stress and depression                                     |
|  |  | Elderly support (2)  |
|  |  |  |
| <b>Social Activities</b>   |  |  |
|  |  |  |
| <b>Transportation</b>  |  |  |
| Provide transportation (3)   | Provide bus line to get to clinic  | Transportation (4)   |
| Have interpreter pick up from home to destination                          | Provide transportation   | Need help riding the city bus because of language barrier                                      |

| Make services better?                                | Make services easier to get?  | Needed services                               |
|--|---|---|
| because many people have trouble with transportation |   |   |
|  | Need someone in clinic providing information on how to get to bus line, number of the bus line, when and where to transfer to another bus |   |
| <b>Medical Services</b>                              |   |   |
|  |   | Easy to get approved for medicine and testing |
| <b>Social Services</b>                               |   |   |
| Provide social worker                                |   | Child Care                                    |
| <b>Other</b>   |   |   |
|  |   |   |
| Gender issues  | More gender who are culturally knowledgeable for advice   | Family problems                               |
| Marriage advice                                      |   | Marriage concerns                             |
|  |   | Children attendance, achieve education        |

| Age            | Gender | Race            | Group              |
|----------------|--------|-----------------|--------------------|
| 60 +<br>(1)    | M (6)  | Vietnamese (21) | Family Member (13) |
| 25-59<br>(18)  | F (15) |                 | Ethnic Group (9)   |
| 18-24<br>(2)   |        |                 |                    |
| 17 or <<br>(0) |        |                 |                    |