San Joaquin County Behavioral Health Services

Mental Health Services Act – Community Services and Supports Draft Plan Executive Summary

Background

California voters passed Proposition 63 in November of 2004, placing a 1% tax on adjusted annual income of individuals earning over one million. The proposition was enacted into law as the Mental Health Services Act (MHSA) effective January 1, 2005. The overall purpose is "to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness." Funding is designed to address the mental health needs of the unserved and underserved populations by expanding and developing the types of services and supports that have proven to produce successful outcomes, considered to be innovative, cultural and linguistically competent, and consistent with evidence-based practices.

The MHSA requires five essential elements: 1) community collaboration, 2) cultural competence, 3) consumer/family driven system of care, 4) wellness focus, and 5) integrated seamless service experiences for consumers and families. Outcomes that the programs should accomplish include:

- Decrease racial disparities, hospitalization, and incarceration
- Increase in timely access to care and treatment
- Decrease out-of-home placements
- Decrease homelessness
- Increase meaningful use of consumer time and capabilities

The three fiscal years covered by the County's CSS Plan are 2005-06, 2006-07, and 2007-08. It is expected that the County will receive approximately $ 5.6 million in each of these years. Because most of the first year was needed for the required planning process, the California Department of Mental Health (DMH) is allowing counties to prorate the program funding for Year 1 and counties may request the remainder of the first year funding, up to a maximum of 75% of the first year allocation, as one-time-only funds for additional planning efforts and system improvement activities to prepare for the implementation of programs and services.

Three Types of System Transformation Funding Available

Since county mental health programs do not have the infrastructure or resources to provide full services to everyone in need immediately, the DMH will make available three different types of system transformation funding under the Community Services and Supports Component of the MHSA.

- *Full Service Partnership Funds – funds to provide "whatever it takes" for initial populations*

  With the initial implementation of the MHSA, DMH will take the first step in funding counties to develop Full Service Partnerships with identified initial populations. These partnerships shall be culturally competent and shall include individualized consumer/family-driven mental health services and supports plans which emphasize recovery and resilience, and which offer integrated service experiences for consumers and families. In selecting initial populations, specific attention should be paid to populations and individuals that are currently unserved, and to reducing racial/ethnic disparities.

  Funding for the services and supports for Full Service Partnerships may include flexible funding to meet the goals of the individual services and supports plans. Access to generic community services should be obtained whenever feasible and appropriate. Mental Health Services Act funds are for community services and supports when access to these services cannot be obtained from other sources and such expenditures are consistent with other MHSA requirements.

- *General System Development Funds – funds to improve programs, services and supports for the identified initial Full Service Populations and for other high risk consumers*

  General system development funds are needed to help counties improve programs, services and supports for all consumers and families (including initial Full Service Partnership populations and others) to change their service delivery systems and build transformational programs and services. Strategies for reducing ethnic disparities should be considered. Examples for this kind of funding are consumer and family services such as peer support, education and advocacy services, mobile crisis teams, funds to promote interagency and community collaboration and services, and funds to develop the capacity to provide values-driven, evidence-based and promising clinical practices. This funding may only be used for mental health services and supports to address the mental illness or emotional disturbance. (Mental health services and supports include mental health treatment, rehabilitation services including supportive housing and supportive employment, and personal service coordination/case management.

- *Outreach and Engagement Funding – funds for outreach and engagement of those populations that are currently receiving little or no service.*

  This funding is established in recognition of the special activities needed to reach unserved populations. Outreach and engagement can be one component of an overall approach to reducing ethnic disparities. Examples of this type of funding would be funding for racial ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations and health clinics; organizations that help individuals who are homeless or incarcerated, and that link potential consumers to services; funds for consumers and families to reach out to those that may be reluctant to enter the system; funds for screening of children and youth; and school-and primary care-based outreach to children and youth who may have serious emotional disorders. This funding may only be used for those activities to reach unserved populations. Some individuals may have had extremely brief and/or only crisis oriented contact with and/or service from the mental health system and should be considered as unserved.

In this initial plan, counties may request ongoing funding for any or all of the three categories and may request one-time-only start-up funds in any of these funding areas. For the three-year planning period, DMH requires that counties request a majority of their total Community Supports and Services funding for Full Service Partnerships, in order to begin to provide full service to as many individuals/families as possible.

Community Public Planning Process (Part 1, Section 1)

The community outreach began with five MHSA informational meetings scattered geographically around the county in August 2005. The original informational meetings were the start of a comprehensive community planning process that was open, participatory, consensus based and inclusive of all stakeholders, including identified populations who are historically isolated, underserved, unserved and disenfranchised.

During October 2005, a focused effort began to reach ethnic and marginalized populations, by asking leaders in the specific populations to reach into their own communities to gather information about mental health needs. The contracted organizations to do this outreach were: Mary Magdalene Community Services (African-American), Lao Family Community, Lao Khmu Association, Vietnamese Voluntary Foundation, Inc. (VIVO), Asian Pacific Self-Development and Residential Association (APSARA), El Concilio, Native Directions, Community Partnership for Families (Muslim/Middle Eastern), and San Joaquin County AIDS Foundation (gay, lesbian, bi-sexual, transgender outreach). Surveys and focus groups continued for a month to gather data. A total of 5,138 contacts were made during this process.

Information from the outreach, along with mental health and county data, were presented to the six work groups. The work group reviewed the data and community input during three to six meetings, per group, to bring forward prioritized recommendations to the MHSA Steering Stakeholder Committee. These workgroups were: 1) Children and Youth, 2) Transitional Age Youth, 3) Adult, 4) Older Adult, 5) Criminal Justice and 6) Unserved, Underserved Ethnic.

Mental Health Needs and Disparities (Part II, Section II)

Unserved and/or underserved individuals with serious mental illness and with mental health needs are a common situation in San Joaquin County. San Joaquin County currently has a population of nearly 615,000 persons. The Mental Health Services Act is intended to transform services provided to some of the county's neediest residents: people whose incomes are below the poverty line and who have a serious emotional disorder (SED) or a serious mental illness (SMI) for which they need care. The overall poverty rate in San Joaquin County is about 14% and 86,648 persons fall below the poverty line. An estimated 21,245 county residents whose incomes are below the poverty line may be expected to have a SED or SMI at any one time.

In fiscal year 2004-2005 San Joaquin County Behavioral Health Services served approximately 10,996 individuals with 586 of these individuals being fully served. Fully served is defined as intensive services that closely assist and monitor a consumer's multiple needs, including psychosocial needs, medication, housing, and employment support. Intensive service provision for all consumers has been a challenge due to severe budget cuts. It is anticipated that the Full Service Partnership component of MHSA will help alleviate some of the need.

Data reflects that the population with the highest number in need regardless of age is the Latino population. The population with the highest number fully served is children and youth. This age group holds 59% of the total population of those fully served by mental health services. See table below.

Table 1. Age Group with Mental Health Prevalence and % Fully Served

Age Group	Est. # County Residents with SED/SMI	% Share of Total County Residents with SED/SMI	# Fully Served	% Share of Fully Served
Children & Youth (0-15)	13,363	30%	416	59%
Transitional Age Youth (16-25)	8,324	18%	125	18%
Adult (26-59)	18,653	41%	158	22%
Older Adult (60+)	4,876	11%	6	1%
TOTAL	**45,216**	**100%**	**705**	**100%**

Children/Youth, ages 0-15

Forty nine percent of the low-income children/youth in the county who likely need public mental health services are Latino; 18% are Caucasian, 18% are Asian, 9% are African American, and 1% are Native American. There are a higher percentage of African American children in San Joaquin County in foster care compared to other ethnic groups. African American children comprise 7.29% of the county's child/youth population, but 22.7% of the county's foster care population. When looking at race/ethnicity, African American (17.9%) and Latino (17.8%) children have the highest percentage of recurrence in the use of mental health services.

Transition Age Youth, ages 16-25

When the data for San Joaquin County's population of transitional age youth is divided by ethnicity it shows Native Americans comprise 0.7%, other 3.1%, African Americans 6.1%, Asian/Pacific Islanders 10.7%, Latino 27% and Whites 52.4%. Latinos, Asian/Pacific Islanders and 'other' are all underserved, accounting for 31.1% of the total served including inappropriate service, the underserved and those fully served. Two populations demonstrated the least number of fully served members. Among the Native American and 'other' populations a total of eight transitional age youth received full services, four from each group. During the planning process, 84 homeless individuals were contacted and 5% were between the ages of 18 and 24.

Adults, ages 26-59

It is no surprise, considering the current information, that the Adult (26-59) Latino population is severely underrepresented in the county's mental health treatment system. Among the many factors that contribute to this disparity are the following:

- Limited knowledge concerning mental health services and acknowledgement of mental health issues
- Barriers such as language and cultural diversity of providers
- Stigma associated with mental illness and seeking services
- Culture of family and informal support that encourages handling problems within the family and culture
- Lack of transportation
- Financial constraints
- Limited services, locations and availability
- Fear of deportation

Asian/Pacific Islanders represent 10.7% of the county population, 15.1% of the poverty population and 20% of consumers served, and African Americans represent 6.1% county population, 7.9% county poverty population and 12.7% of those served, while Hispanics represent 27% of the county population, 40% of

the poverty population and only 13.3% of those served in the adult age group. While African Americans appear to be well served, they are often not served appropriately with diagnosis only after their illness has escalated, putting them into higher levels of care or within the justice system.

Older Adults, 60 and older

There are 90,392 person ages 60 years and older living in San Joaquin County, representing 15% of the total population in 2004. The projected number of persons, ages 60 plus in 2010 will be 112,072. In contrast to younger ages, where male and female populations are similar, the female population comprises 61%. While the rest of the population is projected to grow by 15.3%, the population of over 60 is projected to grow at a rate of 20%. This trend compels us to reach out to this often isolated population.

Whites represent 52% of the population with Latino following at 27%, Southeast Asian at 11% and African American at 6%. The population living under 200% of the Federal Poverty Level (FPL) in the Older Adult age group is 27,353 or 12% of the poverty population. Relatively speaking, older White, African-American and Asian/ Pacific Islander adults are more strongly represented in the treatment system while Latino older adults are highly underrepresented (total served Latinos represent 11.5%, yet comprise 40% of the county poverty population).

Across all age groups, a consistent finding in San Joaquin County's penetration and usage data analysis is that Latinos and African-American are underrepresented in the mental health system.

Identifying Initial Populations for Full Service Partnerships (Part II, Section III)

Children & Youth, 0-17

Child & Youth Program Full Service Partnership

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

Latinos have the greatest need in terms of ethnicity in this age group in San Joaquin County, with African Americans considered inappropriately served in the Foster Care system. Both African Americans and Latinos are over represented in the Juvenile Justice System. The children targeted for FSP will have one or more of the following situational characteristics:

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

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

Transition Age Youth (TAY), ages 16-25

La Familia FSP (20% TAY, 70% Adult, 10% Older Adult)
BACOP FSP (20% TAY, 70% Adult, 10% Older Adult)
SEARS FSP (20% TAY, 70% Adult, 10% Older Adult)
Forensic (30% TAY, 70% Adult)

Full Service Partnerships will target unserved/underserved and inappropriately served TAY ages 16 to 25 years old. Ethnic groups with the greatest need for services include Latinos, Southeast Asians, and African Americans in San Joaquin County. The TAY targeted for Full Service Partnerships will have one or more of the following situational characteristics:

- Have a serious mental illness
- Repeated use of emergency mental health services
- Have co-occurring disorders
- Homeless or at risk of homelessness
- At risk of involuntary hospitalization or institutionalization
- High-risk youth with serious emotional disturbance in the Justice System and out-of-home placement, and or recidivists with significant functional impairment

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

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

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

Adults, ages 26-59

La Familia FSP (20% TAY, 70% Adult, 10% Older Adult)
BACOP FSP (20% TAY, 70% Adult, 10% Older Adult)
SEARS FSP (20% TAY, 70% Adult, 10% Older Adult)
Forensic (30% TAY, 70% Adult)

Forensic Full Service Partnership Court Program

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

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

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

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

See Transitional Age Youth for descriptions of La Familia FSP & BACOP FSP and SEARS FSP programs that will also serve the adult population.

Older Adults, ages 60 and older

GOALS - Gaining Older Adult Life Skills (100% Older Adult)
La Familia FSP (20% TAY, 70% Adult, 10% Older Adult)
BACOP FSP (20% TAY, 70% Adult, 10% Older Adult)
SEARS FSP (20% TAY, 70% Adult, 10% Older Adult)

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

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

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

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

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

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

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

<u>Community Services and Supports Program Strategies (CSS)</u> (Part III, Section IV; Exhibit 4a)

The County's CSS Plan contains twelve separate programs. The programs are:

Funding Category	Specific Program – Strategy
Consumer Support	The Wellness Center
Full Service Partnerships (includes Outreach and Engagement components)	Child and Youth Full Service Partnership
	Black Awareness Community Outreach Program (BACOP)
	La Familia Full Service Partnership
	Southeast Asian Recovery Services (SEARS)
	Forensic Full Service Partnership Court Program
	Gaining Older Adult Life Skills (GOALS)
Support to Full Service Partnerships	Community MHSA Consortium (for ethnic outreach and service coordination support)
	Housing Empowerment and Employment Recovery Services
System Development	Community Behavioral Intervention Services
	24/7/365 Community Response Team
	Co-Occurring Residential Treatment Program

It is estimated that approximately 2,250 consumers will be served annually by these programs and services.

Wellness Center ($ 455,294)[1]

[1] Net operating budget beginning 06-07

Number of Consumers to be served: 300 per year

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

Consumers who have designed this program state the mission of the Wellness Center is: “We are people who are not our illness. We are consumers with strengths within ourselves and want to be recognized for our strengths. It is important to recognize that each one of us has a core gift to offer and share with others. We are here to help other consumers find the gift within themselves. This in turn builds strength within us all.”

The Wellness Center will provide a safe, supportive community environment, an atmosphere of acceptance, self-worth, dignity and respect; and a place to increase knowledge by learning from one another. The focus of The Wellness Center will be recovery and empowerment. The Center will provide opportunities for consumers to tell their stories of recovery to peers and wider audiences as well as promote the belief within consumers, staff and the community that recovery is possible.

Goals of The Wellness Center will be to promote mutual peer group, education and growth and reduce stigma within the mental health system and in the community; promote belief in consumers, staff and community in the recovery model; and develop a partnership with staff, family members, interested persons and involved agencies in the community.

Child and Youth Full Service Partnership ($ 387,621)

Number of Consumers to be served: Outreach and Engagement: 300 per year
Full Service Partnership: 60 per year

San Joaquin County Behavioral Health Services (SJCBHS), Probation and Human Services Agency (HSA) have worked together in partnership for many years in the service of children/youth and their families. The addition of this Full Service Partnership (FSP) program will serve 60 new children/youth in HSA’s Intake and Assessment Unit and the Immediate Response Team, and youth in the Juvenile Justice System who are on probation. Both crisis response and community based mental health services will be included, with the availability to respond 24 hours a day, seven days a week. All the targeted children and youth will have a diagnosis of a serious emotional disturbance and be in the child welfare foster care system or the juvenile justice system.

The “whatever it takes” phrase has been coined through the wraparound model and children’s system of care philosophy and is the essential key to successfully serving children/youth and their families.

Our goal in this FSP is to decrease the need for out-of-home placement at the children’s shelter, in juvenile hall, and in foster family and group care, reducing institutionalization as children and youth become resilient.

Black Awareness Community Outreach Program ($ 829,732)

Number of Consumers to be served: Outreach and Engagement: 225 per year
Full Service Partnership: 45 per year

The Black Awareness Community Outreach Program (BACOP) will be a new and innovative service. It is a Full Service Partnership designed to serve the unserved and inappropriately served. The primary objective of the BACOP component of services will be an emphasis on African Americans currently in the system and who are inappropriately served. This effort will identify two groups of individuals of African American descent who utilize intensive Behavioral Health Services: Crisis and Inpatient Services. These individuals will fall into two groups: 1) those who use intensive services at an inordinate rate and do not use any other supportive service within mental health, and 2) those individuals who are currently receiving active case management service, payee-ship, and other support service yet continue to use intensive services at a greater rate than the general mental health population. The former group frequently has increased contact with law enforcement agencies and a failure to exhibit adaptive behaviors that leads to continued instability.

A primary objective of the BACOP model will be to address those individuals who are currently unserved. A Full Service Partnership will emphasize an intensive outreach and engagement effort utilizing designated CBOs with a primary objective of building a community-based approach, targeting locations where African American populations frequent and use as a point of services outside the mental health system. This partnership will involve faith-based organizations, community-based organizations, law enforcement, human and social service agencies, and other community gatekeepers.

The First 90 Days Model intensive support component will be a service delivery model, which can be utilized by all age groups, ethnic populations and new individuals entering the mental health system. The objective of the First 90 Days Model concept is to ensure that the first contact with the mental health system is positive, supportive, and produces outcomes that promote continued and appropriate usage of the system and increased independence and self-reliance.

La Familia ($ 669,456)

Number of Consumers to be served: Outreach and Engagement: 300 per year
Full Service Partnership: 60 per year

La Familia will increase the penetration rate for Latinos receiving specialty mental health services in San Joaquin County. It will be an ethnically, culturally and linguistically competent Full Service Partnership co-located with a specialized Latino-focused clinic, La Familia Servicios Psico-Sociales. The La Familia FSP will serve transition age youth, adults and older adults. This Full Service Partnership will work in conjunction with community-based organizations (CBO). The team will work together with specialized Latino-focused contract programs to coordinate treatment and ensure continuity of care. During the screening process, treatment will be based on the individual needs of the consumer and/or family member that supports recovery and wellness. The focus of treatment will be strength-based emphasizing resiliency and accessing natural community supports/healers. Outreach will be a strong component, with specialized advertising and direct face-to-face involvement in the Spanish-Speaking community, including outreach activities in schools, churches and community/senior centers; at health fairs, specialized events and speaking engagements.

This program will serve transition age youth to older adults of Latino origin with serious mental illness and cognitive/functional impairment, with special emphasis on Spanish-Speaking persons/family members. Current data indicates that Latinos in San Joaquin County are seriously underserved at all points of service. Language, acculturation, intergenerational and economic factors have been known to significantly affect this population. Traditionally, Latinos coming from a close-knit family system are more likely to handle problems within the family rather than reaching out to social service organizations for assistance. Many Latinos will reach out to medical doctors, churches, and faith healers before coming to mental health for treatment. Developing trust and respect between mental health services and the Latino community will require extensive effort, outreach and working hand-in-hand with community-based organizations that already have positive relationships with this community.

SEARS – Southeast Asian Recovery Services ($ 579,059)

Number of Consumers to be served: Outreach and Engagement: 300 per year
Full Service Partnership: 60 per year

The Southeast Asian Recovery Services program will provide Full Service Partnerships to the Southeast Asian community to address the myriad of psychosocial barriers to ongoing wellness. The primary ethnic minorities

comprising this population are Cambodian, Vietnamese, Lao, and Hmong. The program will provide recovery-oriented services delivered in a consumer centered, culturally and linguistically competent manner. Cultural competence of all staff with the utilization of bicultural service provision staff will be an important aspect of this program. Outreach and community education will be done in collaboration with community-based organizations serving Southeast Asians and representing the Cambodian, Vietnamese, Lao, and Hmong communities. Effective, culturally competent services with the goal of respecting their native culture will be the goal of psychosocial interventions. Evidence-based practices with dual diagnosis service availability will be an integral part of the program.

Transitional age youth, adults and older adults with a serious mental illness and functional impairment, with particular focus on individuals of Southeast Asian descent will be the target population. Many of the target population are monolingual in their native language and bi-cultural with the associated difficulties in interfacing with the mainstream culture. Traditional psychosocial interventions need to be modified to be culturally congruent with this target population. The language barrier that each of these four populations (Cambodian, Vietnamese, Lao, and Hmong) experience is a critical issue that will be addressed in the provision of services and in reaching out to these individuals.

Forensic Full Service Partnership Court Program ($ 532,815)

Number of Consumers to be served: Outreach and Engagement: 225 per year
Full Service Partnership: 45 per year

The Forensic Full Service Partnership Court Program will be a comprehensive, collaborative and integrative program with a focus on Full Service Partnership. Programming will be designed to address the needs of Mentally Ill Offenders. Mentally Ill Offenders will receive treatment involving community based non-profit agencies that may contract with San Joaquin County Behavioral Health Services (BHS) or within the structure of BHS. The goal of the program is to reduce the seriously mentally ill offender's cycle of re-offense, to encourage and support resilience and to enhance the opportunity to recover to a productive lifestyle in the community. To achieve this goal, a Full Service Partnership, as well as an agreement with San Joaquin County Criminal Justice System will be necessary to create a collaborative partnership with the seriously mentally ill offender. This collaboration shall address, at a minimum, the misdemeanor incompetent-to-stand-trial defendants, probation violations, and other offenders who require such services. Program options will focus on "whatever it takes" using treatment strategies learned from the successful AB 2034 programs and the Mentally Ill Offender Crime Reduction Program.

The seriously mentally ill offender will include all adults, male and female residing within San Joaquin County who are involved with the criminal justice system and have been identified as struggling with a serious mental illness. This population may have co-occurring disorders and may exhibit functional impairments with daily living skills. Many times the mentally ill offender is homeless. Currently the mentally ill offender is unserved, underserved or not appropriately served.

GOALS – Gaining Older Adult Life Skills ($ 582,170)

Number of Consumers to be served: Outreach and Engagement: 225 per year
Full Service Partnership: 45 per year

The Older Adult System of Care MHSA work plan proposes one Full Service Partnership to address the needs of older adults aged 60 and higher who have serious mental illness and who need a network of providers. The name of this program will be GOALS - Gaining Older Adult Life Skills. This Full Service Partnership will involve both contracted and non-contracted community-based organizations as well as non-profit agencies working together with San Joaquin County Behavioral Health Services (BHS). The goals of this program include a reduction of homelessness, hospitalizations, emergency room visits, institutionalization, and isolation, as well as an increase in social community supports and ability to function in the community with a philosophy of "whatever it takes." Several objectives needed to fulfill these goals include: providing easier access to services, providing culturally sensitive treatment and care, reducing the stigma surrounding mental illness, addressing the special needs of the elderly, improving quality of life for those older adults who have a serious mental illness, enhancing prevention and intervention programs, engaging older adult consumers in the recovery/wellness model, providing readily accessible transportation, and provision of secure safe, affordable, and appropriate housing. In addition, consumers and their families will be an integral part of this partnership, guiding and evaluating the process as it develops.

A one-stop "shop" located in Stockton will be established with a component based out in the community with mobile capabilities. This program is essential to the older adult mentally ill population since consumers aged 60 and above have vast differences in their ability to access services due to physical ailments or transportation barriers. The one-stop shop will involve a host of programs and services being made available to seniors, with plans to expand to each major city in the county. These 'one-trip' services can include mental health programs, primary care clinics, pharmacies, benefits counseling, socialization programs, cultural events, and nutrition/food service. Some consumers are more homebound and will benefit from a mobile team of experts who can deliver care so that the consumers can maintain their housing situations. Inherent in these programs is the Senior Peer Counseling connection, which involves other

consumers and/or family members who are available to assist at lower levels of care. A range of services and treatment options is the desired goal, utilizing community partners to assist with outreach, referrals, assessments, and ongoing program service delivery. The BACOP First 90 Days Model will be utilized and faith-based organizations will be incorporated into the programs and services.

The target population will be 45 older adults (60 years and older) with serious mental illness (SMI) and functional impairments. The individuals may also have co-occurring substance abuse disorders and/or other physical health conditions. For those most infirmed, the mobile treatment team will serve their needs. The 45 consumers served would include individuals who are currently not being served or are experiencing a reduction in their functioning level and could be more fully served; homeless or at risk of homelessness; at risk of institutionalization, hospitalization and nursing home care; and frequent users of emergency rooms. Included in this group of individuals could be some transition age older adults (approximately age 55 through 59) who are experiencing functional impairments similar to older adults and who are at risk for any of the above-mentioned categories.

Community MHSA Consortium ($ 247,435)

Number of Consumers to be served: Outreach and Engagement is provided through community based organizations working in conjunction with Full Service Partnership programs. The estimated numbers to be served is part of the Full Service Partnership description.

The Community MHSA Consortium will be comprised of community-based organizations (CBOs), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations. The Consortium is a means to continue the inclusiveness and transparency that was started by the MHSA planning process. Additionally, the Consortium will assist Behavioral Health Services in rolling out the approved mental health programs and in evaluating evidence-based practices.

Educational efforts of the Consortium will focus on program orientation, service delivery, with a targeted emphasis on the unserved and underserved populations. Within some cultural groups a word does not exist in their language to explain “mental illness.” Stigma is present and the fear of being labeled “crazy” has kept individuals from accessing services. The Consortium will provide education and cross training on mental illness and dual-diagnosis, emphasizing wellness and recovery. Community strengths and resiliency will be identified and supported by all efforts of the Consortium.

The goal of the Consortium will be to reduce cultural, racial, ethnic and linguistic disparities within the mental health delivery system. To assist in achieving these

goals, a full-time Ethnic Services Manager/Cultural Competency (ESM/CC) Coordinator will provide the staff infrastructure to address cultural, racial, ethnic and linguistic disparities within the mental health system. The Consortium is a means to continue community collaboration resulting in improved service delivery for all consumers and family members.

Priority populations of the Community MHSA Consortium will be all cultural, racial and ethnic populations with individuals that have serious mental illness. Special emphasis will be placed on populations with the greatest disparities. This includes, but is not limited to; Cambodian; Hmong; Laotian; Vietnamese; Native American; Asian descent; African-American; Muslim/Middle Eastern, gay, lesbian, bisexual and transgender (GLBT); homeless; consumer and family members. This outreach will include the active participation of the Community MHSA Consortium which has agencies that have established trust and can provide an entrance to hard-to-reach populations. It should be noted that these priority populations are located throughout San Joaquin County. Special emphasis will be placed on the homeless populations and factors that contribute to homelessness. Linguistic competency will be a major focus to support consumers' full participation in the treatment process in the language of their choice.

Housing Empowerment and Employment Recovery Services ($ 2,450 one time expenditure)

Number of Consumers to be served: Housing Assistance 60 per year
Employment Support 60 per year

For people recovering from symptoms of severe mental illness, a home and a job are the cornerstones of the vision of recovery. The Housing Empowerment and Employment Recovery Services program proposes specific services that will increase stable, safe, affordable, permanent housing. Through employment services, individual goals for security and personal identity will be identified and supported.

A home can be a space to live in dignity and a way to move toward recovery – a foundation of community care. While stable housing does not directly result in recovery, it is a necessary element that increases the effectiveness of all other mental health and support service interventions. The Housing Empowerment Service goal is to increase the number of days of safe and affordable housing for each participating consumer. Housing is repeatedly placed high in the priorities articulated by people with symptoms of mental illness, family members, community based organizations and mental health staff, and most recently expressed at the Mental Health Services Act's Public Hearings, Workgroups and Consensus Meetings throughout San Joaquin County.

The primary goal of Recovery Employment Services (RES) is to empower consumers to identify employment as a viable goal and to facilitate the process of choosing, getting and keeping a job. The first steps toward these goals may include developing planned activities and/or employment day goals for each participating consumer. This focus is an assurance of the integration of an individualized support plan to sustain employment activities and reduce losses of resources and personal identity.

The Community Based Housing and Employment Specialist Teams will be developed within non-profit organizations specializing in housing and employment. A non-profit program specializing in independent living skills activities will provide support to both of these teams. The formation of these teams will enhance and develop a system wide opportunity for housing and employment that will be the cornerstones of recovery for those enrolled in all Full Service Partnerships. Consumer and family input and employment opportunities will be identified within the community-based organizations. This involvement will ensure ongoing focus on the daily housing and employment needs of the population and communities served. San Joaquin County will utilize experiences and promising practices gained by participating in demonstration grant funded Dual Diagnosis Housing Project awarded by PATH funding and SHIA grant (Supportive Housing Initiation Assistance) housing project funded by State General Funds. An onsite consumer housing recovery coach and a central drop in apartment in a scattered site situation will provide needed supports and direction.

Partnerships with the State Department of Rehabilitation, along with the State supported WorkNet Program, San Joaquin County Human Resources and other employers of this area will continue to provide additional opportunities toward training and employment. Linkages are also available to the Gipson Center, a socialization and employment readiness contract program.

The priority population for this program will be 60 individuals for housing and 60 individual for employment identified by the Full Service Partnerships, who are diagnosed with severe mental illness with identified needs for stabilized housing and employment, education and training. The numbers served will be selected from the total number (255) of enrolled adult or older adult members. This population may experience co-occurring alcohol and substance abuse issues and/or medical health challenges. The population identified for these services are among the un-served, underserved and inappropriately served focusing on Latino, African-American, Native American, Muslim/Middle Eastern, and Southeast Asian along with those who identify with diverse life styles and sexual preferences.

Community Behavioral Intervention Services ($ 360,000)

Number of Consumers to be served: 240 per year, with 60 of these consumers being part of a FSP

A community behavioral intervention service will provide quality behavioral interventions to at-risk unserved and underserved mentally ill persons. This wraparound service will reduce or prevent first time hospitalization, relapses, and psychiatric readmissions. Emphasis will be on recovery and fostering resiliency through services of specialized behavioral interventionist for the transitional age youth, adult, and older adult. Direct referrals for behavior intervention services will be taken from Full Service Partnership assessment staff, crisis assessments, (e.g., hospital emergency rooms, mental health crisis intervention teams, etc), community agencies, and community based organizations with the overall goal of providing interventions at the lowest level of care and in the community to reduce trauma and stigma experienced by many first contact consumers. The philosophy of this program encompasses using whatever interventions are necessary to preserve a consumer's stable environment by increasing recovery-based behaviors.

The priority population will be 60 individuals with symptoms of serious mental illness, at any one time, who are at risk of relapses and possible crisis situations who may be experiencing co-occurring alcohol and substance abuse issues and/or medical health challenges. It is expected that 240 consumers will be served per year. The population identified for this service is among the unserved, underserved and inappropriately served in San Joaquin County with a priority to the Latino, African-American, Native American, Muslim/Middle Eastern, GLBT and Southeast Asian populations.

24/7/365 Community Response Team ($ 550,312)

Number of Consumers to be served: This program will serve an additional 300 consumers annually

Crisis Intervention Services (CIS) proposes to expand our current core behavioral health response services already coordinated with seven hospital emergency room programs and nine law enforcement agencies in our County. CIS is proposing a transformation of the current system to include:

- Increased mobile community crisis response for assessment and intervention services 24/7/365.
- Joint response of mental health staff with law enforcement to reduce incarcerations and inappropriate use of hospital emergency rooms.
- Mental health response teams for intervention and prevention services to reduce use of law enforcement agencies for intervention in a crisis.

- Coordination with the consumer-operated Wellness Center, developing peer support and assistance through the use of volunteer and/or employed consumer/family members, as included members of the multi-disciplinary crisis teams.
- Focus on recovery and resiliency at all stages and levels of services.
- Increase our ability to provide culturally sensitive response capabilities and expanded language capabilities.
- Increase our response capability with the development of mobile, multidisciplinary response teams 24/7/365.
- Develop an integrated career ladder allowing a path from volunteer to mental health specialist.
- Increase hot and warm-line capabilities available 24/7/365.
- Increase our ability for outreach and support and decrease consumers' isolation.
- Increase support to consumers to enable them to manage their independence and community functioning.
- Decrease frequent use of emergency medical care.
- Coordinate services and communications between warm/hot line and mobile Community Response Team.

The priority populations for Crisis Intervention Services (CIS) are adults and older adults with serious mental illness (SMI), children and youth with serious emotional disability (SED), and family and friends of SED and SMI consumers seeking information, education, assistance and support. Concurrently, we provide a walk-in mental health clinic offering assessments, referrals, information and education for individuals in the community seeking mental health assistance and support.

The homeless, hard-to-reach rural populations and other underserved ethnic populations will be better served by the warm and hot lines, as well as the mobile Community Response Teams. Efforts will focus around early intervention and stabilization.

Increased outreach will be provided to agencies and associations, Board and Care Homes, and family members working and living with those with mental illness. Outreach will emphasize information and training to assist in early intervention and alternatives to emergency room services and involuntary hospitalizations and incarcerations. Special emphasis will be placed on providing culturally sensitive and linguistically appropriate response services.

One-Time-Only Funding

Co-Occurring Residential Treatment Program ($ 500,000 one time only)

Number of Consumers to be served: 18 at any one time; 50 in 3 year period

This application is for one-time money to effectively provide start up support for a holistic dual diagnosis residential program, which was the vision of a collaborative between San Joaquin County Behavioral Health Services (BHS), Substance Abuse Services (SAS), Probation, Superior Courts, County Office of Education, along with the support of Human Services Agency (HSA). Treatment design is based upon the concept that substance abuse in adolescents is a family disease and that recovery and resiliency is an ongoing process, not an event, which requires the treatment to focus around family intervention. Co-occurring mental health disorders are viewed as both a function of and a determinate of dysfunction. Therefore, there is a need for a holistic program to address the problem, in tune with the MHSA.

This program will serve 18 youth in Juvenile Probation's Placement Unit at any given time, with anticipated average length of stay of 12 months, serving a total of 50 youth in a three-year period. All the targeted youth have serious emotional disturbance and a co-occurring substance abuse problem, and will receive mental health and substance abuse services as the key component, up to seven days a week, with on site public education, and the ability to serve special education students' Individual Educational Plans (IEP). This is has been a missing service in San Joaquin's Children's System of Care. Residential services provided locally allow the necessary family component to occur, which is key for successful outcomes and reduced recidivism.

The intent of the program design is to divert selected substance abusing youth with a co-occurring mental health disorders from placement in other facilities, e.g., out-of-county or out-of state residential programs, Peterson Hall, Camp, California Youth Authority, etc., in order to provide rehabilitative conditions for juvenile offenders and their families. Moreover, by providing a residential alternative within San Joaquin County, we can divert a population of young offenders who are at risk for later committing additional criminal acts associated with their disorder from the justice system. Effective treatment of substance use disorders among adolescents requires a comprehensive approach that incorporates family and health issues. Many Seriously Emotionally Disturbed (SED) youth have learned to self medicate their symptoms, while others, due to various risk factors, make poor choices, and find addiction and abuse tough to escape.

The Intensive Supervision Unit (ISU) in Juvenile Probation's Placement Department is the high-end part of their system. Minors who are placed

residentially as Wards of the Court (W&I Code 602) are found to be unmanageable in their homes and/or communities. Hopes of preventing the reoccurrence of crimes through graduated sanctions (punishment options) concomitant with treatment are put in the basket of group home placements. While the intent of a holistic treatment environment is to cause that change, many of the youth with court placement orders wait in an impacted Juvenile Hall of 179 beds, while an overloaded probation officer searches the few group homes available (that do not fit the minor's need well) in hopes of getting on the top of the long waiting list. Success in traditional residential programs for these youth is poor at best; the programs are not designed for the co-occurring disorder of substance abuse and emotional disturbance.

Latinos and Asian, Pacific Islanders, and Native American youth are underserved while African Americans are over represented in our juvenile justice area mental health programs, reflecting an imbalance in our system. If these youth are to be resilient and become responsible citizens in the community, youth must be in recovery for the return home, and family strengths must be emphasized and improved, and aftercare and support from the local community of like cultural groups must be available.

Administration net operating budget is $451,766 per year. One time funding is across most programs as follows: Wellness Center ($512,900); Child & Youth Program ($32,400); Black Awareness Community Outreach Program ($86,800); La Familia ($82,375); SEARS – Southeast Asian Recovery Services ($35,925); Forensic Full Partnership Court Program ($ 81,940); GOALS – Gaining Older Adult Life Skills ($173,125); Community MHSA Consortium ($142,700); Housing/Recovery Employment Services ($ 4,700); Community Behavioral Intervention Services ($18,800); 24/7/365 Community Response Team ($ 454,250); Co-Occurring Residential Facility ($ 500,000) and Administration ($ 1,285,740).

Conclusion

The careful development of the San Joaquin County MHSA Community and Services and Supports Plan resulted from intense work and community outreach by a large group of consumers, family members, service providers, community based organizations, mental health employees, mental health experts and other public agencies. The main objective was to develop and continue to develop strategies to expand and increase services to those individuals and their families who are the most unserved, underserved and inappropriately served in a culturally competent, recovery based model of system transformation. While we cannot meet all of the increasing demands for service, these programs and services will begin to enhance the continuum of services that increase access to care for the seriously mentally ill in diverse ethnic and marginalized populations.

It is our sincere hope that those with severe mental illness and participating communities will continue to have a meaningful voice in the planning, development, delivery of and evaluation of services.