

**County of San Diego  
Health and Human Services Agency  
Mental Health Services**



# **Mental Health Services Act**

## **Fiscal Year 2009/2010 Annual Update to the Three-Year Program and Expenditure Plan**

**Community Services & Supports  
Prevention & Early Intervention**

**May 12, 2009**

## LISTING OF SAN DIEGO COUNTY MHSA CSS & PEI PLANS

Number	Program Name	Funding	Target Age
A-1	Homeless Integrated Services and Supported Housing	FSP	Adult
A-2	Justice Integrated Services and Supported Housing	FSP	Adult
A-3	Client-Operated Peer Support Services	SD	Adult
A-4	Family Education Services	SD	Adult
A-5	Clubhouse Enhance and Expand with Employment	SD	Adult
A-6	Supported Employment Services	SD	Adult
A-10	Patient Advocacy for Board and Care Facilities	SD	Adult
ALL-1	Services for Deaf and Hard of Hearing	OE	All Ages
ALL-2	Services for Victims of Trauma and Torture	OE	All Ages
ALL-4	Interpreter Services	SD	All Ages
ALL-5	Psychiatric Emergency Response	SD	All Ages
ALL-6	Mental Health Services and Primary Care Services Integration	OE	Adult
ALL-7	Chaldean Outpatient Services	SD	All Ages
AOA-1	Enhanced Outpatient Mental Health Services	SD	Adult, Older Adult
CY-1	School and Home Based Services	OE	Children
CY-2.1	Family and Youth Information and Education Program	SD	Children
CY-2.2	Family and Youth Peer Support Services	SD	Children
CY-3	Cultural and Language Specific Outpatient	FSP	Children
CY-4.2	Mobile Psychiatric Emergency Response/Children's Walk-In Assessment Center, North County	SD	Children
CY-5.1	Medication Support For Dependents and Wards	SD	Children
CY-5.2	Outpatient Court Schools and Outreach	OE	Children
CY-5.3	Homeless and Runaways	FSP	Children
CY-6	Early Childhood Mental Health Services	SD	Children (0-5)
CY-7	Wraparound Services	FSP	Children

FSP – Full Service Partnership  
SD – System Development

OE – Outreach and Engagement  
TAY – Transition Age Youth

## LISTING OF SAN DIEGO COUNTY MHSA CSS & PEI PLANS

Number	Program Name	Funding	Target Age
CY-8	Child Welfare Supportive Services and Treatment	SD	Children
CY-9	Juvenile Justice/Probation Services	SD	Children
CY-10	Case Management	OE	Children
OA-1	High Utilizer Integrated Services and Supported Housing	FSP	Older Adult
OA-2	Mobile Outreach at Home and Community	SD	Older Adult
OA-4	Case Management	OE	Older Adult
TA-1	Intensive Case Management	SD	TAY, Adult
TAOA-1	Legal Aid Services	SD	TAY, Adult, Older Adult
TAOA-2	North County Walk-in Assessment Center	SD	TAY, Adult, Older Adult
TAOA-3	Housing Trust Fund	FSP	TAY, Adult, Older Adult
TAOA-4	Peer Telephone Support Expansion	SD	TAY, Adult, Older Adult
TAOA-5	Mental Health Court Calendar	FSP	TAY, Adult, Older Adult
TAY-1	Integrated Services and Supported Housing	FSP	TAY
TAY-2	Clubhouse and Peer Support Services	SD	TAY
TAY-3	Dual Diagnosis Residential Treatment Program	SD	TAY
TAY-4	Enhanced Outpatient Mental Health Services	SD	TAY
CO-01	Co-Occurring Disorders – Bridge to Recovery	PEI	Adult, Older Adult
CO-02	Co-Occurring Disorders – Screening by Community Based ADS Providers	PEI	All Ages
DV-01	South Region Point of Engagement	PEI	All Ages
DV-02	South Region Trauma Exposed Services	PEI	Children
DV-03	Central Region Community Violence Services	PEI	All Ages
EC-01	Positive Parenting Program (Triple P)	PEI	Children (0-5)
FB-01	First Break of Mental Illness	PEI	TAY
NA-01	Collaborative Native American Initiative	PEI	All Ages

FSP – Full Service Partnership  
SD – System Development

OE – Outreach and Engagement  
TAY – Transition Age Youth

## LISTING OF SAN DIEGO COUNTY MHSA CSS & PEI PLANS

Number	Program Name	Funding	Target Age
OA-01	Elder Multicultural Access and Support Services (EMASS)	PEI	Older Adult
OA-02	Home Based Prevention Early Intervention Gatekeeper Program	PEI	Older Adult
OA-03	Life Long Learning	PEI	Older Adult
OA-04	REACHing Out	PEI	Adult, Older Adult
OA-05	Salud	PEI	Older Adult
PS-01	Primary and Secondary Prevention – Public Education/Media Development & Campaign	PEI	All Ages
PS-02	Youth Peer Support Line	PEI	TAY
PS-03	C2C Family Peer Support Line	PEI	Adult, Older Adult
RC-01	Rural Integrated Behavioral Health & Primary Care Services	PEI	All Ages
SA-01	School-Based Program	PEI	Children
SA-02	School-Based Services – Suicide Prevention	PEI	All Ages
VF-01	Veterans and Families Outreach and Education	PEI	All Ages

FSP – Full Service Partnership  
SD – System Development

OE – Outreach and Engagement  
TAY – Transition Age Youth

## EXHIBIT A

### COUNTY CERTIFICATION MHSA FY 2009/10 ANNUAL UPDATE

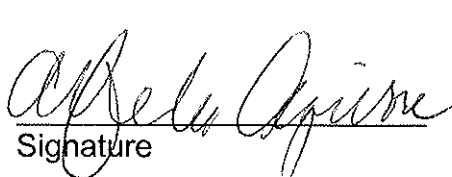
County Name: County of San Diego

County Mental Health Director	Project Lead
Name: Alfredo Aguirre, LCSW	Name: Philip A. Hanger, Ph.D.
Telephone Number: (619) 563-2765	Telephone Number: (619) 584-5022
E-mail: Alfredo.Aguirre@sdcounty.ca.gov	E-mail: Philip.Hanger@sdcounty.ca.gov
Mailing Address:  3255 Camino del Rio South P-531C San Diego, CA 92108	

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Annual Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

	<u>3/6/09</u>	<u>Mental Health Director</u>
Signature	Date	Title
		Local Mental Health Director/Designee

## EXHIBIT B

### Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: County of San Diego

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

**1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

The County of San Diego integrated information from the extensive CSS Planning process, data from the MHSA Gap Analysis, and community input from our stakeholder-led councils (Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, and Mental Health Board) in the development of our MHSA FY 2009/2010 Annual Update.

The Councils provide a forum for both Council representatives and the public to stay informed and involved in the planning and implementation of MHSA programs. The members of these councils received draft materials and presentations by Dr. Philip Hanger (MHSA Coordinator) on DMH guidelines and the County's proposal for the Annual Update. Community input from these councils was collected during the FY 2009/2010 planning phase and considered during development of the Annual Update. Council members also shared MHSA information with their constituents and other groups involved in mental health services and issues.

In addition, the MHSA Planning Team utilizes an extensive list of interested parties (e.g., stakeholders, providers, consumers, family members) to send updates and communications about planning meetings, documents, and proposed updates to the MHSA Plan. Annual Update information and input requests were e-mailed to other stakeholder distribution lists, including the Mental Health Coalition and Contractor's Association.

Community and stakeholder input was also solicited and received via telephone (local and toll-free lines), internet, and e-mail using the County's MHSA Proposition 63 comment/question line.

**2. Identify the stakeholder entities involved in the Community Program Planning Process.**

Membership within the Children's, Adult, and Older Adult System of Care Councils includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers, representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.

## EXHIBIT B

The Mental Health Board is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.

The County's Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout MHSA planning activities, ADS providers offered essential input on the need for specialized mental health assistance for clients currently receiving treatment in ADS-contracted programs. ADS input was received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings.

Other stakeholder entities involved in the planning process included consumers, stakeholders, providers, and family members with an interest in the development of the County's Annual Update who provided input via telephone, mail, or e-mail.

### **3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.**

CSS implementation information from DMH and San Diego County was publicly posted with the Clerk of the Board of Supervisors, available online on the County's Network of Care website, and distributed in hard copy and electronic format. Recipients of this information included participants in the planning process, interested parties, stakeholders, community members, and Council and Mental Health Board members.

The County also maintains an extensive public distribution list to disseminate MHSA-related information and materials. Electronic documents and/or links to pertinent materials and information are continuously sent to parties on this distribution list.

### **4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.**

The County of San Diego did not receive substantive comments regarding CSS implementation information.

### **5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The County of San Diego conducted a 30-day stakeholder review period for the MHSA FY 2009/2010 Annual Update from February 3 to March 5, 2009. The public hearing was held at the Mental Health Board meeting on March 5, 2009. We did not receive substantive comments during the stakeholder review period or at the public hearing.

## EXHIBIT C

### Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: County of San Diego

**Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)**

San Diego County Mental Health Services continues to develop and monitor the provision of linguistically and culturally appropriate services for the diverse populations of our County, focusing special attention on unserved/underserved communities. The County's MHSA programs are designed to further the goals of the Act in serving these populations experiencing disparities in access and availability of mental health services. Below are a number of highlights that represent only part of the tremendous contribution our CSS programs have made to address ethnic and racial service disparities and system transformation.

The Cultural Access Resource Enhancement (CARE) program seeks to reduce racial disparities that limit access to care for Latino, Vietnamese, and Filipino communities. CARE conducts community outreach to provide education, reduce stigma, and build trust with elders of the target populations. Consumer/Family Support Partners address client fears, misconceptions, stigma, and shame related to mental health. Consumer/Family Partners work with families throughout treatment to offer support and increase their social support networks.

MHSA funding has enhanced care to underserved transition age youth who often discontinue treatment in the shift to adult programs. This enhancement enabled programs to hire additional bilingual/bicultural staff to provide services, including mobile services, to a greater number of ethnically/racially diverse transition age youth consumers.

As part of the peer support services contract, Recovery Innovations of California (RICA) presented a Wellness and Recovery Summit in March 2008, which brought together a wide variety of consumers, families, friends, and providers to hear many nationally-known presenters. Special efforts were successfully made to connect with consumers whose preferred language was Spanish or Vietnamese, and simultaneous translation of those languages was available at the Summit.

Through the family education services contract, NAMI San Diego has successfully completed the translation and implementation of its Family-to-Family education class series for Vietnamese families. NAMI San Diego is also collaborating with the Chaldean Middle Eastern Center (CSS ALL-7) to finalize this curriculum for Arabic families.



## **EXHIBIT C**

The Council of Community Clinics (CCC) represents 17 community clinic corporations in San Diego. The target population for services includes clients and families with incomes below 200% of the Federal Poverty Level and priority is given to underserved populations such as Latinos, Asians, and Pacific Islanders. This program utilizes Senior Peer Promotoras to conduct outreach, engagement, and referrals in a number of sites. The Promotoras made 3,691 contacts and 154 referrals for service in the latter half of the fiscal year.

The Breaking Down Barriers program expanded its scope of services to include Native Americans/Alaska Natives and Veterans with the addition of two bilingual/bicultural outreach specialists. These outreach specialists conduct events in community settings to engage and educate community leaders to become cultural brokers, connecting individuals and families from their communities to mental health services.



County Name

County of San Diego

Work Plan Title

A-1: Homeless Integrated Services and Supported Housing

Population to Be Served

This program serves adults age 25-59 who have a diagnosis of serious mental illness (SMI) and are homeless or at risk of becoming homeless, and who are unserved or underserved or are high users of acute inpatient care and medical services. Special attention is paid to those who are unserved and not receiving mental health services, with an emphasis on outreach to and engagement with these persons, as well as to African-Americans and women with SMI.

Work Plan Description

This program integrates outreach, engagement, 24/7 intensive case management/wraparound services, community-based mental health treatment services, work with the justice system as needed, rehabilitation and recovery services (i.e., supported employment/education, supported housing, peer support, transportation support, expanding natural supports, and empowerment), and probation services.

A continuum of housing options is provided including short-term housing, transitional, and permanent supported housing. This program provides services in the Central, North Central, North Inland and North Coastal regions of the County.

This program advances the MHSA goals to reduce incarceration and institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness and to provide timely access to needed help by providing intensive wraparound treatment, rehabilitation, and case management services following the SAMHSA evidence based practice of Assertive Community Treatment (ACT) in combination with provision of an array of housing options.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

571 Total

Number of Clients By Funding Category

571 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

A-2: Justice Integrated Services and Supported Housing

Population to Be Served

Services are provided to adults age 25-59 who have a diagnosis of serious mental illness (SMI) and who have active or recent criminal justice involvement. Special attention is given to persons who are unserved and not receiving mental health services with an emphasis on active outreach to and engagement with these persons, as well as to unserved and underserved African-American and female adults with SMI and criminal justice involvement.

Work Plan Description

This program provides countywide, comprehensive, individualized, integrated, culturally competent mental health services for individuals with SMI who may also have a dual diagnosis and have been previously in the justice system, received mental health services while incarcerated, and/or are re-entering the community from the justice system.

Components of this program include diversion and reentry services, utilizing 24/7 intensive case management/ wraparound services, community-based outpatient services, rehabilitation and recovery services (i.e., supported employment/education, supported housing, peer support, transportation support), and probation services. A continuum of housing options is provided and includes short-term housing, transitional and permanent supported housing.

This program advances the MHSA goals to reduce incarceration and institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness and to provide timely access to needed help by providing intensive wraparound treatment, rehabilitation, and case management services following the SAMHSA evidence based practice of Assertive Community Treatment (ACT) in combination with provision of an array of housing options.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

111 Total

Number of Clients By Funding Category

111 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

A-3: Client-Operated Peer Support Services

Population to Be Served

This program serves adults age 18 and over with a diagnosis of severe mental illness who are interested in support, rehabilitation, and recovery services provided by peers. Particular outreach is made to Latinos and Asian/Pacific Islanders who are unserved and underserved and to persons who are living in locked facilities or Board & Care facilities.

Work Plan Description

This program is client-driven and client-operated to provide countywide, culturally competent peer education, peer advocacy, employment support services, skill development classes, and social/recreational activities delivered by peer counselors.

These services are delivered in a variety of settings including, but not limited to, clubhouses, outpatient clinics, Board & Care facilities, locked long-term care facilities, and community centers. These services expand networks of supportive relationships, support alternatives to institutionalization, and provide individuals with assistance in a wide variety of areas including education, employment, recreation, housing, and relationships with families, friends, and service providers.

This program advances goals of the MHSA by fostering transformation of the system through client-driven services that empower people with serious mental illness through facilitating and supporting peers with an increased ‘voice and choice.’ The program seeks to decrease isolation and increase empowerment, self-identified valued roles, and self-sufficiency.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1,400 Total

Number of Clients By Funding Category

Full Service Partnerships

1,400 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

A-4: Family Education Services

Population to Be Served

Persons served by this program are family members or significant others of adults (including transition age youth and older adults) with a serious mental illness. The work plan also targets Spanish, Vietnamese, and Arabic language speakers.

Work Plan Description

The National Alliance for Mental Illness (NAMI) San Diego contracts with San Diego County to provide these family education services. The program offers a series of classes using an established family education curriculum to educate and support families who have relatives with mental illness. This course, taught by family members, increases family members' coping skills and encourages increased involvement and partnership with the mental health system to support their loved one and promote networks of supportive relationships. An intensive 'train-the-trainer' component is included to support those family members willing to become volunteer trainers. Participants are then able to provide outreach for the program within their communities.

Family members are actively recruited through publicity at existing mental health clinics and word-of-mouth. Classes are available in English, Spanish, and Vietnamese. NAMI San Diego is collaborating with the Chaldean Middle Eastern Center (CSS ALL-7) in the development and implementation of an Arabic language curriculum. A review of feedback from classes to assess whether different or additional family education services may be needed guides the development of future curriculums. This work plan coordinates at least two sessions annually of the Amenson Schizophrenia Education class series, open to all family and friends of persons diagnosed with schizophrenia.

This program advances goals of the MHSA by being family-driven and promoting a network of supportive relationships. This is a family-run program and all trainers and participants are family members.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

240 Total

Number of Clients By Funding Category

Full Service Partnerships

240 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



**County Name**

County of San Diego

**Work Plan Title**

A-5: Clubhouse Enhance and Expand with Employment

**Population to Be Served**

This program serves underserved adults age 18 and over with serious mental illness who are in need of skill development to increase their self-sufficiency and integrate in the community and who have been previously unable to work. Special emphasis is placed on outreach to underserved persons with serious mental illness who are African-American, Latino, Asian-American/Pacific Islander, Native American, and/or women.

**Work Plan Description**

Clubhouse Enhancement: The member operated Clubhouse programs provide opportunities for skill development, social rehabilitation, and symptom management through an array of meaningful peer-led educational support groups and community activities that include illness and symptom management, recovery groups, cultural and sports activities, recreational outings, and self-help advocacy groups. Peer Specialists assist and support members to engage in volunteer, social rehabilitation, and community activities.

Clubhouse Expansion for Employment Services: The member operated Clubhouse program provides employment screening and job placement through onsite and/or offsite volunteer and/or paid vocational opportunities of members' choosing. The program also provides ongoing job supports via activities within a network of supportive relationships of peer staff, members who are employed, and others who are seeking employment. Benefits counseling is also provided.

At least three Clubhouses primarily serve specific ethnic groups: East Wind – Monolingual Asian-American/Pacific Islanders; Friendship Clubhouse – African-Americans; Casa Del Sol – Latinos. These Clubhouses reflect major ethnic groups in their respective communities and have enhanced their efforts to reduce ethnic disparities by offering Clubhouse services. The East Corner Clubhouse and North County Clubhouses conduct active outreach for Native Americans in their regions through collaboration with Indian health providers and tribal organizations. Central Region Clubhouses similarly outreach to Native American Urban Indians by connecting with the San Diego Urban Indian Center and tribal organizations.

This work plan advances the goals of the MHSA by providing employment, vocational training, pre-employment activities, education, networks of supportive relationships, and meaningful use of time and capabilities that increase self-sufficiency and personal development for individuals with serious mental illness.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

**625** Total

Number of Clients By Funding Category

Full Service Partnerships

**625** System Development

Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

A-6: Supported Employment Services

Population to Be Served

This program serves persons age 18 and over with a diagnosis of serious mental illness who reside in the Central or North Central geographic region of San Diego County and are interested in becoming competitively employed. Priority will be given to those persons who need more long-term job coaching and support than is available through other supported employment services in our system.

Work Plan Description

This Supported Employment Services program utilizes a comprehensive approach that is community-based, client and family driven and culturally competent for individuals that are interested in becoming competitively employed. This program offers job screening, preparation, development, supports for educational/vocational training, coaching, placements, and employment opportunities.

This program uses the SAMHSA evidence-based practice model for Supported Employment. As defined by the SAMHSA model, competitive employment must “pay at least minimum wage; the employment setting includes co-workers who are not disabled; the position can be held by anyone, that is, one does not need to be a member of a population with a disability to hold the job.” Following these guidelines, the goal is to assist individuals in finding and maintaining competitive jobs leading to recovery and independence.

The supported employment program advances the goals of the MHSA because employment is a valuable path to recovery for many people. This program provides an array of services to assist individuals with a serious mental illness who need long-term job supports to obtain competitive employment and will build on the person’s strengths to help them achieve this goal.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

77 Total

Number of Clients By Funding Category

Full Service Partnerships

77 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

A-10: Patient Advocacy for Board and Care Facilities

Population to Be Served

This program serves transition age youth (18-24 years) and adult mental health clients who are living in board and care facilities. These clients need ongoing support and supervision with activities of daily living to live successfully in the community.

Work Plan Description

This patient advocacy program provides augmented advocacy services to mental health clients residing in licensed board and care facilities augmented with mental health services. These clients have a mental health diagnosis and require daily support to live in the community and avoid institutionalization. At times, these clients may be inappropriately evicted or threatened with eviction or denied rights by poorly trained facility staff. Clients often fail to report abuse because they do not know their rights or believe they are powerless.

These advocacy services include forming liaisons with board and care owners, managers, staff, and residents to facilitate access and assistance with problem solving; providing residents and staff with information regarding rights and responsibilities of both parties and relevant community resources; conducting periodic advocate visits to board and care homes to speak with clients and listen to any problems; and investigation of board and care client complaints and grievances.

This program advances the goals of the MHSA by providing support to mental health clients and assisting them in building empowerment to increase their ability to live in the community and avoid institutionalization.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

250 Total

Number of Clients By Funding Category

Full Service Partnerships

250 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal





County Name

County of San Diego

Work Plan Title

ALL-1: Services for Deaf and Hard of Hearing

Population to Be Served

The priority populations for these services are the underserved and unserved seriously emotionally disturbed children (0-17 years) and seriously mentally ill transition age youth (18-24 years), adults (18-59 years), and older adults (60 years and older) who are deaf or hard of hearing.

Work Plan Description

This program is a specialized, linguistically and developmentally appropriate outpatient counseling service for deaf and hard of hearing individuals with a mental illness including those who may have a co-occurring substance abuse disorder. The program provides care coordination, linkage, and individualized/family-driven services and supports. Clients are also provided with necessary linkages to appropriate agencies for psychotropic medication management if necessary. Services are provided in Communication Accessible languages including, but not limited to, American Sign Language.

The program is intended to provide interventions to assist clients and families to achieve a more adaptive level of functioning. Interventions include individual and group counseling and/or telephonic contacts. The formation of client self-help groups is encouraged to facilitate empowerment in the spirit of psychosocial rehabilitation practices.

These services advance MHSA goals by reducing mental disability and restoring functioning for individuals through education, development, and enhanced self-sufficiency. These services also improve access to care for unserved deaf and hard of hearing children, youth, adults, and older adults within the County of San Diego.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

65 Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

65 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

ALL-2: Services for Victims of Trauma and Torture

Population to Be Served

The priority populations for this program are uninsured and/or unserved seriously emotionally disturbed children (0-17 years) and seriously mentally ill transition age youth (18-24 years), adults (18-59 years), and older adults (60 years and older) who are victims of trauma and torture.

Work Plan Description

This program provides specialized, linguistically and developmentally appropriate outpatient counseling services for individuals with a serious mental illness who are victims of trauma and torture including those who may have a co-occurring substance abuse disorder. The program provides care coordination, linkage, and individualized/family-driven services and supports.

This program conducts outreach to other providers through trainings on working more competently and effectively with victims of trauma and torture. The program conducts a four hour basic training workshop – offered bi-annually – in the essentials of working with persons who are victims of trauma and torture that includes culturally appropriate assessment, diagnosis, and treatment interventions.

These services advance MHSA goals in several key ways. This program provides newly-created access to care for unserved persons with a severe mental illness who are also victims of trauma and torture. In addition, this program provides a range of rehabilitation interventions that assist persons with a serious mental illness in recovery in order to achieve a desired quality of life consistent with a bio-psychosocial approach.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

65 Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

65 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

ALL-4: Interpreter Services

Population to Be Served

This plan provides services to children, transition age youth (TAY), parents of children and TAY, adults, and older adults who are unserved and underserved and have a serious mental illness or serious emotional disturbance. These individuals may also have a co-occurring disorder of substance abuse. Targeted outreach is made to children or TAY who are bilingual with a parent or caretaker who is monolingual, adults who are monolingual or not proficient in the English language, and adults who prefer to speak in their native language.

Work Plan Description

This program offers services to mental health clients of all ages and family members or caretakers of mental health clients. This program provides interpreter services in multiple languages for clients and families that might otherwise not be served due to language barriers. This program provides interpretation for clients whose services are provided by a clinician, case manager, psychiatrist, or other staff person at a mental health program. These services promote quality care for clients who may not access or continue services due to language barriers.

Services are centralized in the County and available Monday through Friday from 8:00am to 5:00pm with some after hours availability. When services are requested, assigned interpreters travel to the mental health program site to work with the client and care coordinator. In a situation identified as urgent, services are provided within four hours.

These services advance the goals of the MHSA by ensuring timely access to mental health care and addressing the disparities gap for individuals of diverse multilingual communities. In addition, the provider of these services collaborates and partners with all of the County’s mental health service providers, which increases service integration and coordination.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

5,687 Total

Number of Clients By Funding Category

Full Service Partnerships

5,687 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

ALL-5: Psychiatric Emergency Response

Population to Be Served

This program is designed to serve clients of all ages with a mental health crisis who have come to the attention of law enforcement. Special Psychiatric Emergency Response Teams (PERT) have been created to serve children (PERT Jr.), transition age youth (PERT TAY), and older adults (PERT Sr.).

Work Plan Description

The Psychiatric Emergency Response Team (PERT) contributes to the well-being of individuals with mental illness by actively assisting individuals in crisis that come to the attention of law enforcement. The PERT seeks to optimize safe and efficient outcomes for these individuals through on-scene assessment, crisis intervention, referral, and access to appropriate services.

Services are provided by a licensed mental health professional and a specially-trained PERT law enforcement officer. The clinician and officer work together as partners and ride together for an entire shift out in the field. The PERT team responds to mental health emergencies as either first responders or to relieve non-PERT law enforcement officers. Once on-scene, the PERT clinician conducts a comprehensive mental health assessment and appropriate referrals or disposition for the client are made. Hours of operation are 0600–2400, seven days a week. Clinicians also provide education and training to the law enforcement community.

This work plan furthers the goals of the MHSA by preventing unnecessary hospitalizations or incarcerations of mentally ill individuals utilizing the least restrictive level of appropriate care. The plan also provides a coordinated and comprehensive system-wide approach to emergency mental health services.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1,000 Total

Number of Clients By Funding Category

Full Service Partnerships

1,000 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

ALL-6: Mental Health Services and Primary Care  
Services Integration

Population to Be Served

This program serves individuals of all ages who have a serious mental illness and are currently receiving physical health care services at community clinics, but are not receiving needed mental health assessment and treatment services because they are uninsured. Special focus is placed on those individuals identified as unserved or underserved by San Diego County’s Gap Analysis, which includes Native Americans, Latinos, Asians/Pacific Islanders, and African Americans.

Work Plan Description

The County of San Diego created this work plan to utilize the many community clinics throughout the County for the provision of mental health treatment services to uninsured adults, children, adolescents, and their families. Many patients seen by their primary care providers are in need of mental health care, yet the clinics are unable to fund assessment and treatment.

This program is coordinated through a master agreement with the Council of Community Clinics to manage the authorization of care and provide general system management. The Council of Community Clinics represents the consortium of community clinics and Indian Health Services providers in San Diego County. The Council of Community Clinics develops sub-contracts with individual clinic providers, reimburses for services provided by staff of the participating clinic on a fee-for-service basis, and authorizes treatment and payment for necessary medications.

The goal of this program is to integrate care between the primary care provider and the mental health provider within the same clinic structure. Services include mental health assessment, information, referral, and brief mental health treatment.

This work plan furthers the goals of the MHSA by increasing access to services for unserved individuals through an integrated system of collaboration with community clinics and mental health providers.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1,790 Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

1,790 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



## County Name

County of San Diego

## Work Plan Title

ALL-7: Chaldean Outpatient Services

## Population to Be Served

This program serves children, youth, adults, and older adults of Middle Eastern descent (Chaldeans from Iraq and Muslims from other Middle Eastern countries) with serious mental health needs.

## Work Plan Description

This program provides services to the Middle Eastern community in San Diego County who have been traditionally unable to access mental health programs due to cultural or language barriers. The goal of this program is to decrease stigma around mental health issues through provision of culturally competent services that increase well being and symptom management. Services are provided by bilingual and bicultural Middle Eastern mental health service professionals and include:

- Individual and group counseling with the goal of increasing access to services and decreasing crisis utilization.
- Outreach and education to the Middle Eastern community about mental health services.
- Training and education to mental health professionals on Middle Eastern populations and the manifestations of mental disorders in this population.

Services are provided by culturally competent staff utilizing culturally appropriate practices and locations. The program collaborates and partners with current contracted mental health services in the east region of the County including East County Mental Health Clinic, Children's Welfare Services, MITE, Chaldean Catholic Church in El Cajon, Survivors of Torture & Trauma, law enforcement, and Middle Eastern providers of physical and mental health services in private practice.

This program furthers the goals of the MHSA through the implementation of rehabilitation principles that have proven to be effective in reducing psychiatric hospitalization and assisting persons with a mental illness, especially those that are unserved and underserved, to become more productive community members.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

170 Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

170 System Development

\_\_\_\_\_ Outreach & Engagement

## PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



County Name

County of San Diego

Work Plan Title

AOA-1: Enhanced Outpatient Mental Health Services

Population to Be Served

This program serves unserved adults (18-59 years) and older adults (60 years and above) who have a serious mental illness and/or co-occurring mental health and substance abuse disorders. These individuals may have lacked access to mental health rehabilitation and recovery services due to barriers of language, wait times, and/or lack of knowledge or awareness about the types and benefits of services available. Individuals served may also be those who have only accessed mental health services through the justice system or acute emergency care.

Work Plan Description

This program has expanded existing service capacity at 11 bio-psychosocial rehabilitation and recovery (BPSR) outpatient mental health programs located in the six Health and Human Services Agency (HHSA) regions in San Diego County. This quality improvement initiative continues to have the goal of transforming a service delivery system based on a medical model to one based on recovery goals and principles.

Enhancements include increased services to older adults in the North San Diego County region, availability of flex funds at the program level, expanded eligibility, improved integration, and increased access for transition age youth (TAY) and adults. Enhanced outpatient mental health services funding has enabled more clinic sites to recruit and retain bilingual and bicultural staff to offer services to the unserved Asian-American/Pacific Islander and Latino adult population who have a serious mental illness.

This work plan furthers the goals of the MHSA through the implementation of rehabilitation principles that have proven to be effective in reducing psychiatric hospitalizations and assisting persons with a mental illness, especially those that are unserved and underserved, to become more productive community members.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

515 Total

Number of Clients By Funding Category

Full Service Partnerships

515 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-1: School and Home Based Services

Population to Be Served

This program serves school age children and youth (0-18 years) with serious emotional disturbance who are non Medi-Cal, indigent, and unserved or underserved.

Work Plan Description

This countywide program provides school-based mental health services to eligible children and youth and their families through community-based contract providers. In a series of focus groups where consumers were asked for input on service priorities for the MHSA, school-based service expansion was given the highest priority. Through the MHSA, this program has expanded services to additional children and youth with serious emotional disturbance (SED) who are unfunded and would otherwise not have access to mental health care.

Services are provided during the school year at designated school sites during school hours. Family services and services after school hours or during school breaks are offered in the home or office-based locations. Service providers work closely with school personnel to engage and support SED youth and their families in defining their vision and purpose, which then can be translated into strength-based goals. Services available through this program include assessment, medication management, case management/linkage, and individual, group, and family therapy. Services are provided using a strength and resiliency-based model.

This program addresses MHSA goals for system transformation by increasing timely access to care for indigent children and youth who would otherwise remain unserved and by providing client and family-driven, strength-based, culturally competent, and recovery oriented services in school and community-based settings.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

605 Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

605 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal





County Name

County of San Diego

Work Plan Title

CY-2.1: Family and Youth Information/Education Program

Population to Be Served

This program serves children and youth (0-18 years) with serious emotional disturbance and their families. Special outreach is made to unserved and underserved, ethnically diverse populations, especially Latino and Asian/Pacific Islanders.

Work Plan Description

This program provides countywide information and education to children and youth with serious emotional disturbance (SED) and their families. The contract provider conducts regional educational forums that focus on the MHSA, education and information on mental illness, de-stigmatization of mental illness, and the use of psychotropic medications. The program also provides family and youth leadership training. Additionally, the program has conducted two community health fairs.

The program supports the principle of authentic consumer, family, and youth participation by hiring family partners to provide trainings. These trainings are conducted in regional forums and include content on understanding mental disorders of children and the use of psychotropic medications. Family and youth partners, who have experience with the mental health system, also serve as role models and leaders. This format enables the community to experience a positive perception of a family or youth with mental health issues.

These services further the goals of the MHSA through the use of education and outreach to de-stigmatize mental illness and improve clients' ability to benefit from services. The work plan also features extensive participation by family and clients in service development and delivery.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

485 Total

Number of Clients By Funding Category

Full Service Partnerships

485 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-2.2: Family/Youth Peer Support Services

Population to Be Served

This program provides services to children and youth (0-18 years) with serious emotional disturbance and their families. These individuals are receiving mental health services, but require additional support and linkage to achieve treatment plan goals. The children, youth, and families served in program CY-5.3 (Services for Homeless and Runaways) receive priority for accessing the services provided by this program.

Work Plan Description

This work plan is a countywide, family and youth support partner program to assist children and youth with severe emotional disturbance (SED) and their families who are receiving services from the Children’s Mental Health System of Care. This program is a full service partnership and is available to provide services during business hours, evenings, and weekends as needed by families.

This program hires family members to serve as Family/Youth Support Partners. The Family/Youth Support Partners provide support, education, linkages to informal and formal services, and advocacy with the goal of achieving an integrated service experience for the family and youth. Activities include treatment meetings, care planning, wraparound meetings, intake and assessments, case management, and home visits.

This program is a core component of the transformation of the mental health system and advances the MHSA by:

- Increasing client and family participation by hiring family members to provide direct service and support to the target population.
- Serving more clients through offering a broader array of services.
- Decreasing stigmatization by hiring Family/Youth Support Partners who function as members of the mental health provider system and serve as role models.
- Minimizing barriers for children, youth, and families through linkage to formal and informal supports and resources.
- Striving for an integrated service experience for children, youth, and families receiving services by ensuring coordination and collaboration of informal and formal supports.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

45 Total

Number of Clients By Funding Category

45 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-3: Cultural Language Specific Outpatient

Population to Be Served

This program serves Latino and Asian/Pacific Islander (API) children and youth, up to age 18, who have a diagnosis of serious emotional disturbance and their families. Latinos and API children and youth were identified in the County of San Diego gap analysis as the primary unserved ethnic/racial groups, particularly those who are indigent and underserved.

Work Plan Description

This Cultural/Language Specific Mental Health Services Full Service Partnership (FSP) program is based on principles of community involvement, cultural and linguistic competence, and outreach to underserved populations. Outpatient mental health services are provided to seriously emotionally disturbed (SED) Latino and Asian/Pacific Islander (API) children and youth and their families utilizing a comprehensive approach that is community-based, client- and family-focused, and culturally competent.

FSP services include case management, intensive services and supports, and strong connections with culture-specific community organizations. Services are strength-based, focus on resilience and recovery, and encompass mental health education, outreach, and a range of mental health services as required by the needs of the target population.

This program furthers the goals of the MHSA in two manners. First, this program provides culturally competent services for identified unserved and underserved SED Latino and API children and youth who have historically not sought mental health services and who have not responded to traditional models. Secondly, the cultural/language specific services are designed to address access disparities and reduce stigma associated with mental health services and treatment for Latino and Asian/Pacific Islander ethnic populations.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

91 Total

Number of Clients By Funding Category

91 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-4.2: Mobile Psychiatric Emergency Response & Children's Walk-In Assessment Center

Population to Be Served

This program provides services to unserved, underserved, and uninsured children and youth (0-18 years) with serious emotional disturbance and their families who are experiencing a mental health crisis or urgent need for mental health services.

Work Plan Description

This program aims to prevent escalation, promote management of mental illness, increase safety, and reduce unnecessary and costly utilization of emergency and inpatient services for SED children, youth, and their families by providing crisis intervention services. This program is staffed by one mobile team that provides emergency mental health evaluations and crisis intervention to these individuals and families. The program refers and links individuals to services as an alternative/diversion to hospitalization when clinically indicated, consistent with the mandate of maintaining the least restrictive mental health program available in the community when hospitalization is not required.

The mobile team provides the following services:

- Linkage to other mental health services when hospitalization is not required.
- Access to crisis mental health evaluations in the North Region of San Diego County.
- Screening for dual diagnosis to include assessment and referral as appropriate.
- Individualized, culturally competent, and strength-based assessment and treatment plan development with the active involvement of the youth and families.
- Training with staff on wraparound principles, domestic violence, and co-occurring disorders.

This program advances the MHSA goal of integrated and timely access to mental health services for clients and their families. The program also seeks to maintain services for these clients using the least restrictive environments through diversion from inpatient facilities when appropriate.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1,732 Total

Number of Clients By Funding Category

           Full Service Partnerships

1,732 System Development

           Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

           Total

Number of Clients By Type of Prevention

           Early Intervention

           Indicated/Selected

           Universal



**County Name**

County of San Diego

**Work Plan Title**

CY-5.1: Medication Support for Dependents and Wards

**Population to Be Served**

This program serves children and youth with severe emotional disturbance that lack funding, have exhausted resources for medication management, and have been referred by the Probation Department. These children and youth may be at risk of wardship and referred by Juvenile Court or at risk of dependency and referred by Child Welfare Services via the Critical Assess Release Early (CARE) Unit.

**Work Plan Description**

The Medication Management Clinic provides short-term (up to three months) stabilization treatment with psychotropic medication, case management, and linkage to on-going treatment for children and youth. Children and youth who require services for a longer period of time are linked with a community-based organization or private treatment.

Services include psychiatric evaluation, consultation, assessment, and medication monitoring. The program assists the child and family with support, linkage, and coordination for ongoing mental health services if needed. Medical treatment is individualized and culturally competent. Services are flexible and responsive to the diverse populations served. The program has the capacity to screen, assess, refer, and provide intervention activities to clients with co-occurring disorders that are designed to encourage engagement in longer term alcohol or drug abuse treatment.

In addition, referral networks for the program include, but are not limited to, community mental health clinics, private psychiatrists, school-based programs, and other specialized mental health services. Referrals are also made for housing and employment services as needed.

This program advances the MHSA goals by de-stigmatizing mental illness and increasing information and education regarding mental illness for a priority population.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

116 Total

Number of Clients By Funding Category

Full Service Partnerships

116 System Development

Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-5.2: Outpatient Court Schools and Outreach

Population to Be Served

This program serves unserved and uninsured youth with serious emotional disturbance attending the community based Juvenile Court and Community Schools countywide. Targeted outreach is made to Latino youth (13 to 18 years).

Work Plan Description

This school-based outreach and mental health treatment program increases access to services for uninsured, unserved youth who are involved in the juvenile justice system and/or expelled from their local school district for various offenses.

This program works with Juvenile Court and community schools designed to assist youth in returning to their home school districts in order to increase academic success. This program is dual diagnosis capable and includes the following services: screening, assessment, integrated treatment, and referral. Services are individualized, culturally competent, resilience-focused, strength-based, and designed to have families and youth actively participate in the development of their treatment plans.

The program advances the goals of MHSA to reduce institutionalization and promote integrated service experiences for unserved and underserved clients and families. The program also increases access to care for Latino youth who are underserved according to gap analysis.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

110 Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

110 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-5.3: Homeless and Runaways

Population to Be Served

This work plan serves children and youth (0-18 years) with a serious emotional disturbance who are homeless or runaway (underserved) in the Central Region of San Diego.

Work Plan Description

This program provides intensive mental health services, case management, and psychiatric services, including medication management, for homeless and runaway children and youth with serious emotional disturbance (SED). Services utilize a comprehensive approach that is community based, client and family driven, and culturally competent. Clients are enrolled in this full service partnership (FSP) program in order to comprehensively address their needs.

FSP services include case management, intensive services and supports, and strong connections with homeless-specific community organizations. Services are strength-based, focus on resilience and recovery, and encompass outreach and a range of mental health services as required by the needs of the target population. Staff provide outreach and engagement to homeless youth and linkage to existing homeless youth outreach workers and community resources.

This program advances the goals of MHSA to reduce institutionalization and promote integrated service experiences for unserved and underserved clients and families.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

86 Total

Number of Clients By Funding Category

86 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-6: Early Childhood Mental Health Services

Population to Be Served

This program serves children ages 0-5 years who have been assessed as seriously emotionally disturbed (SED) and require mental health services and their families.

Work Plan Description

This program provides family therapy for children age 0-5 years that have been assessed as seriously emotionally disturbed (SED) and requiring mental health services. The goal of this program is early treatment intervention in order to increase resilience in the child and family, prepare the child to function in school, and enable the child to interact appropriately with other children.

This program provides individualized, culturally competent, and strength-based assessment and treatment plans that focus on increasing resilience of the child and caretaker. Staff conducts outreach through home-based services and other locations within the community. Program staff leads parent groups, parent and child interaction training, trauma intervention, and social skills training for young children. Another goal of the project is to increase service integration among early childhood programs through collaboration with the First 5 Commission Regional Service Networks developed as part of their new Health and Development Project.

This program advances MHSA goals by providing integrated, family-driven services that incorporate the wraparound philosophy for unserved and underserved populations. This program is intended to transform the Children’s Mental Health System through outreach and implementation of evidence based practices for children and their families.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

70 Total

Number of Clients By Funding Category

Full Service Partnerships

70 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal





County Name

County of San Diego

Work Plan Title

CY-7: Wraparound Services

Population to Be Served

This program serves children and youth (3-18 yrs) with serious emotional disturbance (SED) who are Medi-Cal eligible, transitioning home or to a home-like setting from residential-based services, and at risk of returning to a higher level of care. These children are referred by Child Welfare Services and the Probation Department.

Work Plan Description

This program provides a full range of wraparound services to the target population of severely emotionally disturbed (SED) youth and their families who are served by Child Welfare Services (CWS) or the Probation Department. Clients and families receive highly individualized services to maximize the capacity of the family to meet the child's needs and thereby reduce the level of care from a group home placement to a home or home-like setting. These services are at a full service partnership (FSP) level in order to comprehensively address clients' needs.

FSP services include screening, assessment, case management, and referrals. Staff provides intensive services and supports and creates strong connections with ethnic-specific community organizations. Services are strength-based and focus on resilience and recovery, outreach, and encompass a range of mental health services as required by the needs of the individual clients.

In addition, the contractor operates a certified mental health Early, Periodic Screening Diagnosis and Treatment (EPSDT) clinical program providing medication support services for children and adolescents who are full scope Medi-Cal beneficiaries, SED, and who meet target population criteria of youth referred by the Wraparound San Diego program. All mental health services are family-focused, culturally proficient, and community-based in their orientation.

This program advances MHSA goals by providing integrated, family-driven services that incorporate the wraparound philosophy for unserved and underserved populations.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

113 Total

Number of Clients By Funding Category

113 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-8: Child Welfare Supportive Services and Treatment

Population to Be Served

This program serves children and youth (0-18 years) who are placed at home, foster care, or small group home and are demonstrably at risk of a change in placement (i.e., placement at a higher level of care and therefore at risk of being removed from their home, foster home, or small group home).

Work Plan Description

This Supportive Services and Treatment program is a Medi-Cal certified, mental health clinical program that works in conjunction with Child Welfare Services (CWS) to provide a full range of rehabilitation option services for children, adolescents, and their families. The program is designed to achieve the following goals: 1) return children and youth to their family or family-like settings, 2) deter children and youth from being placed in a higher level of care, and 3) stabilize placement.

Clients receive case management, assessment, and treatment including specialized approaches such as anger management groups and parent education. The program provides a unit of psychologists and a psychiatrist who offer countywide mental health services including professional case consultation to CWS staff and other appropriate mental health services based on the needs of the target population. All mental health services are family-focused, culturally proficient, and community-based.

This program advances MHSA goals by providing integrated, family-driven services for unserved and underserved populations. The goal is to keep children in their home, as opposed to a higher level of care with a more restrictive environment.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

219 Total

Number of Clients By Funding Category

Full Service Partnerships

219 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-9: Juvenile Justice/Probation Services

Population to Be Served

This program serves youth between the ages of 12 and 17 detained in the Kearny Mesa Juvenile Detention Facility, identified as having a mental health diagnosis, and eligible for release into the community for services.

Work Plan Description

This program provides mental health screening for all youth detained in the Kearny Mesa Juvenile Detention Facility in order to identify those youth with a diagnosed mental illness who are able to be released into the community with appropriate mental health services. Youth are referred for a comprehensive psychological evaluation, diverted from a lengthy probation commitment, and referred to community services.

As a result of this program, the number of youth in juvenile hall is reduced, providing an added resource to youth active to both Child Welfare Services and the Department of Probation. This also increases the ability to track youth for Disproportionate Minority Contact, as well as providing advocacy for appropriate education services and decreasing the number of mentally ill minority youth detained in juvenile hall.

This program furthers the goals of the MHSA by promoting rehabilitation and recovery principles for a traditionally underserved and unserved group of individuals. Service provision is integrated across a number County and community programs, increasing collaborations and partnerships within this community of service providers.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

80 Total

Number of Clients By Funding Category

80 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

CY-10: Case Management

Population to Be Served

This program provides services to children, youth, and their families receiving mental health services in outpatient realignment clinics throughout San Diego County.

Work Plan Description

This plan enhances the range of outpatient services to children, youth, and families in six outpatient realignment clinics. These clinics are located in all six regions of San Diego County and their clients reflect the diversity of each region. Through this program, the County has transformed the system by augmenting the clinic based services with case managers and rehabilitation workers who work with families that have a variety of unmet needs.

Case management services are designed to promote access to medical, social, rehabilitative, or other needed community services and supports for eligible individuals by providing consultation, coordination, referral, and linkage. The case manager/rehabilitation worker also provides mental health rehabilitative services to families. The case manager/rehabilitation worker reaches out to families through home visits and works with parents to follow through with treatment appointments and service plans. Other activities include rehabilitation groups such as anger management or pro-social skill groups. These new positions in the outpatient clinics enhance programs by providing bilingual language capacity in working with parents who are often monolingual.

This plan furthers the goals of the MHSA by fostering engagement with families and reducing disparities in services to these underserved groups. Services are also rehabilitation and recovery-oriented, enhancing the well being and self-sufficiency of the clients served.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

180 Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

180 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

OA-1: High Utilizer Integrated Services and Supported Housing

Population to Be Served

Services are provided to older adults age 60 and above with a serious mental illness from the initial focal populations of unserved, underserved, Latinos, and Asians who have

- a) A history of repeated emergency mental health services.
- b) Several admissions to inpatient services or are at risk for institutionalization.
- c) Been homeless or are at risk for homelessness.

Work Plan Description

This program provides outreach and engagement, 24/7 intensive case management/wraparound services, community-based outpatient services, rehabilitation and recovery services, supported employment/education, peer and family (respite) support, family services, and transportation.

All services are culturally competent and linguistically appropriate. Interventions are made in the individual’s home or familiar setting. The program establishes linkages and care coordination to physical healthcare providers. Individuals receive an array of housing options that include short term stays at a shelter, single room occupancy (SRO), transitional and permanent subsidized housing, and/or master leasing.

The program seeks to reduce hospitalizations and recidivism, increase client satisfaction, and has a wellness and resilience focus. The program also strives to reduce racial disparities in access to care, homelessness, involuntary services, and isolation, while increasing access to mental health services and client, family, and community participation.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
117 Total  
Number of Clients By Funding Category  
117 Full Service Partnerships  
System Development  
Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
Total  
Number of Clients By Type of Prevention  
Early Intervention  
Indicated/Selected  
Universal



County Name

County of San Diego

Work Plan Title

OA-2: Mobile Outreach at Home and Community

Population to Be Served

This program provides services to unserved and underserved seniors 60 years and older with serious mental illness who are Latino, Asian, homeless or at risk of homelessness. Priority for services will be given to those older adults with the most severe conditions and with highest incidence of emergency and inpatient services utilization or those having the most difficulties accessing care due to system barriers. The work plan also offers services to families and care providers of these individuals.

Work Plan Description

This program provides mobile outreach, comprehensive mental health and substance abuse screening, integrated geriatric assessment, benefits eligibility information, linkages, and referrals to clients, family, and care providers. Services are offered through 24/7 outreach to isolated seniors in home and to the homeless, including on-site services at senior centers, nutrition sites, churches, and other community sites. The program also includes geriatric mental health training for providers.

Services promote recovery goals of appropriate access and use of mental health services, self-help, and development of self-sufficiency, as well as creating a network of support and providing timely access to services. The program seeks to reduce hospitalizations and recidivism, increase client satisfaction, and has a wellness and resilience focus.

Program services are consistent with recovery and rehabilitation values incorporated in the MHSA. Program also strives to reduce racial disparities in access to care, homelessness, involuntary services, and isolation while increasing access to mental health services and client, family, and community participation.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

700 Total

Number of Clients By Funding Category

Full Service Partnerships

700 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

OA-4: Case Management

Population to Be Served

This program provides services to transition age adults (55-59 years) and older adults (60 years and above) with serious mental illness including those with co-occurring substance use disorders. Individuals with a high incidence of emergency and inpatient services utilization that may be homelessness and/or at risk of becoming homeless and older adults having difficulties accessing care due to system barriers are targeted.

Work Plan Description

This program provides timely access to countywide, client-centered, culturally, linguistically, and age-appropriate integrated care management for transition age adults and older adults. Services are comprehensive, recovery and rehabilitation oriented, and based on the Strength-Based Care Management model (SBCM). The provider offers services in an individual's home and/or familiar setting and incorporates mental health rehabilitation and recovery treatment, mental health education, and skill building activities into services.

The services provided by the SBCM Team members include, but are not limited to:

- Extensive outreach and engagement to persons identified as high priority for this service.
- Mental health and substance abuse screening.
- Geriatric strength-based assessment, goal setting, and outcome monitoring.
- Illness Management and Recovery and Social Skills training.
- Individual and group solution-focused therapy.
- Integrated mental health and substance abuse treatment.
- Side-by-side assistance with activities of daily living.
- Intervention with support networks (i.e., family, friends, landlords, neighbors).
- Case management and brokerage.
- Support services with medical care, housing, benefits, and transportation.

Consistent with MHSA, the primary goals of the program are a) to reduce ethnic disparities and increase access to mental health services; b) reduce emergency and involuntary services utilization; c) reduce isolation; d) reduce homelessness and risk of homelessness; d) increase client, family, and care provider participation in the program; d) promote self-care and development of self-sufficiency; and f) prevent institutionalization.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

50 Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

50 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TA-1: Intensive Case Management

Population to Be Served

This program serves transition age youth (18-24 years) and adults (25-59 years) who have a diagnosis of serious mental illness, are users of acute psychiatric inpatient care, and have Medi-Cal or are indigent. All persons served are currently or recently hospitalized for treatment of serious mental illness.

Work Plan Description

This work plan is an expansion of a current Transition Team, which is a four-person team that works to reduce psychiatric hospitalization and improve community support through short-term intensive case management services to transition age youth (TAY), adults, and older adults throughout San Diego County who have Medi-Cal, have no current Care Coordinator, and who are hospitalized at one of San Diego's Medi-Cal psychiatric hospitals.

This work plan expands the Transition Team by one staff person to serve an additional 20 TAY (who are indigent or have Medi-Cal) and at least 30 indigent adults each fiscal year. The Transition Team provides short-term intensive case management services that incorporate a linking and coordinating function to help the person connect with relevant resources, which regularly include housing and may include employment.

This program advances the MHSA goals to reduce institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness, and to provide timely access to needed help by providing intensive wraparound treatment, rehabilitation, and case management services

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

50 Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

50 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal





County Name

County of San Diego

Work Plan Title

TAOA-1: Legal Aid Services

Population to Be Served

This work plan provides Supplemental Security Income (SSI) assistance to underserved adults age 18 and over with serious mental illness that have applications in process with the Social Security Administration. In addition, the program provides education and training to consumers working in clinics and clubhouses as SSI Advocates.

Work Plan Description

This is an expansion of an existing program with the Legal Aid Society of San Diego, Inc., (LASSD) who has provided Supplemental Security Income (SSI) advocacy services in San Diego County for many years. This expansion provides for the training and consultation of advocates in two underserved regions of the County in order to serve 50 additional clients each year.

This program serves adult consumers in their employed role as SSI advocates assisting other adult consumers through the benefit application process. The purpose is to inform and educate clubhouse consumer advocates about the SSI initial application process including all required forms, documentation, signatures, and timelines. The program provides standardized benefits application training to clubhouse consumer advocates enabling them to conduct independent interviews with eligible adults for the purpose of obtaining all required information and signatures to prepare a thorough and accurate application for Social Security benefits.

This program advances the goals of the MHSA by providing training to consumers to increase their ability to assist other consumers in accessing benefits. These SSI advocates also serve as role models of recovery to the assisted consumers.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

50 Total

Number of Clients By Funding Category

Full Service Partnerships

50 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TAOA-2: North County Walk-In Assessment Center

Population to Be Served

This program serves individuals of all ages who are experiencing a mental health crisis or urgent need for mental health services in the North San Diego County Region. Targeted outreach efforts are made to unserved and underserved children and youth with SED and their families, transition age youth, adults, and older adults with serious mental illness.

Work Plan Description

This program is a voluntary walk-in (no prior appointment) assessment center that provides age and culturally appropriate crisis mental health services to children, youth, adults, and older adults in the North San Diego County Region. This walk-in service provides screening and triage for appropriateness of hospitalization to reduce escalation of crisis mental health situations and minimizes unnecessary inpatient treatment.

The walk-in center provides comprehensive and integrated assessment of mental health/substance abuse, crisis intervention, follow-up appointments, and psychotropic medication management when needed. The program also makes referrals, appointments, and linkages to community mental health clinics or other appropriate support services to facilitate access to services and provide brief therapeutic services when there is a wait for initiation of services. This work plan was enhanced through the addition of an innovative telepsychiatry service provided through a partnership between the County and the provider.

This program furthers the goals of the MHSA by increasing access to crisis mental health services and reducing unnecessary utilization of emergency inpatient services for unserved and underserved children, youth, adults, and older adults.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

439 Total

Number of Clients By Funding Category

Full Service Partnerships

439 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TAOA-3: Housing Trust Fund

Population to Be Served

This program funds seriously mentally ill transition age youth, adults, and older adults in the County’s CSS full service partnership programs with integrated housing.

Work Plan Description

Upon the recommendation of the stakeholders in San Diego, the County has identified additional unspent one-time and ongoing housing funds that will be used to increase permanent supportive housing opportunities for the seriously mentally ill transitional age youth, adults, and older adults in the four CSS Plan approved work plans that have five full service partnership (FSP) integrated homeless programs.

Unspent one-time housing funds and on-going housing funds will be set-aside in this Housing Trust Fund to leverage the development of affordable project-based permanent supportive housing for low income clients in the FSPs.

This housing fund furthers the goals of the MHSA by increasing the independence and self-sufficiency of individuals with serious mental illness through rehabilitation and recovery-oriented services.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

683 Total

Number of Clients By Funding Category

683 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TAOA-4: Peer Telephone Support Expansion

Population to Be Served

This program is designed to provide services to all adult (18 years and older) mental health consumers in need of peer telephone support.

Work Plan Description

This program expansion provides transition age youth (TAY, 18-24 years) counselors for peer telephone support to TAY and increases the hours of availability of peer telephone support services for adults and older adults. Clients are referred to mental health programs and housing, employment, and vocational opportunities in our County. The peer telephone counselors provide callers with information on consumer rights and how to connect with consumer advocates to pursue these rights. This service also provides information on recreational and social activities that are available to help connect our consumers with cultural activities, community events, and recreational activities.

An important goal of this program is to provide self-help for consumers through support, referrals, and reassurance from a peer, benefiting the ‘helper’ consumer and the consumer being assisted. Consumers are able to reinforce their own growth and self-worth by assisting their peers in the journey to wellness, which is in line with the goals of the MHSA. The program, via phone linkages, also promotes self-reliance and the recovery model.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

3,000 Total

Number of Clients By Funding Category

Full Service Partnerships

3,000 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TAOA-5: Mental Health Court Calendar

Population to Be Served

This program serves adults (18 years and above) with a diagnosis of serious mental illness, who have current and repeat criminal justice involvement, and who are willing to voluntarily participate in the program in lieu of incarceration. Emphasis will be given to underserved and inappropriately served transition age youth (18-24 years), adults (25-59 years), and older adults (60 years and above). Special emphasis will be given to those who are repeat offenders, but early in their “criminal” arrests in an attempt to divert them from the justice system to the mental health system of care.

Work Plan Description

This full service partnership program provides comprehensive, individualized, integrated, culturally competent mental health services for individuals with a serious mental illness who may also have a dual diagnosis and have been found guilty of a non-violent crime (either misdemeanor or felony) and are awaiting sentencing. Most individuals are repeat offenders who may have received mental health services while incarcerated or in the community and are referred for services via the justice system. The program is delivered by a specialized, multi-agency Mental Health Court that includes Superior Court, District Attorney, Sheriff, Public Defender, Probation, and Behavioral Health Services (Mental Health and Alcohol and Drug).

Components of this integrated and comprehensive program include diversion and reentry services, utilizing 24/7 intensive case management/wraparound services, community-based outpatient services, and rehabilitation and recovery services (i.e., supported employment/education, supported housing, peer support, transportation support). Upon successful graduation from this program, individuals are referred to ongoing mental health services and substance abuse counseling within the community as appropriate. A continuum of housing options is provided to include short-term housing, transitional, and permanent supported housing.

The program advances the MHSA goals to reduce incarceration and institutionalization, to increase meaningful use of time and capabilities, to reduce homelessness and provide timely access to needed help by providing intensive wraparound treatment, rehabilitation, and case management services.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

30 Total

Number of Clients By Funding Category

30 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TAY-1: Integrated Services and Supported Housing

Population to Be Served

This program is designed to serve 16 to 24 year old transition age youth (TAY) with serious mental illness (SMI) who are homeless or at risk of homelessness, unserved, users of acute inpatient care, and/or may have been in juvenile institutions or involved in the justice system, and/or may have a substance abuse disorder.

Work Plan Description

This program provides integrated services with supported housing, which includes age and developmentally appropriate outreach and engagement, 24/7 intensive case management, wraparound services, community-based outpatient mental health services, rehabilitation and recovery services, supported housing, supported employment and education, and peer support services. The program provides services using an Assertive Community Treatment (ACT) model, which is an evidence-based practice that has repeatedly demonstrated effectiveness with people who have serious mental illness who have not been adequately served by the usual service system.

To assist in their recovery and self-sufficiency, transition age youth (TAY) are provided supportive housing services that include temporary, transitional, and permanent housing. For TAY who are 18 and older, options include shelters, board and care facilities, specialized programs such as Reese Village, and other housing opportunities to be funded under MHSA. Housing for 16 and 17 year olds includes Polinsky Center and foster care placement.

This program also provides supportive employment services for clients and referrals to additional vocational, pre-employment, and employment services offered at clubhouses, Employment Services (a program under the California Department of Rehab), Job Options, and the MHSA Supported Employment program.

This program advances the goals of the MHSA by increasing access to care for unserved TAY with SMI. In addition, this program advances rehabilitation and recovery practices by assisting clients in their personal recovery and self-sufficiency, as well as in seeking and sustaining employment and educational goals.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

171 Total

Number of Clients By Funding Category

171 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TAY-2: Clubhouse and Peer Support Services

Population to Be Served

This clubhouse program serves underserved transition age youth (18-24 years) with a serious mental illness who benefit from age-appropriate educational, vocational, social, and recreational activities with peers from their age group.

Work Plan Description

The goal and purpose of the transition age youth (TAY) clubhouse is to provide an environment where young adults can relate to peers in a peer-directed program that supports their development of self-sustaining skills, achieving and maintaining relationships, and sustaining housing and supportive employment. The clubhouse offers social, vocational, educational, and recreational activities that support TAY in identifying their own directions and peer support.

The member-run TAY Clubhouse program provides peer education and support, advocacy, employment and educational support services, skill development classes, and social and recreational activities that are age appropriate for TAY with serious mental illness. Peer specialists facilitate wellness and recovery groups and classes and provide referrals to physical and mental health providers. Social and recreational activities provide normalizing activities and socialization outlets to help members develop interests, hobbies, improved self-care, coping strategies, satisfying interpersonal relationships, and appropriate behaviors.

Other MHSA TAY programs and existing TAY services link and refer TAY to this Clubhouse in order to provide more opportunities for TAY to relate to others who share their experiences. These client-driven services and linkages further the goals of the MHSA by decreasing the stigma of mental illness for this population and providing normalizing activities to integrate young adults into their communities.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

420 Total

Number of Clients By Funding Category

Full Service Partnerships

420 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

TAY-3: Dual Diagnosis Residential Treatment Program

Population to Be Served

This program serves transition age youth (18-24 years old) who are diagnosed with co-occurring serious mental illness and substance abuse and in need of residential integrated treatment services.

Work Plan Description

This residential treatment program provides comprehensive, 24-hour, dual diagnosis services for transition age youth (TAY, 18-24 years). The program provides individualized, culturally appropriate services that include rehabilitation and recovery (such as individual and group education and support), care coordination, client-directed services, supported employment/education, and peer support services. The program develops community collaborations to provide employment and housing linkages and options for transition to independent living and employment for residents.

The program uses the Comprehensive, Continuous, Integrated System of Care (CCISC) model, which is an integrated and comprehensive treatment, training, and administrative approach that supports the coordination and integration of mental health and substance abuse services for persons with co-occurring disorders. The CCISC model of practice, espoused by Dr. Kenneth Minkoff, is a nationally recognized consensus best practice anchored in a person-centered, diagnosis-specific, and stage-specific treatment for each disorder.

This program advances MHSA goals by providing client-directed services that are individualized, reducing the effects of untreated mental illness, increasing access to care for ethnically diverse individuals, and reducing inappropriate use of acute inpatient and medical care. Service delivery by consumers ensures recovery goals are continuously reinforced.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

36 Total

Number of Clients By Funding Category

36 Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal





County Name

County of San Diego

Work Plan Title

TAY-4: Enhanced Outpatient Mental Health Services

Population to Be Served

This program enhances services to unserved transition age youth (18 to 24 years) with a serious mental illness including those who may have co-occurring substance abuse disorders and who are not utilizing mental health services due to access barriers and a lack of engagement or awareness about the types and benefits of services available.

Work Plan Description

This program provides age and developmentally appropriate mobile outreach, engagement, and mental health services, including rehabilitation and recovery services, to improve access to care for unserved transition age youth (TAY, 18-24 years) with a serious mental illness (SMI) including those who may have co-occurring substance abuse disorders.

Eleven bio-psychosocial rehabilitation (BPSR) programs receive MHSA expansion funding to hire staff and peer specialists to provide outreach and engagement, mental health assessment, rehabilitation and recovery services, and support services to TAY with SMI in the community. Staff utilizes evidence-based practices such as integrated dual disorders treatment and illness management and recovery. Peer specialists provide mobile outreach and engagement strategies that are appropriate to engage TAY in services. Linkages are made to additional services, including physical healthcare providers, based on the needs of the client.

These services advance the MHSA goals of providing timely access to needed help through age and developmentally appropriate services to an underserved and unserved population.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

512 Total

Number of Clients By Funding Category

Full Service Partnerships

512 System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



## County Name

County of San Diego

## Work Plan Title

CO-01: Co-Occurring Disorders – Bridge to Recovery

## Population to Be Served

This program serves individuals with high substance abuse issues and/or treatment needs and low mental health issues and/or treatment needs (referred to as Quadrant III in the work plan). These individuals are considered at-risk for serious mental illness if not treated early on in their addiction. This population of clients present in crisis at emergency facilities and often with suicidal ideation at intake.

## Work Plan Description

The goal of this program is to provide screening, brief intervention, education, linkages, and referrals to transition age youth (TAY, 18-24 years), adult, and older adult individuals accessing the San Diego County Psychiatric Hospital Crisis Recovery Unit (SDCPH CRU), Emergency Psychiatric Unit (EPU), and Crisis Clinic. The program also offers follow-up, short-term assertive peer case management support to link clients to needed treatment or other problem-solving resources to instill hope, reduce stigma about seeking treatment through the use of peer mentors, and reduce suicidal risk factors. Services include:

- Screening – assesses the severity of substance use and identifies the appropriate level of treatment using three of the most widely used screening instruments AUDIT, ASSIST, and DAST.
- Brief intervention – focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment – provides those identified as needing more extensive treatment with access to specialty care such as referrals to AA, NA, Dual Anonymous, or other support groups; substance abuse detox, residential, or outpatient services; individual, marital, divorce, or family counseling; and other services.
- Psycho-educational/evaluation groups (pre-contemplation/contemplation stages) – conducted a minimum of three times weekly at SDCPH CRU, two times weekly at EPU, and three times weekly at the Crisis Clinic.

An additional component involves a monthly training around co-occurring substance abuse and mental health issues and related topics geared towards law enforcement who utilize the SDCPH and EPU.

This program addresses the MHSA goals for integrated service provision for dually-diagnosed individuals at risk for or experiencing the onset of serious mental illness. The program also focuses on suicide prevention for these underserved individuals.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

## PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

1,900 Total

Number of Clients By Type of Prevention

1,800 Early Intervention

100 Indicated/Selected

\_\_\_\_\_ Universal



County Name

County of San Diego

Work Plan Title

CO-02: Co-Occurring Disorders – Screening by Community Based ADS Providers

Population to Be Served

This program serves children, youth, transition age youth, adults, and older adult clients in existing Alcohol and Drug Services (ADS) contracted substance abuse residential and outpatient treatment programs exhibiting mental health concerns prior to the development of a mental health diagnosis.

Work Plan Description

This project has added mental health counselors to a minimum of nine Alcohol and Drug Services (ADS) residential and outpatient treatment programs to identify and screen clients who exhibit mental health concerns prior to their development of a mental health diagnosis. This project ensures that clients who are experiencing mental health problems with their substance abuse issues are supported in their efforts to attain and maintain an alcohol and drug free style of living. These individuals receive services that comprehensively address both issues. Services include:

- Mental health screenings and assessments at assigned ADS treatment sites.
- Education, debriefings, and brief counseling to reduce risk factors or stressors.
- Linkages to additional mental health services and other essential services.
- Assisting clients in the development of life skills to help them maintain longer periods of sobriety.
- Prevention groups for children of parents in recovery that build protective factors and communication skills.
- Consultation to ADS staff in team meetings to enhance client recovery treatment.
- Family assessment and linkage to behavioral health and other services to decrease stress and increase the protective factors of the family.
- Information and education for parents about the early signs of substance abuse and mental health problems for children and ways to manage these issues.

This program addresses the MHSA goals for integrated service provision for dually-diagnosed individuals at risk for or experiencing the onset of serious mental illness. The plan design is recovery-focused and enhances collaboration between mental health and alcohol and drug service providers.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

720 Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

720 Indicated/Selected

\_\_\_\_\_ Universal



County Name

County of San Diego

Work Plan Title

DV-01: South Region Point of Engagement

Population to Be Served

This program is designed to serve children that have been exposed to domestic violence and/or community violence or children whose parents are mentally ill and/or who may have had contact with law enforcement due to a crime or drug related offenses. This project serves these children and their families.

Work Plan Description

The “Point of Engagement” (POE) program in the South Region is a partnership between families, Child Welfare Services, and community service providers that establishes a community safety net to ensure the safety and well being of South Region high-risk children and their families. This program focuses on the family’s needs and the immediate provision of services and engagement with community resources and supports in order to assist families in maintaining a safe home for their children and reducing the effects of trauma exposure.

A standardized screening process was developed and integrated with Child Welfare Services screening processes and tools. Clinical staff go to the home and conduct a standardized assessment in order to determine the caregiver’s capability to provide a safe environment for their child(ren). This screening process includes a safety and risk assessment for children, as well as a caregiver stress assessment. These screenings incorporate developmental and psycho-social elements focused on both child and parent/caregiver and how the episode that preceded the POE contact may be a symptom of other stressors occurring within the family environment.

The purpose of the tool is to assess the following: 1) whether or not a child can be safely returned to his/her home, 2) both medically and non-medically necessary mental health needs, and 3) other types of services and supports needed for the child and family. Children determined not to be at risk for home removal are diverted from out of home placement and the family is provided resources to receive prevention and early intervention services through PEI work plan DV-02.

This program furthers the MHSA goals of enhancing resiliency of children, youth, and families exposed to trauma and/or violence. The plan seeks to reduce potential negative outcomes, such as removal of children from the home, for these at-risk individuals and stressed families. The plan also created community partnerships for service provision.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

1,450 Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

1,450 Indicated/Selected

\_\_\_\_\_ Universal



County Name

County of San Diego

Work Plan Title

DV-02: South Region Trauma Exposed Services

Population to Be Served

This program targets children whose parents are mentally ill and/or who may have had contact with law enforcement due to a crime or drug related offense. These children are living in the South Region of San Diego County and identified by PEI Plan DV-01 as at risk of being removed from their home. The plan also serves children who have been placed at Polinsky Children’s Center, but are not manifesting symptoms requiring comprehensive mental health services. These children are served regardless of the region in which they live.

Work Plan Description

This intervention model addresses the issue of re-traumatization of children and families who experience trauma related to exposure to domestic violence and/or community violence. The program provides evidence-based programming to both children and their parents to include:

- The promotion of healthy, effective parenting responsive to complex parental risks.
- Providing interventions that explicitly address parental risk factors.
- Connecting children with necessary health and related services.
- Addressing the concrete needs of the family.

The first component of this program serves those children assessed as being safe to remain at home. These families are provided with short-term services and referrals for comprehensive services to mitigate the possibility of subsequent mental health difficulties and subsequent referrals to Child Welfare Services (CWS). Parents learn how their traumatic experiences influence their parenting styles. The goal is to enhance coping strategies through evidenced based programming and to develop a community-based support system that is strength-based and family-centered. In-home services are provided throughout the South Region including core services through the Point of Engagement Program or co-located with other South Region County-funded service centers.

The second component of this program is for children referred by the Polinsky Children’s Center (PCC) who have been removed from their home and are not exhibiting behavioral or emotional difficulties rising to the level of medical necessity and/or young children not traditionally served by the mental health crisis team. The program identifies and employs evidence-based practices that focus on both children and families, assist parents to learn how their traumatic experiences influence their parenting styles, and address developmentally appropriate coping mechanisms for children.

This program furthers the MHSA goals of enhancing resiliency of children and families who have experienced trauma and/or violence. The plan seeks to reduce potential negative impacts from trauma for these at-risk individuals and stressed families.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

700 Total

Number of Clients By Type of Prevention

700 Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

County of San Diego

**Work Plan Title**

DV-03: Central Region Community Violence Services

**Population to Be Served**

This program serves younger siblings (10-14 years) of adolescents and young adults identified as gang members or affiliates. Participants may also be children of incarcerated parents.

The Community Violence Response Team component of the work plan serves victims of violence, witnesses, siblings of victims and witnesses, and other members of the community affected by violence.

**Work Plan Description**

This program provides prevention and early intervention services to those living in the Central Region of San Diego County with attention to the South Eastern region. The goals of this program are to:

- Increase the knowledge of parents, professionals, organizations, schools, and the community regarding appropriate responses to violence in the community.
- Increase the resiliency of individuals, families, and the community to address and reduce the impact of community violence and trauma.
- Provide home-based services in response to trauma, as well as on-going family supports.
- Provide direct support and positive alternatives to gang involvement for at-risk children.
- Build family assets for positive parenting.

The first component of this program involves direct services to children at-risk for gang involvement and their families. Services include anger management, conflict resolution, positive peer-based services, grief awareness, cognitive behavioral interventions, resiliency building activities, activities that create positive peer networks, mentoring, youth leadership, case management, family advocacy and support, school-based support, parenting classes, and/or parent child interaction therapy.

The second component of the program is designed to provide services through a Community Violence Response Team (CVR Team) that mobilizes when community violence occurs, specifically violent gang-related crimes. This team has partnered with a number of County and community organizations to increase collaboration and enhance service referrals. The CVR Team focuses on addressing the emotional effects of this violence on youth, family, and the community. Services include culturally competent personal/family grief sessions; immediate assessment of situations after traumatic events; identifying and contacting children and families who may be experiencing trauma related difficulties; referring families to comprehensive services including medical, emotional, educational and financial services; and interfacing with schools, churches, and pastors in order to help them support those who are affected by the incidents.

This program furthers the MHSA goals of enhancing resiliency of trauma-exposed children, youth, and families in an underserved community. Services are designed to reduce the potential negative outcomes of gangs, violence, and trauma for the priority populations of children and families under stress. This program also aims to reduce the involvement of children and youth with gangs and, potentially, the juvenile justice system.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

400 Total

Number of Clients By Type of Prevention

200 Early Intervention

200 Indicated/Selected

\_\_\_\_\_ Universal



## County Name

County of San Diego

## Work Plan Title

EC-01: Positive Parenting Program (Triple P)

## Population to Be Served

This program is designed to serve parents whose children are enrolled at Head Start and Early Head Start centers in the Central and North Coastal regions of San Diego. Participant selection is based on self referrals/requests by families, center staff and educator suggestions, and observations and recommendations by Triple P staff. Services are provided in a minimum of 15 Head Start Centers annually including three centers with a significant level of military family enrollment.

## Work Plan Description

This program utilizes the Triple P – Positive Parenting Program – at Head Start (HS) and Early Head Start (EHS) Centers (some of which are located on elementary school campuses) to strengthen the skills of parents, HS/EHS center staff, and educators to promote the development, growth, health, and social competence of young children.

This prevention model focuses on reducing the risk for behavioral/emotional problems in young children. This outcome is achieved through reducing the prevalence of coercive or inappropriate parenting behaviors that could lead to child maltreatment. Early intervention occurs by providing assistance for parents of young children who are beginning to show behavioral or emotional difficulties. This program provides three levels of the Triple P program:

- Selected Triple P is a series of three, one-time positive parenting seminars delivered to large group of parents/caregivers, which is designed to introduce positive parenting principles and building blocks for raising confident and resilient children.
- Primary Care Triple P offers one to four, 20-minute consultations with individual parents to address common developmental and behavioral problems.
- Group Triple P is a parenting skills program administered to groups of parents/caregivers (5 to 12 members per group) to address a broad range of child behavioral/emotional difficulties. This active skills training is offered in five, 2-hour group sessions and three, 20-minute telephone consultations.

A Triple P team (Parent and Peer Educator) serve a minimum of one HS/EHS Center for approximately four months, providing all three levels of the Triple P curriculum. The team also works to reduce stigma associated with mental health services, offers early intervention services, and provides referrals as needed.

A pilot project for this work plan provides Selected Triple P at five schools per month. One FTE School Specialist position works with school districts and provides the prevention focused series of three, one-time positive parenting seminars to teachers and parents at the identified schools.

This work plan furthers the goals of the MHSA by enhancing resiliency for children and families through community collaboration between the provider and Head Start centers. The aim of the program is to reduce potential negative outcomes that may be a result of stressful family situations or parent/child behavior patterns.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

## PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

**16,125\*** Total

Number of Clients By Type of Prevention

**281 (D)** Early Intervention

**16,125\*** Indicated/Selected

\_\_\_\_\_ Universal

**D = Duplicated**

**\*15,000 individuals served through the school-based pilot project**





County Name

County of San Diego

Work Plan Title

FB-01: First Break of Mental Illness

Population to Be Served

This program is designed to serve youth (14-17 years) and transition age youth (TAY, 18-24 years) at risk for a “first break” of mental illness. Services are provided to individuals and their families living in the Central region of San Diego County. The work plan targets Hispanic, African American, and Asian/Pacific Islander communities, as well as LGBT TAY.

Work Plan Description

This program is comprised of three components. The first component, Prevention, utilizes gatekeepers who have contact with youth and transition age youth (TAY) in general community settings. These gatekeepers are provided with education and information on early detection of mental illness. Each gatekeeper utilizes a screening tool to assess at-risk behaviors and features of the TAY/youth. Identified individuals and families are provided with information and linkage to the Cool program for further assessment and intervention.

The Early Intervention component provides an in-depth integrated assessment for potential mental health and/or substance abuse issues, domestic/community violence, physical/sexual/emotional abuse, and physical health needs. TAY/youth are provided with opportunities for family psychoeducation and social, educational, and employment support services. Participants also receive information and linkages to extended treatment for mental illness or emotional disturbance, substance abuse, community/domestic violence services, and other basic need services such as food, housing, and employment.

The Cool intensive service component provides mobile outreach and engagement; TAY/youth, family, and parent psychoeducation classes to assist in the identification and management of at-risk behaviors and features; consultation and care coordination with integrated primary care, mental health, and substance abuse treatment; in-home services and support; crisis intervention; and transportation for identified TAY/youth and families.

This program furthers the MHSA goals of services to children and youth at risk of or experiencing onset of mental illness. The plan targets a number of unserved and underserved populations within this priority group in order to reduce the potential negative outcomes associated with mental health issues. This program was selected for the Local Evaluation of a PEI Project component, which enhances outcome measurement and accountability for this program.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

450 Total

Number of Clients By Type of Prevention

100 Early Intervention

350 Indicated/Selected

Universal





**County Name**

County of San Diego

**Work Plan Title**

NA-01: Collaborative Native American Initiative

**Population to Be Served**

This program serves American Indians/Alaska Natives and their families in San Diego County from the rural reservation communities to the urban area in Central San Diego. Specific components of the program are designed to target American Indian/Alaska Native youth.

**Work Plan Description**

There are four main components of the Native American Communities PEI Project. These include:

1. Urban Youth Center (UYC)
  - a. The UYC provides screening and assessment for mental health issues with adolescents and young adults utilizing assessment tools and methods that take into account early detection indicators for mental illness such as self-mutilation and other markers. All youth who enter the program have a bio-psycho-social assessment completed. In addition, youth complete self-evaluations (quarterly) and report on their own status of well being. The UYC also offers psycho-educational groups and culture classes.
2. Elder Services/Navigator Program
  - a. This program provides intergenerational activities in order for youth to benefit from experiences of survival and self-sufficiency the elders offer. Additionally, connection to culture, language, and community are known resilience factors in the AI/AN communities. This project can best be visualized in the context of a community event, where the Elder Navigator is present with their peers, hearing and learning about community issues, and providing support to other elders, families, youth, and community members. Members of the community are linked, through the Elder Navigator, to needed services, information, and referrals.
3. Suicide Prevention Program
  - a. This component coordinates and organizes activities to increase awareness of suicide risk, identify signs of and early detection of suicide risk, and promote community wellness through the involvement in cultural and social activities known to support individual and community resilience. During community events, outreach workers and, at times a clinician or other qualified counseling and support staff, hand out brochures and provide presentations about the importance of suicide prevention by engaging in social, communal, and cultural activities.
4. Outreach and Prevention Education
  - a. This element promotes awareness of PEI services and focuses on suicide prevention and the emphasis of promoting and maintaining community, family, and individual wellness through community events, gatherings, and public relations campaigns. This is accomplished through the use of existing Community Health Outreach Workers, marketing materials and brochures, and age and culturally appropriate presentations in the community. Marketing materials are placed in a variety of locations including clinics, Tribal Halls, Tribal Social Service programs and schools.

These components further the goals of the MHSA through provision of services for an underserved population that may be at risk or experiencing onset of serious mental illness. The plan is designed to incorporate community members in service delivery and through local events. The outreach and education component address suicide risk, mental health concerns, and other issues specific to the community. This work plan was created by the representatives of the AI/AN community in conjunction with County staff.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1,854 Total

Number of Clients By Type of Prevention

175 (D) Early Intervention

1,854 Indicated/Selected

\_\_\_\_\_ Universal

**D = Duplicated**



County Name

County of San Diego

Work Plan Title

OA-01: Elder Multicultural Access and Support Services (EMASS)

Population to Be Served

This program provides services to older adult Hispanics, African refugees, African American, and Asian/Pacific Islander seniors at senior housing, senior centers, faith-based organizations, and natural gathering places.

Work Plan Description

The Elder Multicultural Access and Support Services (EMASS) program was selected based on community stakeholder input and recommendation for the development of a culturally and linguistically appropriate, peer-based outreach and engagement model to support prevention activities and increased access to care. The EMASS program emphasizes the use of promotoras or “Community Health Workers” as liaisons between their communities and health and human service organizations. These Community Health Workers serve as peer-based, community liaisons and play the roles of advocate, educator, mentor, outreach worker, role model, translator, and more.

The services and methods used in engaging older adults from the targeted communities are culturally and linguistically appropriate education, information, linkage and referrals, benefits advocacy, senior peer counseling, socialization, an array of transportation services, and location of services available at home or in the community.

This program is consistent with the state established priority MHSA and PEI community needs, priority populations, and principles. This model seeks to address ethnic disparities by bringing community leaders from each of the target population groups to the table and working together on adapting this culturally and linguistically appropriate peer-based promotora model to address the needs of older adults in the Asian/Pacific Islander, Hispanic, African American, and African Refugee communities.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

Total

Number of Clients By Funding Category

Full Service Partnerships

System Development

Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

800 Total

Number of Clients By Type of Prevention

Early Intervention

800 Indicated/Selected

Universal



County Name

County of San Diego

Work Plan Title

OA-02: Home Based Prevention Early Intervention Gatekeeper Program

Population to Be Served

This program is designed to serve homebound seniors age 60 and above who may be at risk for depression and/or suicide and are less likely to seek traditional mental health services. The target population also includes older adults who are racially, ethnically, and culturally diverse and who live in the downtown area of the City of San Diego and North San Diego County.

Work Plan Description

The goal of the program is to deliver prevention and short-term early intervention mental health services to older adults age 60 and above who receive home delivered meals through an Aging and Independence Services-contracted provider. In addition to nutritious meals provided by the already existent home delivered meals services, the PEI added/enhanced services include outreach, education, depression screening, mental health assessment, suicide risk assessment, brief intervention/counseling, linkage, referral to community resources, and follow-up. Levels of intervention include:

- Prevention: Intervention is directed to older adults vulnerable for and/or at risk of developing depression due to the confluence of medical, social, and functional conditions and that, as a consequence, are at a high risk for suicide (with the greatest risk being for adult white men age 65 or older).
- Early Intervention: When indicated, the Home Delivered Meals/PEI Mental Health Program provides early intervention (evidence-based brief intervention or a promising practice such as PEARLS) services for those identified at greatest risk based on specific symptoms or signs, but who do not meet Title 9 mental health diagnosis criteria and that may be at risk for depression and suicide without treatment.

This program addresses the following key MHSA and PEI community mental health needs:

- Suicide Risk: This program increases knowledge of the signs of depression and suicide risk and appropriate actions are taken to prevent suicide by the staff, volunteers, clients, and their families.
- Stigma Reduction: The program provides education and support to reduce stigma and to promote linkage with services and supports.
- Disparities in Access to Mental Health Services: This program reaches older adults who are underserved in the public mental health system, particularly older adults who are racially, ethnically, and culturally diverse.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

400 Total

Number of Clients By Type of Prevention

200 (D) Early Intervention

400 Indicated/Selected

\_\_\_\_\_ Universal

**D = Duplicated**



**County Name**

County of San Diego

**Work Plan Title**

OA-03: Life Long Learning

**Population to Be Served**

This program is designed to target the following groups:

- Seniors, 60 years of age or older, who are at risk of developing mental illness and/or other conditions.
- Family, caregivers, and other people that provide support to older adults when family is not available.
- Primary care providers, other allied professionals (MD, NP, PA, RN, SW), and hospital and emergency room staff.
- Other support systems (in-home support services, skilled nursing facility and assisted living staff, church and housing staff).

**Work Plan Description**

This Life Long Learning educational program for older adults, family, and caregivers is delivered at community centers, libraries, senior centers, adult day health centers, work sites, and centers for life-long learning at community colleges and universities. This work plan has three service modules that deliver curriculum through a number of sessions for the following target populations:

Module I: Seniors

- Session I: Normal aging, staying sharp, mental fitness, and mental health.
- Session II: Speaking to your doctor, how to navigate the healthcare system, and resources.
- Session III: Prescription use and co-occurring conditions.
- Session IV: Stigma reduction, recognizing mental health problems/symptoms, risk factors, cognitive decline, impact of mental health problems, depression, suicide prevention, and other mental health conditions.

Module II: Family and Caregiver

- Session I: Care giving in America, skills for care giving, care giving needs, long distance care giving, chronic illness and impact in care giving, caregiver self-care, strategies, and resources.
- Session II: Stigma reduction, recognizing mental health problems/symptoms, risk factors, cognitive decline, impact of mental health problems, depression, suicide prevention, other mental health conditions, prescription use, co-occurring conditions, how to navigate the healthcare system, and resources.
- Session III: Caregiver burden, domestic violence/elder abuse, trauma, and communication.
- Session IV: Re-training for widows/widowers, healthy lifestyles, and strategies to cope with challenges.

Module III: Primary Care Provider, Office Staff, First Responders, and Allied Professionals

- Session I: Mental health promotion, depression screening, assessment, diagnosis, and brief intervention/treatment with older adults in primary care.
- Session II: Prevention, intervention, and treatment of alcohol problems among older adults; how to talk to an older adult person who has a problem with alcohol and/or medications; prescription use guide; and medicines and mental illness for mental co-occurring conditions.
- Session III: Linking older adults and families to medication, alcohol and mental health resources, use of the network of care, and other resources.

This program furthers the MHSA and PEI goals of practices that are wellness-focused and address stigma for the older adult population. These strategies strive to reduce the incidence of suicide, prolonged suffering, and serious mental illness.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

500 Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

500 Indicated/Selected

\_\_\_\_\_ Universal



## County Name

County of San Diego

## Work Plan Title

OA-04: REACHing Out

## Population to Be Served

This program is designed to provide services to Hispanic caregivers of Alzheimer's patients. The program is based in the South Bay Region of San Diego County, which has a high population of Hispanic residents.

## Work Plan Description

Caregivers of Alzheimer's patients, due to the high demand for their time and energy, have difficulties caring for themselves. This can often result in caregivers developing mental health problems. The Resources for Enhancing Alzheimer's Caregiver Health (REACH) model, a well-documented promising practice, is a multifaceted, personalized intervention that can significantly improve the quality of caregiver health and enhance family care giving.

This caregiver REACHing Out program provides a well-designed, tailored strategy to prevent/decrease symptoms of depression due to isolation and burden of care in Hispanic caregivers of Alzheimer's patients. Following the carefully constructed and controlled REACH intervention, a trained project staff person:

- Visits with caregivers at home nine times.
- Talks with them during three, 30-minute telephone calls.
- Offers five structured telephone support sessions.

This program utilizes a combination of prevention and early intervention strategies:

- Prevention through information sharing, education, screening, and peer support activities facilitated by bilingual/bicultural Peer Counselors.
- Early intervention activities such as assessment, role playing, problem solving, skills training, and stress-management techniques facilitated by the bilingual/bicultural Masters-level Care Manager.

This program furthers the MHSA and PEI goals of services to underserved and unserved populations who are at risk for depression and other negative outcomes due to the strain of care giving. Services are wellness-focused and culturally competent for the target population.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

## PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

400 Total

Number of Clients By Type of Prevention

200 (D) Early Intervention

400 Indicated/Selected

\_\_\_\_\_ Universal

**D = Duplicated**



County Name

County of San Diego

Work Plan Title

OA-05: Salud

Population to Be Served

The target population for this program is unserved or underserved Hispanic older adults, 60 years of age and over, with a diagnosis of diabetes that exhibit symptoms of depression or are at risk of developing depressive symptoms.

Work Plan Description

This PEI Salud program seeks to replicate the results of the IMPACT + DULCE pilot project, which evaluated the integrated treatment of co-morbid depression and diabetes in primary care settings over the course of 16 months (MHSA CSS OA-3). Both of these evidence based practices are efficacious with older adults and Hispanic populations.

The results of the IMPACT + DULCE pilot project demonstrated a positive impact on self-care activities and diabetes control, significant reductions in depressive symptoms as measured by PHQ9 scores, improvement in quality of life, and improved adherence to food and excursive plans. This program offers the opportunity to pilot a project and provide integrated care for mental health and medical conditions.

The program staff uses two recruitment strategies:

- 1) Approach potential participants while they are in the clinic for routine care.
- 2) Outreach to senior housing, senior centers, churches, faith based communities and natural places where Hispanic community gathers.

Early intervention includes integrated care by a Master's-level RN who provides both diabetes care and depression care. Intervention is delivered in primary care settings at North County Health Services and San Ysidro Health Center.

The program design supports the development of an integrated system of care for diabetic clients experiencing depression by assigning responsibility for mental health and medical care to one single care provider. This program is consistent with the goals of PEI to prevent the development of long disabling conditions and to reduce disparities in healthcare.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

400 Total

Number of Clients By Type of Prevention

130 (D) Early Intervention

400 Indicated/Selected

\_\_\_\_\_ Universal

**D = Duplicated**



**County Name**

County of San Diego

**Work Plan Title**

PS-01: Primary and Secondary Prevention – Outreach and Education, Media Campaigns and Targeted Populations

**Population to Be Served**

This program provides outreach and education services to targeted underserved and unserved populations as identified by the County of San Diego and State Department of Mental Health (DMH).

**Work Plan Description**

This project is a two-pronged approach to increase public awareness and understanding of mental illness through media-based outreach and education campaigns to targeted underserved and unserved populations.

1. Primary Prevention, Media-Based Outreach, and Education – These programs enhance and expand upon the DMH plans on stigma reduction and suicide prevention. The programs provide the following:
  - Stigma Reduction – This program utilizes strategies and directions from a number of sources, including *Developing a Stigma Reduction Initiative* (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration [SAMHSA], 2006); *What a Difference a Friend Makes* (SAMHSA, 2006); and *Youth Champions for Hope* (United Advocates for Children and Families, 2007). These strategies have been modified to address the unique characteristics of San Diego County and specific target populations.
  - Suicide Prevention – This program builds upon the California Strategic Plan on Suicide Prevention (2008) produced by the DMH.
2. Secondary Prevention, Targeted Populations Outreach, and Education
  - Focused Media – An education and outreach campaign has been facilitated for newly developed MHSA PEI services. The selection of these groups was based on unserved and underserved populations as identified by the Mental Health Services Act, local data, and community input.
  - Breaking Down Barriers – This program uses a cultural broker outreach model to create effective collaborations with various agencies, community groups, client and family member organizations, and other stakeholders to reduce mental health stigma and increase access to mental health services for unserved and underserved communities.
  - Fotonovela – A photo-booklet with Spanish narrative presented in captions at the top and bottom of each frame has been created to educate and outreach to the local Hispanic community. The thematic content of this project targets reduction in stigma and discrimination towards mental illness in a culturally appropriate context. Additional subjects include suicide risk awareness and education on early detection of mental illness.
  - Support Lines – An additional means of providing outreach and education is available through two new, confidential phone support lines (PS02 and PS03).

This work plan furthers the MHSA goals of creating strategies to reduce negative outcomes for clients and families, taking into account disparities in access to services, stigma and discrimination, and suicide prevention. The goal of the work plan is to reach the priority populations of unserved and underserved communities.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

**TBD** Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

**TBD** Universal





County Name

County of San Diego

Work Plan Title

PS-02: Youth Peer Support Line

Population to Be Served

This program serves stressed and at-risk youth, including those identified as transition age youth (TAY), aged 18-24 years, residing in San Diego County.

Work Plan Description

The Youth Peer Support Line provides non-crisis, confidential, telephone peer counseling services to stressed and at-risk youth, including those identified as transitional age youth (TAY), in San Diego County. The line is staffed by youth (as peer counselors) providing culturally competent information, support, and access to needed resources and appropriate services. The line provides services late afternoons and evenings a minimum of five days per week with six hours of service per day.

The program design is innovative and addresses confidentiality, stigma, and isolation. The provider advertises and promotes the Youth Peer Support Line in schools, youth and community centers, youth groups, other locations and organizations where youth gather, and in youth-centered local publications.

A Licensed Supervising Clinician is available a minimum of four hours per week to provide staff consultation on handling difficult and complex phone contacts.

This Youth Peer Support Line is a first in California – mental health, non-crisis, telephone-based support for youth staffed by youth.

This work plan furthers the MHSA goal of reducing negative outcomes through the provision of resources and support via a confidential phone line, which also lessens the potential for stigma and discrimination in seeking services. The plan serves the priority populations of at-risk youth and young adults who may be experiencing the onset of serious psychiatric illness or stressful family situations. This work plan is designed to serve youth through the use of peers, which is one of the MHSA’s guiding principles.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_\_\_\_ Total  
Number of Clients By Funding Category  
\_\_\_\_\_ Full Service Partnerships  
\_\_\_\_\_ System Development  
\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
1,040 Total  
Number of Clients By Type of Prevention  
\_\_\_\_\_ Early Intervention  
1,040 Indicated/Selected  
\_\_\_\_\_ Universal





County Name

County of San Diego

Work Plan Title

PS-03: C2C Family Peer Support Line

Population to Be Served

This program serves caregivers, including foster parents, and families with at-risk children, youth, and transition age youth (TAY).

Work Plan Description

The Family Peer Support Line provides non-crisis, confidential telephone peer counseling services to caregivers and families, including foster parents of at-risk children, youth and transitional age youth (TAY) in San Diego County. The line is staffed by caregivers and family members (as peer counselors) providing culturally competent information, support, and access to needed resources and appropriate services. The line provides services late afternoons and evenings a minimum of five days per week, six hours per day. A Licensed Supervising Clinician is available a minimum of four hours per week to provide staff consultation on handling difficult and complex phone contacts.

The program design is innovative and addresses confidentiality, stigma, and isolation. The provider also advertises and promotes the program in schools, community and family centers, other public locations and organizations, and in local publications where caregivers and family members may discover and access information on the Family Peer Support Line.

This work plan furthers the MHSA goal of reducing negative outcomes through the provision of resources and support via a confidential phone line, which also lessens the potential for stigma or discrimination in seeking services. The plan serves the priority populations of families and caregivers who are under stress or have a member at risk for serious mental illness. This work plan is designed to serve families through the use of peers, which is one of the MHSA's guiding principles.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
Total

Number of Clients By Funding Category  
Full Service Partnerships  
System Development  
Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
1,040 Total  
Number of Clients By Type of Prevention  
Early Intervention  
1,040 Indicated/Selected  
Universal



County Name

County of San Diego

Work Plan Title

RC-01: Rural Integrated Behavioral Health & Primary Care Services

Population to Be Served

The focus of this PEI Plan is to establish fully integrated, behavioral health/primary care services for children, adolescents, transition age youth, adults, and older adults in community clinics located in the rural areas of San Diego County. The identified community clinics have a high concentration of ethnic minorities, older adults, and low income residents.

Work Plan Description

This program implements services that prevent patients within rural community clinics from developing an increased level of behavioral health issues, severe mental illness, or addiction by addressing behavioral health needs early.

The model for risk identification is the universal Screening Brief Intervention and Referral (SBIR) tool. SBIR includes screening plus immediate feedback, which serves as an intervention and is tailored to the patient’s level of illness or risk. Risk factors targeted by SBIR include, but are not limited to, depression; suicidal ideation; impact of stressors on daily life; post-partum depression; isolation, caregiver burden, problems with substances and other conditions of older adults; drug and alcohol use; mental illness; early signs of behavior problems in children; stress level related to parenting, unhealthy lifestyle choices including poor nutrition and lack of physical activity; and problem gambling.

This integrated model includes licensed behavioral health specialists as part of the primary care team. The licensed behavioral health specialists provide consultation and professional development to primary care providers and participate in team meetings. The integrated model increases the competence of primary care teams in recognizing early signs of at-risk behaviors, psychiatric illness, and/or addictions. The licensed behavioral health specialists train and supervise paraprofessional outreach specialists to provide PEI services within the clinic or through outreach in rural communities.

Due to transportation issues in rural communities, access to services is limited. To improve access to service for patients at risk of behavioral health conditions, the plan includes a mobile outreach component. Community liaisons target clinic patients, as well as developing public awareness activities that promote wellness and healthy living choices for the broader community in which patients reside.

This program furthers the MHSA goals of service provision for unserved and underserved populations who may be at risk for or experiencing onset of mental illness. The plan addresses access concerns by providing services at a community physical health clinic and through mobile outreach.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

5,820 Total

Number of Clients By Type of Prevention

2,358 (D) Early Intervention

5,820 Indicated/Selected

\_\_\_\_\_ Universal

**D = Duplicated**



## County Name

County of San Diego

## Work Plan Title

SA-01: School-Based Program

## Population to Be Served

This program targets school-age children and their families at a minimum of five elementary schools. The target population has a high concentration of ethnic minorities including underserved Asian/Pacific Islanders and Latinos of low socio-economic status living in high-risk communities. The schools are located in two HHSA regions of the County with one school designated for the East urban region.

## Work Plan Description

This PEI plan is a family-focused approach that engages families in their child's school success and reduces family isolation and stigma associated with seeking behavioral health services. School-based interventions with families are coordinated and designed to increase resiliency and protective factors for children by improving child/parent social and emotional skills and reducing parental stress. The plan minimizes barriers to learning while supporting children in academic and personal success.

Early intervention is implemented for 1) children at risk of school failure; 2) children beginning to exhibit behavioral issues; and 3) children whose families are experiencing transitions such as: parents separating or divorcing, parent(s) or siblings who are incarcerated, other loss, parents involved in substance use or in recovery, exposure to community or domestic violence, or those in need of social skill building. The plan includes four components:

- 1) Positive Behavioral Support (PBS) implemented through the BEST model or another evidence-based practice that achieves similar outcomes. The goal is to transform schools in order to create a preventive, positive, and supportive approach to managing problem behavior that enhances student learning.
- 2) An evidence-based practice focusing on prevention that primarily targets pre-school through third grade children, but also includes all children in the elementary school. These services support students who continue to struggle behaviorally despite school climate improvement.
- 3) Screening and early identification for at-risk children at the elementary schools.
- 4) A family component that focuses on resiliency and provides intervention through community outreach specialists. The community-based outreach program is based on a promotora model that reaches out to underserved populations through parent/peer psycho-educational intervention and support. This component improves child and family connections to school and community and increases protective factors for children by improving child/parent social and emotional skills, reducing parent stress, and reducing isolation of families.

This program meets the goals of MHSA and PEI specifically through its community input – serving children in communities, training neighborhood and community members, and leveraging non-traditional mental health resources; priority populations – children/youth in stressed families, at risk of school failure, and at risk of juvenile justice involvement; and short-term outcomes – increases protective factors for children by improving child/parent social and emotional skills and reducing parent stress and reducing isolation of families by increasing child and family connections to school and community.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

## PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

4,650 Total

Number of Clients By Type of Prevention

1,550 Early Intervention

3,100 Indicated/Selected

\_\_\_\_\_ Universal



**County Name**

County of San Diego

**Work Plan Title**

SA-02: School-Based Services – Suicide Prevention

**Population to Be Served**

This program is a school-based suicide prevention program to serve children, youth, and transitional age youth (TAY, 18-24 years) in school settings including middle school, high school, and post-secondary school. Services are geared to three primary target populations: students, school staff and gatekeepers, and families and caregivers.

**Work Plan Description**

This program is a school-based suicide prevention program to serve children, youth, and transition age youth (TAY) in school settings through:

- Education/training to gatekeepers.
- Outreach and education for students, families, and caregivers.
- Screening of at-risk students.
- Referral and linkage to mental health resources.
- Crisis response training.
- Short-term early intervention for high risk children, youth, and TAY.

Primary strategies utilized by the provider are outlined below:

- Enlist the support of administration.
- Develop and adopt a school/district/community-wide youth suicide prevention policy.
- Institute training for faculty and school staff.
- Institute a school crisis response team.
- Institute parent/guardian education regarding youth suicide.
- Implement skills training and social support programs for students.
- Implement school activities that increase students' connection to the school.
- Develop supportive school/community partnerships.

This work plan furthers the MHSA and PEI goals of reducing the negative impact/outcomes of suicide through a prevention program that reaches potentially at-risk children, youth, and TAY.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

2,000 Total

Number of Clients By Type of Prevention

100 (D) Early Intervention

2,000 Indicated/Selected

\_\_\_\_\_ Universal

**D = Duplicated**



**County Name**

County of San Diego

**Work Plan Title**

VF-01: Veterans and Families Outreach and Education

**Population to Be Served**

This program provides confidential peer-supported outreach and education/training services to the Veterans, Active Duty Military, Reservists, National Guard and Their Families (VMRGF) community and its service providers.

**Work Plan Description**

This program for services to the Veterans, Active Duty Military, Reservists, National Guard, and Their Families (VMRGF) community:

- Provides education, debriefings, and peer counseling by veterans, their spouses, or dependents to reduce mental health risk factors and stressors.
- Provides linkage to additional mental health services such as psychiatry when indicated.
- Provides mental health information, self screening tools, and lists of appropriate resources.
- Offers a VMRGF Hotline to provide additional support and access to resources and services.

Additional components include:

- Outreach and Education/Training – The selected service provider has assessed the priority needs of the VMGRF community as identified in the community input process and provided the support and education necessary to meet those priority needs. This element also provides education and training to providers serving the VMGRF community. The education and training is designed to improve understanding of the military culture and improve recognition of mental health issues unique or relevant to the VMRGF.
- Peer Support – To build trust and confidence, program staffing includes trained peer-to-peer professionals who provide needed support and education to the VMRGF community. The provider utilizes an evidenced-based practice that has proven successful with veterans and/or those who have experienced trauma.
- Childcare Based Services – To address the current need and risk in the military community, parenting services are offered to military families who have children enrolled in childcare centers such as Head Start (PEI EC-01).

This program meets the MHSA goals of reducing negative outcomes through new strategies that address the Veteran community's mental health needs. The work plan provides services in a confidential manner to lessen the impact of stigma and discrimination. These services address the needs of the MHSA priority populations of individuals experiencing onset of mental illness, trauma exposed individuals, and children/youth in stressed families.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

\_\_\_\_\_ Total

Number of Clients By Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served

1,000 Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

1,000 Indicated/Selected

\_\_\_\_\_ Universal

**FY 2009/10 Mental Health Services Act  
Summary Funding Request**

County: San DiegoDate: 5/5/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
<b>A. FY 2009/10 Planning Estimates</b>					
1. Published Planning Estimate <sup>a/</sup>	\$73,166,800	\$0	\$0	\$27,919,700	\$5,816,200
2. Transfers <sup>b/</sup>	\$0	\$0	\$0		
3. Adjusted Planning Estimates	\$73,166,800	\$0	\$0	\$27,919,700	\$5,816,200
<b>B. FY 2009/10 Funding Request</b>					
1. Required Funding in FY 2009/10 <sup>c/</sup>	\$56,252,351	\$0	\$0	\$24,587,204	\$0
2. Net Available Unspent Funds					\$0
a. Unspent FY 2007/08 Funds <sup>d/</sup>	\$39,679,348			\$1,946,526	\$0
b. Adjustment for FY 2008/09 <sup>e/</sup>	\$27,785,897			\$225,822	\$0
c. Total Net Available Unspent Funds	\$11,893,451	\$0	\$0	\$1,720,704	\$0
<b>3. Total FY 2009/10 Funding Request</b>	<b>\$44,358,900</b>	<b>\$0</b>	<b>\$0</b>	<b>\$22,866,500</b>	<b>\$0</b>
<b>C. Funding</b>					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates				\$0	
3. Unapproved FY 08/09 Planning Estimates	\$8,498,516			\$2,255,055	\$0
4. Unapproved FY 09/10 Planning Estimates	\$35,860,384			\$20,611,445	\$0
<b>5. Total Funding<sup>f/</sup></b>	<b>\$44,358,900</b>	<b>\$0</b>	<b>\$0</b>	<b>\$22,866,500</b>	<b>\$0</b>

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

**Budget Note:** No funds requested for CFTN, WET, and Innovations Components. Required funding pending further development of Work Plans.

**EXHIBIT E1-CSS Funding Request**

**FY 2009/10 Mental Health Services Act  
Community Services and Supports Funding Request**

 County: San Diego

 Date: 3/6/2009

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name	New (N)/ Approved Existing (E)		Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	CY-1	School and Home Based Services	E	\$3,400,000	\$0	\$0	\$3,400,000		\$3,400,000	\$0	\$0	\$0
2.	CY-2.1	Family and Youth Information/Education Program	E	\$153,000	\$0	\$153,000	\$0		\$153,000	\$0	\$0	\$0
3.	CY-2.2	Family/Youth Peer Support Services	E	\$357,000	\$0	\$357,000	\$0		\$357,000	\$0	\$0	\$0
4.	CY-3	Cultural/Language Specific Outpatient	E	\$708,000	\$708,000	\$0	\$0		\$708,000	\$0	\$0	\$0
5.	CY-4.2	Mobile Psychiatric Emergency Response/Children's Walk-In Assessment Center, North County	E	\$1,003,139	\$0	\$1,003,139	\$0		\$1,003,139	\$0	\$0	\$0
6.	CY-5.1	Medication Support For Dependents and Wards	E	\$950,800	\$0	\$950,800	\$0		\$950,800	\$0	\$0	\$0
7.	CY-5.2	Outpatient Court Schools and Outreach	E	\$367,200	\$0	\$0	\$367,200		\$367,200	\$0	\$0	\$0
8.	CY-5.3	Homeless and Runaways	E	\$813,826	\$813,826	\$0	\$0		\$813,826	\$0	\$0	\$0
9.	CY-6	Early Childhood Mental Health Services	E	\$436,000	\$0	\$436,000	\$0		\$436,000	\$0	\$0	\$0
10.	CY-7	Wraparound Services	E	\$1,683,000	\$1,683,000	\$0	\$0		\$1,683,000	\$0	\$0	\$0
11.	CY-8	Child Welfare Supportive Services and Treatment	E	\$1,058,753	\$0	\$1,058,753	\$0		\$1,058,753	\$0	\$0	\$0
12.	CY-9	Juvenile Justice/Probation Services	E	\$700,000	\$0	\$700,000	\$0		\$700,000	\$0	\$0	\$0
13.	CY-10	Case Management	E	\$595,000	\$0	\$0	\$595,000		\$595,000	\$0	\$0	\$0
14.	TAY-1	Integrated Services and Supported Housing	E	\$2,687,462	\$2,687,462	\$0	\$0	\$647,596	\$0	\$2,687,462	\$0	\$0
15.	TAY-2	Clubhouse and Peer Support Services	E	\$357,000	\$0	\$357,000	\$0		\$0	\$357,000	\$0	\$0
16.	TAY-3	Dual Diagnosis Residential Treatment Program	E	\$984,379	\$984,379	\$0	\$0		\$0	\$984,379	\$0	\$0
17.	TAY-4	Enhanced Outpatient Mental Health Services	E	\$1,257,387	\$0	\$1,257,387	\$0		\$0	\$1,257,387	\$0	\$0

**EXHIBIT E1-CSS Funding Request**

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name	New (N)/ Approved Existing (E)		Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
18.	A-1	Homeless Integrated Services and Supported Housing	E	\$8,949,295	\$8,949,295	\$0	\$0	\$1,210,252	\$0	\$0	\$8,949,295	\$0
19.	A-2	Justice Integrated Svcs. and Supported Housing	E	\$1,937,033	\$1,937,033	\$0	\$0	\$483,604	\$0	\$0	\$1,937,033	\$0
20.	A-3	Client-Operated Peer Support Services	E	\$548,400	\$0	\$548,400	\$0		\$0	\$0	\$548,400	\$0
21.	A-4	Family Education Services	E	\$71,400	\$0	\$71,400	\$0		\$0	\$0	\$71,400	\$0
22.	A-5	Clubhouse Enhance and Expand with Employment	E	\$1,348,092	\$0	\$1,348,092	\$0		\$0	\$0	\$1,348,092	\$0
23.	A-6	Supported Employment Services	E	\$457,000	\$0	\$457,000	\$0		\$0	\$0	\$457,000	\$0
24.	A-10	Patient Advocacy for Board and Care Facilities	E	\$98,000	\$0	\$98,000	\$0		\$0	\$0	\$98,000	\$0
25.	TA-1	Intensive Case Management	E	\$100,000	\$0	\$100,000	\$0		\$0	\$0	\$100,000	\$0
26.	OA-1	High Utilizer Integrated Services and Supported Housing	E	\$1,825,548	\$1,825,548	\$0	\$0	\$321,548	\$0	\$0	\$0	\$1,825,548
27.	OA-2	Mobile Outreach at Home and Community	E	\$1,060,650	\$0	\$1,060,650	\$0		\$0	\$0	\$0	\$1,060,650
28.	OA-4	Strength-Based Care Management Plus	E	\$350,000	\$0	\$350,000	\$0		\$0	\$0	\$0	\$350,000
29.	ALL-1	Services for Deaf and Hard of Hearing	E	\$198,492	\$0	\$0	\$198,492		\$65,875	\$35,069	\$76,851	\$20,698
30.	ALL-2	Services for Victims of Trauma and Torture	E	\$198,492	\$0	\$0	\$198,492		\$65,875	\$35,069	\$76,851	\$20,698
31.	ALL-4	Interpreter Services	E	\$455,000	\$0	\$455,000	\$0		\$151,003	\$80,387	\$176,165	\$47,445
32.	ALL-5	Psychiatric Emergency Response Team	E	\$885,000	\$0	\$885,000	\$0		\$293,709	\$156,357	\$342,650	\$92,283
33.	ALL-6	Mental Health & Primary Care	E	\$1,870,800	\$0	\$1,870,800	\$0		\$620,872	\$330,524	\$724,327	\$195,078
34.	ALL-7	Chaldean Outpatient Services	E	\$250,000	\$0	\$250,000	\$0		\$0	\$0	\$250,000	\$0
35.	AOA-1	Enhanced Outpatient Mental Health Services	E	\$1,719,844	\$0	\$1,719,844	\$0		\$0	\$0	\$1,719,844	\$0
36.	TAOA-1	Legal Aid Services	E	\$55,000	\$0	\$55,000	\$0		\$0	\$14,542	\$31,873	\$8,586
37.	TAOA-2	North County Walk-in Assessment Center	E	\$1,173,190	\$0	\$1,173,190	\$0		\$0	\$310,191	\$679,864	\$183,135
38.	TAOA-3	Housing Trust Fund	E	\$3,614,998	\$3,614,998	\$0	\$0		\$0	\$955,805	\$2,094,891	\$564,301
39.	TAOA-4	Peer Telephone Support	E	\$87,500	\$0	\$87,500	\$0		\$0	\$50,724	\$28,974	\$7,802
40.	TAOA-5	Mental Health Court Calendar	E	\$810,000	\$810,000	\$0	\$0		\$0	\$0	\$810,000	\$0
41.	Subtotal: Work Plans <sup>a/</sup>			<b>\$45,575,680</b>	\$24,013,541	\$16,802,955	\$4,759,184	\$2,663,000	\$13,423,051	\$7,254,896	\$20,521,510	\$4,376,223



**EXHIBIT E1-CSS Funding Request**

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
42.	Plus County Administration			<b>\$5,562,821</b>								
43.	Plus Optional 10% Operating Reserve			<b>\$5,113,850</b>								
44.	Plus CSS Prudent Reserve <sup>b/</sup>			<b>\$0</b>								
45.	Total MHSA Funds Required for CSS			<b>\$56,252,351</b>								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

**52.69%**

b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**Budget Notes:**

18. A-1 - Includes one-time funding of \$3,675,900

38. TAOA-3 - Includes one-time funding of \$3,049,200

41. Work Plans - Deleted one-time only funding from approved Fiscal Year 2008-2009 Work Plan Budgets.

42. County Administration - Funded at Fiscal Year 2008-2009 amount.

**FY 2009/10 Mental Health Services Act  
Prevention and Early Intervention Funding Request**

County: San DiegoDate: 5/5/2009

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
No.		Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	PS01	Outreach and Education; Media Campaigns & Targeted Populations	\$2,571,952	\$2,571,952			\$384,148	\$384,148	\$1,074,388	\$729,268
2.	PS02	Youth Peer Support Line	\$191,560	\$191,560			\$47,890	\$143,670	\$0	\$0
3.	PS03	Family Peer Support Line	\$191,560	\$191,560			\$95,780	\$95,780	\$0	\$0
4.	VF01	Veterans and Families Outreach and Education Program	\$1,000,000		\$1,000,000		\$160,000	\$420,000	\$340,000	\$80,000
5.	DV01	South Region Point of Engagement	\$500,008		\$500,008		\$75,001	\$225,004	\$200,003	\$0
6.	DV02	South Region and Polinsky Children's Center Trauma Exposed Services	\$801,907			\$801,907	\$641,526	\$160,381	\$0	\$0
7.	DV03	Central Region Community Violence Services	\$498,085		\$249,043	\$249,042	\$298,851	\$0	\$199,234	\$0
8.	RC01	Rural Integrated Behavioral Health and Primary Care Services	\$1,400,000		\$996,332	\$403,668	\$490,000	\$238,000	\$476,000	\$196,000
9.	NA01	Collaborative Native American Initiative	\$1,600,000		\$1,462,001	\$137,999	\$897,587	\$351,207	\$234,137	\$117,069
10.	EC01	Positive Parenting Program (Triple P)	\$1,200,000		\$960,170	\$239,830	\$1,200,000	\$0	\$0	\$0
11.	SA01	School-Based Program	\$2,800,000		\$1,909,091	\$890,909	\$2,800,000	\$0	\$0	\$0
12.	SA02	School-Based Suicide Prevention	\$817,596		\$782,048	\$35,548	\$204,399	\$613,197	\$0	\$0
13.	FB01	Cool Program	\$1,300,000		\$68,421	\$1,231,579	\$331,500	\$903,500	\$65,000	\$0
14.	CO01	Bridge to Recovery	\$1,500,000		\$1,500,000		\$0	\$195,000	\$1,110,000	\$195,000
15.	CO02	Screening, Community Based Alcohol and Drug Services (ADS) Programs	\$1,000,000		\$1,000,000		\$220,000	\$110,000	\$560,000	\$110,000
16.	OA01	Elder Multicultural Access and Support Services (EMASS)	\$387,153		\$387,153		\$0	\$0	\$0	\$387,153
17.	OA02	Home Based Prevention Early Intervention Gatekeeper Program	\$488,805		\$325,870	\$162,935	\$0	\$0	\$0	\$488,805
18.	OA03	Life Long Learning: Aging and Wellness	\$174,925		\$174,925		\$0	\$0	\$0	\$174,925
19.	OA04	REACHing-Out (REACH, Resource for Enhancing Alzheimer's Caregiver Health)	\$460,380		\$306,920	\$153,460	\$0	\$0	\$345,285	\$115,095
20.	OA05	Salud	\$552,595		\$417,053	\$135,542	\$0	\$0	\$0	\$552,595

**EXHIBIT E4-PEI Funding Request**

PEI Work Plans			FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Type of Intervention			Estimated MHSA Funds by Age Group			
	No.	Name		Universal Prevention	Selected/ Indicated Prevention	Early Intervention	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
24.	<b>Subtotal: Work Plans<sup>a/</sup></b>		<b>\$19,436,525</b>	\$2,955,072	\$12,039,034	\$4,442,419	\$7,846,682	\$3,839,887	\$4,604,047	\$3,145,910
25.	<b>Plus County Administration</b>		<b>\$2,915,479</b>							
26.	<b>Plus Optional 10% Operating Reserve</b>		<b>\$2,235,200</b>							
27.	<b>Total MHSA Funds Required for PEI</b>		<b>\$24,587,204</b>							

a/ Majority of funds must be directed towards individuals under age 25--children, youth and their families and transition age youth . Percent of Funds directed towards those under 25 years= 60.13%

**Budget Notes:**

24. Work Plans - Deleted one-time only funding from approved Fiscal Year 2008-2009 Work Plan Budgets.

## EXHIBIT G

### Community Services and Supports Prudent Reserve Plan FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County San Diego

Date March 6, 2009

**Instructions:** Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

**1. Requested FY 2009/10 CSS Services Funding** \$ 45,575,680

Enter the total funds requested from Exhibit E1 – CSS line 26.

**2. Less: Non-Recurring Expenditures** - 6,725,100

Subtract any identified CSS non-recurring expenditures included in #1 above.

**3. Plus: CSS Administration** + 5,562,821

Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

**4. Sub-total** \$44,413,401

**5. Maximum Prudent Reserve (50%)** \$22,206,700

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

**6. Prudent Reserve Balance from Prior Approvals \*\*** \$21,881,389

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

**7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update** + 0

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.

**8. Prudent Reserve Balance** \$21,881,389

Add lines 6 and 7.

**9. Prudent Reserve Shortfall to Achieving 50%** \$ 325,311

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.

**We anticipate fully funding our prudent reserve in March, 2010 with unspent FY 2008/09 Funds.**

**\*\* A Request to Dedicate Funds to the CSS Local Prudent Reserve has been sent under separate cover to DMH for approval to dedicate \$16,217,042. This amount is included in Line 6.**

**Note:** If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.