# COUNTY OF SAN DIEGO MHSA FISCAL YEAR 2016-17 ANNUAL UPDATE

07/19/2016

## Health and Human Services Agency

This report provides an update on the County of San Diego Health and Human Services Agency's Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for Fiscal Year (FY) 2014-15 through FY 2016-17 (MHSA Three Year Plan). Included in this document as mandated by State regulations are FY 2014-15 program highlights, demographic data, and changes to the MHSA Three Year Plan for FY 2015-16 and FY 2016-17.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

This page intentionally left blank.

# MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: **San Diego**

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

| Local Mental Health Director | Program Lead |
|---|---|
| Name: **Alfredo Aguirre** | Name: **Adrienne Yancey** |
| Telephone Number: **(619) 261-4386** | Telephone Number: **(619) 584-5075** |
| E-mail: Alfredo.Aguirre@sdcounty.ca.gov | E-mail: Adrienne.Yancey@sdcounty.ca.gov |
| Local Mental Health Mailing Address:<br>Health and Human Services Agency<br>Behavioral Health Services Division<br>3255 Camino Del Rio South<br>San Diego, CA 92108 | |

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 or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update 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 or Annual Update 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 July 19, 2016.

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 annual update are true and correct.

Alfredo Aguirre
Local Mental Health Director (PRINT)

Alfredo Aguirre 7-19-16
Signature Date

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: **San Diego**

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

☐ Annual Revenue and Expenditure Report

| Local Mental Health Director | County Auditor-Controller / City Financial Officer |
|---|---|
| Name: **Alfredo Aguirre** | Name: **Tracy Sandoval** |
| Telephone Number: **(619) 261-4386** | Telephone Number: **(619) 531-5413** |
| E-mail: Alfredo.Aguirre@sdcounty.ca.gov | E-mail: Tracy.Sandoval@sdcounty.ca.gov |
| Local Mental Health Mailing Address: Health and Human Services Agency, Behavioral Health Services Division, 3255 Camino Del Rio South, San Diego, CA 92108 | |

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report 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.

Alfredo Aguirre
Local Mental Health Director (PRINT)

Signature 7/19/16
Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 11/18/15 for the fiscal year ended June 30, 2015. 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/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City 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.

Tracy M. Sandoval
For County Auditor Controller / City Financial Officer (PRINT)

Signature 8/8/16
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

**COUNTY OF SAN DIEGO**
**BOARD OF SUPERVISORS**
**TUESDAY, JULY 19, 2016**

**MINUTE ORDER NO. 7**

**SUBJECT: MENTAL HEALTH SERVICES ACT FISCAL YEAR 2016-17 ANNUAL UPDATE, SPECIAL NEEDS HOUSING PROGRAM AND TEN YEAR ROADMAP (DISTRICTS: ALL)**

**OVERVIEW:**
California's Proposition 63, the Mental Health Services Act (MHSA), which was approved by California voters in November 2004 and became effective January 1, 2005, provides funding for expansion of mental health services in California. Pursuant to MHSA and California Welfare and Institutions Code Section 5847, County mental health programs are required to prepare and submit a Three Year Program and Expenditure Plan (Plan) and Annual Updates for MHSA funded programs and expenditures.

The County of San Diego is in the third year of implementing an integrated MHSA Three Year program and expenditure plan for Fiscal Years 2014-15 through Fiscal Year 2016-17. The MHSA Fiscal Year 2016-17 Annual Update (Annual Update) contains newly proposed programs identified through a community planning process and modifications to the Fiscal Year 2016-17 expenditure plan proposed in the Plan. The majority of services listed in the Annual Update are a continuation of programs previously approved by the Board of Supervisors and stakeholders. As required by the MHSA, the Annual Update requires review and approval by the Board of Supervisors before submitting to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC reviews the Annual Update and is required to approve new Innovation projects or proposed expansions of previously approved Innovation projects prior to implementation.

On June 9, 2016, the Mental Health and Substance Use Disorder Services Division of the state Department of Health Care Services (DHCS) issued an Information Notice 16-025 to inform counties that the interagency agreement by which the DHCS and the California Housing Finance Agency (CalHFA) jointly administered MHSA Permanent Supportive Housing Loan Program, expired on May 31, 2016. Additionally, the CalHFA administered MHSA Permanent Supportive Housing Loan Program will be replaced by the Local Government Special Needs Housing Program (SNHP), previously named the Special Needs Loan Program.

The County of San Diego is required to submit authorization to release the remaining unencumbered funds and future unencumbered funds on deposit with CalHFA for the MHSA Permanent Supportive Housing Loan Program to the Local Government SNHP for continued use in financing the development of permanent supportive housing and to provide capitalized operating subsidies for projects housing MHSA eligible tenants. Additional funds the County of San Diego elects to allocate to MHSA housing in the future will be assigned to the Local Government SNHP.

In addition to the actions above, the MHSA Community Planning Process is now aligned with the Health and Human Services Agency's Behavioral Health Services Ten Year Roadmap, which promotes the Live Well San Diego vision, by delineating principles and priorities that will guide BHS's planning and commitment to work in partnership with our communities to provide quality behavioral health services empowering individuals with behavioral health needs to live healthy, safe and thriving lives.

**FISCAL IMPACT:**
Funds for this request are included in the Fiscal Year 2016-18 CAO Approved Operational Plan in the Health and Human Services Agency. If approved, this request will result in current year cost and revenue of $182,226,222. The funding source is Mental Health Services Act (MHSA). There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT:**
N/A

**RECOMMENDATION:**
**CHIEF ADMINISTRATIVE OFFICER**

1. Accept and approve the County of San Diego Mental Health Services Act (MHSA) Fiscal Year 2016-17 Annual Update; and authorize the Director of Health and Human Services Agency to submit the Annual Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

2. Authorize the Director of Health and Human Services Agency to submit documents to release unencumbered funds on deposit with the California Housing Finance Agency (CalHFA) for the MHSA Permanent Supportive Housing Loan Program (SNHP) to the Local Government SNHP and enter into participation and assignment agreements with the CalHFA for the SNHP to develop new permanent supportive housing units.

3. Accept the Ten Year Roadmap.

**ACTION:**
ON MOTION of Supervisor D. Roberts, seconded by Supervisor R. Roberts, the Board took action as recommended.

AYES: Cox, Jacob, D. Roberts, R. Roberts, Horn

- - -

State of California)
County of San Diego) §

I hereby certify that the foregoing is a full, true and correct copy of the Original entered in the Minutes of the Board of Supervisors.

DAVID HALL
Clerk of the Board of Supervisors

By_____
Marvice E. Mazyck, Chief Deputy

This page intentionally left blank.

## Table of Contents

**MHSA COUNTY COMPLIANCE CERTIFICATION** ..... iii

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION** ..... iv

**COUNTY BOARD OF SUPERVISORS' MINUTE ORDER** ..... v

**A LETTER FROM THE BEHAVIORAL HEALTH DIRECTOR** ..... 3

***LIVE WELL SAN DIEGO* CONNECTION** ..... 4

**SAN DIEGO COUNTY DEMOGRAPHICS** ..... 5

**COMMUNITY STAKEHOLDER PROCESS** ..... 6

**HIGHLIGHTS AND THREE YEAR PLAN CHANGES** ..... 8

Community Services and Supports ..... 10

Programs for Children, Youth and Families ..... 11

Programs for Adults Ages 18 – 60+ ..... 16

Programs for All Ages ..... 21

Housing ..... 23

Prevention and Early Intervention ..... 25

Innovation ..... 30

Workforce Education and Training ..... 32

Capital Facilities and Technological Needs ..... 35

Capital Facilities ..... 35

Technological Needs ..... 37

**APPENDICES** ..... 39

Appendix A—FY 2016-17 MHSA Expenditure Plan ..... 40

Appendix B—MHSA Programs Summary ..... 47

Appendix C—Community Program Planning Feedback ..... 129

Appendix D—Full Service Partnerhips and Prevention and Early Intervention Evaluation Reports ..... 132

Appendix E—MHSA Innovation Projects Evaluation 2015 ..... 150

Appendix F—CSS Cost per Client Calculation Summary ..... 201

Appendix G—MHSA Funded Services for Justice System Involved Clients ..... 203

Appendix H—Stakeholder Input ..... 207

Appendix I—MHSA Issue Resolution Process ..... 217

Appendix J—Glossary of Terms ..... 220

# A LETTER FROM THE BEHAVIORAL HEALTH DIRECTOR

*Live Well San Diego* is the County's vision for healthy, safe, and thriving communities. *Live Well San Diego* aims to advance the overall well-being of the entire community. Behavioral Health Services' (BHS) role in the *Live Well San Diego* vision is to support healthy communities by providing an array of state-of-the-art behavioral health services to children, youth, families, young adults, adults, and older adults. Mental Health Services Act (MHSA) funds have been leveraged to advance the integration of coordinated and seamless care for patients with co-occurring substance use disorder, mental health, and physical needs through coordination and collaboration among behavioral health providers, health plans, justice system partners and community health centers. Programs have addressed community needs by providing enhanced wraparound services, referrals to behavioral health consultants and nurse care coordinators, and psychiatric consultation services to primary care providers. Behavioral Health Services has advanced trauma informed care throughout our system and is actively cross threading with all departments within the Health and Human Services Agency to achieve a trauma informed organization.

In Fiscal Year 2015-16, the San Diego County Board of Supervisors approved recommended actions to authorize the expansion of current services, including services to homeless individuals with a serious mental illness, Psychiatric Emergency Response Teams (PERT), and behavioral health programs for youth involved in the justice system. These actions align with priorities identified during the Fall 2015 BHS Community Engagement Forums and creation of the Health and Human Services Agency Behavioral Health Services' Ten-Year Roadmap, a recent call-to-action addressing the most serious behavioral health issues affecting San Diego County.

Looking forward, BHS will continue to advance the vision of *Live Well San Diego* through ongoing advancement of a comprehensive trauma informed system; by providing all clients and family members with information necessary to make healthy lifestyle choices; reducing stigma so that those with mental illness or challenges with substance abuse have the same opportunities as others in employment, housing, and education; and informing the public about the importance of resiliency in children, how to strengthen resiliency, and about recovery principles.

Live Well,

ALFREDO AGUIRRE, LCSW, Director
HHSA Behavioral Health Services, County of San Diego

# *LIVE WELL SAN DIEGO* CONNECTION

Since 2010, *Live Well San Diego* has inspired people from San Diego County's diverse communities and cultures to be part of something special — **a shared vision and collective effort for a region that is Building Better Health, Living Safely, and Thriving.** With the leadership of the San Diego County Board of Supervisors and growing levels of support, the contributions of partners from all areas and interests are making a difference in the lives of over 3 million residents in the region. Together, the County of San Diego and community partners are strengthening coordination and cooperation by providing people with tools to be self-sufficient, to excel, and focusing collective actions to create greater impact. There are four strategic approaches upon which *Live Well San Diego* is built:

**Building a Better Service Delivery System** improves the quality and efficiency of County government and its partners in the delivery of services to residents, contributing to better outcomes for clients, and results for communities.

**Supporting Positive Choices** provides information and resources to inspire county residents to take action and responsibility for their health, safety, and well-being.

**Pursuing Policy and Environmental Changes** creates environments and adopts policies that make it easier for everyone to live well, and encourages individuals to get involved in improving their communities.

**Improving the Culture from Within** increases understanding among County employees and providers about what it means to live well and the role that all employees play in helping county residents live well.

Implementation of the MHSA demonstrates the County's commitment to putting *Live Well San Diego* into action by collaborating with stakeholders, partners, and businesses to align services to promote healthy, safe, and thriving communities for all residents.

# SAN DIEGO COUNTY DEMOGRAPHICS

San Diego County in California is located near the Pacific Ocean in the far southwest part of the United States. The County encompasses 4,261 square miles, has nearly seventy miles of coastline, lies just north of Mexico, and shares an 80-mile international border. It is among the nation's most geographically varied region with urban, suburban, and rural communities throughout coastal, mountain, and desert environments. San Diego is the second most populous county in California, with an estimated population of 3,194,362 people in 2014.

San Diego County has one of the largest military and veteran populations in the United States, and it was the number one destination of veterans returning from Iraq and Afghanistan. The veteran population has been estimated at approximately 236,000 with an additional 109,000 uniformed Military personnel, plus their families and dependents.

According to the American Community Survey (ACS) of 2014, in San Diego County 14.7% of residents were living below the federal poverty line. This includes 10.8% of all families, 15.5% of families with children, and 34.3% of families consisting of single mothers with children.

The San Diego Regional Task Force on the Homeless conducted its annual point-in-time count of homeless persons living in San Diego County on January 23, 2014. Results showed the total number of homeless decreased from 9,638 in 2012 to 8,506 in 2014, a difference of 11.7%. Results indicated 15% of the individuals surveyed were chronically homeless, 36% suffered from serious mental health issues, 19% reported chronic substance abuse, and 20% were military veterans.

In 2014, the racial and ethnic makeup of the San Diego County population was 47% White, 33% Hispanic, 11% Asian/Pacific Islander, 4% African American, 4% other, and <1% American Indian. The San Diego Association of Governments (SANDAG) predicts that by 2050, Hispanics will account for over 46% of the total population while the White population will decline to approximately 30%. The primary languages spoken in the county were English (63%) and Spanish (25%), with 21% of the population being bilingual. Spanish, Vietnamese, Tagalog, and Arabic were the County's threshold languages (any of a number of foreign languages most spoken by residents). The age distribution estimates in 2014 were: 0-4 years 7%, 5-17 years 16%, 18-64 years 64%, and 65+ years 13%. The gender distribution is 50% male and 50% female.

# COMMUNITY STAKEHOLDER PROCESS

The County of San Diego compiled information through a Community Program Planning process in October and November 2015. Thirteen regional forums were attended by 884 community stakeholders. The stakeholders included service providers, consumers, family members, advocacy and education groups, faith based organizations, and public safety and justice system partners. Translation services were made available. During each forum, stakeholders received an overview of Behavioral Health Services (BHS) and were given the opportunity to rank priorities for Mental Health Prevention, Community-Based Mental Health Treatment, Acute and Long Term Care, and Workforce Development. The ranking of priorities can be found in Appendix C. Input received guided development of the Mental Health Services Act (MHSA) Fiscal Year (FY) 2016-17 Annual Update, including FY 2015-16 mid-year enhancements.

Throughout the year, BHS stakeholder-led councils have also provided a forum for council representatives and the public to stay informed of MHSA programs and offer input. Additionally, BHS has collaborated with public safety and justice system stakeholders to strengthen partnerships, develop strategies, and leverage funding for programs that include diverting homeless clients with a serious mental illness (SMI) from justice system involvement, and providing discharge planning and short term case management to justice system involved persons with a SMI as they transition back into the community. MHSA funded programs for justice system involved persons are highlighted in Appendix G.

The draft FY 2016-17 Annual Update was posted on the County's Behavioral Health Services website, Network of Care website, and with the Clerk of the Board of Supervisors from May 2 through June 2, 2016. Community and stakeholder input was solicited to be submitted via telephone (local and toll-free lines) using the County's MHSA Proposition 63 comment/question line, internet, and email. Annual update information and input requests were mailed to all of BHS stakeholder distribution lists, including the San Diego Mental Health Coalition, Mental Health Contractors Association, and the Hospital Partners Association. The County's Behavioral Health Advisory Board (BHAB) held a public hearing at the conclusion of the 30-day public review and comment period on June 2, 2016. The BHAB is comprised of consumers, family members, prevention specialists, and professionals from the mental health and alcohol and

drug services fields, who are representatives from each of the five County supervisorial districts. There were three public comments made at the hearing. All written and public hearing comments received were compiled and are submitted in Appendix H – Stakeholder Input.

Appendix I contains BHS' Issue Resolution Process for filing and resolving stakeholders' concerns related to MHSA Community Program Planning and consistency between program implementation and approved plans.

# HIGHLIGHTS AND THREE YEAR PLAN CHANGES

The Mental Health Services Act (MHSA) addresses a broad continuum of prevention, early intervention, and service needs, and the necessary infrastructure, technology, and training elements that will effectively support the public mental health system. The MHSA imposes a 1% income tax on personal annual income in excess of $1 million.

The County of San Diego's MHSA planned expenditures for FY 2016-17 are $182,226,222. This includes expenditure plans for each of the five MHSA components listed below. This is an overall net increase of $54,436,444 from the MHSA Three Year Program and Expenditure Plan: FY 2014-15 through FY 2016-17 (MHSA Three Year Plan). See Appendix A for the detailed MHSA Expenditure Plan for FY 2016-17.

| MHSA Component | FY 2016-17 Expenditure Plan | % of Overall |
|---|---|---|
| Community Services and Supports (CSS) | $125,099,147 | 68.65 |
| Prevention and Early Intervention (PEI) | $41,868,656 | 22.98 |
| Innovation (INN) | $6,144,106 | 3.37 |
| Workforce Education and Training (WET) | $2,910,704 | 1.60 |
| Capital Facilities and Technological Needs (CFTN) | $6,203,609 | 3.40 |
| **Total** | **$182,226,222** | **100** |

Budget adjustments were recommended for select programs based on the Community Program Planning process, and following staff evaluations to determine whether programs had been adequately funded and if they were achieving desired outcomes. As a result, modifications were made to the MHSA budget for FY 2015-16 and FY 2016-17. For a complete program summary of all MHSA funded programs for FY 2016-17, see Appendix B.

## MHSA FUNDING MATCH FOR WHOLE PERSON CARE

The Whole Person Care (WPC) pilot is a 5-year program authorized under California's Medi-Cal 2020 waiver to test locally-based initiatives that will coordinate physical health, behavioral health and social services for vulnerable Medi-Cal beneficiaries. The WPC pilot provides an opportunity to develop a systemic approach to assisting people who are high utilizers of health and social services, homeless or at-risk of homelessness, and are also experiencing serious mental illness, a substance use disorder and/or chronic health conditions to obtain services and supports through comprehensive care coordination. Currently, San Diego County has a robust service delivery system that includes housing and services for people who have the most needs; however, without a coordinated system to navigate through the maze of services, the highest utilizers end up with multiple emergency department visits and justice system involvements, while remaining chronically homeless, in shelters, or in unstable or unsafe housing arrangements.

Beginning on January 1, 2017, the County of San Diego will utilize MHSA Community Services and Support (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) funds to leverage additional federal funds as a match for behavioral health services and programs associated with the WPC pilot through an Intergovernmental Transfer. The CSS, PEI, and INN programs and services to be identified will be supporting the WPC program and as such will be able to draw down additional federal funding contingent upon demonstrating successful completion of specific WPC deliverables and/or WPC pilot outcomes. The programs and services identified will still remain part of the MHSA program and will serve persons with or at risk of a serious mental illness.

NOTE: At the time of publication of the FY 2016-17 MHSA Annual Update, the County of San Diego was in the preliminary stages of submitting the application to participate in the Whole Person Care pilot. Therefore, the information above may change as further direction and clarification from the California Department of Health Care Services is provided.

# Community Services and Supports (CSS)

The estimated MHSA Community Services and Supports (CSS) expenditures for FY 2016-17 will be $125,099,147. This is a net increase of $32,963,015 from the MHSA Three Year Plan. For additional information about the CSS component funding, see Appendix A.

Community Services and Supports programs enhance the systems of care for delivery of mental health services to seriously emotionally disturbed and behaviorally challenged children and their families, and the system of care for adults and older adults with serious mental illness (SMI), resulting in the highest benefit to the client, family, and community. Full Service Partnership (FSP) programs provide a full array of services to clients and families by using a "whatever it takes" approach to help stabilize the client and provide timely access to needed help for unserved and underserved children, youth, and adults of all ages. Full Service Partnership programs will account for an estimated 64% of the CSS expenditures in FY 2016-17.

Other programs funded through CSS provide outreach and engagement activities. In FY 2014-15, a total of 52,094 clients were served countywide through CSS programs. Fiscal Year 2014-15 outcome reports for FSP programs can be found in Appendix D.

In FY 2016-17, approximately $2,200,000 in available CSS funds will be transferred to the MHSA Workforce Education and Training (WET) component to continue funding WET programs identified in the WET section of this report. Workforce Education and Training funds were received as a one-time allocation and the balance of WET funds has steadily decreased. The need for additional WET funds will be evaluated annually in future years.

## Programs for Children, Youth and Families

Programs for children and youth include wraparound services consisting of an array of FSP services including assessment, case management, intensive mental health services and supports, psychiatric services, referrals, linkages with community organizations, and services that address co-occurring mental health issues and substance use disorder. Services are strengths-based, family-oriented, individualized, culturally competent, trauma informed, focused on resilience and discovery, and encompass mental health education, outreach, and a range of mental health services as required to meet the needs of the target populations. In addition to clinic based services, programs are also provided in the home, school or other sites chosen by the family.

In FY 2014-15, a total of 7,845 children and youth were served through CSS programs. For that year, the estimated average cost per client (unduplicated) for Children, Youth and Families FSP programs was $4,577. The cost per client represents an array of treatment component utilization, from youth receiving one component to receiving all available treatment components. For the costs per client by CSS work plan, which includes assumptions, please see Appendix F.

### FY 2014-15 HIGHLIGHTS

- The **Mobile Adolescent Service Team** (MAST) provided information about child, family, and transition age youth programs at the San Diego City College's Passport to Life Career Expo on August 8, 2014. The expo was held for youth ages 14 to 24 who were on probation or those who had been on probation, and was based on the premise that all youth, including adjudicated youth with probation histories, have the ability to succeed if given the appropriate training, support, and opportunities. The event provided information about resources and opportunities available to participants as they transition out from being justice system involved. It offered ideas, tools, motivation, encouragement, hope and a sense of purpose to the attendees. MAST had over 200 visitors to the event, including youth, parents, probation officers, school teachers, and professionals from other fields.

- In FY 2014-15, **School Based Mental Health Services** had been incorporated in more than 350 school sites countywide. Children, youth, and families receive crisis

intervention, case management, psychiatric evaluation, and medication monitoring, as well as individual, group, and family therapy.

## FY 2015-16 PLAN CHANGES

- Under Children Youth - System Development (CY-SD)
    - **Incredible Families** provides therapy and parenting services to families and foster families countywide, demonstrating higher reunification rates and reduced time in out-of-home care. Services are provided in the community and include a family-style dinner and visitation time with their children. Parents receive Incredible Years parenting classes after the meal, while children receive one-on-one therapy. Prorated increase of $179,167.
    - **Multi-Systemic Therapy (MST)** serves justice system involved youth in the San Diego Unified School District. Multi-Systemic Therapy is an evidenced-based, intensive, family-oriented, and community-based intervention for youth who meet the criteria for Conduct Disorder or Oppositional Defiant Disorder. In partnership with the Probation Department, the program assesses youth in the institution and will expand to youth in the community who have been screened to have mental health treatment needs. Prorated increase of $66,667.
    - As a part of **Breaking Cycles** program, support is offered to probation youth in institutions from all regions of San Diego County. A new component of the program increased staffing to offer screening and programming for Commercially Sexually Exploited Children (CSEC) detained in Juvenile Hall and the Girls Rehabilitation Facility as they transition into the community. Prorated increase of $145,833.

- Under Children Youth - Full Service Partnership (CY-FSP)
    - Effective January 1, 2016, Children, Youth and Families (CYF) programs within BHS began the process of converting outpatient programs to MHSA - Full Service Partnership (FSP) programs. Currently, CYF has outpatient programs as follows:
        1. Entire program is currently a MHSA – FSP,
        2. One or more components of the program currently are a MHSA – FSP,
        3. The program or a component is currently MHSA-funded but not a FSP, or
        4. The program and all components within the program are not currently MHSA-funded.

    Children's outpatient programs were evaluated for enhancement and converted to FSPs, when appropriate, to offer more integrated services with an emphasis on whole person wellness, and to promote access to medical, social, rehabilitative, or other needed community services and supports. The model broadens the program scope to offer ancillary support(s), when indicated, from

case managers, alcohol and drug counselors to address co-occurring disorders, rehabilitation specialists, and/or family and peer partners. Services offered are trauma informed and recognize that a whole person approach is critical to promote overall wellbeing. Partnership with the child/youth, family, natural supports, primary care, education, and other systems working with the family are recognized as core values.

- The **Multicultural Community Counseling (MCC)** outpatient program provides intensive, culturally-competent mental health and case management services to the Asian/Pacific Islander and Latino populations, ages 5-21, in the Central Region with multiple dialects. Increased by $50,000.
- **Para Las Familias** is an outpatient program that serves young children, with an emphasis on ages 0-5 in the South Region. The program will shift to a FSP and will include twenty-four hours a day, seven days a week availability. Prorated increase of $62,917.
- **Crossroads** is an outpatient treatment program that serves children and youth in the East Region and back country through community and school based services. The program enhancement will allow for increased psychiatry coverage. Prorated increase of $14,135.
- **Nueva Vista** is an outpatient treatment program that serves children and youth in the South Region through community and school based services. The program enhancement will allow for increased psychiatry coverage. Prorated increase of $18,372.
- **Douglas Young** is an outpatient treatment program that serves children and youth in the Central Region through community and school based services. The program enhancement will allow for increased psychiatry coverage. Prorated increase of $20,148.
- **Mobile Adolescent Service Team (MAST)** is an outpatient treatment program that serves children and youth in the community who are involved with the justice system. The program enhancement will allow for increased psychiatry coverage. Prorated increase of $4,784.

- Under Children Youth - Outreach and Engagement (CY-OE)
  - **School Based Services** in the North Central Region provide mental health services for children and youth with a serious emotional disturbance and their families who at times need interpreter services. Prorated increase of $952.

## FY 2016-17 PLAN CHANGES

The programs enhanced mid-year in FY 2015-16 will be annualized in FY 2016-17 as follows:

- Under Children Youth - System Development (CY-SD)
    - **Incredible Families** increased by $430,000
    - **Multi-Systemic Therapy** increased by $152,000
    - **Breaking Cycles** increased by $350,000

- Under Children Youth - Full Service Partnership (CY-FSP)
    - **Multicultural Community Counseling** increased by $50,000
    - **Para Las Familias** increased by $151,000
    - **Crossroads** increased by $28,270
    - **Nueva Vista** increased by $36,743
    - **Douglas Young** increased by $40,296
    - **MAST** increased by $9,568

- Under Children Youth - Outreach and Engagement (CY-OE)
    - **School Based Services** increased by $6,800

Additional FY 2016-17 changes include:

- Under Children Youth - System Development (CY-SD)
    - A new **Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex** (LGBTQI) program will provide direct clinical services, and a drop in center support with connection to job training, GED preparation, life skills training, and crisis support to LGBTQI youth. The program is expected to begin in April of 2017. Prorated increase of $325,000.
    - The **Emergency Screening Unit** (ESU) offers Crisis Stabilization services to children and youth and will fully transition from a County-operated program to a contractor. The program will continue to provide services twenty-four hours a day, seven days a week and be located in the South Region. Increased by $2,230,206.
    - The Stabilization Treatment and Transition (STAT) **Probation After-Hours** program will augment current resources with additional staffing and expanded hours of coverage to coincide with periods of free time for the youth. It is during these time periods when clinical support is often needed due to family and relationship issues. Increased by $278,554.
    - The **Mobile Assessment Team** provides emergency psychiatric evaluations and crisis intervention services in the North Region to divert children/youth from hospitalizations and establish linkages for further mental health services. One-time, start up increase of $45,300.

- **Supplemental Security Income (SSI) Advocacy Services** will be expanded to outreach to families with children/youth who may need assistance in applying for SSI. Increased by $100,000.

- Under Children Youth - Full Service Partnership (CY-FSP)
  - **Full Service Partnership (FSP) program** enhancement and conversion began in FY 2015-16 and another cluster of programs will convert in FY 2016-17. Programs offer more integrated services with an emphasis on whole person wellness and promote access to medical, social, rehabilitative, or other needed community services and supports. The following programs will be enhanced and converted to FSPs:
    - **Ally** increased by $352,500
    - **Community Circle East/Central** increased by $175,866
    - **Counseling Treatment Center** increased by $233,049
    - **Crossroads** increased by $520,520
    - **Douglas Young** increased by $280,283
    - **MAST** increased by $425,420
    - **Mi Escuelita** increased by $150,000
    - **Nueva Vista** increased by $778,267
    - **Pathway Health Cornerstone** increased by $230,000
    - **School Based North Central** increased by $163,900
    - **School Based Central** increased by $176,779
    - **Tides** increased by $172,202

- Under Children Youth - Outreach and Engagement (CY-OE)
  - The component of **Perinatal Outpatient Homeless Outreach** will be added to the existing Perinatal Non-residential Alcohol and other Drug Treatment Programs to women who may have a SMI and co-occurring disorder. The new component will occur in six contracts across all County regions. Increased by $1,235,400.

# Programs for Adults Ages 18 – 60+

These programs provide a variety of integrated services which may include supported housing (temporary, transitional, and permanent) with a focus on age and developmentally-appropriate outreach and engagement, intensive case management twenty-four hours a day, seven days a week, wraparound services, community-based outpatient mental health services, rehabilitation and recovery services, supported employment and education, dual diagnosis services, peer support services, and services supporting treatment and reentry in the justice system.

In FY 2014-15, a total of 36,176 adult clients ages 18 and older were served through CSS programs. For that year, the estimated cost per client (unduplicated) for Adult FSP programs ranged from Older Adult programs at $3,492 to TAY/Adult programs at $8,951. For the costs per client by CSS work plan, which includes assumptions, please see Appendix F.

## FY 2014-15 HIGHLIGHTS

- In FY 2014-15, **The Meeting Place Clubhouse** served 124 unduplicated clients and provided advocacy for 40 potentially-eligible individuals to receive Supplemental Security Income/Social Security Disability Insurance. On May 22, 2015, hundreds of guests joined members, staff, and volunteers for *The Art of Survival: Personal Stories of Mental Illness*, an art exhibition and fundraiser to benefit the clubhouse. The event focused on the transformative nature of living with mental illness through the eyes of clubhouse member-artists who have endured stigma, discrimination, and abandonment, yet thrived despite these challenges. Each art piece featured discarded objects repurposed and reimagined as a home for succulent plants. Succulents were planted in work boots, a shovel, tea cups, a mini-shopping cart, and cowboy hat, along with other fun planters. The featured entries were accompanied by photos and personal essays illustrating each artist's story and how their art relates to their struggles and triumphs.

- The **Pathway to Recovery** program provides a multi-disciplinary approach that incorporates wraparound treatment and rehabilitative services to adults with a very serious mental illness recently discharged from long-term care facilities. In FY 2014-15, the program served 337 unduplicated clients.

- On January 26, 2016, the San Diego County Board of Supervisors unanimously approved a series of recommendations to immediately expand an array of behavioral health contracts to serve a limited number of homeless individuals experiencing SMI and other co-occurring conditions. The program creates a process for municipal and community housing partners across the region to integrate services with housing resources. Combining wrap-around services with accessible housing will support the seriously mentally ill portion of the homeless population with the resources and supports they need to live successfully in the community. Several MHSA programs will support **Project One for All**.

- Under Transition Age Youth, Adult, Older Adult - System Development (TAOA-SD)
    - The **Friend-to-Friend Clubhouse** provides outreach, engagement and case management services to homeless adults with a SMI who may also have a co-occurring substance use disorder. Services are provided in the Central Region of San Diego County, with an emphasis in the downtown area of the City of San Diego. The program also provides outreach services to homeless veterans. This program supports Project One for All. Prorated increase of $183,063.
    - **Project Enable** is an outpatient Wellness Recovery Center that provides mental health rehabilitation and recovery services and urgent walk-in services to adults, transition age youth (TAY), and older adults in the Southeast neighborhoods of Central Region. Project Enable also provides senior outreach services, primarily in the field via outreach and home visits by Geriatric Specialists. This program was enhanced to support Project One for All. Prorated increase of $120,833.
    - Various programs received **Psychiatric Rate increases.** Prorated increase of $305,103.
    - **Supplemental Security Income (SSI) Advocacy Services** provides a collaborative effort for mental health consumers in San Diego County with the designated SSI Advocates of clubhouses countywide. Increased by $145,000.
    - Two new **Crisis Stabilization Units** will be established in the North Coastal and North Inland Regions of the county to increase the number of acute psychiatric care beds and divert patients from the Emergency Room. Crisis stabilization services last less than 24 hours and are for persons with a SMI who are experiencing a psychiatric emergency that requires a more timely response than a regularly scheduled visit. Allocated $5,780,001.

- Under Transition Age Youth, Adult, Older Adult - Full Service Partnership (TAOA-FSP)
    - **North Star** is a FSP Assertive Community Treatment (ACT) program in the North Coastal and North Inland Regions for homeless adults with a SMI who may also have a co-occurring substance use disorder. An array of housing options are also

provided to enrolled clients. This program supports Project One for All. Prorated increase of $437,500.

- **Center Star** is a FSP ACT program countywide for homeless adults with a SMI who may also have a co-occurring substance use disorder. Clients served are involved with the criminal justice system and have received mental health services while in detention. An array of housing options are also provided to enrolled clients. This program supports Project One for All. Prorated increase of $437,500.
- **IMPACT** is a FSP ACT program in the Central Region for homeless adults with a SMI who may have a co-occurring substance use disorder. An array of housing options are also provided to enrolled clients. This program supports Project One for All. Prorated increase of $437,500.
- **Catalyst** is a FSP ACT program for transition age youth (TAY) who are homeless, have been referred by the justice system, have a SMI, and who may also have a co-occurring substance use disorder. These clients may be on conservatorship. This program supports Project One for All. Prorated increase of $437,500.
- The **Collaborative Behavioral Health Court and Assertive Community Treatment** program focuses on adult offenders in the Central Region who are referred by the Court for services as an alternative to custody. This program was enhanced to support Project One for All. Increased by $293,333.
- **Age Wise** is a FSP strengths-based case management (SBCM) program that serves over 300 older adults and includes field-based case management in community settings. Prorated increase of $166,667.

## FY 2016-17 PLAN CHANGES

The programs enhanced mid-year in FY 2015-16 will be annualized in FY 2016-17 as follows:

- Under Transition Age Youth, Adult, Older Adult - System Development (TAOA-SD)
  - **Friend-to-Friend Clubhouse** increased by $366,125
  - **Project Enable** increased by $290,000
  - **Psychiatric Rates** to various programs increased by $610,206
  - **Supplemental Security Income (SSI) Advocacy Services** increased by $145,000

- Under Transition Age Youth, Adult, Older Adult - Full Service Partnership (TAOA-FSP)
  - **North Star** increased by $1,050,000 for an additional 50 slots
  - **Center Star** increased by $1,050,000 for an additional 50 slots
  - **IMPACT** increased by $1,050,000 for an additional 50 slots
  - **Catalyst** increased by $1,050,000 for an additional 50 slots
  - **Collaborative Behavioral Health Court and Assertive Community Treatment** increased by $880,000 for an additional 30 slots

- **Age Wise** increased by $400,000 for an additional 50 slots

Additional FY 2016-17 changes include:

- Under Transition Age Youth, Adult, Older Adult - System Development (TAOA-SD)
  - The new **Public Defender Discharge and Short Term Case Management Service** will add two Licensed Mental Health Clinicians to provide discharge planning, care coordination, referral and linkage, and short term case management to justice system involved persons with a SMI. Allocated $174,354.
  - A new component of the **Project In-Reach** program will provide discharge planning and short-term transition services for clients, who are in jail and identified to have a SMI, to assist in connecting clients with community-based treatment once released**.** Allocated $420,646.
  - **Family-to-Family Classes** will augment staff that provides a series of established family education classes (presented primarily by family members of persons with a SMI) which provide education and support for persons who have relatives or close family friends with mental illness. Increased by $25,000.
  - The **Wellness Celebration** provides a variety of health promotion events (e.g. biometric screening, smoking cessation and spirituality presentations) for persons with a SMI. Increased by $5,000.

- Under Transition Age Youth, Adult, Older Adult - Full Service Partnership (TAOA-FSP)
  - Several new programs that provide intensive case management and mental health rehabilitation services for homeless clients, who have a SMI with co-occurring disorders, will begin in the East and South Regions of San Diego County. These programs will support Project One for All. Prorated allocation of $1,188,000 for an additional 56 slots.
  - **100 Homeless Project** is a collaborative partnership with San Diego Housing Commission, which provides a hybrid integrated service model to homeless individuals with a SMI who may have a co-occurring substance use disorder. Full Service Partnership and Assertive Community Treatment Team services will provide intensive community-based services for 45 persons who are homeless and have a SMI. Alcohol and Drug (AOD) treatment and recovery services will be provided for 55 persons who are homeless and have a substance use disorder. Sponsor-based subsidies may be available for clients enrolled in this program. This program supports Project One for All. Allocated $825,000 to serve the 45 persons with SMI.
  - The new **North Inland Crisis Residential Facility** is a twenty-four hours a day, seven days a week service provided as an alternative to hospitalization or step down from acute inpatient care within a hospital for adults with acute symptoms

of SMI, including those who may have a co-occurring substance use disorder, and are residents of San Diego County. Increased by $1,543,240 for an additional 15 slots and $124,760 for County facility operating expenses.

- **IMPACT and Downtown IMPACT** are FSP ACT programs for homeless adults with a SMI who may have a co-occurring substance use disorder. An array of housing options are also provided to enrolled clients. This program will increase staffing to support growth in the programs. The increase to Downtown IMPACT supports Project One for All. Increased by $248,727.
- The **Senior IMPACT** program will increase capacity by 70 slots to house and treat vulnerable seniors with a SMI. Additional slots will decrease homelessness, hospitalization, institutionalization, and unnecessary deaths in seniors with a SMI. Increased by $1,470,000.
- The **Step Down from Institution for Mental Disease** and **Step Down from Acute Care** programs will serve 38 clients with a SMI via an Assertive Community Treatment model. Prorated increase of $705,000.
- **Short-Term Intensive Case Management** will augment current staffing that supports persons in Medi-Cal funded psychiatric hospitals who are not effectively connected with the BHS system of care by providing short-term intensive case management services. This enhancement may also increase available services to more persons who are high users of emergency services or acute care services. Increased by $248,000 for an additional 20 slots.
- **Age Wise** staffing will be increased due to program growth resulting from the mid-year enhancement. Increased by $376,982.
- The **California Housing Finance Agency (CalHFA)** is allocated funding to manage housing development-related programs. Increased by $135,000.

- Under Transition Age Youth, Adult, Older Adult - Outreach Engagement (TAOA-OE)
  - **Recovery Services with Case Management** will serve 300 homeless clients countywide who may have a SMI or co-occurring substance use disorder by providing field based outreach and engagement, and short term case management. This program supports Project One for All. Increased by $1,235,000.

## Programs for All Ages

These programs serve families and individuals of all ages by offering a variety of outreach, engagement, and outpatient mental health services, with individualized/family-driven services and supports. Clients are provided with necessary linkages to appropriate agencies for medication management and services for co-occurring substance use disorders. Some of the services are provided for specific populations and communities, including victims of trauma and torture, Chaldean and Middle Eastern communities, and individuals who are deaf or hard of hearing. In FY 2014-15, a total of 8,073 clients were served through CSS programs for all ages.

### FY 2014-15 HIGHLIGHTS

- The **Psychiatric Emergency Response Team (PERT)** consists of specially trained officers and deputies who are paired with licensed mental health professionals to provide on-scene responses to incidents involving individuals with mental illness. PERT provides mental health consultation, case coordination, linkage, and limited crisis intervention services to individuals with a mental illness who come in contact with law enforcement officers. In FY 2014-15, over 808 deputies in the Law Enforcement Services Bureau completed an eight-hour PERT training. During this year, there were 10,591 community service calls where the intervention resulted in referrals to community-based resources or educational information about mental health services. In addition, 6,208 crisis interventions resulted in the individual being assessed for harm to self or others and referred to the most clinically-appropriate level of care. Due to the increasing demand for PERT and the successful collaboration between law enforcement agencies and mental health communities, ten (10) additional teams were unanimously approved by the Board of Supervisors and funded to serve San Diego County in April 2015 for a total of 33 teams.

- **Deaf Community Services** (DCS) provides outpatient mental health services and case management that integrates mental health and rehabilitation treatment services for adults, older adults, transition age youth, and children who are deaf or hard of hearing and who have a SMI or serious emotional disturbance, including those who may also have a co-occurring substance use disorder. In FY 2014-15, there were 63 unique clients that were served. Over 33% of clients with vocational/educational goals showed progress in achieving their goals.

## FY 2015-16 PLAN CHANGE

- Under All - System Development (ALL-SD)
    - **Psychiatric Emergency Response Teams (PERT)** prorated increase of $606,625

## FY 2016-17 PLAN CHANGES

The programs enhanced mid-year in FY 2015-16 will be annualized in FY 2016-17 as follows:

- Under All - System Development (ALL-SD)
    - **Psychiatric Emergency Response Teams (PERT)** increased by $1,414,500

Additional FY 2016-17 changes include:

- Under All - System Development (ALL-SD)
    - The **Mental Health Advocacy** program will augment staff to provide needed linkage services for clients submitting grievances and appeals. Increased by $100,000.

## Housing

The County's goal is to have at least 95% of MHSA Full Service Partnership (FSP) clients living in some form of housing. As of July 1, 2015, 93% of FSP clients were housed, with 73% of clients living in permanent supportive housing. A detailed report of the Housing Projects funded through CSS may be found at: http://sandiego.camhsa.org/files/BHS-Five-Yr-HousingPlanSumm091814.pdf.

### FY 2014-15 HIGHLIGHTS

- **Celadon at 9th & Broadway** is a high-rise, affordable rental development in downtown San Diego with 250 studio and one-bedroom units. BHS has exclusive use of 25 MHSA units: 13 occupied by adults served by the IMPACT program and the remaining 12 occupied by transition age youth (TAY) clients served by the Pathways/Catalyst program. A grand opening celebration was held in May 2015 and move-in activities occurred in June 2015.

- **Paseo at COMM22** is a mixed-use, mixed-income, transit-oriented development located at Commercial and 22nd streets in San Diego City, on a four-acre former San Diego Unified School District maintenance facility site. There are two phases of the project: the Paseo phase, which provides 130 units of multi-family affordable housing in one, two and three bedroom apartments for families, as well as MHSA supportive housing for youth; and the Victoria phase, which provides affordable housing for seniors. Thirteen MHSA units have been set aside to provide permanent supportive housing for MHSA-eligible tenants who receive supportive services from the Pathways/Catalyst program. A grand opening was held in May 2015 and tenants completed move-in during September 2015.

### FY 2015-16 PLAN CHANGE

- The California Housing Finance Agency (CalHFA) moved forward with the Special Needs Loan Program, now called the **Local Government Special Needs Housing Program**. As referenced in the MHSA Fiscal Year 2015-16 Annual Update, BHS assigned $10,000,000 to CalHFA in FY 2015-16 for additional housing units for homeless clients with a SMI.

### FY 2016-17 PLAN CHANGE

- Due to CalHFA's transition to the Local Government Special Needs Housing Program (SNHP), BHS will authorize the release of remaining current and future unencumbered

funds on deposit with the old CalHFA program (estimated to be $1,100,000) to the new SNHP in the of Fall 2016. Funding will continue to finance the development of permanent supportive housing and to provide capitalized operating subsidies for projects housing MHSA eligible tenants.

- Behavioral Health Services may assign up to $10,000,000 to the CalHFA Special Needs Housing Program in FY 2016-17 for additional housing units in San Diego County.

# Prevention and Early Intervention (PEI)

The estimated MHSA Prevention and Early Intervention (PEI) expenditures for FY 2016-17 will be $41,868,656. This is a net increase of $15,731,418 from the MHSA Three Year Plan. For additional information about the PEI component funding, see Appendix A.

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

In FY 2014-15, 54,070 unduplicated individuals were served countywide. Fiscal Year 2014-15 outcome reports for PEI programs can be found in Appendix D.

## FY 2014-15 HIGHLIGHTS

- **It's Up to Us** is the County of San Diego's Suicide Prevention and Stigma/Discrimination Reduction media campaign which started in 2010. A new contract for this ongoing countywide campaign began on March 1, 2015. The goal of the campaign is to increase awareness and understanding of mental illness, suicide prevention and stigma reduction, and how supportive housing, in combination with mental health and social services, can break the cycle of homelessness. The campaign increased total number of visits to the Up2SD.org website by 73% or 180,508 total visits, and Facebook likes increased by 57% or 13,587 total likes. In total, 64,336,684 impressions were delivered through print, television, digital, and social media for FY 2014-15.

- **Courage to Call** is a peer-to-peer support program staffed by veterans. The program provides countywide outreach and education to address the mental health conditions that impact veterans, active duty military, reservists, National Guard, and their families (VMRGF), and provides training to service providers of the VMRGF community. The first component offers a twenty-four hours a day, seven days a week veteran peer helpline that is staffed by veterans or spouses of veterans to provide comprehensive information, support, and access to resources and services. Other components include outreach and education/training to veteran organizations and the veteran community,

as well as justice system diversion services such as behavioral health treatment programs in lieu of incarceration. In FY 2014-15, peer navigators were added as part of the veteran community's call for transitioning services out of the military. The Peer Navigator component became fully operational in March 2015, and has since offered case management consisting of brief supportive counseling, assistance in filing Veteran's Affairs claims, warm hand offs to referral services, and proactive follow-ups for one year.

## FY 2015-16 PLAN CHANGES

- Under Primary and Secondary Prevention Education and Support Lines (PS-01)
    - **It's Up to Us** will receive a prorated increase of $166,667
    - The **Family and Adult Peer Support Program** provides specialized culturally and developmentally-appropriate behavioral health PEI services to promote social and emotional wellness for adults, older adults, and their families. Services are provided by individuals who have lived experience as a recipient of behavioral health services or as a caregiver/family member of a behavioral health services recipient. Increased by $10,000.

- Under Co-Occurring Disorders (CO-02)
    - The **Serial Inebriate Program (SIP)** is a collaborative effort involving the courts, police, the Sheriff, the City and District Attorney, emergency medical services, health and human services, treatment providers, hospitals, and the contracted program to treat chronically-homeless inebriates countywide. The SIP provides non-residential substance abuse treatment and case management services as an alternative to custody for court-sentenced individuals with co-occurring disorder. This program supports Project One for All. Prorated increase of $72,500.
    - **Detoxification Adolescent Group Homes** located in the North, East, and South Regions provide up to 30 days of short-term residential alcohol and other drug treatment/recovery and ancillary services for adolescents who may have co-occurring disorder, and who misuse, or abuse alcohol and other drugs, to assist them to become alcohol/and or other drug free. Prorated increase of $17,000.
    - **Serenity Center** provides countywide gender-specific, trauma informed perinatal residential long-term alcohol and other drug treatment to women with substance abuse disorders who may have co-occurring disorder, and their children up to age twelve. Prorated increase of $83,333.

## FY 2016-17 PLAN CHANGES

The programs enhanced mid-year in FY 2015-16 will be annualized in FY 2016-17 as follows:

- Under Primary and Secondary Prevention Education and Support Lines (PS-01)
    - **It's Up to Us** increased by $400,000
    - **Family and Adult Peer Support Program** increased by $10,000

- Under Co-Occurring Disorders (CO-02)
    - **Serial Inebriate Program (SIP)** increased by $145,000
    - **Detoxification Adolescent Group Homes** increased by $50,000
    - **Serenity Center** increased by $200,000

Additional FY 2016-17 changes include:

- **California Mental Health Services Authority's** (CalMHSA) statewide initiatives show promising early results in reducing mental illness stigma and discrimination and increasing confidence in individuals to intervene with those at risk of suicide. Allocated $400,000.

- Under Primary and Secondary Prevention Education and Support Lines (PS-01)
    - The **Suicide Prevention Action Plan and Advisory Council** develops, implements, and disseminates a countywide suicide action plan to increase understanding and awareness of suicide, and implements strategic initiatives for the prevention of suicide. The program will augment suicide prevention services. Increased by $325,000.
    - The **Father2Child** program provides a best practice parenting model developed by the National Fatherhood Initiative to African American fathers in the Central Region. Curriculum is focused on improving the attitudes towards fathering, fathering knowledge, and fathering skills. The program will expand to increase services to fathers of all ethnic backgrounds in the Central Region. Increased by $100,000.

- Under Co-Occurring Disorders (CO-02)
    - **Non-Residential Recovery Centers** provide outpatient drug free (ODF) and intensive outpatient treatment (IOT) to adults with primary substance abuse diagnoses who are self-referred or referred by justice system partners. A new regulation, DMC Title 22, requires that a mental health clinician provide a face to face assessment to diagnose and identify treatment goals. Adding additional mental health clinicians will enhance co-occurring disorder identification and intervention. Programs will augment staff to achieve regulation compliance. Increased by $2,033,000.
    - **Outpatient Perinatal Recovery Centers** (six throughout the County) provide ODF and IOT to pregnant and parenting women with a primary substance abuse diagnosis. A new regulation, DMC Title 22, requires that a mental health clinician provide a face to face assessment to diagnose and identify treatment goals. Adding additional mental health clinicians will enhance co-occurring

disorder identification and intervention. The women often come to treatment with their young children who also receive supportive mental health services through a mental health clinician that works with the caregiver and child. Increased by $2,010,590.

- **Teen Recovery Centers** provide ODF and IOT to adolescents with a primary substance abuse diagnosis. A new regulation, DMC Title 22, requires that a mental health clinician provide a face to face assessment to diagnose and identify treatment goals. Adding additional mental health clinicians will enhance co-occurring disorder identification and intervention. Increased by $480,000.
- **Residential Perinatal Recovery Centers** (six throughout the County) provide treatment to achieve a drug free life style for pregnant and parenting women. Mental health clinicians provide a face to face assessment to diagnose and identify treatment goals. This enhancement will support co-occurring disorder identification and intervention. Increased by $720,000.
- **Collaborative Adult and Re-Entry Drug Court s**upports integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. A new regulation, DMC Title 22, requires that a mental health clinician provide a face to face assessment to diagnose and identify treatment goals. Adding additional mental health clinicians will enhance co-occurring disorder identification and intervention. Increased by $240,000

- Under School-Based Program (SA-01)
  - **School-based Mental Health Programs** will expand to all regions of the County to serve children and youth in stressed families, children and youth at risk for school failure, children and youth at risk of or experiencing juvenile justice involvement, underserved cultural populations, and trauma-exposed individuals. The program will focus on schools with highest needs, such as schools with over 75% of their students in the free and reduced meals program. A refugee component will also be implemented in the East Region. Increased by $3,515,000.

- Under School-Based Suicide PEI (SA-02)
  - The **School-Based Suicide Prevention** program will expand to include bullying prevention activities, as well as provide services countywide. Increased by $1,200,000.

- Under Caregiver Support (OA-06)
  - The **Caregivers of Alzheimer's Disease and Other Dementia Clients Support Services** reduces the incidence of mental health issues in caregivers of Alzheimer's patients and improves the well-being of the caregivers and their

families. The program will receive a full year of funding. Increased by $1,080,760.

- Under Veterans and Families (VF-01)
    - The **Courage to Call** program will augment staff to provide outreach services and peer navigators. Increased by $280,000.

# Innovation (INN)

Innovation (INN) programs are short-term novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The estimated Cycle 3 INN expenditures for FY 2016-17 will be $6,144,106. This is a decrease of $2,915,374 from the MHSA Three Year Plan and is primarily a result of shifting the In Home Outreach Team (IHOT) from INN to CSS funding. For additional information about the INN component funding, see Appendix A. At the conclusion of each Cycle 3 program, an evaluation and report will highlight learnings as a result of the program. The final evaluation report of BHS' Cycle 1 and Cycle 2 Innovation programs is located in Appendix E.

## FY 2014-15 HIGHLIGHTS

- The **In-Home Outreach Team** (IHOT) (INN-10), provides in-home outreach and engagement services to individuals with a SMI who are reluctant to seek outpatient mental health services, and to their family members or caretakers. In-Home Outreach Teams provide in-home assessments, crisis intervention, short-term case management, and support services, including information and education about mental health services and community resources, linkages to access outpatient mental health care, and rehabilitation and recovery services to individuals with SMI and their family or caretaker, as necessary. In-Home Outreach Team achieved an increase in outpatient mental health treatment and a decrease in utilization of the high severity, high need services such as Psychiatric Emergency Response Team, Emergency Psychiatric Unit, and hospitalization. Additionally, IHOT received a 66.7% satisfaction rating from IHOT participants and an 89.1% satisfaction rating from family members of participants regarding services provided. Knowledge of the IHOT services became widespread, with over 30% of incoming referrals coming from outside of the program's operating areas. In FY 2014-15, the IHOT Innovations contract ended. As a result of this successful project, the program was re-procured and expanded to all regions of the county using CSS funds to include licensed mental health clinicians and additional psychiatry services.

- The **After-School Inclusion Program** provided inclusion aides at existing YMCA integrated community-based, after-school programs on-site at 13 schools. Inclusion aides provided individual support and behavioral coaching to students, after-school staff, and families, as well as linkages to and collaboration with local community resources to youth ages 5-14. During FY 2014-15, 275 clients were served. The after-school programs in collaboration with school districts recognized the value added of this

service and worked on ways of incorporating service components to the existing after-school programming.

### FY 2015-16 PLAN CHANGE

- No change.

### FY 2016-17 PLAN CHANGES

- The **Faith Based Initiative** (INN-13) will increase to add Crisis Intervention Services in the North Region. Increased by $46,143.

# Workforce Education and Training (WET)

The initial county allocation for Workforce Education and Training (WET) was one-time funding to be expended by June 30, 2018. Since WET funds were received as a one-time allocation and the balance of WET funds has steadily decreased, approximately $2,200,000 in CSS funds will be transferred to WET to continue funding the WET programs identified below in FY 2016-17. The need for additional WET funds will be evaluated annually in future years. The total estimated WET expenditures for FY 2016-17 will be $2,910,704. This is a net increase of $2,874,807 from the MHSA Three Year Plan, which was based on the original five-year WET plan. For additional information about the WET component funding, see Appendix A.

Workforce Education and Training funds provide training and financial incentives to increase the public behavioral workforce, as well as to improve the competency and diversity of the workforce to better meet the needs of the populations receiving services.

## FY 2014-15 HIGHLIGHTS

- The **Public Mental Health Work Certificate of Achievement Program** graduated another group of community college students, which brought the total number of graduates to 126. The certificate program was developed and implemented in 2011 as part of the County's effort to recruit students to the field of mental health, and includes 19 units of coursework and mental health field placements. The program is designed to prepare students for entry-level mental health work and serves as an academic stepping stone toward higher degrees in the field.

- Training was provided in **Peer Support Specialist** skills and peer advocacy skills that support mental health, rehabilitation treatment, and recovery services for transition age youth, adults, and older adults. In FY 2014-15, 87 individuals completed the 75-hour Peer Employment Training that prepares individuals with lived experience of mental illness and recovery to work as peer support specialists in the County's behavioral health system. Additionally, 36 people graduated from the five-day Transformational Advocacy Training and 74 individuals completed the one-day Peer Advocacy Training. Empowering Success, a one-day training for mental health providers, was offered on five occasions and completed by 85 providers.

## FY 2015-16 PLAN CHANGES

- Under Training and Technical Assistance (WET-02)
    - **Critical Issues in Child and Adolescent Mental Health** is a new annual conference that focuses on emerging topics for providers serving children, youth and families. Offered in partnership with the San Diego Academy of Child and Adolescent Psychiatry, the first conference was held in March 2016, with approximately 200 professionals in attendance. Prorated increase of $25,000.
    - The **Behavioral Health Education and Training Academy (BHETA)** provides trainings to BHS staff and system of care providers, including the Treatment and Evaluation Resource Management (TERM) provider panel. Prorated increase of $15,000.

## FY 2016-17 PLAN CHANGES

The programs enhanced mid-year in FY 2015-16 will be annualized in FY 2016-17 as follows:

- Under Training and Technical Assistance (WET-02)
    - The **Critical Issues in Child and Adolescent Mental Health** increased by $75,000
    - The **Behavioral Health Education and Training Academy** increased by $12,000

Additional FY 2016-17 changes include:

- Under Training and Technical Assistance (WET-02)
    - **Regional Training Center** funding to support conferences, workshops, and other training and technical assistance needs for new BHS initiatives, such as Drug Medi-Cal implementation, as well as ongoing efforts related to workforce development such as the Workforce Education and Training (WET) Collaborative and Psychiatric Nurse Practitioner Consortium. Increased by $375,000.
    - **Incredible Years** is a series of evidenced-based parenting classes required in perinatal alcohol and drug treatment programs. Programs are required to have program managers and child care specialists attend three proprietary trainings. The training series trains 25 staff at a time in San Diego County. Increased by $35,000.
    - The **"We Can't Wait Conference"** is a two and a half day conference with 600 attendees and speakers. Keynote presentations and breakout sessions discuss topics of early childhood mental health, trauma and development, treatment, and prevention. Increased by $75,000.
    - **Behavioral Health Training Curriculum** provides administrative support for Change Agents Developing Recovery Excellence (CADRE), Continuing Education for psychologists, Pathways to Well-being (Katie A.) Training, Geriatric Certification Program, and Roadmap to Recovery. Increased by $917,370.

- Under Mental Health Career Pathway Programs (WET-03)
    - The **Peer Specialist Training** program is a 75-hour course for individuals with lived experience of behavioral health challenges and recovery processes who are currently interested in working as a peer support specialists in the public behavioral health system. Increased by $325,000.
    - The **Public Mental Health Work Certificate of Achievement Program** prepares local community college students for entry level behavioral health employment, and is also a stepping stone toward higher academic degrees. Increased by $75,000.

- Under Residency and Internship Program (WET-04)
    - **Community Psychiatry Fellowship** (WET-04) funding is utilized to extend the program through at least June 2018. A redesigned program allows funds to support the cost of faculty and supervision of fellows. Increased by $764,103.

# Capital Facilities and Technological Needs (CFTN)

Capital Facilities and Technological Needs (CFTN) funds are one-time funds that must be spent by June 30, 2018. The estimated CFTN expenditures for FY 2016-17 will be $6,203,609. This is a net increase of $5,782,578 from the MHSA Three Year Plan. For additional information about the CFTN component funding, see Appendix A.

## Capital Facilities (CF)

Capital Facilities (CF) funds may be used to acquire, develop or renovate buildings, or to purchase land in anticipation of acquiring/constructing a building. Capital Facilities expenditures must result in a capital asset which permanently increases the County's infrastructure.

### FY 2014-15 HIGHLIGHT

- The County of San Diego was awarded a California Health Facility Financing Authority (CHFFA) grant to build the **North Inland Crisis Residential Facility,** which will be a short-term crisis residential facility with 15 beds for adults with SMI and co-occurring disorders. The new facility is expected to be built, licensed and operational by June 2016. Mental Health Services Act CSS funds will be allocated to operate the facility.

### FY 2015-16 PLAN CHANGES

- Under North Coastal Mental Health Facility (CF-2)
    - The new **North Coastal Mental Health Facility** was allocated CFTN funds for construction to house a mental health clinic and clubhouse program in the behavioral health portion of the three-story building. Increased by $2,868,839.

- Under North Inland Crisis Residential Facility (CF-4)
    - The **North Inland Crisis Residential Facility** was allocated funds from CFTN towards the completion of the building to supplement the CHFFA grant. Increased by $631,913.

- Under Emergency Screening Unit Facility (CF-5)
    - Behavioral Health Services is in the process of evaluating options to establish a crisis stabilization facility in a central location within San Diego County. The relocated **Emergency Screening Unit** will expand from a four to twelve crisis stabilization bed capacity for children and youth. Allocated $1,800,000.

# Technological Needs (TN)

Technological Needs (TN) projects address two MHSA goals: 1) increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings; and 2) modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness as has been done with the implementation of the Cerner Community Behavioral Health (CCBH) system (formerly Anasazi).

## FY 2014-15 HIGHLIGHT

- The County's **Management Information System (MIS) Training** team provided training and technical support to all individuals who used the County's Management Information System electronic health record (EHR). The team consisted of the County Administrative Services Organization, County Quality Management trainers, and the Behavioral Health Services MIS Unit, and deployed training in FY 10-11 and surpassed the milestone of 10,000 participants attending MIS training in FY 2014-15. Of these 10,000 trained, 94% reported an overall satisfaction with the technical support and training.

## FY 2015-16 PLAN CHANGE

- Under Personal Health Record (SD-3)
    - The **Personal Health Record (PHR)** will be designed as an integrated component of the MIS electronic health record (EHR). It will enable clients to both securely view and update their records in a timely manner. The PHR will empower clients through effective use of technology as per the goals of MHSA. It will be constructed from a client's existing behavioral health medical record. Clients, clinicians, and physicians are increasingly adopting portable devices, such as smartphones and tablet computers for their personal medical and practice-management needs. The PHR provides and supports mobile apps that enable clients to make appointments, view lab results, and securely communicate with their healthcare providers conveniently using mobile technology. Increased by $51,200.

## FY 2016-17 PLAN CHANGES

- Under Call Logging (SD-4)
  - Expenses for **Call Logging** that were not completed in FY 2015-16 will be added in FY 2016-17. Allocated $30,000.

- Under Data Exchange (SD-8)
  - The **Interoperability** plan will aggregate data across the continuum of care from disparate systems creating client records containing information that supports programs such as decision support, quality measurement, and analytics for population management. While one-time fees to setup this platform are already supported, additional ongoing monthly fees for the shared computing services will also be supported with TN funding. Increased by $1,016,000.
  - The remaining MHSA TN funds for **Data Exchange** will be used towards opportunities for interoperable management information systems between the County and BHS contractors. This could include costs related to the use of Interoperability solutions, Secure Information Exchange systems, Personal Health Record related fees, and potential building of IT interfaces. Increased by $904,000.

# APPENDICES

# Appendix A

# FY 2016-17 MHSA Expenditure Plan

## FY 2016/17 Mental Health Services Act Annual Update
## Funding Summary

County: San Diego County | Date: 7/19/16

| | 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 2016/17 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 86,636,227 | 12,169,339 | 19,459,583 | 842,264 | 11,723,550 | 0 |
| 2. Estimated New FY 2016/17 Funding | 115,275,000 | 30,740,000 | 7,685,000 | 0 | 0 | 0 |
| 3. Transfer in FY 2016/17[a/] | (2,200,000) | 0 | 0 | 2,200,000 | 0 | 0 |
| 4. Access Local Prudent Reserve in FY 2016/17 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Estimated Available Funding for FY 2016/17 | 199,711,227 | 42,909,339 | 27,144,583 | 3,042,264 | 11,723,550 | 0 |
| **B. Estimated FY 2016/17 MHSA Expenditures** | 125,099,147 | 41,868,656 | 6,144,106 | 2,910,704 | 6,203,609 | 0 |
| **G. Estimated FY 2016/17 Unspent Fund Balance** | 74,612,080 | 1,040,683 | 21,000,477 | 131,560 | 5,519,941 | 0 |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2016 | 42,193,120 |
| 2. Contributions to the Local Prudent Reserve in FY 2016/17 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2016/17 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2017 | 42,193,120 |

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.

## FY 2016/17 Mental Health Services Act Annual Update
## Community Services and Supports (CSS) Funding

County: San Diego County | Date: 7/19/16

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | 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. CY-FSP Full Service Partnerships for Children & Youth | 33,586,905 | 19,567,826 | 12,053,478 | | | 1,965,601 |
| 2. TAOA-FSP Full Service Partnerships for Ages 18-65+ | 46,655,935 | 33,041,498 | 13,614,437 | | | |
| 3. | 0 | | | | | |
| 4. | 0 | | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **Non-FSP Programs** | | | | | | |
| 1. ALL-OE Outreach & Engagement for All Ages | 2,597,906 | 2,545,015 | 52,891 | | | |
| 2. ALL-SD System Development for All Ages | 4,000,500 | 3,905,807 | 94,693 | | | |
| 3. CY-OE Outreach & Engagement for Children & Youth | 2,786,804 | 2,458,875 | 327,929 | | | |
| 4. CY-SD System Development for Children & Youth | 14,298,101 | 12,176,041 | 2,122,060 | | | |
| 5. TAOA-OE Outreach & Engagement for Ages 18-65+ | 1,235,400 | 1,235,400 | 0 | | | |
| 6. TAOA-SD System Development for Ages 18-65+ | 46,812,362 | 33,851,405 | 12,960,957 | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| **CSS Administration** | 16,317,280 | 16,317,280 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 168,291,193 | 125,099,147 | 41,226,445 | 0 | 0 | 1,965,601 |
| **FSP Programs as Percent of Total** | 64.1% | | | | | |

**NOTE:** San Diego County may assign up to $10 million to CalHFA's Local Government Special Needs Housing Program

## FY 2016/17 Mental Health Services Act Annual Update
## Prevention and Early Intervention (PEI) Funding

County: San Diego County | Date: 7/19/16

| | | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|---|
| | | A | B | C | D | E | F |
| | | Estimated Total Mental Health Expenditures | Estimated PEI Funding | Estimated Medi-Cal FFP | Estimated 1991 Realignment | Estimated Behavioral Health Subaccount | Estimated Other Funding |
| **PEI Programs - Prevention** | | | | | | | |
| 1. | OA-01 Elder Multicultural Access & Support Services | 569,153 | 569,153 | | | | |
| 2. | PS-01 Education and Support Lines | 5,386,496 | 5,386,496 | | | | |
| 3. | VF-01 Courage to Call | 1,280,000 | 1,280,000 | | | | |
| 4. | | 0 | | | | | |
| 5. | | 0 | | | | | |
| 6. | | 0 | | | | | |
| 7. | | 0 | | | | | |
| 8. | | 0 | | | | | |
| 9. | | 0 | | | | | |
| 10. | | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | | |
| 1. | CO-02 Co-Occuring Disorders | 9,237,723 | 9,034,723 | 203,000 | | | |
| 2. | CO-03 Next Steps | 2,500,000 | 2,500,000 | | | | |
| 3. | DV-03 Alliance for Community Empowerment | 400,000 | 400,000 | | | | |
| 4. | DV-04 Community Services for Families | 500,008 | 500,008 | | | | |
| 5. | EC-01 Positive Parenting Program | 1,100,000 | 1,100,000 | | | | |
| 6. | FB-01 Kick Start | 1,775,000 | 1,775,000 | | | | |
| 7. | NA-01 Dream Weaver * | 1,745,000 | 1,745,000 | | | | |
| 8. | OA-02 Positive Solutions | 578,561 | 578,561 | | | | |
| 9. | OA-04 Reaching Out | 0 | 0 | | | | |
| 10. | OA-06 Caregiver Support | 1,080,760 | 1,080,760 | | | | |
| 11. | RC-01 SmartCare | 1,395,000 | 1,395,000 | | | | |
| 12. | RE-01 Independent Living Association | 300,000 | 300,000 | | | | |
| 13. | SA-01 School Based Program | 6,615,000 | 6,615,000 | | | | |
| 14. | SA-02 School Based Suicide PEI | 1,800,000 | 1,800,000 | | | | |
| 15. | | 0 | | | | | |
| 16. | | 0 | | | | | |
| 17. | | 0 | | | | | |
| 18. | | 0 | | | | | |
| 19. | | 0 | | | | | |
| | * Both Prevention & Early Intervention | 0 | | | | | |
| **PEI Administration** | | 5,408,955 | 5,408,955 | | | | |
| **PEI Assigned Funds** | | 400,000 | 400,000 | | | | |
| **Total PEI Program Estimated Expenditures** | | 42,071,656 | 41,868,656 | 203,000 | 0 | 0 | 0 |

## FY 2016/17 Mental Health Services Act Annual Update
## Innovations (INN) Funding

County: San Diego County

Date: 7/19/16

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | 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. INN-11 Care Giver Connection to Treatment | 228,500 | 228,500 | 0 | | | |
| 2. INN-12 Family Therapy Participation | 1,127,002 | 1,120,848 | 6,154 | | | |
| 3. INN-13 Faith Based Initiative | 810,000 | 809,491 | 509 | | | |
| 4. INN-14 Ramp Up 2 Work | 1,229,653 | 1,228,416 | 1,237 | | | |
| 5. INN-15 Peer Assisted Transitions | 1,111,449 | 1,107,602 | 3,847 | | | |
| 6. INN-16 Urban Beats | 403,871 | 403,871 | 0 | | | |
| 7. INN-17 Innovative Mobile Hoarding Intervention Program | 443,973 | 443,973 | 0 | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **INN Administration** | 801,405 | 801,405 | | | | |
| **Total INN Program Estimated Expenditures** | 6,155,853 | 6,144,106 | 11,747 | 0 | 0 | 0 |

## FY 2016/17 Mental Health Services Act Annual Update
## Workforce, Education and Training (WET) Funding

County: San Diego County

Date: 7/19/16

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | 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. WET-01 Workforce Staffing | 0 | 0 | | | | |
| 2. WET-02 Training & Technical Assistance | 1,522,370 | 1,522,370 | | | | |
| 3. WET-03 Mental Health Career Pathway Program | 588,333 | 588,333 | | | | |
| 4. WET-04 Residency and Internship Program | 800,000 | 800,000 | | | | |
| 5. WET-05 Financial Incentive | 0 | 0 | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| 11. | 0 | | | | | |
| 12. | 0 | | | | | |
| 13. | 0 | | | | | |
| 14. | 0 | | | | | |
| 15. | 0 | | | | | |
| 16. | 0 | | | | | |
| 17. | 0 | | | | | |
| 18. | 0 | | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **WET Administration** | 0 | 0 | | | | |
| **Total WET Program Estimated Expenditures** | 2,910,704 | 2,910,704 | 0 | 0 | 0 | 0 |

## FY 2016/17 Mental Health Services Act Annual Update
## Capital Facilities/Technological Needs (CFTN) Funding

County: San Diego County

Date: 7/19/16

| | Fiscal Year 2016/17 | | | | | |
|---|---|---|---|---|---|---|
| | 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** | | | | | | |
| 1. CF-1 Juvenile Forensics | 0 | 0 | | | | |
| 2. CF-2 North Coastal MH Facility | 0 | 0 | | | | |
| 3. CF-4 North Inland Crisis Residential Facility | 0 | 0 | | | | |
| 4. CF-5 Emergency Screening Unit (ESU) Facility | 1,800,000 | 1,800,000 | | | | |
| 5. | 0 | | | | | |
| 6. | 0 | | | | | |
| 7. | 0 | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Programs - Technological Needs Projects** | | | | | | |
| 1. SD-2 Consumner & Family Empowerment | 1,100,266 | 1,100,266 | | | | |
| 2. SD-3 Personal Health Record | 146,200 | 146,200 | | | | |
| 3. SD-4 Call Logging | 30,000 | 30,000 | | | | |
| 4. SD-5 Telemedicine Expansion | 397,976 | 397,976 | | | | |
| 5. SD-6 MH MIS Expansion | 0 | 0 | | | | |
| 6. SD-7 Client Mobile Applications | 0 | 0 | | | | |
| 7. SD-8 Data Exchange | 1,920,000 | 1,920,000 | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **CFTN Administration** | 809,166 | 809,166 | | | | |
| Total CFTN Program Estimated Expenditures | 6,203,609 | 6,203,609 | 0 | 0 | 0 | 0 |

# APPENDIX B
# MHSA PROGRAMS SUMMARY

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| ALL-OE | Deaf Community Services | Behavioral Health Services for the Deaf and Hard of Hearing. | Assist clients who are deaf and hard of hearing to achieve a more adaptive level of functioning. | Adults/Older Adults TAY & children who are deaf or hard of hearing and have SMI or AOD use or abuse problems. | Provides outpatient mental health services and case management that integrates mental health and rehabilitation treatment services for adults and older adults, transition age youth and children who are deaf and hard of hearing, and who are seriously mentally ill or seriously emotionally disturbed, including those who may also have a co-occurring substance abuse disorder. In addition, substance abuse services are provided for deaf and hard of hearing adults. | Deaf Community Services of San Diego, Inc.<br>1545 Hotel Circle South, Suite 300<br>San Diego, CA 92108<br>(619) 398-2441 | All |
| ALL-OE | Deaf Community Services - Clubhouse | Recovery and Skill Center/Clubhouse for the Deaf and Hard of Hearing. | Assist clients who are deaf and hard of hearing to achieve a more adaptive level of functioning. | Adults/Older Adults, TAY who are deaf or hard-of-hearing who have or are at risk of SMI or COD. | Member-operated recovery and skill development center (clubhouse) program for deaf and hard-of-hearing transitional age youth and Adults/Older Adults who are at risk of or recovering from a mental health issue including those who may have a co-occurring substance use disorder. Provides social skill development, rehabilitative, recovery, vocational and peer supports. | Deaf Community Services of San Diego, Inc.<br>4080 Centre St, Suite #208<br>San Diego, CA 92103<br>(619) 618-0501 | All |
| ALL-OE | Survivors of Trauma Torture International (SOTI) | Mental Health Services to Victims of Trauma and Torture. | Increase specialized services to uninsured, unserved clients who are victims of trauma and torture. | Uninsured, unserved SED/SMI individuals who are victims of trauma and torture. | Outpatient mental health services to adult and older adult victims of trauma and torture who are severely mentally ill and children who suffer from a severe emotional disturbance. | Survivors of Torture, International<br>PO Box 151240<br>San Diego, CA 92175<br>(619) 278-2400 | All |
| ALL-OE | SmartCare Mental Health and Primary Care Services Integration Services | Rural Integrated Behavioral Health & Primary Care Services. | Increase countywide access to mental health services to unserved and uninsured people who have SED/SMI. | Adults/Older Adults, TAY and Children. | Mental health assessment<br>Dual diagnosis screening<br>Information<br>Brief mental health services<br>Referrals as needed. | SmartCare- Campo Health Clinic<br>Mountain Empire Family Medicine<br>31115 Highway 94<br>Campo, CA 91906<br>(760) 788-9725 | 2 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| ALL-OE | Mental Health and Primary Care Services Integration Services | Services delivered through the Enhanced Screening, Brief Intervention and Referral to Treatment (SBIRT) model for adult patients. Provides identified individuals with behavioral health interventions based on screening and provide access to medications services when they are deemed medically necessary. | The goals of the Enhanced SBIRT program is to provide effective, evidence-based treatment for behavioral health interventions in a PC setting. | Adults Aged 18 - 59 | Mental health assessment<br>dual diagnosis screening<br>Information<br>Brief mental health services<br>Referrals as needed. | Community Clinic Health Network<br>7535 Metropolitan Drive<br>San Diego, CA 92108<br>(619) 542-4300 | All |
| ALL-SD | Oral Interpretation Services | Interpreter Services. | To increase services to non- English speaking populations and improve quality of these services to consumers and families. | Unserved, underserved individuals who have identify difficulty in speaking or understanding English. | Interpretation for all mental health and case management services. Additional linkages with families in need of language translation. | Interpreters Unlimited<br>11199 Sorrento Valley Rd, Suite 203<br>San Diego, CA 92121<br>(800) 726-9891 | All |
| ALL-SD | Psychiatric Emergency Response Services Team (PERT) | The service pairs law enforcement officers with psychiatric emergency clinicians to serve children and adults throughout the County. | Improve collaboration between the mental health and law enforcement systems with the goal of more humane and effective handling of incidents involving law enforcement officers and mentally ill and developmentally disabled individuals. | Countywide services to individuals with a mental health crisis who have come in contact with local law enforcement agencies and/or who need immediate mental health crisis intervention and/or assessment.<br>Services to all ages, with a focus on:<br>• Veterans<br>• Homeless<br>• Native Americans | Provides mental health consultation, case coordination, linkage and limited crisis intervention services to mentally ill clients who come in contact with law enforcement officers.<br>Provides a training program for law enforcement personnel.<br>Develops a neighborhood outreach program. | PERT, Inc.<br>1094 Cudahy Pl, Suite 314<br>San Diego, CA 92110<br>(619) 276-8112 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP | WrapWorks SDCC | Wraparound services for CWS or Probation services to maximize the capacity of the family to meet the child's needs and reduce the level of care from a group home placement to a home or home-like setting. | Return children/youth to their family or family-like setting, support permanency and enhance long-term success. Maintain children at home or in their current housing situation to enhance long term success. | Child, youth and young adults (up to age 21) from CWS or Probation. | Certified outpatient mental health program individual/group/family treatment, case management/rehabilitative services, ICC, IHBS, crisis intervention medication management, outreach at schools and in the community. | SDCC<br>3002 Armstrong Street<br>San Diego, CA 92111<br>(858) 633-4100<br><br>Satellite locations:<br>North<br>235 W. 5th Ave., Suite130<br>Escondido, CA 92025<br><br>South<br>123 Worthington St., Suite201<br>Spring Valley, CA 91977 | All |
| CY-FSP | Child/Youth Case Management | Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide full service partnership services. Enhance services to clients and families by providing case management in clinics in addition to the services. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of “wellness plans” for parents to organize their children’s medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families, who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | Case management<br>Alcohol and Drug counseling.<br>Consultation,<br>Coordination, referral, and linkage.<br>Family outreach through home visits.<br>Rehabilitation groups<br>Individual, group and family therapy.<br>Psychiatric services including medication.<br>Full service partnership services | Rady Children Hospital<br>North Inland<br>625 W. Citracado Pkwy, Suite102<br>Escondido, CA 92025<br>(619) (760) 294-9270 | 3 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP | School-Based Central-East-South | Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide full service partnership services. Enhance services to clients and families by providing case management in clinics in addition to the services. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of "wellness plans" for parents to organize their children's medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families<br>• Who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | •Case management<br>• Alcohol and Drug counseling<br>• Consultation<br>• Coordination<br>• Referral and linkage<br>• Family outreach through home visits<br>• Rehabilitation groups<br>• Individual group and family therapy<br>• Psychiatric services including medication<br>• Full service partnership services | Rady Children's Hospital (RCHSD) Central-East-South<br>3665 Kearny Villa Road, Suite 101<br>San Diego, CA 92123<br>(858) 966-8471 | 1,2,4 |
| CY-FSP | Child/Youth Case Management | Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide full service partnership services. Enhance services to clients and families by providing case management in clinics in addition to the services. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of "wellness plans" for parents to organize their children's medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families<br>• Who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | •Case management<br>• Alcohol and Drug counseling<br>• Consultation<br>• Coordination<br>• Referral and linkage<br>• Family outreach through home visits<br>• Rehabilitation groups<br>• Individual group and family therapy<br>• Psychiatric services including medication<br>• Full service partnership services | Rady Children's Hospital Central<br>3665 Kearny Villa Rd<br>San Diego, CA 92123<br>(858) 966-5832 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP | Child/Youth Case Management | Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide full service partnership services. Enhance services to clients and families by providing case management in clinics in addition to the services. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of "wellness plans" for parents to organize their children's medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families, who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | Outpatient therapy, Individual –Group and Family therapy, (Intensive) Case management, Family partners, Pathways to Well-Being- intensive care coordination, School based therapy, Substance Abuse Prevention & Treatment. | Union of Pan Asian Communities<br>Children's Mental Health Counseling and Treatment Center<br>1031 25th St, Suite C<br>San Diego, CA 92102<br>(619) 232-6454 | 1,4,5 |
| CY-FSP | Cultural Language Specific Outpatient | Outpatient specialty mental health services are provded within the highly diverse communities in the southeastern region of San Diego. The program is a Full Services Partnership that work collaboratively with contracted Family Peer partners. | Improve the mental health of children and youth to ultimately enhance family relationships, peer relationships, community, and school functioning. Increase accessibility to serve a culturally diverse population. | • Culturally diverse<br>• Medi-Cal<br>• Co-Occurring Disorder | • Community Education<br>• Walk-in Screening<br>• Psychosocial assessments<br>• Psychiatry evaluation | Southeast Children's Mental Health<br>3177 Oceanview Blvd<br>San Diego, CA 92113<br>(619) 595-4400 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP | Parent Partner Services | Culturally competent Full Service Partnership mental health services to Latino and Asian/Pacific Islander children, youth and their families. Services "do whatever it takes" to assist clients in meeting their mental health goals. | Increase the number of Latino and Asian/Pacific Islander SED children, youth & their families receiving mental health services. | • SED children and youth up to age 21 and their families<br>• Latino and Asian/Pacific Islander<br>• Uninsured and underserved, with a secondary focus on Medi-Cal underserved<br>• Family Partners focused to Southeast Mental Health Clinic and Central Region<br>Expanded services to include TAY | Culturally and linguistically competent services, including:<br>• Outreach & engagement<br>• Parent Partners<br>• Mental health education<br>• Crisis intervention<br>• Individual, group and family counseling | Harmonium Inc. FPP<br>5275 Market Street<br>Suite E<br>San Diego, CA 92114<br>(619) 857-6799 | 1,4 |
| CY-FSP | School Based Multi-Cultural Community Counseling | Culturally competent Full Service Partnership mental health services to Latino and Asian/Pacific Islander children, youth and their families. Services "do whatever it takes" to assist clients in meeting their mental health goals. | Increase the number of Latino and Asian/Pacific Islander SED children, youth & their families receiving mental health services. | • SED children and youth up to age 21 and their families<br>• Latino and Asian/Pacific Islander<br>• Uninsured and underserved, with a secondary focus on Medi-Cal underserved | Culturally and linguistically competent services, including:<br>• Outreach & engagement<br>• Mental health education<br>• Crisis intervention<br>• Individual, group and family therapy<br>• Case management<br>• Psychiatric services including medication<br>• Full Service Partnership services and supports | Union of Pan Asian Communities<br>5348 University Ave.<br>Suite 101 and 102<br>San Diego, CA 92105<br>(619) 232-6454 ext. 801 | All |
| CY-FSP | Homeless Runaway Mental & Behavioral Health Services | Homeless and Runaway. | Increase access to mental and behavioral health services for homeless and runaway children/youth with SED (Serious Emotional Disturbance). | Children and Youth | Outpatient specialty mental health services for homeless SED children and youth. | San Diego Youth Services<br>Counseling COVE<br>2250 4th Ave, Suite 301<br>San Diego, CA 92101<br>(619) 525-9903 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP | Wrap Around County Match | Provides wraparound mental health services to clients and their families to transition children/ youth currently in Child Welfare Services custody and residential placement back to a home environment. | Return children/youth to their family or family-like setting, support permanency and enhance long-term success. Maintain children at home or in their current housing situation to enhance long term success. | Dependents and wards 3 - 21 years old who are transitioning from residential services to home setting. | • Full Service Partnership<br>• Assessment<br>• Treatment<br>• Case Management<br>• Dual Diagnosis services<br>• Connection to primary care provider and development of a wellness notebook to assist families in organizing children medical information | Fred Finch Wraparound Services.<br>3434 Grove St.<br>Lemon Grove, CA 91945<br>(619) 281-3706 | All |
| CY-FSP | Therapeutic Behavioral Services (TBS) | Wrap Around County-wide Prevention Program. | Return children/youth to their family or family-like setting, support permanency and enhance long-term success. Maintain children at home or in their current housing situation to enhance long term success. | Medi-Cal children up to age 21 without other specialty mental health reimbursable interventions. | • Full Service Partnership<br>• Assessment<br>• Treatment<br>• Case Management<br>• Dual Diagnosis services<br>• Connection to primary care provider and development of a wellness notebook to assist families in organizing children medical information | New Alternatives/TBS<br>2535 Katter Blvd, Suite 1A4<br>San Diego, CA 92125<br>(619) 615-0701 | All |
| CY-FSP | School Based Crossroads | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | Children up to age 21, Medi-Cal, low income uninsured, SED, Indigent, API, Latino, Co-Occurring. | •Individual/group/family/treatment<br>• Case management<br>• Rehabilitative services<br>• Intensive Care Coordination<br>• Intensive Home-Based Services<br>• Crisis intervention<br>• Medical management | Community Research Foundation<br>Crossroads Family Center<br>1679 E. Main Street<br>Suite 102<br>El Cajon, CA 92021<br>(619) 441-1907 | 2 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP | School Based Para Las Familias | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | Medi-Cal children up to age 21 without other specialty mental health reimbursable interventions. | •Individual/group/family/treatment<br>• Case management<br>• Rehabilitative services<br>• Intensive Care Coordination<br>• Intensive Home-Based Services<br>• Crisis intervention<br>• Medical management | Episcopal Community Services<br>401 Mile of Cars Way, Suite 350<br>National City, CA 91950<br>(619) 228-2800 x316 | 1 |
| CY-FSP /CY-OE | Child/Youth Case Management | Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide Full Service Partnership services. Enhance services to clients and families by providing case management in clinics in addition to the services. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of "wellness plans" for parents to organize their children's medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families, who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | • Case management<br>• Alcohol and Drug counseling<br>• Consultation,<br>• Coordination, referral, and linkage<br>• Family outreach through home visits<br>• Rehabilitation groups<br>• Individual, group and family therapy<br>• Psychiatric services including medication<br>• Full service partnership services | Community Research Foundation<br>Douglas Young Youth and Family Services<br>7907 Ostrow St, Suite F<br>San Diego, CA 92111<br>(858) 300-8282 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP CY-OE | Child/Youth Case Management | North Coastal Outpatient Clinic in Oceanside. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of "wellness plans" for parents to organize their children's medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families<br>• Who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | • Case management<br>• Alcohol and Drug counseling<br>• Consultation<br>• Coordination, referral, and linkage<br>• Family outreach through home visits<br>• Rehabilitation groups<br>• Individual, group and family therapy<br>• Psychiatric services including medication<br>• Full service partnership services | Rady Children's Hospital North Coastal<br>3142 Vista Way, Suite 205<br>Oceanside, CA 92056<br>(760) 758-1480 | 3,5 |
| CY-FSP/ CY-OE | School Based Nueva Vista | Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide full service partnership services. Enhance services to clients and families by providing case management in clinics in addition to the services. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of "wellness plans" for parents to organize their children's medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families<br>• Who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | • Case management<br>• Alcohol and Drug counseling<br>• Consultation<br>• Coordination, referral, and linkage<br>• Family outreach through home visits<br>• Rehabilitation groups<br>• Individual, group and family therapy<br>• Psychiatric services including medication<br>• Full service partnership services | Community Research Foundation<br>Nueva Vista Family Services<br>1161 Bay Blvd, Suite B<br>Chula Vista, CA 91911<br>(619) 585-7686 | 1 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-FSP/ CY-OE | Child/Youth Case Management | Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide full service partnership services. Enhance services to clients and families by providing case management in clinics in addition to the services. | Transform the system by augmenting the clinic-based services with case managers, and rehabilitation workers and Alcohol and Drug Counselors who can work with families that have a variety of other unmet needs that may impact resiliency. Provides FSP services including development of "wellness plans" for parents to organize their children's medical information. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families<br>• Who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | Individual, group and family treatment, case management and rehabilitative services, Intensive Care Coordination. | San Ysidro Health Center<br>Youth Enhancement Services (YES)<br>3025 Beyer Blvd. Suite E101<br>San Diego, CA 92154<br>(619) 428-5533 | 1 |
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites across the County. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | • Children and youth with SED up to age 21 and their families who are unfunded<br>• Underserved Latino and Asian-Pacific Islanders | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluation, medication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | Palomar Family Counseling- Escondido<br>1002 East Grand Ave.<br>Escondido, CA 92025<br>(760) 741-2660<br><br>Fallbrook<br>120 West Hawthorne<br>Fallbrook, CA 92028<br>(760) 731-3235 | 3,5 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | Children, youth and young adults up to 21 years including SED low income, uninsured. Co-occurring AOD. | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluationmedication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | Escondido Vista Hill Foundation<br>1029 N. Broadway Ave.<br>Escondido, CA 92026<br>(760) 489-4126<br><br>North Inland Ramona Vista Hill Foundation<br>1012 Main Street, #101<br>Ramona, CA 92065<br>(760) 788-9724 | 3,5 |
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | Adolescents and young adults up to age twenty-one (21). SED children and youth 0-18 years. | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluation medication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | North County Lifeline Oceanside<br>707 Oceanside Blvd.<br>Oceanside, CA 92054<br>(760) 757-0118<br><br>North County Lifeline Vista<br>200 Michigan Ave.<br>Vista, CA 92084<br>(760) 726-4900 | 5 |
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | • Children and youth with SED up to age 21 and their families who are unfunded<br>• Underserved Latino and Asian-Pacific Islanders | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluation medication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | Social Advocates for Youth (SAY) San Diego Inc., School Based Outpatient Treatment<br>4275 El Cajon Blvd, Suite 101<br>San Diego, CA 92105<br>(619) 283-9624 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | • Children and youth with SED up to age 21 and their families who are unfunded<br>• Underserved Latino and Asian-Pacific Islanders | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluation medication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | YMCA-TIDES<br>4080 Centre Street,<br>Suite 103<br>San Diego, CA 92103<br>(619) 543-9850 | 4 |
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | Children, adolescents, and young adults up to age 21. | Outpatient school based specialty mental health services for SED children and youth. Outreach at schools and in the community and provides enhanced Mental Health Case Management and/or Rehabilitative Services. | Providence Cornerstone School Based Outpatient Treatment<br>4660 El Cajon Blvd,<br>Suite 210<br>San Diego, CA 92115<br>(619) 640-3266 | 4 |
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | • Children and youth with SED up to age 21 and their families who are unfunded<br>• Underserved Latino and Asian-Pacific Islanders | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluation medication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | Rady Children's Hospital of San Diego<br>North Inland<br>625 W Citracado Pkwy<br>Suite 102<br>Escondido, CA 92025<br>(760) 294-9270 | 3 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | • Children and youth with SED up to age 21 and their families who are unfunded<br>• Underserved Latino and Asian-Pacific Islanders | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluation medication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | Mental Health Systems Inc.<br>School Based Program<br>4660 Viewridge Avenue<br>San Diego, CA 92123<br>(858) 278-3292 | 4 |
| CY-OE | School Based Mental Health Services | Mental health services provided on school sites. Expands Medi-Cal funded programs to include unserved clients (those with no access to services). | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | • Children and youth with SED up to age 21 and their families who are unfunded<br>• Underserved Latino and Asian-Pacific Islanders | Individual/group/family treatment, case/management/rehabilitative services, Intensive Care Coordination, Intensive Home-Based Services, crisis intervention, medical management, outreach at schools and in the community. Services are provided at schools, home, or office/clinic. | San Diego Center for Children<br>East Region Outpatient<br>7339 El Cajon Blvd.<br>Suite K<br>La Mesa, CA 91942<br>(619) 668-6200 | 2 |
| CY-OE | School Based Mental Health Services | Community Circle - Central & East school based outpatient children's mental health services. | Increase outreach and access to services to uninsured and underserved Seriously Emotionally Disturbed (SED) children, youth and their families. | • Children and youth with SED up to age 21 and their families who are unfunded<br>• Underserved Latino and Asian-Pacific Islanders | • Outreach & engagement<br>• Crisis intervention<br>• Individual, group and family counseling<br>• Case management<br>• Rehabilitative Services<br>• Psychiatric evaluation, medication monitoring and pharmaceuticals<br>• Integrated co-occurring disorders treatment | Community Circle SD Logan Heights Family Health Centers<br>2204 National Ave<br>San Diego, CA 92113<br>(619) 515-2355<br><br>Community Circle/Spring Valley Family Health Centers<br>3845 Spring Dr.<br>Spring Valley, CA 91977<br>(619) 515-2318 | 1,2,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-OE | Child/Youth Case Management Incredible Years | Provides the Incredible Years (IY) curriculum to children ages 0-5 and their families at designated preschool sites in San Diego Unified School District as well as to children and families attending other preschools in the surrounding area. | Increase pro-social behaviors in children through working with the child, parents, and teachers through parenting groups, children's treatment groups, and individual and family services as needed. | • Children and youth diagnosed with Serious Emotional Disturbance (SED) and their families, who are receiving mental health services in outpatient clinics<br>• Support client plans that address health issues to include but not limited to obesity, diabetes, poor diet, inactivity and asthma | • Case management<br>• Alcohol and Drug counseling<br>• Consultation<br>• Coordination, referral, and linkage<br>• Family outreach through home visits<br>• Rehabilitation groups<br>• Individual, group and family therapy<br>• Psychiatric services including medication | SDUSD Early Childhood Mental Health - Incredible Years Program<br>Emerson Elementary<br>3510 Newton Avenue, Bungalow 103<br>San Diego, CA 92113<br>(619) 238-0471 | 1,4 |
| CY-OE | Mobile Adolescent Services Team (MAST) | Mental health assessment and treatment services located at Juvenile Court and Community School (JCCS) sites countywide. Expands Medi-Cal funded program to include unserved clients (those with no access to services). | Increase access to services to Seriously Emotionally Disturbed (SED) youth who attend JCCS and expand services to North County JCCS school sites. | • Children and youth attending JCCS classes and their families<br>• Uninsured and underserved<br>• Expelled from home school districts and/or involved with juvenile justice system | • Individual, group and family therapy<br>• Medication monitoring<br>• Integrated services to youth with co-occurring disorders<br>• Use of Cognitive Behavioral Therapy as an evidence based practice for this population | Community Research Foundation<br>Mobile Adolescent Services Team<br>1202 Morena Blvd, Suite 100<br>(619) 398-3261 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-OE | Perinatal Outpatient Homeless Outreach | Adding Perinatal Outpatient Homeless Outreach component to enhance the existing Women's Perinatal Non-residential AOD Treatment Services for women who may have a serious mental illness and co-occurring disorder in all regions of San Diego County. | Engagement of homeless or near homeless with primary substance use conditions. Collaboration with providers of services to the homeless. | • Substance abusing women<br>• Pregnant<br>• Parenting Women<br>• Perinatal, and dependent children to age 17<br>•Persons with a serious mental illness and co-occurring disorder | • Outpatient Therapy<br>• Individual, group, and family Therapy<br>• Case Management<br>• AOD Counseling | TBD | TBD |
| CY-SD | Family Mental Health Education & Services | The program provides a series of educational classes presented by family members using an established family education curriculum to provide education and support for persons who have relatives (or close friends) with mental illness | Increase knowledge of mental illness and SED; improve children/family ability to benefit from services; inform children/family of resources and how to access Mental Health Services; decrease barriers to services. | Family members and friends of persons with serious mental illness | Provide education and support for persons who have relatives or close family friends with mental illness. | NAMI SD<br>5059 Murphy Canyon Rd,Suite 320<br>San Diego, CA 92123<br>(619) 688-0505 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-SD | Family/Youth Peer Support Services | Provides support and linkage to services and community resources to children/youth and their families who are being served by the Homeless Outreach program or currently receiving mental health treatment. Assist with continuity of treatment and transition from program to program or community resources. | Improve the ability of children and youth and their families to benefit from mental health services. | Children up to 21 years who meet medical necessity and meet set criteria. | Brief outpatient behavioral health services and intensive case management to stabilize high risk youth who are leaving a psychiatric hospital and/or ESU and in need of follow up services to divert or prevent readmission to acute services. | New Alternatives Inc.<br>Crisis Action & Connection (CAC)<br>730 Medical Center Court<br>Chula Vista, CA. 91911<br>(619) 591-5740 | 1 |
| CY-SD | Breaking Cycles Graduated Sanctions Program | Offers support to probation youth within the institutions from all regions of the County. A new component of the program will increase staffing to offer screening and programming for Commercially Sexually Exploited Children (CSEC) detained in Juvenile Hall and the Girls Rehabilitation Facility as they transition into the community. | Provides services in collaboration with Juvenile Probation and multi-disciplinary team. | Children up to 21 years who meet medical necessity and meet set criteria. | Stabilization Treatment and Transition Team (STAT) which provides crisis intervention, counseling, medical evaluations, brief assessment, consultation, transitional mental health services and community stabilization. | San Diego Youth Services<br>3255 Wing Street<br>San Diego, CA 92110<br>(619) 221-8600 x 1225 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-SD | Mobile Psychiatric Emergency Response & North County Walk-In Assessment Clinic | Psychiatric Crisis Screening and Stabilization. | Reduce the use of emergency and inpatient services, prevent escalation, and promote the management of mental illness. | Children and adolescents, age 17 and under who are a experiencing psychiatric emergency. | Emergency psychiatric services for severely emotionally and behaviorally disordered children and adolescents age 5 to 17. | New Alternatives Inc.<br>Emergency Screening Unit (ESU)<br>Augmentation Services<br>730 Medical Center Court<br>Chula Vista, CA 91911<br>(619) 397- 6972 | All |
| CY-SD | Rady Children's' Hospital - Mobile/walk-in | Provides mobile crisis mental health response in conjunction with a Walk-In Assessment Clinic for the North County. An assessment team of licensed clinicians will respond to client calls within four hours and provide voluntary services. | Reduce the use of emergency and inpatient services, prevent escalation, and promote the management of mental illness. | • Unserved, uninsured and underserved SED children/youth up to the age of 21 and their families<br>• Experiencing a mental health crisis or urgent need for mental health services | • Assessment<br>• Information<br>• Referral<br>• Medication management<br>• Linkage to hospital when required<br>• Follow-up visits | Rady Children's Hospital<br>Behavioral Crisis Center<br>3605 Vista Way, Suite 258<br>Oceanside, CA 92054<br>(760) 730-5900 | 5 |
| CY-SD | Medication Support for Wards and Dependents | Provides short term (no more than 3 months) stabilization with psychotropic medication and linkage to community-based or private facility for on-going treatment. | Assist the child and family with support, linkage and coordination to community or private ongoing mental health services if needed. | • Children/youth and family with SED<br>• Wards and dependents<br>• Without funding and/or have exhausted medication resources<br>• Referred by the Probation Department Child Welfare Services | • Assessment<br>• Medication management services<br>• Case management<br>• Linkage and referral for on-going care including one-to-one therapy and family counseling when required | Phoenix House of San Diego Inc.<br>Alcohol and Drug Residential Services for Adolescents<br>11600 Eldridge Avenue<br>Lake View Terrace, CA, 91342<br>(818) 686-3272 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-SD | Medication Support for Wards and Dependents | Provides short term (no more than 3 months) stabilization with psychotropic medication and linkage to community-based or private facility for on-going treatment. | Assist the child and family with support, linkage and coordination to community or private ongoing mental health services if needed. | Up to age 21 with medical necessity; Wards; Dependents; Medi-Cal beneficiary. | • Assessment<br>• Medication management services<br>• Case management<br>• Linkage and referral to ongoing services | TBD | All |
| CY-SD | LGBTQI | Provides proper assessment and resources while focusing on educational goals specifically to LGBTQ youth presenting complex forms of trauma. | Support LGBTQ children and youth that may have a non-supportive or hositle environment in their homes, schools and communities. | •Child and Youth<br>•LGBTQI | • Mental health counseling<br>• Permanent supportive housing<br>• Job training<br>• GED preparation<br>• Clinical services | TBD | All |
| CY-SD | Probation After Hours | Program will augment current resources with additional staffing and expanded hours of coverage to coincide with periods of free time for the youth. | Ensuring that probation youth with mental illness have access to mental health services, with successful reintegration into the community and potential reduction in recidivism. | Probation youth currently in detention or in the community who require mental health services to enhance functioning and reduce symptomology. | Assessment, crisis intervention, individual therapy, group therapy, coordination of care, medication management, innovative mental health services. | County of San Diego-Juvenile Forensic Services<br>2901 Meadowlark Dr.<br>San Diego, CA 92123 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-SD | Placement Stabilization Services | Provides mental health services to clients and their families to stabilize and maintain children and youth in home-like settings. Provides peer mentorship services to CWS youth in placement. | Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement. | • SED Children & adolescents under the age of 21<br>• At risk of change of placement to a higher level of care<br>• Residents at San Pasqual Academy | • Assessment<br>• Evaluation<br>• Case management<br>• Treatment (including evidence based practices)<br>• Case consultation and other needed mental health interventions<br>• Peer mentorship<br>• Life skills-building EBP<br>• Services available by referral from Child Welfare Services | New Alternatives Inc.<br>San Pasqual Academy<br>17701 San Pasqual Valley Rd<br>Escondido, CA 92025<br>(760) 233-6005 | All |
| CY-SD | Placement Stabilization Services | Provides mental health services to clients and their families to stabilize and maintain children and youth in home-like settings. Provides peer mentorship services to CWS youth in placement. | Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement. | • SED Children & adolescents under the age of 18<br>• At risk of change of placement to a higher level of care | Day Treatment and milieu therapy; Individual, group and family therapy; Case management; Medication services; Pathways to Well-being intensive care coordination. | San Diego Center for Children<br>Clark Day Treatment Program<br>3003 Armstrong Street<br>San Diego, CA 92111<br>(858) 277-9550 | All |
| CY-SD | Placement Stabilization Services | Provides mental health services to clients and their families to stabilize and maintain children and youth in home-like settings. Provides peer mentorship services to CWS youth in placement. | Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement. | • SED Children & adolescents under the age of 21<br>• At risk of change of placement to a higher level of care | • Assessment<br>• Evaluation<br>• Case management<br>• Treatment (including evidence based practices)<br>• Case consultation and other needed mental health interventions<br>• Peer mentorship<br>• Life skills-building EBP<br>• Services available by referral from Regional Center Child Welfare Services | Fred Finch Day Rehab<br>3434 Grove St.<br>Lemon Grove, CA 91945<br>(619) 281-3706 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-SD | Placement Stabilization Services | Provides mental health services to clients and their families to stabilize and maintain children and youth in home-like settings. Provides peer mentorship services to CWS youth in placement. | Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement. | • SED Children & adolescents under the age of 18<br>• At risk of change of placement to a higher level of care | • Assessment<br>• Evaluation<br>• Case management<br>• Treatment (including evidence based practices)<br>• Case consultation and other needed mental health interventions<br>• Peer mentorship<br>• Life skills-building EBP<br>• Services available by referral from Child Welfare Services | SDSU - CSS Training TF CBT<br>San Diego Center for Children RCL 12&14<br>3002-3004 Armstrong Street<br>San Diego, CA 92111 | All |
| CY-SD | Incredible Families | Mental health and incredible years services for child welfare services. | Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement. | • SED Children & adolescents under the age of 21<br>• Reside at home, foster care or small group home (6 or less)<br>• At risk of change of placement to a higher level of care<br>• Juvenile probation wards and former foster youth engaged in the THP+ Program<br>• Residents at San Pasqual Academy<br>• Residents at Clark Center | • Children and Families involved with CWS<br>• Integrated EBP Incredible Years and Family Visitation model | Vista Hill Foundation East Region Incredible Families Program<br>4990 Williams Ave<br>La Mesa, CA 91941<br>(619) 668-4200<br><br>Incredible Families Central<br>8910 Clairemont Mesa Blvd<br>San Diego, CA 92123<br>(858) 514-5163<br><br>North Inland Mental Health Outpatient Services<br>765 Chestnut St.<br>Escondido, CA 92025<br>(619) 615-0227 | 1,2,4,5 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| CY-SD | Multi-Systemic Therapy | Juvenile Hall Mental Health Re-Entry Program that offers Multi-Systemic Therapy and Assertive Community Treatment Children's Mental Health Services. | Reduce the number of youth in juvenile hall, providing advocacy for appropriate education services, and decreasing the number of mentally ill minority youth detained in juvenile hall. | Youth, age 12 to 21 detained in the Kearny Mesa Juvenile Detention Facility and identified as having a mental health diagnosis. Eligible for release into the community. | Day treatment and milieu therapy; Outpatient therapy; Individual, group and family therapy; Case management; Rehabilitation services/skill building; Alcohol & drug counseling; Pathways to Well-being intensive care coordination; Medication services; School based therapy. | San Diego Unified School District<br>Multi Treatment Therapy and Assertive Community Treatment<br>2351 Cardinal Lane, Annex B<br>San Diego, CA 92123<br>(858) 573-2227 | 4 |
| CY-SD | Multi-Systemic Therapy (MST)-Assertive Community Treatment (ACT) | Probation staff provides MAYSI-2 mental health assessment to incarerated juveniles and refers them to the MST/ACT Children's Mental Health Services (CMHS). | Reduce the number of youth in juvenile hall, providing advocacy for appropriate education services, and decreasing the number of mentally ill minority youth detained in juvenile hall. | Youth, age 12 to 21 detained in the Kearny Mesa Juvenile Detention Facility and identified as having a mental health diagnosis. Eligible for release into the community. | Mental health screening, and referrals to MST/ACT CMHS program. | Kearny Mesa Juvenile Detention Facility<br>2801 Meadow Lark Dr,<br>San Diego, CA 92123<br>(858) 694-4500 | All |
| TAOA-FSP | TBD | Assertive Community Treatment and Inreach Services to Persons In or Discharged from Long Term Care Full Services Partnership. | Provides Assertive Community Treatment Services to persons with very serious mental illness. | Adults 18-59 who have a SMI and are, or recently have been, in a long-term care institutional setting. | Provides Assertive Community Treatment (ACT) Team, multidisciplinary, wraparound treatment and rehabilitation services for adults discharged from long-term care facilities who have a very serious mental illness (SMI) and needs that cannot be adequately met through a lower level of care. Includes an inreach component for some persons served by the County Institutional Case Management program. | TBD | TBD |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | Payee Case Management services | Payee Case Management services. | Key component of the program is increasing clients' money management skills. | Clients ages 18+. | Payee Case Management with a rehabilitation and recovery focus to adults who meet eligibility criteria; a key component of the program is increasing clients' money management skills. Bio-Psycho-Social Rehabilitation (BPSR) principles, shall be evident and operationalized in Contractor's policies, program design, and practice. | NAMI San Diego Adult Outpatient<br>5095 Murphy Canyon Rd<br>San Diego, CA 92123<br>(858) 634-6590 | All |
| TAOA-FSP | TBD | Full Service Partnership / Assertive Community Treatment with supportive housing and Strenghts-Based Case Managemet. | Reduce homelessness and Provides comprehensive 'wraparound' mental health services for those adults who are most severely ill, most in need due to severe functional impairments, and who have not been able to be adequately served by the current system. Increase timely access to mental health services. | Adults 25-59 years of age who have a serious mental illness, are homeless or at risk of homeless and Adults 18-59 years of age who are eligible for Medi-Cal funded services or are indigent in North County. | Strengths-based case management, rehabilitation and mental health services with a rehabilitation and recovery focus to adults who meet eligibility criteria.<br><br>Short-Doyle/Medi-Cal certified Full Service Partnership Assertive Community Treatment Team services in the North County. | TBD | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | Senior IMPACT | CRF Assertive Community Treatment / Full Service Partnership Older Adult Services. | Increase timely access to services and supports to assist Older Adults and family/ caregivers in managing independent living, reducing isolation, improving mental health, and remaining safely in their homes. | 60 and older who have a SMI. | Short-Doyle/Medi-Cal-certified Assertive Community Treatment Full Service Partnership program. | Senior IMPACT<br>928 Broadway<br>San Diego, CA 92102<br>(619) 977-3716 | All |
| TAOA-FSP | Uptown Safe Haven Transitional Housing | Adult residential transitional housing program that provides supportive services for those who are homeless and have a serious mental illness. | Reduce homelessness and provides comprehensive 'wraparound' mental health services for those adults who are most severely ill, most in need due to severe functional impairments, and who have not been able to be adequately served by the current system. Increase timely access to mental health services. | Adults/Older Adults who are homeless with serious mental illness. | Adult residential transitional housing program that provides supportive services for those who are homeless and have a serious mental illness. | ECS – Uptown Safe Haven Transitional Housing<br>2822 5th Ave<br>San Diego, CA 92103<br>(619) 294-7894 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | IMPACT and Downtown IMPACT | Assertive Community Treatment/Full Service Partnership for Homeless Adults in the Central/N. Central Regions. | Reduce homelessness and provides comprehensive 'wraparound' mental health services for those adults who are most severely ill, most in need due to severe functional impairments, and who have not been able to be adequately served by the current system. Increase timely access to mental health services. | Adults 18+ who have a SMI. | Outpatient mental health Assertive Community Treatment (ACT) clinic providing intensive treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. | Community Research Foundation<br>IMPACT<br>1260 Morena Blvd, Suite100<br>San Diego, CA 92110, (619) 398-0355<br><br>Downtown IMPACT<br>995 Gateway Center Way, Suite 300<br>San Diego, CA 92102<br>(619) 398-2156 | 1,4 |
| TAOA-FSP | Center Star ACT | Adult Mental Health Justice Integrated Services and Supported Housing with ACT Team Services. | Provides Assertive Community Treatment Services to persons with very serious mental illness. | Adults age 25-59 who have a SMI and adults age 18+ who may have been homeless. | County-wide SDMC MHSA FSP ACT Team age 25-59 who have been or are in the justice system and received mental health services while in detention, and age 18+ who may have been homeless, have a serious mental illness and are eligible for sponsor-based housing through the County-identified Vulnerability Index (VI) Survey process. Provides clinical case management and mental health services with a rehabilitation and recovery focus to adults who meet eligibility criteria. | MHS Inc.<br>4283 El Cajon Blvd, Suite 115<br>San Diego, CA 92105<br>(619) 521-1743 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | Casa Pacifica | Transitional Residential Program. | Increase independent living and reduce hospitalizations. Provides residents with a variety of services to improve their quality of life, self-sufficiency and independence. Provides educational and employment opportunities. Ensure linkage to primary care physicians. | Adults/Older Adults | Full Service Partnership (FSP) program offering medication support, case management/brokerage, crisis intervention, rehabilitation, and other rehabilitative and recovery interventions in a transitional residential setting. | Casa Pacifica<br>321 Cassidy St<br>Oceanside, CA 92054<br>(760) 721-2171 | All |
| TAOA-FSP | Changing Options, Inc. | Adult Residential Facility - Behavioral Health Treatment Residential Treatment Program. | Provides services to clients in a recovery-orientated learning open residential environment with on-site services that include, but are not limited to, psycho-educational and symptom/wellness groups, employment and education screening/readiness, skill development, peer support, and mentoring. Client physical health screening, consultation, linkage, referral, and follow-up with primary care professionals. | Adults with disabling psychiatric disorder requiring a 24-hour Mental Health Rehabilitation Center. | Contractor's Behavioral Health Residential Treatment Program provides services to clients in a recovery-orientated learning open residential environment with on-site services that include, but are not limited to, psycho-educational and symptom/wellness groups, employment and education screening/readiness, skill development, peer support, and mentoring. Client physical health screening, consultation, linkage, referral, and follow-up with primary care professionals. | Changing Options Inc.<br>Dual Diagnosis Residential Treatment Program<br>500 Third St<br>Ramona, CA 92065<br>(760) 789-7299 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | Corporation of Supportive Housing (CSH) | Housing Technical Consultant. | Provides Housing Technical Consultation Services. | Supportive housing projects for BHS clients with serious mental illness (SMI). | Corporation for Supportive Housing (CSH) is the housing consultant to Behavioral Health Services (BHS). CSH provides technical assistance and facilitation of all supportive housing projects for BHS clients with serious mental illness (SMI). | Corporation for Supportive Housing<br>328 Maple Street, 4th Floor<br>San Diego, CA 92103<br>(619) 800-3460 | 4 |
| TAOA-FSP | 100 Homeless | The 100 Homeless Project is a collaborative effort between the County of San Diego and San Diego Housing Commission (SDHC), which provides a hybrid integrated service model to homeless individuals with a serious mental illness who may have a co-occurring diagnosis of substance abuse. (Supports Project One for All) | Creates a process for municipal and community housing partners across the region to integrate services with housing resources. It combines wrap-around services with accessible housing that supports the homeless population to live successfully in the community. | Homeless TAY, Adults, and Older Adults with a serious mental illness who may have a co-occurring diagnosis of substance abuse. | Full Service Partnership and Assertive Community Treatment services to individuals housing services. | TBD | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | Home Finder | Home Finder program provides assistance to participants who may be struggling with issues of daily living and decision-making as they seek to restore housing stability. (Supports Project One for All) | Identify and secure safe and affordable housing. | • Age 18 and older<br>• SMI<br>• Enrolled in a BHS contracted or county outpatient mental health clinic<br>• Housing instability due to being homeless or at-risk of homelessness | Full Service Partnership and Assertive Community Treatment services to individuals housing services. | TBD | TBD |
| TAOA-FSP | East Homeless | Services for homeless persons with serious mental illness or substance use. | The planned hybrid model will integrate Assertive Community Treatment intensive case management services with AOD treatment and recovery services. | Homeless TAY, Adults, and Older Adults with a serious mental illness who may have a co-occurring diagnosis of substance abuse. | • Mental health rehabilitation<br>• Treatment and recovery services AOD clients with a primary diagnosis of substance<br>• Intergrated case management services with AOD treatment and recovery services | TBD | 2 |
| TAOA-FSP | South Homeless | Services for homeless persons with serious mental illness or substance use. | The planned hybrid model will integrate Assertive Community Treatment (ACT) intensive case management services with AOD treatment and recovery services. | Homeless TAY, Adults, and Older Adults with a serious mental illness who may have a co-occurring diagnosis of substance abuse. | • Mental health rehabilitation<br>• Treatment and recovery services AOD clients with a primary diagnosis of substance<br>• Intergrated case management services with AOD treatment and recovery services | TBD | 1 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | Telecare Agewise | Strengths-Based Case Management (SBCM) Full Service Partnership program for Older Adults. | Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services. | Adults/Older Adults who have a SMI. | Care coordination and rehabilitation services for adults age 60+ with a serious mental illness who may be on LPS Conservatorship or who have needs that cannot be adequately met by a lower level of care. Services are field based and have a participant-to-staff ratio that is approximately 25:1. The ICM component provides case management for adults age 60+ who are on Public Conservatorship and reside in a skilled nursing facility (SNF) or other County-identified long-term care institution (LTC). | Telecare Corp<br>Telecare Agewise<br>6160 Mission Gorge, Suite 108<br>San Diego, CA 92120<br>(619) 481-5200 | All |
| TAOA-FSP | Esperanza Crisis Center-CRF | Twenty-four hours a day, seven days a week service provided as an alternative to hospitalization or step down from acute inpatient care within a hospital for adults with acute symptoms of SMI, including those who may have a co-occurring substance use disorder, and are residents of San Diego County. | Provides alternative to hospital or acute inpatient care. | Adults 18+ who have a SMI, including those who may have a co-occurring substance abuse disorder. | Crisis residential services as an alternative to hospitalization or step down from acute in-patient care within a hospital for adults with acute and serious mental illness, including those who may have a co-occurring substance use conditions. | Community Research Foundation<br>490 N. Grape Street<br>Escondido, CA 92025 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-FSP | Probation-FSP-ACT Team | The Probation Department provides a wide array of services to the San Diego community, including interventions, case management, and supervision of juveniles and adults who are at risk of entering the justice system or re-offending while placed on probation by the courts. Probation staff work in the community to help prevent criminal activity, and operate detention facilities for both adults and juveniles. | Reduce incarceration and institutionalization, provide timely access to services, and reduce homelessness. | Young adults and adults who have a SMI. | Provides interventions, case management, outreach and engagement, and mental health assessments. | N/A | All |
| TAOA-SD | Jewish Family Service | Patient Advocacy Services for mental health clients will be expanded to County identified Skilled Nursing Facilities with Augmented Services Programs. | Provides on-going support/advocacy services and training to staff and residents at County-identified Board and Care facilities with ASPs. Expands services for County-Appointed Patient Advocate. | Adults and children. | Provides inpatient advocacy services for adults and children/adolescents receiving mental health services in any covered 24 hour facility. Provides client representation at legal proceedings where denial of client rights are concerned. Handles client complaints and grievances for clients in these facilities. | Jewish Family Service<br>8788 Balboa Ave<br>San Diego, CA 92123<br>(619) 282-1134 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Maria Sardiñas Center | South Region (Southern Area) Strengths-Based Case Management | Provides strengths-based case management services. | Adults 18+ who have a SMI, including those who may have a co-occurring substance abuse disorder. | Outpatient mental health clinic providing SBCM services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. | Maria Sardiñas BPSR Wellness & Recovery Center<br>1465 30th St, Suite K<br>San Diego, CA 92154,<br>(619) 428-1000 | 1 |
| TAOA-SD | Public Defender Discharge | Licensed mental health clinicians will provide discharge planning, care coordination, referral and linkage, and short term case management to persons with a serious mental illness who have been referred by the Court for services. | Public Defender Connector Team will reduce untreated mental illness by ensuring persons are connected to system of care. | Clients with a serious mental illness who are incarcerated adults or TAY at designated detention facilities and will be released in San Diego County. | • Discharge planning<br>• Care coordination<br>• Referral and linkage<br>• Short term case management | TBD | TBD |
| TAOA-SD | Justice System Discharge Planning | Provides discharge planning and short-term transition services for clients who are in justice system and identified to have a SMI to assist in connecting clients with community-based treatment once released. | TBD | Clients with a serious mental illness who are incarcerated adults or TAY at designated detention facilities and will be released in San Diego County. | Justice System Discharge Planning | TBD | TBD |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | East County Emergency Shelter Beds (ESB) | Emergency Shelter Services for Adults with mental illness. | Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency. | Voluntary adults who have a SMI, have no stable income, and are homeless. | Provides shelter and food in a residential setting that has staff available during all operating hours. Provides safe and sanitary quarters on a nightly basis and in a location acceptable to the County, work with, and coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services. | Volunteers of America<br>Emergency Shelter Beds<br>290 S. Magnolia St.<br>El Cajon, CA 92020<br>(619) 447-2428 | 2 |
| TAOA-SD | Chipper Chalet Emergency Shelter Beds (ESB) | Chipper's Chalet Emergency Shelter Beds for Adults with mental illness. | Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency. | Voluntary adults who have a SMI, have no stable income, and are homeless. | Provides shelter and food in a residential setting that has staff available during all operating hours. Provides safe and sanitary quarters on a nightly basis and in a location acceptable to the County, work with, and coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services. | Chippers Chalet<br>835 25th Street<br>San Diego, CA 92102<br>(619) 232-7406 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | The Broadway Home Emergency Shelter Beds (ESB) | The Broadway Home Emergency Shelter Services for Adults with mental illness. | Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency. | Voluntary adults who have a SMI, have no stable income, and are homeless. | Provides shelter and food in a residential setting that has staff available during all operating hours. Provides safe and sanitary quarters on a nightly basis and in a location acceptable to the County, work with, and coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services. | The Broadway Home<br>2445 Broadway<br>San Diego, CA 92102<br>(619) 232-7406 | 4 |
| TAOA-SD | Interfaith Community Services Emergency Shelter Beds (ESB) | Emergency Shelter Beds for Adults with mental illness. | Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency. | Voluntary adults who have a SMI, have no stable income, and are homeless. | Provides shelter and food in a residential setting that has staff available during all operating hours. Provides safe and sanitary quarters on a nightly basis and in a location acceptable to the County, work with, and coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services. | Interfaith Community Services Administration<br>550 W. Washington, Suite B,<br>Escondido, CA 92025<br>(760) 489-6380 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | CCS - Hidden Valley House | Emergency Shelter Beds for Adults with mental illness. | Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency. | Voluntary adults who have a SMI, have no stable income, and are homeless. | Provides shelter and food in a residential setting that has staff available during all operating hours. Provides safe and sanitary quarters on a nightly basis and in a location acceptable to the County, work with, and coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services. | Center for Community Solutions<br>Hidden Valley House<br>4508 Mission Bay Drive<br>San Diego, CA 92109<br>(858) 272-5777 | 4 |
| TAOA-SD | United Homes Emergency Shelter Beds | Emergency Shelter Services for Adults with mental illness. | Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency. | Voluntary adults who have a SMI, have no stable income, and are homeless. | Provides shelter and food in a residential setting that has staff available during all operating hours. Provides safe and sanitary quarters on a nightly basis and in a location acceptable to the County, work with, and coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services. | United Homes-<br>Emergency Shelter Beds<br>336 South Horne St.<br>Oceanside, CA 92054<br>(760) 612-5980 | 5 |
| TAOA-SD | Chipper's Chalet | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Chipper's Chalet<br>Augmented Services Program<br>835 25th St.<br>San Diego, CA 92102<br>(619) 234-5465 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Fancor Guest Home | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Fancor Guest Home<br>631-651 Taft Avenue<br>El Cajon, CA 92020<br>(619) 588-1761 | 2 |
| TAOA-SD | Friendly Home II | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Liliosa D. Vibal Friendly Home II<br>504 Ritchey Street<br>San Diego, CA 92114<br>(619) 263-2127 | 1,4 |
| TAOA-SD | Friendly Home Mission Hills | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Liliosa D. Vibal (Friendly Home of Mission Hills)<br>3025 Reynard Way<br>San Diego, CA 92103<br>(619) 297-1841 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | The Broadway Home | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Mark Alane Inc. dba The Broadway Home<br>2445 Broadway<br>San Diego, CA 92102<br>(619) 232-7406 | 1,4 |
| TAOA-SD | Orlando Guest Home LLC | Augmented Services Program (ASP) | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Orlando Guest Home LLC<br>297-299 Orlando Street<br>El Cajon, CA 92021<br>(619) 444-9411 | 2 |
| TAOA-SD | Nelson-Haven Board and Care | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Nelson-Haven Board and Care<br>1268 22nd Street<br>San Diego, CA 92102<br>(619) 233-0525 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Troy Center for Supportive Living | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Volunteers of America<br>Troy Center for Supportive Living<br>8627 Troy Street<br>Spring Valley, CA 91977<br>(619) 465-8792 | 2 |
| TAOA-SD | Country Club Guest House ASP Program | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18+ who have a SMI residing in San Diego county. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Country Club Guest Home<br>25533 Rua Michelle<br>Escondido, CA 92026<br>(760) 747-0957 | 3 |
| TAOA-SD | Recovery Innovations - Client Operated Peer Support Services | Provides Clubhouse Services. | Increase client-driven services to empower people with SMI by decreasing isolation and increasing self-identified valued roles and self-sufficiency. | Adults 18 + who have a SMI and reside in San Diego County. | Client-operated peer support services program that includes countywide peer education, peer advocacy, peer counseling, peer support of client-identified goals with referrals to relevant support agencies, and skill development classes to adults with serious mental illness. ('Client" is defined as someone who has been diagnosed with a serious mental illness.) | Recovery Innovations<br>3565 Del Rey St, #202<br>San Diego, CA 92109<br>(858) 274-4650 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Carroll's Residential Care | Augmented Services Program (ASP). | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18 + who have a SMI and reside in San Diego County. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Carroll's Residential Care<br>655 S. Mollison St.<br>El Cajon, CA 92020<br>(619) 444-3181 | 2 |
| TAOA-SD | Carroll's Community Care | Augmented Services Program. | The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization. | Adults 18 + who have a SMI and reside in San Diego County. | Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities). Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care. | Carroll's Community Care<br>523 Emerald Ave.<br>El Cajon, CA 92020<br>(619) 442-8893 | 2 |
| TAOA-SD | NAMI San Diego - Family Mental Health Education & Support | The program provides a series of educational classes presented by family members using an established family education curriculum to provide education and support for persons who have relatives (or close friends) with mental illness. | Promote integration of family education services. Increase family involvement, coping skills and improving supportive relationships. | Family members and friends of persons who have a SMI. | Provides a series of educational classes presented primarily by family members of persons with serious mental illness using an established family education curriculum to provide education and support for persons who have relatives or close family friends with mental illness, which would increase family member's coping skills and support increased involvement and partnership with the mental health system. | NAMI Family Education Services<br>5095 Murphy Canyon Road, Suite 125<br>San Diego, CA 92123<br>(619) 398-9851 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Bayview Clubhouse | MHSA Clubhouse Enhancement and Expansion for Employment Services. | Provides Clubhouse Services. | Adults 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. | PVH Bayview Clubhouse<br>330 Moss St.<br>Chula Vista, CA 91911<br>(619) 585-4646 | 1 |
| TAOA-SD | Neighborhood House Association Friendship Clubhouse | Member-Operated Clubhouse Program in the Central Region for adults/older adults with a serious mental disorder ages18 and older including those who may have a co-occurring substance use disorder. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Adults/Older Adults who have a serious mental illness and who are eligible for Medi-cal. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. | Neighborhood House Association Friendship Clubhouse<br>286 Euclid Avenue<br>San Diego, CA 92114<br>(619) 266-9400 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Casa Del Sol Clubhouse | South Region (Southern Area) Clubhouse. | Provides Clubhouse Services. | Adults 18+ who have a SMI and reside in San Diego County. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. | CRF South Bay<br>Casa del Sol Clubhouse<br>1157 30th Street<br>San Diego, CA 92154<br>(619) 429-1937 | 1 |
| TAOA-SD | Visions Clubhouse | South Region (Northern Area) Clubhouse. | Provides Clubhouse Services. | Adults 18+ who have a SMI and reside in San Diego County. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. | MHA Visions Clubhouse<br>226 Church Ave<br>Chula Vista, CA 91911<br>(619) 420-8603 | 1 |
| TAOA-SD | Alvarado Parkway Institute Discovery Clubhouse | Mental Health Weekend Clubhouse Services. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Underserved Adults/Older Adults who have a SMI. | Member-driven Clubhouse that assists adults age 18+ diagnosed with a serious mental illness (may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, housing as well as access to medical, psychiatric, and other services. This is an outpatient clubhouse that is client centered and operated and is focused on decreasing the stigma of mental illness. | Alvarado Parkway Institute Discovery Clubhouse<br>5538 University Ave<br>San Diego, CA 92105<br>(619) 667-6176 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | CRF-East Corner Clubhouse | East Region Member Operated Clubhouse. | Provides Clubhouse Services. | Adults 18+ who have a SMI and reside in San Diego County. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. | CRF East Corner Clubhouse<br>1060 Estes St<br>El Cajon, CA 92020<br>(619) 631-0441 | 2 |
| TAOA-SD | Friend to Friend (F2F) Clubhouse | Provides a street outreach and site-based program to engage homeless seriously mentally ill adults, including Veterans, 18 years of age and older, who may also have co-occurring substance abuse disorders. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Homeless Adults/Older Adults who have a SMI. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. Services in Central Region with an emphasis in the downtown area of the City of San Diego. | ECS Friend-to-Friend Program<br>Homeless Services Program<br>2144 El Cajon Blvd<br>San Diego, CA 92104<br>(619) 228-2800 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | UPAC BPSR Ctr (Mid City)<br>UPAC BPSR Ctr (Serra Mesa)<br>UPAC EAST WIND | Provides outpatient, case management brokerage, clubhouse and vocational support services. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Monolingual and/or limited English proficient Asian/Pacific Islander adults who have a SMI. | Provides outpatient mental health rehabilitation and recovery services, case management, mobile outreach, long-term vocational. | UPAC BPSR Mid City<br>5348 University Ave., Suite101 &120<br>San Diego, CA 92105<br>(619) 229-2999<br><br>UPAC BPSR Serra Mesa<br>8745 Aero Drive. Suite 330<br>San Diego, CA 92123<br>(858) 268-4933<br><br>UPAC EAST WIND<br>8745 Aero Drive. Suite 330<br>San Diego, CA 92123<br>(858) 268-4933 | 1,4 |
| TAOA-SD | The Corner Clubhouse | Member-Operated Clubhouse Program in the Central Region for adults/older adults with a serious mental disorder ages 18 and older including those who may have a co-occurring substance use disorder. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Adults 18+ who have a SMI. | The program assists members to achieve goals in areas such as employment, education, social relationships, recreation, housing, and supports access to medical, psychiatric, and other services. | The Corner Clubhouse<br>2864 University Ave.<br>San Diego, CA 92104<br>(619) 683-7423 | 4 |
| TAOA-SD | Mariposa Clubhouse | Clubhouse services in the North Coastal Region. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Adults/Older Adults. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, and housing, and supports access to medical, psychiatric, and other services. | North Coastal Region MHS, Inc. Mariposa Clubhouse<br>560 Greenbrier, # C-E<br>Oceanside, CA 92054<br>(760) 439-2785 | 5 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Escondido Clubhouse | Clubhouse services in the North Inland Region. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Adults/Older Adults. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, and housing, and supports access to medical, psychiatric, and other services. | North Inland Region MHS, Inc. Escondido Clubhouse<br>474 W. Vermont Ave., Suite 105<br>Escondido, CA 92025<br>(760) 737-7125 | 3 |
| TAOA-SD | San Diego Employment Solutions | Supported employment services and opportunities for Transition Age Youth, Adults and Older Adults with SMI. | Increase competitive employment of adults age 18 and over who have a SMI and who want to become competitively employed. | Adults who have a serious mental illness and are interested in becoming competitively employed. | Supportive employment program that provides an array of job opportunities to help adults with serious mental illness obtain competitive employment. The program uses a comprehensive approach that is community-based, client and family-driven, and culturally competent. | Mental Health Systems, Inc.<br>Employment Solutions<br>10981 San Diego Mission Rd, Suite 100<br>San Diego, CA 92108<br>(619) 521-9569 | 4 |
| TAOA-SD | Neighborhood House Clubhouse | Member-Operated Clubhouse Program in the Central Region for adults/older adults with a serious mental disorder ages 18 and older including those who may have a co-occurring substance use disorder. | Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. | Adults/Older adults who have a serious mental illness and who are eligible for Medi-cal. | Member-driven center that assists adults age 18+ diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. | Neighborhood House Clubhouse<br>286 Euclid Avenue<br>San Diego, CA 92114<br>(619) 266-9400 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Heartland Center | Provides Adults/Older Adults Bio-Psychosocial Rehabilitation (BPSR) clinical outpatient services that integrate mental health services and rehabilitation treatment and recovery services. | Provides outpatient mental health services and AB 109 enhanced mental health outpatient services to persons with very serious mental illness. | Adults 18+ who have a SMI, including those who may have a co-occurring substance abuse disorder. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. Includes Probation-funded AB 109 component. | East Region<br>CRF Heartland Center<br>1060 Estes St<br>El Cajon, CA 92020<br>(619) 440-5133 | 2 |
| TAOA-SD | Logan Heights Family Counseling | Provides outpatient, case management/ brokerage and vocational support services for seriously mentally ill (SMI) indigent clients aged 18 and older including those who may have a co-occurring substance abuse disorder. | Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services. | Adults/Older Adults individuals who have SMI/COD and are eligible for Medi-Cal or are indigent. | Bio-psychosocial rehabilitation (BPSR) wellness recovery center in the Central Region that provides outpatient mental health, case management/brokerage, and peer support for seriously mental ill indigent adults, including those who may have a co-occurring substance abuse disorder. The program provides rehabilitative, recovery and vocational services and supports to the target population. | FHC Logan Heights<br>2204 National Ave San Diego, CA 92113<br>(619) 515-2355 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Areta Crowell Clinic, ACC | Certified Bio-Psychosocial Rehabilitation (BPSR) Wellness Recovery provides outpatient mental health rehabilitation and recovery services, case management; and long-term vocational support for seriously mentally ill (SMI) clients. | Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services. | Adults who have a SMI. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. Bio-Psychosocial Rehabilitation (BPSR) Wellness Recovery center. | Areta Crowell BPSR Program<br>1963 4th Avenue<br>San Diego, CA 92101<br>(619) 233-3432 ext. 1308 | 1,4 |
| TAOA-SD | San Diego Workforce Partnership | Provides consultant services for increased employment opportunities for adults with serious mental illness (SMI). | Develop Strategic Employment Plan, and destigmatize mental health in the workplace. | Does not serve clients directly. | Technical expertise and consultation on county-wide employment development, partnership, engagement, and funding opportunities for adults with serious mental illness. | San Diego Workforce Partnership<br>3910 University, #400<br>San Diego, CA 92105<br>(619) 228-2900 | All |
| TAOA-SD | MHS - North Inland Mental Health Center | Outpatient mental health and rehabilitation and recovery, crisis walk in, peer support, homeless outreach, case management and long term vocational support. | Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services. | Adults. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. | MHS North Inland Mental Health Center<br>(760) 747-3424<br><br>MHS Kinesis North WRC<br>(760) 480-2255<br><br>Kinesis North WRC-Ramona site<br>(760) 736-2429<br><br>MHS-WRC with MHSA and Satellite North Inland<br>(760) 480-2255 | 3 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD/CY-SD | SSI Advocacy | Review and submittal of SSI applications to SSA that Clubhouse SSI Advocates have completed with non-General Relief clients. | Increase number of applicants that are granted SSI benefits. Review an estimated 300+ applications submitted annually by Clubhouse SSI Advocates for accuracy. Serve six Clubhouses; train new Advocates and consult with them as needed. | Consumers who are recipients of GR, CAPI, CMS and mental health consumers of San Diego County. | Provides Supplemental Security Income (SSI) Advocacy Services for consumers of the following programs: General Relief (GR); Cash Assistance Program for Indigents (CAPI), County Medical Services (CMS), and mental health consumers of San Diego County through a collaborative effort with the Contractor and designated SSI Advocates of the San Diego County Behavioral Health Services "Clubhouse" program. | Legal Aid<br>110 South Euclid<br>San Diego, CA 92114<br>(877) 734-3258 | All |
| TAOA-SD | CRF Vista Balboa, CRF New Vistas, CRF Halcyon, Crisis Center, CRF Turning Point, CRF Jary Barreto, CRF Isis Crisis Center | Mental Health Short Term Acute Residential Treatment (START). | Provides urgent services in North Coastal, Central, East and South Regions of San Diego to meet the community identified need. | Voluntary adults who may have a serious mental illness experiencing a mental health crisis, in need of intensive, non-hospital intervention. | 24 hour, 7-day a week, 365 day a year crisis residential service as an alternative to hospitalization or step down from acute in-patient care within a hospital for adults with acute and serious mental illness, including those who may have a co-occurring substance use conditions, and are residents of San Diego County. | CRF Vista Balboa<br>619-233-4399<br><br>CRF New Vistas Crisis Center<br>619-239-4663<br><br>CRF Halcyon Crisis Center<br>619-579-8685<br><br>CRF Turning Point<br>760-439-2800<br><br>CRF Jary Barreto Crisis Center<br>(619) 232-7048<br><br>CRF Isis Crisis Center<br>619-575-4687 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | The Meeting Place | Mental Health Clubhouse/SSI Advocate and Peer Support Line. | The program offers a non-crisis phone service seven hours a day, seven days a week that is run by adults for adults who are in recovery from mental illness. The aim of the program is for the support line to be an essential support service for persons recovering from mental illness. | Underserved Adults/Older Adults 18+ who have a serious mental illness. | Member-driven outpatient that assists in achieving goals in employment, education, relationships, recreation, and housing. | The Meeting Place<br>2553 & 2555 State Street, Suite 101<br>San Diego, CA 92103<br>(619) 294-9582<br>(800) 930-WARM | 4 |
| TAOA-SD | North Coastal Mental Health Clinic and Vista BPSR Clinic | Outpatient mental health and rehabilitation and recovery, crisis walk in, peer support, homeless outreach, case management and long term vocational support. | Increase mental health services for transition age youth (TAY). Decrease incidence of homelessness. Increase client's self-sufficiency through development of life skills. | TAY, Adult & Older Adult. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. | MHS-North Coastal Mental Health Center<br>1701 Mission Ave<br>Oceanside, CA 92058<br>(760) 967-4483<br><br>MHS BPSR Vista<br>550 West Vista Way, Suite 407<br>Vista, CA 92083<br>(760) 758-1092 | 5 |
| TAOA-SD | Oasis Clubhouse | Transition Age Youth (TAY) Member Operated Clubhouse. | Provides Clubhouse Services. | transitional age youth (TAY), age 16-25, with serious mental illness who reside in San Diego County. | Member-driven center that assists transition age youth age 16-25 diagnosed with a serious mental illness (who may have a co-occurring substance use disorder) to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services. | Oasis Clubhouse<br>7155 Mission Gorge Rd.<br>San Diego CA 92120<br>(858) 300-0470 x 201 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Positive Solutions | Assessments and brief intervention to home bound seniors. | Increase the number of of Older Adults with a serious mental illnessSMI TAY receiving integrated, culturally specific mental health services countywide. | • Older adults<br>• Are not currently utilizing mental health services due to access barriers, lack of engagement or awareness of services | • Mobile outreach and engagement<br>• Mental health assessment & treatment<br>• Rehabilitation and recovery services<br>• Linkage to community services and care coordination<br>• Employment & Education Support | UPAC Midtown Center<br>5348 University Avenue, Suites #101 & 120<br>San Diego, CA 92105<br>(619) 229-2999 | 1,4,5 |
| TAOA-SD | Jane Westin Wellness & Recovery Center | Walk-in Services - Assessment Center. | Provides Short-Doyle Medi-Cal certified mental health walk-in outpatient clinic (walk-in outpatient mental health assessments and psychiatric consultation, medication management services; crisis intervention and case management brokerage) within Central Region. | Adults who have a SMI. | Walk-In center providing treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. | Jane Westin Wellness & Recovery Center<br>1568 6th Avenue<br>San Diego, CA 92101<br>(619) 235-2600 x 201 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Gifford Clinic | Certified Bio-Psychosocial Rehabilitation (BPSR) Wellness Recovery Center that provides outpatient mental health rehabilitation and recovery services, case management; and long-term vocational support for seriously mentally ill (SMI) clients. | Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services. | Adults 18 + who have a SMI. | Outpatient mental health clinic providing Short-Doyle Medi-Cal certified treatment, rehabilitation, and recovery services to adults age 18+, living in San Diego County who have serious mental illness, including those who may have a co-occurring substance use disorder. This clinic offers walk in service during their normal hours of operation. | UCSD Gifford Clinic<br>140 Arbor Drive<br>San Diego, CA 92037<br>(619) 543-6136 | 4 |
| TAOA-SD | Douglas Young BPSR Ctr. | North Central Region Adults/Older Adults Bio-Psychosocial Rehabilitation Wellness Recovery Center. | Increase the number of SMI TAY receiving integrated, culturally specific mental health services countywide. | Adults/Older Adults who have a SMI, including those with co-occurring substance abuse disorder, and Medi-Cal eligible or indigent. | Provides outpatient mental health rehabilitation and recovery services, an urgent walk-in component, case management; and long-term vocational support for seriously mentally ill clients aged 18+ including those who may have a co-occurring substance abuse disorder. | CRF - Douglas Young<br>10717 Camino Ruiz #207<br>San Diego, CA 92126<br>(858) 695-2211 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | In Home Outreach Team IHOT Central/East/ South | Mobile In Home Outreach Teams (IHOT) in the South Regions. | The goal of this program is to reduce the effects of untreated mental illness in individuals with SMI and their families, and to increase family member satisfaction with the mental health system of care. | Adults/Older Adults reluctant to seek treatment. | In Home Mobile Outreach to Adults/Older Adults w a serious mental illness. | In Home Outreach Team - IHOT<br>1660 Hotel Circle North Suite 314<br>San Diego CA 92108<br>(619) 961-2120 | 1,2,4 |
| TAOA-SD | In Home Outreach Team IHOT - North Inland, North Central | In-home Outreach Team - Mobile Outreach and Linkage North Coastal, North Inland, North Central. | The goal of this program is to reduce the effects of untreated mental illness in individuals with SMI and their families and to increase family member satisfaction with the mental health system of care. | Adults. | In Home Mobile Outreach to Adults/Older Adults with a serious mental illness. | MHS - IHOT<br>North Coastal, North Inland, North Central<br>365 Rancho Santa Fe Rd. #100<br>San Marcos, CA 92078<br>(760) 591-0100 | 5 |
| TAOA-SD | Exodus Walk in Assessment Center Vista Exodus North County Walk in Assessment Center - Escondido | Walk-in Services Assessment Center. | Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services. | TAY, Adults/Older Adults. | Walk-In center providing treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness, including those who may have a co-occurring substance use disorder. | North County Walk In Assessment Center<br>1520 South Escondido Blvd.<br>Escondido, CA 92025<br>(760) 796-7760<br><br>Vista Walk In Assessment Center<br>524 & 500 W. Vista Way<br>Vista, CA 92083<br>(760) 758-1150 | 5 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Serial Inebriate Program | Serial Inebriate Program (SIP) Non-residential alcohol and other drug (AOD) treatment and recovery services. | Support integrated treatment of chronic serial inebriants. Stabilization, recovery and reducing stigma associated with mental health concerns and provides additional support or referrals according to need. | Adults/Older Adults SIP clients referred by SDPD SIP Liaison Officer. | Non-residential AOD treatment and recovery service center focus of court sentenced chronic public inebriates as an alternative to custody. Serves those who may have a co-occurring mental health disorder and chronic inebriants working in conjunction with the SDPD Homeless Outreach Team (HOT). Services include individual and group counseling, case management, housing and linkages to other relevant services. | MHS SIP Program<br>3340 Kemper Street<br>San Diego, CA 92118<br>(619) 523-8121 | 4 |
| TAOA-SD | Project Enable Outpatient Program | Provides a Short-Doyle Medi-Cal (SD/MC) certified Bio-Psychosocial Rehabilitation (BPSR) Wellness Recovery Center that provides outpatient mental health rehabilitation and recovery services, an urgent walk-in component, and case management brokerage; for seriously mentally ill (SMI) clients. | Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services. | Adults/Older Adults, transition aged youth who have a SMI. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have serious mental illness (SMI), including those who may have a co-occurring substance use disorder. Bio-Psychosocial Rehabilitation (BPSR) Wellness Recovery center and Senior Outreach Services composed of Geriatric Specialists. Urgent walk-in services available. | NHA - Project Enable Outpatient Program<br>286 Euclid Avenue<br>San Diego, CA 92114<br>(619) 266-9400 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | Districts |
|---|---|---|---|---|---|---|---|
| TAOA-SD | Project In-Reach | In-Reach Services primarily focusing on at risk African-American and Latino who are incarcerated adults at designated detention facilities and will be released in San Diego County. | Out reach to at risk population of African-American and Latino clients who are incarcerated adults or TAY at designated detention facilities and will be released in San Diego County. | At risk African-American and Latino citizens who are incarcerated adults or TAY at designated detention facilities and will be released in San Diego County. | Program provides discharge planning and short-term transition services for clients who are incarcerated and identified to have a SMI to assist in connecting clients with community-based treatment once released. | Neighborhood House Association<br>286 Euclid Avenue #102<br>San Diego, CA 92114<br>(619) 266-9400 | All |
| TAOA-SD | South Bay Guidance Wellness and Recovery Center | South Region (Northern Area) strengths-based case management. | Provides strengths-based case management services to persons with SMI. | Adults 18+ who have a SMI, including those who may have a co-occurring substance abuse disorder. | Outpatient mental health SBCM to adults age 18+ who have serious mental illness, including those who may have a co-occurring substance use disorder. | South Bay Guidance Wellness and Recovery Center 835 3rd Ave., Suite C<br>Chula Vista, CA 91911<br>(619) 429-1937 | 1 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-02 | Stepping Stone of San Diego, Inc. | Alcohol and Other Drugs (AOD) Residential Treatment and Recovery Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Individuals residing in contracted residential substance abuse programs with or exhibiting mental health concerns. | • Screening<br>• Education<br>• Brief counseling<br>• Referral and linkage<br>• Prevention groups<br>• Family education | Stepping Stone Residential<br>3767 Central Avenue<br>San Diego, CA 92105<br>(619) 278-0777 | All |
| CO-02 | MITE KIVA | Perinatal Detox, KIVA-Women and Children Residential. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Individuals residing in contracted residential and substance abuse programs with or exhibiting mental health concerns. | • Screening<br>• Education<br>• Brief counseling<br>• Referral and linkage<br>• Prevention groups<br>• Family education | Perinatal Detox & Pre Treatment Services<br>2049 Skyline Drive<br>Lemon Grove, CA 91945 | All |
| CO-02 | MITE Adolescent Group Homes | North County, East County, and South Bay Adolescent Group Homes. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Individuals residing in contracted residential and outpatient substance abuse programs with or exhibiting mental health concerns. | • Screening<br>• Education<br>• Brief counseling<br>• Referral and linkage<br>• Prevention groups<br>• Family education | Adolescent Group Homes<br><br>MITE - East<br>2219 Odessa Court<br>Lemon Grove, CA 91945<br><br>MITE - North County<br>3744 Santa Ynez Way<br>Oceanside, CA 92054<br><br>MITE - South<br>2315 Bar Bit Road<br>Spring Valley, CA 91978 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-02 | CRASH - Short Term I & Short Term II | Short Term I & Short Term II AOD Residential Treatment Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Individuals residing in contracted residential and outpatient substance abuse programs with or exhibiting mental health concern. | • Screening<br>• Education<br>• Brief counseling<br>• Referral and linkage<br>• Prevention groups<br>• Family education | CRASH<br>Short Term I<br>(619) 282-7274<br>&<br>Short Term II<br>(619) 234-3346 | All |
| CO-02 | House of Metamorphosis, Inc. | AOD Residential Treatment Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Individuals residing in contracted residential and outpatient substance abuse programs with or exhibiting mental health concerns. | • Screening<br>• Education<br>• Brief counseling<br>• Referral and linkage<br>• Prevention groups<br>• Family education | House of Metamorphosis, Inc.<br>Long Term Residential<br>Beverly Monroe<br><br>(619) 236-9492 | All |
| CO-02 | Phoenix House of San Diego, Inc. | AOD Residential Services for Adolescents | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Individuals residing in contracted residential substance abuse programs with or exhibiting mental health concerns. | • Screening<br>• Education<br>• Brief counseling<br>• Referral and linkage<br>• Prevention groups<br>• Family education | Phoenix House<br>Lake ViewTerrace Adolescents<br>11600 Eldridge Avenue<br>Lake ViewTerrace, CA<br>91342<br>(818) 686-3000 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-02 | Rachel's Women's Center | Rachel's Non-residential Women's Center for Homeless Women's Recovery Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Individuals enrolled in outpatient substance abuse programs with or exhibiting mental health concerns. | • Screening<br>• Education<br>• Brief counseling<br>• Referral and linkage<br>• Prevention groups<br>• Family education | Catholic Charities - Homeless Women's Recovery Center<br>Antoinette Fallon<br>349 Cedar St.<br>San Diego, CA 92101<br>(619) 236-9074 | 1,4 |
| CO-02 | TBD | Women's Perinatal Non-Residential Alcohol and Drug Treatment and Recovery Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Substance abusing women, including pregnant, parenting, perinatal, and dependent children to age 17. | • Non-residential Services<br>• Educational sessions process groups<br>•Individual counseling sessions<br>• Recovery activities<br>• Day Care Habilitative and Outpatient Drug Free services | TBD | TBD |
| CO-02 | TBD | Women's Perinatal Non-Residential Alcohol and Drug Treatment and Recovery Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Substance abusing women, including pregnant, parenting, perinatal, and dependent children to age 17. | • Non-residential Services<br>• Educational sessions process groups<br>•Individual counseling sessions<br>• Recovery activities<br>• Day Care Habilitative and Outpatient Drug Free services | TBD | TBD |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-02 | TBD | Women's Perinatal Non-Residential Alcohol and Drug Treatment and Recovery Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Substance abusing women, including pregnant, parenting, perinatal, and dependent children to age 17. | • Non-residential Services<br>• Educational sessions process groups<br>•Individual counseling sessions<br>• Recovery activities<br>• Day Care Habilitative and Outpatient Drug Free services | TBD | TBD |
| CO-02 | TBD | Women's Perinatal Non-residential AOD Treatment Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Substance abusing women, including pregnant, parenting, perinatal, and dependent children to age 17. | • Non-residential Services<br>• Educational sessions process groups<br>•Individual counseling sessions<br>• Recovery activities<br>• Day Care Habilitative and Outpatient Drug Free services | TBD | TBD |
| CO-02 | MITE East Teen Recovery Center | Non-Residential AOD Treatment and Recovery Services for Adolescents. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Adolescents ages 12 to 17 with alcohol and other drug-induced problems. | • Non-residential alcohol and drug treatment and recovery services | MITE Teen Recovery Center<br>7800 University Avenue<br>Suite A1<br>La Mesa, CA 91942<br>(619) 465-4349 | 2 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-02 | MITE South Teen Recovery Center | Non-Residential AOD Treatment and Recovery Services for Adolescents. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Adolescents ages 12 to 17 with alcohol and other drug-induced problems. | • Non-residential alcohol and other drug treatment and recovery services for adolescents | MITE Teen Recovery Center<br>2429 Fenton Street Bldg, 5<br>Chula Vista, CA 91914<br>(619) 482-9300 | 1 |
| CO-02 | MITE North Central Teen Recovery Center | Non residential AOD treatment and recovery services to adolescents. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Adolescents ages 12 to 17 with alcohol and other drug-induced problems. | • Non-Residential AOD treatment and recovery services | MITE-Teen Recovery Center<br>7867 Convoy Court, Suite 302<br>San Diego, CA 92111<br>(858) 277-4633 | 4 |
| CO-02 | MITE Teen Recovery Center-North Coastal | Non-Residential AOD and Recovery Services for Adolescents. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Adolescents ages 12 to 17 with alcohol and other drug-induced problems. | • Non-Residential AOD treatment and recovery services | MITE-Teen Recovery Center 3923 Waring Rd Suite D<br>Oceanside CA 92056<br>(760) 726-4451 | 5 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-02 | UPAC | Non-Residential Alcohol and Drug Treatment and Recovery for Adults and TAY. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Asian and Pacific Islander adults, 18+ | • Non-residential AOD<br>• Family education | UPAC<br>3288 El Cajon Boulevard, Suite #'s 3,6,10,11,12 & 13<br>San Diego, CA 92104<br>(619) 521-5720 | 4 |
| CO-02 | Co-Occurring Disorder – Screening by Community-Based ADS Providers | Collaborative Adult and Re-Entry Drug Court | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Non-violent male and female adults 18+ offenders with a history of drug abuse referred to Drug Court. | Adult Drug Court case management and non-residential AOD treatment and testing program services for non-violent adult male and female offenders with histories of drug use and criminal justice contacts, previous treatment failures, and high rates of health and social problems who have been referred to Drug Court. | TBD | TBD |
| CO-02 | Central Region Teen Recovery Center (TRC) | Non residential AOD treatment and recovery services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Adolescents ages 12 to 17 with alcohol and other drug-induced problems. | •Non-Residential AOD treatment and recovery services | UPAC Central<br>1031 25th Street<br>San Diego, CA 92102<br>(619) 232-6454 ext. 801 | 1,4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-02 | MHS North Inland TRC | Non-residential AOD treatment and recovery services for Adolescents. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Adolescents ages 12 to 17 with alcohol and other drug-induced problems. | • Non-Residential AOD treatment and recovery services | Mental Health Systems Inc.<br>508 North Mission Ave, Suites 104 & 105,<br>Escondido, CA 92025 | 2 |
| CO-02 | VHF Central Southeastern TRC | Non-residential AOD treatment and recovery services to adolescents. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Adolescents ages 12 to 17 with alcohol and other drug-induced problems. | • Non-residential alcohol and other drug treatment and recovery services for adolescents. | Vista Hill Foundation<br>220 North Euclid Ave Suite 40<br>San Diego, CA 92114<br>(619) 795-7232 | 1,4 |
| CO-02 | Women & Perinatal Long Term Residential Treatment | Alcohol and Drug Women's and Children's Residential AOD Treatment Services Family Recovery Center | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Pregnant and parenting women who have alcohol or other drug problems, and behavioral health issues. | • Outpatient, individual, group, and family Therapy<br>• Case Management<br>• Rehabilitative Services/Skill Building<br>• AOD Counseling | MHS IncFamily Recovery Center-Residential<br>1100 Sportfisher Drive<br>Oceanside, CA 92054<br>(760) 439-6702 | 5 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| CO-03 | TBD | Women's Perinatal Non-residential AOD Treatment Services. | Support integrated treatment of co-occurring disorder issues for those enrolled in substance abuse treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to need. | Substance abusing women, including pregnant, parenting, perinatal, and dependent children to age 17. | • Non-residential Services<br>• Educational sessions process groups<br>•Individual counseling sessions<br>• Recovery activities<br>• Day Care Habilitative and Outpatient Drug Free services | TBD | TBD |
| CO-03 | Serenity Center *health* RIGHT360 | Long Term Residential Women & Perinatal AOD Treatment Program. | Long term Women's AOD perinatal treatment. | Pregnant, Parenting, CWS and AB109 | • AOD Treatment<br>• Recovery services<br>• Co-ocurring | North County Serenity House, a division of healthRIGHT360<br>Jean Avila<br>(619) 584-5035 | All |
| CO-03 | Next Steps | Comprehensive, peer-based care coordination, brief treatment and system navigation to adults with mental health and /or substance abuse issues. | Mental Health screening and services provided to youth with substance abuse. | • Adult aged 18 years or older | • On call either in person or via mobile devices<br>• Screening tool for mental health substance abuse client | NAMI SD<br>5095 Murphy Canyon Rd, Suite 320<br>San Diego, CA 92123<br>(858) 643-6580 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| DV-04 | CSF - South Region | Services and engagement with community resources and supports for families in order to assist in maintaining a safe home for children and reducing the effects of trauma exposure. | Establish a community safety net to ensure the safety and wellbeing of children and their families. | • Families at highest risk of child abuse & neglect<br>• Children, 0 to 17 years<br>• Families<br>• County wide via the 4 CWS contracts | • Case management<br>• In-Home Parent Education<br>• Safe Care<br>• STEP Training<br>• Parent Partners | South Bay Community Services<br>430 F St.<br>Chula Vista, CA 91910<br>(619) 420-3620 | 1 |
| DV-04 | CSF - North Coastal/North Inland | Services and engagement with community resources and supports for families in order to assist in maintaining a safe home for children and reducing the effects of trauma exposure. | Establish a community safety net to ensure the safety and wellbeing of children and their families. | • Families at highest risk of child abuse & neglect<br>• Children, 0 to 17 years<br>• Families<br>• County wide via the 4 CWS contracts | • Case management<br>• In-Home Parent Education<br>• Safe Care<br>• STEP Training<br>• Parent Partners | North County Lifeline<br>707 Oceanside BLVD<br>Oceanside, CA 92054<br>(760) 842-6250 | 5 |
| DV-04 | CSF Central & North Central Regions | Services and engagement with community resources and supports for families in order to assist in maintaining a safe home for children and reducing the effects of trauma exposure. | Establish a community safety net to ensure the safety and wellbeing of children and their families. | • Families at highest risk of child abuse & neglect<br>• Children, 0 to 17 years<br>• Families<br>• County wide via the 4 CWS contracts | • Case management<br>• In-Home Parent Education<br>• Safe Care<br>• STEP Training<br>• Parent Partners | Social Advocates for Youth<br>8755 Aero Drive, Suite 100,<br>San Diego, CA 92123<br>(858) 565-4148 | 4 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| DV-04 | CSF East Region | CSF program provides family preservation, family support, and family reunification services to children and families in the CWS system. | Establish a community safety net to ensure the safety and wellbeing of children and their families. | • Families at highest risk of child abuse & neglect<br>• Children, 0 to 17 years<br>• Families<br>• County wide via the 4 CWS contracts | • Case management<br>• In-Home Parent Education<br>• Safe Care<br>• STEP Training<br>• Parent Partners. | Home Start<br>5005 Texas Street, Suite 203,<br>San Diego, CA 92108<br>(619) 692-0727 | 2 |
| EC-01 | Triple P | Three levels of the Triple P parenting program to educate parents with children exhibiting behavioral/emotional problems in Head Start and Early Head Start Centers and elementary school in low-income communities. | Strengthen the skills of parents, staff, and educators to promote the development, growth, health, and social competence of young children. Reducing behavioral/emotion problems in children. | • Parents and children (0 to 5 years)<br>• Enrolled in Head Start or Early Head Start centers<br>• County-wide | • Free parenting workshops<br>• Early intervention services<br>• Referrals and linkage | TBD | TBD |
| FB-01 | Kick Start | Services for individuals at-risk for developing or experiencing a first break of serious mental illness that includes outreach, education, and intervention. | Provide services to individuals experiencing the onset of mental illness. Reduce the potential negative outcomes associated with mental health issues in the early stages of the illness. | • Youth (10 to 17 years)<br>• TAY (18 to 24 years)<br>• Countywide | • Assessment<br>• Family education<br>• Mobile outreach<br>• Early intervention<br>• Information and linkage | Providence Community Services<br>6160 Mission Gorge Rd, Suite 100<br>San Diego, CA 92120<br>(619) 481-3790 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| NA-01 | Southern Indian Health Council, Inc. | PEI and substance use treatment services to Native Americans. | Increase community involvement and education through services designed and delivered by Native American communities. | • American Indians<br>• Alaska Natives tribal members of South and East San Diego region tribes and qualified family members residing on reservations<br>• All age groups<br>• South and East regions of San Diego County | • PEI services<br>•AOD services<br>• Child abuse prevention case management to Native Americans in South and East County | Southern Indian Health Council, Inc. (SIHC)<br>4058 Willows Rd<br>Alpine, CA 91901<br>(619) 445-1188 | 2 |
| NA-01 | Indian Health Council, Inc. | PEI and substance use treatment services to Native Americans. | Increase community involvement and education through services designed and delivered by Native American communities. | • American Indians<br>• Alaska Natives tribal members of North region tribes and qualified family members residing on reservations<br>• All age groups<br>• North region of San Diego County | • PEI services<br>• AOD services<br>• Child abuse prevention<br>• Case management to Native Americans in North County | Indian Health Council<br>50100 Golsh Road<br>Valley Center, CA 92082<br>(760) 749-1410 | 5 |
| NA-01 | Sycuan Medical/Dental Center | PEI services to Native Americans. | Increase community involvement and education through services designed and delivered by Native American communities. | • American Indians<br>• Alaska Natives tribal members of Sycuan Ban of Kumeyaay Nation as well as members of region tribes<br>• All age groups | • Provides specialized culturally appropriate behavioral health PEI services | Sycuan Band of Kumeyaay Nation<br>Sycuan Medical/Dental Center<br>5442 Sycuan Road<br>El Cajon, CA 92019<br>(619) 445-0707 | 2 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| NA-01 | SD American Indian Health Center | PEI services to Native Americans. | Increase community involvement and education through services designed and delivered by Native American communities. | At risk and high risk urban American Indian and Alaska Natives children and Transitional Age Youth. | • Provide specialized culturally appropriate PEI services to Native American Indian/Alaska Native urban youth and their families who are participants at the Youth Center | San Diego American Indian Health Center<br>2602 1st Ave, Suite 105<br>San Diego, CA 92103<br>(619) 234-1525 | 4 |
| OA-01 | Elder Multicultural Access & Support Services (EMASS) | Elder Multi-cultural Access and Support Services providing outreach and support to older adults, especially non-Caucasian/non-English speaking. | Reduce ethnic disparities in service access and use.<br>Increase access to care. | Multi-cultural Seniors, refugees, age 60+ at risk of developing mental health problems. | • Outreach and education<br>• Referral and linkage<br>• Benefits advocacy<br>• Peer counseling<br>• Transportation services<br>• Home and community based services | Union of Pan Asian Communities<br>200 N. Ash Suite 100<br>Escondido, CA 92027<br>(760) 233-1984 | All |
| OA-02 | Positive Solutions - UPAC | Outreach, and prevention and early intervention services for homebound and socially isolated older adults by using Program to Encourage Active and Rewarding Lives (PEARLS) model. | Increase knowledge of signs/symptoms of depression and suicide risk for those who live/work with older adults. Reduce stigma associated with mental health concerns and disparities in access to services. | Homebound older adults (60+ years) at risk for depression or suicide. | • Screening<br>• Assessment<br>• Brief intervention (PEARLS and/or Psycho-education)<br>• Referral and linkage<br>• Follow-up care | Union of Pan Asian Communities<br>525 14th St Suite 200<br>San Diego, CA 92101<br>(619) 238-1783 ext. 30 | 1,4,5 |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| OA-06 | Caregivers of Alzheimer's Disease and Other Dementia Clients Support Services | Intervention to caregivers of Alzheimer's patients to prevent/decrease symptoms of depression, isolation, and burden of care through bilingual/bicultural Peer Counselors. | Reduce incidence of mental health concerns in caregivers of Alzheimer's patients. Improve the quality of well-being for caregivers and families. Provide services to an underserved/unserved population. | • Caregivers of older adult Alzheimer's patients<br>• South Bay region of San Diego | • Personalized intervention<br>• Home visits<br>• Telephone support<br>• Education<br>• Skills training<br>• Stress management education | Southern Caregiver Resource Center<br>3675 Ruffin Rd<br>San Diego, CA 92123<br>(858) 268-4432 | All |
| PS-01 | Suicide Prevention & Stigma Reduction Media Campaign - Civilian | Countywide media campaign geared towards suicide prevention and stigma discrimination, a suicide prevention action council to increase public awareness. | Prevent suicide and reduce stigma and discrimination experienced by individuals with mental illness and their families. Increase awareness of available mental health services. | • County-wide Individuals with mental illness<br>• Families of individuals with mental illness<br>• General public | • Public media campaign to education and promote mental health concerns<br>• Print, radio, and TV ads<br>• Printed materials | Civilian Inc.<br>170 Laurel St<br>San Diego, CA 92101<br>(619) 243-2290 | All |
| PS-01 | Suicide Prevention Action Plan | Facilitation of the San Diego Suicide Prevention Council to increase public awareness and understanding of suicide prevention strategies. | Provides support and increase knowledge of mental illness and related issues. Reduce stigma and harmful outcomes. | General population, mental health service consumers, local planners, and mental health organizations. | Suicide prevention action plan for understanding and awareness - Implement prevention initiatives. | TBD | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| PS-01 | Family Peer Support Program | Provides an educational series, where community speakers share their personal stories about living with mental illness and achieving recovery. Written information on mental health and resources will be provided to families and friends whose loved one is hospitalized with a mental health issue. | Provides support and increase knowledge of mental illness and related issues. Reduce stigma and harmful outcomes. | Family members and friends of psychiatric inpatients. | • Resources and support to family friend's visiting loved ones in psychiatric inpatient units in San Diego area<br>• Public education | NAMI of San Diego<br>5095 Murphy Canyon Road, Suite 320<br>San Diego, CA 92123<br>(858) 634-6597 | All |
| PS-01 | Breaking Down Barriers & Father2Child | Breaking Down Barriers conducts outreach and engagement to ethnic and non-ethnic groups throughout the county. Father2Child is a parenting program for African American fathers/caregivers in southeastern San Diego. | Outreach and engagement strategies, and collaborate with a wide variety of community based organizations to identify and utilize "cultural brokers" in community of color and non-ethnic groups. | • Un-served and underserved populations • Latino<br>• Native American<br>• African<br>• LGBTQ<br>• African-American | Provides outreach and education to reduce mental health stigma to culturally diverse, un-served and underserved populations. | Breaking Down Barriers<br>Mental Health Association of SD County<br>4069 30th St<br>San Diego, CA 92104<br>(619) 543-0412 ext. 102 | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| PS-01 | Mental Health First Aid | Mental Health First Aid is a public education program designed to give residents the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. | Provides community-based mental health literacy education and training services, countywide. | Adults and Adults who work with Youth. | Community-based mental health literacy education and training services, countywide. | Mental Health America of San Diego County<br>4069 30th Street, San Diego, CA 92104<br>(619) 543-0412 | All |
| RC-01 | TBD | Prevent patients in rural community clinics from developing an increased level of behavioral health issues, severe mental illness, or addiction. | • Adults with SMI<br>• Children<br>• TAY | • Assessment<br>• Brief intervention<br>• Education<br>• Mobile outreach | TBD | TBD | TBD |
| RE-01 | CHIP ILA | This program will create an Independent Living Facility (ILA) Association with voluntary membership. | The goal of this program is to promote the highest quality home environments for adults with severe mental illness. | • ILA Operators Individuals, families, discharge planners and care coordination who are seeking quality housing resources | • Community collaboration<br>• ILA Directory<br>• Education and Training to Clients and ILA Operators | Community Health Improvement Partners<br>5095 Murphy Canyon Rd, Suite 105<br>San Diego, CA 92123<br>(858) 609-7974 | All |
| SA-01 | TBD | Social-emotional mental health evidence-based prevention and early intervention services for elementary school age children at public schools. | Reduce family isolation and stigma associated with seeking behavioral health services. Increase resiliency and protective factors for children. Reduce parental stress. Improve school climate for children to thrive at school. | Pre-school through 3rd grade, cultural population burdened with poverty, illiteracy, limited, education, and homelessness. | • Positive behavioral support<br>• Screening with at-risk children<br>•Teacher and Child Training services | TBD | All |

| Work Plan | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|
| SA-01 | TBD | Family-focused approach that engages families in their child's school success. School-based interventions are coordinated and designed to improve school climate, educational success and child/parent social and emotional skills. | Reduce family isolation and stigma associated with seeking behavioral health services. Increase resiliency and protective factors for children. Reduce parental stress. Improve school climate for children to thrive at school. | • School-age children and their families<br>• Underserved Asian/Pacific Islanders and Latinos | • Positive Behavioral Support (PBS)<br>• Screening and early identification of at-risk children<br>• Community outreach to families<br>• Education and support | TBD | TBD |
| SA-02 | TBD | Suicide prevention program to serve students through education, outreach, screening, and referrals in schools. Includes education to school staff and families. | Reduce suicides and the negative impact of suicide in schools. Increase education of education community and families. | • Middle and Senior High school age youth, transition age youth (18 to 24 years)<br>• School staff and gatekeepers<br>• Families and caregivers | • Education and outreach<br>• Screening<br>• Crisis response training<br>• Short-term early intervention<br>• Referrals | TBD | All |
| VF-01 | Courage to Call Mental Health Systems, Inc. | Confidential, peer-staffed outreach, education, referral and support services to the Veteran community & families and its service providers. | Increase awareness of the prevalence of mental illness in this community. Reduce mental health risk factors or stressors. Improve access to mental health and PEI services, information, and support. | • Veterans<br>• Active duty military<br>• Reservists<br>• National Guard<br>• Family members | • Education<br>• Peer counseling<br>• Linkage to mental health services<br>• Mental health information<br>• Support Hotline | Mental Health Systems, Inc.<br>9445 Farnham Street, #100<br>San Diego, CA 02123<br>(858) 636-3604 | All |

| Work Plan | Program | Program Name & Contract Agency | Program Description | Contract Information | District |
|---|---|---|---|---|---|
| WET-02 | Training and Technical Assistance | Behavioral Health Training Curriculum | Provides continuing education and training to Behavioral Health Services and contracted provider staff. | TBD | TBD |
| WET-02 | Training and Technical Assistance | Regional Training Center (RTC) | Provides administrative and fiscal training support services to HHSA Behavioral Health Services (BHS) in the provision of training, conferences and consultants. | Regional Training Center<br>6155 Cornerstone Ct, Suite 130<br>San Diego, CA 92121<br>(858) 550-0040<br>mgray@sdrtc.com | 1 |
| WET-03 | Mental Health Career Pathways | Peer Specialist Training | Provide training for Adult Peer Support Specialist, parent Peer Support Specialist, TAY Peer Support Specialist, and Family Member Peer Support Specialist. | TBD | TBD |
| WET-03 | Public Mental Health Academy | Alliant International University Community Academy,<br>Public Mental Health Academy | The Community Academy is a partnership between NAMI San Diego, RI International, the Family Youth Round Table and the California School of Professional Psychology (CSPP) at Alliant International University. It provides training and employment assistance for individuals with lived experience of mental illness and/or family members; provides support through pairing with an academic and a peer mentor; supports the partners' six existing certificates and has facilitated translation of these certificates into academic credit; links students, partnering agencies, and the community with community trainings and evidence based literature that address stigma, recovery into practice, addresses barriers to accessing career pathway through stipends, support, and provides community training addressing stigma about mental illness and recovery. | Dawn Griffin, Ph.D.<br>Dgriffin@alliant.edu<br>(858) 528-9070<br><br>Terra Marroquin, MSW<br>(858) 635-4833<br>Tmarroquin@alliant.edu | 4 |
| WET-03 | Public Mental Health Academy | San Diego Community College District | Provides a program to implement a collaborative, community based public mental health certificate program. This certificate will assist individuals with educational qualifications for current and future mental health employment opportunities. The certificate program will create options for individuals to be matriculated into an AA and/or BA program to assist in the career pathway continuum. | Veronica C. Ortega, Ph.D.<br>Director, Public Mental Health Academy<br>1313 Park Blvd<br>San Diego, CA 92101<br>619-388-3238 | |

| Work Plan | Program | Program Name & Contract Agency | Program Description | Contract Information | District |
|---|---|---|---|---|---|
| WET-04 | Residency, Internship Programs; Community Psychiatry Fellowship | Regents of the University of California, UCSD Community Psychiatry Fellowships | UCSD School of Medicine provides Community Psychiatry training programs for psychiatry residents and fellows. The program fosters the development of leaders in Community Psychiatry and provides medical students and general psychiatry residents with instruction on the principles of Community Psychiatry and exposure to the unique challenges and opportunities within this context. Fellowships are offered for general Community Psychiatry as well Child and Adolescent Community Psychiatry. | Janelle Kistler, Esq., Community Psychiatry Program Coordinator (619)-543-6295 jkistler@ucsd.edu<br><br>Steve Koh, MD, MPH, MBA Director, Community Psychiatry Program shkoh@ucsd.edu | 5 |

| Work Plan | Program | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|---|
| INN-11 | Family Therapy Participation Enhancement | Community Research Foundation - Nueva Vista | Utilize parent partners to focus on increasing caregiver participation in family therapy. Emphasis on teaching the caregiver the benefit of active engagement in treatment process and addressing barriers on individualized levels. | The goal is to clarify, teach, and motivate the caregiver of the value of their involvement in treatment and how it will directly support the success and outcome of the family unit. | Priority efforts shall be made to engage underserved populations such as Latinos and African Americans. Children and TAY up to age 21. | Outreach and engagement of caregivers in family therapy via a parent partner utilizing Motivational Interviewing. | Nueva Vista Family Services<br>1161 Bay Blvd, Suite B<br>Chula Vista, CA 91911<br>(619) 585-7686 | 1 |
| INN-11 | Family Therapy Participation Enhancement | Community Research Foundation - Crossroads | Utilize parent partners to focus on increasing caregiver participation in family therapy. Emphasis on teaching the caregiver the benefit of active engagement in treatment process and addressing barriers on individualized levels. | The goal is to clarify, teach, and motivate the caregiver of the value of their involvement in treatment and how it will directly support the success and outcome of the family unit. | Priority efforts shall be made to engage underserved populations such as Latinos and African Americans. Children and TAY up to age 21. | Outreach and engagement of caregivers in family therapy via a parent partner utilizing Motivational Interviewing. | Crossroads Family Center<br>1679 E. Main Street, Suite 102<br>El Cajon, CA 92021<br>(619) 441-1907 | 2 |
| INN-11 | Family Therapy Participation Enhancement | Community Research Foundation | Utilize parent partners to focus on increasing caregiver participation in family therapy. Emphasis on teaching the caregiver the benefit of active engagement in treatment process and addressing barriers on individualized levels. | The goal is to clarify, teach, and motivate the caregiver of the value of their involvement in treatment and how it will directly support the success and outcome of the family unit. | Priority efforts shall be made to engage underserved populations such as Latinos and African Americans. Children and TAY up to age 21. | Outreach and engagement of caregivers in family therapy via a parent partner utilizing Motivational Interviewing. | Community Research Foundation<br>Mobile Adolescent Services Team<br>1202 Morena Blvd, Suite 100<br>San Diego, CA 92110<br>(619) 398-3261 | All |
| INN-11 | Family Therapy Participation Enhancement | North County Life Line | Utilize parent partners to focus on increasing caregiver participation in family therapy. Emphasis on teaching the caregiver the benefit of active engagement in treatment process and addressing barriers on individualized levels. | The goal is to clarify, teach, and motivate the caregiver of the value of their involvement in treatment and how it will directly support the success and outcome of the family unit. | Priority efforts shall be made to engage underserved populations such as Latinos and African Americans. Children and TAY up to age 21. | Outreach and engagement of caregivers in family therapy via a parent partner utilizing Motivational Interviewing. | North County Lifeline Oceanside<br>707 Oceanside Blvd.<br>Oceanside, CA 92054<br>(760) 757-0118<br><br>North County Lifeline Vista<br>200 Michigan Ave.<br>Vista, CA 92084<br>(760) 726-4900 | 5 |

| Work Plan | Program | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|---|
| INN-11 | Family Therapy Participation Enhancement | Vista Hill Foundation | Utilize parent partners to focus on increasing caregiver participation in family therapy. Emphasis on teaching the caregiver the benefit of active engagement in treatment process and addressing barriers on individualized levels. | The goal is to clarify, teach, and motivate the caregiver of the value of their involvement in treatment and how it will directly support the success and outcome of the family unit. | Priority efforts shall be made to engage underserved populations such as Latinos and African Americans. Children and TAY up to age 21. | Outreach and engagement of caregivers in family therapy via a parent partner utilizing Motivational Interviewing. | Escondido Vista Hill Foundation<br>1029 N. Broadway Ave.<br>Escondido, CA 92026<br>(760) 489-4126<br><br>North Inland Ramona Vista Hill Foundation<br>1012 Main Street, #101<br>Ramona, CA 92065<br>(760) 788-9724 | 2,3 |
| INN-11 | Family Therapy Participation Enhancement | Family Health Center | Utilize parent partners to focus on increasing caregiver participation in family therapy. Emphasis on teaching the caregiver the benefit of active engagement in treatment process and addressing barriers on individualized levels. | The goal is to clarify, teach, and motivate the caregiver of the value of their involvement in treatment and how it will directly support the success and outcome of the family unit. | Priority efforts shall be made to engage underserved populations such as Latinos and African Americans. Children and TAY up to age 21. | Outreach and engagement of caregivers in family therapy via a parent partner utilizing Motivational Interviewing. | Community Circle SD/Logan Heights Family Health Centers<br>2204 National Ave<br>San Diego, CA 92113<br>(619) 515-2355<br><br>Community Circle/Spring Valley Family Health Centers<br>3845 Spring Dr.<br>Spring Valley, CA 91977<br>(619) 515-2380 | 1,2,4 |

| Work Plan | Program | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|---|
| INN-12 | Care Giver Connection to Treatment | KidSTART | Certified outpatient mental health program will provide a full range of Title 9 outpatient diagnostic and treatment services. | Support the mental health of the caregivers of young children to increase the mental health and support family care. | Children ages 0 through 5 in Countywide regions. | Care coordination to link caregivers to their own services. Clinician to offer groups specific to caregiver needs. | Rady KidStart<br>3665 Kearny Villa Road, Suite 500,<br>San Diego, CA 92123<br>(858) 966-5990 | All |
| INN-13 | Faith Based Initiative | Faith Based Academy-North Inland | Faith Based Initiative--Outreach/Engagement & Training. | Faith Based leaders and Behavioral Health providers to collaborate in developing an educational curriculum and joint training that includes material to address faith/spirituality principles and values, wellness, mental health conditions, and resource information to the African-American and Latino communities. | Mental Health professionals and clergy in the North Inland Region. | Design and implement a Faith Based Academy. | Interfaith Community Services<br>550 W. Washington Ave. Suite B<br>Escondido, CA 92025<br>(760) 529-9979 | 1 |
| INN-13 | Faith Based Initiative | Community Education-North Inland | Faith Based Initiative--Community Education | TBD | TBD | TBD | NAMI San Diego<br>5095 Murphy Canyon Road, Suite 320<br>San Diego, CA 92123<br>(858) 634-6586 | 4 |
| INN-13 | Faith Based Initiative | Community Education-Central | Faith Based Initiatives--Community Education | TBD | TBD | TBD | Total Deliverance Worship<br>2782 Sweetwater Springs Blvd., Suite C<br>Spring Valley, CA 91977 | 2 |

| Work Plan | Program | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|---|
| INN-13 | Faith Based Initiative | Faith Based Academy-Central | Faith Based Initiative--Outreach/Engagement & Training | Faith Based leaders and Behavioral Health providers to collaborate in developing an educational curriculum and joint training that includes material to address faith/spirituality principles and values, wellness, mental health conditions, and resource information to the African-American and Latino communities. | Mental Health professionals and clergy in the North Inland Region. | Design and implement a Faith Based Academy. | Urban League of San Diego County<br>4305 University Avenue, Suite 360<br>San Diego, CA 92105 | 1,4 |
| INN-14 | Ramp Up 2 Work | Union of Pan Asian Communities (UPAC) | Engages and retains employment opportunities for transitionl age youth (TAY) and Adults and Older Adults (AOA) with Serious Mental Illness (SMI) in the behavioral health system through an enhanced array of supported and competitive employment options. | • Expand employment opportunities for TAY and AOA with SMI.<br>• Promote self-determination and empowerment<br>• Help clients overcome barriers to employment | TAY, Adults and Older Adults who have SMI. | • Client functional Assessment<br>• Employment reediness Assessment<br>• Job coaches<br>• Computer skills support | UPAC<br>1031 25th Street<br>San Diego, CA 92102<br>(619) 232-6454 | All |

| Work Plan | Program | Program Name | Program Description | Program Goal | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|---|---|
| INN-15 | Peer Assisted Transition | TBD | The Peer Transitions Program is person directed, mobile program working in partnership with designated acute inpatient hospitals and alternatives to hospitalization programs. The goal is to engage and provide transition services & support services to clients discharging from inpatient care back to the community. | TBD | TAY, Adults and Older Adults in Central, North Coastal & North Inland regions. | TBD | TBD | 1,3,5 |
| INN-16 | Urban Beats | Urban Beats | Program provides an artistic expression that includes the use of multiple models of artistic expression including visual arts, spoken word, music, videos and performances and social media created and developed by TAY. | Increase the engagement and retention rates in mental health treatment of Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) and at risk TAY by incorporating a TAY focused recovery message into an artistic expression and social marketing. | TAY who are clients of the mental health system SED/SMI or at-risk of mental health challenges. | • Develop youth leaders within TAY community<br>• Increase access to services<br>• Whole health and prevention services | Pathways Community Services<br>3330 Market Street<br>San Diego, CA 92101 | 1 |
| INN-17 | Innovative Mobile Hoarding Intervention Program | Innovative Mobile Hoarding Intervention Program | Diminishes long term hoarding behaviors in Older Adults. | Improves health, safety, quality of life, and housing stability through provision of comprehensive. | Older Adults 60+ with hoarding disorder and SMI. | Program works to diminish hoarding behaviors long term in Older Adults. | Regents of the University of California, UCSD<br>200 West Arbor Drive<br>San Diego, CA 92103<br>(619) 619-471-9396 | 1,5 |

| Work Plan | Program Name | Program Description | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|
| SD-2 | Consumer and Family Empowerment (CAFÉ) | Countywide program to increase consumer and family empowerment and engagement for all Behavioral Health Services (BHS) populations and age groups by providing a variety of current and sustainable technological tools to access health and wellness information that is culturally and linguistically competent. | All ages; including Family members, peer partners, and life coaches who help clients remain in program. | Technology education to facilitate use of internet education of mental health resources and health information. This includes one-on-one training, webinars and interactive website highlighting local resources. | NAMI<br>5095 Murphy Canyon Rd, Suite 320<br>San Diego, CA 92123<br>(858) 634-6580 | All |
| SD-3 | Personal Health Record | The Personal Health Record (PHR) embedded in the InteliChart Patient Portal enables patients to both securely view and update their records in a timely manner. | All ages. | PHR is constructed from patients existing behavioral health medical record. InteliChart provides and supports mobile apps that enable patients to make appointments, view lab results, and securely communicate with their healthcare providers conveniently using mobile technology. | TBD | TBD |
| SD-5 | CRF Heartland | Heartland Bio-Psychosocial Rehabilitation (BPSR) WRC:<br>To provide Adult/Older Adult Bio-Psychosocial Rehabilitation (BPSR) clinical outpatient services that integrate mental health services and rehabilitation treatment and recovery services. | Adults 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have a SMI, including those who may have a co-occurring substance use disorder. Includes Probation-funded AB 109 component. | CRF Heartland Center<br>460 N. Magnolia Avenue<br>El Cajon, CA 92020<br>(619) 440-5133 | 2 |
| SD-5 | CRF Maria Sardinas | South Region Biopsychosocial Rehabilitation Wellness Recovery Center. | Adults 18+ older who have SMI, including those who may have a co-occurring substance abuse disorder. | Provides treatment, rehabilitation, recovery, and Strength-Based Case Management (SBCM) services to adults age 18+ who have SMI, including those who may have a co-occurring substance use disorder. | Maria Sardiñas Wellness & Recovery Center<br>1465 30th St, Suite K<br>San Diego, CA 92154,<br>(619) 428-1000 | 5 |

| Work Plan | Program Name | Program Description | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|
| SD-5 | CRF South Bay Guidance | Adult Outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Adults 18+ older who have SMI, including those who may have a co-occurring substance abuse disorder. | Outpatient mental health clinic providing treatment, rehabilitation, recovery, and SBCM to adults age 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | CRF - South Bay Guidance Wellness and Recovery Center<br>835 3rd Ave, Suite C<br>Chula Vista, CA 91911 | 1 |
| SD-5 | UPAC Mid City/UPAC Serra Mesa | Programs provide outpatient mental health rehabilitation and recovery services, case management/brokerage, mobile outreach, long-term vocational support for SMI. | Monolingual and/or limited English proficient Asian/Pacific Islander adults 18+ with SMI. | Outpatient case management, vocational support services for indigent clients with a SMI who may have a co-occurring substance abuse disorder. | UPAC Mid-City BPSR<br>5348 University Avenue, Suites 101 & 120<br>San Diego, CA 92105<br>(619) 229-2999<br><br>UPAC Serra Mesa<br>8745 Aero Drive, Suite 330<br>San Diego, CA 92123<br>(619) 268-0244 | 1,4 |
| SD-5 | CRF Douglas Young | North Central Region Adult/Older Adult Bio-Psychosocial Rehabilitation Wellness Recovery Center. | Adults 18+ who have a SMI including those with co-occurring and Medi-Cal eligible or indigent. | Provides outpatient mental health rehabilitation and recovery services, an urgent walk-in component, case management; and long-term vocational support. | CRF Douglas Young Center<br>10717 Camino Ruiz #207<br>San Diego, CA 92126<br>(858) 695-2211 | 4 |
| SD-5 | In-Reach | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | At risk African-American and Latino clients who are incarcerated adults or transition age youth (TAY) at designated detention facilities and will be released in San Diego County. | In-Reach Services to at risk African-American and Latino clients who are incarcerated adults or TAY at designated detention facilities and will be released in San Diego County. | NHA In-Reach<br>286 Euclid Avenue #102<br>San Diego, CA 92114<br>(619) 266-9400 | All |

| Work Plan | Program Name | Program Description | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|
| SD-5 | County-Operated Southeast Mental Health Clinic | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Adults 18+ who have a SMI. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | 3177 Ocean View Blvd.<br>San Diego, CA 92113 | 1,4 |
| SD-5 | MHS North Inland MHC<br>MHS Kinesis North<br>MHS Kinesis Fallbrook<br>MHS Kinesis Ramona | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | TAY, Adults and Older Adults. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | MHS, Inc. North Inland Mental Health Center<br>125 W. Mission Ave, #103<br>Escondido, CA 92025<br>(760) 747-3424<br><br>Kinesis Wellness & Recovery Center<br>474 W Vermont Ave #101<br>Escondido, CA 92025<br>(760) 480-2255<br><br>Fallbrook Satellite<br>1328 S Mission Rd<br>Fallbrook, CA 92028<br>(760) 451-4720<br><br>Ramona Satellite<br>1521 Main Street<br>Ramona, CA 92065<br>(760) 736-2429 | 3,5 |

| Work Plan | Program Name | Program Description | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|
| SD-5 | MHS North Coastal MHC MHS BPSR Vista | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | TAY, Adults and Older Adults. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | MHS, Inc. North Coastal Mental Health Center<br>1701 Mission Avenue<br>Oceanside, CA 92058<br>(760) 967-4475<br><br>MHS, Inc. Vista<br>550 West Vista Way, Suite 407<br>Vista, CA 92083<br>(760) 758-1092 | 4 |
| SD-5 | Deaf Community Services | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Children, adults and older adults who are deaf or hard of hearing and who have a SMI or alcohol and other drugs (AOD) use or abuse problems. | Outpatient mental health services, case management and substance abuse services are provided for deaf and hard of hearing adults. | Deaf Community Services of San Diego Inc.<br>1545 Hotel Circle South, Suite 300<br>San Diego, CA 92108<br>(619) 398-2437 | All |
| SD-5 | Exodus NC/NI (hub) | Outpatient psychiatric medication services for children, TAY, adults and older adults mental health consumers utilizing Telehealth practices and technology. | Children, TAY, adults and older adults via telehealth technology. | Outpatient psychiatric medication services for children, TAY, adults and older adults mental health consumers utilizing Telehealth practices and technology. | Exodus Recovery, Inc. (2 sites)<br>524 W. Vista Way<br>Vista, CA 92083<br>(760) 758-1150<br><br>1520 South Escondido BLVD<br>Escondido, CA 92025<br>(760) 796-7760 | All |
| SD-5 | Community Research Foundation (CRF) Jane Westin | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Adults 18+ who have a SMI. | Walk-in outpatient mental health assessments and psychiatric consultation, medication management services; crisis intervention and case management brokerage. | Jane Westin Wellness & Recovery Center<br>Walk In Services - Assessment Center<br>1568 6th Avenue<br>San Diego, CA 92101<br>(619) 235-2600 | 1,4 |

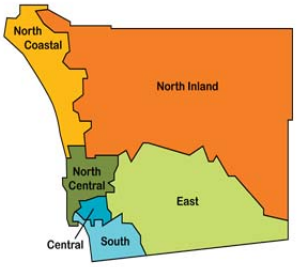
| Work Plan | Program Name | Program Description | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|
| SD-5 | County-Operated East County Mental Health Clinic | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Adults 18+ who have a SMI. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | 1000 Broadway, Suite 210<br>El Cajon, CA 92021 | 2 |
| SD-5 | County-Operated North Central Mental Health Clinic (Hub) | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Adults 18+ who have a SMI. | Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18+ who have a SMI, including those who may have a co-occurring substance use disorder. | 1250 Morena Blvd, 1st Floor<br>San Diego, CA 92110 | 4 |
| SD-5 | CRF-Mobile Adolescent Service Team (MAST) | Children and youth outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Children and youth. | Outpatient school based mental health services for SED Children and youth. | CRF MAST, Mobile Adolescent Service Team<br>1202 Morena Blvd 203<br>San Diego, CA 92110<br>(619) 398-3261 | All |
| SD-5 | CRF-Nueva Vista Family Services | Children and youth Outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Children and youth. | Individual/group/family treatment, case management and rehabilitative services, Intensive Care Coordination, Intensive Home-Based Services, crisis intervention, medical management, outreach at schools and in the community. Services are provided at schools, home or office/clinic. | CRF Nueva Vista Family Services<br>1161 Bay Blvd, Suite B<br>Chula Vista, CA 91911<br>(619) 585-7686 | 1 |

| Work Plan | Program Name | Program Description | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|
| SD-5 | CRF-Crossroads Family Center | Children and youth outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within the County of San Diego. | Children and youth. | Individual/group/family treatment, case management and rehabilitative services, Intensive Care Coordination, Intensive Home-Based Services, crisis intervention, medical management, outreach at schools and in the community. Services are provided at schools, home or office/clinic. | CRF Crossroads Family Center<br>1679 East Main St., Suite 102<br>El Cajon, CA 92021<br>(619) 441-1907 | 2 |
| SD-5 | START Community Research Foundation | Mental Health Short Term Acute Residential Treatment. | Voluntary adults who have a SMI/Co-Occurring Disorder experiencing a mental health crisis, in need of intensive, non-hospital intervention. | 24 hour, 7-day a week crisis residential service as an alternative to hospitalization or step down from acute in-patient care within a hospital. | CRF<br>545 Laurel Ave<br>San Diego, CA 92101<br><br>734 10th Avenue<br>San Diego, CA 92101<br>(619) 239-4663<br><br>1664 Broadway<br>El Cajon, CA 92021<br>(619) 579-8685<br><br>1738 S. Tremont Street<br>Oceanside, CA 92054<br>(760) 439-2800<br><br>2865 Logan Avenue<br>San Diego, CA 92113<br>(619) 232-4357<br><br>892 27th Street<br>San Diego, CA 92154<br>(619) 575-4687 | All |

| Work Plan | Program Name | Program Description | Population Focus | Services Offered | Contact Information | District |
|---|---|---|---|---|---|---|
| SD-5 | Vista Hill - Physician & Clinician | Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within San Diego County. | •Adults, Older Adults, TAY and Children. | • Mental health assessment<br>• Dual diagnosis screening<br>• Information<br>• Brief mental health services<br>• Referrals as needed | VHF/SmartCare- Campo<br>31115 Highway 94<br>Campo, CA 91906<br>(760) 788-9725<br><br>VHF-SmartCare- Pauma Valley<br>16650 Highway 76<br>Pauma Valley, CA 92061<br>(760) 788-9754<br><br>VHF/SmartCare- Ramona<br>217 East Earlham<br>Ramona, CA 92065<br>(760) 788-9725<br><br>VHF/SmartCare-Julian<br>2721 Washington Street<br>Julian CA, 92036<br>(760) 765-1223 | 2,5 |
| SD-8 | Data Exchange | Program identify opportunities for interoperable management information systems between the County and partners. This may include expenses related to the use of the HealtheIntent, Ultra-Sensitive Exchange, Personal Health Record and the potential development of information technology interfaces. | TBD | TBD | TBD | TBD |
| SD-8 | Cerner HealtheIntent | Shared computing service that aggregates data across the continuum of care from disparate systems, creating a longitudinal patient record containing information that supports programs such as decision support, quality measurement, and analytics for population management. HealtheIntent provides the means for interoperability. | TBD | TBD | TBD | TBD |

# APPENDIX C
# COMMUNITY PROGRAM PLANNING FEEDBACK

## ANALYSIS OF TIER I AND TIER II DATA




***The County of San Diego is divided into six Health and Human Services regions.***

The County of San Diego is divided into six Health and Human Services regions as shown in the colored sectioned map to the right. Data was derived from 13 Behavioral Health Services (BHS) Community Engagement Forums held during October and November 2015.

Almost 900 participants attended the forums, including persons with lived experience having a mental illness and substance use issues, family members, providers, schools, faith communities, judicial/law enforcement, healthcare and community organizations. Participants were seated at tables of 8 to 10 individuals and lead in three 25 minute discussion sessions of various categories by a County staff person who served as the group facilitator. The facilitator or a note taker wrote down all suggested priorities on flipcharts. At the end of each discussion session, each group was asked to rank their group's top three priorities for that category. Over 3,000 comments were collected from all of the forums.

The top three priorities identified by the forum participants were grouped by similarities; the number of grouped priorities were tallied, and then ranked from highest to lowest. This process was done for each of the categories and was labeled Tier I data. Tier I data was utilized in the determination of mid-year enhancements to MHSA funded programs. The same ranking process was utilized to prioritize all of the remaining comments and this data was termed Tier II. Tier I and Tier II data were considered when determining MHSA programming for Fiscal Year 16-17.

### Mental Health Prevention

**Tier I Priorities**

1. **Increase school based Prevention and Early Intervention services (during and after school, teacher training).**
2. **Increasing community education on mental health-It's Up 2 Us, Mental Health First Aid, etc.**
3. Increase provider/consumer education on how to navigate the system and availability of services.
4. Increase services for the Deaf/Hard of Hearing community.
5. **Increase family support services.**

**Tier II Priorities**

1. Access to services for mild to moderate treatment.
2. **Increase school based Prevention and Early Intervention services (during and after school, teacher training).**
3. **Increase family support services.**
4. **Increasing community education on mental health-It's Up 2 Us, Mental Health First Aid, etc.**
5. Stigma elimination in families through community support/meetings.

### Alcohol and Other Drug Prevention

**Tier I Priorities**

1. Increase education on heroin.
2. Targeted campaign to Transition Aged Youth specific to marijuana.
3. **Alcohol and other drug education in school with an emphasis on middle school education.**
4. **Increase funding for alcohol and other drug prevention.**
5. Education campaign to providers on prescription medicine abuse.

**Tier II Priorities**

1. **Alcohol and other drug education in school with an emphasis on middle school education.**
2. Diversion programs for youth focusing on high risk behavioral/clean and sober activities.
3. E-Cigarettes, Tobacco and Vaping.
4. **Increase funding for alcohol and other drug prevention.**
5. Policy changes (local control-licensing for liquor and smoke shops/marijuana).

***Text in bold represents priorities that appear in both Tier I and Tier II Data**

## Acute and Long Term Care

### Tier I Priorities

1. Increase access to acute crisis stabilization beds including American Sign Language for the Deaf/Hard of Hearing community.
2. Increase long term care residential facilities and skilled nursing facilities that includes medical and psychiatric services particularly for the gravely disabled and Deaf/Hard of Hearing community.
3. Improve discharge plans and transitioning process.
4. Increase funding for psychiatric hospital beds particularly for geriatric and pediatric patients.
5. Increase Board and Cares that are therapeutic, have appropriate guidelines, and better trained staff.

### Tier II Priorities

1. Increase long term care residential facilities and skilled nursing facilities that includes medical and psychiatric services particularly for the gravely disabled and Deaf/Hard of Hearing community.
2. Increase access to acute crisis stabilization beds including American Sign Language for the Deaf/Hard of Hearing community.
3. Intensive case management to link consumers to appropriate level of higher and lower care and that includes services to D/HH.
4. Increase transitional/supportive housing and crisis housing for all ages.
5. Continuum of care: expand services and better integration.

## Workforce Development

### Tier I Priorities

1. Increase Training and Technical Assistance.
2. Increase funding to retain qualified behavioral health staff with competitive salaries.
3. Provide Behavioral Health Career Pathways.
4. Develop cultural competency training and programs for the Deaf/Hard of Hearing community.
5. Provide Financial Incentive Programs.

### Tier II Priorities

1. Increasing Training and Technical Assistance.
2. Provide Behavioral Health Career Pathways.
3. Provide Financial Incentives Programs.
4. Increase staffing levels to reduce workload and decrease burnout.
5. Provide outreach/education to employers to increase hiring of persons with SMI.

## Community-Based Mental Health Treatment

### Tier I Priorities

1. Increase housing supports.
2. Increase funding to retain qualified behavioral health staff with competitive salaries.
3. Increase capacity for inpatient and outpatient services with an emphasis on North County.
4. Better coordination of care when client is discharging or transitioning.
5. Integrates one-stop shop service for adults and youths addressing mental health and alcohol and other drug issues.

### Tier II Priorities

1. Increase housing supports.
2. Increase capacity for inpatient and outpatient services with an emphasis on North County.
3. Increase staffing/decrease workload.
4. Family (children and parent) support services that encompass confidential mental health and AOD for the entire family and family coaches.
5. Complete range of services needed for the Deaf/Hard of Hearing community.

## Community-Based Alcohol and Other Drug Treatment

### Tier I Priorities

1. Increase long term residential treatment facilities, outpatient/inpatient treatment, and recovery programs particularly for teens and men.
2. Increase blended funding, such as EPSDT and Drug Medi-Cal services, and coordination of treatment between alcohol and other drug providers, for all ages and for all persons with co-occurring disorders.
3. Increase funding for a variety of sober living housing (e.g. single fathers with children) that includes regulation, oversight and testing.
4. Increase medical detox facilities that are affordable and voluntary detox centers particularly in the North County regions and detox for children.
5. Increase transportation support to provide better access to treatment programs, such as daily or discounted bus pass.

### Tier II Priorities

1. Increase blended funding, such as EPSDT and Drug Medi-Cal services, and coordination of treatment between and alcohol and other drug providers, for all ages and for all persons with co-occurring disorders.
2. Increase long term residential treatment facilities, outpatient/inpatient treatment, and recovery programs particularly for teens and men.
3. Increase medical detox facilities that are more affordable and voluntary detox centers particularly in the North County regions and detox for children.
4. Increase culturally competent interpreters particularly for the Deaf/Hard of Hearing (D/HH) in treatment services.
5. Improve the knowledge and dissemination of information for services (what is out there, where, what they cover such as Medi-Cal via social media, public TV, radio and multimedia or community fairs.

# APPENDIX D
# FULL SERVICE PARTNERSHIPS AND PREVENTION & EARLY INTERVENTION EVALUATION REPORT

# Full Service Partnerships OUTCOMES REPORT

## Children, Youth & Families FSP Summary

FY 2014-15

## What is This?

Full Service Partnership (FSP) programs are comprehensive behavioral health programs which provide all necessary services and supports, including intensive services, to clients with a high level of need to enable them to live in their community. Services may include in-home and community-based intensive case management to provide support and assistance in obtaining such services as benefits for low-income families, health insurance, parent education, tutoring, mentoring, youth recreation, and leadership development. FSPs may also assist with connections to resources such as physical health services, interpreter services, and acquisition of food, clothing, and school supplies.

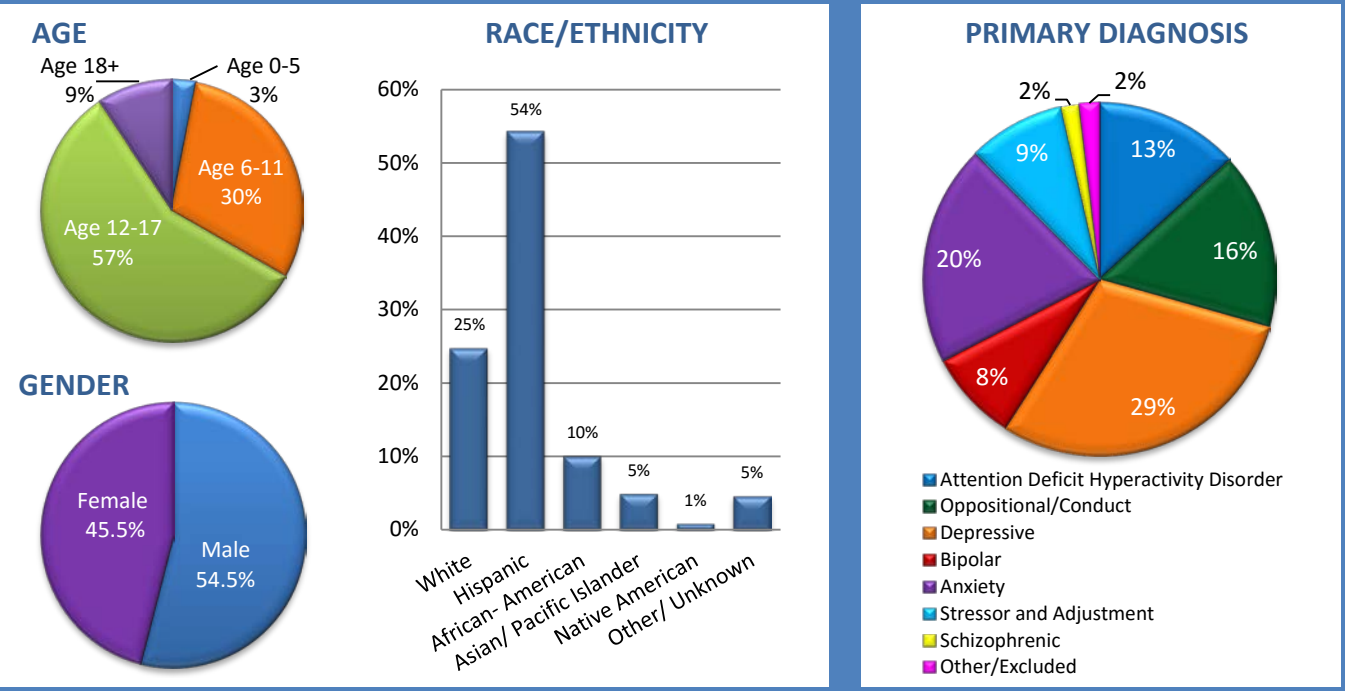
## Why Is This Important?

FSP programs support individuals and families, using a "whatever it takes" approach to establish stability and maintain engagement. The programs build on client strengths and assist in the development of abilities and skills so clients can become and remain successful. They help clients reach identified goals such as acquiring a primary care physician, increasing school attendance, improving academic performance and reducing involvement with forensic services.

## Who Are We Serving?

In Fiscal Year (FY) 2014-15, 3,016 unduplicated clients received services through 16 FSP programs, a 7% increase from the number of FSP clients served in FY 2013-14 (N=2,825).

### FSP Client Demographics and Diagnoses (N=3,016)

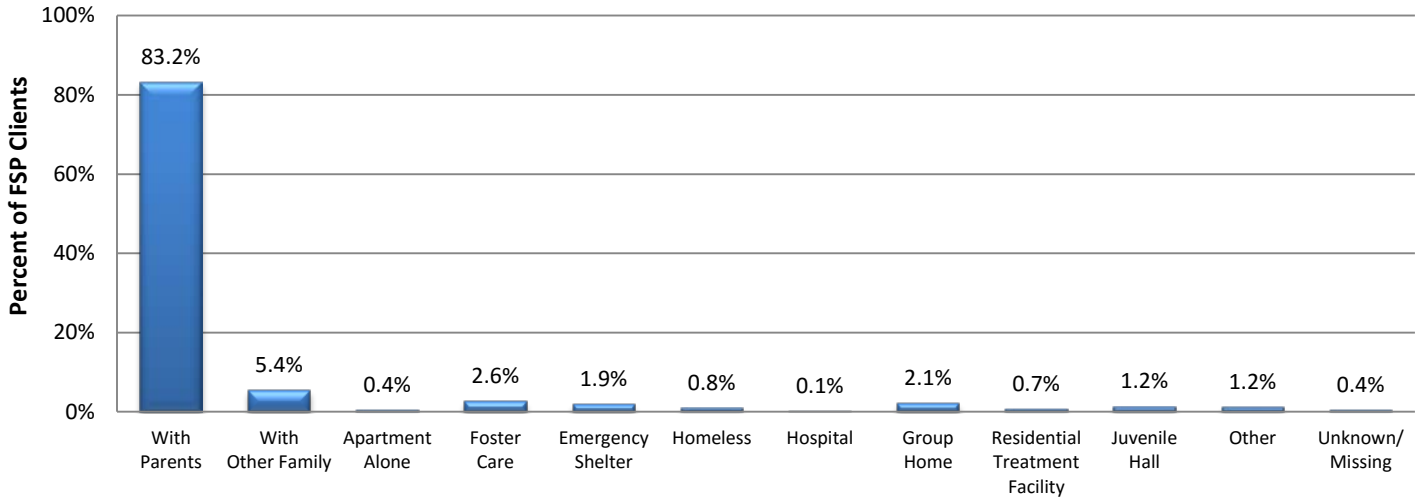


## Who Are We Serving?

FSP providers collected client and outcomes data using the Department of Health Care Services (DHCS) Data Collection & Reporting System (DCR). Residential status and risk factors were entered for new clients to FSP programs in FY 2014-15. Referral sources were also entered; FSP referrals in order of frequency were as follows: family member (20%), school system (16%), mental health facility (15%), primary care physician (15%), Juvenile Hall (9%), social service agency (7%), self-referral (6%), other county agency (4%), acute psychiatric facility (3%), friend (1%), homeless shelter (1%), emergency room (1%), or substance abuse facility (<1%). The remaining 3% were referred by an unknown or unspecified source.

### Residential Status at Intake (n=1,883)*

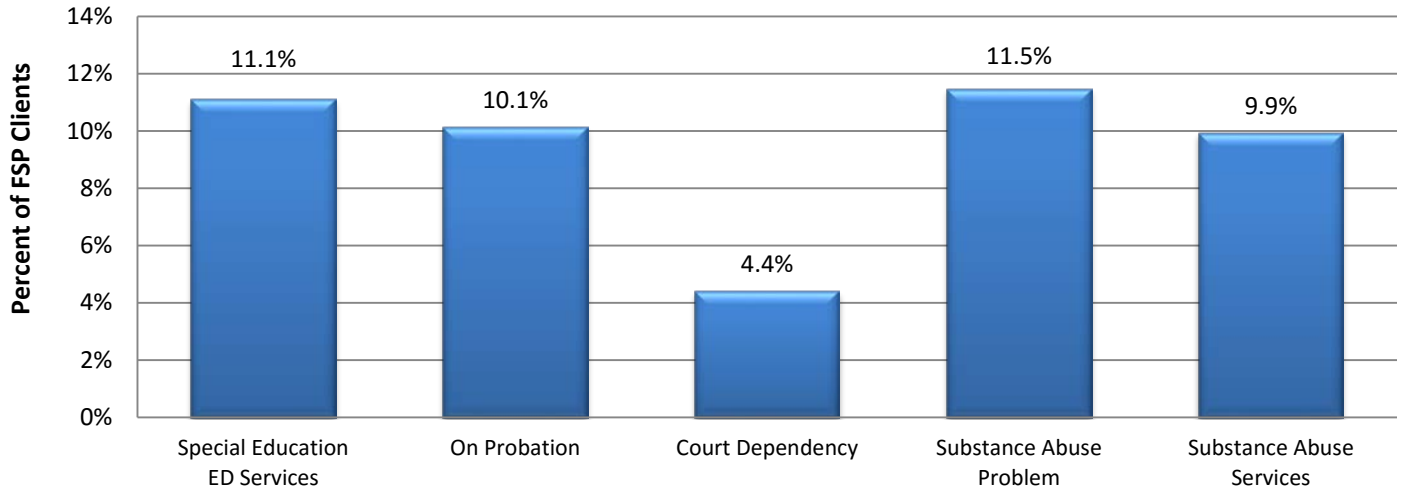
The majority of youth entering FSP programs were living with their parents.




**Clients with intake assessment in the DCR within FY 2014-15.*

### Risk Factors at Intake (n=1,883)*

The most prevalent risk factor for more intensive service use among youth entering FSP programs was related to substance use (12%). Clients may have had more than one risk factor.




**Clients with intake assessment in the DCR within FY 2014-15.*

## Who Are We Serving (continued)?

Client involvement in the juvenile justice sector and emergency service provision was tracked by FSP providers.

### Forensic Services

In FY 2014-15, 21 FSP clients had an arrest recorded in the DCR. Two FSP clients were noted to have been on probation.

### Inpatient and Emergency Services

Of the 3,016 unduplicated clients who received services from an FSP program in FY 2014-15, 86 (2.9%) had at least one inpatient (IP) episode and 93 (3.1%) had at least one emergency service unit (ESU) visit during the treatment episode.

## Are Children Getting Better?

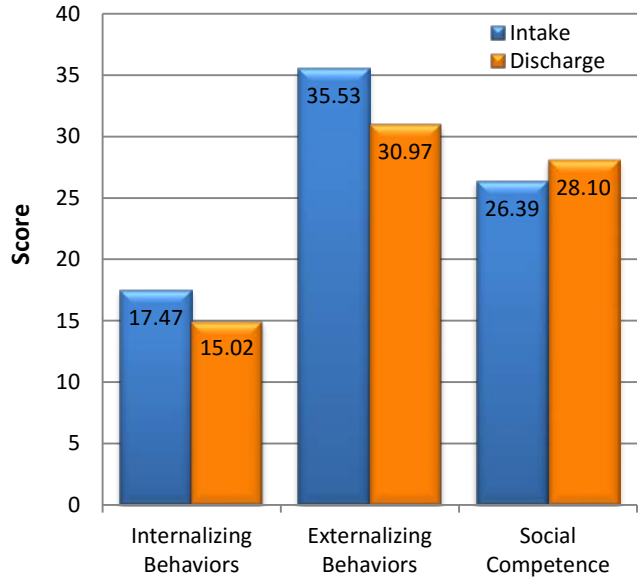
FSP providers collected outcomes data with the Child and Adolescent Measurement System (CAMS) and the Children's Functional Assessment Rating Scale (CFARS). Scores were analyzed for youth discharged from FSP services in FY 2014-15, who were in services at least three weeks (CFARS) or two months (CAMS) and had a maximum of two years between intake and discharge assessment, and who had both Intake and Discharge scores for all measure domains. Additionally, the Personal Experience Screening Questionnaire (PESQ) was implemented in FY 2012-13; scores were analyzed for youth discharged from FSP Alcohol and Drug programs in FY 2014-15, who were in services at least one month.

### FSP CAMS Scores

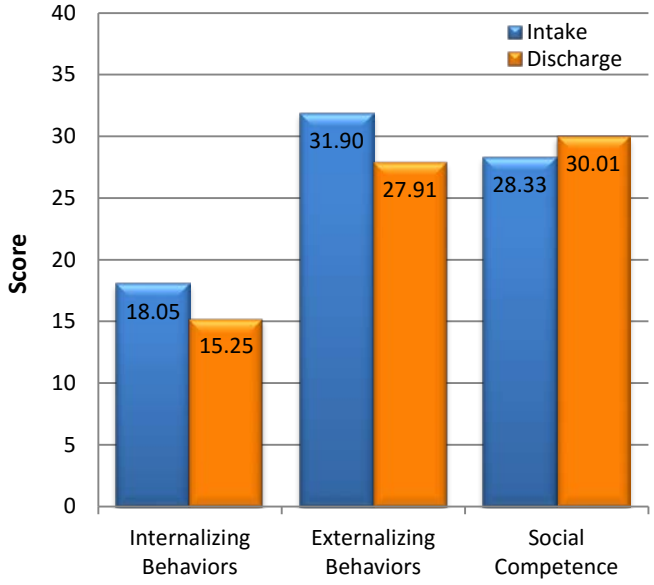
The CAMS measures a child's social competency, behavior and emotional problems; it is administered to all caregivers, and to youth ages 11 and older. A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered an improvement. An *increase* in the Social Competence (e.g., personal responsibility and participation in activities) score is considered an improvement.

These CAMS results (n=557 Parent CAMS and n=444 Youth CAMS) revealed improvement in youth behavior and emotional problems following receipt of FSP services.

### FSP Caregiver CAMS (n=557)



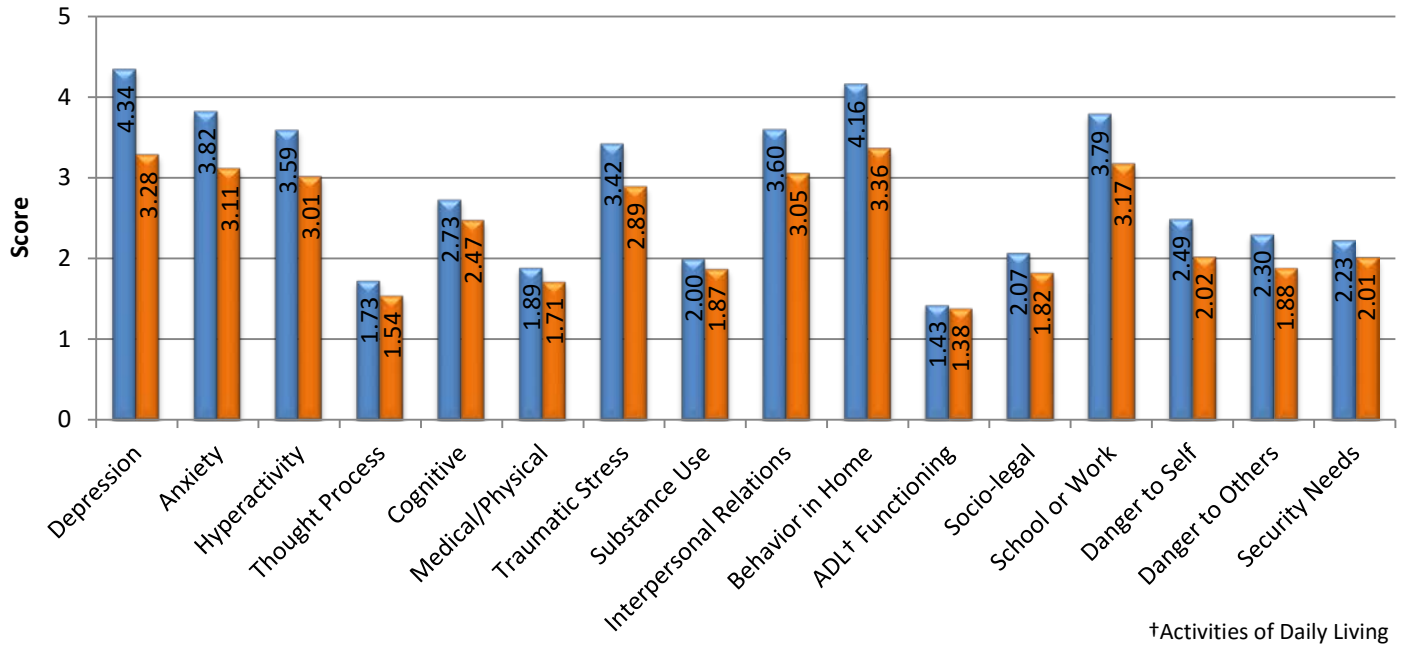

### FSP Youth CAMS (n=444)



# Are Children Getting Better?

## FSP CFARS Scores (n=1,216)

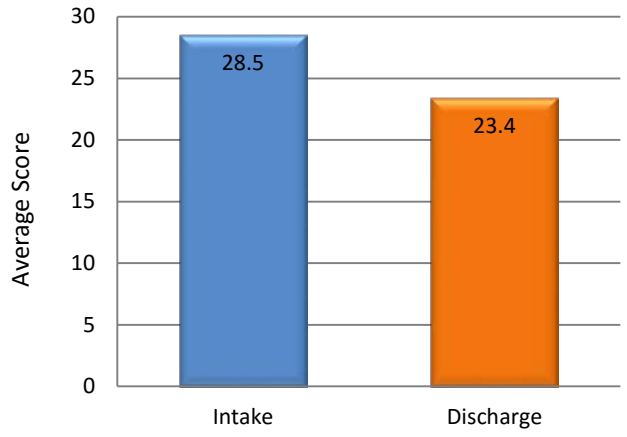
The CFARS measures level of functioning on a scale of 1 to 9 and is completed by the client's clinician. A *decrease* on any CFARS domain is considered an improvement. CFARS data were available on 1,216 FSP clients in FY 2014-15 and revealed improvement in youth symptoms and behavior following receipt of FSP services.



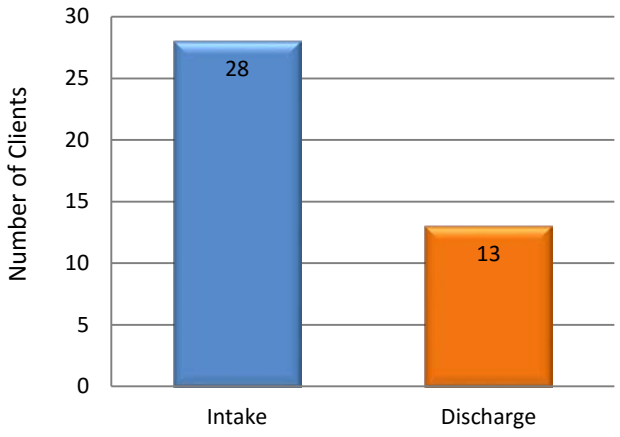

## FSP PESQ Scores

The PESQ measures potential substance abuse problems and is administered to youth ages 12-18 by their Alcohol and Drug (AD) counselor; the PESQ is only administered at FSP programs which are augmented with a dedicated AD counselor. Scores are measured in two ways: 1) the Problem Severity scale, and 2) the total number of clients above the clinical cutpoint. For clients, a *decrease* on the Problem Severity scale is considered an improvement. For programs, a *decrease* in the number of clients scoring above the clinical cutpoint at discharge is considered an improvement. PESQ data were available for 86 discharged clients in FY 2014-15.

### PESQ Severity Scale (n=86)




### PESQ Clinical Cutpoint

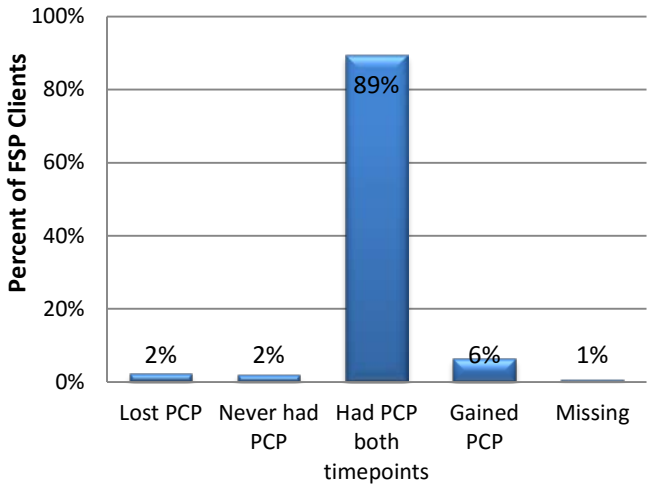


## Are Children Getting Better?

FSP providers also collected client and outcomes data on primary care physician status, school attendance, and academic performance; these were tracked in the DCR for continuing clients with multiple assessments. Analyses of these tracked outcomes were limited to clients with an intake and a 3, 6, 9, or 12 month assessment; the most recent assessment was compared to intake.

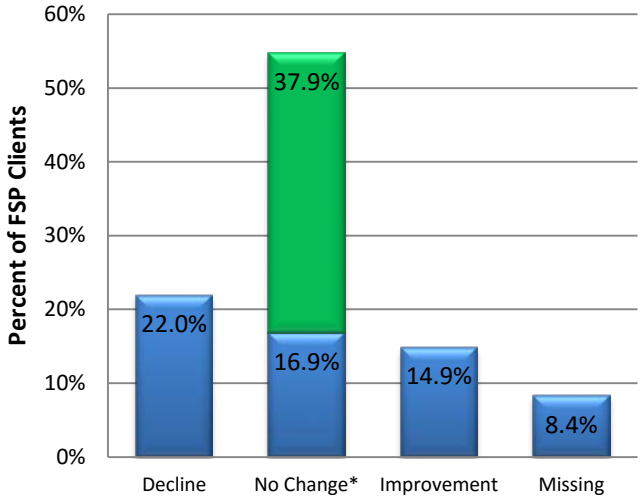
### Primary Care Physician (PCP) Status (n=2,117)

89% of FSP clients had and maintained a PCP.



### School Attendance (n=2,117)

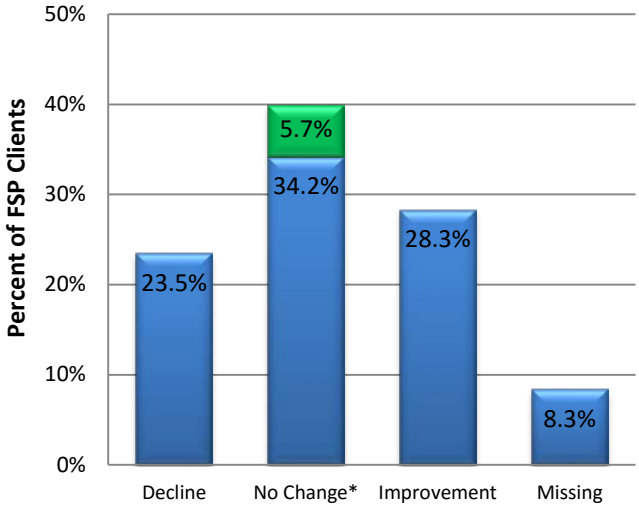
53% of FSP clients either improved (15%) or maintained excellent (38%) school attendance at follow-up assessment as compared to intake.




**Of the 55% of clients for whom no change was noted, 38% (green portion of bar) had consistently excellent attendance (intake and discharge assessments indicated most positive category for school attendance).*

### Academic Performance (n=2,117)

34% of FSP clients either improved (28%) or maintained excellent (6%) grades at follow-up assessment as compared to intake.




**Of the 40% of clients for whom no change was noted, 6% (green portion of bar) had consistently excellent grades (intake and discharge assessments indicated most positive category for school grades).*

## What Does This Mean?

- County of San Diego Children, Youth & Families Behavioral Health Services FSP programs have continued to enroll more clients.
- Children and youth who receive treatment in FSP programs showed improvement in their mental health symptoms, according to client, parent, and clinician report.
- Treatment of youth by Alcohol and Drug counselors at enhanced FSP programs was successful, as evidenced by the large reduction in youth who scored above the clinical cutpoint on the PESQ at discharge, compared to intake.
- More than half of youth FSP clients improved or maintained excellent school attendance. Approximately one-third of youth FSP clients improved or maintained excellent grades. FSP programs should continue to work with schools to ensure their clients' mental health challenges do not inhibit their academic success.

*The Child & Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders. For more information please contact Amy Chadwick at aechadwick@ucsd.edu or 858-966-7703 x7141.*

# FSP ACT Teams with MHSA Housing Funds

Fiscal Year 2014-15 Report

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

## Making a Difference in the Lives of Adults and Older Adults with Serious Mental Illness

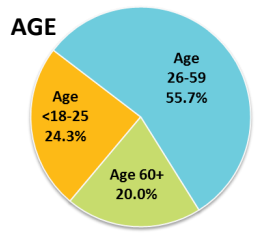
San Diego County Full Service Partnership (FSP) programs promote recovery and resilience through comprehensive, integrated, consumer-driven, strength-based care and a "whatever it takes" approach. Targeted to help those clients with the most serious mental health needs, services are intensive, highly individualized, and focused on helping clients achieve long-lasting success and independence.

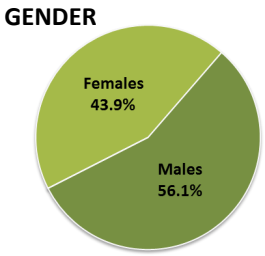
Full fidelity Assertive Community Treatment (ACT) teams—which include psychiatrists, nurses, mental health professionals, employment specialists, peer specialists, and substance-abuse specialists—provide medication management, vocational services, substance abuse services, and other services to help clients sustain the highest level of functioning while remaining in the community.

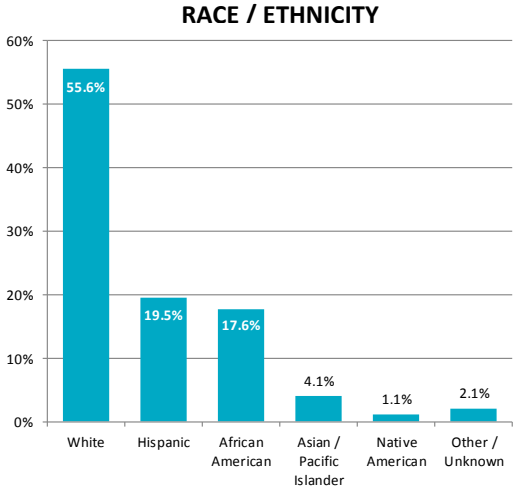
Clients receive services in their homes, at their workplace, or in other settings in the community they identify as the most beneficial to them or where support is most needed. Crisis intervention services are available 24 hours a day, 7 days a week.

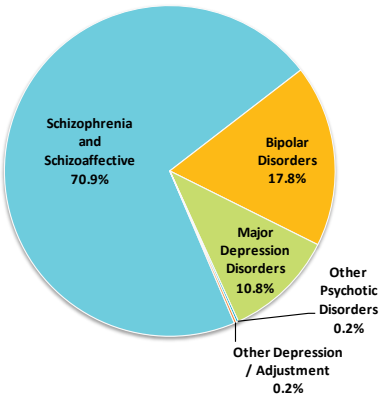
Drawing from a variety of sources, this report presents a system-level overview on service use and recovery-oriented treatment outcomes for individuals who received FSP services during Fiscal Year (FY) 2014-15. Demographic data and information on the use of inpatient and emergency psychiatric services come from the San Diego County CCBH (formerly Anasazi) data system. Data on basic needs (Housing, Employment, Education, Access to Primary Care Physician) and placements in restrictive and acute medical settings (Jail/Prison, State Hospital, Long-Term Care, and Medical Hospital) are drawn from the Department of Health Care Services (DHCS) Data Collection and Reporting (DCR) System used by all FSPs. Recovery outcomes and progress toward recovery data presented are from San Diego County's Health Outcomes Management System (HOMS).

### 960 Clients Served in FY 2014-15 — Demographics and Diagnoses



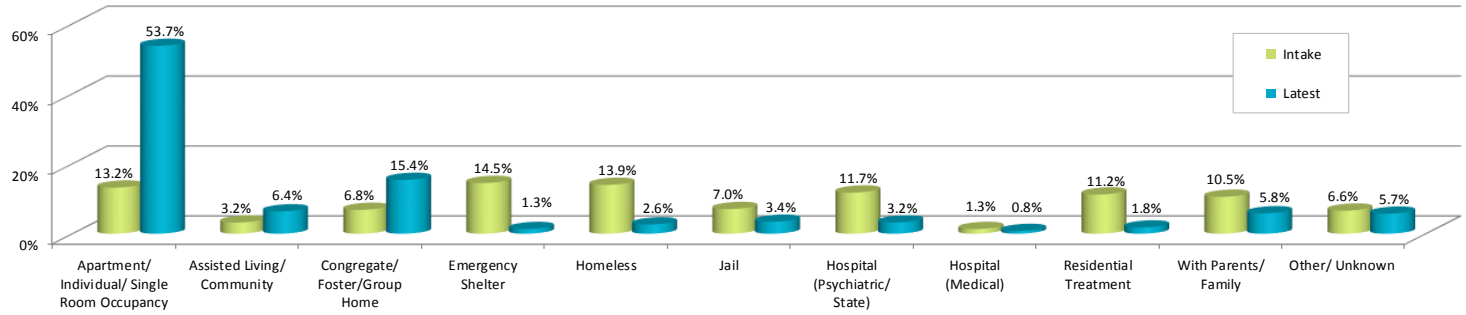




The following programs' data are included in this report (program name and Subunit #): Community Research Foundation (CRF) Impact (3401), North Star (3361), Center Star (3411), Pathways (was Providence Catalyst) (3391), and CRF Senior Impact (3481).

# MEETING FSP ACT CLIENTS' BASIC NEEDS

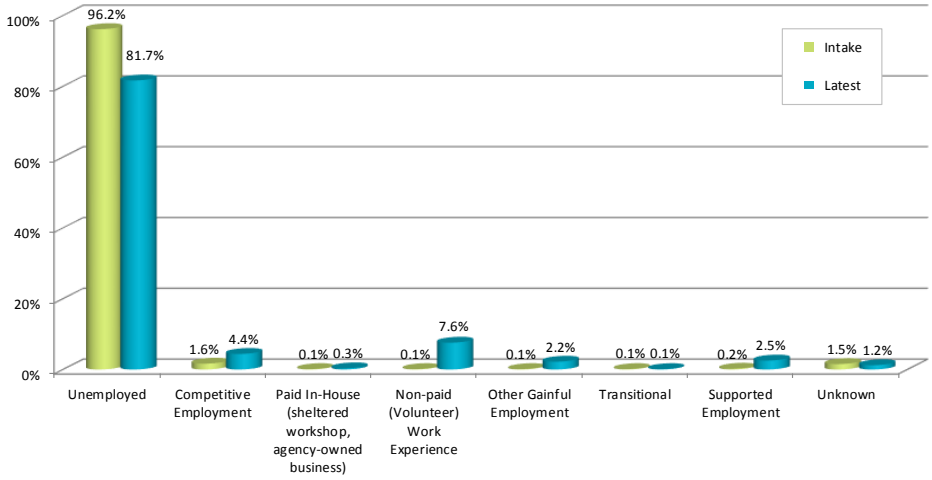
In FY 2014-15, FSP clients showed improvement in several areas of basic needs. Significant improvements were seen in movement of people from homelessness (13.9% at intake vs. 2.6% latest) and emergency shelter (14.5% at intake vs. 1.3% latest) into better living arrangements. Significantly larger percentages of clients were able to secure more adequate housing: 53.7% in an apartment or individual living situation and 15.4% in congregate, foster, or group homes.

## HOUSING



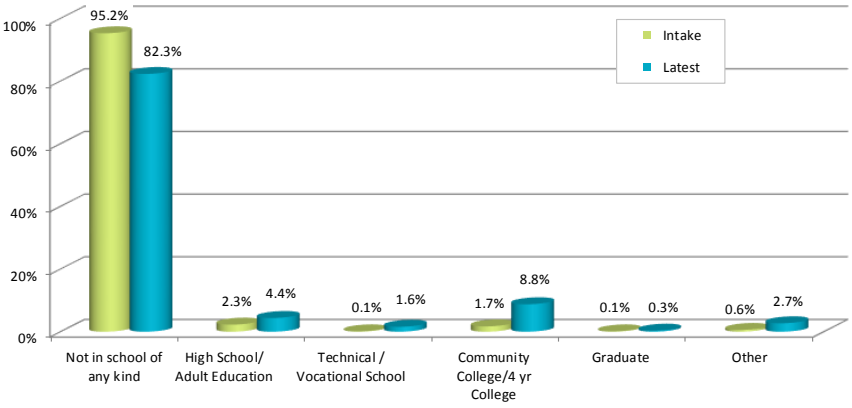

For some clients, involvement in meaningful occupational activities is an important part of recovery. FSPs can help connect clients to a variety of employment opportunities ranging from volunteer work experience to supported employment in sheltered workshops, to competitive, paid work. While most clients remained unemployed (81.7%), there was an improvement from intake to latest assessment with some clients moving from unemployed to other occupational statuses. The biggest gains were seen in movement into non-paid (volunteer) work experience (from 0.1% to 7.6%) and competitive employment (from 1.6% to 4.4%).

## EMPLOYMENT



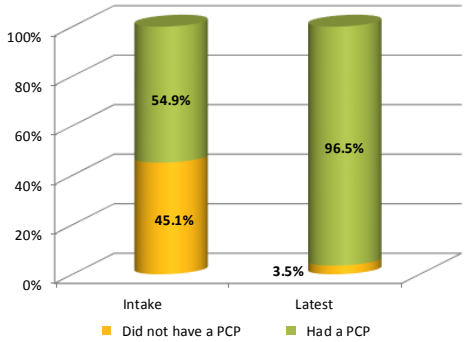

Education is a goal for some, but not all, people who received services. At intake, 4.8% of clients were enrolled in educational settings vs. 17.7% at the latest assessment.

## EDUCATION




At the time of FSP enrollment, 54.9% of people reported having access to a primary care physician (PCP), while 96.5% of clients reported having a PCP at the time of their latest assessment.

## CLIENTS WITH A PRIMARY CARE PHYSICIAN




Data source for all charts on this page: DHCS DCR 12/15/2015 download; Active clients in any period of FY 2014-15, N=911; Education data missing for 27 clients at intake and 20 clients at time of latest assessment.

## CHANGES IN SERVICE USE AND SETTING

The "whatever it takes" model of care provided by full fidelity FSP ACT programs aims to help people avoid the need for emergency care (EPU, PERT, Crisis Residential and Psychiatric Hospital). Overall, use of these services in FY 2014-15 decreased by 63.1% as measured by number of services used, and 53.2% when considering the number of individuals using services. The mean number of emergency services used per person decreased across PERT (10.4%) and Crisis Residential (20.9%) categories. The mean number of Psychiatric Hospital inpatient services used per person increased by 17.4%, while the mean number of EPU services per person increased by 7.1%. The overall number of services used per person decreased 21%.

### USE OF INPATIENT & EMERGENCY SERVICES (PRE/POST)

| | # OF SERVICES | | | # OF CLIENTS | | | MEAN # OF SERVICES PER CLIENT | | |
|---|---|---|---|---|---|---|---|---|---|
| TYPE OF EMERGENCY SERVICE | PRE | POST | % CHANGE | PRE | POST | % CHANGE | PRE | POST | % CHANGE** |
| EPU | 694 | 188 | -72.91% | 308 | 78 | -74.68% | 2.25 | 2.41 | 7.11% |
| PERT | 276 | 151 | -45.29% | 168 | 103 | -38.69% | 1.64 | 1.47 | -10.37% |
| Crisis Residential | 422 | 80 | -81.04% | 226 | 54 | -76.11% | 1.87 | 1.48 | -20.86% |
| Psychiatric Hospital | 703 | 355 | -49.50% | 290 | 125 | -56.90% | 2.42 | 2.84 | 17.36% |
| **Overall** | **2,095** | **774** | **-63.05%** | **474*** | **222*** | **-53.16%** | **4.42** | **3.49** | **-21.04%** |

*The overall numbers of clients PRE (n=474) and POST (n=222) indicate unique clients, many of whom used multiple, various services, while some clients used no emergency services.

**% change is calculated using the pre and post means.

PRE period data encompass the 12 months prior to each client's FSP enrollment and are from CCBH 10/15 and InSyst 10/09 downloads; FY 2014-15 California Department of Mental Health Data Collection and Reporting System (DCR) data from 12/15/2015 download used to identify active clients and for POST period data.

Clients in this analysis (n=762) had an enrollment date <= 7/1/2014 and Discontinued date (if inactive) > 7/1/2014. Data may include people who were discharged from FSP during the Fiscal Year but who continued to receive services.

In FY 2014-15, there was an overall decrease in the mean number of days per individual spent in restrictive settings: jail/prison, state hospital, and long-term care. The data on placement in acute medical settings are considered separately in the table below. The residential status of individuals receiving FSP services is changed to "Acute Medical Hospital" when admission to a medical hospital setting occurs for a physical health reason such as surgery, pregnancy/birth, cancer, or other illnesses requiring hospice or hospital-based medical care.

- Overall, both the number of days spent in restrictive settings and the number of people in placement decreased (by 68.9% and 58.3%, respectively).
- The largest decrease in the number of people in placement was for State hospital, with an 80.2% decrease.
- Both the number of days and number of individuals in acute medical settings increased (by 52% and 13.3%, respectively), suggesting that clients' access to medical treatment increased after FSP enrollment.
- Overall, the average number of days per individual in restrictive settings decreased by 25.5% while the overall average number of days per person in medical settings increased 34.1%.

### PLACEMENTS IN RESTRICTIVE & ACUTE MEDICAL SETTINGS (PRE/POST)

| | # OF DAYS | | | # OF CLIENTS | | | MEAN # OF DAYS PER CLIENT | | |
|---|---|---|---|---|---|---|---|---|---|
| TYPE OF SETTING | PRE | POST | % CHANGE | PRE | POST | % CHANGE | PRE | POST | % CHANGE** |
| Jail/Prison | 14,586 | 4,848 | -66.76% | 144 | 60 | -58.33% | 101.29 | 80.80 | -20.23% |
| State Hospital | 1,213 | 240 | -80.21% | 17 | 6 | -64.71% | 71.35 | 40.00 | -43.94% |
| Long-Term Care | 4,759 | 1,302 | -72.64% | 23 | 7 | -69.57% | 206.91 | 186.00 | -10.11% |
| **Overall** | **20,558** | **6,390** | **-68.92%** | **175*** | **73*** | **-58.29%** | **117.47** | **87.53** | **-25.49%** |
| Medical Hospital | 1,240 | 1,885 | 52.02% | 75 | 85 | 13.33% | 16.53 | 22.18 | 34.13% |

*The overall numbers of clients PRE (n=175) and POST (n=73) indicate unique clients, many of whom used multiple, various services, while some clients used no services.

**% change is calculated using the pre and post means.

Data source: DHCS DCR 12/15/2015 download; 12 month pre-enrollment DCR data rely on client self-report.

# MEASURING PROGRESS TOWARDS RECOVERY

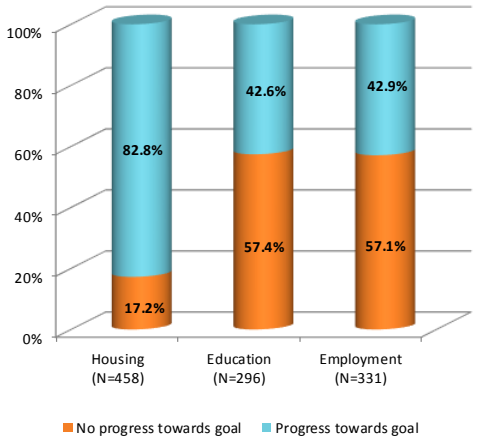
## Comparing NEW and ALL FSP ACT Program Clients Means for Assessments 1 and 2

FSP ACT Program clients' progress toward recovery is measured using two different instruments—the Illness Management and Recovery Scale (IMR) and the Recovery Markers Questionnaire (RMQ). Clinicians use the IMR scale to rate their clients' progress towards recovery. The IMR has 15 individually scored items; scores can also be represented using subscales or overall scores. Individuals receiving services use the 24-item RMQ scale to rate their own progress towards recovery. Higher ratings on both the IMR and the RMQ indicate greater recovery. Scores range from 1-5.

The IMR and RMQ scores displayed in the charts below compare scores of "NEW" clients to those of "ALL" clients. NEW clients are those who started receiving services in 2014 or later, who had two IMR/RMQ assessments during FY 2014-15 (Assessments 1 and 2), and whose first service date was within 30 days of their first IMR assessment; ALL clients includes every individual who had two IMR/RMQ assessments during FY 2014-15 (Assessments 1 and 2), regardless of how long they have received FSP services. Scores for NEW clients more directly demonstrate the effect of FSP services on client outcomes because ALL clients includes those people who may have been receiving services for long periods of time, starting before the implementation of FSP programs.

NEW clients' IMR scores at intake were lower than ALL clients' scores but NEW clients achieved greater gains between intake and latest assessment while ALL clients' scores remained stable. Both NEW and ALL clients' RMQ scores were higher than their IMR scores, indicating that both NEW and ALL clients tend to rate their progress higher than clinicians do. RMQ scores for NEW clients decreased while RMQ scores for ALL clients increased slightly.

# MAKING PROGRESS TOWARDS KEY TREATMENT GOALS




### Clients Whose Treatment Plan Includes Key Progress Goals — Progress at Latest IMR Assessment

In their IMR assessments, clinicians also note client progress toward goals related to housing, education, and employment. The chart on the left illustrates progress made by those individuals whose treatment plan included one or more of these key goals. It should be noted that both education and employment are longer-term goals than housing.

Of those people with a housing goal on their treatment plan, 82.8% demonstrated progress toward the goal, while 17.2% did not. Of those with an education goal on their treatment plan, 42.6% demonstrated progress, while 57.4% did not demonstrate progress. And of those people with an employment goal on their treatment plan, 42.9% demonstrated progress toward the goal, while 57.1% did not.

Data source for all charts on this page: HOMS FY 2014-15; Data include all HOMS entries as of 12/15/2015 for clients who received services in FSP ACT Model Programs, finished IMR/RMQ assessment 2 during FY 2014-15, and who had paired IMR/RMQ assessments within 4-8months.

## KEY FINDINGS AND DISCUSSION

The FSP ACT teams with MHSA housing funds have continued to make progress with the clients served in their programs. The population the FSP ACT model primarily aims to serve is homeless persons with serious mental illness (SMI). As of 2016, 14% of the homeless population in San Diego identified as having mental health issues[1]. Males make up 71.9% (n=1,173) of the overall homeless population. By comparison, the homeless population receiving FSP services is 56.1% male (n=732), suggesting that there may be a service gap for males.

There were some notable changes in the population in the report as compared to FY 13-14. The rate of females served increased (43.9% compared to 40.5%). There was a system-wide shift in the reporting of age, so the new categories are not directly comparable to last year; however, despite being more inclusive by 1 year, the proportion of clients in the youngest age group <18-25 decreased to 24.3% (from 31.9%). The adult age category was reclassified from 25-59 to 26-59. Despite the reduction in age breadth, the proportion of clients served increased to 55.7% (from 51.0%). The proportion of clients served aged 60 and older also increased, from 17.2% to 20%. This indicates a shift toward FSP programs serving adult and older adult clients more frequently than young adults and TAY populations. Further analysis of client age would allow for greater understanding of this population shift. Clients served with a primary diagnosis of Schizophrenia/Schizoaffective disorders increased from last year (70.9% compared to 59.7%) and a decrease was observed in the proportion of clients served with major depression disorders (10.8% compared to 17.7%).

The basic needs assessed are housing, employment, and education. Housing trends remained the same from last fiscal year, and a homelessness rate of 2.6% for clients was achieved at latest assessment. Nearly all clients were unemployed at intake, and this rate decreased with the involvement of the ACT teams; however, it was not as pronounced as the reduction seen from intake to latest in FY 13-14. Improvement was seen in the rate of those in an education setting from intake to latest assessment, but again this was not as pronounced as FY 13-14. Rates of clients with a PCP were similar to last year, with nearly all clients reporting having access to a PCP. Outpatient care is associated with reductions in cost of inpatient and emergency services.

Inpatient and emergency service use decreased from intake to the latest assessment, and the percent reduction in mean number of services per client was similar to last year (21.0% vs 22.2%). Overall, placements in restrictive and acute medical settings decreased from intake to latest. The number of clients requiring these services at latest assessment remained about the same, with a greater number of days observed this fiscal year. Therefore, the rate of reduction was not as pronounced as FY 13-14. The number of days of medical hospital use remained close to the same number of days as FY 13-14; however, the number of clients using a medical hospital has decreased since last year which results in a large increase in mean number of days per client using these services (+34.1% compared to –8.2%).

As previously discussed in this report, the changes for NEW clients recovery progress more clearly demonstrates the effect of FSP services since ALL clients may have begun receiving services before FSP programs were established. Given this, observed differences between IMR and RMQ mean scores from first assessment to latest were negligible for ALL clients. However, improvements were visible for NEW clients for IMR means. The latest IMR mean score shows slight improvement since last year (3.03 compared to 2.96), while the RMQ score for NEW clients remained very close (3.49 compared to 3.49). NEW clients' self-rated progress towards outcomes on the RMQ decreased slightly from assessment 1 to assessment 2 (3.55 to 3.47), though this change was not statistically significant.

Clients with progress on housing goals stayed consistent from last year to this year (82.8% vs 82.1%), but both education and employment progress toward goals decreased this year compared to last (42.6% vs 52.2% and 42.9% vs 50.4%, respectively). Housing is a top priority of FSP ACT programs, so maintaining this progress is important.

Overall, this report describes the FSP ACT team client population and highlights progress in meeting basic needs and promoting development for clients with SMI. Most of the outcomes evaluated have shown slightly less improvement when compared to last fiscal year, though changes made from intake to latest are still indicating improvement. Additional analyses would allow for better understanding of the longitudinal trends that occur for clients of FSP ACT teams.

1 http://www.rtfhsd.org/wp/wp-content/uploads/2016/05/Final-General-Fact-Sheet-2016.pdf

# CHILD & FAMILY PEI PROGRAMS

## SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2014—15 ANNUAL REPORT

The Mental Health Services Act Prevention and Early Intervention funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 13 contractors to provide prevention and early intervention (PEI) programs for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided. This information is summarized in the following report.

**DATA: Child and Adolescent PEI Programs**

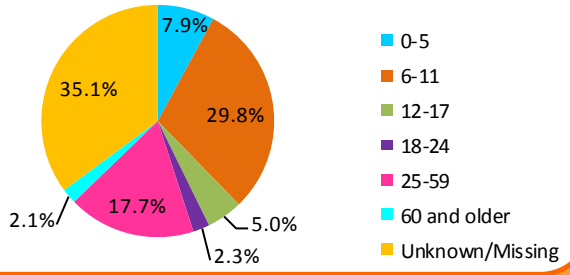
**REPORT PERIOD: 7/1/2014-6/30/2015**

**NUMBER OF PARTICIPANTS WITH DATA IN FY 2014-15: 38,729 (Unduplicated)*†**

** Data for all students participating in the HERE Now Suicide Prevention program were calculated from a representative sample of students who provided demographic and satisfaction information.*
*†All known duplicates are excluded from this count; however, unduplicated status cannot be verified among programs that do not issue client identification numbers.*

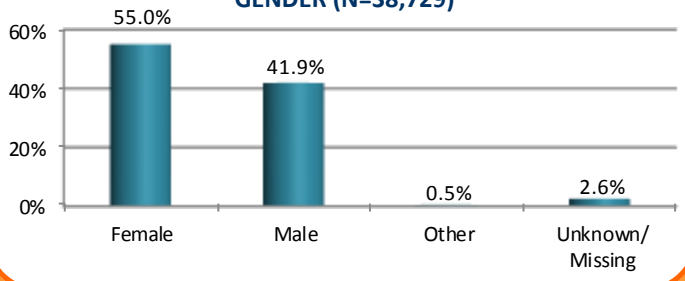
## SYSTEMWIDE PARTICIPANT DEMOGRAPHICS

### AGE (N=38,729)



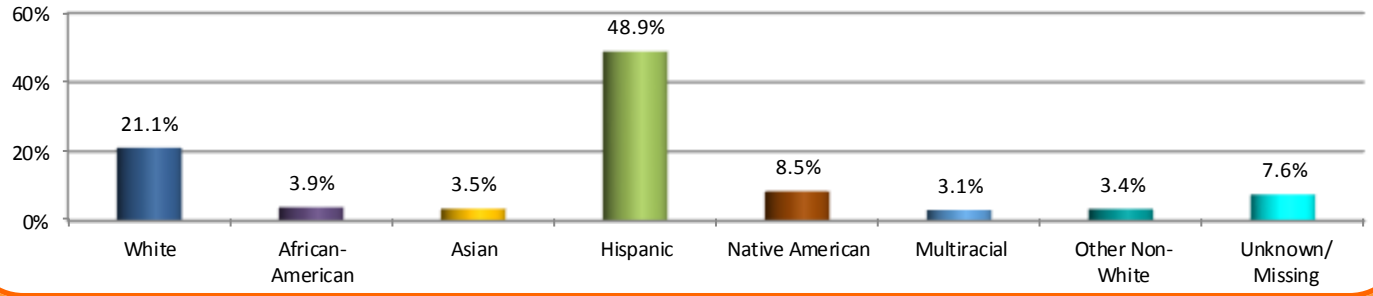

Forty-three percent of participants were reported to be ages 0-17. Of the children and youth under age 18, 70% were ages 6-11. Some participants were older than 18 because several children's PEI programs include caregivers and community members.

### GENDER (N=38,729)



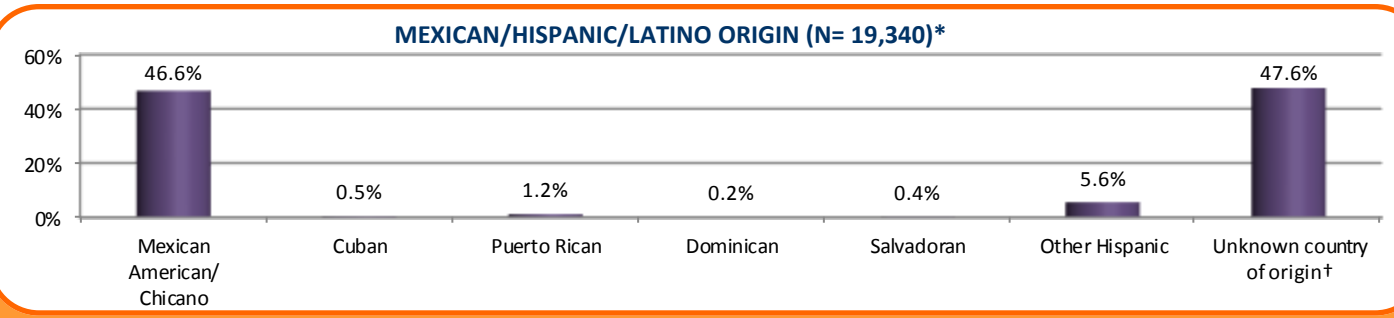

Fifty-five percent of the participants who received services identified their gender as female.

### RACE/ETHNICITY (N=38,729)*




Forty-nine percent of participants who received services identified their race/ethnicity as Hispanic. Race/ethnicity was not reported for 8% of participants.

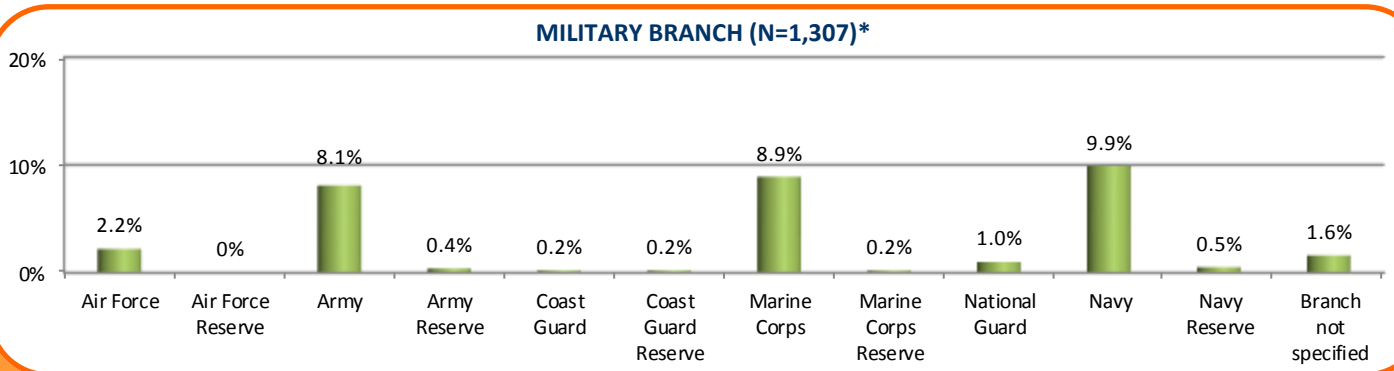
**Participants can self-identify as more than one race so percentages may add up to more than 100%.*




Of the Hispanic population served, 47% identified their ethnic background as Mexican American/Chicano.

**Participants can self-identify as more than one race so percentages may add up to more than 100%.*
*†Some PEI programs did not ask Hispanic participants to list their country of origin. Participants from these programs are included in the unknown category.*

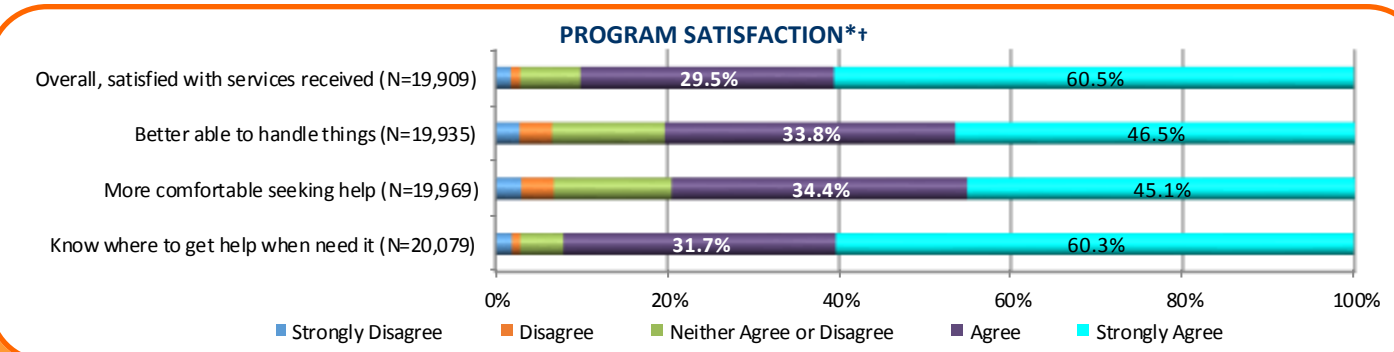
## CAREGIVER INVOLVEMENT IN MILITARY SERVICE




Of the 15,300 participants for whom caregiver involvement in the military was reported, 1,307 (8.5%) stated that the youth's caregiver had served in the military. Of these caregivers, 10% served in the Navy, 9% served in the Marine Corps and 8% served in the Army. The remaining branches were not highly represented.

**Participants could have served in more than one military branch so numbers and percentages may add up to more than the N or 100%.*

## PROGRAM SATISFACTION




Information on satisfaction with the PEI programs was available for approximately 52% of the participants. Of these participants, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 90% of the participants who responded were satisfied with the services they received.

**Satisfaction data not available for all participants.*
*†Satisfaction data includes duplicate participants.*

**The Child and Adolescent Services Research Center** (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

# ADULT PEI PROGRAMS

## SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2014—2015 ANNUAL REPORT

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

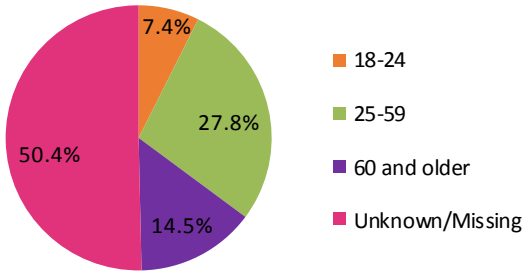
HEALTH SERVICES RESEARCH CENTER, UNIVERSITY OF CALIFORNIA, SAN DIEGO

The Mental Health Services Act Prevention and Early Intervention funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 25 contractors to provide prevention and early intervention (PEI) programs for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer's disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided. This information is summarized in the following report.

| |
|---|
| **DATA: Adult PEI Programs** |
| **REPORT PERIOD: 7/1/2014-6/30/2015** |
| **NUMBER OF PARTICIPANTS WITH DATA IN FY 2014-15: 15,341 (Unduplicated)** |

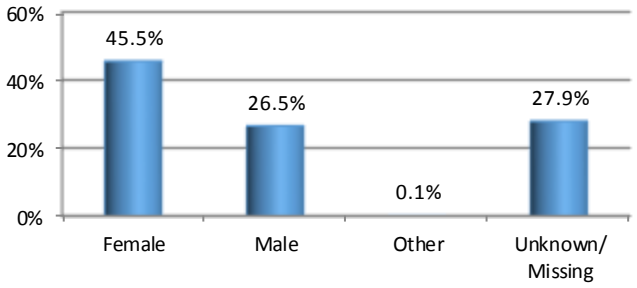
## SYSTEMWIDE PARTICIPANT DEMOGRAPHICS*

### AGE (N=15,341)



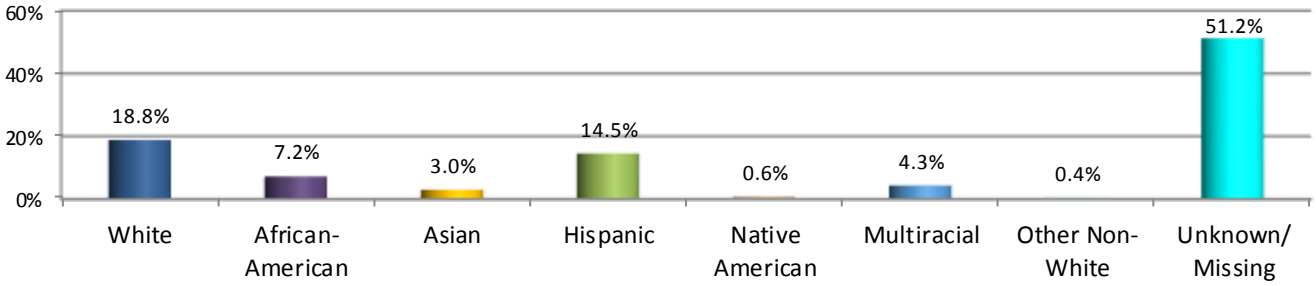

Out of those for whom age was known, 28% of participants who received services were ages 25-59.

### GENDER (N=15,341)




Forty-six percent of participants who received services identified their gender as female.

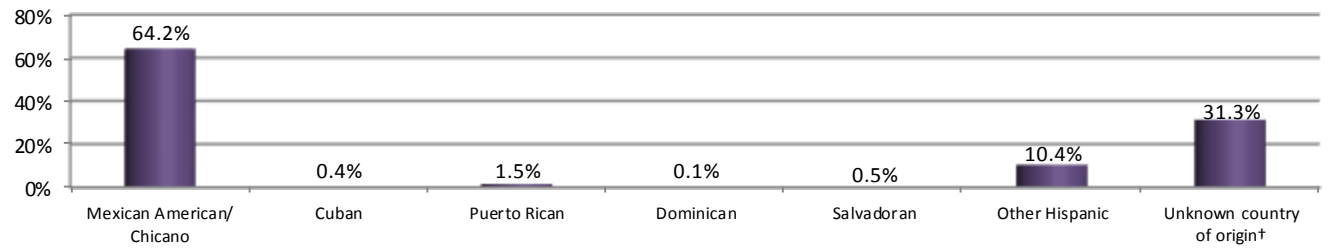
### RACE/ETHNICITY (N=15,341)†




Thirty-three percent of participants who received services identified their racial/ethnic background as either White or Hispanic.

**The percentage of participants with unknown or missing demographic information is high because individuals who called the Adult/Family Peer Support Line, one of the largest PEI programs, often did not report their demographics.*

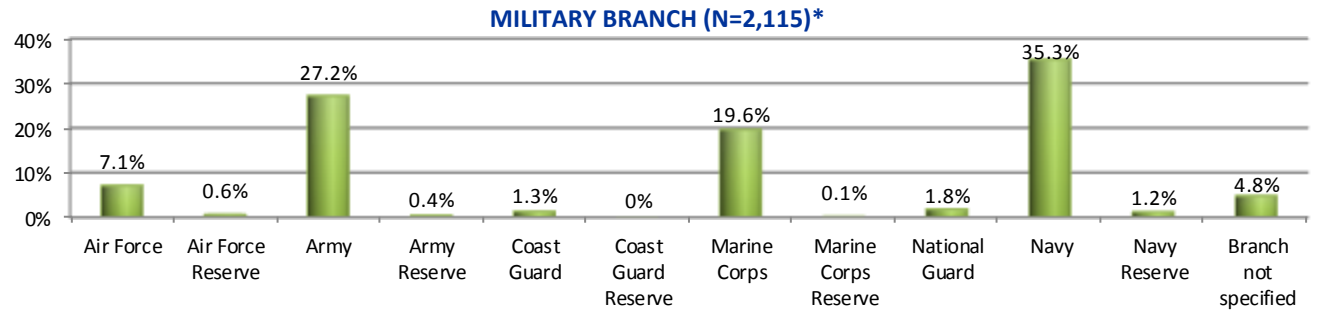
*†Participants can self identify as more than one race so percentages may add up to more than 100%.*




Of the Hispanic population served, 64% identified their ethnic background as Mexican American/Chicano.

**Participants can self identify as more than one race so percentages may add up to more than 100%.*
*†Some PEI programs did not ask Hispanic participants to list their country of origin. Participants from these programs are included in the unknown category.*

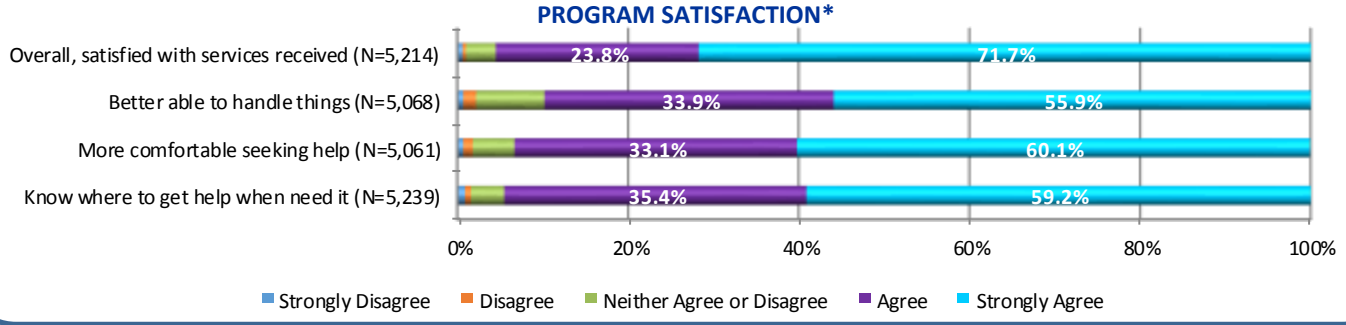
## MILITARY SERVICE




Information on participation in military service was available for 2,505 participants, of whom 2,115 (84%) had served in the military. Of those participants, 35% served in the Navy, 27% served in the Army, 20% served in the Marine Corps and 7% served in the Air Force. The remaining military branches were not as highly represented, and 5% participants did not specify a military branch of service.

**Participants could have served in more than one military branch so numbers and percentages may add up to more than the N or 100%.*

## PROGRAM SATISFACTION




For each satisfaction question, responses were obtained from approximately 34% of the participants. Of these participants, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 96% of the participants who responded were satisfied with the services they received.

**Satisfaction data not available for all participants.*

**The Health Services Research Center (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Quality Improvement Unit of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.**

# CHILD & ADULT PEI PROGRAMS

## SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES
PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2014—2015 ANNUAL REPORT

The Mental Health Services Act Prevention and Early Intervention funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. San Diego County has funded 25 contractors to provide prevention and early intervention (PEI) programs for adults and older adults, and 13 contractors for youth and transition age youth and their families. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing youth suicide. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided. This information is summarized in the following report.

**DATA: Child and Adult PEI Programs**

**REPORT PERIOD: 7/1/2014-6/30/2015**

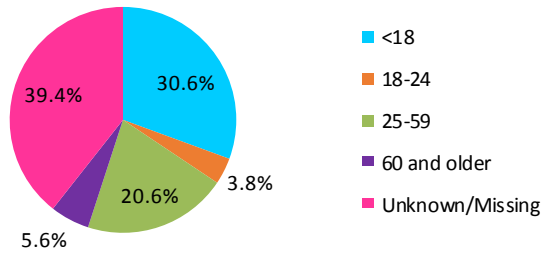
**NUMBER OF PARTICIPANTS WITH DATA IN FY 2014-15: 54,070 (Unduplicated)*†**

**Data for all students participating in the HERE Now Suicide Prevention program were calculated from a representative sample of students who provided demographic and satisfaction information.*

*†All known duplicates are excluded from this count; however, unduplicated status cannot be verified among programs that do not issue client identification numbers.*

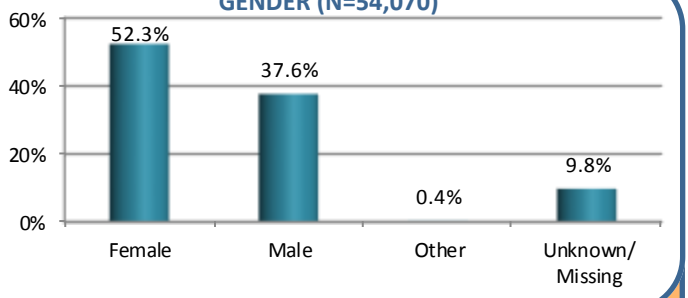
## SYSTEMWIDE PARTICIPANT DEMOGRAPHICS

### AGE (N=54,070)



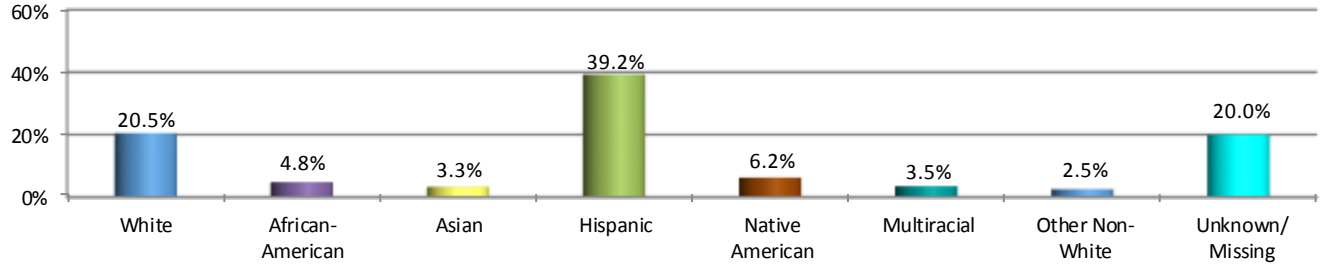

Thirty-one percent of participants were under the age of 18 and 21% were between the ages of 25-59.

### GENDER (N=54,070)



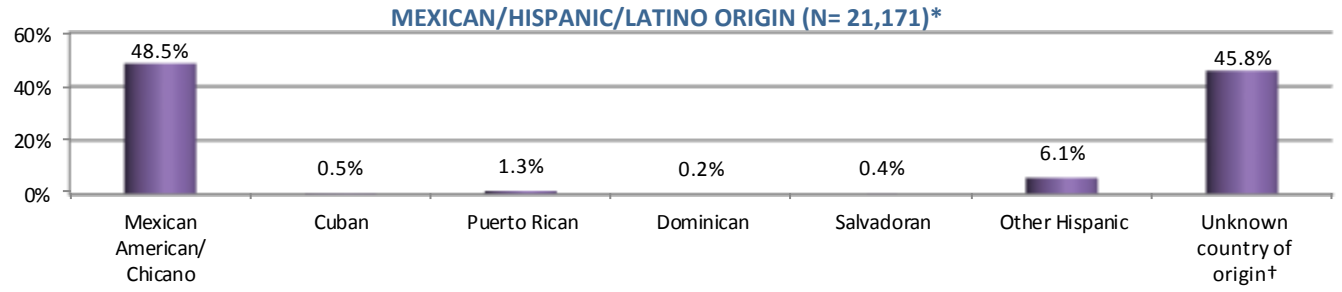

Fifty-two percent of participants who received services identified their gender as female.

### RACE/ETHNICITY (N=54,070)*




Thirty-nine percent of participants who received services identified their ethnic background as Hispanic. Race/ethnicity was not reported for 20% of participants.

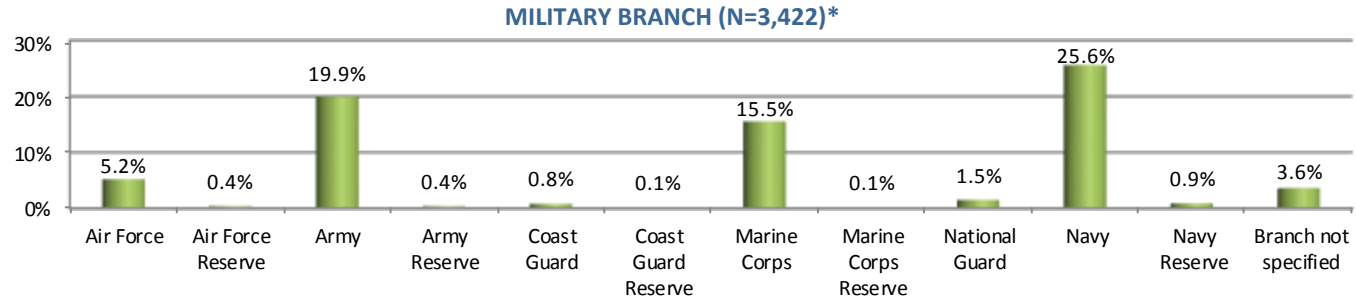
**Participants can self-identify as more than one race so percentages may add up to more than 100%.*




Of the Hispanic population served, 49% identified their ethnic background as Mexican American/Chicano.

**Participants can self-identify as more than one race so percentages may add up to more than 100%.*
*†Some PEI programs did not ask Hispanic participants to list their country of origin. Participants from these programs are included in the unknown category.*

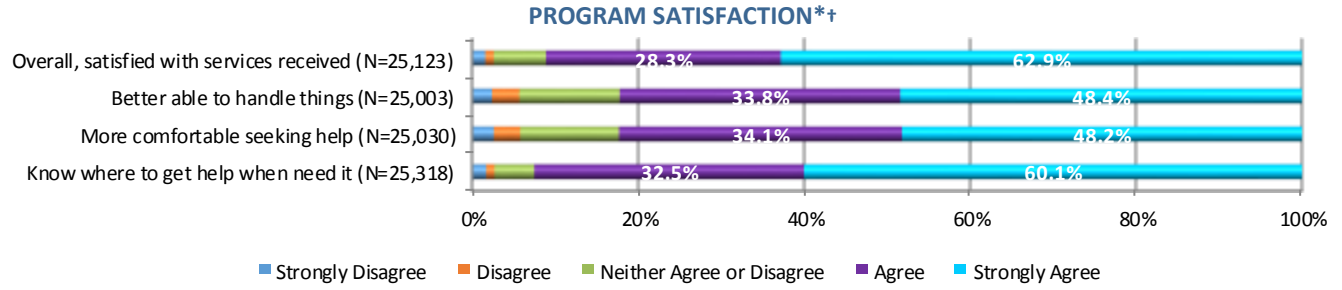
## MILITARY SERVICE




In the adult PEI programs, participants were asked about their own military involvement. The children's PEI programs reported whether the children's caregivers had served in the military. Of the 17,805 participants in both systems for whom military service status was known, 3,422 (19%) stated that either they or their child's caregiver had served in the military. The majority of these individuals served in the Navy (26%), the Army (20%), the Marine Corps (16%) or the Air Force (5%). The remaining military branches were not highly represented.

**Participants could have served in more than one military branch so percentages may add up to more than 100%.*

## PROGRAM SATISFACTION




Information on satisfaction with the PEI programs was available for approximately 47% of the participants. Of these participants, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 91% of the participants who responded were satisfied with the services they received.

**Satisfaction data not available for all participants.*
*†Satisfaction data includes duplicate participants.*

**The Child and Adolescent Services Research Center** (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

**The Health Services Research Center** (HSRC) at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Quality Improvement Unit of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.

# APPENDIX E
# MHSA INNOVATION PROJECTS
# EVALUATION REPORT

COUNTY OF SAN DIEGO – HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

# Mental Health Services Act Innovation Projects

## Evaluation 2015

Innovation Projects Evaluation
Developed by the County of San Diego Behavioral Health Services, Behavioral Health Division, Quality Improvement Unit

If more information is desired, please email your request to the QI Performance Improvement Team at
BHSQIPOG@sdcounty.ca.gov

# TABLE OF CONTENTS

INTRODUCTION .....1

HHSA AND BHS VISION, MISSION, AND GUIDING PRINCIPLES .....2

**INN-01:** Wellness and Self-Regulation for Children and Youth .....3

**INN-02:** "Hope Connections" Peer and Family Engagement Project .....8

**INN-03:** Physical Health Integration Project .....14

**INN-04:** Mobility Management in North San Diego County .....20

**INN-05:** Positive Parenting for Men in Recovery.....25

**INN-06:** After School Inclusion .....30

**INN-07:** Transition Age and Foster Care Youth.....35

**INN-08:** Independent Living Facilities.....39

**INN-09:** Health Literacy (Currently on Hold).....43

**INN-10:** In-Home Outreach Teams (IHOT) .....44

(BLANK PAGE)

# Introduction

The Mental Health Services Act (MHSA), Proposition 63, was approved by California voters in November 2004 and became effective January 1, 2005. The MHSA provides funding for expansion of mental health services in California. As required by the law, the County of San Diego, through the Health and Human Services Agency (HHSA) Mental Health Services Division, has completed the MHSA Innovation Program and Expenditure Plan. The MHSA Innovation Plan outlines proposed MHSA-funded programs and services to be provided locally. Innovation programs provide services that are novel, creative, and/or ingenious mental health practices/approaches that are expected to contribute to learning. These Innovation programs were developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals.

The County's MHSA Innovation Plan will be updated annually based on funding revisions and other program considerations. New programs will be added based on funding availability. The MHSA provides access to services for identified unserved/underserved clients in new or expanded programs, but may not replace or supplant existing services. Services provided through MHSA support the County's adopted Live Well, San Diego! vision by enabling participants with behavioral health needs and the general public to access necessary resources and thereby lead healthy and productive lives.

In accordance with the MHSA ***Vision Statement*** and ***Guiding Principles***, services are designed to adhere to the following principles:

- Cultural and linguistic competency
- Promotion of resiliency in children and their families, and recovery/wellness for adults and their families
- Increased access to services, including timely access and more convenient geographic locations for services
- Services that are more effective, including evidence-based or best practices
- Reduced need for out-of-home and institutional care, maintaining clients in their communities
- Reduced stigma towards mental illness
- Consumer and Family participation and involvement
- Increased array and intensity of services
- Screening and treatment for persons with dual diagnoses
- Improved collaboration between mental health and other systems (education, law enforcement, child welfare, etc.)
- Services tailored to age-specific needs
- Address eligibility gaps by serving the uninsured and unserved

# HHSA and BHS Vision, Mission, and Guiding Principles

All Innovation Projects are in alignment with the HHSA and Behavioral Health Services' vision, mission, and strategy/guiding principles.

## County of San Diego, Health and Human Services Agency

**Vision**: Healthy, Safe, and Thriving San Diego Communities.
**Mission**: To make people's lives healthier, safer, and self-sufficient by delivering essential services.
**Strategy:**

1. **Building a Better System** focuses on how the County delivers services and how it can further strengthen partnerships to support health. An example is putting physical and mental health together so that they are easier to access.
2. **Supporting Healthy Choices** provides information and educates residents so they are aware of how choices they make affect their health. The plan highlights chronic diseases because these are largely preventable and we can make a difference through awareness and education.
3. **Pursuing Policy Changes for a Healthy Environment** is about creating policies and community changes to support recommended healthy choices.
4. **Improving the Culture from Within**. As an employer, the County has a responsibility to educate and support its workforce so employees "walk the talk." In order to make a positive impact on those served throughout the County, the workforce needs to be on the same page.

## Behavioral Health Services

**Vision:** Safe, mentally healthy, addiction-free communities.
**Mission:** In partnership with our communities, work to make people's lives safe, healthy, and self-sufficient by providing quality behavioral health services.
**Guiding Principles:**

1. Support activities designed to reduce stigma and raise awareness surrounding mental health, alcohol and other drug problems, and problem gambling.
2. Ensure services are outcome driven, culturally competent, recovery and client/family centered, and innovative and creative.
3. Foster continuous improvement to maximize efficiency and effectiveness of services.
4. Maintain fiscal integrity.
5. Assist employees in reaching their full potential.

**Mental Health Services Act Innovations Projects**
**INN-01 Wellness and Self-Regulation for Children and Youth Evaluation 2015**

Program Name: **Wellness and Self-Regulation for Children and Youth**
Program Start Date: **October 15, 2010**
Program End Date: **October 14, 2013**

## Purpose

1. **Purpose:**
   The Wellness and Self-Regulation for Children and Youth Innovations Project was an MHSA funded program. It was awarded to both New Alternatives Incorporated (New Alternatives Inc.) for adolescents, ages 12 to 18 in the Rate Classification Levels (RCL) 12 and 14, and to San Diego Center for Children for children ages 6 to 13 in RCL 12. The goal of this program was to address the specific physical, emotional, and relational challenges faced by these children and youth. Given their circumstances, these children and youth are more likely to face health challenges such as obesity, diabetes, depression, anxiety, post-traumatic stress, and other life challenges.

2. **Explanation of Purpose:**
   The Wellness and Self-Regulation Program offered these youth an array of alternative, holistic interventions to produce a positive impact on their mental and physical health. These alternative treatment strategies focused on teaching youth multiple ways to re-regulate functioning in the following areas: arousal level, mood, physical health, mental health, social functioning, sleeping patterns, eating habits, family wellness, frustration management, and sense of self.

## Learning Objectives

1. **Learning Objective (#1): Impact of Nutrition on a Child's Health, Weight, and Behaviors.**

**What We Hoped to Learn:** Would implementing a healthier school lunch menu improve a child's health and weight management and decrease negative behaviors?

**What We Learned:** A lot was learned and observed during the implementation of this program. First, this program highlighted the importance of a proper nutritional base. The first change implemented to one of the campuses was the menu. The menu changed from a standard school lunch to a menu based on the Mediterranean diet created by the Kitchen Manager and a consulting Clinical Nutritionist. This menu maximized nutrition while minimizing sugar intake. After implementing this lunch menu, staff noticed an increase in weight management and a decrease in negative behaviors by the children.

## 2. Learning Objective (#2): Impact of Motivational Interviewing

**What We Hoped to Learn:** Would training staff on Motivational Interviewing produce more positive interactions with the youth?

**What We Learned:** As part of the Wellness and Self-Regulation program, the staff were properly trained to implement Motivational Interviewing through a program known as Why Try. This technique trained and encouraged staff to interact with the youth in a more effective way. Overall, power struggles were avoided and the youth were empowered. This resulted in a more effective and positive relationship between the staff and the children. Also, the use of Motivational Interviewing helped create a more positive campus climate.

## 3. Learning Objective (#3): Medication Tracking to Monitor Client's Use

**What We Hoped to Learn:** Did a youth's involvement in this program result in a decrease in their medication use?

**What We Learned:** Medication use is a complex and multifaceted issue; therefore, different methods for tracking medications were discussed prior to implementation. It was agreed to track the number of medications per category, such as antidepressants and antipsychotics. Overall, an average of 15.6 percent of discharged teens experienced a decrease in medication use per diagnostic category. However, there was no overall significant decrease in psychotropic medication use. Although, possibly due to a better diet and a slight decrease in the use of psychotropic medication, there was a noticeable decrease in the use of other medications used to help counteract the psychotropic medication side effects.

## 4. Learning Objective (#4): Administration of Mood Surveys to Youth

**What We Hoped to Learn:** Did youth's involvement in this program positively impact their mood over time?

**What We Learned:** Mood surveys were administered to measure feeling happy, sad, calm, or angry. The initial plan was to administer the surveys daily; however, survey administration changed to weekly to avoid the youths' frustration with the survey frequency. Despite this change in frequency of administering the survey, the youth still became frustrated. It was concluded that mood surveys did not accurately measure the intended goal. Although, it was learned that psychological assessments provided a valid and reliable method for measuring psychological health and therefore, it can be used as a better tracking system of a youth's overall functioning in the future.

### 5. Learning Objective (#5): Monitoring a Youth's Cholesterol, Blood Sugar, and Blood Pressure

**What We Hoped to Learn:** Did the implemented wellness interventions positively impact a youth's cholesterol, blood sugar, and blood pressure?

**What We Learned:** Overall, the large majority of youth had normal cholesterol, blood sugar, and blood pressure levels, thus there was no significant change observed. However, some teens (average of 10 throughout the program) with high cholesterol or who were pre-diabetic or diabetic experienced improvements in these areas. In the future, these measurements can be reserved for the youth who specifically experience or express concerns with cholesterol, blood sugar, or blood pressure. Also, these measurements could be obtained at intake or if concern arises, and then monitored quarterly. This approach would be less intrusive and overall more cost-effective.

### 6. Learning Objective (#6): Monitoring a Youth's Heart Rate

**What We Hoped to Learn:** Did the implemented wellness interventions positively impact a youth's heart rate?

**What We Learned:** The Wellness Licensed Vocational Nurse (LVN) obtained the youth's heart rate measurements weekly. The participants' heart rate measurement changes were insignificant. It was very difficult to obtain this measurement at the same time each week, and many teens refused, thus creating a fluctuation in readings and deeming the data invalid. Overall, monitoring a youth's heart rate did not show to be necessary for tracking physical health improvements.

## Analysis of Program Effectiveness

### 1. Changes or Modifications during Implementation:

The Wellness and Self-Regulation contract required some modifications to its required elements in order to improve its effectiveness, efficiency, and to better coordinate with programs already in place such as mental health clinics and schools.

Initially, the contract required five wellness activities to be offered per day. At New Alternatives Inc. wellness activities were between 45 and 60 minutes in duration making it difficult to achieve five activities after school in a day. Therefore, the requirement for daily wellness activities was adjusted to three to five activities per day and allowed for more flexibility to schedule activities. Next, mood surveys were intended to be administered to youth daily. However, due to dissatisfaction among the youth, the mood survey administration was changed from daily to weekly.

Lastly, in order to take a deeper look at the psychological impact of the wellness and self-regulation program, the directors suggested adding valid and reliable psychological assessments to the outcomes data. Thus, the assessments were implemented upon intake and discharge, and at

six-month intervals, as needed, to ensure a pre and post score. Within the psychological assessments, three clinically validated assessments were chosen to measure anxiety, depression, and post-traumatic stress (RCMAS, CDI, UCLA-PTSD Index).

2. **Impact on Participants:**

The implementation of a healthier lunch menu appeared to have positively impacted participants by improving weight management and reducing negative behaviors. The use of Motivational Interviewing by staff also resulted in a positive campus culture as it empowered the youth and improved relationships between the staff and the youth.

3. **What Was Learned:**

Implementing a healthier lunch menu at the school appeared to have a positive impact on youth's physical and mental health. In addition, the use of Motivational Interviewing improved the youth's resilience and empowered them in decision making. The tracking of mood, cholesterol, blood sugar, blood pressure, heart rate, and medication proved to be more of a stressor on staff and the youth; therefore, it will not be recommended to track for continued program management or future program implementation.

4. **Recommended for Replication? YES**

Although the MHSA Wellness and Self-Regulation contract ended October 14, 2013, the wellness program at New Alternatives, Inc. has continued. The Wellness Director assembled a team of Wellness Leaders to assume the responsibilities of the wellness program and developed a built-in sustainability plan. The team of Wellness Leaders lead daily wellness activities, provide nutrition education, model healthy behaviors, and educate the youth and staff about wellness issues. To allow for more flexibility, each unit on campus designed their own unique schedule of wellness activities based on the interests of the teens.

In addition, the program implemented sensory integration through a sensory room. The use of sensory integration to promote healthy self-regulation in teens has been effective and congruent with the trauma-focused nature of the wellness program. Sensory integration education allows teens and staff to identify warning signs and initiate sensory interventions and coping skills to prevent escalation of behaviors.

5. **Lessons Learned in Implementation:**

This experience determined what elements would be beneficial for future wellness programs and what elements are not necessary. It was learned that the weekly mood surveys should be eliminated from the program. Also, quarterly blood draws along with heart rate and blood pressure measurements should be administered to specific youth with health concerns. Lastly, although medication tracking is difficult to track for this population, specific medication tracking

measures identifying type, dose, and times per day, may be helpful in gaining more insight into the wellness program's effect on medication use. However, this would require adequate staffing to track this information on a more formal and consistent basis.

6. **Program Cost-Effectiveness:**

   Professional wellness consultants were an integral part of this contract, and their expertise in wellness benefitted all involved. Unfortunately, the cost comparisons surrounding the wellness activities that required an individual with a licensed certification or training to lead were not tracked during this contract term. In order to improve cost effectiveness it is recommended to analyze and determine which wellness activities require Wellness Leaders who possess professional certificates compared to those who do not.

| **Next Steps/Recommendations** |
| --- |
| Program has been discontinued; however, effective elements have been incorporated into existing programs since the philosophy of the program is well aligned with *Live Well! San Diego*. |

## INN-02 HOPE Connections Evaluation 2015

Program Name: **HOPE Connections Peer and Family Engagement Project**
Program Start Date: **July 1, 2011**
Program End Date: **December 31, 2014**

### Purpose

1. **Purpose:**
   HOPE Connections offered support to individuals experiencing mental health challenges and their family members from the unique perspective of "someone who has been there." HOPE Connections utilized peers, clinicians, nurses, and family members to assist clients in navigating the County of San Diego's behavioral health system. Specifically, they assisted clients particularly during significant life transitions such as the initial engagement with behavioral health services. Additionally, HOPE Connections aimed to reduce the need for hospitalization, reduce stigma, and foster independence in clients while they navigate behavioral health services.

2. **Explanation of Purpose:**
   HOPE Connections offered peer support and family engagement to clients and their families in three levels of care throughout San Diego County's Behavioral Health Services (SDCBHS): the County's Emergency Psychiatric Unit (EPU), the County of San Diego's Psychiatric Hospital (SDCPH), and designated outpatient mental health clinics. Culturally and linguistically competent support staff offered referrals, side-by-side coaching, assistance with reintegration into the community, linkages to appropriate mental health services, and help with navigating both behavioral and primary health care systems in an effort to encourage outpatient service utilization and recovery. HOPE Connections also developed an educational curriculum to train peer specialists and family members to serve as an effective bridge between primary health and behavioral health care.

### Learning Objectives

1. **Learning Objective (#1): Determine the Impact of Peer Engagement**

**What We Hoped to Learn:** Did having Support Specialists at the clinic site produce better client recovery outcomes?

**What We Learned:** Overall, it was found that by having a presence of a Peer Specialist in the EPU and at clinic sites increased utilization of Outpatient services for enrolled participants from 28 percent to 60 percent. Even for individuals who were just contacted by Support Specialists in the EPU ad not enrolled in HOPE reported an increase in utilization of services from 25 percent to 40 percent.

2. **Learning Objective (#2): Determine if Peer Specialists Build Trusting Relationships with Clients and Family**

**What We Hoped to Learn:** Were Support Specialists able to build trust with clients and families and make them feel less overwhelmed?

**What We Learned:** The program implemented "warm hand-offs" by having Community Specialists meet and engage with a client prior to the client's discharge from the hospital. This was found to create a positive relationship between the staff and client. However, it was recommended to collect satisfaction data in the future to evaluate how well peer and family staff were able to engage and assist clients and their families.

3. **Learning Objective (#3): Understand the Service Patterns of Clients Engaged at EPU**

**What We Hoped to Learn:** Did initial client engagement by peers and family at the EPU lead to improved access and utilization of behavioral health services?

**What We Learned:** Preliminary data suggests that involvement with the program's peer specialists may have increased the utilization of outpatient mental health services at a higher rate than clients who did not have support through the HOPE program following the services received at EPU or SDCPH. Unfortunately, due to various reasons and entry points to access mental health services, this measure was not formally tracked throughout the program's existence.

4. **Learning Objective (#4): Detect the Role of Family Involvement in EPU Outcomes**

**What We Hoped to Learn:** Did an effort to include the family members of clients contribute to better outcomes in the EPU?

**What We Learned:** Increased family involvement served as an alternate source in reconnecting with clients post discharge and an important tool in utilizing the clients' natural resources in the community. However, this was not formally tracked within the program. While family involvement seemed to be very helpful for both staff and clients, it is recommended for future programs to collect data in effort to establish a link between family involvement and better outcomes in the EPU.

5. **Learning Objective (#5): Understand the Relationships Between EPU Engagement and Client Retention**

**What We Hoped to Learn:** Did effective engagement and linkage by the HOPE Connections team within the EPU result in greater client retention in behavioral health services?

**What We Learned:** The use of Community Specialists to drive patients to their initial clinic appointment immediately after discharge helped increase the clients' access to and utilization of services. Also, HOPE Connections ensured that established transportation services for future appointments were in place to help effectively engage clients to continue the use of needed behavioral health services. It was noted that patients often did not accept a ride to an appointment directly after being discharged from the hospital due to the desire to return home.

6. **Learning Objective (#6): Identify the Relationships Between Peer/Family Support and Long-Term Recovery**

**What We Hoped to Learn:** Did the use of peer and family supports result in positive long-term recovery outcomes for clients?

**What We Learned:** Various metrics regarding increased linkages to care, employment status, and living situation were not collected consistently throughout the program. It was learned to collect this information to track if peer and family support positively impacted clients and their long-term recovery outcomes.

7. **Learning Objective (#7): Determine the Effectiveness of Client-Centered, Recovery-Oriented Services within the EPU and Outpatient clinics**

**What We Hoped to Learn:** Did voluntary, recovery-oriented, client-driven services successfully change staff attitudes toward recovery within the EPU and outpatient clinic environments?

**What We Learned:** Through the use of peers and family, HOPE Connections was able to educate and support clients, their families, and the community in accessing resources. The program followed up with clients referred to mental health clinics to help create positive relationships and effective communication with the staff at mental health clinics. Also, the program assigned Community Specialists to be present at clinics during a specific time frame within walk-in hours to help establish relationships and set up meetings for the clients.

8. **Learning Objective (#8): Determine the Effectiveness of Peer Engagement Strategies within Age, Ethnic, and Cultural Groups**

**What We Hoped to Learn:** Were peer engagement strategies effective with certain age, ethnic, and cultural groups? Were these results strong enough to inform practice for this program and other programs in San Diego County?

**What We Learned:** Basic demographic information was not collected and analyzed to indicate whether peer engagement strategies were particularly effective within one group or another. However, the program did match the patient with a Community Specialist who had similarities in

regards to culture and age in effort to create a more positive relationship, especially surrounding a client's preferred language.

9. **Learning Objective (#9): Determine the Generalizability of the Program Model for other San Diego Emergency Departments**

**What We Hoped to Learn:** Is this program model generalizable to other emergency departments in San Diego County hospitals to provide support and linkage to clients and families?

**What We Learned:** With adequate funding, this model may be generalized to other emergency departments in San Diego hospitals. Preliminary evaluation results demonstrate that providing support and linkage to clients and families by peer specialists and family specialists are promising practices that may support increased utilization of outpatient treatment and a reduction in unnecessary hospitalizations.

## Analysis of Program Effectiveness

1. **Changes or Modifications during Implementation:**

   On June 30, 2013, the .5 full-time equivalent (FTE) community registered nurse (RN) position was increased to 1.0 FTE to better meet the needs of the clients.

2. **Impact on Participants:**

   With the implementation of Community Specialists, who were peer and family specialists, the program was able to coordinate and communicate the needed services for clients once they were discharged from the hospital. This helped clients become aware of how to access and use the services in their community. Clients often provided positive feedback to staff in regards to the positive impact peer support specialists had on their own life.

3. **What Was Learned:**

   The increase in RN hours to the HOPE Connections team enhanced effectiveness by providing additional support that other members could not provide. The community RN assisted in connecting clients who were not accepted into mental health clinics by linking them to Primary Care Physicians (PCP). The PCP prescribed necessary psychiatric medications, or linked them to a primary care clinic with a psychiatrist on staff who could prescribe psychiatric medications. Lastly, the RN was able to dedicate a large portion of time to the clients with multiple physical health problems. The nurse would work hard to get the clients connected with the health care specialist and accompany the clients to their appointment.

4. **Recommended for Replication? YES**

The HOPE Connections program established itself as an important intervention for clients in SDCPH's Emergency Psychiatric and Crisis Residential Units. This peer-based model has provided several promising indicators regarding service utilization and has led to its inclusion in the current Next Steps program.

5. **Lessons Learned in Implementation:**

Community Specialists were a huge success in creating a positive transition for clients from the hospitals to the community through: warm hand-offs in the hospital, setting up client's transportation to future appointments in the community, coordinating with Crisis Houses, and involving the family of clients to help clients through the transition. It was observed to be beneficial to match Community Specialists with clients with similar cultures, ages, and languages. Lastly, by having Community Specialists at the mental health clinics during walk-in hours was beneficial to help assist in the walk-in process, ensure acceptance into the clinic, and provide proper referrals for clients.

HOPE also facilitated an increase in coordination and communication with the client's assigned Social Worker on the inpatient units prior to discharge. This helped foster positive and proactive relationships with staff at mental health clinics. Also, implanting HOPE Connections helped better understand the nuances of each mental health clinic site operations and how it is vital in maximizing the assistance to clients when navigating the system. Lastly, by implementing the HOPE Connections Community RN, clients were able to get assistance with being referred to a PCP and managing all their health care needs. Also, the community RN can assist in connecting clients who were not accepted into the mental health clinic to a PCP who could prescribe psychiatric medications or another clinic that had a psychiatrist.

6. **Program Cost-Effectiveness:**

During the three year period that this program was implemented, 17 clients were assisted in the mental health clinics, 483 were assisted in the SDCPH, and 500 were assisted in the EPU. Overall, a total of 1,000 clients were assisted. Also, a budget of $4,810,000 was used for the three year contract term of this program, which resulted in a $4,810 cost per client.

## Next Steps/Recommendations

Based on lessons learned through this project, successful elements of the program were incorporated into a Request for Proposals (RFP) that builds on the strengths of the Support Specialist model. This new program includes an emphasis on connecting clients to substance abuse and physical health services in addition to mental health services. Through the RFP, HOPE Connections became part of a larger program known as Next Steps. Next steps merged main aspects from ICARE, HOPE Connections, and the University of San Diego (USD) Bridge to Recovery. The overall purpose of Next

Steps is to combine the needed programs to coordinate care for individuals with serious mental illness and/or substance abuse issues within the mental health clinics, the psychiatric hospitals, primary care, and services within the community. The main aspects of HOPE Connections used within Next Steps is to continue to provide a better transition and coordination of care for clients being discharged from psychiatric hospitals into the community. This is done through community-based teams and Community Specialists. Next Steps had an initial contract term from January 1, 2015 to June 30, 2015 with a contract amount of $1,250,000. Next Steps has an option for six more contract years beginning July 1, 2015 and ending June 30, 2021 for $2,500,000 each additional year. The contract obligations are to screen 200 clients per month at the EPU and Crisis Recovery Unit (CRU), enroll 150 clients per month at the EPU and CRU, and contract with 100 family members per month.

## Mental Health Services Act Innovations Projects
## INN-03 Physical Health Integration Project Evaluation 2015

Program Name: **Physical Health Integration Project/ICARE**
Program Start Date: **January 10, 2011**
Program End Date: **June 30, 2014**

### Purpose

1. **Purpose:**
   ICARE (Integrated Care Resources) was an innovation pilot designed to create person-centered medical homes for individuals with serious mental illness (SMI) in a primary care setting. The goal was to enhance overall mental and physical wellness by increasing access to a physical health care for individuals with SMI.

2. **Explanation of Purpose:**
   ICARE was one of five MHSA components designed to foster new approaches to increasing knowledge about serving the mental health needs of San Diego County communities. The goals of all Innovation Projects were to use novel approaches to increase service access to underserved groups, increase quality of services, promote interagency collaboration, and increase service access for the mental health community. The focus of the ICARE program was to enhance mental and physical wellness through a holistic and collaborative continuum of care across primary care and mental health clinics.

### Learning Objectives

1. **Learning Objective (#1): Determine the Interagency Collaboration between Community Health Centers and Mental Health Providers**

**What We Hoped to Learn:** Did this program promote interagency collaboration between community health centers and Mental Health service providers? Also, did this program increase access and quality of services for those individuals with an acute illness, who we were previously unable to be served adequately due to an overburdened Mental Health System?

**What We Learned:** After the end of the program, the evaluation results indicated that Federally Qualified Health Centers (FQHC) and mental health clinics had an increase in interagency collaboration and promoted both access and quality. 227 participants were enrolled over the program duration of three years. Overall satisfaction scores from clients increased by 5 percent between baseline and after six months, and were 5.8 percent higher (98.3% compared to 92.5%) when compared with the aggregate scores of other County mental health programs.

2. **Learning Objective (#2): Identify the Improvement in Overall Outcomes for Older Adult Population**

**What We Hoped to Learn:** Did this approach meet the mental health and physical health needs of the older adult population? Also, did this program improve the overall outcomes of the older adult population?

**What We Learned:** Overall, 102 individuals over the age of 50 were enrolled in the program, accounting for 45 percent of the total sample. Although the older adult population made up a majority of the client group, no further analysis was done specifically for this population. It was learned that due to the large representation of older adults within this program, more future data collection and analysis can be done surrounding this population.

3. **Learning Objective (#3): Identify the Underserved and Refugee Community Outcomes**

**What We Hoped to Learn:** Did this approach benefit and meet the mental health needs of those in the underserved and refugee communities who typically present in primary care settings with physical complaints?

**What We Learned:** At the end of the program, only 4.3 percent of participants' initial visits were from a primary care setting. This may be because this program and the SmartCare psychiatric consultation program provided a great deal of support to primary care to treat individuals with higher level mental health needs. Also, ICARE had a contractor who specifically treated mental health for refugee populations. Therefore, if refugees were identified and referred, it may have occurred outside this project.

4. **Learning Objective (#4): Clarify the Recognition, Referral, and/or Treatment of Underserved Communities**

**What We Hoped to Learn:** Did a systematic investment in the competence of primary care providers to recognize and manage mental health needs increase their recognition, and referral or treatment of this otherwise poorly served community?

**What We Learned:** Staff's overall satisfaction with the integrated provided services for clients, which was measured through focus groups and surveys of providers, was high. Data from the psychiatric consultation program (separate from this program) indicated that the clinics that participated in ICARE were some of the more frequent users of the service. This result may indicate an increased awareness and willingness to serve the SMI population. Overall, there was an increase in providers feeling confident in their own ability and the clinics' ability to serve these communities in need.

5. **Learning Objective (#5): Identify the Mental Health Outcomes when Clients Receive Physical Health Services**

**What We Hoped to Learn:** Was there an improvement in mental health outcomes when clients with SMI received ongoing physical health care services and/or treatment in a primary care setting?

**What We Learned:** ICARE participants were among SDCBHS clients whose outcomes were measured previously at mental health clinics. To evaluate overall improvement in mental health outcomes, the client's previously recorded mental health data was used to compare ICARE participants' mental health recovery before and after ICARE participation at baseline, 6-month, 12-month, and 18-month follow-up assessments. At the ICARE 6-month and 12-month follow-up, participants significantly improved their mental health recovery since their last assessment at the mental health clinic across all participant and behavioral health specialist perspectives. There was also a significant improvement in recovery from the mental health clinic to 18 months in ICARE. Overall, ICARE participants showed mental health recovery improvements through enrollment in the program compared to their previous mental health clinic scores.

6. **Learning Objective (#6): Reduce the Stigmatization of SMI Clients with Primary Care Physicians and Staff**

**What We Hoped to Learn:** Did adapting the Behavioral Health Consultant (BHC) model, which has shown to be effective for less serious mental illness, assist primary care providers in serving the behavioral health needs of their patients with stable SMI? Also, did this role also help reduce the stigmatization of SMI clients within the Primary Care staff?

**What We Have Learned:** At follow-up, participants showed improvements by reported decreases on almost all perceived stigma items, indicating that they felt less stigmatized as a result of their mental health condition. Also, average stigma scores slightly decreased from baseline to six months (2.80 to 2.52) and then remained fairly constant at 12 and 18 months (2.57 to 2.59). However, these changes in average stigma scores were not statistically significant.

7. **Learning Objective (#7): Clarify the Needs of Refugee and Immigrant Populations in Primary Care Setting**

**What We Hoped to Learn:** Did this behavioral health integrated approach meet the mental health needs of refugee and immigrant populations at the primary care setting?

**What We Have Learned:** ICARE had a contractor who provided mental health services specifically for refugee populations and they were not part of this current innovations project. Therefore, if refugees were identified and referred, it may have occurred outside this project and were not tracked to show ICARE's ability to meet the needs of this population in the primary care setting. However, it is not sure that having this contactor in place led to more services being provided to this population.

8. **Learning Objective (#8): Determine the Utilization Rates of the Emergency Department**

**What We Hoped to Learn:** Did the number of emergency department (ED) visits decrease among individuals with SMI who received ongoing physical health care compared to the current rate for clients in the Mental Health System?

**What We Have Learned:** Overall, a reduction of ED visits were reported for those with SMI who engaged in this project. This was evaluated with a percentage of participants reporting zero emergency room (ER) visits in the last six months for any reason decreased from a baseline of 78.3 percent to 71.7 percent at six months. Results increased to 78.3 percent to 12 months and then increased to 89.1 percent at 18 months.

9. **Learning Objective (#9): Understand the Coordination of Clients with SMI from Mental Health Clinics to Primary Care Provider Settings**

**What We Hoped to Learn:** Did the coordination of stable SMI clients from the health clinic into the primary care setting help the county serve more severe SMI clients?

**What We Have Learned:** Surveys of the ICARE staff at baseline and at the completion of the program resulted in an increase in providers' satisfaction with their ability to coordinate and arrange services for less stable SMI clients. There was an increase from 57 percent to 86 percent in staff's reported ability to communicate between Primary Care providers and Behavioral Health providers. Also, staff's reporting of the ability for Behavior Health and Primary Care settings to provide integrated services to help clients increased from baseline to the completion of the program.

## Analysis of Program Effectiveness

1. **Changes or Modifications During Implementation:**

   During the course of implementation, project staff discussed the possibility of expanding the site where the program was offered to include the south region. This was due to a large number of clients in this area who met the criteria for participation and a health clinic was located nearby. Therefore, an exam room was built at the South Bay Guidance Center to accommodate the nurses' physical exams for clients. Also, Chula Vista Family Health Center site was added to the list of participating locations for the ICARE program.

   Secondly, the staff explored the idea of utilizing the LVN as the Nurse Care Coordinator instead of an RN. It was determined that the LVN would be more cost-efficient and would provide the health information and scheduling assistance that was needed to continue to make the project successful.

2. **Impact on Participants:**

The addition of the South region site had a positive impact on the program and its participants. The site became a steady source of referrals. Participants at both mental health sites were able to choose to receive their health care at Chula Vista Family Health Center if that location better met their needs. Other choices include Logan Heights, North Park, and the Downtown clinics. The clients who had access to this program received all of the services available for the ICARE participants at the Areta Crowell Center: physical health screenings and on-site scheduling assistance; substance abuse screening and counseling; peer assistance in transitioning to the Family Health Centers' services; and support from BHCs during the process.

3. **What Was Learned:**

Overall, participants' physical health had no significant changes throughout the program. However, there was an increase in medication adherence scores and an overall increase in the number of clients reporting zero hospitalizations for physical health reasons. Therefore, there was no significant impact directly on a client's physical health, but there was an increase in positive behaviors relative to physical health.

Throughout the program, there were very high satisfaction scores from both providers and clients with the overall communication, access, and coordination of services provided. This was shown through significant improvements in the behavioral health specialist's perspective of participant's mental health recovery measures. Also, participants reported significant improvements in their own mental health recovery. These significant improvements traversed from the mental health clinics through ICARE follow-ups. Furthermore, ICARE participants improved greater than outpatient clients in some aspects of mental health recovery.

It was also learned that the older adult population represented a large portion of clients served in this program. It is recommended to create more focus on tracking this population to better fit their needs if replicated.

4. **Recommended for Replication? YES**

Yes, this project is recommended for replication. While the program could be run successfully as is, the County has chosen to use elements from this program in combination with other projects to create a new program.

4. **Lessons Learned in Implementation:**

In addition to providing services in an area where the ICARE program was clearly needed, the ICARE expansion showed us how participants in different regions respond to the model. Staff found that clients from Areta Crowell Center, who are a more transient population, were relatively

amenable to the idea of needing to access their mental and physical health care at a new location. However, the clients in Chula Vista were more resistant to this idea. Staff noted this could be due to a difference in demographic make-up between the two client populations each site served.

To meet this challenge, BHCs began to spend more time at the mental health site so that clients would get to know them better before they transitioned to the health clinic for their services. By building this relationship from the front end, clients were then greeted by a familiar face when they made their first appointment at the new clinic. The BHCs provided the clients with more detail regarding the building and the process at the new clinic, which made the transition smoother.

6. **Program Cost-Effectiveness:**
   An increase in funding for the program provided additional services that were previously unavailable. ICARE supplied a Nurse Care Coordinator onsite at the mental health clinic that performed physical health screenings and direct appointment scheduling at Federally Qualified Health Centers. An Alcohol and Other Drugs (AOD) counselor was also available for screenings, groups, and follow-up support. Peers helped transition clients to the new health center, provided follow-up with clients regarding appointments, and also helped clients obtain necessary eligibility paperwork. BHCs provided necessary, therapeutic support as clients transitioned from the mental health clinics to the Federally Qualified Health Center sites.

**Next Steps/Recommendations**

Based on lessons learned through this project, successful elements of the program were incorporated into a Request for Proposals (RFP) to create a new program. This program builds on the strengths of the peer specialist model and includes an emphasis on connecting clients to substance abuse and physical health services in addition to mental health services. Through the RFP, ICARE became part of a larger program known as Next Steps. Next Steps merged main aspects from ICARE, HOPE Connections, and the University of San Diego (USD) Bridge to Recovery. The overall purpose of Next Steps was to combine the needed programs to coordinate care for individuals with severe mental illness and/or substance abuse issues within the mental health clinics, the psychiatric hospitals, primary care, and services within the community. The main aspects of ICARE used to help coordinate the care for people from mental health clinics to primary care services. Next Steps had an initial contract term from January 1, 2015 to June 30, 2015 with a contract amount of $1,250,000. Next Steps has an option for six more contract years beginning July 1, 2015 and ending June 30, 2021 for $2,500,000 each additional year. The contract obligations are to screen 200 clients per month at the EPU and Crisis Recovery Unit (CRU), enroll 150 clients per month at the EPU and CRU, and contract with 100 family members per month.

**Mental Health Services Act Innovations Projects**
**INN-04 Mobility Management in North San Diego County Evaluation 2015**

Program Name: **North County Transit District: Mobility Management Program**
Program Start Date**: August 1, 2011**
Program End Date: **June 30, 2014**

## Purpose

1. **Purpose:**
   Mobility Management Program (MMP) was developed to increase access to underserved groups. MMP was a peer-based transportation program designed to improve the availability, quality, and efficient delivery of transportation services as well as increase participant access to services and activities. It was also meant to minimize barriers to transportation for seniors, people with disabilities, and low-income residents in North County. The primary components of the program included travel training and transportation coordination. Transportation Coordinators educated service providers and consumers on transportation resources in the North San Diego County region. Mental health consumers who preferred to receive training in a group format were able to participate in group travel training courses facilitated by the Transportation Coordinator. Similar to the one-on-one mentoring referred to as a "Travel Trainer", group classes focused on educating consumers on how to navigate the transit system safely and confidently throughout the local community. Consumers learned how to use the Rider's Guide to map routes to and from their desired destinations, understand the ticket vending machines, on-line resources, transit center locations, and amenities. The final component of the group training process included planning and implementing a field trip utilizing public transportation to a location selected by the class members.

2. **Explanation of Purpose:**
   It is a well-established fact that current systems of transportation in San Diego County do not meet the needs of the people who must rely on public transit or private transportation (Full Access & Coordinated Transportation, Inc.). Numerous stakeholders have expressed this need throughout the MHSA Community Planning Process. Stakeholders have stated that a peer-based transportation program could increase self-sufficiency, provide more access to patient services, and lead to fewer appointments missed. Other benefits that the stakeholders identified were opportunities to build relationships with peers while sharing rides, the reduction of family's stress because they will know that transportation assistance is available, and the reduction of isolation because clients will need to get out and talk with peers in order to get to their appointments.

   Studies clearly demonstrate that older adults are underserved by community mental health systems for a number of reasons. One significant cause is the inability for individuals to access adequate services. In addition, changes in regional demographics and land use patterns require new approaches for providing transportation services, particularly for underserved adults and

older adults in North San Diego County. North San Diego County consists of a geographic region larger than the state of Rhode Island, and over half of the area is rural. Historically, due to low population numbers, these areas have consistently struggled with securing adequate resources to provide comprehensive health and social services to community residents.

According to the findings of the study, "Transportation Concerns and Needs of Mental Health Client Populations in North San Diego County," residents have limited knowledge of available transportation resources. Evidence suggests that a small number of consumers are reaching out and effectively connecting with public transit options.

Transportation plays a critical role in providing access to employment, health care, education, community services, and activities necessary for daily living. The importance is underscored by the variety of transportation programs created in conjunction with Health and Human Services programs and the significant federal investment in accessible public transportation systems, United We Ride.

**Learning Objectives**

1. **Learning Objective (#1): Understand the Utilization of the Transit System**

**What We Hoped to Learn:** Did MMP participants utilize the transit system more frequently and rely less on family and friends for transportation? By reducing various barriers to utilizing public transportation, were participants more confident and independent, thus improving their overall social functioning and satisfaction?

**What We Learned:** At the end of the program, 70 percent of travel trainees reported utilizing transit more often than they did prior to participating in the travel training program. Also, 58 percent reported receiving rides less frequently from friends or family for the purpose of attending appointments or activities. Overall, this revealed how MMP positively impacted participants and their families.

2. **Learning Objective (#2): Understand Participant's Engagement with Health and Medical Appointments**

**What We Hoped to Learn:** Did implementing MMP increase the number of health and/or medical appointments scheduled for participants?

**What We Learned:** Overall, 69 percent of participants who reported on the pre-test that they avoided scheduling health and/or medical appointments due to transportation barriers reported an increase in the number of appointments they now schedule. Also, 77 percent of participants completed the post-test reported an increase in the number of health and/or medical appointments they could not attend, compared to the pre-test. Lastly, 83 percent of consumers who completed

travel training reported on the post-test that they use public transit to participate in social activities. All of these findings reveal how the MMP helped participants feel more comfortable with utilizing the transit system for various reasons.

### 3. Learning Objective (#3): Identify the Outcomes for Peer Volunteers and Participants

**What We Hoped to Learn:** By recruiting peers as volunteer drivers for the Ride Share component of the program, did both the volunteer and participant enhance their social skills, did the participant increase mobility, and did the family members feel less of the responsibility of transporting the participant?

**What We Learned:** The objective of the Ride Share program was to reduce barriers and increase mobility for the targeted population. Though well received and desired, the Ride Share component was discontinued for several reasons. One of the reasons was a difficulty recruiting a sufficient number of volunteer drivers, especially surrounding the potential liability for these drivers. Another reason was a high volume of administrative requirements that were necessary to provide services responsibly and safely. Lastly, most consumers preferred the advantages of Ride Share services over using transit, even if they possessed transit skills. This created a more frequent utilization of the program's service which was not sustainable due to lack of volunteer drivers.

## Analysis of Program Effectiveness

### 1. Changes or Modifications During Implementation:

The Ride Share component was discontinued due to low number of volunteer drivers and the high level of liability and administrative process needed for these drivers.

### 2. Impact on Participants:

Overall, consumers developed a better social network and resources in regards to accessing services in the area. However, due to the program being discontinued, those who were receiving rides no longer had that option available. All other components of the program remained.

### 3. What Was Learned:

The program successfully exceeded the contract goal and engaged 463 individuals. It was learned that offering incentives, providing group travel training services, and marketing on the BREEZE Buses were successful outreach efforts to recruit participants. Overall, consumer engagement increased access to services and activities and helped develop friendships among the participants. The peer-based service model was successful and helped program volunteers stay committed. Also, several consumers were very active in encouraging their peers to enroll. Lastly, the program was successful in developing and strengthening partnerships with Clubhouses, hospitals, and many of the mental health provider agencies.

A major issue for this program surrounded the difficulty in recruiting volunteer drivers. There was a high volume of administrative requirements necessary for volunteer drivers to provide services responsibly and safely, along with a potential liability of the drivers. This resulted in a very limited number of transportation options, especially in the rural communities. Lastly, most consumers preferred the advantages of Ride Share services over using the transit system, even if they possessed transit skills. This created a more frequent utilization of the program's service which was not sustainable due to lack of volunteer drivers.

Another issue was access and engagement in the program. Most mental health service providers had large workloads. This made it difficult for many of them to dedicate the time and effort needed to facilitate consumer access to the MMP. It was also noted that private practitioners were difficult to engage within the program. Also, the stigma associated with mental illness was a barrier to enrollment for many, particularly among the older adult population. Lastly, consumers were not able to readily identify "recovery skills".

4. **Recommended for Replication? NO**

While the program had some success with some mental health clients, it is not recommended for replication due to its low priority for the limited funding resources available. Transportation issues in the North County Regions, particularly in the rural areas and for adults with mobility issues, cannot be significantly improved by this program.

5. **Lessons Learned in Implementation:**

Due to the difficulty surrounding the recruitment and administrative processes needed for volunteer drivers, the program was unable to significantly improve the mobility issues in the North County regions. However, the client satisfaction and the benefit from the program were very high. It was also learned which outreach efforts were beneficial in recruiting clients for the program. Overall, the program was not the most cost-effective way to improve the transportation barriers for individuals to access needed services.

6. **Program Cost-Effectiveness:**

There was an increase in the number of participants who were able to utilize the transit system and this increased both social and health-related interactions. This program utilized Volunteer Travel Trainers and volunteer drivers, which improved the cost-effectiveness of the program. However, due to limited priority and limited funding resources available, the expansion to recruit and the liability to cover more volunteer drivers in the program were not sufficient.

| **Next Steps/Recommendations** |
| --- |
| Program to be discontinued; however, effective elements to be incorporated into existing programs. |

**Mental Health Services Act Innovations Projects**
**INN-05 Positive Parenting for Men in Recovery Evaluation 2015**

Program Name: **Positive Parenting for Men in Recovery**
Program Start Date: **July 1, 2010**
Program End Date: **June 30, 2013**

## Purpose

1. **Purpose:**
   The Positive Parenting for Men in Recovery was a voluntary program which offers a culturally integrated approach to education that incorporated parenting skills, mental health wellness, substance abuse education, and violence/trauma prevention for fathers who were in Alcohol and Other Drug (AOD) treatment and had co-occurring disorders. This program worked to enhance parenting and coping skills for these fathers and address negative issues that arise from trauma, mental illness, substance abuse, and violence in order to produce better outcomes for them and their children. The program design was composed of a 13-session group program with four objectives:
   i. Increase Positive Parenting skills
   ii. Improve mental health wellness
   iii. Reduce substance abuse risk factors and/or stressors
   iv. Reduce/prevent violence and trauma (directed at children or self and others)

2. **Explanation of Purpose:**
   This project provided opportunities for clients to learn behavior and management skills that focused on teaching self-regulation, thus enabling recovering males to gain better control of their lives and reduce dependence/reliance on illicit substances. We hoped to be proactively addressing how child abuse affects parenting patterns and provide the tools necessary to prevent future generations from struggling with emotional, mental health, and/or substance abuse issues. This was a voluntary group program for men in the following target population:
   i. Transition age youth (TAY) , ages 18-25
   ii. Enrolled in non-residential AOD treatment programs at six Regional Recovery Centers (RRCs)

Six Regional Recovery Centers had equal funding and objectives, noted in the table below:

| Contract | Contractor | RRC | 3-Year Funding | 3-Year Caseload Objective | Documented Graduates | Pre- and Post-Tests | Surveys | Comments |
|---|---|---|---|---|---|---|---|---|
| 534111 | MITE | SOUTH | $105,000 | 75 | 16 | 8 | 17 | SPECIFIC KNOWLEDGE INCREASE NOT REPORTED |
| 534112 | MITE | EAST | $105,000 | 75 | 41 | 20 | 27 | SPECIFIC KNOWLEDGE INCREASE NOT REPORTED |
| 534113 | MHS Inc. | CENTRAL | $105,000 | 75 | 66 | 51 | 0 | SPECIFIC KNOWLEDGE INCREASE NOT REPORTED |
| 534154 | MHS Inc. | NORTH INLAND | $105,000 | 75 | 17 | 0 | 0 | SPECIFIC KNOWLEDGE INCREASE NOT REPORTED |
| 534155 | MHS Inc. | MID-COAST | $105,000 | 75 | 0 | 35 | 24 | REPORTED 32% AVERAGE INCREASE IN POST-TEST SCORES |
| 534156 | MITE | NORTH COASTAL | $105,000 | 75 | 49 | 23 | 0 | SPECIFIC KNOWLEDGE INCREASE NOT REPORTED |
| TOTALS | | | $630,000 | 450 | 189 | 137 | 68 | |

**Learning Objectives**

1. **Learning Objective (#1): Determine the Impact of Positive Parenting Skills**

**What We Hoped to Learn:** Were both target populations able to produce measureable improvements in positive parenting skills as measured by pre- vs. post-tests?

**What We Learned**: A small portion of motivated or court-ordered clients experienced an improvement in parenting skills through a non-clinical therapy. In a relaxed group setting led by experienced clinicians. An improvement was found when the therapy group incorporated an enhanced parenting curriculum within the sessions. All of these aspects were also very effective for the men already receiving mental health services. However, pre- and post-test improvements were not measured formally in all cases. Therefore, significant increases in positive parenting skills were unable to be determined.

**2. Learning Objective (#2): Understand the Impact of Mental Health Wellness**

**What We Hoped to Learn:** Did this program help male clients to learn more about mental health wellness and additional treatment resources as well as child and family trauma/violence prevention issues?

**What We Learned:** This program found that a relaxed "non-clinical" tone or setting allowed the participants the time and comfort to be open and to engage in the group, bond with other members, and be receptive to the instructor and curriculum. Some of the main topics that clients felt were helpful included: mental health resources in the community, self-monitoring and awareness for signs of mental health problems, and where to go for medication management support. It was also learned that providing refreshments, like snacks and soft drinks, for the male TAY population was highly recommended to encourage participation and retention.

**3. Learning Objective (#3): Understand Substance Abuse Risk Factors and/or Stressors**

**What We Hoped to Learn:** Did helping clients identify life stressors related to parenting issues and provide additional tools for reducing risk factors for relapse, create positive outcomes for this population?

**What We Learned:** Through implementation, many effective approaches for this population resulted in positive outcomes. First, the approaches of redirecting anger to acknowledge and adopting positive parenting behaviors best suited for their child were effective for clients. Also, meditation and visualization techniques were taught to clients as stress reduction tools. Lastly, it was observed that clients in the Strength-Based Regional Recovery Centers who benefited from the group chose to continue the group outside the contract setting.

**4. Learning Objective (#4): Determine the Impact of Violence and Trauma Prevention**

**What We Hoped to Learn:** Did the contractor's use of "trauma-informed" approaches recognize the vulnerabilities of trauma survivors, and avoid inadvertently re-traumatizing clients, while also facilitating client participation in treatment?

**What We Learned:** It was learned that a large majority of the TAY fathers in AOD programs have experienced some form of trauma, neglect and/or abuse as children. Therefore, clients benefited from increased knowledge about trauma and how it impacts negative and positive approaches to parenting. Also, role playing and discussing a model of healthy parenting were perceived as being beneficial to most clients in a group setting.

## Analysis of Program Effectiveness

1. **Changes or Modifications During Implementation:**

   No changes or modifications were made throughout the implementation of this program.

2. **Impact on Participants:**

   Overall, 189 documented clients in the program graduated. Of the 189, 68 clients completed satisfaction surveys and 70 percent of surveys had very positive satisfaction ratings Also, there were 137 clients who completed both the pre-and post-program tests. An average of 49 percent of post-tests results showed improvement. Unfortunately, this was below the benchmark expected outcome of 70 percent.

3. **What Was Learned:**

   Overall, creating age-based parenting sub-groups with some level of shared experience fostered comfort and openness within the clients. In addition, sub-groups of differing perspectives and cultural backgrounds learned improved parenting skills from each other by dialoguing in the group setting and sharing successful strategies. Finally, it was learned that improving parenting skills appeared anecdotally to promote increased sobriety and social competence of formerly substance-abusing, male parents.

4. **Recommended for Replication? NO**

   The high cost per client was a main contributing factor to discontinuing the program; however, components and aspects of this model can be incorporated into existing AOD services or Prevention and Early Intervention programs with similar benefits to the client population and their children.

5. **Lessons Learned in Implementation:**

   The program revealed that positive parenting resources for men in AOD treatment are in a supply deficit. This target population would benefit from specific curriculum, in group sessions, within established contracts, and using existing staff. Also, providing separate, non-treatment oriented parenting groups allowed clients to focus on parenting skills taught by the instructor and curriculum, while supporting AOD treatment goals. Lastly, it is recommended that TAY treatment

participants be screened to see whether they need anger management services as a supplement to substance abuse treatment.

6. **Program Cost Effectiveness:**

   The cost per client was determined by taking the total dollar budget ($630,000) and dividing by the number of graduates in the program (188), resulting in $3,807 per person. However, it should be noted that the actual cost was less due to some contractor underspending. Overall, there was an increase in level of services as these services formerly did not exist and the staff to client ratio was 1:7.

| **Next Steps/Recommendations** |
| --- |
| Program to be discontinued; however, effective elements to be incorporated into existing programs. |

**Mental Health Services Act Innovations Projects**
**INN-06 After-School Inclusion Program Evaluation 2015**

Program Name: **MHSA Innovations After-School Inclusion Program**
Program Start Date: **July 1, 2012**
Program End Date: **June 30, 2015**

## Purpose

1. **Purpose:**
   The purpose of the MHSA Innovations After-School Inclusion Program was to increase access to after-school programs for youth with social-emotional and/or behavioral issues. The program provided opportunities for students, previously stigmatized and/or precluded from participating, to be integrated with their peers by utilizing Inclusion Aides. Inclusion Aides provided behavioral support and taught the participating youth pro-social and functional skills. The program introduced a community defined approach to the behavioral health system that has been successful in a non-mental health context. Additionally, the Inclusion Program educated after-school staff, families, and other community members on how to help youth with behavioral issues thrive in their environment with the intent of building in sustainability of concepts in after school programs. The Inclusion Program measured the impact of the benefit derived from behavior interventions and access to after-school programs on youth with behavioral issues.

2. **Explanation of Purpose:**
   Research has shown a community need for services to provide interventions for youth who are exhibiting social-emotional and/or behavioral issues while in the care of after-school providers. Often after-school providers are not equipped with the knowledge and/or training to work with these youth. Therefore, these youth are at risk of being precluded or discharged from the after-school program. When youth do not have the opportunity to participate in after-school programming, stressors may occur in the family which can lead to further issues in the community. Often, families do not have the resources and/or knowledge to access available services for their children. Inclusion Program staff who were working with these youth were able to provide appropriate support aligning with the behavioral health system in a nontraditional mental health setting. Inclusion Program staff offered one staff-per-client behavioral support to the youth and taught the after-school staff how to work with these youth through both formal and informal training.

## Learning Objectives

1. **Learning Objective (#1): Understand Students' Self-Esteem, Social Competence, and Healthy Behavior**

**What We Hoped to Learn:** Did Inclusion Aides increase participating youth's self-esteem, social competence, and healthy behavior?

**What We Learned**: Based on a self-reported youth survey at the beginning of the program and at the end, results showed that youth's perception of their behavior increased significantly after participating in the program. Also, both parents and staff reported a significant improvement in the youth's exclusion, hyperactivity, aggression, anxiety, and anti-social and pro-social behaviors after their participation in the program.

2. **Learning Objective (#2): Determine the Impact of an Individualized Behavior Intervention Plan**

**What We Hoped to Learn:** By developing an Individualized Behavior Intervention Plan, did participant's social connectedness and self-worth increase?

**What We Learned:** Social connectedness was measured by assessing youth's perceived levels of social acceptance and self-worth when they entered the Inclusion Program compared to when they exited the program. Results showed a significant increase in youth's perceptions of their social acceptance and self-worth from the program entry to program exit.

3. **Learning Objective (#3): Understand the Impact on Parents or Guardians Stress Levels**

**What We Hoped to Learn:** Did a youth's participation within the Inclusion Program decrease a parent's or guardian's stress level?

**What We Learned:** Parent's stress levels were measured by a self-reported measure at their child's entry into the program and exit from the program. Results revealed that parent stress levels decreased significantly after their child participated in the Inclusion Program.

4. **Learning Objective (#4): Identify the Use of Gatekeepers Referrals to Appropriate Services**

**What We Hoped to Learn:** Did the Inclusion Program model properly educate after-school staff (Gatekeepers) to improve their ability to support youth with social-emotional and behavioral challenges?

**What We Learned:** Overall, 95 percent of Gatekeepers agreed or strongly agreed that the trainings they received from this program helped them increase their knowledge of the topics covered. Also, Gatekeepers provided feedback and reported they felt that Inclusion Aides practiced open communication with staff and taught staff new approaches on how to best support youth. However, a constant turnover rate with after-school staff made the sustainability of the program knowledge challenging. Also, it was observed that site supervisors and staff varied on levels of openness and utilization of all the interventions and strategies given to them by Inclusion Aides. The after-school

program sites and staff with more participation resulted in fewer behavior issues among the children in the after-school program.

**5. Learning Objective (#5): Determine the Effectiveness of Referrals to Community Resources**

**What We Hoped to Learn:** Did program participants and families in need of external resources get successfully connected to community resources?

**What We Learned:** Not all families were interested in receiving information about other programs and services at the time of intake. It was learned that Inclusion Aides often had more success with providing referrals during the course of services rather than at the beginning or end. Some families took advantage of the external resources given to them. When families were able to connect with resources and outside referrals, positive change within the family system was observed.

## Analysis of Program Effectiveness

**1. Changes or Modifications During Implementation:**

During the course of the program, the Inclusion Program made modifications programmatically, administratively, and fiscally. There were some programmatic changes surrounding trainings implemented over the three years. First, the Inclusion Program developed standardized training curricula on a wide variety of topics that fit the need of the after-school program and participant issues. The program's delivery model was changed and implemented to these standardized trainings quarterly at after-school program staff meetings. The Inclusion Program also implemented training at camp site facilities, while providing support for participants at camp. Second, the Inclusion Program set standards for productivity, such as requiring Inclusion Aides to meet with after-school staff for at least 30 minutes per week, meeting with school staff monthly, working with participants at a high rate, and meeting with families regularly. Also, Inclusion Aides were given the opportunity to pick one to two trainings to attend that were specific to issues at their site and the participants' behaviors.

There were also a few changes in regards to meetings and supervision that were implemented. First, the program's full-time staff met regularly with the branch coordinators and directors to discuss program challenges and successes. Also, additional components of supervision were added where the Lead Inclusion Aides provided individual and group supervision, as well as went out and monitored school sites.

Administrative changes surrounded hiring a fifth Lead Inclusion Aide to help facilitate the training process and develop training curricula, as well as monitor school sites. Also, an Advocacy Coordinator was hired to help with community outreach, recruitment, and program development.

Fiscal changes to the Inclusion Program included 15 additional Inclusion Aides, two Data Entry staff, and one Receptionist added to the program's staff on a temporary basis. The program

Research Associate began as a part-time position but switched over to a full-time position for the remainder of the fiscal year. Beginning July 1, 2013, the position went back to part-time and as of October, has been eliminated and replaced with an Independent Subcontractor for the outcome analysis. The program Office Administrator started as a 30-hour per week position and at the end of the program was a full-time position. Also, the Inclusion Program contracted with Harder & Company to do data analysis.

2. **Impact on Participants:**

   The Inclusion Program implemented a positive change model for working with youth. Participating youth reported high satisfaction rates along with improved outcomes. Parents and Gatekeepers involved with the program also reported high satisfaction rates and noticeable behavior changes of the youth in the program.

3. **What Was Learned:**

   During the implementation of the program's first year, the Inclusion Program learned many different lessons. In the area of staff supervision and training, the addition of the fifth Lead Inclusion Aide helped improve program development and sustainability. Also, having a tiered system of supervision was important because Lead Inclusion Aides provided a wealth of knowledge and guidance to Inclusion Aides in their region. Staff was attracted to the Inclusion Aide position as a stepping stone to other professions within the field of behavioral health. This led to a difficulty in retaining staff and keeping continuity within the after-school program needed to make the program more effective. Lastly, it has been difficult to find bilingual staff, which was ideal to serve the client population at certain schools.

   Communication was a key aspect to this program. It was critical to consistently reach out to school districts to ensure collaboration. There were different types of after-school programs, such as non-licensed programs (free) versus licensed programs (parents pay for services). There were different regulations and requirements for each program. Also, it was integral for the Inclusion Program to have constant communication with the YMCA branches to ensure collaboration and increased referral numbers.

   The Inclusion Program also learned through trauma-informed care that the majority of the participants had mental health issues and/or experienced trauma in some way. More participants than the program originally thought have been or were involved with the child welfare system, were exposed to substance abuse, have had incarcerated parents, and exhibited different mental health diagnosis. This led to the realization that the best way to train the after-school staff was to have standardized training curricula that could be used across the county to educate staff on a wide range of topics and behaviors.

   Overall, it took not only a large amount of time, effort, collaboration, drive, and passion to set up the infrastructure of a brand new program. In order to produce quality data, a specialized evaluator and system were critical.

4. **Recommended for Replication? YES**

   The Inclusion Program was very successful throughout its first year. We learned what were our limitations, challenges, and capabilities. The biggest difficulty for the program was sustaining staff for part-time positions. For the continuity and stability of the program, it would be helpful to have the Inclusion Aide position be full-time, but due to after-school program hours, having full-time Aide positions were not practical or cost-effective.

5. **Lessons Learned in Implementation:**

   While implementing the Inclusion Program we have learned about all the available resources in the community and the best practices for reaching out and linking participants and families to appropriate services and resources. Also, the Inclusion Program learned that staff consistency was very important and integral to the success of the youth and families. Lastly, after-school programs and/or districts were not always run the same; therefore, it is hard to hold staff accountable to the same standards. For example, sports were not offered in all after-school programs. Also, youth were in the after school program until 6:00 p.m., Monday through Friday, and on the weekend parents did not always have resources to get the participants involved in recreational activities and sports.

6. **Program Cost-Effectiveness:**

   Throughout the first year of programming, there was an increase in the amount of schools and participants. Inclusion was able to provide the adequate services and hire 15 additional Inclusion Aides on a temporary basis due to the budget allotted. This gave Inclusion the capability of working with more participants, families, and training more after-school staff.

   Over the contract term, $3,453,047.83 was used and a total of 797 youth were served. Therefore, $4,332.56 was spent per youth. The program ultimately fell short of their goal of 300 youth per fiscal year, which would have brought down the cost per client. This compares to an estimated target cost per client of $3,000 in the Children, Youth and Families outpatient system; however, the premise was that if preventive work is done on the front end, there are savings not only in dollar terms, but also in the long-term impact of preventing youth from entering the behavioral health system. Also, a potential one-staff-per-client behavior coaching service through Therapeutic Behavioral Services can cost on average $5,000. This program was proven to be cheaper than other forms of interventions.

| **Next Steps/Recommendations** |
| --- |

Program to be discontinued; however, effective elements to be incorporated into existing programs.

**Mental Health Services Act Innovations Projects**
**INN-07 Transition Age and Foster Care Youth Evaluation 2015**

Program Name: **TAY Academy**
Program Start Date: **July 10, 2012**
Program End Date: **June 30, 2015**

## Purpose

1. **Purpose:**
   The goal of TAY Academy was to enhance life skills, increase self-sufficiency, and self-esteem, improve behavioral and mental health conditions, and improve overall wellness for its target population. TAY Academy attempted to increase access to Transition Age Youth (TAY) and Foster Youth by providing solutions to the challenges, problems, and barriers identified by these populations. Also, this program established five regionally-based TAY Academy Centers that integrated coaching, mentoring, and teaching strategies for the TAY and Foster Youth. TAY Academy worked towards a successful transition to independent living and increased the number of youth/TAY who transition out of the Children, Youth, and Families System into the Adult and Older Adult System of Care.

2. **Explanation of Purpose:**
   TAY and a prominent subset of current and former Foster Youth often have difficulty in transitioning from the Children, Youth, and Families System into the Adult and Older Adult System of Care. There is a noted struggle in this area due to a lack of overall support and access to care. Subsequently, these TAY are at an elevated risk for mental illness compared to their peers of the same age.

## Learning Objectives

1. **Learning Objective (#1): Determine the Impact of Individualized Goal Plans**

**What We Hoped to Learn:** By creating individualized goal plans, did the participants' engagement in other services increase?

**What We Learned:** There were an overall 1,134 youth served through the TAY Academy. Around 169 of these individuals served created an individualized vision plan to address their needs and reduce their problems and barriers. It was then found that of these individuals who created individualized goal plans, 95 percent demonstrated intensive engagement for a period of at least six months by accessing Connections coaching and Seeking Safety curricula, vocational training, and/or short-term stabilization housing. Also, 87 percent of the youth with individualized goal plans demonstrated progress towards meeting one or more life plan goals in the areas of Safety, Health and Wellness, Education, Employment, Self-Sufficiency, and Stability. Lastly, 108 youth out of the 169 youth (64 percent) demonstrated sustained or increased productivity by enrollment in school, college, training program, community service program, or employment.

2. **Learning Objective (#2): Determine the Impact on Transitioning Foster Youth**

**What We Hoped to Learn:** Did the TAY Academy increase the engagement and retention rates of Foster Youth in supportive transitional activities?

**What We Learned:** Overall, 131 out of 1,134 (11.6 percent) of youth were current or transitioning Foster Youth from the Foster Care System. Activities performed with this former Foster Youth surrounded creating vision plans, accessing connection coaching, and increasing their engagement in supportive transitional activities. However, data was not directly recorded to measure an increase in the engagement and retention of these 131 youth transitioning from the foster care system.

3. **Learning Objective (#3): Identify the Impact of Community Integration Programs on TAY Outcomes**

**What We Hoped to Learn:** By implementing a community integration program, like TAY Academy, were TAY outcomes improved?

**What We Learned:** There was a positive impact on TAY youth in regards to employment outcomes. Overall, 34 youth out of 50 TAY youth (68 percent) were accepted into the Eco-Eventerprise or Naval Supply Systems Command (NAVSUP) Programs. These are programs that provide career opportunities and resume building skills for youth. Of the 34 youth, all completed initial training for Eco-Eventerprise or NAVSUP and 41 percent were employed after six months. Also, 35 percent received vocational training. In conclusion, there was a major success in providing 180 TAY youth with housing by the end of the program.

It was also learned that 124 youth out of 160 TAY youth (77.5 percent) who had an elevated risk for mental illness showed improvement in areas that support reduced engagement in the of the Children, Youth, and Families System or the Adult and Older Adult Mental Health Systems of Care such as: Self Care behaviors, Healthy Development, Protective Mechanisms, and Resiliency. Lastly, 81 percent of this at-risk youth also showed improvement in five relational competency areas: empathy, social conduct, expression of emotion, impulse control, and insight.

4. **Learning Objective (#4): Understand the Effectiveness of Healthy Behaviors**

**What We Hoped to Learn:** Did the TAY Academy increase positive, healthy behaviors for participants?

**What We Learned:** Overall, 234 youth were connected to a medical home and received medical check-ups and/or physicals. In addition, numerous youth engaged in classes, groups, or programming that actively engaged youth, thus increasing healthy behaviors. Also, while only 40 were required, 324 youth out of participated in leadership and youth development activities. Lastly, 50 youth out of 52 participants who had prior legal system involvement demonstrated reduced criminal activity.

## Analysis of Program Effectiveness

1. **Changes or Modifications during Implementation:**

   The program did not expend their full start-up budget, and as a result, funding was reduced during the first Fiscal Year in the amount of $207,607. This changed the program's annual contract amount from $1,812,706 to $1,605,099.

   Policies and procedures were developed and revised throughout the duration of the contract surrounding the review of meeting notes and manager logs to collaborate in addressing safety and discipline concerns. Also, the initial concept of Youth Advisory Councils, as a way of engaging youth in decision-making, was not implemented as designed. This was due to inconsistent attendance and inability of most youth served to make long-term commitments to volunteer. Instead, sites switched to a "Clubhouse-type" model in which all members were invited to take part in monthly Youth Advisory meetings. This proved to be successful and popular with youth and allowed them the ability to share their voice on issues of concern.

2. **Impact on Participants:**

   The youth who were surveyed noted that they strongly agreed or agreed with the statement "TAY Academy staff understands how to work with youth". The youth reported that they felt they were heard, respected, and valued. Also, youth were involved in making decisions about activities, felt free to share their opinions and ideas about the Academy with staff, and there was a culture of acceptance for differences at the TAY Academy.

3. **What Was Learned**:

   Overall, current and former Foster Youth gained support through the Extended Foster Care Units (AB 12). Also, the drop-in model appeared to not lend itself to support a consistent engagement and sustained impact over time. Unfortunately, the model did not have the capability to track the TAY life goals, needs, and long-term well-being overtime. Although, it was also learned that leading from behind and allowing the youth to be the experts of their own experience was a successful approach in working with this population.

   During Fiscal Year of 2013-2014, transitional housing funding was reduced by 50 percent due to a decrease in utilization. Also, sites were consolidated to save money. TAY Academy changed the service delivery model to more effectively engage Extended Foster Care (EFC) youth by redirecting the Eco-Eventerprise (vocational training) component to another model. Lastly, it was learned of the importance to having a tracking system in place to gather needed learning information and/or contract with another evaluator.

4. **Recommended for Replication? YES**

   This program structure was successful for engaging homeless TAY for a short period of time. The recommendation would be to replicate the program with the addition of a housing support specialist to effectively link homeless youth to housing and community resources over a longer period of time to track effectiveness. In addition, the recommendation is to provide services that

target high risk EFC youth, to prevent homelessness, and assist in a successful transition to adulthood.

5. **Lessons Learned in Implementation:**

   One barrier in the program was housing, and this portion of the program was not implemented until four months into the program. The main issues causing this was the length of time to get approved from the renting agency and the process in identifying which youth would live there. It was also found to be difficult to monitor the housing portion of the program. In the end, the housing utilization rate was approximately 53 percent.

   The employment component (Eco-Eventerprise) experienced several unanticipated challenges during implementation. First, youth could not access the training or classes due to transportation difficulties. Second, there was a large portion of youth who dropped out or reported low attendance. Lastly, youth did not consistently access all programs at the expected volume and, consequently, the outcomes were difficult to achieve.

   Measuring outcomes and performance was also an issue for the TAY Academy program. The database was not operational until six months into the first year of contract. Additionally, data was tracked inconsistently and did not produce the consistent measurements or results.

6. **Program Cost-Effectiveness:**

   TAY Academy had a total of 1,134 unduplicated youth attend five TAY Academy sites and 20.38 Full-Time Employee (FTE) direct-staff positions which is a direct staff-to-TAY ratio of 1 to 56. It should be noted that the unduplicated youth goal for Fiscal Year 2012-2013 was 200, which would have been a direct staff-to-client ratio of 1 to 11. Cost per client was $1,469.14 ($1,666,000.07 for 1,134 youth).

**Next Steps/Recommendations**

Program evaluation outlined the need for additional learning with modifications to the current program design.

## Mental Health Services Act Innovations Projects
## INN-08 Independent Living Facilities Evaluation 2015

Program Name: **Community Health Improvement Partners – Independent Living Facilities**
Program Start Date: **July 1, 2012**
Program End Date: **June 30, 2015**

### Purpose

1. **Purpose:**
   Community Health Improvement Partners were working to promote the highest quality Independent Living (IL) home environment for adults with serious mental illness (SMI). The goal was to promote support, wellness, and recovery to IL residents. The Independent Living Association (ILA) represents the core of the Independent Living Facilities (ILF) Project. The ILA includes criteria for membership, rating levels for facilities based on adherence to ILA quality standards, education for IL owners and residents, membership development, and a focus on sustainability.

2. **Explanation of Purpose:**
   There was an increasing trend for individuals choosing the unlicensed ILF as a housing option. While ILFs can be a key resource for people with SMI to develop and sustain wellness and recovery, there was some concern that the ILFs lack consistent standards supporting their residents. This project addressed the identified issues by providing appropriate and reliable housing resource coordination, education, and standards. Also, this program strived to have an increased transparency and accountability for ILFs. It encouraged consumers and community participation in the process and was expected to result in improvements in resident and tenant services, and in the quality of life for ILF residents. Also, ILA was a free, voluntary membership organization for IL owners with membership benefits.

### Learning Objectives

1. **Learning Objective (#1): Determine the Impact of a Set of Quality Standards for IL Homes**

**What We Hoped to Learn:** Was the standard of living increased for IL residents if IL owners became ILA members and adopted a baseline level of quality standards?

**What We Learned:** Overall, there were 46 active members and several more who were going through the membership process. IL owners worked to successfully collaborate with other community organizations, law enforcement partners, hospitals, and behavioral health partners. Having established standards has been critical to the program's success. Owners universally commented on the increased number of referrals as a result of joining the ILA, which they attributed to being a member.

2. **Learning Objective (#2): Understand the Utilization of an ILA Online Directory**

**What We Hoped to Learn:** Did behavioral health consumers, family members, and the larger community utilize a searchable online database that provided a centralized resource to find information about the quality of the IL options in the county? Also, did ILA members utilize the online directory to provide marketing opportunities and referral sources for owners?

**What We Learned:** The online directory was successfully being utilized according to its design. Website traffic continued to increase over time with a 48 percent increase in website traffic over the last year, ending on June 30, 2015. According to the Google Analytics data the site had 14,727 sessions. From these 14,727 sessions, 59.5 percent were first-time visitors and 40.5 percent were returning visitors.

3. **Learning Objective (#3): Develop a Peer Review Accountability Team (PRAT)**

**What We Hoped to Learn:** By creating a PRAT, were outcomes improved for IL residents and their families?

**What We Learned:** The ILA quality standards (developed by the ILA work team) developed a foundation for ensuring transparency and consistency in the process of determining which IL homes qualify to be ILA members. PRAT was made up of owners and residents, and served to ensure that all ILA members adhered to the quality standards and provided ongoing feedback. In Fiscal Year 2014-2015, there were 54 PRAT inspections (including follow-up visits). Of these 54 inspections, 22 homes met the quality standards on the first inspection and 24 homes were advised and coached on changes needed to be made to meet ILA Quality Standards. PRAT was able to provide support to the homes that did not meet the standards. Constant review and comparison of inspections helped PRAT standardize inspections and make improvements on the current inspection process.

4. **Learning Objective (#4): Understand the Impact of Education and Training for IL Owners and Residents**

**What We Hoped to Learn:** By providing education and training on an ongoing basis for both IL owners and residents, did the standards of IL homes improve and promote high quality facilities?

**What We Learned:** The training programs were designed to increase knowledge about IL homes, ILA Quality Standards, and other topics that contributed to increasing the quality of IL operations for owners and residents. In Fiscal Year 2014-2015, the ILA conducted 17 formal training courses for participants, which included 321 owners, 122 residents, and 319 community members. Results from the pre- and post-tests indicated positive results and exceeded the contract's outcome objectives.

Based on evaluations, training participants indicated that they were very satisfied with the course content and trainers.

**5. Learning Objective (#5): Identify Areas of Advocacy and Systems Change**

**What We Hoped to Learn:** Were advocacy and systems change components focusing on educating policy makers and community members effective in reducing discrimination and ensuring the rights of IL owners were protected?

**What We Learned:** The ILA analyzed all of the relevant municipal and county codes that applied to shared living environments to better understand how code enforcement interacted with ILFs. ILA staff and community partners also worked closely with the City of San Diego and the College Area Community Planning Group. This partnership worked to stop the exclusion of shared housing in single family zoned areas of the city and created new shared housing options through a proposed Ordinance. In addition, materials were developed as a result of several trainings focused on communicating the legal basis for ILFs.

## Analysis of Program Effectiveness

1. **Changes or Modifications during Implementation:**

   The inspection process used by the PRAT was constantly changing to adapt to the environment. Also, new training materials were developed after working with City of San Diego and College Area Community Planning Group.

2. **Impact on Participants:**

   The program seemed to have an overall positive impact on participants. It was reported that higher referrals were being made and received due to the program. Also, the online directory was being used by a new population of users.

3. **What Was Learned:**

   This program exemplified the need for standard living standards for ILFs. It was also learned that many participants were more appreciative of the new program due to the increase in referrals, along with the PERT team as a resource to help coach and support them to meet the needed standards. Lastly, the online directory was successful in reaching a larger population of users and being a helpful resource.

4. **Recommended for Replication? YES**

The program was successful at improving the standardization of ILFs and positively impacted IL residents and owners. The program received a six month contract extension and anticipates receiving a new contract with an RFP for services coming in 2016. With the extension and new contract, the program is no longer funded under Mental Health Services Act Innovations funding and will be funded through Prevention and Early Intervention.

5. **Lessons Learned in Implementation:**

The PRAT's inspections revealed the need for the ILA Quality Standards when almost 60 percent of houses inspected did not meet standards. This led to a constant review and improvement of the process to try and make it more time efficient. Also, many trainings and educational aspects were developed through lessons learned as the program was implemented.

6. **Program Cost-Effectiveness:**

In the final year of the program, the staffing levels were altered based on the needs for the program. The changes included removing a Director of Finance and Director of Strategic Outcomes and adding an additional assistant and coordinator, which as a result, decreased the program's expenses. Overall, the program has had positive outcomes and is planning to implement more data collection methods to accurately measure the program cost-effectiveness if the contract is extended.

| **Next Steps/Recommendations** |
| --- |

The program extended the current contract for six months. The program is currently working on an Request for Proposal to extend the program and services. The anticipated new contract will begin on January 1, 2016.

**Mental Health Services Act Innovations Projects**
**INN-09 Health Literacy Evaluation 2015**

Program Name: **Health Literacy- Implementation on Hold**
Program Start Date: **N/A**
Program End Date: **N/A**

**Mental Health Services Innovations Projects**
**INN-10 In-Home Outreach Teams (IHOT) Evaluation 2015**

Program Name: **In-Home Outreach Team Program**
Program Start Date: **January 2, 2012**
Program End Date: **December 31, 2014**

## Purpose

1. **Purpose:**
   The purpose of the mobile In-Home Outreach Teams (IHOT) was to provide in-home outreach and engagement services to individuals with Serious Mental Illness (SMI) who are reluctant to seek outpatient mental health services, and to their family members or caretakers. IHOT provided in-home assessment, crisis intervention, short-term case management, and support services (including information and education about mental health services and community resources; linkages to access outpatient mental health care; and rehabilitation and recovery services among others) to individuals with SMI and their family or caretaker, as necessary. These services were expected to increase family member satisfaction with the Mental Health System of Care, as well as reduce the effects of untreated mental illness in individuals with SMI and their families.

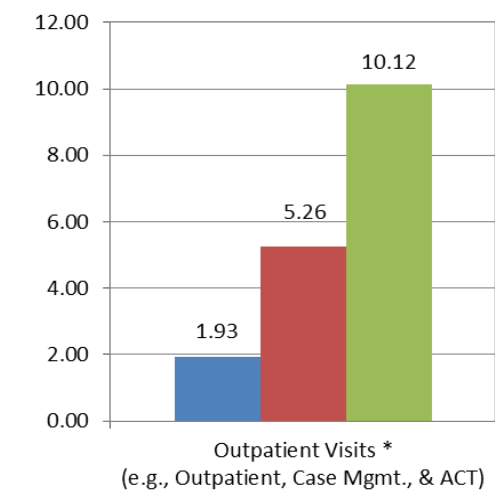
2. **Explanation of Purpose:**
   The project's framework was developed based on community concerns about individuals with mental illness who are seen in the jail system or access emergency services. Often this population resists efforts to be linked to ongoing mental health care and other supportive services. As a consequence, these individuals utilize higher levels of care repeatedly without good recovery outcomes. Therefore, IHOT implemented home based outreach efforts with peer/family and clinical staff to build relationships with the client and their family members and to strengthen a client's engagement outcomes.

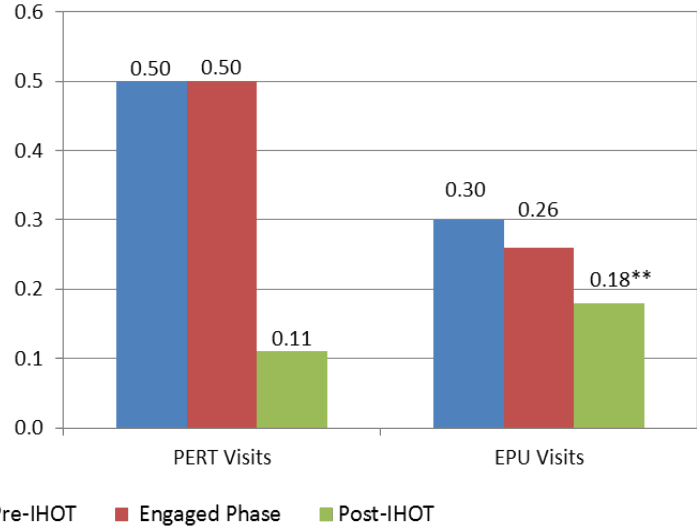
## Learning Objectives

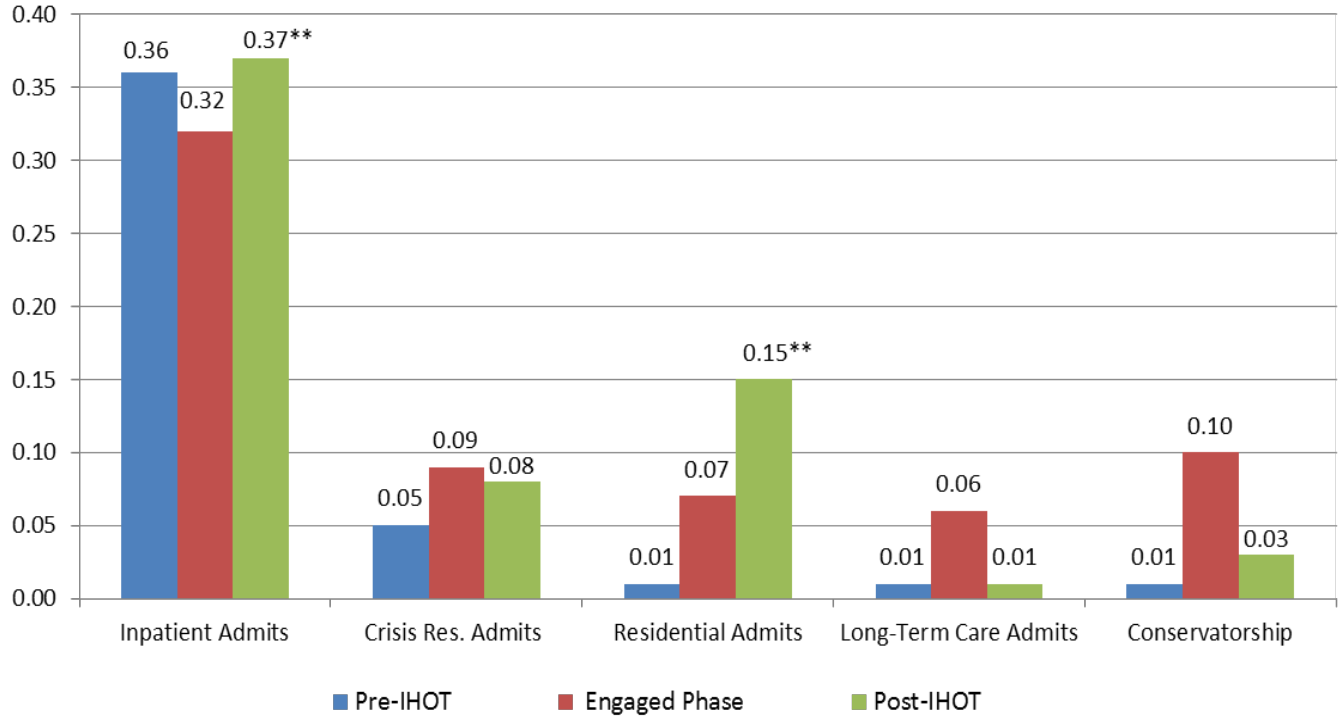
1. **Learning Objective (#1): Impact of IHOT on Individuals with SMI**

**What We Hoped to Learn:** Were participants in IHOT more likely to access or accept outpatient mental health services and reduce unnecessary hospitalization and/or criminal justice interaction?

**What We Learned:** The service utilization patterns suggested that participation in IHOT was associated with the desired trends of increased outpatient mental health treatment and reduced utilization of the high severity, high need services, such as Psychiatric Emergency Response Team (PERT), Emergency Psychiatric Unit (EPU), and hospitalization as noted in the charts below.




* Per person averages of service utilization provide a useful measure for assessing overall trends; however, as in the case of outpatient visits it is important to note that averages may differ from "typical" client experiences when the data include some large values. Overall, more outpatient visits occurred during and especially after IHOT participation than before IHOT participation, but the averages were heavily influenced by the high frequency service users. For example, after removing the five (5) highest outpatient service users from the calculations the Pre-IHOT, Engaged Phase, and Post-IHOT averages reduced to 0.88, 3.06, and 4.51 visits, respectively.

** Average was heavily influenced by one high service utilizer. Analyses conducted with the respective high utilizer removed resulted in the following revised Post-IHOT averages: EPU Visits=.11, Inpatient Admits=.27, and Residential Admits=.03.

2. **Learning Objective (#2): Impact of IHOT on Family Member Knowledge**

**What We Hoped to Learn:** By providing these outreach and education services, did family members of IHOT participants have a better understanding of the mental health system and how to best support IHOT participants?

**What We Learned:** Overall, the satisfaction information was not consistently captured during this time period. From the available information, 66.6 percent of IHOT participants (n=36) and 89.1 percent of family members (n=37) indicated they were highly satisfied with services received. Data collection procedures have been changed for the program's current expansion to increase the satisfaction questionnaire response rate and provide greater confidence in representation of the responses.

## Analysis of Program Effectiveness

7. **Changes or Modifications during Implementation:**

   After implementation and according to the workloads, it was determined that an additional 1.0 Full-Time Employment (FTE) data analyst was needed to track the data provided by the field staff.

8. **Impact on Participants:**

   With the addition of the data analyst, staff time was freed up to allow more time in the field interacting with participants. Also, clinical staff had more time for necessary case consultation and supervision with staff about participant and family situations. Lastly, on average there was an overall decrease in the utilization of PERT, EPU, or hospitalizations among IHOT participants.

9. **What Was Learned:**

   The program services were very well received in each of the regional catchment areas. Knowledge of the IHOT services became widespread, with over 30 percent of incoming referrals coming from outside of the program's catchment areas. It was evident that there is a need for these services to be available in all County regions.

   The overall 60.7 percent of all IHOT participants were males. Caucasian was the most common racial/ethnic category at 60.4 percent. Almost three quarters of the IHOT participants (71 percent) were between 25-59 years old, with some representation among both TAY and older adults. Schizophrenia/Schizoaffective Disorder represented the most common diagnosis for the IHOT participants at 50.4 percent, followed by Bipolar Disorder at 17.3 percent. Also, 47.8 percent were identified as likely having a substance abuse related disorder. Referrals came from many sources, but referrals from family members were most common (63.8 percent). The leading external referral sources were Housing Assistance (10.9 percent) and Mental Health Outpatient Services (9.3 percent). This information provided good knowledge to help address the client

population and build better services for the program when expanded into other regions of the county.

**10. Recommended for Replication? YES**

The program would benefit from an additional 1.0 FTE licensed clinician to be available for face-to-face screening should a participant be eligible and amenable to receiving services. Services should also be available Countywide.

**11. Lessons Learned in Implementation:**

After implementation, it was learned that there was a need for another licensed clinician to handle the workload produced by the program's success. Also, family members were an important part of the majority of client's progress. It was found that family members were the major source of referrals to the program and a majority of clients resided in a family member's house while in the program. Unfortunately, there was no formal tracking of metrics surrounding family members. It is recommended to implement and track this information in the future.

**12. Program Cost-Effectiveness:**

It was determined that an additional data staff was needed to maintain the expected scope. In addition to administrative staff, there were three IHOT, each consisting of a case worker, a peer staff, and a family coach. Moving forward, there will be an additional licensed clinician to provide the face-to-face screening of those deemed eligible. Unfortunately, the number of family members served was not tracked in the initial year of the program, only the identified participants who were referred, accepted for outreach, and engaged. Therefore, the metric for the initial year of the program (dividing budget by number of participants) is not inclusive of everyone served. At the end of the Innovations contract, 341 participants were accepted into the program. The contract budget for this time frame was $3,098,342.50, resulting in $9,086 dollars per participant on average.

**Next Steps/Recommendations**

IHOT expanded to three new regions within San Diego County. Two new contracts were developed. One was developed for the Northern regions and included North Coastal, North Inland, and North Central. The goal of this contract was to serve a minimum of 200 unduplicated participants and family members each year in each region, totaling 600 per year for the Northern Regions. The second contract was made for the South regions, which included Central, East, and South. The goal of this contract is to serve 80 participants and their family members each year within each region, totaling 240 served each year for the Southern regions.

# APPENDIX F

# CSS COST PER CLIENT CALCULATION SUMMARY

**MHSA FY16/17 Annual Update**
**FY14/15 Average Cost Per Client by CSS Work Plan**

| # | Work Plan | Population | Estimated Expenditures FY14/15 | # of Unduplicated Clients | Estimated Cost Per Client FY14/15 |
|---|---|---|---|---|---|
| **1** | CY-FSP | Children | $16,055,445 | 3,508 | $4,577 |
| **2** | CY-OE | Children | $2,573,019 | 1,380 | $1,865 |
| **3** | CY-SD | Children | $10,409,385 | 2,957 | $3,520 |
| **4** | TAOA-FSP | Adults/TAY | $26,610,155 | 2,973 | $8,951 |
| **5** | TAOA-FSP | OA | $2,888,194 | 827 | $3,492 |
| **6** | TAOA-SD | Adults/TAY | $19,135,909 | 4,901 | $3,904 |
| **7** | TAOA-SD | OA | $10,949,908 | 9,639 | $1,136 |
| **8** | ALL-OE | ALL | $1,964,083 | 2,084 | $942 |
| **9** | ALL-SD | ALL | $2,080,575 | 7,821 | $266 |
| **TOTAL** | | | **92,666,672** | | |

**Assumptions:**

**General**

Expenditures are based on the preliminary FY14/15 MHSA Revenue and Expenditure Report (RER) and will be finalized once the final Short/Doyle Cost Report template is provided by the State.
Cost per client is rolled up by work plan (duplicates may exist across work plans)
The costs are inclusive of estimated MHSA, Medi-Cal FFP, 1991 Realignment, Behavioral Health Subaccount and other funding.
The averages are NOT weighted. They are a summary roll up by each work plan/population. Actual costs per client vary amongst the different services and contracts based on the level of service, number of repeat clients and other factors.
51% of CSS dollars must be spent on FSP programs
Minimal duplication of clients may exist due to multiple reporting systems used to report data

**Adult/Older Adult (AOA)**

Housing funds are included in AOA FSP expenditures
Estimated actual cost per client for AOA Assertive Community Treatment (ACT) services only:
**TAY/Adult:** $11,296
**Older Adult**: $11,985
Service levels and intensity differ between the various programs
Minimal duplication of clients may occur within TAOA-SD as several contracts do not report specific client information
Unduplicated client served data for Probation Office to work with TAY and Adult is not available to be included in TAOA-FSP Adults/TAY.
TAOA-SD for TAY and ADULT unduplicated client served data do not included programs that track client served manually.

**Children**

FSP costs may represent all the treatment services youth receives
FSP costs may represent one component of the treatment services youth receives
FSP fund allocated to Child Welfare Services for Wraparound program. Data for unduplicated client served is not available to be included in CY-FSP.

# APPENDIX G
# MHSA FUNDED SERVICES FOR
# JUSTICE SYSTEM INVOLVED CLINETS

# Mental Health Services Act (MHSA) Funded Services for Justice System Involved Clients

| Focus Population | Program | FY 16-17 MHSA Funding* |
|---|---|---|
| Youth | **Multi-Systemic Therapy** serves justice system involved youth in the San Diego Unified School District. Multi-Systemic Therapy is an evidenced-based, intensive, family-oriented, and community-based intervention for youth who meet the criteria for Conduct Disorder or Oppositional Defiant Disorder. In partnership with the Probation Department, the program assesses youth in the institution and will expand services to youth in the community who have been screened to have mental health treatment needs. | $862,000 |
| Youth | **Breaking Cycles** offers support to probation youth within institutions from all regions of San Diego County. A new component of the program increased staffing to offer screening and programming for Commercially Sexually Exploited Children (CSEC) detained in Juvenile Hall and the Girls Rehabilitation Facility as they transition into the community. | $278,554 |
| Youth | The Stabilization Treatment and Transition (STAT) **Probation After-Hours** program will augment current resources with additional staffing and expanded hours of coverage to coincide with periods of free time for the youth on probation. It is during these time periods when clinical support is often needed due to family and relationship issues. | $330,760 |
| Youth | **Mobile Adolescent Service Team (MAST)** is an outpatient treatment program that serves children and youth in the community who are involved with the justice system. The program enhancement will allow for increased psychiatry coverage. | $1,589,173 |
| Youth | **Detoxification Adolescent Group Homes** located in the North, East, and South Regions provide up to 30 days of short-term residential alcohol and other drug treatment/recovery and ancillary services for adolescents who may have co-occurring disorder. Mental health clinicians will provide co-occurring disorder identification and intervention. | $170,000 |
| Youth | **Outpatient Perinatal Recovery Centers** are adding additional mental health clinicians who will provide co-occurring disorder identification and intervention. The women, who generally are involved in Drug Dependency Court, often come to treatment with their young children, who also receive supportive mental health services through a mental health clinician that works with the caregiver and child. | $720,000 |
| Youth | **Teen Recovery Centers** provide adolescent offenders with rehabilitation services. Mental health clinicians will provide co-occurring disorder identification and intervention. | $1,046,000 |
| Transition Age Youth (16 to 25) | **Catalyst** is a Full Service Partnership and Assertive Community Treatment (FSP ACT) program for transition age youth (TAY) who are homeless, may have been referred by the justice system, have a serious mental illness (SMI), and who may also have a co-occurring substance use disorder. | $4,379,170 |

*The Annual Update is specifically for MHSA programs and expenditures. The funding amount represents the total MHSA dollars allocated to a particular program and does not address other funding sources (if applicable). Certain programs may also serve non-justice system involved clients.

# Mental Health Services Act (MHSA) Funded Services for Justice System Involved Clients

| Focus Population | Program | FY 16-17 MHSA Funding* |
|---|---|---|
| Adults | **Center Star** is a FSP ACT program countywide for homeless adults with a SMI who may also have a co-occurring substance use disorder. Clients served are involved with the criminal justice system and have received mental health services while in detention. An array of housing options are also provided to enrolled clients. | $4,068,167 |
| Adults | The **Collaborative Behavioral Health Court and Assertive Community Treatment** program focuses on adults in the Central Region who are referred by the Court for services as an alternative to custody. | $1,760,000 |
| Adults | The **Public Defender Discharge and Short Term Case Management Service** will add two licensed mental health clinicians to provide discharge planning, care coordination, referral and linkage, and short term case management for persons with a SMI who have been referred by the Court for services. | $174,354 |
| Adults | A new component of the **Project In-Reach** program will provide discharge planning and short-term transition services for clients, who are in the justice system and identified to have a SMI, to assist in connecting clients with community-based treatment once released**.** | $420,646 |
| Adults | The **Psychiatric Emergency Response Team (PERT)** provides mental health consultation, case coordination, linkage, and limited crisis intervention services for individuals with mental illness who come in contact with law enforcement officers. | $5,766,000 |
| Adults | The **Serial Inebriate Program (SIP)** is a collaborative effort involving the Courts, police, city and district attorneys, emergency medical services, health and human services, treatment providers, hospitals, sheriffs and the contracted program to treat chronically-homeless inebriates countywide. The SIP provides non-residential substance abuse treatment and case management services as an alternative to custody for court-sentenced individuals with co-occurring disorder. | $285,500 |
| Adults | **Courage to Call** is a veteran peer-to-peer support program staffed by veteran peers. The program provides countywide outreach and education to address the mental health conditions that impact veterans, active duty military, reservists, National Guard, and their families (VMRGF), and provides training to service providers of the VMRGF community. Includes navigator assistance in Veterans' Court for those involved with the justice system. | $1,000,000 |
| Adults | **Non-Residential Recovery Centers** are adding additional mental health clinicians who will enhance co-occurring disorder identification and intervention. Clients are self-referred, or referred by probation, law enforcement or the Court. | $2,500,000 |

*The Annual Update is specifically for MHSA programs and expenditures. The funding amount represents the total MHSA dollars allocated to a particular program and does not address other funding sources (if applicable). Certain programs may also serve non-justice system involved clients.

# Mental Health Services Act (MHSA) Funded Services for Justice System Involved Clients

| Focus Population | Program | FY 16-17 MHSA Funding* |
|---|---|---|
| Youth | **Juvenile Court Clinic** provides assessment, medication management services, and case management for juveniles involved in the Court system. | $847,000 |
| Youth/ Adults | MHSA funded **Probation Officers** administer a mental health screening instrument to youth entering the juvenile system and refer youth with the appropriate diagnosis to the Multi-Systemic Therapy program. For adults, Probation Officers are dedicated to specific Assertive Community Treatment teams to provide support and case management of individuals with a SMI who are on probation. | $698,825 |
| Adults | **Faith Based—Wellness Ministry** is a program that focuses on adults diagnosed with a SMI while in the justice system that includes engaging individuals with schizophrenia or bipolar disorders to provide spiritual support, mental health and physical health wellness education, and linkages to community-based resources for re-integration back into the community. | $266,665 |
| | **TOTAL** | **$27,162,814** |

*The Annual Update is specifically for MHSA programs and expenditures. The funding amount represents the total MHSA dollars allocated to a particular program and does not address other funding sources (if applicable). Certain programs may also serve non-justice system involved clients.

# APPENDIX H
# STAKEHOLDER INPUT

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 5/3/16 | Appendix B Program Summaries needs updated contact information. | Contact information updated. |
| 5/3/16 | A suggestion: For the CalHFA Housing, it would be great if it was open to Co-Occurring and SMI | Duly Noted. |
| 5/4/16 | It would be nice to have PEI funding added to social model residential homes to help with crisis situations. A 1.0 FTE for a licensed person would be sufficient, in my opinion. Thank you for your consideration. | Duly Noted. To be considered by BHS in the future |
| 5/11/16 | Document needs minor grammar errors corrected. | Minor grammar errors corrected. |
| 5/11/16 | I wanted to ask is 2014-15 the most current information for the MHSA Fiscal Year 2016-17? In APPENDIX D page 2, Child & Family PEI Programs was from the 2014-2015 Annual Report. | The MHSA Annual Update supplies the most current FSP and PEI reports available, and reflects data received from July 1, 2014 through June 30, 2015. Fiscal Year 2015-16 was not completed at the time of writing of the Annual Update. |
| 5/11/16 | I highly recommend that the MHSA Fiscal Year 2016-2017 include more programs run by RI International. In addition to the Community Academy partnership and the Consumer & Family Liaisons, they offer Recovery Education Classes, and also Peer Employment Training. These programs help to increase consumer education on how to navigate the system & how to learn availability of services. They also reduce stigma towards mental illness. | The organization will be considered for future highlights. |
| 5/12/16 | Residential facilities should offer locked facilities for children. Children often runaway, and or encourage others to leave and staff cannot stop them from leaving. This rule should be changed. | Laws and regulations govern the utilization of locked facilities in California and as stated certain limitations are in place in regards to having locked residential facilities for children and youth. The current level system is being restructured by the State under the Continuum of Care Reform (CCR). Residential treatments should assess individual needs and offer trauma sensitive, specialized treatment to appropriately address the residents' emotional and behavioral needs. Locked facilities may be necessary at times to ensure residents' safety, however the treatment program should not be utilized to control resident's behavior. Additionally, the Foster Youth Bill of Rights articulates the right for youth to not be locked in any room, building, or facility premises. |

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 5/27/16 | **Comments /Questions received from the Adult Council on 5/27/16:**<br><br>While report is fairly comprehensive, it does not reflect system-wide conversation and concerns regarding wage increases for behavioral health workforce, including psychiatrists. Further, page 16 references a relatively small increase within the system for psychiatry rates, but it appears a very small segment of the providers were afforded psychiatry rate increases. The report implies that a broader impact may have been made. The report also details expanded services and system enhancements, but the wage issue is not addressed in this report. | Workforce needs, including wages, continue to be an area of consideration for BHS Administration. |
| 5/27/16 | **Comments /Questions received from the Adult Council on 5/27/16:**<br><br>Throughout the document, the language regarding funding increases is confusing. As an example, on page 16 the report indicates that "North Star increased $1,050,000." It was unclear to the Adult Council if the language is intended to mean that programs funding increased by $1,050,000 or if the program funding increased to an unlisted new amount. The Adult Council recommends adding enhancement amount in addition to total contracts amounts. | The Annual Update added verbiage to clarify programs that were enhanced. |
| 5/27/16 | **Comments /Questions received from the Adult Council on 5/27/16:**<br><br>Report provides details regarding programs that received enhanced funding (page 15, for example) but it's unclear if the funding corresponded with increased capacity or new/increased services. The Adult Council recommends adding this level of details to the report as it relates to each programs enhanced funding. | As identified, enhancements are generally associated with increased capacity and services. |
| 5/27/16 | **Comments /Questions received from the Adult Council on 5/27/16:**<br>Another example of unclear language in the report is on page 27. Here the report contains language that implies these Innovation programs are only funded for 1 year, due to language that they will receive funding for "a full year". The Council recommends clarification to this portion of the report. | Language clarified. |

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 5/27/16 | **Comments /Questions received from the Adult Council on 5/27/16:**<br>The Workforce Education and Training (WET) section of the report (starting on page 28) does not provide many clear outcomes.<br>The Council noted a significant investment in conferences and training but the impact is unclear- had the initiative increased the public behavioral workforces? The Council recommends providing data points and outcomes regarding WET initiatives. | Statewide assessment and analysis of County WET programs is being done by the Office of Statewide Health Planning and Development, target date for completion is October 2016. A report of local outcomes will be included in the next three year plan.<br><br>Conferences and trainings are designed primarily to increase the knowledge and skills of the existing workforce. |
| 5/27/16 | **Comments /Questions received from the Adult Council on 5/27/16:**<br>As a final formatting concern, the report contains many pages of appendices, and it would be helpful to have references to them in the report and/or some way to cross reference the appendices to the report. It is the Council's determination that many readers will not understand the appendices and their connection to the information in the report. The Council recommends addressing these formatting concerns to allow ease of reference and comprehension. | Duly noted. |
| 5/18/16 | **Comments /Questions received from the Older Adult Council on 5/18/16:**<br>P. 7, "overall increase of $54,436,444 from the MHSA Three Year Program and Expenditure Plan…" Not clear if this was a net annual increase or an increase split between the next three years. The OAC would like this better clarified such as a net increase for FY 16-17 or something similar. | It is a net annual increase. Language was adjusted. |
| 5/18/16 | **Comments /Questions received from the Older Adult Council on 5/18/16:**<br>P. 16, the OAC would have liked to know the number of increased "slots" the FSP enhancements, annualized for 16-17, actually provide per program. | The number of slots has been included. |
| 5/18/16 | **Comments /Questions received from the Older Adult Council on 5/18/16:**<br><br>P. 18, RE the Step Down from IMD and Step Down from Acute Care, the OAC would like to know the age range of the 38 clients proposed to be served. Also , if available, which programs are being referred to- Changing Options? A Telecare program? | The Step Down from IMD programs serve persons 18 years of age and over. The following receive MHSA CSS funds: Fancor Guest Home, Chipper's Chalet, The Broadway Home, Nelson Haven, VOA-Luhman, VOA-Troy, Friendly Home II, Friendly Home of Mission Hills, Orlando Residential Care, Carroll's Community Care, Carroll's Residential Care, Country Club Guest Home, and Changing Options. |

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 5/18/16 | **Comments /Questions received from the Older Adult Council on 5/18/16:**<br><br>P. 24, "Serenity Center increased $200K" The OAC wondered if this was referring to North County Serenity House? | Yes, the program name is Serenity Center, and the agency is North County Serenity House, a division of *health*RIGHT360. |
| 5/18/16 | **Comments /Questions received from the Older Adult Council on 5/18/16:**<br><br>P. 25, OAC members requested more information about the Caregivers of Alzheimer's Disease and Other Dementia Clients Support. Is this a program? | Yes, this is a program. Additional information can be found in the PEI program summaries. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>The tax benefits that existed for owners who have rented for many years to section 8 participants have expired. Perhaps the County could approach them prior to that agreement expiring and offer to extend that credit or something similar with the rental vacancy rate at or below 2% in the County. Could new owners of apartments who rent to section 8 be offered incentives to continue to rent even after their 15 year contract expires. | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>Short term vacation rentals are illegal and why is the City of San Diego not enforcing the law? | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>Concerned about START programs releasing folks to the streets. START programs are only designed for treatment not housing. The program provides options yet some folks decide the street. | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br>25 cities housing inventory has no money attached to it. | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br>East County landlords are not renting to section 8 vouchers. The minimum wait for someone with a section 8 voucher is 1 year. The choices are very limited. | The Project One for All implementation plan was presented to the County Board of Supervisors on June 21, 2016 and includes a landlord incentive to address these concerns. |

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>Currently there is a senate bill going out to stop owners from saying no to section 8 candidates. A city law was passed by Santa Monica and one other coastal city in California. 50% of section 8 vouchers are folks with disabilities. If we don't help folks who are falling through the cracks the cost in the long run is more money being wasted trying to help. (Revolving door) | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>Could big empty buildings like the post office in Point Loma be used to provide services. Offer tax rebates for millionaires to open up such buildings for services. | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>The stress of having a co-occurring diagnosis being a single mom and being sober was harder than not. If you have depression and homelessness it increases symptoms and it's harder to put kids through it. Kids have seen me at my worse and now the kids are having mental health issues. Both challenges need to be tackled at the same time. | BHS offers both outpatient and residential alcohol and drug treatment programs with co-occurring services for pregnant and parenting women. Programs have built in services to support the children and the parent. Service criteria must be met for admission. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>More programs for families to reunite. | Programs that focus on reunification continue to be an area of focus for HHSA departments such as BHS and Child Welfare Services. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>Services and housing for kids who have not been in the foster care system and are 18 years old needing emergency housing and don't have any idea where to go. They are lost and while waiting for a long term housing option the connection is lost. | Duly noted. |

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:** Independent Living (IL) homeowners need a program similar to one the VA has a move in budget to house someone in an emergency situation. If someone comes in on the 25th of the month they have no $ yet when the 1st comes they have to pay rent and do not have enough $ to pay from the 25th. Could the Housing Commission work with the VA to develop such a program? Help with the deposit & any damages when moving out. Could the City allocate 15% instead of the current 10% set aside for section 8 units within a building for new developments? | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:** Micro homes can be an innovative answer to not enough housing. They could provide a place to do extensive case management, they are moveable. Also, more safe parking lots are needed because there is a waiting list for the ones we have currently. Lockers folks could use who are homeless. King County, San Francisco and LA have already tried tiny home with success. He was encouraged to attend the Housing Council on the 1st Thursday of each month. Comments were made that the tiny homes are not politically correct. An above ground toilet was invented which may bypass that being an obstacle. Homelessness in San Diego has gotten worse recently and innovative ideas need to be considered. | Duly noted. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>Could Innovations help fund non-profits who get WET funds? For example, someone who is deaf needs an interpreter and agencies who are trying to help folks get trained to do a job currently do not have such services. | Innovation funding is determined through a community planning process and approved by the MHSOAC. The criteria for Innovation funding is quite limited, however BHS will take this into consideration for future WET funding. |
| 5/24/16 | **Comments /Questions received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>Folks who are currently not severe enough for services just digress without services to help them. What direction does an IL homeowner go to help them? This is a gap in services and if not filled will continue to get bigger. | Duly noted. |

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 5/24/16 | **Additional Feedback received from the Peer Liaison Countywide meeting held 5/24/16:**<br><br>• Need to fund support for micro homes projects.<br>• Locker project, perhaps in libraries and safe parking lots programs.<br>• Develop epidemiology to look at putting targeted case management at these locations for evaluation.<br>• Expansion of clubhouse (psychosocial rehabilitation centers) service for case management.<br>• Have clubhouses input data into Anasazi for evaluation.<br>• My concern is that my affordable housing of 5 years will someday be taken away.<br>• Not have the fear that I will become homeless!<br>• Peer Liaisons are so professional and continue to improve their talents.<br>• Improved support for independent living facility operators for better collaboration during/after discharge from hospital or from crisis house.<br>• Include in builders permits an allocated portion or percentage for development for independent living homes so that say 5 homes per 120 units built. The ILF design /plan to be according to code as to size of rooms and any functional layout.<br>• Have the City of San Diego address the impact of affordable housing.<br>• Affordable housing for low to very low income people.<br>• Tiny Mobile Housing.<br>• I would like to see more funds allocated to individuals with co-occurring disorders especially housing.<br>• Long term housing for individual's w/co-occurring disorders and families. In addition I would like to see more availability of section 8.<br>• Looking for opportunity for ILA to receive innovative funds to encourage ILF owner to assist w/emergency/immediate housing options.<br>• Permanent housing and more case management.<br>• It's good to see the augmentation of MHSA programming with more services and staff, including mental health counselors. | Duly noted. To be consideration by BHS in the future. |

| Date | Comment | Response |
|---|---|---|
| | • Transition support for adults w. SMI who are stable enough to now be on their own from a group living situation independent living board and Care.<br>• Micro Homes. Increase number of rehab facilities for co-occurring disorders.<br>• Emergency housing specifically for the TAY population. Homeless youth not in foster care transitioning to adulthood struggle to connect with provider's when there are limited emergency options.<br>• I am being stabilized taking my medication going to group and getting a job what program is there for housing people who are no longer acute in their symptoms. | |
| 6/2/16 | **Comments/Questions received from the Public Hearing:**<br>County of San Diego Supervisor Dave Roberts: "I was curious if Alfredo had any comments about if "this project [Project In-Reach] isn't fully funded"? | Project In-Reach has been expanded to connect additional people with a serious mental illness in the justice system to the appropriate services. |
| 6/2/16 | **Comments/Questions received from the Public Hearing:**<br>Behavioral Health Advisory Board Member Jerry Hall: "My only comment regarding the overall budget is that I really believe we should focus on the opportunity to provide more data to people to have much better insight on the work we're doing at BHS in order to focus on the outcome and not the money." | The Annual Update contains Outcome Reports for Prevention and Early Intervention and Cycle 2 Innovation programs. The Outcome Report for Full Service Partnerships were not available at the time the report was released for public comment, however they are included at this time within Appendix D. Additionally, numerous Behavioral Health Services reports that speak to if clients in the BHS system are getting better (such as the Systemwide Annual Reports, Program Databooks and Dashboard Indicators Reports) can be located in BHS' online Technical Resource Library at http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html under Quality Improvement Reports. |

# MHSA Fiscal Year 2016-17 Annual Update Stakeholder Input

| Date | Comment | Response |
|---|---|---|
| 6/2/16 | **Comments/Questions received from the Public Hearing:**<br><br>Behavioral Health Advisory Board Member Jerry Hall: "We need a portal to reveal contracts, we have projects out there with 350 contracts but the public should have a copy of each in order to give qualified feedback." | As of March 1, 2015, the County of San Diego Department of Purchasing and Contracting publishes awarded county contracts and can be found at the following website: http://www.sandiegocounty.gov/content/sdc/purchasing/documentum-contract-search.html<br>Search results may contain awarded contracts after July 1, 2014. For contracts that cannot be found or to obtain contract documents before July 1, 2014, please contact the Department of Purchasing & Contracting at: 858-505-6367. |

# APPENDIX I

# MHSA ISSUE RESOLUTION PROCESS

**County of San Diego**

**Mental Health Services Act (MHSA) Issue Resolution Process**
**Revised June 9, 2016**

**Purpose:**
This procedure supplements the Beneficiary and Client Problem Resolution Policy and Process, which provides detailed guidelines for addressing grievances and appeals regarding services, treatment and care, by providing a process for addressing issues, complaints and grievances about MHSA planning and process.

The Department of Health Care Services (DHCS) requires that the local issue resolution process be exhausted before accessing State venues such as the Mental Health Services Oversight and Accountability Commission (MHSOAC), and the California Mental Health Planning Council (CMHPC) to seek issue resolution or to file a complaint or grievance.

San Diego County Behavioral Health Services has adopted an issue resolution process for filing and resolving issues related to Mental Health Services Act (MHSA) community program planning process, and consistency between program implementation and approved plans.

The County's Behavioral Health Services Division is committed to:

- Addressing issues regarding MHSA in an expedient and appropriate manner;
- Providing several avenues to file an issue, complaint or grievance;
- Ensuring assistance is available, if needed, for the client/family member/provider/community member to file their issue; and
- Honoring the Issue Filer's desire for anonymity.

Types of MHSA Issues to be Resolved in this Process:

- Appropriate use of MHSA funds
    - Allegations of fraud, waste, and abuse of funds are excluded from this process. Allegations of this type will be referred directly to the County Compliance Office for investigation.
- Inconsistency between approved MHSA Plan and implementation
- San Diego County Community Program Planning Process

**Process:**

- An individual may file an issue at any point and avenue within the system. These avenues may include but are not limited to: the County Behavioral Health Director, County Behavioral Health Assistant Director, County Behavioral Health Deputy Directors, Behavioral Health Councils, County Compliance Officer, Consumer and Family Liaisons, Patient Advocacy Program, and Behavioral Health Provider.
- The MHSA issue shall be forwarded to the Consumer and Family Liaisons, RI International and Family Youth Roundtable (FYRT)), for review within one (1) business day of receipt.
- Consumer and Family Liaisons (CFL) shall provide the Issue Filer a written acknowledgement of receipt of the issue, complaint or grievance within two (2) business days.
- CFL shall notify the County's MHSA Coordinator of the issue received while maintaining anonymity of the Issue Filer.
- CFL will investigate the issue.
    - CFL may convene the MHSA Issue Resolution Committee (MIRC) whose membership includes unbiased, impartial individuals who are not employed by the County of San Diego.
    - CFL will communicate with the issue filer every seven (7) days while the issue is being investigated and resolved.
- Upon completion of investigation, CFL/MIRC shall issue a committee report to the Behavioral Health Director.
    - Report shall include a description of the issue, brief explanation of the investigation, CFL/MIRC recommendation and the County resolution to the issue.
    - CFL shall notify the Issue Filer of the resolution in writing and provide information regarding the appeal process and State level opportunities for additional resolution, if desired.
- The Behavioral Health Director will provide a quarterly MHSA Issue Resolution Report to the Behavioral Health Advisory Board.

**Consumer and Family Liaisons:**

**Judi Holder**
RI International
3838 Camino Del Rio North, Suite 380
San Diego, CA 92108
(858) 274-4650
Fax (858) 274-4662
Email: Judi.Holder@RIInternational.com

**Sue Skube**
NAMI San Diego
5095 Murphy Canyon Road, Suite 320
San Diego, CA 92123
(858) 634-6580
Email: sueskube@namisd.org or
https://namisandiego.org/cyf-liaison/

# APPENDIX J
# GLOSSARY OF TERMS

## GLOSSARY OF TERMS

**ACS** – American Community Survey
**ACT**– Assertive Community Treatment
**ADC** – Admissions and Discharge Census
**ADS** – Alcohol Drug and Services
**API** – Asian/Pacific Islander
**A/OA** – Adult/Older Adult
**AOD** – Alcohol and Other Drugs
**AOT** – Assisted Out Patient Treatment
**ASP**– Augmented Services Program
**BHAB-** Behavioral Health Advisory Board
**BHS** – Behavioral Health Services
**BHCS**– Behavioral Health Consultation Services
**BOS** – Board of Supervisors
**BPSR**– Biopsychosocial Rehabilitation
**CalHFA**– California Housing Financial Authority
**CalMHSA** – California Mental Health Services Authority
**CBO(s)** – Community Based Organization(s)
**CCA**– Cultural Competency Academy
**CCD**– Continuity of Care Documents
**CCRT**– Cultural Competency Resource Team
**CEO** – Chief Executive Officer
**CF**– Capital Facilities
**CFTN** – Capital Facilities and Technological Needs
**CBHDA** – California Behavioral Health Directors Association
**CPP** – Community Program and Planning
**CO** – Co-Occurring
**COD** – Co-Occurring Disorder
**CRU** – Crisis Recovery Unit
**CSS** – Community Services and Supports
**CY** – Children and Youth
**CYF** – Children, Youth, and Families
**ESB** – Emergency Shelter Beds
**EC** – Early Childhood
**EPU** – Emergency Psychiatric Unit
**ESU**– Emergency Screening Unit
**FB** – Faith Based
**FFP**–Federal Financial Participation
**FFS**– Fee For Service
**FQHC**– Federally Qualified Health Center
**FSP** – Full Service Partnership
**FY** – Fiscal Year
**HHSA** – Health and Human Services Agency
**ICARE** – Integrated Care Resources
**IHOT** – In-Home Outreach Team
**ILA** – Independent Living Association
**INN** – Innovation
**IY** – Incredible Years
**KIP** – Knowledge Integration Project
**LWSD** – Live Well San Diego
**MH** – Mental Health
**MHSA** – Mental Health Services Act
**MHSOAC** – Mental Health Services Oversight and Accountability Commission
**MIS** – Management Information System
**NA** – Native American
**OA** – Older Adult
**OE** – Outreach and Engagement
**PACE** – Program of All-inclusive Care for the Elderly
**PEI** – Prevention and Early Intervention
**PERT** – Psychiatric Emergency Response Team
**PS** – Primary and Secondary Prevention
**QPR** – Question, Persuade, Refer
**RC** – Rural Integrated Behavioral Services
**RE** – Residential Integrated Services
**SA** – Suicide Prevention Awareness
**SANDAG** – San Diego Association of Governments
**SD** – System Development
**SDCPH** – San Diego County Psychiatric Hospital
**SED** – Serious Emotional Disturbance
**SMI** – Serious Mental Illness
**SOC** – System of Care
**SPC** – Suicide Prevention Council
**SSI** - Supplemental Security Income

**TAY** – Transition Age Youth
**TAOA** – Transition, Adult and Older Adult
**VF** –Veterans and Families
**WET** – Workforce Education and Training
**WIC** – California Welfare and Institutions Code