San Joaquin County

Behavioral Health Services

Mental Health Services Act (MHSA)

Three-Year Program and Expenditure Plan

FY 2017/18, 2018/19, 2019/20

MHSA COUNTY
FISCAL ACCOUNTABILITY CERTIFICATION

County/City: SAN JOAQUIN COUNTY

X Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director		**County Auditor-Controller / City Financial Officer**	
Name:	Frances Hutchins	Name:	Jay Wilverding
Telephone Number:	209-468-8750	Telephone Number:	209-468-3925
E-mail:	fhutchins@sjcbhs.org	E-mail:	jwilverding@sjgov.org

Local Mental Health Mailing Address:

1212 N. California St. Stockton CA 95202

I hereby certify that the Three-Year Program and Expenditure Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Frances Hutchins, Interim Mental Health Director — Signature: Frances Hutchins — Date: 6/13/17

I hereby certify that for the fiscal year ended June 30, 2016, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2016 . I further certify that for the fiscal year ended June 30, 2016, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Jay Wilverding, County Auditor Controller — Signature: Jay Wilverding — Date: 7-12-17

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: SAN JOAQUIN COUNTY

X Three-Year Program and Expenditure Plan

☐ Annual Update

Local Mental Health Director

Name: Frances Hutchins

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Program Lead

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Local Mental Health Mailing Address:

1212 N. California St. Stockton CA 95202

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, including stakeholder participation and non-supplantation requirements.

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 13, 2017.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Three Year Program and Expenditure Plan are true and correct.

Frances Hutchins, Frances Hutchins — 6/13/17

Interim Mental Health Director — Signature — Date

I. Contents

I. Introduction

In 2004 California voters approved the enactment of the Mental Health Services Act (MHSA) for expanding mental health services to unserved, underserved, and inappropriately served populations in California to reduce the long-term impacts of untreated serious mental illness on individuals and families. The Act was amended and updated by the California Legislature in 2012.

MHSA consists of five components, each focusing on a different aspect of the mental health system of care. These are:

- Prevention and Early Intervention (PEI),
- Community Services and Supports (CSS),
- Workforce Education and Training (WET),
- Innovation (INN), and
- Capital Facilities and Technological Needs (CFTN).

The MHSA requires the County to develop a MHSA Plan for each of the five components based on the funding allocation provided by the State and in accordance with established stakeholder engagement and planning requirements.

All MHSA component plans must address the needs of children and transitional age youth (TAY) with serious emotional disturbances or mental illnesses and adults and older adults with serious mental illnesses, as well as address specific needs related to cultural competency and in serving the needs of those previously unserved or underserved.

All MHSA plans and funded programs must operate in accordance with applicable guidelines and regulations, including the California Code of Regulations, Title 9, Chapter 14, Sections §3100 - §3865.

A Three-Year Program and Expenditure Plan for the period of FY 17/18, FY 18/19, and FY 19/20 was developed and approved by San Joaquin County Board of Supervisors **6/13/17**.

This Three-Year Plan represents the continuation of prior MHSA programs and strategies; all active programs from 2016/17 continue for 17/18. The six new programs and strategies adopted through this Three Year Program and Expenditure plan align with the Strategic Priorities adopted by the San Joaquin County Board of Supervisors.

An Innovation component plan will be completed and posted for public review separate from this Plan.

All San Joaquin County MHSA plans may be reviewed at www.sjmhsa.net.

II. Community Program Planning and Stakeholder Process

A. Community Program Planning Process

The community planning process serves as an opportunity for consumers, family members, mental health and substance abuse service providers and other interested stakeholders to discuss the needs and challenges for consumers receiving mental health services and to reflect upon what is working for the diverse range of consumers served. The following activities were conducted to gather feedback regarding current services and to provide information on the need for updates and revisions.

Data Collection:

- BHS Program Service Assessment: January – April 2017
- MHSA consumer, family member, and stakeholder survey: March 2017

Community Discussions:

- Behavioral Health Board:
  - January 18, 2017
  - February 15, 2017
  - April 19, 2017
- Local Advisory Committee Meetings:
  - January 18, 2017
  - January 25, 2017
  - February 1, 2017
  - February 8, 2017
  - February 15, 2017
- General Public Forums
  - January 26, 2017
  - February 9, 2017

Targeted Discussion Groups

- Consumer Focus Groups
  - Co-occurring consumers
  - Female consumers
  - Justice involved consumers
- Potential Partners Focus Groups
  - Housing Providers
  - Health Care Providers
  - Substance Use Providers
  - Justice Partners

B. Program Service Assessment

San Joaquin County Behavioral Health Services (BHS) provides behavioral health services, including mental health and substance use disorder treatments to over 15,900 consumers annually. In general program access is reflective of the diverse population of San Joaquin County; with a roughly even division of male and female clients. A snapshot in time analysis of services provided in January 2017, provides a general overview of program participation.

Mental Health Services provided January 2017

Services provided by Age	Number	% of Total
Children	1343	21%
Transitional Age Youth	1081	17%
Older Adults	728	12%
Adults	3106	50%
Total	**6258**	**100%**

Program participation is reflective of anticipated demand for services, with the majority of services being delivered to adults, ages 25-59 years of age. The participation amongst other age groups is consistent with their percentage within the total population.

Services provided by Race/Ethnicity	Number	% of Total
African American	1146	18%
Asian American	718	11%
Latino/Hispanic	1398	22%
Native American	258	4%
Other	316	5%
Pacific Islander	6	1%
White/Caucasian	2416	39%
Total	**6258**	**100%**

Diversity of participants is similar to the distribution in prior years. African Americans are disproportionately represented amongst consumers compared to their proportion of the general population (18% of participants, though comprising 7% of the population of the County). Latinos are enrolled as lower rates compared to their proportion of the general population (22% of participants while comprising 41% of the population). Participation amongst children and youth is more reflective of the overall population, with nearly a third of services provided to young Latinos (33%), suggesting that while stigma, language or cultural barriers, or access to health care services continue to impeded access for Latino adults with behavioral health needs more services are reaching the younger populations.

Services provided by City/Community	Number	% of Total
Stockton	4254	68%
Lodi	551	9%
Other	479	8%
Tracy	431	7%
Manteca	402	6%
Lathrop	104	2%
Escalon	37	0%
Total	**6258**	**100%**

The majority of clients are residents of the City of Stockton. Stockton is the County seat and largest city in the region, accounting for 42% of the county population. The majority of services and supports for individuals receiving public support benefits (including mental health) are located in Stockton.

Diagnosis	Number	% of Total
Mood Disorder	2533	39%
Schizophrenia Spectrum Disorder	1946	30%
Anxiety Disorder	887	14%
Behavioral Disorder	377	6%
Adjustment Disorder	486	8%
Other	172	3%
Total	**6258**	**100.00%**
Co-occurring Substance Use Disorder[1]	1682	27%

Mood disorders and those on the spectrum of schizophrenia disorders are present amongst the majority of clients served. No significant differences are noticeable with regards to how illnesses are distributed by race/ethnicity, though a slightly greater proportion of the individuals diagnosed with schizophrenia are African American (23% of all individuals diagnosed with schizophrenia) likely reflecting the overall overrepresentation of African Americans in treatment services. More men are diagnosed with schizophrenia disorders than women and women are more likely to be diagnosed with mood disorders. Co-occurring substance use disorders are more common amongst individuals diagnosed with an illness on the schizophrenia spectrum than compared to those diagnosed with mood disorders (29% vs. 17%, respectively).

Inpatient and Residential Services

Inpatient and Residential services are available for consumers with the most acute and chronic care needs. Utilization of inpatient and residential services is high. Bed spaces are typically full in local crisis residential and psychiatric health facilities, sometimes requiring transport out of the county for necessary treatment services.

[1] BHS recognizes that this figure likely underrepresents individuals with co-occurring disorders. Challenges with the current case management and client reporting system are being addressed through the CF/TN activities. This has been identified as a data reporting concern and further efforts are being made to improve data collection and reporting.

Timeliness

BHS seeks to ensure that individuals with a mental health concern have timely access to treatment services. Timeliness data is reported from the BHS report for the Annual External Quality Review, conducted on behalf of the CA Department of Health Care Services.

Program standards are that individuals requesting services are seen within ten days, as measured from the time of the first call to an intake assessment. Wait times for adults meet the target goal, with average wait time between requests for assistance and assessments being about nine days. Overall only 40% of consumers receive an intake assessment within 10 days.

Wait times for children exceed that target goal, with average wait times being about 17 days – twice as long as the wait times reported for FY 15/16. The increase in wait times for children and youth to receive an intake assessment is associated with a current shortage of psychiatrists. Psychiatrists are difficult to recruit and retain due to severe Statewide shortages of qualified candidates in this position. Recent approved increases in physician compensation may make the BHS more competitive in hiring.

Conclusions

Based on these findings, timely access to services is identified as a major area for improvement. Additionally, Latinos and African Americans are disproportionately represented in the service population; with Latino consumers under-served and African American consumers over-represented, particularly in crisis or emergency care services. Other populations with high unmet service needs include homeless individuals and consumers with co-occurring mental health and substance use disorders.

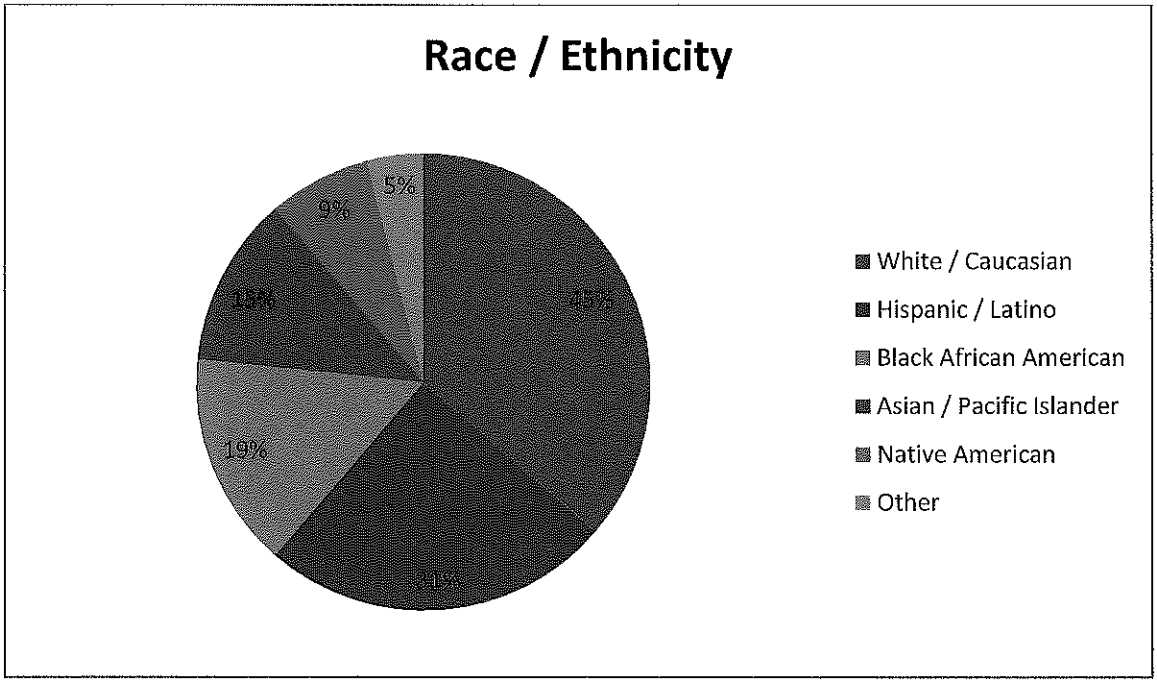
Three Innovation projects are proposed that will, jointly, address major system gaps and develop new strategies to link individuals to needed mental health services in more timely, culturally appropriate, and user friendly manners.

C. Consumer and Stakeholder Input Survey

Mental Health Program Survey Responses

Surveys were distributed to individuals seeking mental health and substance abuse treatment services at clinic and treatment programs throughout San Joaquin County. Over 600 surveys were returned (N=665) allowing for a statistically significant sample. Slightly more females than males completed surveys (53% compared to 46%) and nine individuals identified as transgender.

Half of all surveys were completed by individuals self-identifying as a mental health consumer and nearly 20% of survey respondents identified as a family member of a consumer; corresponding to a high rate of returns received from clients of the Children and Youth Services clinics. Forty percent of respondents also reported working for an agency that provides metal health or substance use treatment services, suggesting that some of those who report as professionals also are parents, family members, or consumers themselves.



Overall surveys show good satisfaction with overall services, with over 80% reporting that they would recommend BHS treatment services to someone who needs help for a mental health concern.

Consumers reported being most satisfied with the services that they receive from program staff. On a scale of one to four, with four being excellent and one being poor, survey respondents showed high levels of satisfaction with the professionalism and cultural sensitivity of staff, as well as thoroughness of services received. Consumers and other stakeholders showed much lower rates of satisfaction with the

information that is made available to the public via informational flyers and the website. Long wait times were also called out as needing improvement.

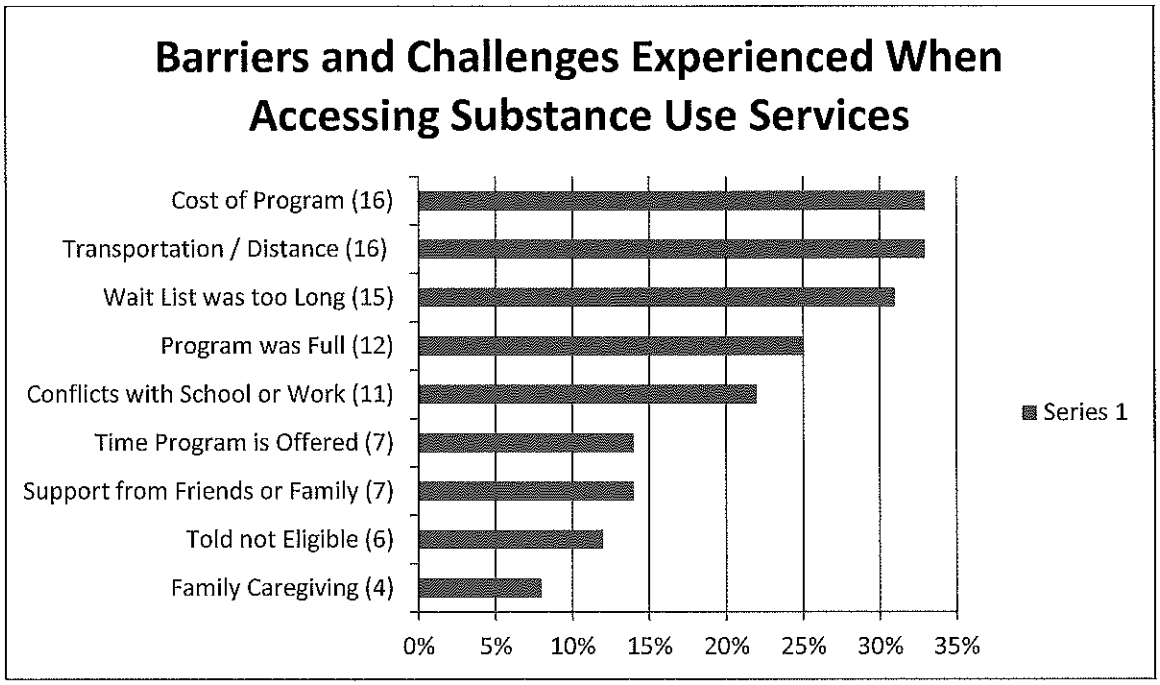
Survey respondents were also asked to report on unmet treatment needs. On a three point scale ranging from "we need a lot more services," "we need a little more services," and "we have the right amount of services," consumers and family members identified help getting their basic needs met and transportation to appointments as the highest unmet service needs (49% and 46%, respectively). On the same scale respondents reported that more services are needed for individuals who are homeless (57%), have frequent crisis episodes (54%) and those identified with co-occurring disorders (52%).

Survey respondents also included several suggestions in the comments portion of the questionnaire. Amongst the most common recommendations were:

- Hire more counselors, psychiatrists, and other clinical providers
- Provide clinical services more frequently
- Provide more housing support services
- Post more information on a website or otherwise advertise services better

Substance Use Program Survey Responses

Individuals with co-occurring disorders were asked to comment in particular on barriers to substance use treatment programs. Survey respondents reported that program cost was the greatest barrier to treatment services. Substance use treatment services are covered through MHSA funds for individuals enrolled in FSP programs, but may require sliding-scale co-pays for all others. Other barriers include transportation and long wait lists for substance use recovery programs.



D. Community Discussions

Consumer Focus Groups

Consumer focus groups were convened at the following locations:

- Recovery House, a residential treatment program serving individuals with co-occurring disorders
- Family Ties, a residential treatment program serving pregnant and post-partum women
- Peer Recovery Services, a consumer operated wellness center

Nearly all consumers participating in the focus group self-identified as having co-occurring mental health and substance use disorders.

The discussions focused on responses to the following questions:

- What aspects of BHS program services are working well for you and supporting you on your recovery journey?
- Are there barriers or challenges that make it difficult for you to meet your recovery goals?
- What was your experience when you first started seeking assistance? Do you have any recommendations on how we can improve access to services?
- Do you have any other recommendations on how BHS can improve services or otherwise support your recovery process?

Overall, consumers who participated in the focus groups reported a strong appreciation of their clinicians and case management who provided services to them on a daily basis. They reported that case planning and one-on-one time with case managers was one of the most beneficial aspects of services and that being able to participate in groups and individual counseling sessions remained among their highest service priorities.

Consumers also reported significant barriers in their recovery services. Increasingly, consumers discussed access to housing and the ability to maintain and secure safe and affordable housing as one of the largest barriers to treatment services. This year housing concerns eclipsed transportation concerns which is typically the largest barrier to accessing treatment services. Access to programming in native language, including Spanish, was also identified as a barrier amongst several focus group participants.

Barriers associated with housing are the general lack of affordable housing in San Joaquin County (vacancy rates are very low, at about 6%); and the condition of the available housing units. Several consumers sited apprehension about their housing situations, reporting health and safety concerns associated with pests, mold, consistent access to hot water, etc. Consumers indicated an unwillingness to report adverse housing conditions for fear of eviction or other actions that could lead to their losing housing.

Other barriers associated with access to services include timeliness of services, with some consumers reporting very long wait times to see a psychiatrist.

Recommendations to improve services include:

- More one-on-one time with counselors and case managers
- More supports to get basic needs met
- More coordinated services for individuals with co-occurring disorders
- More outreach, engagement, and on-site treatment services for homeless individuals
- More access to housing support services

Potential Partner Focus Groups

Meetings were held with dozens of stakeholders and community partners to determine new opportunities to expand and enhance services for individuals with mental illnesses, per San Joaquin County Board of Supervisors directives to expand and enhance collaborative efforts across government and community based partners (Three Year Strategic Priorities). The BHS planning team also met individually and in focus group discussions with housing providers, substance use disorder treatment providers, primary health care providers, and law enforcement and justice partners.

The following key findings and recommendations emerged from these discussions:

- There are insufficient affordable housing units available to ensure that all mental health consumers have safe and secure housing options.
    - Recommendation: Create new affordable housing solutions, blending funding from multiple sources.
- There are insufficient outreach and engagement staff members conducting "field outreach" with individuals whose symptomology indicates a possible mental health disorder.
    - Recommendation: Reconsider outreach and engagement with a multi-agency approach. Include law enforcement in discussions to enhance local capacity to divert individuals with mental health conditions from the local jail.
- The population of homeless individuals with serious mental illness may be higher than anticipated. In the 2017 unsheltered homelessness count, 30% of homeless individuals self-reported a mental health concern.
    - Recommendation: Linkages to mental health services should be developed in tandem with any efforts to increase homeless outreach and engagement. More opportunities should be made available to meet individuals where they are during the assessment process.
- Individuals with serious mental illnesses continue to have high rates of co-morbid conditions, including co-occurring substance use disorders, high blood pressure, and diabetes. Smoking rates are very high amongst consumers and continue to lead to chronic health conditions.
    - Recommendation: Strengthen partnerships with primary health care services. Create joint training opportunities for psychiatrists and primary care physicians.

E. Public Review

1. Dates of the 30 day Review

The document was posted for review and circulation on the *Document Center* of the San Joaquin MHSA website on April 21, 2017. The public review closes on May 23, 2017.

Comments were accepted via e-mail to: mhsacomments@sjcbhs.org

Or via postal mail to:

San Joaquin County Behavioral Health Services
Attn: MHSA Planning Coordinator
1212 N. California St.
Stockton CA, 95202

2. Methods of Circulation

E-mail notices were sent to all members of the BHS MHSA e-mail list, which has been compiled and updated continuously since MHSA planning began in 2006. Contracted providers were asked to post notifications in their public program areas that the draft plan was available for review. The plan was posted for review on the San Joaquin MHSA website at:

http://www.sjmhsa.net/documentcenter.htm

3. Public Hearing

May 24, 2017
6:00pm – 8:00pm
1212 N. California St.
Conference Rooms B & C
Stockton, CA 95202

4. Substantive Comments

One written comments received prior to the public hearing included a request for more focus groups with consumers and family members. The commentator suggested that a focus group should be held with adult male consumers to discuss societal pressures and expectations of manhood, opportunities for housing and employment, and managing recovery and wellness.

Written comments and public testimony received during the public hearing were presented by a coalition of community based organizations that expressed concern that the planning process did not receive enough input from community based organizations representing underserved populations.

Both comments were addressed during the public hearing process and are viewed by BHS as an opportunity to expand community outreach and engagement, work with new partners to reach deeper into underserved communities, and to update community program planning processes.

Following the Public Hearing BHS contacted a representative of the coalition to schedule a meeting the purpose of which is to discuss opportunities for new projects that will improve access to mental health services for underserved populations and to strategize new approaches for gathering input from underserved communities. Further meetings are also planned as part of ongoing MHSA planning; additional community input will inform the Innovation Program Planning currently underway.

No substantive changes to the DRAFT three year program and expenditure plan were recommended.

III. Summary of MHSA Program Priorities

MHSA programs align with the mission, vision, and planning priorities established by San Joaquin County Behavioral Health Services in collaboration with its consumers and stakeholders.

Mission Statement

The mission of San Joaquin County Behavioral Health Services is to partner with the community to provide integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of San Joaquin County residents.

Vision Statement

The vision of San Joaquin County Behavioral Health Services is to collaborate as a resilient team exploring changes, sharing ideas, striving to empower consumers, families, volunteers and care providers toward building hope, addressing disparities, and fostering wellness and recovery through individual strength-based treatment.

BHS Planning Priorities

MHSA Program Summaries and Implementation Updates follow.

A. Prevention and Early Intervention

PEI Projects are organized into three component areas, Prevention, Early Intervention, and Other PEI Projects. Other PEI projects include those projects whose primary objectives are Stigma and Discrimination Reduction; Enhancing Access and Linkages to Treatment; and Suicide Prevention. Two new programs are planned with PEI funding.

Prevention and Early Intervention Projects Summary		
Component	**Program Name**	**Program Summary**
Prevention	Skill Building for Parents and Guardians	**Summary:** Community-based parenting groups to improve parenting skills and build protective factors for children and families who are at risk for, or have experienced, traumatic situations. Programs will mitigate childhood exposure to trauma and/or mitigate behavioral, emotional, or developmental problems through appropriate parenting interventions. Contracts were awarded to Child Abuse Prevention Council, Parents by Choice, Community Partnership for Families – and Catholic Charities via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 17/18:** None anticipated.
Prevention	Mentoring for Transitional Age Youth	**Summary:** Intensive mentoring and support for transitional age youth with emotional and behavioral difficulties who do not meet the criteria for specialty mental health care services at this time. The program will target high-risk youth. Contracts were awarded to Child Abuse Prevention Council and Women's Center Youth and Family Services via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 17/18:** None anticipated.
Early Intervention	Trauma Services – Collaboration with Child Welfare Services	**Summary:** Provides early mental health interventions for adolescents who have experienced trauma and abuse. Activities include screenings and short term interventions for adolescents at risk of developing serious mental illnesses. Major project components include (1) Prevention Team to respond with CPS when children are removed from the home; (2) Dedicated Team stationed at the Mary Graham Children's Center providing assessment, brief counseling, and psycho/social education; (3) Transition support for children and youth who are moved from group to family-based homes in the community. **Substantial Changes or Updates for FY 17/18:** Recruitment of clinical staff will be expedited to ensure the budgeted personnel are in place for the effective and efficient delivery of planned services to meet the program goals. Project component updated to reflect implementation activities in 2016-17.

Prevention and Early Intervention Projects Summary		
Component	**Program Name**	**Program Summary**
Early Intervention	Trauma Services for Children and Youth	**Summary:** Provides early mental health interventions for children who have experienced trauma and abuse. Activities include screenings and short term interventions for children at risk of developing serious mental illnesses. Contract awarded to Valley Community Counseling Center via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 17/18:** None anticipated.
Early Intervention	Early Interventions to Treat Psychosis	**Summary:** Provides early and integrated treatment to individuals within the early stages of psychosis, typically within the first two years of onset. Components will include, coordinated program referrals; outreach and engagement; assessment and diagnosis; cognitive behavioral therapy; education support groups; medication management; and individualized support and case management. Contract awarded to Telecare via a competitive application process. Program start-up occurred in FY 2015/16. **Substantial Changes or Updates for FY 17/18:** None anticipated
Other PEI Project	Community Trainings A Stigma and Discrimination Reduction Project.	**Summary:** Community trainings to increase the recognition of early signs of mental illness and to effectively respond and link individuals to services. Community trainings were provided by the local NAMI chapter in San Joaquin County. Trainings included (1) In Our Own Voices to raise awareness of mental illnesses and reduce stigma and discrimination; (2) Peer to Peer for consumers interested in maintaining wellness; and (3) Provider Education Programs, targeting staff within public agencies such as educators, law enforcement, and health care providers to raise awareness of and responsiveness to the mental health related needs of their clients, and to and reduce stigma and discrimination. **Substantial Changes or Updates for FY 17/18:** All community trainings are anticipated to continue. Additionally, BHS will explore additional resources to provide Mental Health First Aid Trainings.
Other PEI Project	Juvenile Justice Project An Access and Linkages to Treatment Project	**Summary:** Provides behavioral health screening, assessment, brief and focused interventions, and transition services for youth detained in San Joaquin County's Juvenile Justice Center for short-term stays. Services continued to serve youth detained in the San Joaquin County Juvenile Detention Center. Services include brief and short term interventions as needed to make a diagnosis and or treatment plan. **Substantial Changes or Updates for FY 17/18:** None anticipated.
Other PEI Project	Suicide Prevention in Communities and Schools	**Summary:** Creates universal and targeted suicide awareness and prevention campaigns at local schools. Funding was allocated to the Child Abuse Prevention Center via a competitive application process. Program start-up occurred in FY 2015/16.

Prevention and Early Intervention Projects Summary		
Component	**Program Name**	**Program Summary**
		Funding was allocated to CalMHSA for statewide activities. **Substantial Changes or Updates for FY 17/18:** None anticipated.
New PEI Project (Prevention)	Family Therapy for Youth	**Summary:** Continues a successful Innovation Project, *Adapting Functional Family Therapy*. Family Therapy will be continued as a PEI prevention program for at-risk youth ages 11-18. Fidelity monitoring will be discontinued. **Implementation in FY 17/18**
New PEI Project (Early Intervention)	Recovery Services for Victims of Human Trafficking	**Summary:** Provides case management and behavioral health services for individuals who have been victims of human trafficking to address low self-esteem; limited access to natural supports; and trauma related symptomology. Provides mental health screening and trauma informed interventions. Provides trauma training to employees and volunteers within the Family Justice Center on creating an atmosphere of trauma informed care. Provides immediate crisis intervention as needed. **Implementation in FY 17/18**

B. Community Services and Supports

CSS Projects are organized into two component areas, Full Service Partnership (FSP) programs and Non-FSP Programs. Non-FSP programs include outreach and engagement programs as well as general system development programs providing Housing, Employment and Other Client Support Services; Community Crisis Response; General System Development Expansion and Administration Programs. Three new programs are planned through CSS funding.

Community Services and Supports Projects Summary and Updates		
Component Area	**Program Name**	**Program Summary**
Full Service Partnership (FSP) Programs		
Full Service Partnership (FSP)	Children and Youth FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved youth and families who have not yet received services necessary to address impairments and stabilize children and youth within their own environments. Priority populations: children and youth 10-17 with serious emotional disturbances or mental illness who are involved with either the juvenile justice or foster care systems. Provides intensive FSP services to children and youth. **Substantial Changes or Updates for FY 17/18:** None anticipated.
Full Service Partnership	Transitional Age Youth FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved transitional age youth 18-25 with a diagnosed mental illness who are having difficulty stabilizing in and managing their own treatment and recovery. Priority populations: young adults ages 18-25 with co-occurring disorders, and young adults 18-25 who are exiting the foster care system. Provides intensive FSP services to transitional age youth. **Substantial Changes or Updates for FY 17/18:** None anticipated.
Full Service Partnership	Adult FSP	**Summary:** Provides intensive and comprehensive mental health services to unserved and underserved adults who are homeless, or at risk of becoming homeless; or, involved in the criminal justice system; or, frequent users of hospital and/or emergency room services as the primary resource for mental health treatment; or, are at risk of institutionalization. Priority enrollment is for those with the highest level of impairment as determined by a clinical assessment, followed by criminal justice involvement. Provides intensive FSP services to adults. **Substantial Changes or Updates for FY 17/18:** None anticipated.

Full Service Partnership	Older Adult FSP	**Summary:** Provides individualized and focused treatment to older adults 60 and over with serious mental illness and/or co-occurring substance use disorders. Priority population: Older adults aged 60 and over, with serious mental illness and one or more priority risk factors. Provides intensive FSP services to older adults. **Substantial Changes or Updates for FY 17/18:** None anticipated
Full Service Partnership	Community Corrections FSP **New Program Planned**	**Summary:** Provides a full spectrum of mental health services to consumers who are engaged by the criminal justice system and in collaboration with San Joaquin County Jail, Correctional Health Services, the Collaborative Court System, the Probation Department, and other justice agencies. Provides intensive FSP services to forensic mentally ill clients. **Substantial Changes or Updates for FY 17/18:** New program will be developed in partnership with a qualified mental health treatment provider.
Full Service Partnership	Intensive Adult FSP **New Program Planned**	**Summary:** Serves adults consumers with severe and persistent mental illnesses that have not responded successfully to other treatment options, including, those returning from an institutional of mental disorders, psychiatric hospitalization, other placement, or to prevent a placement or hospitalization from occurring. This project will continue with the InSPIRE FSP program. **Substantial Changes or Updates for FY 17/18:** New FSP program with long-term supported housing opportunities will be developed in partnership with a qualified mental health treatment provider.
Full Service Partnership	FSP Engagement	**Summary:** FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services. Engagement services provide a warm link into FSP program services and warm hand-off to outpatient specialty mental health services upon discharge from an FSP. **FY 16/17 Implementation** Culturally and linguistically appropriate outreach and engagement services are provided by BHS staff in collaboration with the following community partners: APSARA, El Concilio, Community Partnerships for Families - San Joaquin, Lao Family, Mary Magdalene, Native Directions, and VIVO - Vietnamese Voluntary Foundation. **Substantial Changes or Updates for FY 17/18:** None anticipated
Full Service Partnership	FSP Housing Empowerment Services	**Summary:** Provides voluntary, flexible supports to help people with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Program activities include housing services for individuals enrolled in FSP programs and case management activities to facilitate access to housing for consumers not enrolled in FSP programs. **Substantial Changes or Updates for FY 17/18:** None anticipated.

Component Area	Program Name	Program Summary
Non-FSP Programs		
Outreach & Engagement Programs	Whole Person Care Pilot Project	**Summary:** An application was submitted to the California Department of Health Care Services (DHCS) for the California Medi-Cal 2020 Demonstration grant program ($3.5 million, annually). MHSA funds will match $625,000 for mental health related services associated with the Whole Person Care project. **Substantial Changes or Updates for FY 17/18:** Implementation is expected in FY 2017-18.
Outreach & Engagement Programs	Expanded Mental Health Engagement	**Summary:** CSS Mental Health Engagement services will reach out to individuals with mental illnesses who are unserved by the mental health system and to individuals for whom disparities in access to treatment are prevalent. **Substantial Changes or Updates for FY 17/18:** None anticipated.
General System Development Programs	Wellness Centers	**Summary:** Provides classes and information on services and supports available in the community, self-help and peer-support group activities, and trainings and workshops to promote long term recovery and well-being on a variety of topics: from positive parenting, to nutrition and active lifestyles, to job development skills. **Substantial Changes or Updates for FY 17/18:** None anticipated.
General System Development Programs	Project Based Housing **New Program Planned**	**Summary:** Provides funding to establish a Project Based Housing Fund in order to acquire or renovate new housing units in partnership with the Housing Authority of San Joaquin and to establish a Capitalized Operating Subsidy Reserve. **Substantial Changes or Updates for FY 17/18:** This is the first year of implementation.
General System Development Programs	Employment Recovery Services	**Summary:** Provides vocational rehabilitation for people with serious mental illnesses that emphasize helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. **Substantial Changes or Updates for FY 17/18:** None anticipated.
General System Development Programs	Community Behavioral Intervention Services	**Summary:** Provides behavioral intervention work in the community to consumers who are having a hard time managing behaviors and impulses and address behaviors or symptoms that jeopardize mental health consumers' recovery, wellness and quality of life. **Substantial Changes or Updates for FY 17/18:** None anticipated.
General System Development Programs	Mobile Crisis Support Teams	**Summary:** Provides community-based mental health assessment and intervention for individuals experiencing mental health issues and to avert a mental health related crisis. **Substantial Changes or Updates for FY 17/18:** None anticipated.

General System Development Programs	Crisis Services	**Summary:** Provides a range of 24/7 crisis services for any individual experiencing a mental health emergency in San Joaquin County. MHSA funding is used to expand and enhance mental health services and/or program capacity beyond what was previously provided. **Substantial Changes or Updates for FY 17/18:** None anticipated.
General System Development Programs	System Development Expansion	**Summary:** Provides outpatient clinic services and supports for children, transitional age youth, adults and older adults who meet the criteria for specialty mental health care. MHSA funding is used to expand and enhance mental health services and/or program capacity beyond what was previously provided. **Substantial Changes or Updates for FY 17/18:** None anticipated.
Discontinued Project	MHSA Housing	**Summary:** Provides funding for the development and construction of permanent, affordable, and supportive housing for individuals with serious mental illnesses. It is a statewide program that operates in partnership with California Housing Finance Agency. All program funds allocated. Three low-income affordable housing projects completed final approval stages and have begun construction. The projects will create over 200 new units of affordable housing in San Joaquin County, nearly 40 of which will be set aside for mental health consumers. **Substantial Changes or Updates for FY 17/18:** Housing Program Status Update: • Zettie Miller's Haven: Construction is near final and leasing is in progress. • Tienda Drive: Renamed Cranes Landing. Construction is near final and leasing is in progress. • Anchor Village: Development and Construction continues as planned.

C. Workforce Education and Training

Workforce Education and Training Projects Summary and Updates	
Component & Project Area	**Program Summary**
Training and Technical Assistance	**Summary:** Provides for the delivery of trainings throughout San Joaquin County to support the delivery of high quality, culturally competent and consumer- and family-driven mental health services and supports. **FY 16/17 Implementation:** A variety of trainings were provided, with emphasis on supporting consumers in completing Wellness Recovery Action Plans; additionally BHS convened crisis intervention trainings for first responders **Substantial Changes or Updates for FY 17/18:** WET funding will be used to conduct Medication Assisted Treatment (MAT) training for psychiatrists and local primary care physicians and other trainings as needed. This is the last year for MHSA WET funding.
Mental Health Career Pathways	**Summary:** Provides for clinical supervision to meet licensure requirements and helps prepare consumers and family members of consumers for employment and support them in their career growth and development. **FY 16/17 Implementation:** Project activities continued with licensed and experienced Mental Health Clinicians providing supervision to assist interns in gaining licensure. **Substantial Changes or Updates for FY 17/18:** A dedicated clinical supervisor will provide supervision to assist interns in gaining licensure. This is the last year for MHSA WET funding
Financial Incentives	**Summary:** Provides financial incentives to address workforce shortages including hiring incentives and educational incentives, including stipends, loan assumption and/or scholarship programs. **FY 16/17 Implementation:** Financial incentive program developed. **Substantial Changes or Updates for FY 17/18:** This is the last year for MHSA WET funding
Workforce Staffing Support	**Summary:** Provides for a WET Coordinator to manage MHSA workforce development activities. **FY 16/17 Implementation:** Project activities for the WET coordinator continue, including monitoring programs, developing trainings, and promoting ongoing workforce development. **Substantial Changes or Updates for FY 17/18:** This is the last year for MHSA WET funding.

D. Innovation

Functional Family Therapy will conclude as an INN project in June 2017. Three new Innovation Projects are planned. A separate Innovation Plan will be posted for Public Review and Consideration per the INN guidelines and the recommendations of the Mental Health Services Oversight and Accountability Commission. Additionally funding will be reserved for program planning, implementation, and evaluation. Evaluation is a required component of all INN projects.

Innovation Projects Summary and Updates	
Component & Project Area	**Program Summary**
Functional Family Therapy *Project Ending*	**Summary:** Provides an adaption of the evidence based practice, Functional Family Therapy to at risk children and youth in San Joaquin County. **FY 16/17 Implementation:** This Innovation ends June 2017. **Substantial Changes or Updates for FY 17/18:** This project concludes in 16/17. Successful portions are adopted into a new PEI prevention program: Family Therapy
Assessment and Respite Center *DRAFT Project Concept.*	**Summary:** Provides mental health screenings, assessments and linkages to services through a local community clinic organization to improve access to services for underserved populations. Includes the creation of a centralized Behavioral Health Assessment Center that will coordinate outreach, engagement, assessment and service referrals and linkages for all community members, including those that are very reluctant to access services such as those that are homeless or involved with the criminal justice system. **Implementation in FY 17/18:** A partnership with Community Medical Centers Inc., a Federally Qualified Health Center operating in San Joaquin County. The project introduces a new community-based partnership model for screening, assessment, referral and treatment of mental health conditions through the creation of a system of care offering a full spectrum of integrated services.
Scattered Site Housing *DRAFT Project Concept.*	**Summary:** Provide for a graduated approach to permanent housing for mental health consumers through a series of scattered site housing programs that provide supportive services that are reflective of the level of intensity required by different cohorts of consumers. Utilizes a Housing First approach to engaging consumers that have been historically reluctant to engage in mental health treatment services. **Implementation in FY 17/18:** A partnership with Sacramento Self Help Housing, DBA Stockton Self Help Housing (SSHH). The project adapts a promising model, developed by SSHH, to San Joaquin County and strengthens the model through case coordination and on-site mental and primary health care services.
Supported Housing Program *DRAFT Project Concept.*	**Summary:** Provides long term supportive housing for consumers with severe mental illnesses that are returning from or at risk of placement in a higher level of care such as a crisis residential or institution. **Implementation in FY 17/18:** A partnership with the Housing Authority of San Joaquin. The project introduces an approach to reducing isolation and achieving case plan goals originally used in a non-mental health context in order to improve consumer outcomes.

E. Capital Facilities and Technological Needs

Capital Facilities and Technological Needs Projects Summary and Updates	
Component & Project Area	**Program Summary**
CSU Expansion	**Summary:** Expands an existing Crisis Stabilization Unit to include two new treatment units. The CSU now has distinct treatment units to serve: voluntary adults, involuntary adults, and children and youth. **FY 16/17 Implementation:** The majority of construction was completed in December 2016. The new CSU is open and accepting clients. **Substantial Changes or Updates for FY 17/18:** Minor construction details are still pending and will continue in 2017/18
Facility Upgrades and Renovations	**Summary:** Provides funding to upgrade and renovate restrooms, signage, and walkways on the main BHS campus to increase accessibility and decrease identified pedestrian / wheelchair access hazards. **FY 16/17 Implementation:** Not applicable **Substantial Changes or Updates for FY 17/18:** Funding will be allocated as recommended.
Develop and Implement an Electronic Health Record System	**Summary:** Project installs an Electronic Health Record for BHS. Includes updates to outdated programs used by BHS clinicians to track consumer mental health services and health records. **FY 16/17 Implementation:** Implementation is ongoing. **Substantial Changes or Updates for FY 17/18:** None anticipated.

F. 2016 Per Person Cost Analysis for CSS Programs

	2016 Participants	2016 CSS Budget	Per Person Investment
Full Service Partnership Programs			
Children and Youth FSP	139	$ 1,228,798	$ 8,840
Transitional Age Youth FSP	76	$ 734,264	$ 9,661
Adult FSP	1731	$ 3,728,485	$ 2,153
Older Adult FSP	116	$ 640,528	$ 5,521
Community Corrections FSP	174	$ 877,647	$ 5,043
Intensive Adult FSP*	NA	NA	NA

**Intensive FSP programs will start FY17/18*

	2016 Participants	2016 CSS Budget	Per Person Investment
Consumer Support Services			
Wellness Center	675	$ 432,847	$ 641
Housing Empowerment Services	252	$ 1,217,156	$ 4,830
Employment Recovery Services	69	$ 192,689	$ 2,793
Community Behavioral Intervention Services	93	$ 309,163	$ 3,324
Crisis Response Services			
Warm Line / CCRT	4382	$ 501,452	$ 114
Mobile Crisis Support Team	691	$ 293,884	$ 425

G. Mental Health Services Act Program Budgets

Program Budgets for FY 2017/18, 18/19, and 19/20 follow.

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: San Joaquin Date: 4/19/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Sub-account	Estimated Other Funding
PEI Programs - Prevention						
1. Skill Building for Parents	628,307	628,307				
2. Family Therapy for Youth 11-18	1,364,079	1,364,079				
3. Mentoring for Transitional Age Youth	919,126	919,126				
PEI Programs - Early Intervention						
4. Trauma Services-Collaboration with Child Welfare Service	1,609,125	1,609,125				
5. Trauma Services-Children & Youth	852,169	852,169				
6. Early Interventions in the Treatment of Psychosis	600,000	311,863	288,137			
7. Recovery Services for Victims of Human Trafficking	600,000	600,000				
Other PEI Programs						
8. Community Trainings	35,500	35,500				
9. JJC - Access and Linkage to Treatment	985,383	720,924	190,897		2,361	71,201
10. Local Suicide Prevention in Communities & Schools	624,799	624,799				
PEI Administration	1,627,634	1,627,634				
PEI Assigned Funds	0					
Funds assigned to CalMHSA	217,541	217,541				
Total PEI Program Estimated Expenditures	10,063,663	9,511,067	479,034	0	2,361	71,201

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: San Joaquin Date: 4/19/17

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Sub-account	Estimated Other Funding
PEI Programs - Prevention						
1. Skill Building for Parents	647,156	647,156				
2. Family Therapy for Youth 11-18	1,405,001	1,405,001				
3. Mentoring for Transitional Age Youth	946,700	946,700				
PEI Programs - Early Intervention						
4. Trauma Services-Collaboration with Child Welfare Service	1,657,399	1,657,399				
5. Trauma Services-Children & Youth	877,734	877,734				
6. Early Interventions in the Treatment of Psychosis	609,356	321,219	288,137			
7. Recovery Services for Victims of Human Trafficking	618,000	618,000				
Other PEI Programs						
8. Community Trainings	36,565	36,565				
9. JJC - Access and Linkage to Treatment	1,007,011	742,552	190,897		2,361	71,201
10. Local Suicide Prevention in Communities & Schools	643,543	643,543				
PEI Administration	1,676,463	1,676,463				
PEI Assigned Funds		0				
Funds assigned to CalMHSA	217,541	217,541				
Total PEI Program Estimated Expenditures	10,342,469	9,789,873	479,034	0	2,361	71,201

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: San Joaquin Date: 4/19/17

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Sub-account	Estimated Other Funding
PEI Programs - Prevention						
1. Skill Building for Parents	666,571	666,571				
2. Family Therapy for Youth 11-18	1,447,151	1,447,151				
3. Mentoring for Transitional Age Youth	975,101	975,101				
PEI Programs - Early Intervention						
4. Trauma Services-Collaboration with Child Welfare Service	1,707,121	1,707,121				
5. Trauma Services-Children & Youth	904,066	904,066				
6. Early Interventions in the Treatment of Psychosis	618,993	330,856	288,137			
7. Recovery Services for Victims of Human Trafficking	636,540	636,540				
Other PEI Programs						
8. Community Trainings	37,662	37,662				
9. JJC - Access and Linkage to Treatment	1,029,288	764,829	190,897		2,361	71,201
10. Local Suicide Prevention in Communities & Schools	662,849	662,849				
PEI Administration	1,726,757	1,726,757				
PEI Assigned Funds	0					
Funds assigned to CalMHSA	217,541	217,541				
Total PEI Program Estimated Expenditures	10,629,640	10,077,044	479,034	0	2,361	71,201

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: San Joaquin Date: 4/19/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	3,828,311	2,263,685	1,004,933		558,743	950
2. Transitional Age Youth FSP	676,377	449,490	226,887			
3. Adult FSP	10,297,794	5,798,647	4,465,097			34,050
4. Older Adult FSP	1,394,964	1,072,052	309,612			13,300
5. Community Corrections FSP	2,618,625	2,380,001	211,783			26,841
6. Intensive FSP Program	1,381,962	1,318,374	63,588			
7. FSP Engagement	995,770	995,770				
8. FSP Housing Empowerment Services	1,397,481	1,318,481				79,000

Non-FSP Programs						
1. Whole Person Care Program	1,022,255	511,127				511,128
2. Expanded Mental Health Engagement	909,812	909,812				
3. Wellness Centers	476,151	476,151				
4. Project Based Housing Program	4,000,000	4,000,000				
5. Employment Recovery Services	186,042	186,042				
6. Community Behavioral Intervention Services	683,095	299,289	382,206			1,600
7. Mobile Crisis Support Team	642,453	93,017	234,282			315,154
8. Crisis Services	4,687,302	1,838,212	2,791,090			58,000
9. System Development Expansion	1,992,154	1,992,154				
CSS Administration	3,102,106	2,551,494	550,612			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	40,292,654	28,453,798	10,240,090	0	558,743	1,040,023
FSP Programs as Percent of Total	56.1%					

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	3,896,222	2,331,596	1,004,933		558,743	950
2. Transitional Age Youth FSP	689,862	462,975	226,887			
3. Adult FSP	10,471,753	5,972,606	4,465,097			34,050
4. Older Adult FSP	1,427,126	1,104,214	309,612			13,300
5. Community Corrections FSP	2,690,025	2,451,401	211,783			26,841
6. Intensive FSP Program	1,421,513	1,357,925	63,588			
7. FSP Engagement	1,025,643	1,025,643				
8. FSP Housing Empowerment Services	1,437,035	1,358,035				79,000

Non-FSP Programs						
1. Whole Person Care Program	1,037,589	526,461				511,128
2. Expanded Mental Health Engagement	937,106	937,106				
3. Wellness Centers	490,436	490,436				
4. Project Based Housing Program	4,120,000	4,120,000				
5. Employment Recovery Services	191,623	191,623				
6. Community Behavioral Intervention Services	692,074	308,268	382,206			1,600
7. Mobile Crisis Support Team	645,244	95,808	234,282			315,154
8. Crisis Services	4,742,448	1,893,358	2,791,090			58,000
9. System Development Expansion	2,051,919	2,051,919				
CSS Administration	3,178,651	2,628,039	550,612			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	41,146,269	29,307,413	10,240,090	0	558,743	1,040,023
FSP Programs as Percent of Total	56.0%					

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children & Youth FSP	3,966,170	2,401,544	1,004,933		558,743	950
2. Transitional Age Youth FSP	703,751	476,864	226,887			
3. Adult FSP	10,650,931	6,151,784	4,465,097			34,050
4. Older Adult FSP	1,460,252	1,137,340	309,612			13,300
5. Community Corrections FSP	2,763,567	2,524,943	211,783			26,841
6. Intensive FSP Program	1,462,251	1,398,663	63,588			
7. FSP Engagement	1,056,412	1,056,412				
8. FSP Housing Empowerment Services	1,477,776	1,398,776				79,000

Non-FSP Programs						
1. Whole Person Care Program	1,053,383	542,255				511,128
2. Expanded Mental Health Engagement	965,219	965,219				
3. Wellness Centers	505,149	505,149				
4. Project Based Housing Program	4,243,600	4,243,600				
5. Employment Recovery Services	197,372	197,372				
6. Community Behavioral Intervention Services	701,322	317,516	382,206			1,600
7. Mobile Crisis Support Team	648,118	98,682	234,282			315,154
8. Crisis Services	4,799,249	1,950,159	2,791,090			58,000
9. System Development Expansion	2,113,477	2,113,477				
CSS Administration	3,257,492	2,706,880	550,612			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	42,025,491	30,186,635	10,240,090	0	558,743	1,040,023
FSP Programs as Percent of Total	56.0%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: San Joaquin Date: 4/19/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	184,350	184,350				
2. Mental Health Career Pathways Programs	255,073	255,073				
3. Financial Incentive Programs	35,000	35,000				
4. Workforce Staffing Support	116,478	116,478				
WET Administration	71,163	71,163				
Total WET Program Estimated Expenditures	662,064	662,064	0	0	0	0

2017/18 is the last year for WET expenditures.

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: San Joaquin Date: 4/19/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Assessment and Respite Center	750,000	750,000				
2. Self-Help Housing Center	500,000	500,000				
3. Housing Authority Program	0	0				
4. Evaluation/Planning	175,000	175,000				
INN Administration	213,750	213,750				
Total INN Program Estimated Expenditures	1,638,750	1,638,750	0	0	0	0

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Fiscal Year 2018/19	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Assessment and Respite Center	1,500,000	1,500,000				
2. Self-Help Housing Center	2,000,000	2,000,000				
3. Housing Authority Program	200,000	200,000				
4. Evaluation/Planning	350,000	350,000				
INN Administration	607,500	607,500				
Total INN Program Estimated Expenditures	4,657,500	4,657,500	0	0	0	0

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Assessment and Respite Center	1,500,000	1,500,000				
2. Self-Help Housing Center	2,000,000	2,000,000				
3. Housing Authority Program	200,000	200,000				
4. Evaluation/Planning	350,000	350,000				
INN Administration	607,500	607,500				
Total INN Program Estimated Expenditures	4,657,500	4,657,500	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: San Joaquin Date: 4/19/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
Contingency Funds for Capital Facilities Projects-						
1. CSU Expansion	526,347	526,347				
2. Facility Upgrades	500,000	500,000				
CFTN Programs - Technological Needs Projects						
Develop and Implement an 3. Electronic Health Record	1,752,664	1,752,664				
CFTN Administration	50,000	50,000				
Total CFTN Program Estimated Expenditures	2,829,011	2,829,011	0	0	0	0

2017/18 is the last year in which CFTN funds will be expended.

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County : San Joaquin

Date: 4/19/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	45,907,280	15,408,564	6,803,499	662,064	2,829,011	
2. Estimated New FY2017/18 Funding	23,805,100	5,951,700	1,565,700			
3. Transfer in FY2017/18[a/]						
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	69,712,380	21,360,264	8,369,199	662,064	2,829,011	
B. Estimated FY2017/18 MHSA Expenditures	28,453,798	9,511,067	1,638,750	662,064	2,829,011	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	41,258,582	11,849,197	6,730,449	0	0	
2. Estimated New FY2018/19 Funding	23,721,800	5,931,300	1,560,600			
3. Transfer in FY2018/19[a/]	0					
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	64,980,382	17,780,497	8,291,049			
D. Estimated FY2018/19 Expenditures	29,307,413	9,789,873	4,657,500			

E. Estimated FY2019/20 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	35,672,969	7,990,624	3,633,549				
2. Estimated New FY2019/20 Funding	23,792,965	5,949,094	1,565,282				
3. Transfer in FY2019/20[a/]	0						
4. Access Local Prudent Reserve in FY2019/20							0
5. Estimated Available Funding for FY2019/20	59,465,934	13,939,718	5,198,831				
F. Estimated FY2019/20 Expenditures	30,186,635	10,077,044	4,657,500				
G. Estimated FY2019/20 Unspent Fund Balance	29,279,299	3,862,674	541,331				

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	11,877,431
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	11,877,431
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2020	11,877,431
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	11,877,431

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

IV. MHSA Funded Project List

1. Prevention and Early Intervention Projects

Prevention Projects

- PEI Project 1: Skill Building for Parents and Guardians
- PEI Project 2: Family Therapy for Youth 11-18
- PEI Project 3: Mentoring for Transitional Age Youth

Early Intervention Projects

- PEI Project 4: Trauma Services: Collaboration with Child Welfare Services
- PEI Project 5: Trauma Services for Children and Youth
- PEI Project 6: Early Interventions to Treat Psychosis
- PEI Project 7: Recovery Services for Victims of Human Trafficking

Other PEI Projects

- PEI Project 8: Community Trainings
- PEI Project 9: Juvenile Justice Project
- PEI Project 10: Suicide Prevention in Communities and Schools

2. Community Services and Supports Projects

FSP Projects

CSS Full Service Partnership (FSP) Summary of Eligibility and Components

- FSP Project 1: Children and Youth FSP
- FSP Project 2: Transition-age Youth (TAY) FSP
- FSP Project 3: Adult FSP
- FSP Project 4: Older Adult FSP
- FSP Project 5: Community Corrections FSP
- FSP Project 6: Intensive FSP
- FSP Project 7: FSP Engagement
- FSP Project 8: FSP Housing Empowerment Services

Non-FSP Projects

- CSS Project 1: Whole Person Care Pilot Project
- CSS Project 2: Expanded Mental Health Engagement
- CSS Project 3: Wellness Centers
- CSS Project 4: Project Based Housing
- CSS Project 5: Employment Recovery Services
- CSS Project 6: Community Behavioral Intervention Services
- CSS Project 7: Mobile Crisis Support Team
- CSS Project 8: Crisis Services Expansion
- CSS Project 9: System Development Expansion

3. **Workforce Education and Training Projects**
    - WET Project 1: Training and Technical Assistance
    - WET Project 2: Mental Health Career Pathways Program
    - WET Project 3: Financial Incentives Programs
    - WET Project 4: Workforce Staffing and Support

4. **Innovation Projects**
    - INN Project 1: Assessment Center
    - INN Project 2: Scattered Site Housing
    - INN Project 3: Supported Housing
    - INN Project 4: Strategic Planning and Evaluation

5. **Capital Facilities and Technological Needs**
    - CFTN Project 1: Complete CSU Renovations
    - CFTN Project 2: Facility Upgrades
    - CFTN Project 3: Technological Needs Project

V. Prevention and Early Intervention

Overview

The Mental Health Services Act (MHSA) allocates funding for Prevention and Early Intervention (PEI) programs that help prevent the onset of emotional and behavioral disorders and mental illnesses, and improve timely access to mental health services for underserved populations. PEI services include education, information, supports, and interventions for children, transition age youth, adults, and older adults.

The purpose of prevention and early intervention programs is to prevent mental illnesses from becoming severe and disabling.

BHS has retained all projects funded in the prior year. Additionally, two new projects will be funded through PEI funds through this Three-Year Program and Expenditure Plan:

- Family Therapy retains the successful components of a previous Innovation Project to develop a modality to adapt Functional Family Therapy, an evidence-based and promising practice to San Joaquin County.

- Recovery Services for Victims of Human Trafficking expands and enhances an existing program responding to children and youth that have been victims of commercial exploitation. Services are expanded to address the mental health needs of transitional age youth and adult survivors of exploitation and/or trafficking.

PEI Project 1: Skill-Building for Parents and Guardians

Community Need
Research demonstrates that some of the risk factors associated with a higher than average likelihood of developing mental illnesses include adverse childhood experiences, trauma and ongoing stress, family or domestic violence, and prior self-harm or suicide attempts. Developing ways to empower parents with the skills necessary to mitigate stress within the family unit is essential to reducing risk and building resiliency among children and youth.

Project Description
Community-based organizations will facilitate evidence based parenting classes or groups in communities throughout San Joaquin County. Parenting classes or groups will target underserved populations and be conducted in multiple languages.

Project Goal: *To prevent and reduce risk factors for mental illness and increase protective factors associated with social connectedness, parent and family resilience, and knowledge of child development.*

Project Components
Community-based organizations will convene parenting classes or groups at one or more sites within San Joaquin County. Parenting classes will address parent and family resiliency, knowledge of child development, and support pro-social interactions and social connectedness.

Potential evidence-based parenting classes include:

Nurturing Parenting Program is a series of 10-12 independent 60-90 minute lessons designed to teach parents alternatives to physical punishment and improve parenting skills, including: 1) understanding feelings; 2) alternatives to spanking; 3) communicating with respect; 4) building self-worth in children; 5) praising children and their behavior; 6) ages and stages of growth for infants and toddlers; 7) the philosophy and practices of Nurturing Parenting; 8) learning positive ways to deal with stress and anger; 9) understanding and developing family morals, values and rules; and 10) ways to enhance positive brain development in children and teens. For more details about the evidence-based Nurturing Parenting Program see:
http://www.nurturingparenting.com

Strengthening Families is a 20-session program designed to engage parents in meaningful conversations about research based protective factors that mitigate the negative impacts of trauma. Protective factors include: 1) parental resilience; 2) social connection; 3) knowledge of parenting and of child and youth development; 4) concrete support in times of need; 5) children's social and emotional development; and 6) parent-child relationships. For more details about the evidence-based Strengthening Families program see:
http://www.strengtheningfamiliesprogram.org

Parent Cafes is a model derived from the Strengthening Families Initiative, and is a distinct process that engages parents in meaningful conversations about what matters most – their family and how to strengthen that family by building protective factors. Parent Cafés are focused on building the 5 research based protective factors that mitigate the negative impacts of trauma. See: http://www.bestrongfamilies.net/build-protective-factors/parent-cafes/

Positive Parenting Program (Triple P) is an evidence-based 12-hour program, delivered in six 2-hour group meetings with between 8 and 12 parents. The goal of Triple P is to prevent behavioral, emotional and developmental problems by teaching parents skills to reduce parental stress and increase confidence in parenting. The success of Triple P is demonstrated by increased knowledge, skills and confidence, as measured by a Parenting Task Checklist and decreased levels of stress, over-reactivity and hostility, as measured by the Parenting Scale. For more details about the Positive Parenting Program see: http://www.triplep.net/glo-en/home/

PEI Project 2: Family Therapy for Children and Youth

Community Need:

Parents and families of children and youth struggling with either early signs of mental health diagnoses, or serious emotional disorders, delinquency, violence, and substance abuse have few options to address the role that family dynamics or past family trauma may contribute to current behaviors. Research demonstrates that family therapy, in conjunction with a rehabilitative approach to counterproductive family dynamics, can build and engage parent cooperation in treatment and strengthen the extent to which the family system is conducive to recovery and wellness.

Project Description:

In 2013, BHS created the Adapting Functional Family Therapy (FFT) program through MHSA Innovation funding. The project sought to determine if the better outcomes could be achieved by adapting FFT to include parent partners within the treatment regime. Overall, participant families benefitted from the intervention, though not at a significantly greater extent than FFT provided as usual. Through ongoing PEI funding, BHS will continue to provide family therapy for at risk youth and families. Family Therapy may retain the three phase intervention approach delineated in the FFT model, though other approaches may be considered. FFT training and monitoring will be discontinued. The full project evaluation and lessons learned will be released December 2017.

Project Goal: *To reduce the incidence of serious emotional disturbances amongst children and youth by providing early therapeutic interventions to support recovery, wellness, and family strengthening.*

Project Components:

Provide family therapy and rehabilitation services for children and youth that are at risk for and/or presenting with delinquency, violence, substance use, conduct disorder, oppositional defiant disorder, disruptive behavior disorder, mood disturbances, anxiety symptoms, or trauma. Therapy, in conjunction with rehabilitation services, will be provided by a mental health clinician and paraprofessionals. Treatment goals consist of 8-15 sessions, with up to 26 sessions for serious situations.

Intervention approaches may include:

- *Motivational Interviewing.* Motivational Interviewing is a clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health. The approach upholds four principles— expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy (client's belief s/he can successfully make a change).
  See: http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing

- *Cognitive Behavioral Therapy (CBT):* CBT focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions (e.g., thoughts, beliefs, and attitudes), behaviors, and emotional regulation. It is widely used in family therapy and is recognized as a successful early intervention approach for youth. See: http://www.integration.samhsa.gov/integrated-care-models/IOM_Report_on_Prevention.pdf

- *Skill Building, Linkage to Parent Partners:* Parents and guardians often require support and advice during difficult times. Research shows that a caring peer partner, someone with similar lived experience, is an asset to treatment interventions. Parent partners will provide coaching, mentoring, and guidance to parents and guardians of engaged youth on navigating the system, achieving case plan objectives, and discussing tips and strategies for parenting, and strengthening the family system, and reinforce skill training in family communication, parenting problem solving, and conflict management.

PEI Project 3: Mentoring for Transition Age Youth

Community Need

Research demonstrates that some of the risk factors associated with a higher than average likelihood of developing mental illnesses include adverse childhood experiences, trauma and ongoing stress, family or domestic violence, and prior self-harm or suicide attempts. Early intervention services, including mentoring, are critical to support the ability of youth and young adults to develop resiliency and learn to cope effectively with adverse childhood experiences.

Project Description

Public agencies or community-based organization(s) serving at risk-youth ages 16-25 will provide intensive mentoring and support to transition-age youth with emotional and behavioral difficulties who do not meet the criteria for specialty mental health care. The program will target very high-risk youth, including youth who are gang involved or at risk of gang involvement, have been sexually exploited as minors or transitional age youth, or have other exposures to violence, criminality, or emotional abuse that have depleted their resiliency.

Project Goal: *To reduce the risk of transitional-age youth developing serious and persistent mental illnesses that are associated with adverse childhood experiences, severe trauma or ongoing stress, family or domestic violence, and/or self-harm or suicidal thoughts.*

Project Components

Program Referrals: BHS clinicians may refer youth needing additional mentoring and support to prevent the onset of serious mental illness. Youth may also be referred from the Children's Mobile Crisis Support Team, the Juvenile Justice Center clinical team, or the Children and Youth Services crisis team. Other referral sources may include local police departments, the County Probation Department, the City of Stockton's Ceasefire program, schools, hospitals and by self-referral utilizing a referral form.

Modest funding may be granted to selected public agencies working with very high-risk youth to support the referral process.

Mentoring and Support Services: Agencies or community-based organization(s) will provide intensive mentoring and other supportive services to high-risk transitional age youth who require counseling to prevent the onset of a serious emotional disorder but do not otherwise meet the criteria for specialty mental health services. Potential evidence based approaches include:

- *Transitions to Independence (TIP):* TIP is an evidence-based practice designed to engage youth with emotional and/or behavioral difficulties in making a successful transition to adulthood. TIP programs provide case management services and supports to engage youth in activities to help resolve past traumas and achieve personal goals.

  TIP mentoring:
  - engages youth in their own futures planning process;
  - provides youth with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports; and

- involves youth and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains (i.e., employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning).
  For more details on the TIP model, see: http://tipstars.org

- *Gang Reduction and Intervention Programs:* The Gang Reduction and Intervention Programs (GRIP) empower youth to leave or avoid gang life. Programs works closely with local law enforcement, schools and other nonprofits to help at-risk young people develop a positive self-image and a hopeful vision for the future.

  GRIP programs are highlighted as promising strategies by the Office of Juvenile Justice and Delinquency Prevention and GRIP programs across the country are currently undergoing evaluation to demonstrate their effectiveness and reliability.

  In general GRIP programs are multi-agency collaborations that include strong community- and faith-based organizational participation and that provide interventions and support services to help gang-involved youth and their families (including younger siblings) make positive choices. Often this work requires addressing and healing past traumas. For more details see:
  http://www.ojjdp.gov/programs/ProgSummary.asp?pi=38

PEI Project 4: Trauma Services Collaboration with Child Welfare Services

Community Need
Children and youth involved in the child welfare system are more likely to have been exposed to traumatic incidents, and those who are placed in foster care have undoubtedly experienced traumatic situations based on the fact that they have been separated from their family, and by the circumstances that led to their removal. Recognizing trauma and the effects of trauma among child welfare-involved children, minimizing additional trauma, and providing timely interventions to address trauma symptoms are core responsibilities of public agencies.

Behavioral Health and Child Welfare Services should work together to ensure that children and youth involved in the child welfare system receive comprehensive trauma screening and timely referrals to the most appropriate level of care, and depending on care needs, short-term behavioral interventions or longer-term treatments. This continuum of care should be offered within children's homes or in other community-based settings.

Furthermore, in alignment with AB 403, Behavioral Health and Child Welfare Systems should work collaboratively to ensure that youth in foster care have their day-to-day physical, mental and emotional needs met. Towards this end public agencies should offer training and support to foster families (now referred to as resource families) to better prepare them to care for children who've experienced traumatic situations, and whose experiences may result in trauma-related mental health symptoms.

Project Description
The project is designed to provide services and supports in collaboration with San Joaquin County Child Welfare Services (CWS). Program activities may include, but are not limited to

- Develop formal collaboration with CWS to 1) identify Child Welfare-involved children and youth who are at risk for trauma-related impairments; and 2) develop and implement strategies to meet their ongoing needs.
- Screen Child Welfare-involved children and youth for trauma and trauma-related symptoms.
- Refer children and youth to appropriate levels of care, including comprehensive behavioral health assessment, as appropriate.
- Provide short-term problem solving, safety planning, coping and resiliency skill-building to support Child Welfare-involved children during transition periods.
- Evaluate all children removed from their homes and placed at Mary Graham Center.
- Provide ongoing services and supports for all children and youth as they transition from Mary Graham or other temporary placements to permanent homes.
- Provide trauma-informed support and training to resource families.

Project Goals:
1) Decrease acuity of trauma reaction symptoms among CWS-involved children and youth. 2) Increase understanding of trauma and trauma-related illnesses among resource families.

Project Components:
This project is implemented in collaboration with Child Welfare Services and may be modified to align with the stipulations of the Foster Care Continuum of Care Reform Act (AB403) as best practice recommendations emerge across the state.

Project Component 1: Timely Trauma-Informed Screening

Children and youth ages, 6-17, who do not meet medical necessity for specialty mental health services, but who are referred by Child Welfare, will be screened by BHS Clinicians and Mental Health Specialists using the Traumatic Stress Symptoms Module of Child and Adult Needs and Strengths Assessment (CANSA). The CANSA is a locally-developed, validated assessment, treatment planning, and evaluation tool adapted from Praed Foundation's Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths (ANSA) instruments to serve San Joaquin County's behavioral health consumers across the age spectrum.

Further information on the CANS and ANSA instruments may be found at www.praedfoundation.org. Based on screening results and the child or youth's age, he or she will be linked to a variety of trauma-informed interventions. Screenings may be provided off-hour and on weekends in home-based and community settings, including Mary Graham Children's Center. Special emphasis will be placed on screening children recently removed from their homes and placed in Short-Term Residential Therapeutic Programs (STRTPs) and on children and youth who are still at home, but at risk of placement due to multiple or ongoing investigations and family crises.

Component 2: Trauma-Informed Interventions

Once screened, children and youth will be linked to supportive short-term evidence-based interventions to address previous traumas and sustain them through difficult transitions. Interventions will be provided at Mary Graham Children's Center and other community-and home-based locations, and may include the following:

Seeking Safety Trauma Treatment for Adolescents – Services are to adolescents (13-17) in individual or group settings, and are designed to address trauma symptoms of anxiety, depression, PTSD, and substance abuse. Seeking Safety is a "present-focused, coping skills therapy to help people attain safety from trauma and/or substance abuse." The intervention consists of 25 topics and based on 5 key principles: 1) safety as the overarching goal; 2) integrated treatment; 3) focus on ideals to counteract the loss of ideals in both trauma and substance abuse; 4) four content areas, including cognitive, behavioral, interpersonal, and case management; and 5) attention to clinician processes (i.e., clinician self-care and emotional responses.) Sessions are provided 1 or 1.5 hours twice per week for three months by clinical and/or paraprofessional staff. For more information see www.seekingsafety.org.

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems – MATCH-ADTC is individualized Clinical therapy for children, ages 6-12, using a collection of therapeutic components to use in day-to-day practice. The components include cognitive behavioral therapy, parent training, coping skills, problem solving and safety planning. The modules are designed to be delivered in an order guided by clinical flowcharts based on primary area of concern (e.g., trauma-related issues). For more information, see http://nrepp.samhsa.gov/ProgramProfile.aspx?id=64

Component 3: Resource Family Supports

BHS will offer Resource families, including kinship families, training in the causes and effects of adverse childhood experiences such has child abuse and neglect, strategies for dealing with trauma reactions; and strategies for self-care. BHS will use an evidence-based curriculum such as:

Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents – This is a PowerPoint-based designed to be taught by mental health professionals and a foster parent co-facilitator. The curriculum includes case studies of representative foster children, ages 8 months – 15 years, and addresses secondary traumatic stress in caregivers. The training includes a Participant Handbook with extended resources on Trauma 101; Understanding Trauma's Effects; Building a Safe Place; Dealing with Feelings and Behaviors; Connections and Healing; Becoming an Advocate; and Taking Care of Yourself. For more information, see http://www.nctsn.org/products/caring-for-children-who-have-experienced-trauma

PRAXES Empowerment for Families—Training and education to behavioral health providers to help resource families cope with expectations; develop stress management techniques; reintegrate children and youth with their families; and handle child's trauma. For more information see http://www.praxesmodel.com/. Trained staff will provide one on one and group support and education.

Project Component 4: Collaborative Meetings

San Joaquin County BHS will initiate quarterly meetings with CWS. Meetings will involve PEI program staff and Child Welfare staff responsible for program development and referrals. Meeting objectives will include the ongoing development of seamless referral processes to support timely trauma screenings and interventions. The collaborative will explore community needs, service gaps, and effective strategies for addressing childhood and adolescent trauma within the County.

PEI Project 5: Trauma Services for Children and Youth

Community Need
Research suggests that children and adolescents who have experienced trauma or abuse, and who do not receive early interventions, are at a greater risk for developing serious mental illnesses later in life. Children who have experienced trauma or abuse require tools to cope with adverse life events and interventions to reduce the long-term effects these events can cause.

Project Description
This project serves children and youth who are (1) attending schools that have, or will commit to implementing Positive Behavioral Interventions Services (PBIS); and/or (2) who are living in high risk neighborhoods, as evidenced by high rates of violent crimes, law enforcement calls, and/or referrals to Child Welfare Services.

Project Goal: *Reduce risk of Post-Traumatic Stress Disorders (PTSD) and other manifestations of trauma exposure, and improve access to treatment for those experiencing symptoms of trauma.*

Project Components:

Project 1: Contracted Trauma Services for Children

1. ***Personnel Training in Trauma:*** Training educators in understanding trauma, recognizing signs of trauma in children, screening children for trauma using an evidence-based screening tool and making referrals. Training will be provided using the core components of the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit, Second Edition (2014).

2. ***Trauma Screenings:*** Trauma screening for students who are identified as possibly experiencing symptoms of trauma exposure. Screenings will be conducted using the Trauma Events Screening Inventory for Children (TESI-C).

3. ***Short-term Trauma Interventions for Children***: Short-term, evidence-based, Medi-Cal eligible trauma interventions for children believed to be suffering from the effects of traumatic incidents. These interventions will include assessments, case management, Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), and linkages to alternate or additional services as needed.

    a. **Assessment:** Assess and evaluate students newly identified with symptoms of trauma. The assessment will be conducted by a Clinician and will include a diagnostic impression, mental status exam, and developmental history. The assessment process will also include the development of a Client Plan with the student and/or the legal guardian and/or primary caregiver.

    b. **Case Management:** Targeted case management services to help children reach their mental health goals, by providing education on mental health issues, and linking children to services such as more intensive services on campus, or referral to more appropriate services within the community or to BHS.

c. **Mental Health Services:** As clinically appropriate, services may include: Individual therapy (with or without family present), group therapy, collateral contacts, individual rehabilitative services, and group rehabilitative services.

d. **Referrals:** All children screened will be assessed to determine if they are appropriate for the short-term intervention or whether they should be immediately referred to more specialized services. All children receiving short-term interventions will be monitored to determine if, during the services or at completion, they should be referred to more intensive services.

Organizations providing these services will collaborate with one or more schools or school districts that commit to:

1. Implement PBIS in the schools that the *Trauma Services for Children* project will be offered;
2. Have personnel in those schools trained by a local organization in understanding trauma, recognizing signs of trauma in children, and screening children for trauma using an evidence-based screening tool;
3. Refer children found to have signs of trauma for further assessment and intervention; and,
4. Provide space on campus for trauma assessments and interventions (individual, family, and group intervention services).

In schools that have committed to implement PBIS, the following project activities will be implemented:

1. School personnel trained in
    - recognizing and understanding trauma; and
    - Conducting initial trauma screenings and referrals.
2. Provision and documentation of Medi-Cal reimbursable services for children believed to be suffering from the effects of traumatic incidents:
    - Comprehensive evidence-based trauma screenings and/or assessments;
    - Short-term evidence-based trauma interventions; and
    - Linkages for children to appropriate level of specialty mental health treatment through the child's health plan or BHS, if needed.

Project 2*:* Expand Clinical Services to High Risk Neighborhoods

Specialty Mental Health Services - Children's mental health clinicians are currently located at the main BHS campus location, and in Manteca at a satellite clinic. MHSA funding will be allocated in 2016/17 to expand clinical services to South Stockton, a low-income community of 100,000 residents with high rates of crime, poverty, low educational attainment, and socio-economic disparities. Through MHSA funding, clinical staff will be placed in a community center within the neighborhood, reducing barriers associated with getting to existing clinic locations. Project staff will work primarily with children, youth, and their families and will align with the *Healing South Stockton Initiative.* Clinical approaches will include trauma focused cognitive behavioral therapy.

PEI Project 6: Early Interventions to Treat Psychosis

Community Need: Research suggests that it is possible to prevent the acute onset of major psychotic disorders through a systematic approach to early identification and treatment. Identifying and responding appropriately to the condition early can prevent disability and may prevent the onset of the acute stage of illness. Psychotic disorders rarely emerge suddenly. Most often, the symptoms evolve and become gradually worse over a period of months or even years. Early symptoms of cognitive and sensory changes often go undiagnosed which can cause significant disability before the illness becomes acute and is diagnosed.

Project Description: The Early Interventions to Treat Psychosis (EITP) program to provide an integrated set of promising practices that research has indicated will slow the progression of psychosis, early in its onset. The EITP program will offer a combination of outreach, engagement, and evidenced-based treatments and supports, delivered to individuals throughout San Joaquin County, age 14-34, who have experienced their first full psychotic episode in the past two years or who are showing prodromal symptoms of psychosis.

Promising models include, but are not limited to:

1. Early Assessment and Support Alliance (EASA)
   Refer to: http://www.easacommunity.org/

2. Portland Identification and Early Referral Program (PIER)
   Refer to: http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/10/early-detection-and-intervention-for-the-prevention-of-psychosis.html

Project Goal: *To identify and provide treatment to individuals who have experienced their first full psychotic episode in the past two years or who are showing prodromal symptoms of psychosis in order to prevent disability and the onset of the acute stage of illness.*

Project Components

Program Referrals - Referrals to the EITP can come by a variety of resources, however, approval for program enrollment will be the responsibility of BHS.

Outreach and Engagement - Trained clinicians and peers will provide presentations to community agencies and organizations, service providers, and community members about early identification of schizophrenia and the services available to promote remission and recovery. Assessments will be provided in peoples' homes and in locations of their choosing. Active engagement efforts will aim to discourage individuals from dropping services once they are enrolled.

Assessment and Diagnosis – Trained clinicians will conduct a strength-based, recovery-oriented assessment using formal clinical assessment tools. There will be a follow up conducted every 12 months to determine exit readiness using an evidenced-based or promising practice tool or method.

Cognitive Behavioral Therapy (CBT) – CBT has been demonstrated in numerous research studies to be effective for depression, anxiety disorders, substance abuse, bipolar disorder, and schizophrenia (as an adjunct to medication), and for a variety of medical problems with psychological components. Cognitive Behavioral Therapists use a wide variety of techniques to help patients change their cognitions, behavior, mood, and physiology. Techniques may be cognitive, behavioral,

environmental, biological, supportive, interpersonal, or experimental. Cognitive-behavioral techniques include psycho-education, relaxation, social problem solving and cognitive restructuring.

Education and Support Groups – Provide rehabilitation and support groups, based on evidence based or promising practices, for consumers and family members. These groups will be designed to inform consumers and family members about mental illness, educate on how to access services needed, techniques of developing coping skills, and creating a social support system.

Medication Management: Provide medication management services to educate consumers regarding their psychiatric medications, symptoms, side effects and individualizing dosage schedules. Medications must be deemed effective and follow the current accepted standards of practice in the psychiatric community.

Individualized Support and Case Management: Case managers will work with clients and family members to address depression, substance abuse, family issues, and other challenges that impede recovery. Case managers will work to ensure that clients find and keep meaningful work, education, and permanent housing.

PEI Project 7: Recovery Services for Victims of Human Trafficking

Community Need

Human trafficking is a criminal industry plaguing California counties. San Joaquin County recognizes that the Central Valley has a large concentration of sex trafficking, as well as other forms of human trafficking. BHS participates in a county wide Human Trafficking Taskforce with the goal of identifying victims, providing outreach, linkage to community resources, and mental health treatment.

Project Description

The San Joaquin County Family Justice Center strives to provide a one-stop location where victims and families can obtain resources to assist them with getting out of "the life". Victims can receive many referrals and resources but often do not understand the value of each resource. Additionally, victims often suffer from low self-esteem; limited access to natural supports; and trauma related symptomology. This often limits the victims' ability to access available resources in a way that will help them meet their goals and find recovery.

BHS will provide funding to Women's Center Youth and Family Services, a community based organization providing counseling and case management services for San Joaquin County's Commercial and Sexually Exploited Children Prevention and Intervention Project. BHS funding will expand the target population to include all victims of human trafficking regardless of age or gender.

Project Goal: *To identify and provide treatment to individuals who victims of human trafficking or other exploitation that are showing symptoms of post-traumatic stress disorder, recovering from a cycle of abuse and intimidation, and overcoming unhealthy attachments.*

Project Components

1. **Screening and Engagement**
   Referrals for mental health screening and program engagement will occur through the San Joaquin County Family Justice Center and may be triggered by a first responder (outreach worker or law enforcement) contact. Potential program participants will be screened for behavioral health concerns, including depression, substance use disorders, trauma exposure and suicide risk. Individuals with serious mental health concerns will be referred to BHS for further assessment and/or crisis intervention.

2. **Case Management and Resource Navigators**
   Program participants will be assigned a resource navigator to help them learn about the resources and opportunities that are available to help victims recover and assist with getting timely and appropriate entry into services, including substance use disorder treatment services. Navigators also provide case management support and may help victims obtain a valid ID, get to appointments, or complete benefits applications or other paperwork.

3. **Clinical Interventions and Support Services**
   All program participants will be eligible to participate in therapeutic group services that will be facilitated by mental health specialists or clinicians. Therapeutic groups may include, but are not limited to:

- **Education and Support Groups –** Provide rehabilitation and support groups, including multi-family groups, based on evidence based or promising practices, for victims and/or family members. These groups will be designed to inform victims and family members about human trafficking, educate them on how to access services, and providing techniques for developing coping skills and creating a social support system.
- **Trauma Focused Coping Skills** Provide coping skills therapy to help people attain safety from trauma and regulate their emotions in the context of day-to-day stressors that are faced during the recovery process. Coping skills groups provide brief and targeted interventions to help individuals put knowledge, strategies, and skills into practice. Many coping skills approaches utilize a cognitive behavioral approach. See for example, Seeking Safety for a trauma informed approach to overcoming substance use.
  See: http://www.treatment-innovations.org/
- **Additional Interventions –** Additional interventions may be selected based on the needs of clients, implementation experiences, and emerging best practice research, in consultation with BHS. Promising practices include, but are not limited to:
  - Ending the Game: a **"coercion resiliency"** curriculum that reduces feelings of attachment to traffickers and/or a lifestyle characterized by commercial sexual exploitation, thereby reducing the rate of recidivism among sex trafficking survivors. See http://endingthegame.com/etg/

4. **Supportive Program Milieu**
   Provide training to program staff on creating a safe, trauma informed environment. Utilize emerging best practices to educate and inform program partners on the incidence and consequences of commercial sexual exploitation and create organization partnerships that are sensitive and responsive to the needs of program participants. See for example, the Sanctuary Model for creating trauma informed organizational cultures at:
   http://www.sanctuaryweb.com/.

Project will be implemented by Women's Center Youth and Family Services in collaboration with activities offered through the San Joaquin County Family Justice Center.

PEI Project 8: Community Trainings

Community Need
Mental illnesses are common, and failure to provide appropriate and timely treatment can have serious and detrimental consequences for individuals, families, and communities. Community trainings to increase the recognition of early signs of mental illnesses and to effectively respond and link individuals to services are needed to improve timely access to mental health services for all individuals, and especially for individuals and/or families from underserved populations.

Project Description
Trainings will reach out to community leaders, service providers, college instructors, religious or spiritual leaders, and consumers and family members to provide information on how to increase recognition and respond effectively to the signs and symptoms of potentially severe and disabling mental illness.

Project Goal: *To develop community members as effective partners in preventing the escalation of mental health crises and promoting behavioral health recovery.*

Project Components

1. **NAMI Provider Education Program (PEP), In Our Own Voice (IOOV), and Peer-to-Peer (P2P)** - Trained instructors will provide evidence-based classes to service providers, consumers and family members.
   - PEP helps providers who work with individuals living with mental illness to understand the experiences of mental illness from the perspective of the individual and family member. The five 2.5 hour sessions help participants increase their empathy and professional skills. Two PEP classes will be offered per year.
   - IOOV are 60-90 minute presentations to illustrate the individual realities of living with mental illness. The objective is to change attitudes, preconceived notions and remove stereotypes regarding mental illness. Each year, 40 presentations are planned throughout the county (32 in English and 8 in Spanish).
   - P2P program provides up-to-date research on brain biology, a personalized relapse prevention plan, tools to prepare for interactions with health care providers, and skills for decision-making and reducing stress. Classes are 10, 2-hour sessions designed for adults living with mental illness. Classes will be offered in English and Spanish.

     For more information see: http://www.nami.org/

2. **Other Trainings as needed:**
   Other potential trainings include Mental Health First Aid and other trainings designed to reduce stigma and discrimination and increase awareness of mental health related concerns and intervention opportunities.

PEI Project 9: Juvenile Justice Project

Community Need

Many of the children and youth detained in the County's Juvenile Justice Center (JJC) suffer from social or emotional disturbances and early onset of mental illness. Most have been victims of abuse and trauma prior to involvement with the juvenile justice system. Left untreated, they are likely to continue the behaviors that resulted in incarceration or experience ongoing behavioral health crises.

Project Description

The Juvenile Justice Project provides behavioral health screening, assessment, interventions, treatment and transition services to youth detained in San Joaquin County's Juvenile Justice Center.

Project Goal: *The goal of the Juvenile Justice project is to promptly identify behavioral health issues among juvenile justice involved youth, provide interim treatment, and ensure transition to ongoing services and supports. Untreated mental health conditions are addressed including, trauma, depression and onset of a major mental illness. Fewer JJC youth will attempt or complete suicide.*

Project Components

***Screening*:** As part of booking and detention procedures, staff of San Joaquin County's JJC conduct a behavioral health screening using the validated, evidence-based Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2). For more information about MAYSI-2 see: http://www.nysap.us/MAYSI2.html

***Assessment*:** Youth with an open behavioral health case or whose MAYSI-2 score indicate high to moderate behavioral health risk receive a comprehensive clinical assessment by BHS staff within 24 hours, including weekends. Youth with low to moderate indicators are assessed within five business days.

Crisis intervention: Youth who disclose suicidal ideation or threaten suicide during booking or at any time during their detention are immediately referred to BHS clinicians for evaluation.

Coordination of services: JJC clinicians inform the outpatient coordinator when a youth with an open behavioral health case is booked at the JJC. The JJC mental health service provider collaborates with the outpatient coordinator to continue treatment within BHS or a range of community based providers.

Behavioral health interventions: Detained youth receive behavioral health interventions in accordance with their clinical assessment. Interventions include medication management and individual and/or group therapy, and case management. The development of the client treatment plan and case management activities is conducted in collaboration with the youth, parents/caregivers, probation officers and social workers.

Release planning: BHS staff work with youth, family members, probation and child welfare workers to ensure that services and supports are not interrupted upon release or transfer from the JCC.

PEI Project 10: Suicide Prevention in Communities and Schools

Community Need
Suicide is a preventable consequence of untreated mental illnesses. Suicide prevention campaigns can effectively reduce the stigma associated with seeking mental health services and provide and promote suicide prevention resources, including alert helpers to link individuals to services. Broad suicide prevention strategies are needed to reduce stigma for help seeking behaviors and to increase awareness of suicide risk in San Joaquin County amongst children, youth, and adults.

Project Description
The suicide prevention project will include both universal and targeted suicide prevention efforts.

- CalMHSA will implement a regional universal suicide prevention campaign.
- Comprehensive school-based suicide prevention programs for high school students in San Joaquin County. Targeted suicide prevention activities will include:
  - Evidence-based suicide education campaigns.
  - Depression screenings and referrals to appropriate mental health interventions.

Project Goal: *The project is designed to identify and refer individuals at risk of self-harming and suicidal behaviors and to reduce stigma for help-seeking behavior.*

1) Project Component:
Suicide Prevention in the Community - CalMHSA provides local and regional suicide prevention strategies, including a public information campaign and training for community organizations suicide prevention. Funding is allocated to the CalMHSA suicide prevention program.

2) Project Component:
Suicide Prevention in Schools – Develops comprehensive school-based suicide prevention and education campaign for school personnel and high school students. Provides depression screening and referral services which will result in the timely identification and referral of students at risk of self-harming and/or suicidal behaviors to mental health services. Programs must operate in partnership with one or more schools or school districts. At a minimum the program will include:

- School personnel at each participating high school will be trained in an evidence-based practice to understand suicide, recognize suicide risk behavior in students, and to refer students for assistance, and
- All sophomores (10^{th} graders) at each participating high school will receive evidence-based suicide prevention education.

Component 1: An Evidence-Based Suicide Education Campaign
Implement one or more of the following evidence-based practices for both school personnel and students:

- Yellow Ribbon Suicide Prevention Campaign
  Implement the evidence-based *Yellow Ribbon Campaign* with its four essential stages:
  - Planning sessions with school leaders;
  - *Be a Link® Adult Gatekeeper Training* for school personnel and *Ask 4 Help® Youth Gatekeeper Training* for youth leaders, followed by school-wide student assemblies;
  - Booster training and training for new staff members and students; and

- Establishment of community task forces to ensure ongoing resource connections, awareness reminders, event coordination, and expanded gatekeeper training.

The *Yellow Ribbon Suicide Campaign* will be implemented in accordance with the evidence-based practice. See: http://www.mhawisconsin.org/Data/Sites/1/media/gls/yellow_ribbon.pdf

- safeTALK Workshops

  Provide *safeTALK* workshops for individuals ages 15 and over at participating schools to assist in the recognition and identification of individuals with thoughts of suicide, and to connect them to mental health resources. *SafeTALK* will be implemented in accordance with the evidence-based program detailed at: https://www.livingworks.net/programs/safetalk/

  SafeTALK workshops teach youth to be "alert helpers" who are better able to move beyond common tendencies to miss, dismiss, or avoid suicide; to identify individuals with suicidal thoughts; and to help connect a person with suicidal thoughts to suicide intervention responders.

  SafeTALK includes the following practice requirements:
  - Workshops must be conducted by a registered safeTALK trainer and held over three consecutive hours;
  - A community support resource (such as a trained volunteer, safety officer, or mental health professional) must be present to support any participants who experience difficulty;
  - Each workshop will have between 10 and 30 participants.

  Workshop materials, including participant workbooks, wallet cards, and stickers, are available for purchase from LivingWorks (https://www.livingworks.net/programs/safetalk/).

Component 2: Depression Screening and Referral

Provide depression screenings and referrals on school sites for high-school students throughout San Joaquin County. Screenings will be delivered by qualified personnel and provided to adolescents exhibiting signs of depression. An evidence-based screening tool will be used. Potential depression screening tools include but are not limited to:

- *Patient Health Questionnaire-9 for Adolescents* - Depression is common among adolescents. In response to the growing evidence for effective treatments for depression among adolescents, the US Preventive Services Task Force now recommends screening for depression among adolescents in primary care settings. The PHQ-9 has good sensitivity and specificity for detecting major depression among adolescents in the primary care setting. For more information on the PHQ-9 see: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/
- *Center for Epidemiological Studies Depression Scale for Children* - (CES-DC) is a 20-item self-report depression inventory used as initial screener and/or measure of treatment progress. Scores may indicate depressive symptoms in children and adolescents as well as significant levels of depression. For more information on CES-DC see: http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

Following the screenings, youth may be referred to one or more of the following: individual therapy with a qualified CAPC mental health staff and/or a Behavioral Health Services staff; further assessments and screenings for medication evaluation; and/or school-based depression support groups.

VI. Community Services and Supports

Overview

The Mental Health Services Act (MHSA) allocates funding for Community Services and Supports (CSS) programs that provide treatment and interventions with individuals with serious mental health illnesses who meet the criteria for specialty mental health care services.

"Community Services and Supports" means the component of the Three-Year Program and Expenditure Plans that refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code Sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care). *CA Code of Regulations §3200.080*

In San Joaquin County funding will support:

1) Full Service Partnership Programs – to provide all of the mental health services and supports necessary to an individual who is unserved, underserved, and experiencing homelessness, justice involvement, or other indicator of severe unmet need (see eligibility criteria below.)

2) Outreach and Engagement Programs – to provide outreach and engagement to people who may need specialty mental health services, but are not currently receiving the care they need or are only receiving episodic or crisis mental health services.

3) General System Development Programs- to improve the overall amount, availability, and quality of mental health services and supports for individuals who receive specialty mental health care services.

The Mental Health Services Act is intended to expand and enhance mental health services to reduce the long-term adverse impacts on individuals and families resulting from untreated serious mental illness. The Community Services and Supports component of the Act, improves *outreach and engagement* to ensure that more individuals are successfully engaged in specialty mental health care services to reduce the incidence of untreated serious mental illness; *full service partnership programs* improve the quality and intensity of specialty mental health services for the most seriously ill and gravely disabled individuals that are experiencing negative outcomes associated with incarceration, homelessness, and prolonged suffering; and *system development projects* expand and enhance the entire specialty mental health system of care to better address the needs of all individuals diagnosed with serious mental illnesses or serious emotional disorders.

H. Full Service Partnership Projects

BHS provides a range of community-based specialty mental health services to support consumers and family members. Individuals with a mental health diagnosis may be served at various levels within the continuum of care depending upon their treatment needs. Full Service Partnership Programs are offered to consumers who require the highest level of treatment interventions to achieve their recovery goals and who meet the Full Service Partnership eligibility criteria.

"Full Service Partnership Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans, under which the County, in collaboration with the client, and when appropriate the client's family, plans for and provides the full spectrum of community services so that children and youth, transition age youth, adults and older adults can achieve the identified goals. *CA Code of Regulations §3200.140*

"Full Spectrum of Community Services" means the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client's family, in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resilience. *CA Code of Regulations §3200.150*

The summary of the FSP eligibility criteria and FSP component services are described below.

5. FSP Eligibility Criteria

All individuals referred to, and receiving, FSP Program Services must meet the eligibility criteria for enrollment in a FSP as described by state statute, regulation, and local priority needs. Individuals enrolled in a FSP program will be reassessed every six months to ensure eligibility criteria remain current. Individuals that no longer meet the eligibility criteria and have stabilized in their treatment plan will be transitioned to more appropriate mental health services.

Criteria 1: Eligibility for Public Mental Health Services (WIC § 5600.3)

All individuals enrolled in a Full Service Partnership program must meet the criteria for specialty mental health services as defined by the California Welfare and Institutions Code.

Children and Youth (0-17)	Adults (18 and older)
Have a primary diagnosis of a mental disorder which results in behavior inappropriate to the child's age, and • As a result, has substantial impairment, *and* o Is at risk of removal from the home, *or* o The mental disorder has been present for more than 6 months and is likely to continue for more than a year if untreated. OR The child displays one of the following: psychotic features, risk of suicide, or risk of violence due to a mental disorder.	Have a primary diagnosis of a serious mental disorder which is severe in degree, persistent in duration, and which may cause behavioral functioning that interferes with daily living. • Mental disorder, diagnosed and as identified in Diagnostic and Statistical Manual of Mental Disorders. • As a result of the mental disorder, the person has substantial functional impairments • As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements. OR Adults who are at risk of requiring acute psychiatric inpatient care, residential treatment, or an outpatient crisis intervention.

Criteria 2: Designated as Underserved or Unserved (CCR §3200.300 and 3200.310)

Individuals enrolled in a Full Service Partnership program must meet the MHSA definition of an individual who is underserved or unserved by mental health services, as described in the California Code of Regulations.

Underserved	Unserved
"Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/ or reservations who are not receiving sufficient services.	**"Unserved"** means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Criteria 3: MHSA Criteria for Full Service Partnership Category (CCR § 3620.05)

Individuals enrolled in a Full Service Partnership programs must meet the MHSA eligibility criteria for enrollment.

- All children and youth identified at risk and seriously emotionally disturbed (SED) as a result of a mental health diagnosis, are eligible for enrollment in a Full Service Partnership Program.
- All others, (including, Transitional Age Youth, Adults, and Older Adults) must meet the following additional criteria:

Transitional Age Youth (Ages 16-25)	Adults (Ages 26-59)	Older Adults (Ages 60 and Older
TAYS are unserved or underserved and one of the following: • Homeless or at risk of being homeless. • Aging out of the child and youth mental health system. • Aging out of the child welfare systems • Aging out of the juvenile justice system. • Involved in the criminal justice system. • At risk of involuntary hospitalization or institutionalization. Have experienced a first episode of serious mental illness.	(1) Adults are unserved and one of the following: • Homeless or at risk of becoming homeless. • Involved in the criminal justice system. • Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. OR (2) Adults are underserved and at risk of one of the following: • Homelessness. • Involvement in the criminal justice system. • Institutionalization.	Older Adults are unserved experiencing, or underserved and at risk of, one of the following: • Homelessness. • Institutionalization. • Nursing home or out-of-home care. • Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. • Involvement in the criminal justice system.

Criteria 4: San Joaquin County Priority Service Needs

San Joaquin County has developed further clarification on the criteria for enrollment in a Full Service Partnership program, based on the priority service needs expressed during the MHSA Community Program Planning Process.

- For children and youth ages 3-17, Full Service Partnership Program enrollment will prioritize recipients of Child Welfare Services (e.g. foster care services); Juvenile Justice Services (e.g. juvenile detention or probation); or any Crisis Mental Health Services.
- Transitional Age Youth, Adults, and Older Adults eligible for enrollment in a Full Service Partnership Program will have a high acuity of impairment *and* have one or more of the following specific conditions:

Baseline Priority: Acuity of Impairment	**Local Priority 1: Criminal Justice Involvement**	**Local Priority 2: Other At-Risk Conditions**
Clinical Indication of Impairment • As indicated by a score within the highest range of needs on a level of care assessment tool*. *BHS will review and pilot level of care assessment tools during 2014/15. Use of the level of care assessment system will be implemented in 2015/16.	**Involved with the Criminal Justice System;** • Recent arrest and booking • Recent release from jail • Risk of arrest for nuisance of disturbing behaviors • Risk of incarceration • SJC collaborative court system or probation supervision, including Community Corrections Partnership	**Homeless; or,** • Living on the street, in a vehicle, shelter, a motel, or a place not typical of human habitation. **Imminent Risk of Homelessness; or** • Having received an eviction notice, living in temporary housing that has time limits, discharged from health facility or jail without a place to live. **Frequent Users of Emergency or Crisis Services; or** • Two or more mental health related Hospital Emergency Department episodes in past 6 months • Two or more Crisis or Crisis Stabilization Unit episodes within the past 6 months **At risk of Institutionalization.** • Exiting an IMD • Two or more psychiatric hospitalizations within the past 6 months • Any psychiatric hospitalization of 14 or more days in duration. • LPS Conservatorship

6. FSP Components and Related Services

FSPs in San Joaquin County operate within a "full spectrum" of services and supports that are available throughout the mental health system of care. Services are provided in accordance to consumer and their family members' needs. Over the next three years, BHS will strengthen the FSP programs with a goal that all FSP Programs will include the following components by FY 16/17:

Referral and Engagement:

- *FSP Referrals:* Consumers referred to an FSP program are required to have an assessment for specialty mental health care services through San Joaquin County Behavioral Health Services.

Assessments and referrals may be received through any of the BHS specialty mental health outpatient clinics or 24-hours services, including inpatient and residential services.

- *Orientation to FSP Services:* Within 14 calendar days of receiving a referral, FSP program staff will evaluate the needs and orient the eligible consumer to the program philosophy and process; providing enough information so that the consumer can make an informed choice regarding enrollment.
- *FSP Engagement Services:* Individuals eligible for FSP services, and not receiving treatment services, may be referred for FSP engagement services. The FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services.

Assessment and Service Planning:

- *FSP Treatment and Support Team:* Individuals enrolled in an FSP program will have an enhanced treatment team that includes a clinician, nursing or medical staff, case manager, and frequently a peer or parent partner with lived experience in recovery is part of the team.
- *FSP Assessment and Enrollment:* Within 14 calendar days of the decision to enroll, the FSP treatment team will meet with the client to complete an initial orientation packet. This process is used to explore the natural supports individuals have to build into recovery efforts, including family and community supports and to further understand treatment needs. Clinicians will conduct comprehensive clinical assessment to make recommendations for treatment and service interventions which are outlined in the *Client Treatment Plan.*
- *(Adult) Client Treatment Plan*: Plans describe the treatment modalities and services recommended to support recovery. Planning may occur in one or more sessions and will be completed within 60 days of enrollment. Plans include a *Strength Assessment* that highlights the interests, activities and natural supports available to the consumer and the core areas of life, or domains, (e.g. housing or personal relationships) they wish to focus on through treatment. Clients will be evaluated by a psychiatrist to review and discuss medications as a component of the treatment plans. Client Treatment Plans will be updated at least every twelve months.
- *(Children and Youth) Service Support Plan*: For youth in treatment in a FSP, service support plans describe the treatment modalities and services recommended to support recovery. Planning may occur in one or more sessions. Plans include a *Strength Assessment* that highlights the interests, activities and natural supports available to the consumer and the core areas of life, or domains, (e.g. housing or personal relationships) they wish to focus on through treatment. Service Support Plans will be updated as needed or every six months. The plan is developed through Child Family Team meetings conducted every 30 days.
- *Wellness Recovery Action Plan (WRAP):* Adult Consumers will work with peer partners to develop their own WRAP plans with strategies to decrease and prevent intrusive or troubling thoughts and to increase positive activities and quality of life. WRAP plans are consumer-directed and empowerment focused.

Service Interventions and Monitoring:

- *Case Management:* FSP consumers are assigned a case manager to work with them during the period of enrollment in the FSP. Consumers have intensive home or community-based case management. The frequency of contact will be directed by consumer needs and level of care.
- *Community Case Management:* Some FSP consumers may be assigned a specially trained community-based case manager from a partner agency that works jointly with BHS. Partner agencies have deep ties to various underrepresented communities and the formal and informal support networks within those communities. Community Case Management services include:
    - Treatment planning
    - Individualized services and supports
    - Group services and supports
    - Case management and referral services

  All Community Case Management services align with the vision and scope outlined here.

- *Individual interventions:* FSP consumers receive individualized interventions from a clinician. BHS clinicians are trained in several modalities. Consumers work with clinicians that have training in the modality that best meets their treatment needs. Individual therapeutic approaches to support consumers may include:
    - Cognitive Behavioral Therapies, including for psychosis
    - Trauma Focused Cognitive Behavioral Therapy
    - Parent Child Interactive Therapy
    - Therapeutic Behavioral Services
- *Cognitive Behavioral and Skill-Building Groups:* FSP consumers will additionally participate in group skill building and treatment activities. Group activities are intended to further refine, reflect, and practice the behaviors and thinking-patterns identified within the WRAP and treatment plans. Consumers with co-occurring disorders will also be screened for substance use treatment services, including residential or outpatient treatment services. BHS and local community partners may offer a range of evidence-based treatment and support groups, including, but not limited to:
    - Aggression Replacement Training
    - Anger Management for Individuals with Co-occurring Disorders
    - Chronic Disease Self-Management Skills
    - Dialectical Behavior Therapy
    - Seeking Safety (a trauma-informed, cognitive behavioral treatment)
    - Matrix (a cognitive behavioral substance abuse treatment)
    - Cognitive Behavioral Interventions for Substance Abuse
    - Various peer and consumer-driven support groups
- *Psychiatric Assessment and Medication Management: FSP* Consumers will meet with a prescribing practitioner to determine appropriate medications and will be followed by a nurse

or psychiatric technician to ensure that the prescribed medications are having the desired effects. Follow-up visits with the psychiatrist or prescribing practitioner will be scheduled as needed to refine or adjust prescriptions. Additionally, case management services may include daily or weekly reminders to take medications as prescribed.

- *Wraparound Supports:* Community Behavioral Intervention Services are available to adult and older adult FSP clients who are unable to stabilize within the treatment services and to prevent the development or escalation of a mental health crisis and to provide early interventions for problematic behaviors. Intensive Home Based Services and Care Coordination are available for children, youth, and their families for any children or youth who meet Specialty Mental Health Services, and who would benefit from those services.
- *Additional Community Supports:* A broad range of community, housing, and employment support services are also available to consumers enrolled in an FSP program. Programs funded through MHSA are described in Systems Development Projects, and include:
  - Wellness Centers
  - Mobile Crisis Support Team
  - Housing Empowerment Programming
  - Employment Recovery Services
- *Monitoring and Adapting Services and Supports:* A level of care assessment will be re-administered every six months, or per fidelity to the model, and will be used to inform and update the intervention recommendations described in a *Client Treatment Plan*.

Transition to Community or Specialty Mental Health Services

- *Transition Planning:* Transition planning is intended to help consumers "step-down" from the highly intensive services of the full service partnership program into specialty and/or community based mental health services. Indicators that a consumer is ready to step-down include, increase stability in housing; increase functionality as indicated by attainment of treatment goals; completion of therapeutic interventions and readiness as determined by the FSP clinical team; and clients ability to move successfully to a lower level of care.
- *Engagement into Community or Specialty Mental Health Services*: All FSP consumers will have a *FSP Discharge Process* that includes a specific plan for follow up, linkage to a lower level of care, community resources to support progress obtained and stability in living environment. Adult consumers will be encouraged to develop (or update) their own wellness recovery action plan.
- *Post FSP Services*: FSP consumers stepping down from an FSP program will be linked with an FSP Engagement worker. The FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services. Engagement workers will ensure that individuals who have stabilized in treatment services will remain stable by providing regular follow-up services to ensure satisfaction and engagement with new treatment services and continued stability in the community for a period of up to six months following discharge from an FSP.

FSP Project 1: Children and Youth

Project Description

The Children and Youth FSP provides intensive and comprehensive mental health services to unserved and underserved youth and families who have not yet received services necessary to address impairments and stabilize children and youth within their own environments. Full Service Partnership program interventions are targeted for children and youth who are: (1) juvenile justice involved, or (2) engaged with the Child Welfare System or (3) diagnosed with a serious mental illness or severe emotional disturbance that necessitates service interventions beyond the scope of traditional specialty mental health care.

Project 1: CYS FSP

This project serves children and youth from underserved communities that have a severe emotional disorder and children and youth with a diagnosed serious mental illness that require a full spectrum of services and supports to meet recovery goals. In additional to clinical treatment services, the FSP program activities are designed to support the social, emotional, and basic living needs of children and their families to ensure ongoing participation in treatment services and stabilization in the recovery process.

Community based program partners are contracted to provide recovery coach (peer partner) and a case manager to support clinical interventions and case management activities. Case Managers are responsible for linking children and families to necessary resources and program supports within the community. Recovery Coaches/Peer partners conduct initial outreach work to link and engage clients within the first 90 days. Recovery Coaches assist families during their transition from MHSA into lower levels of care.

Project 2: Dependency FSP

Serves children and youth that are in the dependency system, either through child welfare services, the juvenile probation system, or both. Children and youth in the Dependency FSP program meet the Katie A subclass requirements.

BHS and community based program partners provide clinical case planning and therapeutic treatment services, services are provided by mental health clinicians, specialists, and outreach workers..

Services may be provided to youth within short term residential treatment programs.

The Children and Youth FSP program will be expanded during FY 2017/18. New services incorporated into FSP program capacity include:

- Enhanced capacity for residential treatment services for children and youth.

- EPSDT Medi-Cal Specialty Mental Health services to children/youth who are dependents/wards living in a Short Term Residential Therapeutic Programs (STRTP).

FSP Project 2: Transitional-age Youth (TAY)

Project Description

The TAY FSP provides intensive and comprehensive mental health services to unserved and underserved transitional age youth 18-25 with a diagnosed mental illness who are having difficulty stabilizing in and managing their own treatment and recovery. Services are designed to meet the needs of adolescents and young adults, with an emphasis on recovery and wellness through an array of community services to assist TAY consumers in developing the skills and protective factors to support self-sufficiency.

Target populations include:

- *(SED/SMI) Adolescents 18-21,* who are exiting foster care system or were at one time in the foster care system. In addition to the full spectrum of mental health and support services provided within an FSP, services are designed to teach chronic illness management skills and to find and engage caring adults and/or peers to support treatment and recovery process.

- *Young adults 18-25,* with serious mental illness and/or co-occurring substance use disorders. Services include a high-focus on doing "whatever-it takes" to stabilize and engage individuals into treatment services, including providing a range of readiness for recovery services such as extended engagement, housing supports, substance abuse treatment services, and benefit counseling prior to the formal "enrollment" into mental health treatment services.

FSP Project 3: Adult

Project Description

Adult FSP services are available throughout the county for any adult with serious mental illness who meets the criteria for FSP enrollment, with priority enrollment given to individuals who are currently involved with the criminal justice system, homeless, frequent users of crisis or emergency services, or are at-risk of placement in an institution. The foundation of San Joaquin County's Adult FSP program is the provision of a full spectrum of community supports and services (e.g. housing, employment, education, mobile crisis response, peer support, and substance abuse treatment services) to sustain and stabilize individual consumers within their recovery process. The FSP programs have a high staff to consumer ratio, and a team approach that is predicated upon the partnership between the consumer, the mental health clinical team, and family or peer partners in recovery.

Target population:

- *Adults 26-59,* with serious and persistent mental illnesses that have not otherwise stabilized in their recovery through specialty mental health services, and who are unserved or underserved, and experiencing at least one of the following (*see eligibility criteria p. 53*):
    - Involvement with the criminal justice system
    - Homeless or at imminent risk of homelessness
    - Frequent emergency room or crisis contacts to treat mental illness
    - At risk of institutionalization

Adult FSP programs also offer a range of culturally competent services, and engagement to community-based resources designed for:

- *African American consumers*
- *Latino/Hispanic consumers*
- *Lesbian, gay, bisexual and transgender consumers*
- *Middle Eastern Consumers*
- *Native American consumers*
- *Southeast Asian consumers*

FSP Project 4: Older Adult

Project Description

The Gaining Older Adult Life Skills (GOALS) FSP provides individualized and focused treatment to older adults 60 and over with serious mental illness and/or co-occurring substance use disorders. The Older Adult FSP focuses on older adults with serious and persistent mental illness who require more extensive services and supports to successfully engage in treatment services, including linkages to other needed services, such as primary health care, supportive housing, transportation assistance, nutrition care, and services to prevent isolation and depression. The Older Adult program works collaboratively with consumers, family members, housing providers, and other service providers to ensure that consumers can live safely and independently within their community.

Target Population:

- *Older Adults 60 and over,* with serious mental illness and one or more of the following:
  - Homeless or at imminent risk of homelessness
  - Recent arrest, incarceration, or risk of incarceration
  - At risk of being placed in or transitioning from a hospital or institution
  - Imminent risk of placement in a skilled nursing facility (SNF) or nursing home or transitioning from a SNF or nursing home
  - At-risk for suicidality, self-harm, or self-neglect
  - At-risk of elder abuse, neglect, or isolation
  - On conservatorship

FSP Project 5: Community Corrections

Project Description

The Community Corrections FSP works in partnership with San Joaquin County Jail, Correctional Health Services, the Collaborative Court System, the Probation Department, and other justice agencies, to provide a full spectrum of mental health services to consumers who are engaged by the criminal justice system. The program works in collaboration with the judicial system by providing assessment, identification, outreach, support, linkage, and interagency collaboration in the courtroom and to supervising Probation Officers to help ensure a successful reentry and transition into the community for justice-involved individuals. Treatment and case management services may begin 30 days prior to release from the County operated Jail, or as soon as possible on release, to prevent individuals with a diagnosed mental illness from being released without a treatment and support plan

Target Population:

- *Justice-involved Adults 18 and over,* with serious and persistent mental illnesses who are being treated by Correctional Health Services within the San Joaquin County Jail and are within 30 days of release into the community.
- *Justice-involved Adults 18 and over,* with a diagnosed mental illness or co-occurring substance use disorder, who are participating in problem-solving, collaborative courts in San Joaquin County, including, but not limited to:
    - Adult Mental Health Court
    - High Violence Court
    - AB109 Reentry Court
    - Felony Drug Court
    - Parolee Reentry Court
    - Veterans Court

Project Components

Project 1: Forensic Full Service Partnership

The Forensic FSP team provides intensive clinical supports and case management services to offenders that are participating in one of the problem-solving collaborative court programs, and have serious mental illnesses. The Forensic FSP team, established with MHSA funds in 2006, has provided a needed service to prevent SMI offenders with non-violent crimes an opportunity to participate in treatment services in lieu of incarceration and deepening engagement in the criminal justice system.

Project 2: Justice Response Full Service Partnership

The Justice Response FSP is a partnership between BHS and a contracted services provider that will be identified through a request for proposal process. An estimated 30-50 individuals currently enrolled in FSP services will be referred for services.

Qualified vendors will be asked to submit proposals for:

Full Service Partnership treatment, case management, and wraparound support services for justice involved individuals with serious mental illnesses referred by BHS.

- FSP treatment services will be provided in accordance with the FSP program guidelines described in this Three-Year Program and Expenditure Plan.
- Treatment services should be designed with a trauma-informed intervention approach
- Contracted program partners must demonstrate their organizational capacity and experience to bill Medi-Cal for mental health services

FSP Project 6: Intensive Adult

Project Description

The Intensive Adult FSP is a pilot project to serve adult consumers, with serious and persistent mental illnesses, that have co-occurring substance use disorders, are homeless, and have current or prior justice involvement. Consumers referred to the Intensive Adult FSP are at the greatest risk of institutionalization due to untreated mental illness. The Intensive Adult FSP provides the full spectrum of FSP services within a long-term supportive housing environment. The Intensive Adult FSP program operates on a long-term supportive housing model, recognizing that recovery from co-occurring mental health and substance use disorders requires a safe and stable living environment; consistent cognitive behavioral interventions; intensive, trauma-informed supportive services; and time to heal and recover.

Target Population

- *Adults,* with serious and persistent mental illnesses who are at risk for placement in a hospital or institutional setting.
- *Adults,* with serious and persistent mental illness and co-occurring substance use disorders who are also homeless and who have had one or more arrests or incarcerations.

Project Components

Project 1: InSPIRE FSP

The Innovative Support Program in Recovery and Engagement (InSPIRE) program serves individuals between the ages of 18-59 who are hesitant or resistant to engaging in mental health treatment. A key element of InSPIRE is *Enthusiastic Engagement*. *Enthusiastic Engagement* can be defined by daily contacts, to build rapport and provide a framework for voluntary mental health treatment. The goal is to engage clients, improve client stability, self-sufficiency, maintain engagement in outpatient treatment services, support placement in safe and stable housing environments, and provide individualized safety plans for clients and their family as needed. InSPIRE strives to find additional pathways to mental health services for hesitant or reluctant clients to improve individual well-being and create a safer community.

Project 2: FSP for Individuals with SMI that may require assistance with daily living

A partnership between BHS and a contracted services provider that will be identified through a request for proposal process.

Qualified vendors will be asked to submit proposals for:

Providing services to individuals with SMI that are at grave risk of hospitalization, institutionalization, and for whom placement in a 30 or 90 day residential treatment program is insufficient to provide the treatment and recovery support services (such as independent living skills) necessary to maintain their stability in the recovery process in a less intensive environment.

Program services will include a plan for supporting consumers' Activities of Daily Living, as described in CA Welfare and Institutions Code.

Contracted services will include:

- FSP treatment services will be provided in accordance with the FSP program guidelines described in this Three-Year Program and Expenditure Plan.
- FSP services may also include housing, including, but not limited to transitional and temporary housing for up to 24 months.
- Treatment services should be designed with a trauma-informed intervention approach
- Contracted program partners must demonstrate their organizational capacity and experience to bill Medi-Cal for mental health services

FSP Project 7: FSP Outreach and Engagement

Project Description

The FSP Engagement program conducts community-based engagement services to help individuals and their families overcome stigma or other concerns about seeking mental health treatment services. Engagement services provide a warm link into FSP program services and warm hand-off to outpatient specialty mental health services upon discharge from an FSP.

FSP Engagement is conducted by mental health outreach workers and recovery coaches; they provide support services to consumers of mental health services within the first 90 days of their diagnosis and/or within the first 90 days of engagement/enrollment into a full service partnership program and provide recovery supportive services throughout treatment. Mental health outreach workers and recovery coaches are individuals who self-identify as a consumer, family member, or community member with experience in the recovery process. The FSP Engagement program is intended to provide a caring peer or community member to support the individual in their first engagement with the mental health system of care.

Mental health outreach workers and recovery coaches will conduct non-urgent and non-clinical engagement activities intended to support individuals who are learning to navigate the mental health system of care and need additional peer support to prevent anxiety associated with navigating the service delivery system. Mental health outreach workers and recovery coaches will also be assigned to all individuals *discharged from* a full service partnership to ensure that consumers are successfully engaged in on-going treatment services and WRAP plans continue to meet their recovery needs. Discharged FSP consumers may remain engaged for up to six months to ensure their continued stability in the community.

Target Population

- *All Individuals Eligible for FSP Programs.*
- *All Consumers Discharged from FSP Programs*

Project Components

- *Consumer and Family Engagement*
  - Encourage and support consumers to attend behavioral health appointments and participate in all aspects of their recovery plan.
  - Educate consumers on resources available at BHS or in the community.
  - Engage family members and caregivers, as appropriate, to support the recovery process.

- *Navigation Assistance*
  - Assist the consumer in the navigation of the mental health system of care at BHS.
  - Assist the consumer with accessing substance use treatment.
  - Assist the consumer with accessing mental health crisis services.

  - Provide assistance with transitioning to specialty or community-based mental health services upon discharge from an FSP.

- *Provide FSP Ongoing and Discharge Support* to assist consumers in transitioning to more routine specialty or community-based mental health services for a period of up to six months.
  - Help consumers periodically review and update their Wellness Recovery Action Plans.
  - Provide culturally and linguistically appropriate resources and information to help consumers and family members find additional supports within their communities.
  - Provide weekly in-person or telephone follow-up support services for a period of up to six months following FSP discharge, or until stabilized in treatment (as determined by regular participation in scheduled appointments and recovery oriented activities) and satisfaction with new treatment services.

- *Mental Health Screening*: Individuals that walk-in or self-refer themselves to clinics must be provided with a mental health screening. Screenings are intended to determine the urgency for a full mental health assessment and the likeliness of requiring specialty mental health care treatments services. Individuals screened with likely mild to moderate symptoms may be referred to their primary health care provider or other community resource for follow-up.
  - Conduct initial mental health screening to determine need for mental health related services.
  - Create an assessment appointment with a clinician for individuals that have a positive mental health screening.
  - Refer all other individuals to other community resources for ongoing services and supports.

- *FSP Engagement will use a Relationship-Based Care Model* to support individuals who have difficulty with engagement and sustaining participation in mental health treatment. Core principles include:
  - Engagement. Use *Motivational Interviewing* techniques to engage consumers and establish foundation for participation. (see info at: www.motivationalinterviewing.org)
  - Trusting Relationship. Engagement workers, trained in Mental Health First Aid, ASIST suicide prevention, and local response procedures, will develop a stable and consistent relationship with the consumer. (see info at: www.nami.org/providereducation, www.mentalhealthfirstaid.org and www.livingworks.net)
  - Commitment to Recovery. Use the *Wellness Recovery Action Plan (WRAP)* process to help clients develop "future oriented" goals, including goals for recovery. (see info at: www.mentalhealthrecovery.com/wrap)

FSP Project 8: FSP Housing Empowerment Services

Project Description

Permanent supportive housing programs offer voluntary, flexible supports to help people with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Housing Empowerment Services helps mental health consumers enrolled in an FSP to attain and retain permanent housing. Supportive services empower consumers to live independently within their homes and communities.

Project Goal: *The overall goal of the program is to increase the numbers of mental health consumers who have safe, stable and affordable permanent housing. The measurable goal of this project is to increase the capacity of participants to maintain stable housing over time.*

The project is intended to result in:

- Increases in residential stability among mental health consumers;
- Reductions in incidences of homelessness among mental health consumers;
- Increased satisfaction with housing among mental health consumers;
- Increased number of housing units available to mental health consumers;
- Reductions in hospitalizations among mental health consumers

Target Population

The target population will be seriously mentally ill adults (ages 18 and older) enrolled in an FSP program and referred by BHS and/or their families. Participants will have symptoms of serious mental illness and be at risk of homelessness, chronic housing instability, mental health crisis, and/or hospitalization. A large portion of the target population is anticipated to have co-occurring mental health and substance abuse disorders.

Priority will be to serving individuals who are homeless, frequent users of crisis and emergency services, and/or those who have a chronic history of housing instability. In keeping with the County's MHSA Plan, the project will also provide services to unserved, underserved, and inappropriately served populations in San Joaquin County including African-American, Latino, Muslim/Middle Eastern, Native American, Southeast Asian, and Lesbian, Gay, Transgender and Bi-Sexual (LGBT) populations. Participation in services provided under this project will be voluntary.

Project Component 1:

The Housing Empowerment Services project is based on the Evidence-Based Practice Kit on Permanent Supportive Housing issued by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). (For more info see: http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510.)

The project is a partnership between BHS and the contractor(s). BHS provides all mental health services, including assessments, treatment plans and case management services. Selected contractor(s) provide:

1. Individualized Consumer Interviews: Conduct individual interviews with each consumer to determine their preferences for location of housing (specific city or neighborhood), type of housing desired (independent, shared with roommates), desired proximity to services, transportation needs, and cultural and other preferences to assist in locating suitable housing. The interview will also be used to collect information on consumers' rental history, income, and financial situation.

2. Individualized Housing Stabilization Plans: Information collected will form the foundation of Housing Stabilization Plans, which will address both housing needs and recommended voluntary support services related to maintaining permanent housing. Contractor staff will work in partnership with FSP staff to encourage consumer participation in services designed to achieve the goals of the Housing Stabilization Plan.

   Housing Stabilization Plans will focus on identifying the minimal support necessary for the consumer household to achieve housing stability. Plans that indicate the need for continuing support will be reviewed at least every three months.

   Periodic reviews of needs and progress toward stabilization will be completed at least every three months for households requiring extended support. Contractor staff will make monthly contact with assisted households during their enrollment with an FSP. Forms used for periodic reviews will be designed to track progress toward consumer-established goals.

3. Housing Coalition: Establish and facilitate a coalition of housing experts that meets at least four times per year, including housing providers, community planners, and others familiar with low-income housing, to provide networking, promote new housing opportunities for low-income mental health consumers, and to track the development of new housing projects. Maintain referral lists of landlords and property management firms with a history of providing housing to low income individuals and/or mental health consumers. Provide consumers with lists of current vacancies in these housing opportunities. Encourage and enlist other landlords and property managers to accept mental health consumers as tenants, especially those at risk for homelessness.

4. Housing Related Support Services designed to increase consumer's ability to choose, get and keep housing:

   a. Help consumers search for suitable scattered site housing, complete housing applications and meet with landlords to discuss possible concerns.

   b. Assist consumers in increasing independent living skills focusing on housing stability, such as paying rent on time, managing money, locating community amenities, buying furnishings and household goods, and maintaining the cleanliness of the apartment.

c. Provide at least four informational presentations to consumers and family members on issues related to fair housing laws, tenant rights and responsibilities, landlord/tenant conflict resolution, and resolving problems with neighbors.

d. Provide assistance for consumers in moving their furniture and belongings into their new homes.

5. Financial Assistance for Consumers: Provide financial assistance with rental deposits, initial months' rent, critical utility payments, essential furnishings, and property damage coverage in order to sustain and/or maintain stable housing in urgent situations. Contractor will submit payments for rental deposits, initial months' rent, and property damage coverage directly to landlords; subsequent assistance, as warranted and approved through the assessment process and continued re-evaluation of consumer needs, will also be made directly to landlords. Other payments will be made directly to vendors on behalf of enrolled consumers.

Housing Standards: Housing for each consumer will be decent, affordable and safe. Contractor will conduct property inspections prior to providing housing assistance. Determination of Housing Quality Standards will be based on standardized forms used by the federal Department of Housing and Urban Development (HUD). All housing options will also meet federal and local codes for safety and habitability. Resources will not be used to provide housing assistance in facilities that do not meet local codes or that compromise consumer health and/or safety.

In keeping with identified best practices, all leases signed by consumers will be required to be standard, written rental agreements, and consumers and landlords would retain all normal rights of lease extension/termination; assistance will not be provided without a valid rental agreement in place.

Project 2: Long Term Supportive Housing for Individuals Enrolled in FSP

Supported housing programs provide ongoing support services to help individuals with serious mental illnesses retain dignity and independence in their living situations. MHSA funding is used to sustain long term supportive housing programming including on-site socialization, non-clinical support services, and enhanced operating costs (for example, enhanced security) necessary for the tenant population.

General System Development Programs

"General System Development Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans under which the County uses Mental Health Services Act funds to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families. *CA Code of Regulations §3200.170*

San Joaquin County provides funding for ten projects, see list below. Project activities that provide mental health services and supports for clients entering, enrolled into, or transitioning out of full service partnership programs are included on a pro-rated basis to meet the requirement that the majority of CSS funds benefit and support Full Service Partnership activities. Funded projects include:

Outreach and Engagement

- Whole Person Care Pilot Project
- Expanded Mental Health Engagement

Housing, Employment and Other Client Support Services

- Wellness Centers
- Housing Empowerment Services
- Project Based Housing
- Housing Fund
- Employment Recovery Supports
- Community Behavioral Intervention Services

Community Crisis Response

- Mobile Crisis Response
- Community Crisis Services

General System Development Expansion and Administration

- General System Development
- MHSA Administration

CSS Project 1: San Joaquin County Whole Person Care Pilot Project

Project Description: This project provides match funding for San Joaquin County's Whole Person Care Pilot Project, approved by DHCS in 2016. Match funding will be allocated (at a minimum) for the five years of the project.

The purpose of San Joaquin County's Whole Person Care pilot project is to test interventions and create a care management infrastructure to better support individuals who are at high risk of untreated mental illness *and* are high utilizers of health care services. Program services target adult Medi-Cal beneficiaries who over-utilize emergency department services, have a mental health and/or substance use disorder, or are currently, or are homeless or at risk for homelessness upon discharge from an institution.

Project Summary: Whole Person Care, Comprehensive Health System Outreach and Engagement

- *Homeless Outreach Team* provides outreach and engagement to individuals experiencing homelessness in San Joaquin County. Chronic and persistent homelessness is correlated to serious mental illness. An existing homeless outreach team will be expanded through MHSA expenditures. Outreach team members will conduct outreach and engagement to enroll individuals into program services and offer non- Medi-Cal reimbursable services such as transportation, meals, information and other supports to stabilize individuals and build rapport.
    - Conduct outreach and engagement to enroll individuals into program services.
    - Offer non- Medi-Cal reimbursable services such as transportation, meals, information and other supports to stabilize individuals and build rapport.
    - Conduct outreach , engagement, and follow-up with homeless individuals referred by the Mobile Crisis Support Team for further mental health treatment interventions.

- *MHSA Integration Team* will provide integrated care coordination and case management across county agencies, health plans, providers, and other entities. Care coordination will be expanded through MHSA expenditures to ensure intensive and appropriate care coordination for designated project target populations.
    - Provide integrated care coordination and case management across county agencies, health plans, providers, and other entities.
    - Provide services where individuals are located and best served, whether within the community, shelter, or hospital setting.
    - Conduct, research, data collection, and analysis to ensure project activities are effective and improving outcomes for consumers.

The Whole Person Care, Comprehensive Health System outreach and engagement will begin in FY 2017/18. In the first year, funding was used for planning and program design, per DHCS project stipulations.

CSS Project 2: Expanded Mental Health Engagement

Expanded Mental Health Engagement services will reach out to individuals with mental illnesses who are unserved by the mental health system and to individuals for whom disparities in access to treatment are prevalent. Mental Health Engagement services will conduct brief outreach activities to engage individuals with mental health illnesses and link them into specialty mental health services. Peer partners, or outreach workers, will conduct targeted outreach to consumers of unplanned services, who meet the target population criteria and for whom there is a risk that they will not return for follow-up treatment. Outreach workers will provide information on available treatment services and the benefits of recovery within the cultural context of the individual and their family or community.

The goal of the project is to retain consumers of specialty mental health services in planned, outpatient treatment services. All consumers referred to Specialty Mental Health Engagement services are required to have an evaluation for specialty mental health care services through San Joaquin County Behavioral Health Services. Evaluations and referrals may be received through any of the BHS specialty mental health outpatient clinics or 24-hour crisis services, including the mobile crisis team, inpatient psychiatric facility, and crisis residential services.

Target populations

- *Unserved Individuals,* with an emphasis on individuals living in geographic areas with fewer mental health services and Hispanic and Latino neighborhoods to increase utilization of specialty mental health services amongst individuals with mental illness.
- *Inappropriately Served Consumers,* as evidenced by disproportionately high rates of participation in crisis or emergency services (compared to rates of participation in scheduled outpatient treatment services) including Native American and African American consumers.
- *Homeless Individuals,* including individuals that are living in a place not intended for human habitation, in an emergency shelter, in transitional housing, or are exiting a hospital, jail, or institution and do not have a residence in which to return and lack the resources or support networks to obtain housing.
- *Justice-involved Consumers,* including individuals released from jail or prisons with diagnosed mental illnesses.
- *Linguistically- and Culturally-Isolated Consumers,* for whom English is not their first language, and/or is not the first language of their parents, caregivers, or guardians.
- *Individuals with serious mental illnesses who are LGBT, Veterans, have developmental disabilities, or other experiences which may isolate them from the existing system of care,* including any individual who is not well-engaged by the outpatient specialty mental health clinics, and not otherwise eligible for FSP program services (i.e. lower acuity or need).

Mental Health System Outreach and Engagement

- *Provide Case Management, Engagement and Support Services* for individuals with co-occurring SMI and developmental disabilities, older adults and veterans living alone under isolated conditions who are suffering from untreated mental illnesses, including depression, grief, loneliness, post-traumatic stress disorder, or who are experiencing a loss of mobility or independence.
  - Engage and link individuals to public mental health system.
  - Provide screening, referrals and support to link participants to additional services and supports, especially as pertaining to health and safety needs.
  - Provide one-on-one support, connection and engagement to reduce depression.
  - Facilitate access to support groups at senior, veterans, and community centers.
  - Conduct two to four home visits to each participant on a monthly basis (seniors only).
  - Match funding for SAMHSA Block grant providing case management services for homeless individuals with SMI.

- *Consumer and family engagement and advocacy* helps consumers and family members navigate the system, helps consumers understand their rights and access to services, including dispute resolution. All providers (staff, contractors, and volunteers) serve as a liaison between consumers and family members and the mental health system of care. Specific activities include:
  - Consumer outreach coordinator(s)
  - Family advocacy

- *Food, clothing, and shelter to engage unserved individuals*
  - Life Support and Crisis House Programs: providing shelter and motel housing for the immediate placement needs of individuals with SMI who are homeless or at imminent risk of homelessness.
  - Modest support for local emergency food pantries and homeless meal programs to ensure that program participants have their basic nutritional needs met while stabilizing into routine services.

CSS Project 3: Wellness Center

Project Description

Wellness Centers are consumer-operated programs that provide an array of recovery support services. Wellness Centers provide classes and information on services and supports available in the community, self-help and peer-support group activities, and trainings and workshops to promote long term recovery and well-being on a variety of topics: from positive parenting, to nutrition and active lifestyles, to job development skills. Wellness Centers provide scheduled and drop-in services and programming that is respectful and representative of the diversity of consumer members.

BHS currently provides funding for one Wellness Center in Stockton CA. Proposals for additional Wellness Centers may be solicited for wellness center programming in additional communities.

Project Goal:

The primary objectives for this program will be to:

- Provide a consumer-driven self-help service center in close collaboration with consumers, family members and BHS.
- Increase opportunities for consumers to participate in activities that promote recovery, personal growth and independence.
- Increase leadership and organizational skills among consumers and family members.

Target Population

The target population is consumers with mental illness and their family members and support systems.

Project Components

The Wellness Center(s) will provide the following services:

- *Consumer Leadership:* Foster leadership skills among consumers and family members, and include the use of consumer surveys to determine necessary training and supports to assist consumers and family members in providing leadership. Wellness Center(s) will develop and maintain:
  - Consumer Advisor Committee
  - Consumer Volunteer Opportunities

- *Peer Advocacy Services:* Peer Advocates or Wellness Coaches listen to consumer concerns and assist in the accessing of mental services, housing, employment, child care and transportation. Peer Advocates or Wellness Coaches train consumers to provide self-advocacy and conflict resolution. Peer Advocates or Wellness Coaches address day to day issues consumers face such as life in board and care homes and negotiating the mental health system to obtain services and understanding medications. Issues and information addressed include:
  - *Legal Advocacy:* Information regarding advanced directives and voter registration and

securing identification documentation

- *Housing Information and Advocacy:* Information on housing resources will be provided. Consumers will be assisted in developing skills needed in finding affordable, well maintained housing options and alternatives, such as finding compatible roommates.
- *Employment Advocacy*: Information on employment, the impact of SSI benefits, available resources and programs and resume and interview preparation will be provided. Assistance will be given in finding suitable clothing and transportation for job interviews. Services will be provided in collaboration with the BHS Career Center.
- *Childcare Advocacy:* Childcare advocacy will be available to consumers who have children under the age of 13 and will include the provision of information, assessing problems of access and providing vouchers to pay for childcare when needed to access mental health services, medical services or attend a job interview.
- *Transportation Advocacy:* Consumers will be trained on accessing available public transportation options. When situations arise where there are no public transportation options, the Center will provide transportation to stakeholder activities, clinic appointments, medical appointments, peer group classes, employment interviews and urgent situations.

- *Peer-Led Classes and Coaching:* The average group class size should be five to seven consumers. The following consumer-led services will be provided at the Wellness Center:

  - Independent Living Skills classes to teach cooking skills, budgeting, banking, nutrition, healthy living and exercise, grocery shopping, and use of community resources such as the library and the Food Bank.
  - Coping skills classes to teach time management, personal safety, communication skills, medication information, socialization skills, decision making and goal oriented task completion.
  - Serenity exploration to allow consumers to explore individual spirituality and growth as part of recovery.
  - Wellness and Recovery Action Planning (WRAP).
  - Computer skills coaching to assist peers in the use of computers and internet access. Computers and internet access will be available at the center.

- *Outreach Services:* Outreach services will be provided to consumers and family members to increase awareness of the availability of the Wellness Center and to encourage the use of its services. Outreach efforts will include unserved, underserved and inappropriately served populations. Cultural activities will be organized on a regular basis to introduce new community members to the Wellness Center.

- *Volunteer Program*: A volunteer program for peer advocates and peer group class facilitators will be developed and maintained. The volunteer program may also include the development of a speakers' bureau to address stigma and discrimination and to relay stories of those recovering from mental illness.

CSS Project 4: Project Based Housing

Project Description: BHS, in partnership with the Housing Authority of San Joaquin, will create Project-Based Housing Units dedicated towards individuals with serious mental illnesses for a period of twenty years.

Under federal regulations, public housing agencies operate and distribute housing choice vouchers (formerly Section 8). Up to 20% of the vouchers may be set aside to specific housing units. Project-Based Housing Units are housing units that have vouchers attached to units.

Under state regulations, MHSA funding may be used to create Project-Based Housing Units, provided that the units have the purpose of providing housing as specified in the County's approved Three-Year Program and Expenditure Plan and/or Update for a minimum of 20 years.

General System Development Funds may be used to create a Project-Based Housing Program which is defined as a mental health service and support. *CA Code of Regulations §3630(b)(1)(J)*

The regulations and requirements for the creation of a Project Based Housing Program and a Capitalized Operating Subsidy Reserve were added to the California Code of Regulations in 2016, in response to the No Place Like Home Act. See: *CA Code of Regulations §36330.05; §36330.10; §36330.15;*

Project Components:

Under a partnership agreement, upon approval by the San Joaquin County Board of Supervisors and the Board of the Directors of the Housing Authority of San Joaquin, BHS and the Housing Authority shall leverage MHSA funding for the following purposes.

1) Establish a Project Based Housing Fund:
   Up to $3.5 million will be transferred to the Housing Fund for the purpose of acquisition, construction or renovation of Project Based Housing Units.

   This fund shall be an irrevocable transfer of money from San Joaquin County Behavioral Health Services to the Housing Authority of San Joaquin for the purpose of creating Project Based Housing Programs.
   - Crossway Residences, located at 448 S. Center Street. The project will include 14 studio apartments and one resident manager apartment. The project will also include a site for program related activities and support services, including therapeutic treatment services.
   - Additionally, BHS and the Housing Authority will commit to securing and renovating one or more properties that can be converted into multi-unit residences for the purpose of creating *at least* 20 additional Project Based Housing Units to be dedicated towards individuals with serious mental illnesses.

2) Establish a Capitalized Operating Subsidy Reserve:
Up to $500,000 will be deposited into a County-administered account prior to occupancy of the Project-based housing. The actual amount deposited in the reserve account shall be based on the difference between the anticipated tenant portion of the rent minus revenue lost from anticipated vacancies and the estimated annual operating expenses of the Project Based Housing.
    - BHS and Housing Authority mutually acknowledge that the anticipated tenant population may require *more intensive* property management services requirements than typical for a population without serious mental illnesses. Cost projections for the estimated annual operating expenses will be based on reasonable assumptions and procurement of an onsite property management team.
    - The Operating Subsidy Reserve may also be used to repair any major damages resulting from tenant occupancy beyond normal wear and tear and other scheduled property maintenance.

3) Funding shall be used in strict accordance to Regulatory Requirements:
Project-Based Housing purchased, constructed and/or renovated with General System Development funds shall comply with all applicable federal, state, and local laws and regulations including, but not limited to:
    - Fair housing law(s)
    - Americans with Disabilities Act
    - California Government Code section 11135
    - Zoning and building codes and requirements
    - Licensing requirements (if applicable)
    - Fire safety requirements
    - Environmental reporting and requirements
    - Hazardous materials requirements

    Project-Based Housing purchased, constructed and/or renovated with General System Development funds shall also:
    - Have appropriate fire, disaster, and liability insurance
    - Apply for rental or other operating subsidies
    - Report any violations to DHCS if a violation is discovered
    - Maintain tenant payment records, leasing records, and/or financial information

4) Eligibility and Target Population
All tenant residents within a Project Based Housing Unit created with General System Development Funds must be diagnosed with a serious mental illness. Project units must remain dedicated towards housing the mentally ill for a period of no less than 20 years.

For the first five years of occupancy, tenants shall meet the criteria for enrollment into a full service partnership program. Upon completion of the pilot program, BHS and the Housing Authority will mutually review evaluation and program data to determine the target population of tenants from within the population of individuals with serious mental illnesses.

5) Leasing, Rental Payments and Eviction Processes
BHS reserves the right to make tenant referrals for placement into the Project-Based Housing Units and to develop referral policies and procedures in partnership with the Housing Authority.

Rents will be subsidized *Project-Based Housing Vouchers,* which will be assigned by the Housing Authority and shall be specific to the Unit currently being occupied. Vouchers are non-transferable, though clients may be eligible for *Housing Choice Vouchers*, following successful completion of program services.

The Housing Authority reserves the right to make tenant evictions and to develop tenant eviction policies and procedures in partnership with BHS.

In all instances access to housing and housing eviction policies and procedures will be guided by applicable laws and regulations including Fair Housing Laws.

BHS and Housing Authority will meet regularly to review policies, procedures, and practices pertaining to the operations of the Project Based Housing Units created with General System Development Funds.

Prior to the release of MHSA funds, an agreement will be created between BHS and the Housing Authority and duly executed by the San Joaquin County Board of Supervisors and the Board of Directors of the Housing Authority of San Joaquin.

CSS Project 5: Employment Recovery Services

Project Description

Supported Employment is an approach to vocational rehabilitation for people with serious mental illnesses that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. The overriding philosophy of Supported Employment is the belief that every person with a serious mental illness is capable of working competitively in the community if the right kind of job and work environment can be found. Supported Employment is not designed to change consumers, but to find a natural "fit" between consumers' strengths and experiences and jobs in the community.

Project Goal: *The goal of this project is to increase the numbers of mental health consumers that are employed and/or involved in education.*

The project is intended to result in the following outcomes for mental health consumers participating in the project:

- Increased competitive employment among consumers;
- Increased independent living;
- Increased educational involvement;
- Increased self-esteem; and
- Increased satisfaction with finances.

Target Population

The target population will be seriously mentally ill adults (ages 18 and older) that are enrolled in or are transitioning to or from the County's Full-Service Partnership programs and their families. Participants will have symptoms of serious mental illness and be at risk of homelessness, chronic housing instability, mental health crisis, and/or hospitalization. A large portion of the target population is anticipated to have co-occurring mental health and substance use disorders.

Project Components

The Employment Recovery Services project will be based on the *Evidence-Based Practices Kit on Supported Employment* issued by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) located at: http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365

- *Assertive Engagement and Outreach:* Make multiple contacts with consumers as part of the initial engagement and at least monthly on an ongoing basis when consumers stop attending vocational services.

- *Vocational Profiles:* Conduct individualized interviews with each consumer to determine their preferences for type of employment, educational and work experiences, aptitudes and

motivation for employment. Vocational profiles will be consumer driven and based on consumers' choices for services. Vocational assessment will be an ongoing process throughout the consumer's participation in the program.

- *Individual Employment Plans:* In partnership with each consumer, prepare an Individual Employment Plan, listing overall vocational goals, objectives and activities to be conducted. Assist consumers with resume development and interviewing skills as needed.

- *Personalized Benefits Counseling:* Provide each consumer with personalized information about the potential impact of work on their benefits.

- *Job Search Assistance:* Help consumers explore job opportunities within one month after they enter the program. Provide job options in diverse settings and that have permanent status. Employer contacts will be based on consumers' job preferences.

- *Continuous Supports:* Provide continuous support for employed consumers that include the identification and reinforcement of success as well as coaching when concerns arise. Help consumers end jobs when appropriate and then find new jobs.

CSS Project 6: Community Behavioral Intervention Services

Project Description

The project will provide behavioral intervention work in the community to consumers who are having a hard time managing behaviors and impulses. The services are based on the foundation and principles of Applied Behavior Analysis and intended to address behaviors or symptoms that jeopardize mental health consumers' recovery, wellness and quality of life. The interventions are not intended as a "stand alone" service. They will supplement other mental health services provided to consumers.

Project Goal: *The goal of the project is to provide behavioral interventions in order to increase mental health consumers' stability, social functioning and recovery-focused behaviors.*

The project is intended to promote long-lasting functional change among consumers by decreasing the incidence of dysfunctional and maladaptive behaviors and increasing the incidence of functional and adaptive behaviors. Successful change may result in the following outcomes among participating consumers:

- Prevention of or reductions in psychiatric hospitalizations and re-hospitalizations;
- Reduction in incidences of homelessness, disruption in housing and/or out-of-home placements; and
- Reduction of the stigma and distress experienced by many consumers as a result of maladaptive behaviors.

Target Population

The target population will be seriously mentally ill adults (ages 18 and older that are enrolled in or are transitioning to or from County's Full-Service Partnership programs and their families. Participants will have symptoms of serious mental illness and be at risk of homelessness, chronic housing instability, mental health crisis, and/or hospitalization. A large portion of the target population is anticipated to have co-occurring mental health and substance use disorders.

Project Components

The contractor will use a behavior analysis model in which procedures are systematically applied to improve socially significant behavior to a meaningful degree. Treatment strategies will be flexible and individualized. In general, treatment strategies will include instruction to increase appropriate alternative behaviors. The treatment methodology will include:

- Individualized goals developed to meet the needs of each consumer;
- Teaching skills that are broken down into manageable, easy-to-learn steps;
- Opportunities for consumers to practice each step;
- Acknowledgement of successes using a tangible reward system; and
- Continuous measurement of individual consumer progress so that treatment may be adjusted as needed.

Additional project components include:

- *Behavior Assessment (Functional Analysis):* Comprehensive assessments of each consumer's behavior will be conducted to determine target behaviors that need to be addressed, the antecedents of those behaviors, and the consequences of maintaining them. The contractor staff is expected to include BHS staff, the consumer, family members and other relevant treatment team members in the behavior assessments. Behavior assessments must be completed within 30 days of the service authorization from BHS.

- *Individual Recovery Plans (Behavior Plans):* Specific and measurable Individual Recovery Plans will be completed within 30 days of the service authorization from BHS. All Individual Recovery Plans will include:

    - Definition of the target behavior;
    - Alternative behaviors to be taught;
    - Intervention strategies and methodologies for teaching alternative behaviors;
    - Methods for collecting data on and measuring target behaviors to ensure they are being reduced; and
    - An emergency management section providing detailed instruction for staff and family members on how to address the target behavior when it reoccurs.

  Individual Recovery Plans will be coordinated with and approved by BHS.

- *Individualized Progress Reports*: Progress reports on the accomplishment of goals for each consumer will be provided to BHS on a schedule as determined by BHS, but no less than monthly. Progress reports will be based on systematic data collection and evaluation of data on each consumer's progress towards their goals.

CSS Project 7: Mobile Crisis Support Team

Project Description

Mobile Crisis Support Teams (MCSTs) provide on-site mental health assessment and intervention within the community for individuals experiencing mental health issues and to avert a mental health related crisis. MCST help avert hospitalizations and incarcerations by providing early interventions to individuals who would not otherwise be able to seek help at traditional service locations. MCSTs transition individuals to appropriate mental health crisis interventions in a timely fashion, reducing dependency on law enforcement and hospital resources. Comprised of a clinician and a peer- or parent-partner, MCSTs provide a warm handoff to services and help educate and introduce individuals and their family to the most appropriate services in a calm and supportive manner.

MHSA funding supports three teams stationed in alternate locations and extend the hours of operations of the existing team to include evening and weekend hours. Services are available daily (Monday – Sunday), and into the evening hours most days of the week.

Team:	Location:	Target Population:	Hours of Operation:
Children's Team	Mary Graham Children's Shelter	Children and youth and those receiving foster care services	Tues. – Sat. 10am – 7pm
Justice Team	Downtown Stockton	Justice Involved Offenders Forensic, mentally ill offenders	Tues. – Sat. 10am – 7pm
BHS Campus Team(s)	Behavioral Health Services	Adults experiencing a crisis in the community or at hospitals	Mon. – Fri. 8am – 5pm Wed. – Sun. 3pm – 9pm

Services are partially supported through grant funding allocated through SB82, the Investment in Mental Wellness Act of 2013. Program services will be fully funding through ongoing CSS allocations once the grant funding for this successful pilot project has expired.

CSS Project 8: Crisis Services Expansion

Project Description

Through MHSA funding, BHS has expanded and enhanced crisis services. The Crisis Unit provides a 24/7 crisis response for any individual experiencing a mental health emergency in San Joaquin County. New Crisis Services fully or partially funded through MHSA funds include:

Project Components:

Project 1: Warm Line

The BHS Warm Line is a 24-hour service that provides consumers and their family members with 24/7 telephone support to address a mental health concern. The Consumer Support Warm-Line is a friendly phone line staffed with Mental Health Outreach Workers who give support and shared experiences of Hope and Recovery. Consumers and their families can obtain referrals, share concerns, receive support, and talk with a Mental Health Outreach Works who generally understands their perspective, and is willing to listen and talk with them.

Project 2: Community Crisis Response Teams

CCRT clinicians respond to community requests for crisis services, including mental health evaluations for temporary, involuntary psychiatric inpatient care in situations where the mental health consumer is a danger to self, danger to others or gravely disabled. The clinician may schedule a home visit to assess the consumer's ability to maintain community functioning in the least restrictive environment and determine the most appropriate level of care for that person at that time.

The CCRT also works in coordination with local hospital emergency rooms. Hospitals providing medical care may call the CCRT to request a crisis evaluation for any person at the hospital who has already been medically cleared (ready for discharge), and who may be a danger to self, others or gravely disabled due to a mental disorder. CCRT clinicians will work with hospital staff to determine the appropriate level of intervention and support services needed, including transport to a crisis stabilization unit and/or a psychiatric health facility.

Project 3: Crisis Stabilization Unit

Per California Department of Health Care Services, Mental Health and Substance Use Disorder Services Information Notice No. 16-034, issued July 20, 2016, on the use of MHSA funds to provide crisis stabilization services to adults and older adults regardless of their voluntary or involuntary legal status.

MHSA funds will provide crisis stabilization services to clients on a voluntary or involuntary basis.

The Crisis Stabilization Unit (CSU) provides emergency psychiatric evaluation and crisis stabilization to adults ages 18 and older on a 24-hour, 7-day per-week basis. Crisis stabilization includes crisis intervention, medication administration, consultation with significant others and outpatient providers,

and linkage and/or referral to follow-up care and community resources. Services are short-term, with the length of stay not exceeding 23 hours. CSU services may be provided on a voluntary or involuntary basis.

The Children Crisis Stabilization Unit (CSU) provides emergency psychiatric evaluations and crisis stabilization to children and youth. Children and youth are admitted upon consent of a parent or guardian.

CSS Project 9: System Development Expansion

Project Description

System Development Expansion Services include the outpatient clinic system that provides planned mental health treatment services (scheduled appointments). Prior to the provision of the MHSA, specialty mental health services served a smaller population of consumers. During the original CSS planning process in FY 2005/06, BHS estimated that 11,000 consumers received mental health services. Since 2004, and in accordance with MHSA, BHS has conducted assertive community outreach and engagement to increase access to mental health services amongst unserved and underserved individuals. Over the past ten years, the number of consumers served annually has increased 25%, to 15,000.

MHSA funding is used to expand mental health services and/or program capacity beyond what was previously provided (*CA Code of Regulations*: § 3410 (a)(1)).

Areas of expansion include:

- Expanded range of outpatient specialty mental health services available.
- Increased program capacity to serve an estimated 4,000 additional clients.
- Enhanced consumer-friendly and culturally-competent screening and linkage to services.
- Development of consumer and family driven services, including the use of peer partners, recovery coaches, and consumer or family member outreach workers throughout the mental health system of care.
- Expanded use of nurses and psychiatric nurse practitioners to strengthen linkages between specialty mental health and primary care providers.
- EPSDT Medi-Cal Specialty Mental Health services to children/youth who are dependents/wards living in a Short Term Residential Therapeutic Programs.

MHSA Administration and Program Evaluation

The MHSA Administration and Program Evaluation team provides guidance and recommendations to BHS managers in the implementation of MHSA funded programs and activities and the vision, goals, and statutory mandates of the Mental Health Services Act. Specific duties and responsibilities of the team include:

- *Contract Monitoring and Performance Review:* Monitor contracts to determine if contracted MHSA programs are implemented as planned and to fidelity and if program funds are being expended in accordance with contract budgets.
- *Technical Assistance:* Disseminate regional and statewide information on emerging practices, new regulations, and provide guidance on program implementation.
- *Training Coordination:* Coordinate mental health related trainings for consumers, family members, clinicians, service providers, and community stakeholders.
- *Program Evaluation:* Evaluate how MHSA funding has been used and what outcomes have resulted from investments.
- *Continuous Quality Improvement:* Review findings and make recommendations to improve services and programs to maximize positive outcomes.
- *Strategic Planning:* Conduct community program planning in accordance with MHSA regulations to update, refine, and develop new MHSA programs reflective of current conditions and needs. Incorporate the vision, direction and objectives of MHSA into larger Behavioral Health Services and other local and County Strategic Plans.

VII. Workforce Education and Training

The Mental Health Services Act (MHSA) allocates funding to promote professional growth and development, including recruitment and retention programs, in order to remedy the shortage of qualified individuals to provide services to address severe mental illness.

"Workforce Education and Training" means the component of the Three-Year Program and Expenditure Plan that includes education and training programs and activities for prospective and current Public Mental Health System employees, contractors and volunteers. *CA Code of Regulations § 3200.320*

Workforce Education and Training program planning is intended to provide opportunities to recruit, train, and retain employees broadly into the public mental health system, including employees of private organizations that provide publically funded mental health services. As such BHS has included a range of training opportunities within this Workforce Education and Training (WET) component section that are intended for both BHS and non-BHS employees, in order to promote the growth and professionalism of the entire mental health system of care. Additionally this WET Plan outlines an approach to promote professional growth and to recruit and retain highly qualified clinical staff into the public mental health care system.

Significant Considerations in Workforce, Education and Training

- ***Competition in Hiring:*** The new California Health Care Facility in Stockton, providing mental health treatment for seriously mentally ill inmates, has increased competition for highly qualified clinicians and mental health care providers, especially psychiatrists, clinicians, and psychiatric technicians.
- ***Shortage of Psychiatrists:*** The San Joaquin Central Valley has a severe shortage of trained psychiatrists, especially licensed child and geriatric psychiatrists, to meet the general population demand. Recruitment and retention of child psychiatrists continues to be challenging.
- ***Expanding Consumer Positions***: BHS has significantly increased hiring of consumer and peer employees. Additional training and support services are required to continue this expansion.
- ***Workforce Development***: BHS continues to recruit and train talented graduates of mental health programs and additional clinical supervisors are needed to help ensure that interns receive high caliber training and supervision, in order to provide evidence based treatment interventions with fidelity and to pass licensure examinations.
- ***New and Emerging Research:*** BHS is committed to providing treatment interventions that reflect best practices in recovery and in training practitioners throughout the County.

The MHSA Workforce Education and Training component contains five funding categories:

(1) Training and Technical Assistance

The Training and Technical Assistance Funding Category may fund: programs and/or activities that increase the ability of the Public Mental Health System workforce to support the

participation of consumers and family members; increase collaboration and partnerships; promote cultural and linguistic competence; develop and deliver trainings; and promote and support the *General Standards* of specialty mental health care services.

(2) Mental Health Career Pathway Programs

The Mental Health Career Pathway Programs Funding Category may fund: programs to prepare clients and/or family members of clients for employment; programs and that prepare individuals for employment in the Public Mental Health System; career counseling, training and/or placement programs; outreach and engagement in order to provide equal opportunities for employment to culturally diverse individuals; and supervision of employees in Public Mental Health System occupations that are in a *Mental Health Career Pathway Program*.

(3) Residency and Internship Programs

The Residency and Internship Programs Funding Category may fund: time required of staff to supervise psychiatric or physician assistant residents and clinician or psychiatric technicians interns to address occupational shortages identified in the *Workforce Needs Assessment*.

(4) Financial Incentive Programs

The Financial Incentive Programs Funding Category may fund: financial assistance programs that address one or more of the occupational shortages identified in the County's *Workforce Needs Assessment*. Financial Incentive Programs may include scholarships, stipends, and loan assumption programs.

(5) Workforce Staffing Support

The Workforce Staffing Support Funding Category may fund: Public Mental Health System staff to plan, recruit, coordinate, administer, support and/or evaluate Workforce Education and Training programs and activities; staff to provide ongoing employment and educational counseling and support to consumers and family members entering or currently employed in the Public Mental Health System workforce, and to support the integration into the workforce; and other staff time, including the required Workforce Education and Training Coordinator, as necessary to implement the WET plan.

The Workforce Education and Training Coordinator is a required program component of the MHSA WET Plan and instrumental in implementing the WET Plan as described below. The Workforce Education and Training Coordinator for San Joaquin County is:

Janelle Frederiksen,
Management Analyst II,
(209) 953-7558
jfrederiksen@sjcbhs.org

All projects described are designated only for the first year of the plan. 2017-2018 will be the last year that WET funding will be available for use.

WET Project 1: Training and Technical Assistance

Community Workforce Need

Consumers, family members, and program staff from public and community-based organizations throughout the County are critical partners in the delivery of mental health services. These volunteers and employees work tirelessly to promote mental health recovery and are a core component of the public mental health workforce and intricate to the BHS belief and commitment to consumer and family driven mental health care services. These professionals and community volunteers require ongoing training and education to promote their competencies and to improve the capacity of the entire workforce to provide culturally competent, high quality mental health services and supports.

Project Description

BHS will coordinate the delivery of trainings throughout San Joaquin County. Trainings will support the delivery of high quality, culturally competent, and consumer- and family-driven mental health services and supports. Trainings will also help establish and re-affirm a core practice model by establishing the baseline knowledge and competencies required to participate in the delivery of recovery oriented mental health service and supports.

Project Components

- *Trainings for Volunteers, Peer Partners, Case Managers, and Community Partners.* All volunteers, peer partners (consumers and family members), case managers and non-clinical community partners contracted to provide direct mental health services and supports shall be trained in the fundamentals of mental health, including how to engage and refer individuals for further assessment and interventions. Trainings for BHS staff, volunteers and community partners may include, but are not limited to, the following:
  - *Suicide Prevention and Intervention Trainings*
  - *Mental Health First Aid*
  - *Wellness Recovery Action Plans*
  - *Crisis Intervention Training (for Law Enforcement and first responders)*
  - *Trauma Informed Care*
  - *Addressing the needs of Commercially and Sexually Exploited Children*
  - *Motivational Interviewing*
  - *Stigma Reduction*
- *Specialty Trainings in Treatment Interventions.* Specialty trainings are provided to increase the competencies of staff in core practice modalities. These modalities include the delivery of evidence-based interventions, to fidelity, and as described throughout this MHSA plan. Trainings may include, but are not limited to, the following treatment interventions:
  - *Seeking Safety*
  - *Cognitive Behavioral Therapies*
  - *Dialectical Behavioral Therapy*
  - *Multisystemic Therapy*

- *Medication Assisted Treatment.* Medication Assisted Treatment (MAT), combines psychosocial modalities, including behavioral therapies and counseling, with medications for the treatment of substance use disorders. MAT is indicated for individuals with co-occurring mental health and substance use disorders. Funding will be allocated for BHS and some community partners to attend national medical conferences on the treatment of substance use, and co-occurring substance use, disorders in order to improve physician/psychiatrist knowledge and familiarity with MATs and the recommended prescribing protocols. The conferences' MAT training modules are designed to increase prescriber confidence and comfort in using MATs in conjunction with other psychotropic medications ordered for mental health illnesses.

- *MHSA General Standards Training and Technical Assistance.* BHS managers will receive training, guidance, and supervision to support and promote the MHSA and the General Standards of the MHSA. The Medical Director will provide training, guidance, and supervision to support and promote the MHSA and the General Standards of the MHSA amongst the medical staff. Training, guidance and supervision is provided to support and promote:
    - *Community Collaboration,* including efforts to integrate primary and mental health services and to provide mental health services within community-based locations throughout San Joaquin County.
    - *Cultural Competence,* including the use of culturally competent prevention, intervention, treatment and recovery approaches and culturally and linguistically appropriate discourse with consumers and family members.
    - *Client Driven Services*, including the incorporation of WRAP activities and plans within the clinical model, and practices which embraces the client as having the primary decision-making role in identifying his/her needs and preferences in service delivery.
    - *Family Driven Services,* including practices which incorporate the input of families within the development of treatment plans and in which the families of children and youth with SED/SMI have the primary decision-making role in the care of their own children.
    - *Wellness, Recovery, and Resiliency,* including supervision and guidance to ensure that all medical staff promote and support clients on their pathways to wellness and recovery.
    - *Integrated Service Experience,* including training or support to ensure that medical staff have the tools, training, and resources to access a full range of services provided by multiple agencies and programs in a comprehensive and coordinate manner.
    - *Leadership Training* for program managers to improve capacity for program design, management, and oversight, including contract compliance and evaluation.
    - *Compliance with Applicable Regulations.* As statewide regulations are updated to improve services staff require briefings and trainings to ensure that services continue to meet all standards and expectations.
    - *Electronic Health Records.* WET funding may be allocated to train BHS staff on the new electronic health information system.

Project Objective

MHSA Training programs will increase the ability of BHS, and its community partners in mental health services, to deliver high quality, recovery oriented, and consumer- and family-driven specialty mental health care services by a culturally competent workforce throughout San Joaquin County. (See also, MHSA General Standards, *CA Code of Regulations §3320.*)

WET Project 2: Mental Health Career Pathways

Community Workforce Need

A stable and well-trained workforce is critical to the delivery of high quality mental health services. Findings from the Workforce Needs Assessment demonstrate that there is a shortage of mid-level clinicians (e.g. licensed Mental Health Clinician II employees) within the BHS workforce. Additional clinical supervision and support is necessary to help advance and promote entry level (non-licensed) clinicians. The Workforce Needs Assessment also revealed that additional supports and training are needed to recruit, promote, and retain consumer and family member employees within the public mental health system.

Project Description

Develop mental health career pathway programs to support designated positions, including mental health clinicians and consumer and family member positions (i.e. outreach worker / recovery coach / peer partner positions).

BHS Mental Health Clinician Career Pathways Project Components

- *Clinical Supervision.* BHS will increase access to clinical supervision for new mental health clinicians. A dedicated Clinical supervisor will provide supervision towards the hours required for licensure and will provide enhanced guidance on the core practice treatment modalities (e.g. cognitive behavioral therapy) to ensure that clinicians are delivering mental health treatment interventions with fidelity.

  Mental health clinical professionals are required to complete 3,200 hours of supervised work experience and 104 weeks of supervision once master's level course work has been satisfactorily completed to meet qualifications to take the Sate's licensing examination. A licensed mental health clinician who meets supervision criteria will serve as a clinical supervisor and professional mentor for new mental health clinicians seeking to meet licensure qualifications. The clinical supervisor will have been licensed for at least two years, have a valid clinical license, and have completed 15-hours of supervisor training. Adding dedicated supervision services will create more career pathways for mental health professionals entering the public mental health system and strengthen capacity in core competencies.

Consumer and Family Member Career Pathways Project Components

- *Peer Specialist Certification Program* - BHS continues to support the creation of a Peer Specialist Certification program within the State of California. The California Office of Statewide Health Planning and Development (OSHPD) has prepared reports recommending the development of a Peer Specialist Certification Program and Career Pathway program

- *Career Center* - BHS provides individual counseling and career support services to prepare consumers for employment. Services include a complete review of existing public benefits and

the impact full or part time employment will have on existing benefits. The Career Center helps consumers explore options coordinating or maintaining existing benefits and ensure continued access to services.

- *Peer Employee Support Program* – Provides career counseling, training and support to consumers, and/or family members of consumers, employed within the public mental health system. Provides training, guidance and support in reaching professional and career goals and objectives. Trainings and support activities include, but are not limited to:

    - Peer employment training
    - Professional skill development
    - Employee advocacy
    - Communication skills

Project Objective

This project will increase the number of qualified mental health professionals providing treatment interventions throughout BHS, including those who are consumers and family members. This project will also ensure that individuals employed within the career pathway position designations are supported, promoted, and retained in the public mental health system.

WET Project 3: Financial Incentives Programs

Community Workforce Need

BHS is facing acute shortages of employees across all sectors of the mental health workforce. Shortages are most acute amongst psychiatrist, nurses, psychiatric technicians, and licensed clinical social workers. Financial incentive programs will be geared towards BHS employees within these classifications.

Project Description

The main purpose of this strategy is to ensure that there are sufficient qualified and culturally competent candidates to fill vacant positions within BHS. This strategy is designed to be flexible so that as an increasing number of candidates are recruited and trained for specific positions, financial incentives are redirected to other positions that have been identified as difficult to fill.

Individuals will be eligible to submit applications to BHS for financial incentives. The application will include an interview process that will, in part, assess the candidate's capacity to complete the educational programming and commitment to returning to the public mental health field in San Joaquin County. The number and amount of awards will vary annually according to demand for qualified staff and the strengths of the applications received. In some years no funding may be awarded and funding will "roll-over" for allocation in future years.

Project Components

The following financial incentives may be provided, depending on merit and/or need:

- Psychiatry Incentives
  BHS is facing an acute shortage of qualified psychiatrists and psychiatric nurse practitioners at all levels. The recent opening of the California Health Care Facility in Stockton for seriously ill inmates of California's Correctional System has further exacerbated the challenges in hiring qualified psychiatrists. Hiring incentives are standard practices for recruiting and retaining psychiatrists. Locally the California Health Care Facility and Kaiser Permanente offer hiring incentives to psychiatrists. Under this strategy BHS will explore the merit of providing hiring incentives to psychiatrists who agree to work with BHS for a specified period of time.

- Educational Incentives
  - *Stipends:* Stipends may be awarded to employees or to people not yet employed in public mental health. All recipients of stipends will sign a contract stating their intent to work for BHS or a contracting agency for a minimum of 2 years following graduation.
  - *Scholarships:* Scholarships will be awarded for specific educational costs such as tuition, textbooks, etc. Scholarships will be available to part-time and full-time regular employees.
  - *Loan Assumptions*: BHS will further explore the possibility of awarding loan assumptions as an incentive to employment.

All recipients of stipends, scholarships, loan assumptions, and other benefits will be contractually obligated to work for Behavioral Health Services or contracting community-based organizations, and with a minimum commitment of two years. Those who do not meet their obligations will be required to reimburse the County for the full amount of assistance, plus interest.

Project Objective

This project is intended to decrease identified workforce shortages and will make it more financially feasible for individuals to increase their level of educational attainment and stay employed within the County mental health care system.

WET Project 4: Workforce Staffing Support

Community Workforce Need

BHS is committed to ensuring that the WET plan meets the stated objectives described in each of the funded project areas, and to identifying additional goals and objectives as new challenges arise. The WET Coordinator will work with BHS management to continuously analyze the impact of WET-related activities, and each year the WET Coordinator will assist the MHSA Coordinator to complete all annual updates. Based on findings, BHS may make changes to the current plan and post such changes for public comment.

Project Description

BHS will fund a full-time WET Coordinator to manage MHSA-funded workforce development activities. The WET Coordinator will be supported by the Training Coordinator, who will help establish workforce development activities for the tracking and management of such activities.

Project Components

- *Coordinator to Implement WET Plan Activities.*
  - Coordinate trainings in core-competencies.
  - Develop relationships with partner organizations to ensure high-level support for staff participation in training activities and that such knowledge is incorporated into practice.
  - Provide information to all eligible staff about available financial incentives and for ensuring a fair and equitable system for reviewing and approving financial incentive awards.

- *Monitor and Track WET Expenditures.* The WET Coordinator will manage the WET budget and will make sure that funding is utilized according to the WET Plan and within the time periods specified. S/he will manage the distribution of financial incentives and payments to professional trainers and group facilitators.

- *Represent the Workforce Training and Development Needs of San Joaquin County.* The WET Coordinator will work with other County MHSA Coordinators, OSHPD and DMH to develop a single, unified MHSA plan that is consistent with County needs and local and state guiding principles.

- *BHS Training Coordinator.* The BHS Training Coordinator manages the increasing training needs for BHS staff and community partners, including law enforcement. The training coordinator is responsible for working with the training divisions of local police and Sheriff and school districts to ensure that mental health related trainings are offered concurrent to professional growth and training plans of partner agencies. The training coordinator also develops and tracks participation in a range of MHSA related trainings for BHS staff and community partners as identified elsewhere in this Plan or as deemed necessary by BHS.

The Training Coordinator will also ensure that notifications about additional training opportunities will be distributed to the public mental health workforce, including consumers and family members of consumers who are interested in entering the mental health workforce.

Project Objectives

The WET Coordinator will provide guidance and recommendations to BHS managers in implementing the WET Plan.

VIII. INN Project Overview

Innovation Component Funding Guidelines:

INN Projects are novel, creative, and/or ingenious mental health practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals.

Innovation funding may be used for the following purposes:

- Increase access to underserved groups
- Increase the quality of services including better outcomes
- Promote interagency collaboration
- Increase access to services

The primary purpose of an Innovation Project is to contribute to learning, rather than a primary focus on providing services. Contributions to learning can take any of the following forms:

- Introduce new mental health practices /approaches, including prevention and early intervention
- Adapt or change an existing mental health practice/ approach including adapting to a new setting or community
- Introduce a new application for the mental health system of a promising practice or an approach that has been successful in a non-mental health context or setting

INN Projects must also consider the following general standards, though the extent to which they are addressed will vary by INN Project:

- Community Collaboration
- Cultural Competence
- Client Driven Mental Health System
- Family Driven Mental Health System
- Wellness Recovery and Resilience Focus
- Integrated Service Expansion

2016-17 Innovation Planning Process:

Innovation Component Planning has been collaborative and community driven. Per direction from the San Joaquin County Board of Supervisors, and recommendations from our Behavioral Health Board, INN planning incorporates the joint findings from:

- MHSA Community Program Planning Process
- Homelessness Task Force
- Proposition 47 Local Advisory Committee

- Stepping Up Initiative
- *And,* the Community Priorities identified by the Board of Supervisors of San Joaquin County

Three Year Program and Expenditure Plan for FY 2017/18 – 2019/20:

The INN projects described in this Three Year Program and Expenditure Plan are currently *in design* by San Joaquin County Behavioral Health Services. **Upon completion of the DRAFT INN Plan, BHS will:**

- Post the First Draft of the INN Plan for 30-day public review
- Convene a Public Hearing of the Behavioral Health Board to hear public testimony
- Summarize the public comments and feedback into the Plan narrative
- Submit the Second Draft of the INN Plan to the San Joaquin County Board of Supervisors for approval
- Submit the Second Draft of the INN Plan to the Mental Health Oversight and Accountability Commission (MHSOAC) for a 30-day Staff Review and Feedback Process
- Submit the Final Draft of the INN Plan for 15 day-public posting by the MHSOAC
- Present at a Public Hearing of the Mental Health Oversight and Accountability Commission to request authorization to allocated funds for the purposes outlined in the INN plan
- Receive Approval and Adopt Final INN Plan

DRAFT INN Plan Objectives:

In accordance with the directives received from consumers, community stakeholders, and partners throughout San Joaquin County, the INN Plan will align with two initiatives: (1) **Homeward Bound**, a local initiative to ensure all individuals , including those who are homeless and/or have serious mental illnesses identify a medical home for behavioral health and primary care treatment needs. (2) **No Place Like Home,** a state wide initiative adopted by the California Legislature to address and prevent homelessness has been adopted locally for the purpose of addressing and preventing homelessness amongst those with mental health disorders.

Project 1:

Homeward Bound, is a comprehensive approach to providing screening, assessment and treatment services for those that are unserved or underserved by mental health treatment services. Homeward Bound leverages a range of funding sources in order to (1) deepen the engagement and screening of those who are at high risk of having a mental illness and/or are suspected of having a mental illness; (2) provide a community based, and culturally appropriate Assessment Center to conduct psychosocial assessments and referrals on a walk-in basis; and (3) create a range of treatment opportunities to meet the needs of all individuals regardless of the findings of the initial assessment. INN funds will be requested for the Assessment portion of the project.

Screening

- Whole Person Care Act funds will be leveraged to conduct homeless outreach and engagement.
- Justice and Mental Health Collaboration funds will be leveraged to develop policies and procedures for local law enforcement officers to conduct mental health screenings on individuals suspected of having a mental health concern due to prevalent behaviors or symptomology *(application for funding pending)*

Assessment

- INN funds will be leveraged to operate a community based assessment center through a federally qualified health clinic. The Behavioral Health Assessment Center will provide an opportunity for community members to meet with case managers to discuss the barriers to their well-being, opportunities to access services and supports, and to receive a comprehensive psychosocial assessment. *(Upon approval by the MHSOAC)*

Treatment

- CSS funds will be leveraged to provide treatment services for individuals with a mental health or co-occurring disorders
- Proposition 47 funds will be leveraged to develop a Withdrawal Management Unit to provide the sobering and detox services necessary for an accurate psychosocial assessment. *(application for funding pending)*
- FQHC reimbursement funds will be leveraged to treat individuals with a mental health concern that do not meet the diagnostic criteria for serious mental illness.
- FQHC reimbursement funds will be leveraged to provide a minor injury clinic and physical examinations for individuals presenting for a psychosocial assessment who may require primary health care services prior to completing the psychosocial assessment.

The Homeward Bound INN Component addresses the following research questions:

- Assessment Center: Will a multi-agency collaborative, intended to provide a full spectrum of integrated outreach, engagement, screening, assessment, case management, and treatment services result in improved access to treatment services for underserved populations.
- Assessment Center: Will a "no wrong door approach" to mental health assessment and treatment services – one that provides a treatment pathway for both SMI and non-SMI populations – result in stronger interagency collaborations towards services for the mentally ill.

Project 2:

No Place Like Home, an initiative of the California Senate, is designed to address and prevent homelessness in local communities. MHSA funding, including INN funding, is being allocated through this Three Year Program and Expenditure Plan to develop projects that will support efforts to prevent and end homelessness amongst those with a mental illness.

CSS General System Development funds are being allocated for the purpose of creating a Project Based Housing Fund and a Capitalized Operating Subsidy Reserve.

Creating housing alone, however will neither prevent nor address chronic homelessness amongst the mentally ill. It is imperative for San Joaquin County to design new approaches to treatment services that will support efforts by local partners to provide housing for the mentally ill. Too often landlords fail to provide housing for individuals with mental illnesses because of perceived tenant difficulties. Consumers also report that even with housing vouchers or rental subsidies they are only able to rent units in the most decrepit run down units because landlords or property managers restrict access to high quality units to those tenants with more stable tenant histories.

BHS and Housing Partners agree that creating new housing units, separate from mental health services, will do little to address the housing challenges experienced by consumers with mental illnesses. Under San Joaquin County's local No Place Like Home Initiative BHS and Housing Partners will work collaboratively to develop and test new models of supportive housing services for individuals with serious mental illnesses that are chronically homeless or at risk of homelessness. These new models are designed to (1) increase access to mental health services for (formerly) homeless individuals with identified mental illnesses and (2) improve outcomes for consumers including sustained engagement in treatment, reduce isolation and depression, and increases in functionality as measured by a standardized assessment. It will also contribute to learning by exploring how to help mental health departments and housing agencies improve partnership agreements, delineate roles and responsibilities, create a system for ongoing discourse and program improvement, and develop a long-term sustainability model.

The No Place Like Home INN Components address the following research questions:

- Scattered Site Housing: Will an integrated approach to providing housing and treatment services for homeless individuals that SMI, that appropriately steps participants through levels and intensity of treatment and housing support services, further housing first approaches for individuals with serious mental illnesses *and* result in more consumers achieving independent and stable housing?
- Supportive Housing: Will an integrated approach to providing housing and treatment services for individuals with SMI who are homeless or at risk of homelessness, reduce social isolation, functionality, and result in better outcomes for consumers that have been frequently admitted into hospitals, crisis residential, or psychiatric facilities for the purpose of treating a mental illness?

Evaluation

The evaluation design will include an outcome evaluation to determine if desired results are achieved, and a formative evaluation that will summarize the strengths and challenges of program implementation and recommendations for replication in other jurisdictions.

One or more research teams will be procured for the purposes of INN program evaluation.

Use of Leveraged Funds:

All INN projects are designed as stand-alone projects. They are designed as components of a comprehensive continuum of care, but should one or more of the projects within the continuum not receive anticipated funding, or start as scheduled, each INN project can start-up and operate separate from the full continuum of services conceived in either Homeward Bound of No Place Like Home.

Proposed INN Projects by Purpose, Learning Objective, General Standards and Leveraged Funding:

Local Initiative	Overarching Objectives	• Integrate primary health and behavioral health care services • Increase access to services and show corresponding improvements in outcomes • Address the treatment and support needs of underserved populations, including those who are homeless, veterans, or marginalized by the criminal justice system			
	INN Project	**Purpose**	**Contribution to Learning**	**General Standard Focus**	**Leveraged Resources**
Homeward Bound	**Assessment Center**	Increase Access to Services Promote Interagency Collaboration	Introduce a new community-based partnership model for screening, assessment, referral and treatment of mental health conditions through the creation of a system of care offering a full spectrum of integrated services. The goal is to create a model that may be suitable for replication in other jurisdictions.	Community Collaboration Integrated Service Experience	FQHC Reimbursements Proposition 47 Funding (application pending) Department of Justice Bureau of Justice Assistance JMHCP (application pending)
No Place Like Home	**Scattered Site Housing**	Increase Access to Services for underserved groups	Adapt a local promising practice to serve homeless individuals with serious mental illnesses that have poor engagement or retention in treatment	Cultural Competence Client Driven Mental Health System	Existing Knowledge, Experience, and Program Design
	Supportive Housing	Increase quality of services, including better outcomes	Introduce an approach to family and community engagement used in non-mental health contexts to reduce isolation and promote recovery amongst FSP partners at-risk of, or returning from, placement in a hospital or residential program for the treatment of a mental illness	Family Driven Mental Health System Wellness Recovery and Resiliency Focus	Housing-Based Vouchers

IX. Capital Facilities and Technological Needs

Funding for capital facilities is to be used to acquire, construct, and/or renovate facilities that provide services and/or treatment for those with severe mental illness, or that provide administrative support to MHSA funded programs.

Funding for technological needs is to be used to fund county technology projects with the goal of improving access to and delivery of mental health services.

San Joaquin County submitted a CFTN Plan in Spring 2013. The plan set aside funding for capital facilities construction and described a major capacity building project to bring the county into compliance with state and federal mandates for electronic health records.

Since 2013, additional needs have been identified and have been subsequently described in the 2014/15 Three Year Program and Expenditure Plan and annual Updates thereafter.

CF/TN funding has been used to:

- Construction and Renovations to the Crisis Stabilization Unit
    - Create a CSU for children and youth
    - Create voluntary CSU for adults

- Electronic Health Records
    - Develop new electronic health records for consumers, update electronic case management and charting system
    - Develop data capacity and partnership protocols for information sharing through new health information exchange

Funding continues through this Three Year Program and expenditure to complete facility renovations and upgrades and to complete upgrades to electronic client assessment, case management, and charting systems.

Projects are described below.

CF/TN Project 1: CSU Expansion

Through construction funding approved under a grant from the California Health Facilities Financing Authority (CHFFA) under the California Mental Health Wellness Act of 2013, BHS has constructed an expanded Crisis Stabilization Unit (CSU) with three discrete clinical areas, each with a different level of care and target population. As a result of this project:

- Access to services includes children and youth, with a designated Children's CSU.
- Services now include a separate treatment area for voluntary admissions.
- Service capacity is doubled, from eight to sixteen individuals.

Construction is complete and operations have been initiated. Minor construction components, including final paving, landscaping, and other beautification needs to create a warm, and welcoming environment are still in progress. Capital Facilities funds will be used to complete the final construction details of the new treatment facilities.

CF/TN Project 2: Facility Upgrades and Renovations

Funding will be allocated to upgrade and renovate facility components on the main campus in Stockton CA. Capital Facility funds will be used for three targeted projects that have been identified as critical to ensuring safe and culturally appropriate access to services for all populations.

- Restroom Renovations: Public and consumer restrooms will be renovated to address the following concerns:
  - Reception area restrooms are small, making wheelchair accessibility challenging.
  - Recommendations: Renovate multi-stall restrooms to create larger single person accessible restrooms. Update signage for restrooms, eliminating gender specific signage and creating gender-neutral signage in compliance with state law, and BHS values of welcome inclusion of all individuals.

- Directional Signage: New signs and building numbers will be ordered to address the following concerns:

  - Directional signage is small, worn, and faded making it difficult for consumers and guests to find their way to needed services. Original signs installed at building construction and occupancy point towards services that no longer exist or have been moved to other buildings within the campus complex. Some signs are in English only.
  - Recommendation: New signs will be ordered and installed. Signs will be ordered in multiple languages to enhance accessibility for consumers and family members seeking services and supports at BHS.

- Surface Paving: Asphalt and concrete surfaces will be renovated to address the following concerns:

- Tree roots, water damage, and CSU construction activities have damaged walkways, creating tripping hazards and making it difficult for wheel chair users to safely access BHS services.
- Recommendation: Patch, repair and replace concrete and asphalt surfaces that impede physical access to services and create a safety hazard for consumers, guests, and employees of BHS.

CF/TN Project 3: Develop and Implement an Electronic Health Record (EHR) System

An EHR application is critical to fulfilling state and federal mandates and accomplishing MHSA goals of modernization and consumer and family empowerment. BHS is in the final stages of implementing an EHR application and upgrading its network systems and hardware to accommodate technological improvements. Linked to the upgrades in the electronic health records is the capacity to share information between health providers. BHS, in participation with the Health Plan of San Joaquin, San Joaquin General Hospital, Community Medical Centers, and the Health Care Services Agency are jointly implementing a health information exchange to allow for the secure and confidential transmission of appropriate health information between medical providers.

X. PEI Evaluation Plan

Each year, San Joaquin's PEI evaluation will: 1) measure each PEI program provider's performance and fidelity; 2) measure each program's impact on participants and systems; and 3) provide timely, accurate data to inform contract monitoring and continuous program improvement.

I. Measure performance and fidelity

Prior to implementation, or at the onset of a new fiscal year, performance expectations will be drafted that include a description of: 1) the services to be provided; 2) the number served and dosage3) a demonstration of fidelity to evidence-based practice; 4) outcome expectations; and 5) the methods of collecting and reporting data.

On a quarterly and annual basis, each program will report: 1) successes and challenges associated with service delivery; 2) program outputs (e.g., numbers served); 3) program outcomes; and 4) demonstration of fidelity (when appropriate).

Each year, in accordance with state regulations, a report will be prepared with state-mandated reporting requirements. In addition, a local supplemental report will provide feedback on each provider's program performance to inform program planning and contract monitoring.

- **Measure program impact on participants and system**

At the beginning of each program year Program Managers and PEI program staff will develop outcome expectations based on: 1) literature on the evidence-based practice; 2) national standards; or 3) previous years' outcomes.[2]

The evaluation will summarize the methods used to assess program impact, including data collection and reporting protocols. Program outcomes will be reported to the state minimally every three years, but as frequently as every year, in accordance with state regulations.

- **Provide real-time, accurate data to inform ongoing program improvement**

BHS will meet with PEI providers to identify and discuss data reporting challenges as they arise. Program staff will have an opportunity to dialogue and learn from one another. Based on evaluation findings and a review of the data for contract monitoring purposes, recommendations may be developed to adjust program scopes of work for the following year.

- **Cost Benefit Analysis**

As part of the Annual Evaluation Report, BHS will describe: 1) the dollar amount per individual served; 2) the dollar amount per individual who graduated and/or demonstrated improvements in symptomology (early intervention) or protective factors (prevention); 3) dollar spent per class, workshop, individual session and/or unit of service.

[2] Outcome expectations will be described as: *"x% of participants will show improvements in y."*

- **Evaluation Methods**

The PEI program evaluation will utilize a range of research activities in order to evaluate whether (1) program activities meet stated goals, (2) align overall purpose of PEI funded programs, and (3) performance objectives are met. Selection of evaluation methods will be guided by state regulations, this evaluation plan, and the overarching goals and objectives of the PEI program. Evaluation activities may include one or more of the following, depending on the design of the program.

1. **Staffing, participant, and program activity data tracking**
   Evaluation efforts will create modify existing data systems to track each program's outputs. Data tracking may involve paper intake or assessment forms, excel spreadsheets, or HIPAA compliant web-based databases. The data system will track data mandated by the state and to support contract monitoring. For each program, provider and treatment modality, the administrative data tracking system will capture some or all of the following output data on a quarterly and annual basis:

- Number of FTE staff dedicated to program, including training and educational attainment
- Number of individuals reached out to and methods of outreach
- Number of unduplicated individuals and family members served
- Demographics of individuals served
- Number of individuals completing program
- Number of classes offered, sessions provided and/or units of service provided
- Locations of services provided
- Referrals and linkages to mental health treatment and other PEI programs.

2. **Administration of evidence-based practice fidelity assessment tools**
   For each evidence-based practice, BHS may select an appropriate fidelity measurement tool and train PEI programs to conduct fidelity assessments and record scores.

3. **Pre and Post & Retrospective Outcome Assessments**
   Tools will be selected based on evidence-based practice indicators, and if no measurement tools are provided, one will be selected by the Evaluator based on the tool's use in measuring the intended outcomes. Program staff will administer validated assessment tools at intake and at regular intervals and/or program completion, depending upon fidelity recommendations. Program staff will enter data into the administrative tracking system to be analyzed by evaluation team. Assessment scores will be entered into a HIPAA-compliant tracking log or database using a de-identified client code so that the Evaluator can determine each participant's changes in symptomology or functioning.

4. **Satisfaction surveys**
   On an annual basis, staff will administer anonymous paper-based client and/or caregiver satisfaction surveys. Additionally, anonymous electronic surveys will be distributed to program staff to measure satisfaction as well as program strengths and challenges, and to

identify ways in which the program has contributed to behavioral health workforce knowledge and system improvements.

5. **Interviews with program staff and supervisors**
   In order to describe how the program was implemented and to identify opportunities for program improvement, BHS may conduct interviews with program managers and a discussion group with program staff at the completion of each 12-month service period.

- **State-Mandated Reporting and Evaluation**

San Joaquin County Behavioral Health Services (BHS) will conduct its Annual and 3-Year PEI Program Evaluations in accordance with State Law.[3] The first Annual Prevention and Early Intervention Program and Expenditure Report will be due December 31, 2017, and reflect findings from the 2016-17 Fiscal Year. Each PEI Program listed below will be covered in the annual and 3-year evaluations. The evaluation reports will provide data on specific topics based State-defined program and strategy categories.

[3] California Code of Regulations, Title: 9, Sections: 3200.245, 3200.246, 3510.010, 3560, 3560.010, 3560.020, 3700, 3705, 3710, 3715, 3720, 3725, 3730, 3735, 3740, 3745, 3750, 3755, and 3755.010.

PEI Program Name	Provider(s)	PEI Program Categories to Evaluate (Regulatory Code)	Additional Strategies to Evaluate (Regulatory Code)
Skill-Building for Parents and Guardians	Catholic Charities Diocese of Stockton Child Abuse Prevention Council of San Joaquin County Community Partnership for Families of San Joaquin County Parents by Choice	*Prevention (3720)*	All PEI programs must evaluate: *Access and Linkage to Treatment Strategies (3735(a)(1))* *Timely Access to Services for Underserved Populations Strategies (3735(a)(2))*
Family Therapy	San Joaquin County Behavioral Health Services – Child and Youth Services	*Prevention (3720)*	
Mentoring for Transitional Age Youth	Child Abuse Prevention Council of San Joaquin County Women's Center Youth and Family Services	*Prevention (3720)*	
Trauma Services in Collaboration with Child Welfare	San Joaquin County Behavioral Health Services – Child and Youth Services	*Early Intervention (3710)*	
Trauma Services for Children and Youth (school-based)	Valley Community Counseling	*Early Intervention (3710)*	
Early Interventions to Treat Psychosis	Telecare Corporation	*Early Intervention (3710)*	
Recovery Services for Victims of Human Trafficking	Women's Center Youth and Family Services	*Early Intervention (3710)*	
Community Trainings	NAMI San Joaquin County	*Stigma and Discrimination Reduction (3725)* *Outreach for Increasing Recognition of Early Signs Mental Illness (3715)*	
Juvenile Justice Project	San Joaquin County Behavioral Health Services – Child and Youth Services	*Access and Linkages to Treatment (3726)*	
Suicide Prevention	Child Abuse Prevention Council of San Joaquin County	*Suicide Prevention (3730)*	

- **Prevention Programs**

San Joaquin's **Skill-building for Parents and Guardians, Family Therapy for Youth,** and **Mentoring for Transitional Age Youth** are defined as *Prevention Programs* (3720). Prevention programs must report the following evaluative data:

Process Measures	Outcome Measures
• Number of individuals served • Number of family members served • Demographics of those served (using PEI-defined demographic categories)	Reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning

- **Early Intervention Programs**

San Joaquin's **Trauma Services in Collaboration with Child Welfare, Trauma Services for Children and Youth, Early Interventions to Treat Psychosis, and Recovery Services for Victims of Human Trafficking** are defined as *Early Intervention Programs* (3710). Early Intervention programs must report the following evaluative data:

Process Measures (Annual)	Outcome Measures (3-Year)
• Number of individuals served • Number of family members served • Demographics of those served (using PEI-defined demographic categories)	Reduction in symptoms and/or improved recovery, including mental, emotional, and relational functioning

- **Stigma and Discrimination Reduction Programs**

San Joaquin's **Community Trainings** are defined as *Stigma and Discrimination Reduction Programs* (3725). Stigma and Discrimination Reduction programs must report the following evaluative data:

Process Measures (Annual)	Outcome Measures (3-Year)
• Numbers of individuals reached • Demographics	Changes in attitude, knowledge or behavior related to mental illness and related to seeking mental health services

- **Outreach for Increasing Recognition of Early Signs Mental Illness Programs**

San Joaquin's **Community Trainings** are also defined as *Outreach for Increasing Recognition of Early Signs Mental Illness Programs* (3715). Outreach for Increasing Recognition of Early Signs Mental Illness programs must report the following evaluative data:

Process Measures (Annual)
• Numbers of potential responders • Settings in which potential responders were engaged • Types of potential responders engaged in each setting • Demographics of potential responder

- **Access and Linkages to Treatment Programs and Strategy**

San Joaquin's **Juvenile Justice Program** is defined as an *Access and Linkages to Treatment Program* (3726). In addition, all PEI Programs must include an *Access and Linkages to Treatment Strategy* (3735(a)(1)). Access and Linkages to Treatment Programs and Strategies must report the following evaluative data:

Process Measures (Annual)	Outcome Measures (Annual)
• Number of individuals with Serious Mental Illness referred to treatment • Types of treatment individual was referred to • Average duration of untreated mental illness and standard deviation • Demographics of each referral	Number of individuals who followed through on referral and average interval between referral and participation in treatment, and standard deviation

- **Suicide Reduction Programs**

San Joaquin's **Suicide Reduction Program** is defined as a *Suicide Prevention Program* (3730). Suicide Prevention programs must report the following evaluative data:

Process Measures (Annual)	Outcome Measures (3-Year)
• Numbers of individuals reached • Demographics	Changes in attitude, knowledge and/or behavior regarding suicide

- **Timely Access to Services for Underserved Populations Strategy**

All PEI Programs must include a *Timely Access to Services for Underserved Populations Strategy* (3735(a)(2)). Programs with Timely Access to Services for Underserved Populations Strategies must report the following evaluative data:

Process Measures (Annual)	Outcome Measures (Annual)
• Identification of specific underserved populations • Number of referrals of members of underserved populations to PEI or treatment • Description of ways that the county encouraged access and follow-through • Demographics of referrals	Number of individuals who followed through on their referral and average interval between referral and participation in treatment, and standard deviation

- **Logic Models for New Programs**

Logic models for PEI programs designed and implemented through the MHSA FY 2014/15, 2015/16, and 2016/17 Three Year Program and Expenditure Plan are published and available for review in the prior Plan. Logic Models are included below for the three new programs created since the adoption of the last Three Year Program and Expenditure Plan.

PEI Project 2 – Family Therapy

Implementation Logic Model

Inputs	Activities	Outputs and Outcomes
BHS Program Staff, including: • Mental Health Clinicians • Social Workers • Paraprofessional Target populations: • Children and youth *with early signs* of mental health diagnoses or serious emotional disturbances who do not meet medical necessity, and are presenting with delinquency, violence, substance use, conduct disorder, oppositional defiant disorder, disruptive behaviors, mood disturbances, anxiety symptoms or trauma • Family members of children and youth	1. Family Therapy: Between 8-15 sessions, or up to 26 sessions for serious situations. Treatment may involve the following techniques: a. Cognitive behavioral therapy b. Motivational interviewing c. Skill-building d. Linkages to parent partners	1. Number of children and youth (primary clients) served 2. Number of parents/guardians, siblings and other family members served 3. Units of service/sessions provided by each type of service (i.e., individual therapy, group, skill-building, parent partner encounters, etc.) 4. Number of families who complete treatment having met treatment goals 5. Demographics of primary client 6. Number children or family members referred to longer-term treatment for SMI/SED or to other PEI programs and duration of untreated mental illness. 7. Number who attended treatment to which he/she was referred, including interval between referral and treatment 8. Duration of untreated mental illness 9. Number of children and family members who demonstrated reduction in symptoms and/or improved recovery and reduction in risk factors or increase in protective factors (tools: CANSA or YOQ/OQ)

PEI Project 4: Trauma Services Collaboration with Child Welfare Services

Implementation Logic Model

Inputs	Activities	Outputs and Outcomes
BHS Program Staff, including: • Outreach Workers • Mental Health Specialists • Mental Health Clinicians Available in 2 shifts • 8am-7pm • Weekends and weekdays Target populations: • Children and youth, who do not meet medical necessity for specialty mental health services AND either: • CPS-involved, but still in home (e.g., multiple CPS referrals; families in crisis; at risk of placement) OR • Child Welfare-referred children and youth who's MHST or BHS screening do not indicate medical necessity Especially • Children and youth in Short-Term Residential Therapeutic Programs, such as Mary Graham Children's Shelter AND • Foster parents	1. Timely Trauma-Informed Screening for children and youth who are at-risk of out of home placement due to family crises and multiple CPS referrals. Referrals from CPS. Screening provided by Clinician and may include off-hour and weekend, home- and community-based services. As a result of screenings, children and youth will be linked to prevention, early intervention or treatment. 2. Trauma-Informed Interventions for CPS-involved children and youth who do not meet medical necessity, with priority to children placed in Short-Term Residential Therapeutic Programs. Services provided by outreach workers and mental health specialists include Seeking Safety and MATCH-ADTC, support during transitions between shelter and placements, linkages to community-based services and supports. 3. Foster Family Supports during the transition and stabilization process, including individual, group or educational services to help foster families mitigate the effects of trauma. 4. Ongoing collaborative meetings between BHS and CPS to identify community needs and gaps in services, and develop collaborative strategies for addressing needs and gaps	1. Number of referrals from CPS 2. Number of completed trauma screenings broken down by screening location 3. Timeliness of screenings 4. Number of referrals to mental health tx 5. Number of referrals to trauma-informed interventions or other PEI programs 6. Number of children attended treatment and PEI programming, including interval between referral and treatment, demographics, etc. per PEI regulations 7. Number of units of trauma-informed interventions by type of intervention and location of services 8. Number of foster family members served, types of services, and units of services 9. Number of children/youth receiving trauma-informed interventions who demonstrated improvements in trauma symptoms (tools: CANSA pre and post and/or tools associated with EBP) 10. Number of foster parents who demonstrated improved skills or understanding about trauma (tools: Praxes or NCTSN pre and post tools, or Parenting Stress Index (PSI).) 11. Number of collaborative meetings and outcomes from discussions.

PEI Project 7– Human Trafficking

Implementation Logic Model

Inputs	Activities	Outputs and Outcomes

Referrals by law enforcement, first responders and Family Justice Center
 	
Staff of Women's Center Youth and Family Services
 	
Target populations:
• All victims of human trafficking, regardless of age, gender, SMI/SED status
	• Behavioral Health Screening of human trafficking victims, focusing on trauma exposure and reactions, and other symptoms related to traumatic stress
	• Referrals and linkages to mental health treatment for individuals with SMI/SED
	• Intensive case management by Resource Navigators to connect individuals to recovery and safety-oriented resources
	• Educational, support and rehabilitation groups including clinical and non-clinical interventions, depending on client characteristics. Groups may involve family members. Practices may include, but not be limited to:
	  • Trauma-Focused Cognitive Behavioral Therapy
	  • Seeking Safety
	  • Ending the Game Curriculum
	• Staff training on trauma and commercial sexual exploitation and human trafficking
		1. Number of human trafficking victims referred to program by referring organization
		2. Number of individuals screened for behavior health concerns
		3. Number of individuals referred to longer-term treatment for SMI/SED or to other PEI programs
		4. Number who attended treatment to which he/she was referred, including interval between referral and treatment
		5. Duration of untreated mental illness, as relevant
		6. Number of individuals receiving intensive case management
		7. Number and type of groups provided
		8. Number of individuals participating in groups, disaggregated by type of group
		9. Number of family members served
		10. Units of service/sessions provided by each type of service
		11. Number of individuals with signs of PTSD and other trauma-related stress disorders who demonstrate reduced symptoms or functional status
		12. Number of staff members and other community members trained in commercial sexual exploitation and trauma-informed care

XI. Appendix

Community Planning Meetings

Mental Health Service Act (MHSA)

Safe Neighborhoods and Schools Act (Prop 47)

San Joaquin County Behavioral Health Services is seeking input to guide the planning for two major initiatives. The Mental Health Services Act (MHSA) provides funding for community based mental health services for individuals with serious mental illnesses as well as mental health prevention and early intervention services for individuals and families. Over the past ten years MHSA program funding has created new opportunities for treatment and other supportive services. Feedback is needed to create a new Three-Year Program and Expenditure Plan that can incorporate best practices and lessons learned from the past ten years.

The Safe Neighborhoods and Schools Act provides competitive grant funding to counties for mental health services, substance use disorder treatment program, or diversion programs for individuals with a criminal justice background for the purpose of reducing recidivism. San Joaquin County Behavioral Health Services will be the lead applicant for this grant.

Community input is requested to guide MHSA planning and to provide insight and direction into the County's request for funding under the Safe Neighborhoods and Schools Act. Please join us at a community meeting to discuss the needs and opportunities for San Joaquin County.

We are counting on your voice to help guide us!

Thursday January 26, 2017	Thursday February 9, 2017
2:30 – 4:30 pm	3:30 – 5:30 pm
Behavioral Health Conference Room	**Public Health Conference Room**
1212 N. California Street	1601 E. Hazelton Avenue
Stockton, CA 95202	Stockton, CA 95205

Community Members who are interested in serving on the Local Advisory Committee for the Safe Neighborhood and School Act should contact: kaycerane@ranecd.com or call 925-876-0760 to receive additional information.

The Local Advisory Committee will meet weekly in January and February on Wednesday at BHS from 2:00-3:00pm.

Please post this notice in a public location and distribute via your mailing lists.

Thank you for passing this invitation along.

San Joaquin County Behavioral Health Services
Innovation Concept Review
For MHSA Community Program Planning

Projects Under Consideration		Stakeholder Feedback

Long-term Supportive Housing	• Target Popualtion: Co-occurring Disorders
	• Apartment complex, with:
	  • Resident manager
	  • On-site Programming, groups
	  • Office hours for client case managers
	  • Organized socialization and recreation
		Is this an essential mental health service?
		❒ Yes ❒ No
		
		How important is this project?
		❒ High need in our community
		❒ Moderate need in our community
		❒ Not a priority need

Residential Treatment	• Target Popualtion: Co-occurring Disorders
	• Specility Residential Treatment Program, with:
	  • Mental health clinicians and specialists on staff
	  • Unique treatment interventions targeting co-occurring mental health disorders
	  • Medication assisted treatment
		Is this an essential mental health service?
		❒ Yes ❒ No
		
		How important is this project?
		❒ High need in our community
		❒ Moderate need in our community
		❒ Not a priority need

Behavioral Health Assessment and Respite Center	• Target Population: Underserved Communities
	• Integrated Mental Health and Primary Care Clinic :
	  • Mental Health and or Substance Use Disorder Clinical Assessments
	  • A calming, welcoming space to access care
	  • Linkages to highest level of care needed
		Is this an essential mental health service?
		❒ Yes ❒ No
		
		How important is this project?
		❒ High need in our community
		❒ Moderate need in our community
		❒ Not a priority need

San Joaquin County Behavioral Health Services
Innovation Concept Review
For MHSA Community Program Planning

Select a Concept: ☐ Supportive Housing ☐ Residential Treatment ☐ Community Assessment and Respite Center	
Pros: What do you like about the concept?	**Cons: What needs addressing in order for this project concept to work?**

Please brainstorm additional project recommendations:

Behavioral Health Services – CPP Demographic Form

Per State of California guidelines, we must report demographic information on planning participants. This information will be kept confidential and used for reporting purposes only. You may decline to answer these questions.

☐ I decline to answer the demographic questions

Please indicate your age range:
- ☐ Under 18
- ☐ 18-25
- ☐ 26-59
- ☐ 60 and older

Please indicate your gender:
- ☐ Male
- ☐ Female
- ☐ Transgender

Please indicate the primary language spoken in your home:
- ☐ English
- ☐ Other: _____

Consumer Affiliation (check all that apply)
- ☐ Mental health client/consumer
- ☐ Family member of a mental health consumer

Stakeholder Affiliation (check all that apply)
- ☐ County mental health department staff
- ☐ Substance abuse service provider
- ☐ Community-based/non-profit mental health service provider
- ☐ Community based organization (not mental health service provider)
- ☐ Children and families services
- ☐ K-12 education provider
- ☐ Law enforcement
- ☐ Veteran services
- ☐ Senior services
- ☐ Hospital/ Health care provider
- ☐ Housing or housing services provider
- ☐ Advocate
- ☐ Other: _____

What is your race ethnicity?
- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Southeast Asian
- ☐ Other Asian or Pacific Islander
- ☐ American Indian/Native American/First Nations (including Hawaiian and Alaskan Native)
- ☐ Mixed Race: _____
- ☐ Other:

Please return to facilitator upon concluding the meeting. The demographic information is confidential. Your name WILL NOT be connected to your response.

Meeting Participant Demographic Information	
Do you identify yourself as a consumer or a family member of a consumer of mental health services?	
Consumer	21
Family Member	22
Check if No	
Please indicate your age range:	
under 18	
18-25	1
26-59	64
60 and older	16
Do you consider yourself to be:	
Male	39
Female	40
Transgender	1
Language spoken in home	
English	71
Other	4
Stakeholder Affiliation	
County mental health department staff	7
Substance abuse service provider	12
community-based/non-profit mental health service provider	24
Community based organization (not mental health service provider)	15
Children and families services	5
K-12 education provider	6
Law enforcement	10
Veterans services	2
Senior services	1
Housing or housing services provider	10
Hospital/Health care provider	1
Advocate	7
Other	8
What is you ethnicity? Do you consider yourself:	
White/Caucasian	40
Black/African American	10
Hispanic/Latino	18
Southeast Asian	1
Other Asian or Pacific Islander	7
American Indian/Native American/First Nations	8
Mixed Race:	6
Other	0
Decline	1

2017 MHSA 3-Year Program Plan: Stakeholder and Client Input Survey Distribution List

Clinic or Program Name	Date Returned	Number Returned
CATS Team A	3/27/17	**18**
CATS Team B	3/27/17	**5**
CATS Team C	3/20/17	**18**
CATS Team D	3/27/17	**2**
CYS Clinic	3/20/17	**45**
Forensic Clinic	3/20/17	**31**
Crisis Clinic	3/20/17	**28**
BACOP Clinic	3/20/17	**13**
La Familia Clinic	3/20/17	**30**
GOALS Clinic	3/28/17	**56**
TCC / SEARS Clinic	3/21/17	**27**
Manteca Clinic (CYS)	3/28/17	**11**
Lodi Clinic	3/27/17	**13**
Tracy Clinic	3/27/17	**10**
The Wellness Center	3/27/17	**46**
Martin Gipson Socialization Center	3/20/17	**37**
CDCC	3/7/17	**71**
Recovery House	3/6/17	**30**
Family Ties	3/9/17	**24**
ADAP	3/7/17	**4**
Central Intake	3/7/17	**2**
New Directions	3/8/17	**66**
Tracy (CYS)	3/28/17	**11**
CPP Stakeholder Mailing List (Online survey)	3/30/17	**67**
Total Surveyed		**665**

Inert Survey Forms Here