

**COUNTY FUNDING REQUEST FACE SHEET
MENTAL HEALTH SERVICES ACT
COMMUNITY PROGRAM PLANNING**

Date Submitted: March 15, 2005

Name of County: San Joaquin

County Contact Person:

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Funding Requested: \$241,596

Signature of County

Mental Health Director: _____

**San Joaquin County Mental Health Services
Funding Request
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Introduction

San Joaquin County Mental Health Services (SJCMHS) views the Mental Health Services Act (MHSA) as a unique and unparalleled opportunity to accelerate its progress toward a culturally competent mental health system focused on recovery and wellness. MHSA will build on a foundation that includes:

- A successful A.B. 2034 program, the Homeless Engagement and Response Team (HEART), that embodies recovery and client empowerment values.
- An effective children and youth system of care in which SJCMHS partners closely and effectively with child welfare, probation, education, judges, schools and a network of community agencies and providers.
- A strong investment in culturally competent services, including an effective Transcultural Clinic serving the Southeast Asian communities, establishment of the Black Awareness Community Outreach Program, and ten years of capacity-building to better serve the Latino community of San Joaquin County.

Transformation Goals

SJCMHS has developed its MHSA Community Program Planning Funding Request around three transformation goals:

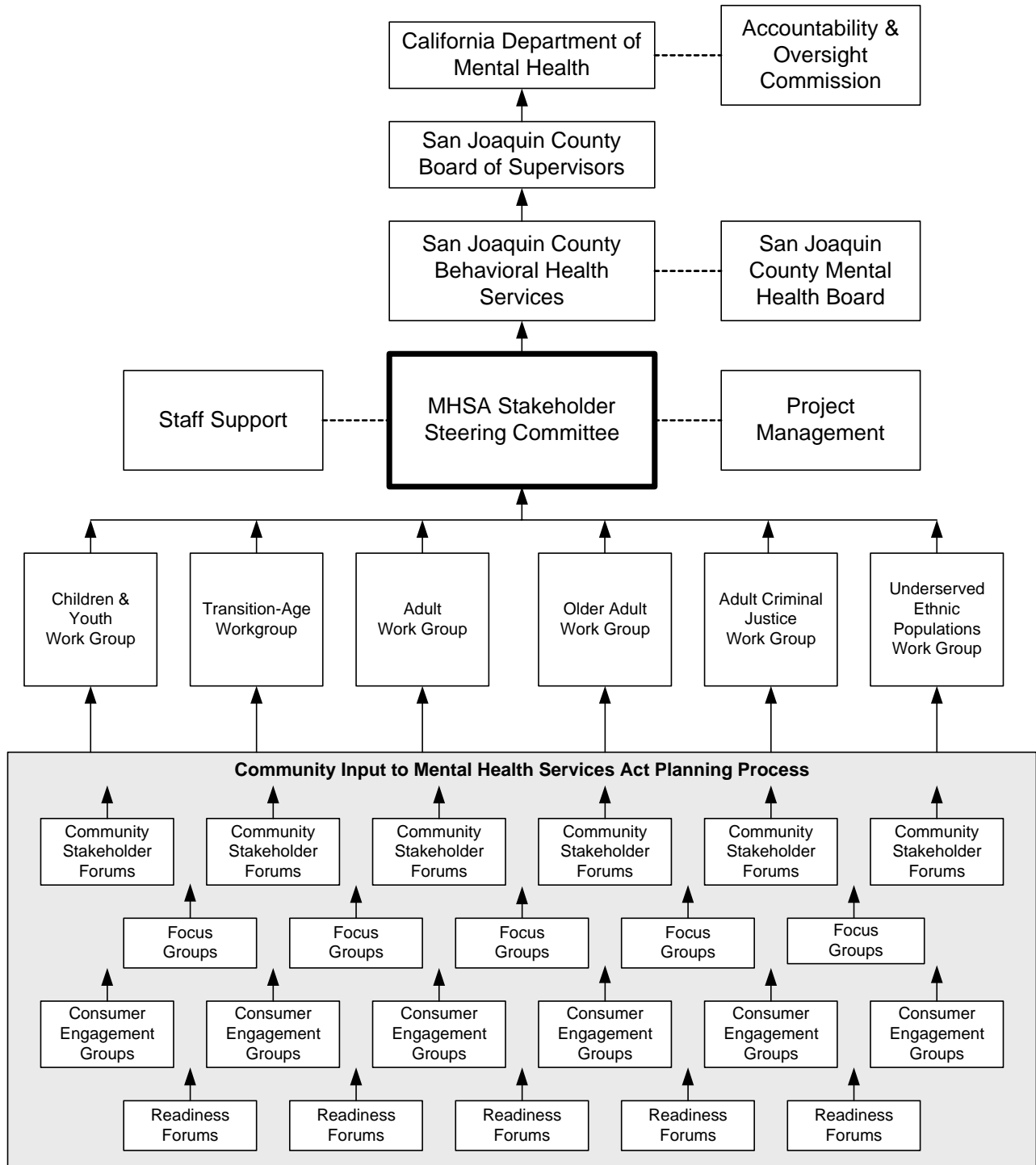
- Transformation of the mental health system in San Joaquin County to a system that promotes recovery, wellness and resilience through independence, hope and personal empowerment.
- Transformation of the mental health system in San Joaquin County to a system that places consumers and families at the core of planning and service delivery.
- Transformation of the mental health system in San Joaquin County to a culturally competent system that substantially improves access to services for underserved ethnic populations.

Local Planning Process

A local planning process is proposed that insures maximum input from consumers, family members, staff, providers, agency stakeholders and the general community. Keeping in alignment with the vision of system transformation that is expected through implementation of MHSA, consumers and family member stakeholders are at the center

of the planning process. The following organization chart displays the overall planning process:

San Joaquin County MHPA Planning Structure Community Services and Supports Plan



MHSA Stakeholder Steering Committee

The main function of the MHSA Stakeholder Steering Committee will be to oversee the planning process and: 1) to insure a comprehensive and extensive consideration of community mental health needs in San Joaquin County; 2) to ensure that the local plan includes the most critical and effective service strategies to meet those needs, and 3) to insure that consumers and family members are at the core of the planning process. The Stakeholder Steering Committee consists of 15 members comprised of the following:

- Health Care Services Director (Chair)
- Behavioral Health Director
- Chair of Mental Health Board
- County Administrator or his designee
- Mental Health Services Program Chief
- Substance Abuse Services Transition Leader
- Behavioral Health Medical Director
- Power of Support Team (adult mental health consumers, 2 members)
- Children’s Advocates (consumer or family, 2 members)
- Older Adult Advocates (consumer or family, 2 members)
- San Joaquin County Chapter of the National Alliance for the Mentally Ill (2 members)

Consumers and family members occupy 8 of the 15 seats on the MHSA Stakeholder Steering Committee, and therefore constitute a voting majority. The 8 community members being recommended to the Board of Supervisors for ratification and appointment consist of 4 consumers and 4 family members.

Other community organization partners and stakeholders such as welfare and probation were not included on the Stakeholder Steering Committee in order to not dilute the impact of consumers and family members in policy and decision-making in the MHSA planning process. These valued organizational partners and stakeholders will be members of relevant workgroups and will participate in the community input process including public forums, focus groups and the like.

Workgroups

The MHSA planning process centers on six workgroups. Each workgroup will focus on a specific area of need. The workgroups will form the basis for community collaboration for various stakeholders including consumers, families, citizens, agencies, organizations and businesses working together in areas of common interest. It is anticipated that the Community Services Plan will propose programs to meet needs identified in all six areas:

- *Children and Youth Workgroup:* Children and youth with serious emotional disorders and their families who are not currently being served or who are underserved. This includes uninsured youth not eligible for Medi-Cal, youth in the juvenile justice system, and youth so underserved that they are at risk of foster

home placement. Special emphasis will be placed on children and youth from underserved ethnic populations.

- *Transition Age Youth Workgroup:* Transition age youth who are currently unserved or underserved who have serious emotional disorders. This group includes persons who are homeless or are at risk of being homeless, youth who are aging out of children and youth services, and youth who have experienced a first episode of major mental illness. Special emphasis will be placed on youth from underserved ethnic populations.
- *Adult Workgroup:* Adults with serious mental illness, including persons with a co-occurring substance abuse disorder or health condition, who are underserved or unserved. This group includes persons who are homeless or at risk of being homeless, and persons who are institutionalized. Special emphasis will be placed on children and youth from underserved ethnic populations.
- *Older Adult Workgroup:* Older adults with serious mental illness, including persons with co-occurring disorders and a primary diagnosis of mental illness, who are unserved or underserved. This group includes individuals who have a reduction in personal or community functioning, who are homeless or at risk of being homeless, or who are institutionalized or are at risk of being institutionalized. Special emphasis will be placed on older adults from underserved ethnic populations.
- *Criminal Justice Workgroup:* Person with serious mental illness, including co-occurring substance abuse disorders, who are involved in the criminal justice system. SJCMHS will gather stakeholders and utilize lessons learned from its successful Mentally Ill Offender Crime Reduction Grant (MIOCRG) program to reduce incarceration through recovery-based mental health programs. Special emphasis will be placed on providing services to persons from underserved ethnic populations.
- *Underserved Ethnic Populations Workgroup:* Asian, African-American and Latino communities have limited access to community mental health services, in some instances only 25% or less of the access afforded the highest utilization groups. One crucial role of this workgroup is to ensure that cultural competence is embedded in all services that become part of the MHSA Community Services Plan. Another crucial role will address the development of specialized services to move SJCMHS substantially forward toward parity of access. An example of a specialized service may be the development of Spanish-language program sited with a primary care health agency that has high Latino utilization rates.

Stakeholder Participation

The San Joaquin County process for stakeholder and community participation is designed to be public, open, transparent and consensus building. The primary approach is the

utilization of a wide range of public meeting formats. Open meetings in which stakeholders offer different perspectives, listen to one another, and engage in productive dialogues will result in a comprehensive and fruitful planning process. Community input will take place through four primary methods:

1. *Community Stakeholder Forums:* Each workgroup will host community forums, which are public hearings to gather input from the community-at-large regarding unmet needs and strategies for meeting those needs. Community forums will include community groups, consumers, families, providers, agencies and organizations interested in the provision of mental health services to the residents of San Joaquin County
2. *Focus Groups:* Specific topics identified in the workgroup process may need exploration in detail. Focus groups dealing with a specific topic will provide a method to center on areas of special interest in the planning for the Mental Health Services Act. An example of a specific topic might be affordable housing.
3. *Consumer Engagement Groups:* Throughout the planning process specific inclusion strategies will be designed and implemented to obtain consumer and family input for the planning process. This is essential to ensuring that consumers and families are at the core of the MHSA planning process. An example of an engagement group might be a group process for residents of a board and care home to provide input to the MHSA planning process.
4. *Readiness Forums:* In addition to the established workgroups, community stakeholder forums, focus groups and consumer engagement groups, “readiness forums” will be held throughout the planning process to provide information on critical foundational areas, including cultural competency, consumer and family involvement and self-help, recovery and wellness, resiliency, mentally ill offender crime reduction program concepts, children’s wraparound services, and system of care best practice models. The purpose of the readiness forums is to prepare stakeholders for full and meaningful participation in the planning process.

Augmenting the public meeting process, other adjunctive methods will be utilized to gather stakeholder input into the planning process. These methods include surveys, interviews and written input.

Planning Matrix

A planning matrix is contained on page 6. This matrix displays the relationship of the specific planning components to the overall process. The three highest tiers are components that apply across the spectrum of the planning process. The other components intersect with each of the six workgroups. A brief description of each component begins on page 7.

SAN JOAQUIN COUNTY MHSa PLANNING MATRIX

<i>planning oversight</i>	SAN JOAQUIN COUNTY MHSa STAKEHOLDER STEERING COMMITTEE					
<i>overall coordination & facilitation</i>	FACILITATION CONSULTING FIRM SELECTED THROUGH RFQ					
<i>support to consumer & family involvement</i>	LOCAL COMMUNITY BASED ORGANIZATION					
<i>workgroup</i>	Children & Youth	Transition Age Youth	Adult	Older Adult	Underserved Ethnic Groups	Criminal Justice
<i>primary staff liaison / chair</i>	Kim Suderman	Lynn Thomas-Shaw Michele Rowland-Bird	Tosh Saruwatari	Sue Gruber	Marla Ford	Linda Collins
<i>co-chair</i>	consumer or family member	consumer or family member	consumer or family member	consumer or family member	consumer or family member	consumer or family member
<i>consumers & families</i>	proactive inclusion Power of Support NAMI	proactive inclusion Power of Support NAMI	proactive inclusion Power of Support NAMI	proactive inclusion Power of Support NAMI	proactive inclusion Power of Support NAMI	proactive inclusion Power of Support NAMI
<i>outreach to underserved ethnic groups</i>	CONCILIO BACOP Lao Family Com.	CONCILIO BACOP Lao Family Com.	CONCILIO BACOP Lao Family Com.	CONCILIO BACOP Lao Family Com.	CONCILIO BACOP Lao Family Com.	CONCILIO BACOP Lao Family Com.
<i>outreach to underserved persons</i>	Power of Support Team	Power of Support Team	Power of Support Team	Power of Support Team	Power of Support Team	Power of Support Team
<i>outreach to unserved persons</i>	Homeless Outreach Team	Homeless Outreach Team	Homeless Outreach Team	Homeless Outreach Team	Homeless Outreach Team	Homeless Outreach Team
<i>community at large</i>	proactive inclusion	proactive inclusion	proactive inclusion	proactive inclusion	proactive inclusion	proactive inclusion
<i>partner agencies</i>	see Exhibit A	see Exhibit A	see Exhibit A	see Exhibit A	see Exhibit A	see Exhibit A
<i>staff, supervisors & managers</i>	proactive inclusion	proactive inclusion	proactive inclusion	proactive inclusion	proactive inclusion	proactive inclusion
<i>transformation consultant</i>	California Institute for Mental Health	California Institute for Menal Health	CIMH & MH Association of Los Angeles "The Village"	California Institute for Mental Health	California Institute for Mental Health	CIMH Consultant & Al Lammer
<i>process facilitator</i>	facilitation consultant	facilitation consultant	facilitation consultant	facilitation consultant	facilitation consultant	facilitation consultant & Al Lammer

workgroup composition

Description of Planning Matrix components:

- *Planning Oversight:* The San Joaquin County MHSA Steering Committee will provide oversight of the planning process. The Steering Committee will prioritize the elements that comprise the draft Community Program Plan and will make recommendations to the Board of Supervisors.
- *Overall coordination and facilitation:* A request for qualifications process will be utilized to select an entity with expertise in community planning processes to provide planning coordination and facilitation for the entire planning process, including community stakeholder forums, focus groups, consumer engagement groups and readiness forums. Specific coordination and facilitation roles include:
 - Invitations to meetings
 - Mailing lists
 - Meeting rooms
 - Meeting facilitation
 - Meeting minutes
 - Track decisions
 - Follow-up
 - Needs assessment
 - Arrange Mental Health Board training
- *Support to consumer and family involvement:* A local community mental health contract provider will be selected to provide support to consumer and family participation in the MHSA planning process. These financial supports include items such as expense reimbursement, stipends, childcare, supplemental meals, travel to regional and statewide meetings, local transportation assistance and any other assistance that will promote consumer and family involvement. The community-based organization will also directly employ consumers and family members to assist in the planning process with outreach, education, surveys and other activities. The goal is to create a sustaining process for continued involvement of consumers and family members in future years, as well as to establish the foundation for a consumer directed and operated self-help organization. Part of the contracted deliverables with the community-based organization will be to assist with the establishment of the new consumer-operated nonprofit organization.
- *Workgroups:* The six workgroups are displayed as column headings. The components that comprise each workgroup are listed below the workgroup headings. Workgroup membership will not be limited, but instead will be open to all. Rather than using representatives from various stakeholder groups, an inclusive, “big-tent” approach will be utilized that welcomes and incorporates all interested persons from all stakeholder groups.

Each workgroup will prioritize needs and solutions, and will offer recommendations to the Steering Committee. The workgroup will then be responsible for developing detailed plans for those areas selected by the Steering Committee for inclusion in the Community Program Plan.

- *Primary staff liaison/Chair:* The SJCMHS manager with the greatest expertise in the workgroup topic is assigned as the primary staff liaison to the workgroup. The manager will function as the Chair of the workgroup.
- *Co-Chair:* In each workgroup, a consumer or family member will be chosen by workgroup members to serve as the Co-chair. The Chair and Co-Chair will work closely together to ensure that the voices of consumers and family members are heard and are central to each workgroup's planning process.
- *Consumers and families:* Extensive proactive outreach to consumers and families will be provided in order to achieve meaningful inclusion and participation as full workgroup members in the MHSA planning process. The primary approach will be to utilize peer counselors and consumer and family outreach workers to involve consumers and families. The Power of Support Team, a local consumer-led and operated advocacy and self-help group, is taking the lead in providing and coordinating outreach and developing means to include consumers in the planning process. The community based organization selected to support consumer and family involvement will support the Power of Support Team and SJCMHS peer counselors by employing additional consumers and family members to provide outreach. The San Joaquin County Chapter of the National Alliance for the Mentally Ill will also be supported to provide outreach to families.
- *Outreach to underserved ethnic populations:* A major thrust of the San Joaquin County MHSA planning process is the inclusion of underserved ethnic populations. It is planned to contract with two community organizations and utilize one in-house program to reach out and include persons and leadership from the three large underserved ethnic populations in San Joaquin County. This effort will ensure that underserved ethnic populations effectively participate in all six workgroups.
 - *African-American community:* An ad hoc group of SJCMHS staff developed the Black Awareness Community Outreach Program (BACOP) three years ago to reach out to the African-American community with the goal of reducing obstacles to access. This group has shown remarkable success in liaising with community leadership, although funding restrictions have limited its work in the past year. MHSA funding will be utilized to employ part-time staff and fund overtime of existing staff to provide outreach.
 - *Asian community:* SJCMHS will contract with Lao Family Community, Inc., a local non-profit organization dedicated to providing services to the

Southeast Asian communities of San Joaquin Community. Lao Family Community was developed by indigenous leadership when the first wave of refugees came to the County some twenty years ago. It is a highly respected agency and is ideally positioned to reach out and include persons from the Southeast Asian communities in the MHSA planning process.

- *Latino community:* SJCMHS will augment its contract with the Council for the Spanish Speaking (CONCILIO) Latino Mental Health Program to provide outreach to the Latino community. Because of budgetary restrictions, its bilingual, bicultural staff are working partial schedules and have the capacity to provide the needed outreach. The Latino community has the least access and the lowest penetration rate of any large ethnic population in San Joaquin County. It is essential that the Latino community be involved in a meaningful way in each workgroup and provide the feedback necessary to achieve substantial improvements in access
- *Outreach to underserved persons:* The local consumer self-help and advocacy group, the Power of Support Team, will provide outreach to underserved persons and bring them into the MHSA planning process. Like every other county, SJCMHS has experienced significant budgetary reductions and consequent loss of programs. Many consumers receive fewer services than before budget reductions became necessary. Their input is necessary in developing new or expanded programs that are state-of-the-art and based on evidence-based practices. The efforts of the Power of Support Team will be supplemented by a wide variety of other outreach efforts to gain the involvement of underserved persons, including the previously discussed outreach to underserved ethnic populations.
- *Outreach to unserved persons:* The SJCMHS Homeless Outreach Team is the primary first-point-of-contact for many persons who are unserved by the mental health system, including many people who are homeless or at-risk of being homeless. Many of these persons opt to not receive services. Obtaining their input and feedback through field interviews and surveys will help in the development of new or expanded programs that meet their needs. The outreach efforts by other groups will also help to incorporate the participation of persons currently unserved by the mental health system.
- *Community-at-large:* The general community will be welcomed and encouraged to participate in the MHSA planning efforts. A variety of media will be utilized to inform the public about MHSA. These media include articles and advertisements in local newspapers representing a variety of languages, public service announcements on radio and television, and presentations to civic and faith-based groups. The public will receive information about the six workgroups and their meeting schedules, as well as special events such as community

stakeholder meetings, readiness forums and the like.

- *Partner Agencies:* Participation will be proactively sought from stakeholder agencies, including providers of services, law enforcement agencies, education, and social services agencies. Each partner agency will receive invitations and person-to-person contact encouraging their participation. Agency participation will be through the workgroup process. It is envisioned that each partner agency will choose workgroups that relate to their agency's mission. For example, it is anticipated that Child Protective Services will participate in the Children and Youth and the Transition Age workgroups, while Adult Protective Services will participate in the Adult and Older Adult workgroups. A list of partner agencies is contained in Exhibit A. This list is continuing to expand as additional stakeholder agencies are identified.
- *Staff, supervisors and managers:* SJCMHS staff are an important and informed stakeholder group. Their participation in the workgroup process is vital. Their input, like other stakeholders, will be through a public, open and transparent process which encourages dialogue, testing of observations and ideas, and consensus building.
- *Transformation consultants:* Specialized "transformation" consultants will be utilized to bring information about state-of-the-art wellness and recovery concepts and evidence-based practices to each of the workgroups:
 - *CIMH:* A master contract will be developed with the California Institute for Mental Health for consultants with special expertise in transforming mental health services in the areas covered by the various workgroups. For example, Rudy Lopez or Bob Martinez will be accessed through the CIMH contract to consult with the Underserved Ethnic Populations Workgroup and other workgroups.
 - *The Village:* A contract will be developed with the Mental Health Association of Los Angeles for consultants from The Village to provide consultative services to the Adult Workgroup. Services will include workshops and other educational activities to inform workgroup participants about state-of-the-art concepts and programs.
 - *Al Lammer:* Mr. Lammer was the Board of Corrections liaison to the successful San Joaquin County Mentally Ill Offender Crime Reduction Grant (MIOCRG) program. Mr. Lammer has since entered into private consulting and is available to assist counties in the planning process for MHSA programs similar to MIOCRG programs. SJCMHS intends to contract with Mr. Lammer to assist the Adult Criminal Justice Workgroup.
- *Process facilitator:* Facilitation of the workgroup process will be provided by the consulting firm contracted to organize and facilitate the entire MHSA planning

process. This will enable all other workgroup members, including the transformation consultants, to participate fully without having to juggle facilitation duties at the same time.

- *Plan writers:* The facilitating consulting group, with oversight, participation and input from the workgroup Chair and Co-Chair and the transformation consultants will develop the planning products.

Overall Responsibility for Community Program Planning

The Mental Health Director, Bruce Hopperstad, will have overall responsibility for the planning process. Approximately 30% of his time will be so committed. The Health Care Services Agency Director, Kenneth Cohen, will also be providing oversight and direction approximately 15% of his time. Mr. Hopperstad will be assisted by Richard Sanguinetti, Administrative Assistant II, who recently retired from his position as Chief Mental Health Clinician. Approximately 50% of Mr. Sanguinetti's time will be so committed. Taking lead responsibility for involving consumers is Cheryl Torres, Consumer Outreach Coordinator. Approximately 50% of Ms. Torres' time will be so committed.

It is expected that each of the workgroup leaders discussed in the planning matrix will commit at least 30% of their time to the planning process.

Please refer to Exhibit B for a listing of involved staff, their time commitment, and the funding source.

Training of Stakeholders and Staff

The planning organizational chart indicated the role of readiness forums to prepare stakeholders for participation in the planning process. Training will be provided to consumers, families, and staff of SJCMHS, including line staff, supervisors and managers. Training will also be provided to the staff of mental health contractors and to staff of other agencies who have direct contact with mental health clients. Examples of these agencies includes welfare, probation, the courts, education, law enforcement and others. The Mental Health Board will receive extensive training to prepare them for their important role in conducting a public hearing on the draft plan.

Training content will include the following:

- The Mental Health Services Act and information relating to it prepared by DMH and CIMH.
- Surgeon General's Report: Mental Health: Culture, Race and Ethnicity
- Surgeon General's Mental Health Report
- The Little-Hoover Commission: Young Hearts & Minds: Making a Commitment to Children's Mental Health
- The President's New Freedom Commission on Mental Health Report
- California Mental Health Master Plan: A Vision for California

- Concepts of recovery and resiliency.
- Cultural competence.
- Inventory of current services within the County.
- Role of various agencies in the provision of behavioral health services.
- Demographic and utilization data regarding underserved and unserved communities, including data by age, gender and race/ethnicity, and current staffing/provider data.
- Information on implementing systems changes.
- Information on consumer and family operated services.

Budget

Please refer to Exhibit C-1 for the proposed budget and Exhibit C-2 for the budget narrative.